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Practice Questions

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1. An athlete reports experiencing pain and difficulty during wrist flexion, and the therapist suspects an issue with one of the muscles involved in this action. Which of the following muscles is primarily responsible for wrist flexion?

- A. Extensor carpi ulnaris
- B. Flexor digitorum profundus
- C. Brachioradialis
- D. Flexor carpi radialis

2. A client post-hip replacement surgery exhibits significant difficulty in performing ADLs (activities of daily living). The client relies heavily on verbal instructions and fails to use problem-solving skills independently. Which standardized assessment tool would be BEST indicated to evaluate cognitive functions relevant to problem-solving and decision-making in this client?

- A. Executive Function Performance Test (EFPT)
- B. Montreal Cognitive Assessment (MoCA)
- C. Kohlman Evaluation of Living Skills (KELS)

3. Which of the following balance assessments involves standing on one leg while the opposite leg is in hip flexion to test single-leg balance?

- A. Berg Balance Scale
- B. Timed Up and Go (TUG)
- C. Single Leg Stance Test

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4. Which of the following fine motor skill would NOT be expected in a ten-month-old typically developing infant?

- A. Pincer grasp using thumb and forefinger
- B. Transferring an object from one hand to the other
- C. Grasping a toy using the palm



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5. A patient who previously played the piano daily for 10 years is now unable to remember how to play after suffering a stroke. Which of the following is this an example of?

- A. Topographical disorientation
- B. Astereognosis
- C. Ideational apraxia
- D. Asomatognosia

6. What type of assessment involves the evaluation of a child's fine motor skills using a standardized tool such as the Peabody Developmental Motor Scales (PDMS-2)?

- A. Observation
- B. Performance tests
- C. Self-report
- D. Interview

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7. When evaluating a patient for signs of peripheral neuropathy, which of the following symptoms is commonly associated with this condition?

- A. Hyperreflexia
- B. Loss of sensation in extremities
- C. Spasticity

8. An occupational therapist is conducting a needs assessment for a new community-based program. Which of the following is NOT a fundamental step in needs assessment?

- A. Collecting data
- B. Implementing interventions
- C. Identifying the target population

9. An occupational therapist realizes that an assessment tool used in an initial evaluation was outdated. What is the appropriate action to rectify this error in the documentation?

- A. Cover the outdated assessment tool with correction tape and write the correct tool over it
- B. Leave the error uncorrected and add a note in the next session stating the correct tool used
- C. Mark through the outdated assessment tool with one line, note the correct tool used, and initial and date the correction
- D. Erase the outdated assessment tool entry and document the correct tool used



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10. Which criterion in evidence-based practice assures that all interventions, including those that showed no effect, are reported in the study?

- A. Relevance
- B. Reliability
- C. Consistency

11. You are working with a patient who has been diagnosed with respiratory syncytial virus (RSV) and is exhibiting symptoms like coughing and sneezing. Which precaution should be used for this patient?

- A. Contact precautions
- B. Standard precautions
- C. Droplet precautions
- D. Airborne precautions

12. Which statement is FALSE regarding the ethical considerations in electronic health record (EHR) documentation?

- A. All entries in the EHR should be dated and attributed to the individual who made the entry.
- B. Clinicians should share their login credentials with trusted colleagues for convenience.
- C. Access to patient records should be restricted to authorized personnel only.
- D. Patients have the right to request corrections to their health records.

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13. An elderly patient has recently been admitted to a care facility and exhibits signs of severe dehydration, poor personal hygiene, and unexplained weight loss. Which type of elder abuse might the occupational therapist suspect?

- A. Sexual abuse
- B. Emotional abuse
- C. Neglect
- D. Physical abuse



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14. Which of the following patients would be placed on contact precautions?

- A. Patient with measles
- B. Patient with tuberculosis
- C. Patient with Methicillin-resistant Staphylococcus aureus (MRSA)

15. An occupational therapist creates a school program that teaches children about healthy eating habits to prevent obesity. Which type of intervention does this describe?

- A. Primary prevention
- B. Secondary prevention
- C. Tertiary prevention

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16. An occupational therapist assists a caregiver in ensuring a safe discharge for her elderly mother, who will be using a manual wheelchair after a hip surgery. The caregiver is concerned about a 15-inch curb outside their home and seeks advice on building a ramp. What is the minimum length of the ramp required for safe wheelchair navigation?

- A. 15 feet
- B. 7.5 feet
- C. 5 feet
- D. 30 feet

17. A patient with multiple sclerosis (MS) is experiencing daily fatigue and inconsistent energy levels, making it difficult to complete daily activities effectively. They are confused about why their energy levels fluctuate so much. What type of education should the occupational therapist provide?

- A. Education about diet modifications
- B. Education about exercise routines
- C. Education about stress management
- D. Education about energy conservation techniques

18. An occupational therapist is treating a patient who has suffered a full-thickness burn to the dorsal side of the hand. She is trying to prevent a contracture from developing. What is the appropriate splint to use?

- A. Thumb Spica Splint
- B. Intrinsic Plus Splint
- C. Wrist Cock-Up Splint



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19. Olivia, a ten-year-old girl with ADHD, has been attending a summer camp but has been struggling to follow group activities and often gets distracted. She shows a strong preference for solitary activities where she can hyperfocus, especially on painting. Her parents are feeling overwhelmed and have requested a meeting with the camp counselor to discuss Olivia's daily challenges. During the meeting, Olivia's parents express concerns about her behavior and are visibly distressed. What actions should the camp's occupational therapist take during and after the conversation? Select all options that are appropriate at this time.

- A. Remain empathetic
- B. Focus on addressing the specific concerns raised by the parents
- C. Guarantee that Olivia will soon improve her behavior
- D. Request an additional meeting with external behavioral specialists

20. Which is NOT an effective strategy for enhancing participation during a group therapy session for individuals with social anxiety?

- A. Encouraging group members to share at their own pace
- B. Providing structured activities to facilitate engagement
- C. Forcing individuals to speak without prior consent

21. At what age does a child typically begin to show preference for using a spoon during meal times?

- A. 18 months
- B. 1 year
- C. 2 years

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22. Which condition related to hearing loss is associated with damage to the inner ear and an initial decrease in the ability to hear high-frequency sounds?

- A. Tinnitus
- B. Otosclerosis
- C. Meniere's disease
- D. Presbycusis



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23. When working with a client in a geriatric setting, the occupational therapist must consider the role of family support. Which is an INCORRECT statement in regard to family support?

- A. Family members should be educated on techniques to assist the client with daily activities
- B. The therapist should collaborate with family members to identify barriers in the home environment
- C. Support should be provided uniformly without considering the individual needs of the client

24. Which type of lower extremity amputation is described when the amputation includes the entire hip joint as well as part of the pelvis?

- A. Hemipelvectomy
- B. Hip disarticulation
- C. Above-knee amputation
- D. Knee disarticulation

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25. Which type of knee amputation is described when a patient has an amputation through the mid-shaft of the femur?

- A. Hip disarticulation
- B. Knee disarticulation
- C. Gritti-Stokes amputation
- D. Above-knee amputation

26. A patient presents with a radial nerve injury, affecting the motor function of their arm. Which motion would likely be impaired with this injury?

- A. Forearm pronation
- B. Wrist extension
- C. Wrist flexion
- D. Finger flexion at DIPs



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27. Carlos is a 45-year-old man who has been referred to occupational therapy due to difficulties with daily activities following a stroke. His family speaks Spanish at home, while Carlos speaks both Spanish and English. He excels in his current rehabilitation exercises but struggles with complex tasks like meal preparation or managing household chores. He is particularly challenged by activities requiring fine motor skills. Carlos enjoys reading and wants to regain his ability to write by hand. The occupational therapist has completed the evaluation and is ready to discuss the findings and recommendations with Carlos and his family. To ensure Carlos and his family understand the evaluation and can support Carlos' recovery, which actions would enhance health literacy? Select all options that are appropriate at this time.

- A. Avoiding jargon
- B. Using visuals
- C. Using the teach-back method
- D. Using an interpreter

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28. According to Erik Erikson's psychosocial stages of development, what is the primary developmental challenge faced by children between the ages of 3 and 5 years?

- A. Autonomy versus Shame and Doubt
- B. Industry versus Inferiority
- C. Initiative versus Guilt
- D. Trust versus Mistrust

29. According to Erik Erikson, which stage of psychosocial development involves developing a sense of personal identity?

- A. Trust vs. Mistrust
- B. Identity vs. Role Confusion
- C. Intimacy vs. Isolation



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30. John, a 40-year-old man, was recently diagnosed with multiple sclerosis. He is experiencing significant fatigue, some motor control issues, and mild cognitive challenges. His healthcare team is developing a discharge plan. John currently needs minimal to moderate assistance for ADL engagement. Which of the following placements would be appropriate for recommendation? Select all options that are appropriate at this time.

- A. Transitional living
- B. Rehabilitation hospital
- C. Long-term care
- D. Outpatient rehabilitation



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Answer Key & Explanations

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1. D — Flexor carpi radialis

Answer: Flexor carpi radialis The primary muscles responsible for wrist flexion are the flexor carpi radialis and the flexor carpi ulnaris. The flexor carpi radialis helps to flex and abduct the wrist, while the flexor carpi ulnaris also assists in wrist flexion but functions by adducting the wrist. The extensor carpi ulnaris is primarily involved in wrist extension and adduction. The flexor digitorum profundus flexes the fingers and wrist but is not the primary flexor of the wrist. The brachioradialis mainly aids in flexing the elbow.

2. A — Executive Function Performance Test (EFPT)

Answer: Executive Function Performance Test (EFPT) The Executive Function Performance Test (EFPT) provides structured tasks designed to evaluate executive functions such as initiation, organization, sequencing, judgment, and safety. It is particularly useful for clients who need assessment of their problem-solving and decision-making abilities. The Montreal Cognitive Assessment (MoCA) is a rapid cognitive screening tool for detecting mild cognitive impairment. The Kohlman Evaluation of Living Skills (KELS) assesses a person's ability to perform basic living skills but may not be specific enough for evaluating higher-level cognitive functions.

3. C — Single Leg Stance Test

Answer: Single Leg Stance Test The Single Leg Stance Test evaluates an individual's ability to maintain balance while standing on one leg with the opposite leg in hip flexion. It is a common test to assess balance and proprioception, and a failure indicates possible balance or proprioceptive issues. The Berg Balance Scale is a different type of assessment that includes 14 tasks like sitting to standing, standing with eyes closed, and turning 360 degrees. The Timed Up and Go (TUG) test measures the time taken for a person to stand up from a chair, walk a short distance, turn, walk back, and sit down again.

4. A — Pincer grasp using thumb and forefinger

Answer: Pincer grasp using thumb and forefinger. This skill does not typically occur until 9 to 12 months of age. The other choices are skills that would be expected of a ten-month-old.

5. C — Ideational apraxia

Answer: Ideational apraxia Ideational apraxia relates to the inability to understand how to initiate and complete a common task or recognize an object related to said task. In this case, the patient cannot remember how to play the piano, although it was a familiar activity. Asomatognosia is characterized by an individual's inability to recognize that the impaired limb belongs to their body. Topographical disorientation is characterized by decreased recall of familiar surroundings and inability to navigate a familiar environment or route. Astereognosis impairment is the inability to recognize familiar items by touch, and testing for this impairment is completed by placing objects in the hand and identifying the object without using vision.

6. B — Performance tests

Answer: Performance tests Performance tests are assessments used to evaluate specific skills, such as fine motor abilities, in a structured and standardized manner. The Peabody Developmental Motor Scales (PDMS-2) is an example of such a test. Objective measurements are obtained based on the practitioner's



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observation of the child's performance and can be used to design therapeutic goals. Observation occurs when a clinician watches an individual's behavior without the completion of a specific assessment. Interviewing is a very common part of assessment and involves the clinician asking the individual or their caregiver questions, generally regarding functional performance. Self-report is characterized by the individual or their caregiver providing pertinent information, such as through the completion of a questionnaire.

7. B — Loss of sensation in extremities

Answer: Loss of sensation in extremities Peripheral neuropathy often presents with symptoms such as loss of sensation in extremities, muscle weakness, and pain. Spasticity and hyperreflexia are typically associated with central nervous system disorders.

8. B — Implementing interventions

Answer: Implementing interventions The fundamental steps in needs assessment are as follows: - Identifying the target population: Determine who will benefit from the program. - Collecting data: Gather information about the needs of the target population. - Analyzing data: Evaluate the collected data to identify gaps and priorities.

9. C — Mark through the outdated assessment tool with one line, note the correct tool used, and initial and date the correction

Answer: Mark through the outdated assessment tool with one line, note the correct tool used, and initial and date the correction Documentation in medical records must be accurate and any corrections must be traceable. The appropriate way to correct an outdated entry is to mark through it with a single line, note the correct information, and initial and date the correction. This maintains the integrity of the medical record and ensures transparency in documentation practices. The other options provided (erasing the entry, using correction tape, or leaving the error uncorrected) are not acceptable methods for correcting mistakes in documentation.

10. C — Consistency

Answer: Consistency Consistency is the assurance that all interventions, including those that showed no effect, are documented and included in the study's results. Relevance ensures that the study's interventions are directly related to the question being examined. Reliability is the extent to which the same results could be achieved consistently over time.

11. C — Droplet precautions

Answer: Droplet precautions Droplet precautions are necessary for illnesses spread through large droplets from actions such as sneezing or coughing. Respiratory syncytial virus (RSV) is transmitted through these larger respiratory droplets. Airborne precautions are required for diseases that spread through small airborne particles, such as TB or measles. Contact precautions are for illnesses spread through touch, like MRSA. Standard precautions are general safety measures to maintain hygiene and safety for all patients.

12. B — Clinicians should share their login credentials with trusted colleagues for convenience.

Answer: Clinicians should share their login credentials with trusted colleagues for convenience. Sharing login credentials is a breach of security protocols and can lead to unauthorized access to patient information. The remaining statements are true regarding ethical EHR documentation.

13. C — Neglect

Answer: Neglect The elderly patient demonstrates signs of neglect, such as severe dehydration, poor personal hygiene, and unexplained weight loss. Neglect can also include unsafe living conditions, untreated medical issues, and a lack of necessary assistance with basic daily needs.



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14. C — Patient with Methicillin-resistant Staphylococcus aureus (MRSA)

Answer: Patient with Methicillin-resistant Staphylococcus aureus (MRSA) MRSA is transmitted by direct contact with an infected wound or contaminated surfaces, necessitating contact precautions. Patients diagnosed with tuberculosis and measles require airborne precautions.

15. A — Primary prevention

Answer: Primary prevention Primary prevention involves identifying a potential health issue and providing education or intervention to reduce the chance of its occurrence (in this case, education for children to prevent obesity). Secondary prevention involves identifying a health concern early on and establishing a program to reduce its duration or effects (e.g., screening children for early signs of obesity and implementing dietary changes). Tertiary prevention involves providing intervention to address an existing health concern (e.g., implementing a weight loss program for children who are already obese).

16. A — 15 feet

Answer: 15 feet 15 feet represents the requirement of 12 inches of ramp for every 1 inch of rise. A 7.5-foot or 5-foot ramp with 15 inches of rise would be too steep for most wheelchair users to navigate safely. A 30-foot ramp could work, but it exceeds the minimum recommendation.

17. D — Education about energy conservation techniques

Answer: Education about energy conservation techniques Energy conservation techniques are crucial for individuals with multiple sclerosis (MS) to better manage their energy levels throughout the day. Teaching these techniques helps to minimize fatigue and maximize functional performance. The other education topics do not specifically address the fluctuating energy levels experienced by the patient.

18. B — Intrinsic Plus Splint

Answer: Intrinsic Plus Splint A full-thickness burn to the dorsal side of the hand can cause tightening of the skin, leading to the development of a contracture. The Intrinsic Plus Splint, also known as the 'anti-deformity' or 'safe' position splint, helps to maintain the hand in a functional position by keeping the MCP joints in flexion and the IP joints in extension, thereby preventing contractures and preserving the range of motion.

19. A — Remain empathetic

Therapeutic use of self is vital to support Olivia's parents. Offering reassurance, showing empathy, and being flexible are all part of therapeutic use of self. The therapist should remain honest and not guarantee an uncertain outcome. The therapist may suggest the parents seek additional support or resources. However, the final decision should come from the parents.

20. C — Forcing individuals to speak without prior consent

Answer: Forcing individuals to speak without prior consent may exacerbate social anxiety and hinder their participation. Encouraging sharing at their own pace and providing structured activities are effective methods to promote engagement during group therapy sessions.

21. A — 18 months

Answer: 18 months At 18 months of age, a child typically begins to show preference for using a spoon during meal times. At 1 year of age, the child may start to use a spoon but with limited success. By 2 years of age, the child improves their utensil use. At 3 years of age, the child should be able to use a spoon with minimal spilling.



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22. D — Presbycusis

Answer: Presbycusis Presbycusis is characterized by an initial decrease in the ability to hear high-frequency sounds and is caused by damage to the hair cells in the inner ear. This condition is often age-related. Tinnitus is characterized by ringing or buzzing in the ears and is not necessarily associated with high-frequency hearing loss. Otosclerosis is characterized by abnormal bone growth in the middle ear, which can affect hearing but typically starts with low-frequency sounds. Meniere's disease is characterized by episodes of vertigo, hearing loss, and tinnitus, with fluctuations in hearing rather than a consistent loss of high-frequency sounds.

23. C — Support should be provided uniformly without considering the individual needs of the client

Answer: Support should be provided uniformly without considering the individual needs of the client. Family support in a geriatric setting must be tailored to the individual needs of the client. It involves personalized education and modifications that respect the client's unique circumstances and preferences. The other options are essential aspects of providing effective occupational therapy in a geriatric setting.

24. A — Hemipelvectomy

Answer: Hemipelvectomy A hemipelvectomy involves the removal of the entire hip joint and part of the pelvis. A hip disarticulation is an amputation that occurs at the hip joint but does not involve the pelvis. An above-knee amputation is an amputation that occurs above the knee. A knee disarticulation involves amputation at the knee joint.

25. D — Above-knee amputation

Answer: Above-knee amputation An above-knee amputation involves the removal of the leg at the femur. A hip disarticulation is an amputation through the hip joint. A knee disarticulation is an amputation through the knee joint. A Gritti-Stokes amputation is done just above the knee, preserving the patella.

26. B — Wrist extension

Answer: Wrist extension The extensor carpi radialis longus and extensor carpi radialis brevis are responsible for wrist extension and are innervated by the radial nerve. Injury to the radial nerve would result in potential impairment of this motion. The remaining motions are produced by muscles innervated by other nerves: flexor carpi ulnaris (wrist flexion) is innervated by the ulnar nerve, flexor digitorum profundus (finger flexion at DIPs) is innervated by both the ulnar and median nerves, and pronator teres (forearm pronation) is innervated by the median nerve.

27. A — Avoiding jargon

Medical jargon and analogies can complicate the translation process and should be avoided. Using visuals can aid communication. The teach-back method will help the therapist identify areas that need clarification. An interpreter can facilitate real-time translation, ensuring the family and therapist can effectively communicate. It is better to provide fewer strategies by highlighting a few key take-home ideas.

28. C — Initiative versus Guilt

Answer: Initiative versus Guilt Children between the ages of 3 and 5 years face the developmental challenge of initiative versus guilt. During this stage, children begin to assert power and control over their world through directing play and other social interactions. Trust versus Mistrust (0-1 year): The child learns to trust the environment when needs are met. Autonomy versus Shame and Doubt (1-3 years): The child develops a greater sense of personal control. Industry versus Inferiority (6-11 years): The child focuses on learning new skills and gaining approval.



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29. B — Identity vs. Role Confusion

Answer: Identity vs. Role Confusion Erik Erikson's stages of psychosocial development: Stage Age Range Key Challenge Trust vs. Mistrust 0-1 years Developing trust in caregivers Autonomy vs. Shame/Doubt 1-3 years Gaining a sense of independence Initiative vs. Guilt 3-6 years Initiating activities Industry vs. Inferiority 6-12 years Mastering academic/social skills Identity vs. Role Confusion 12-18 years Developing a personal identity Intimacy vs. Isolation 18-40 years Forming intimate relationships Generativity vs. Stagnation 40-65 years Contributing to society Integrity vs. Despair 65+ years Reflecting on life

30. A — Transitional living

An outpatient rehabilitation program may be considered for the future once John can manage more independently. However, since he currently needs assistance with ADLs, it would be more suitable for him to be in a rehabilitation hospital or a transitional living setting where he can receive the necessary support. A long-term care facility would provide more support than needed at this stage.



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