



NBCE Part 4 Chiro Practice 202

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Practice Questions

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1. Which radiographic view best demonstrates the integrity of the pars interarticularis for evaluation of spondylolysis?

- A. AP view
- B. Lateral view
- C. Flexion view
- D. Oblique view

2. What is the primary advantage of MRI over plain film radiography in the evaluation of disc pathology?

- A. Shorter examination time
- B. Better visualization of bone mineralization
- C. Superior soft tissue contrast
- D. Lower cost

3. In a post-traumatic cervical spine radiographic series, what finding would most strongly indicate the need for immediate stabilization and emergency referral?

- A. Congenital block vertebra
- B. Jefferson fracture
- C. Mild degenerative changes
- D. Straightening of the cervical lordosis

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4. Which of the following radiographic findings is most consistent with osteoarthritis of the knee?

- A. Joint space narrowing
- B. Periarticular osteopenia
- C. Soft tissue swelling without calcification
- D. Subchondral cyst formation without sclerosis



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5. A 45-year-old female with acute low back pain reveals no red flags in her history or examination. What is the most appropriate initial imaging approach?

- A. Immediate lumbar spine X-rays
- B. MRI of the lumbar spine
- C. CT scan of the lumbar spine
- D. No imaging unless symptoms persist beyond 4-6 weeks

6. When positioning a patient for an AP lumbosacral view, which of the following techniques helps reduce gonadal exposure to radiation?

- A. Decreasing the source-to-image distance
- B. Using a smaller focal spot size
- C. Use of gonadal shielding
- D. Increasing the kVp

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7. Which radiographic finding is most consistent with advanced ankylosing spondylitis in the spine?

- A. Multilevel disc calcification
- B. Bamboo spine appearance
- C. Multiple Schmorl's nodes
- D. Diffuse idiopathic skeletal hyperostosis (DISH)

8. What is the most appropriate radiation protection principle to follow when determining if a patient requires radiographic imaging?

- A. ALARA principle
- B. Annual maximum dose limit
- C. Routine screening protocol
- D. Age-based exposure guideline

9. A patient presents with acute neck pain after a motor vehicle accident. Which radiographic view is essential to rule out atlantoaxial instability?

- A. Lateral cervical view
- B. AP cervical view
- C. Pillar view
- D. Open-mouth odontoid view



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10. Which of the following is NOT a typical radiographic finding in degenerative disc disease?

- A. Vacuum phenomenon
- B. Endplate sclerosis
- C. Increased intervertebral disc space
- D. Osteophyte formation

11. Which modality is most appropriate for evaluating a suspected stress fracture that is not visible on initial radiographs?

- A. Conventional tomography
- B. MRI
- C. Repeat radiographs in 2 weeks
- D. Ultrasound

12. What radiographic finding is most consistent with rheumatoid arthritis in the cervical spine?

- A. Atlantoaxial subluxation
- B. Diffuse idiopathic skeletal hyperostosis (DISH)
- C. Posterior ponticle of C1
- D. Schmorl's nodes

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13. Which of the following represents the most appropriate patient positioning for a lateral thoracic spine radiograph?

- A. Prone with arms at sides
- B. Seated upright with arms crossed
- C. Lateral decubitus with lower arm extended
- D. True lateral with arms raised above the head



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14. In a patient with suspected cervical radiculopathy, which imaging finding most directly correlates with the patient's symptoms?

- A. Loss of cervical lordosis
- B. Calcification of the anterior longitudinal ligament
- C. Foraminal stenosis at the affected level
- D. Facet arthrosis

15. What radiographic measurement best indicates lumbar instability on flexion-extension views?

- A. Facet tropism greater than 7 degrees
- B. Sagittal translation greater than 4-5mm
- C. Endplate sclerosis
- D. Disc height reduction of 50%

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16. Which of the following radiographic findings would be classified as a congenital variant rather than pathology?

- A. Transitional vertebrae
- B. Compression fracture
- C. Disc herniation
- D. Spondylolisthesis grade 2

17. A 25-year-old patient with suspected lumbar disc herniation has no red flags on examination. What is the most appropriate initial imaging recommendation?

- A. Immediate lumbar MRI
- B. CT myelogram
- C. Flexion-extension radiographs
- D. No imaging; trial of conservative care for 4-6 weeks

18. Which radiographic line is used to detect cervical spine subluxation on a lateral view?

- A. Chamberlain's line
- B. Bolton's line
- C. George's line
- D. McGregor's line



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19. What is the most appropriate radiation protection measure for a female patient of childbearing age requiring lumbar spine radiographs?

- A. Double the source-to-image distance
- B. Determine pregnancy status before performing the examination
- C. Use higher kVp technique to reduce overall exposure
- D. Perform radiographs only during the follicular phase of menstrual cycle

20. What radiographic finding is most consistent with osteoporosis on a standard radiograph?

- A. Increased radiolucency with prominent trabecular patterns
- B. Periarticular calcification
- C. Subchondral sclerosis
- D. Marginal erosions

21. Which patient position is most appropriate when performing a posterior-to-anterior thoracic spine adjustment?

- A. Supine
- B. Side-lying
- C. Seated
- D. Prone

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22. Which of the following is a contraindication for high-velocity, low-amplitude (HVLA) cervical manipulation?

- A. Mild cervical muscle spasm
- B. Cervicogenic headache
- C. Vertebrobasilar insufficiency
- D. Facet joint dysfunction



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23. When performing an Activator technique adjustment, what is the primary mechanical principle being applied?

- A. Rotational torque
- B. High-speed, low-force thrust
- C. Long-lever manipulation
- D. Sustained joint distraction

24. During a side-posture lumbar adjustment, which hand position is most appropriate for the contact hand?

- A. Pisiform contact on the mamillary process
- B. Palm contact across multiple segments
- C. Thumb contact on the spinous process
- D. Fingertip contact on the facet joint

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25. Which therapeutic exercise would be most appropriate to prescribe immediately following a first rib adjustment?

- A. Hamstring stretches
- B. Lumbar stabilization exercises
- C. Squat exercises
- D. Scalene stretches

26. What is the primary goal of the Thompson Terminal Point technique?

- A. To strengthen paravertebral muscles through resistance
- B. To stretch the spinal ligaments through traction
- C. To reduce adjustment force through drop-piece mechanisms
- D. To increase soft tissue compliance through sustained pressure

27. When performing a cervical chair adjustment, what is the proper position of the patient's head?

- A. Lateral flexion away from and rotation toward the contact point
- B. Lateral flexion toward and rotation away from the contact point
- C. Lateral flexion and rotation both toward the contact point
- D. Lateral flexion and rotation both away from the contact point



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28. Which biomechanical principle is most important to consider when adjusting the sacroiliac joint?

- A. Nutation and counternutation
- B. Flexion and extension
- C. Lateral bending
- D. Axial rotation

29. When performing a Gonstead pelvic adjustment, which patient position provides optimal leverage for the practitioner?

- A. Prone with both legs extended
- B. Supine with knees bent
- C. Seated with feet flat on the floor
- D. Side-lying with the upper leg flexed at hip and knee

30. Which adjustment technique is most appropriate for a patient with acute neck pain who cannot tolerate rotation?

- A. Diversified rotational adjustment
- B. Gonstead cervical chair technique
- C. Lateral break technique
- D. Rotary break technique



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Answer Key & Explanations

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1. D — Oblique view

The oblique view best demonstrates the pars interarticularis by showing the 'Scottie dog' appearance, where a defect in the pars appears as a break in the dog's neck. This view is essential for proper evaluation of spondylolysis.

2. C — Superior soft tissue contrast

MRI provides superior soft tissue contrast, allowing visualization of disc material, nerve roots, and other soft tissues that are not visible on plain films. This makes it the superior modality for evaluating disc pathology including herniations and degenerative changes.

3. B — Jefferson fracture

Jefferson fracture (burst fracture of C1) is a serious, unstable fracture that requires immediate stabilization and emergency referral to prevent spinal cord injury. It indicates significant trauma and potential atlantoaxial instability.

4. A — Joint space narrowing

Joint space narrowing is a hallmark radiographic finding of osteoarthritis. As the articular cartilage deteriorates, the space between the bones narrows, which is clearly visible on radiographs and represents a key diagnostic criterion for osteoarthritis.

5. D — No imaging unless symptoms persist beyond 4-6 weeks

For acute low back pain without red flags, clinical guidelines recommend delaying imaging for at least 4-6 weeks to allow for natural resolution. Premature imaging can lead to unnecessary interventions and has not been shown to improve outcomes in uncomplicated cases.

6. C — Use of gonadal shielding

Gonadal shielding using lead shields placed over the reproductive organs significantly reduces radiation exposure to these radiosensitive tissues during radiographic procedures, which is particularly important for patients of reproductive age.

7. B — Bamboo spine appearance

A bamboo spine appearance (complete fusion of the vertebral bodies) is pathognomonic for advanced ankylosing spondylitis. This occurs due to ossification of the outer fibers of the annulus fibrosus and anterior/posterior longitudinal ligaments.

8. A — ALARA principle

ALARA (As Low As Reasonably Achievable) is a fundamental radiation protection principle that requires justification of each exposure based on clinical necessity. This ensures patients receive the lowest possible radiation dose while still obtaining diagnostically useful images.

9. D — Open-mouth odontoid view

The open-mouth odontoid view is essential for evaluating the integrity of the dens and assessing atlantoaxial



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relationships. It allows visualization of potential fractures or displacements that could indicate instability at the C1-C2 junction following trauma.

10. C — Increased intervertebral disc space

Increased intervertebral disc space is not a typical finding in degenerative disc disease. Instead, DDD typically presents with decreased disc space, osteophyte formation, endplate sclerosis, and possible vacuum phenomenon within the disc.

11. B — MRI

MRI can detect bone marrow edema associated with stress fractures before they become visible on plain radiographs. It has higher sensitivity for early stress reactions and fractures that haven't progressed to the point of visible cortical disruption on X-ray.

12. A — Atlantoaxial subluxation

Atlantoaxial subluxation is a characteristic finding in rheumatoid arthritis of the cervical spine. It occurs due to erosion of the transverse and alar ligaments by inflammatory pannus, allowing excessive movement between C1 and C2.

13. D — True lateral with arms raised above the head

True lateral positioning with arms raised above the head removes superimposition of the shoulders over the thoracic spine, allowing better visualization of the vertebral bodies, disc spaces, and posterior elements in the thoracic region.

14. C — Foraminal stenosis at the affected level

Foraminal stenosis directly correlates with radiculopathy symptoms as it compresses the nerve root as it exits the spinal canal through the neural foramen. This compression typically produces dermatomal pain, paresthesia, and possibly motor weakness in the affected nerve distribution.

15. B — Sagittal translation greater than 4-5mm

Sagittal translation greater than 4-5mm between adjacent vertebrae on flexion-extension views is considered abnormal and indicates potential instability. This measurement quantifies the excessive movement that may be contributing to the patient's symptoms.

16. A — Transitional vertebrae

Transitional vertebrae (such as lumbarization of S1 or sacralization of L5) are congenital variants that result from developmental alterations in segmentation. While they may be associated with certain conditions, they are not pathological in themselves but represent normal anatomic variations.

17. D — No imaging; trial of conservative care for 4-6 weeks

Conservative care without imaging is recommended initially for suspected disc herniations without red flags. Most disc herniations improve with conservative management, and imaging is only indicated if symptoms persist beyond 4-6 weeks or if neurological symptoms worsen.

18. C — George's line

George's line (posterior vertebral body line) is drawn along the posterior aspects of the vertebral bodies on a lateral cervical radiograph. Any displacement or step-off along this line suggests subluxation or anterolisthesis of a vertebra.



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19. B — Determine pregnancy status before performing the examination

Determining pregnancy status before performing radiographs is essential for female patients of childbearing age. This allows for informed decision-making about the risks and benefits of the procedure and consideration of alternative imaging if pregnancy is confirmed.

20. A — Increased radiolucency with prominent trabecular patterns

Increased radiolucency with prominent trabecular patterns is the classic radiographic appearance of osteoporosis. As bone mineral density decreases, the cortical bone thins and the trabecular pattern becomes more prominent, creating a characteristic appearance of increased radiolucency.

21. D — Prone

The prone position provides optimal access to the posterior thoracic spine, allowing the chiropractor to direct force along the posterior-to-anterior vector while maintaining proper stabilization of the patient.

22. C — Vertebrobasilar insufficiency

Vertebrobasilar insufficiency is a clear contraindication for HVLA cervical manipulation due to the risk of compromising blood flow to the brain, which could lead to serious neurological complications.

23. B — High-speed, low-force thrust

The Activator instrument delivers a high-speed, low-force thrust that minimizes the body's muscular resistance, allowing for precise force application with minimal patient movement.

24. A — Pisiform contact on the mamillary process

The pisiform contact provides stability and a focused contact point, allowing for precise force application to the mamillary or transverse process of the lumbar vertebra.

25. D — Scalene stretches

Scalene stretches help to maintain the mobility achieved with the first rib adjustment by addressing the muscular component that often contributes to first rib dysfunction.

26. C — To reduce adjustment force through drop-piece mechanisms

The Thompson Terminal Point technique uses drop pieces to reduce the force needed for adjustment while facilitating the correction of vertebral misalignments through controlled table movement.

27. B — Lateral flexion toward and rotation away from the contact point

The cervical chair adjustment requires lateral flexion toward the side of contact to open the facet joint on the contralateral side, with rotation away from the contact point to position the joint for optimal adjustment.

28. A — Nutation and counternutation

Understanding the nutation and counternutation mechanics of the sacroiliac joint is essential for effective adjustment, as these motions define the normal movement patterns of the joint that may be restricted in dysfunction.

29. D — Side-lying with the upper leg flexed at hip and knee

The side-lying position with the upper leg flexed at the hip and knee provides optimal patient stability and practitioner leverage for a Gonstead pelvic adjustment, allowing for specific contact and force application.

30. C — Lateral break technique

The lateral break technique avoids rotation of the cervical spine while still providing joint mobilization, making it suitable for patients with acute neck pain who cannot tolerate rotational movements.



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