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Practice Questions

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1. A 55-year-old male patient reports sharp, shooting pain from the lower back radiating down the posterior aspect of the right leg to the lateral foot. Which nerve root is most likely involved?

- A. L3
- B. L4
- C. L5
- D. S1

2. A patient with chronic neck pain reports dizziness and nausea when turning her head to the left. Which test would be most appropriate to assess for vertebrobasilar insufficiency?

- A. Distraction Test
- B. Shoulder Abduction Test
- C. Vertebral Artery Test
- D. Spurling's Test

3. Which blood test would be most appropriate to evaluate for an inflammatory condition in a patient with morning stiffness and multiple joint pain?

- A. Lipid Panel
- B. Erythrocyte Sedimentation Rate (ESR)
- C. Complete Blood Count (CBC)
- D. Comprehensive Metabolic Panel (CMP)

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4. A patient presents with severe headaches, low back pain, and significant fatigue. Which of the following would be most important to measure during the physical exam?

- A. Blood pressure
- B. Waist circumference
- C. Lung capacity
- D. Grip strength

5. Which finding would contraindicate high-velocity, low-amplitude manipulation to the cervical spine?

- A. Facet joint tenderness
- B. Decreased range of motion
- C. Muscle spasm
- D. Upper motor neuron signs

6. Which orthopedic test is most specific for diagnosing a lumbar disc herniation?

- A. Gaenslen's Test
- B. Yeoman's Test
- C. Straight Leg Raise
- D. Patrick's FABER Test

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7. A 62-year-old female with a history of breast cancer reports new-onset mid-thoracic pain that is worse at night and unrelieved by rest. What is the most appropriate next step?

- A. Recommend heat therapy and rest
- B. Immediate referral for advanced imaging
- C. Initiate conservative chiropractic care
- D. Prescribe over-the-counter pain medication

8. Which of the following activities would be most appropriate to recommend for a patient recovering from an acute lumbar strain/sprain injury?

- A. Short, frequent walks
- B. Running on a treadmill
- C. Weight lifting
- D. Prolonged bed rest



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9. A patient presents with numbness and tingling in the thumb, index, and middle fingers. Which nerve is most likely compressed?

- A. Ulnar nerve
- B. Radial nerve
- C. Musculocutaneous nerve
- D. Median nerve

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10. Which laboratory finding would be most concerning in a patient presenting with low back pain and unexplained weight loss?

- A. Mildly decreased hemoglobin
- B. Borderline high cholesterol
- C. Elevated PSA in a male patient
- D. Slightly elevated WBC count

11. What is the most appropriate management for a patient with acute torticollis?

- A. Aggressive stretching exercises
- B. Gentle mobilization and myofascial release
- C. High-velocity cervical manipulation
- D. Cervical traction at maximum weight

12. A patient with low back pain has a positive Valsalva sign. This finding most strongly suggests:

- A. Disc pathology
- B. Sacroiliac joint dysfunction
- C. Facet syndrome
- D. Piriformis syndrome

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13. What view is most appropriate to evaluate for atlantoaxial instability?

- A. AP cervical spine
- B. Lateral cervical spine
- C. Oblique cervical spine
- D. Open-mouth (odontoid) view



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14. A 25-year-old female presents with fatigue, multiple joint pain, and a butterfly-shaped rash on her face. Which laboratory test would be most appropriate to order?

- A. HLA-B27
- B. Uric Acid
- C. Antinuclear Antibody (ANA)
- D. Rheumatoid Factor (RF)

15. Which of the following is an absolute contraindication to spinal manipulation?

- A. Facet arthrosis
- B. Unstable vertebral fracture
- C. Degenerative disc disease
- D. Mild osteoporosis

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16. A patient reports pain and numbness in the lateral thigh that worsens with prolonged standing. Which condition is most likely present?

- A. Meralgia paresthetica
- B. Lumbar radiculopathy
- C. Trochanteric bursitis
- D. Piriformis syndrome

17. Which finding on a CBC would most likely indicate an inflammatory process?

- A. Decreased red blood cell count
- B. Elevated mean corpuscular volume
- C. Decreased platelet count
- D. Elevated white blood cell count

18. Which muscle is being tested when a patient is asked to resist shoulder abduction at 90 degrees?

- A. Subscapularis
- B. Teres minor
- C. Supraspinatus
- D. Infraspinatus

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19. A patient presents with upper extremity weakness, spasticity, hyperreflexia, and a positive Hoffman's sign. These findings are most consistent with:

- A. Thoracic outlet syndrome
- B. Cervical myelopathy
- C. Carpal tunnel syndrome
- D. Cervical radiculopathy

20. When documenting a patient's progress, which outcome assessment tool would be most appropriate for measuring functional disability in a patient with low back pain?

- A. Oswestry Disability Index
- B. Neck Disability Index
- C. DASH Questionnaire
- D. SF-36 Health Survey

21. On a lateral cervical spine radiograph, what finding is most consistent with degenerative disc disease?

- A. Increased lordotic curve
- B. Widening of the atlanto-dens interval
- C. Posterior displacement of C2 on C3
- D. Disc space narrowing

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22. Which radiographic finding is characteristic of ankylosing spondylitis in the advanced stage?

- A. Widening of the intervertebral disc spaces
- B. Multiple lytic lesions throughout the vertebral bodies
- C. Bamboo spine appearance
- D. Decreased bone density with multiple compression fractures

23. A lumbar spine radiograph shows a bilateral defect in the pars interarticularis at L5. What is the most likely diagnosis?

- A. Retrolisthesis
- B. Spondylolysis
- C. Schmorl's nodes
- D. Spina bifida occulta



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24. On a PA chest radiograph, what would suggest the presence of a pneumothorax?

- A. Visible pleural line with absence of lung markings peripherally
- B. Increased opacity at the lung base
- C. Flattening of the hemidiaphragm
- D. Widening of the mediastinum

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25. What radiographic sign is most characteristic of rheumatoid arthritis in the hands?

- A. Subchondral sclerosis
- B. Joint space widening
- C. Osteophyte formation
- D. Periarticular osteopenia

26. A cervical spine radiograph shows a complete anterior displacement of C5 on C6. What is the correct classification of this injury?

- A. Grade 2 subluxation
- B. Stable compression fracture
- C. Grade 3 dislocation
- D. Grade 1 sprain

27. Which radiographic finding is most consistent with diffuse idiopathic skeletal hyperostosis (DISH)?

- A. Disc space narrowing with vacuum phenomenon
- B. Flowing ossification along the anterolateral aspect of at least four contiguous vertebral bodies
- C. Decreased height of multiple vertebral bodies
- D. Erosion of the sacroiliac joints

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28. On a lumbar spine radiograph, which finding suggests the presence of a compression fracture?

- A. Anterior wedging of a vertebral body
- B. Narrowing of the intervertebral foramen
- C. Calcification of the anterior longitudinal ligament
- D. Increased interpedicular distance



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29. What radiographic finding is most suggestive of an osteosarcoma?

- A. Well-defined sclerotic margin
- B. Ground-glass appearance
- C. Soap bubble appearance
- D. Sunburst periosteal reaction

30. A lateral thoracic spine radiograph shows a wedge-shaped vertebra with anterior beaking. Which congenital condition is this most consistent with?

- A. Osteogenesis imperfecta
- B. Achondroplasia
- C. Mucopolysaccharidosis
- D. Osteopetrosis



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Answer Key & Explanations

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1. D — S1

The S1 nerve root innervates the posterior leg and lateral foot. Pain radiating along this dermatomal pattern strongly suggests S1 nerve root involvement.

2. C — Vertebral Artery Test

The Vertebral Artery Test (VAT) specifically evaluates blood flow through the vertebral arteries during cervical rotation and extension, helping identify potential vertebrobasilar insufficiency.

3. B — Erythrocyte Sedimentation Rate (ESR)

Erythrocyte Sedimentation Rate (ESR) is a non-specific marker of inflammation that is often elevated in inflammatory conditions such as rheumatoid arthritis and other inflammatory arthropathies.

4. A — Blood pressure

Blood pressure measurement is critical in a patient with severe headaches and fatigue as these symptoms could indicate hypertension, which may be a serious underlying cause requiring medical referral.

5. D — Upper motor neuron signs

Upper motor neuron signs such as hyperreflexia, spasticity, and positive Babinski are indicative of central nervous system pathology that would contraindicate high-velocity, low-amplitude manipulation of the cervical spine.

6. C — Straight Leg Raise

The straight leg raise (SLR) test has high specificity for lumbar disc herniation, especially when it reproduces the patient's radicular symptoms at less than 60 degrees of elevation.

7. B — Immediate referral for advanced imaging

New-onset thoracic pain that is worse at night and unrelieved by rest in a patient with a history of cancer raises suspicion for metastatic disease. Immediate referral for advanced imaging is necessary to rule out spinal metastasis.

8. A — Short, frequent walks

Short, frequent walks promote blood flow and healing without placing excessive stress on injured tissues, and help prevent deconditioning during recovery from an acute lumbar strain/sprain.

9. D — Median nerve

The median nerve innervates the thumb, index, middle finger, and lateral half of the ring finger. Compression of this nerve, often at the carpal tunnel, causes these characteristic symptoms.

10. C — Elevated PSA in a male patient

An elevated PSA in a male patient with back pain and weight loss raises significant concern for prostate cancer with possible metastasis to the spine, warranting immediate referral.



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11. B — Gentle mobilization and myofascial release

Gentle mobilization, myofascial release techniques, and heat therapy are the most appropriate initial interventions for acute torticollis to reduce muscle spasm and restore normal range of motion.

12. A — Disc pathology

A positive Valsalva sign (increased pain with bearing down) suggests increased intradiscal or intraspinal pressure, which is commonly associated with disc pathology such as herniation.

13. D — Open-mouth (odontoid) view

Open-mouth (odontoid) view allows visualization of the dens and lateral masses of C1, which is essential for evaluating atlantoaxial alignment and potential instability.

14. C — Antinuclear Antibody (ANA)

Antinuclear Antibody (ANA) test is the initial screening test for systemic lupus erythematosus, which commonly presents with fatigue, joint pain, and a characteristic butterfly-shaped rash across the cheeks and nose.

15. B — Unstable vertebral fracture

Unstable vertebral fractures are an absolute contraindication to spinal manipulation due to the risk of further displacement and potential spinal cord injury.

16. A — Meralgia paresthetica

Meralgia paresthetica involves compression of the lateral femoral cutaneous nerve, typically at the inguinal ligament, causing pain and numbness in the lateral thigh that worsens with prolonged standing or hip extension.

17. D — Elevated white blood cell count

Elevated white blood cell count is a common indicator of an inflammatory process or infection, as white blood cells are recruited to sites of inflammation.

18. C — Supraspinatus

The supraspinatus muscle is primarily responsible for the first 15-30 degrees of shoulder abduction, but it continues to contribute significantly to abduction at 90 degrees. Testing resistance at this angle is a standard method for evaluating supraspinatus function.

19. B — Cervical myelopathy

Upper extremity weakness, spasticity, hyperreflexia, and a positive Hoffman's sign are all upper motor neuron signs that strongly suggest cervical myelopathy, which involves compression of the spinal cord in the cervical region.

20. A — Oswestry Disability Index

The Oswestry Disability Index (ODI) is a validated, condition-specific outcome measure designed specifically to assess functional disability in patients with low back pain.

21. D — Disc space narrowing

Degenerative disc disease typically presents with disc space narrowing on radiographic imaging. This is one of the hallmark findings of disc degeneration, often accompanied by other changes like osteophyte formation.

22. C — Bamboo spine appearance

The classic radiographic finding in advanced ankylosing spondylitis is the bamboo spine appearance, which



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represents complete fusion of the vertebral bodies, facet joints, and ligamentous ossification, giving the spine a bamboo-like appearance.

23. B — Spondylolysis

Spondylolysis is defined as a defect in the pars interarticularis of a vertebra, most commonly affecting L5. When bilateral, it can lead to spondylolisthesis if the vertebra slips forward.

24. A — Visible pleural line with absence of lung markings peripherally

A pneumothorax appears as a dark (radiolucent) area without lung markings between the lung and chest wall. The visible pleural line represents the edge of the collapsed lung, creating a sharp boundary between the aerated lung and the air-filled pleural space.

25. D — Periarticular osteopenia

Periarticular osteopenia is an early radiographic finding in rheumatoid arthritis, representing the inflammatory process that leads to bone mineral loss around affected joints before erosions develop.

26. C — Grade 3 dislocation

A Grade 3 dislocation in the Allen-Ferguson classification system represents complete anterior displacement of one vertebra on another, indicating severe ligamentous disruption and instability requiring immediate medical attention.

27. B — Flowing ossification along the anterolateral aspect of at least four contiguous vertebral bodies

DISH is characterized by flowing ossification along the anterolateral aspect of at least four contiguous vertebral bodies, resembling candle wax dripping down the spine, with preservation of disc height and no sacroiliac joint erosion.

28. A — Anterior wedging of a vertebral body

Anterior wedging of a vertebral body is the classic appearance of a compression fracture, where the anterior height of the vertebral body is reduced compared to the posterior height, giving it a wedge-shaped appearance.

29. D — Sunburst periosteal reaction

Osteosarcoma typically presents with a mixed lytic and blastic lesion with a sunburst periosteal reaction, representing the aggressive nature of this malignant bone tumor and its characteristic new bone formation pattern.

30. C — Mucopolysaccharidosis

Anterior beaking of vertebrae is a characteristic finding in mucopolysaccharidoses, particularly Morquio syndrome, resulting from abnormal development and ossification of the vertebral bodies due to lysosomal storage disease.



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