1. 45-year-old male patient presents with complaints of numbness in both hands and feet for last 2 months. Patient has not seen any provider until now. During examination patient also states that there is difficulty holding urine. Which one of the following pathologies you would suspect in this patient?
   A. Radiculopathy
   B. Neuropraxia
   C. Stinger
   D. Myelopathy
   E. Facet joint irritation

2. 45-year-old male patient presents with complaints of numbness in both hands and feet for last 2 months. Patient has not seen any provider until now. During examination patient also states that there is difficulty holding urine. Which one of the following tests you would use to confirm the pathology you think the patient has?
   A. Brachial plexus tension test
   B. Tinel sign
   C. Spurling test
   D. Distraction test
   E. Lhermitte’s sign

3. 45-year-old male patient presents with complaints of numbness in both hands and feet for last 2 months. Patient has not seen any provider until now. During examination patient also states that there is difficulty holding urine. Which one of the following tests you would use to confirm the pathology you think the patient has?
   A. Extending and adducting arm in shoulder joint
   B. Tapping over anterior neck
   C. Laterally flexing patients head and applying compressive forth
   D. In seated patient flexing head and lower extremity at the hip joint

4. 45-year-old male patient presents with complaints of numbness in both hands and feet for last 2 months. Patient has not seen any provider until now. During examination patient also states that there is difficulty holding
urine. Which one of these emergency condition might be present in this patient?
A. Radiculopathy
B. Herniated disc
C. Ankylosing spondylitis
D. Spondylolisthesis
E. Cauda equina syndrome

5. 45-year-old male patient presents with complaints of numbness in both hands and feet for last 2 months. Patient has not seen any provider until now. During examination patient also states that there is difficulty holding urine. Which one of the following is the best management of this patient with suspected cauda equina syndrome?
A. Moxibustion
B. Acupuncture and herbal treatment
C. Send home with ice pack
D. Refer to primary care provider
E. ER

6. Patient after car accident present to your office two weeks later with complaints of neck stiffness. Patient state that the neck feels jammed. Patient also has dizziness, numbness in the hands and fatigue. During the observation patient support his head. AROM limited, PROM limited. RIM – painful side flexion. Special test normal. What is the most likely pathology in this patient?
A. Whiplash

7. Patient after car accident present to your office two weeks later with complaints of neck stiffness. Patient state that the neck feels jammed. Patient also has dizziness, numbness in the hands and fatigue. During the observation patient support his head. AROM limited, PROM limited. RIM – painful side flexion. On palpation there is severe pain over C6 transverse processes on R. Special test normal. Which one of the following would most appropriate management of this patient?
A. Acupuncture treatment
B. Deep tissue massage
C. Herbal pain relief
D. Neck x-ray
E. Send home with icepack

8. Which one the following presentation you expect in the patient with positive **brachial plexus compression** tests.
   a. Sharp, burning pain in most of the shoul and dermatomes

9. A 45-year-old male present to your office with 3 month poorly defined pain in right shoulder. Pain gets sharper on movements. There is noticeable muscle wasting round right shoulder. On observation right shoulder seems higher than left. AROM restriction in all direction, with almost no rotation of the right arm. PROM the same. When patient attempt abduct right arm there is no cable shoulder hike. Special tests negative. What is the most likely condition in this patient?
   A. Adhesive capsulitis (Frozen shoulder)

10. Patient presents with pain on lateral side of the arm, patient has difficulty getting dressed. AROM shows painful medial rotation with some limitations on abduction. PROM pain on medial rotation and at the end of lateral rotation of the affected arm. **RIM pain on medial rotation**. Which on of the following test would help you to confirm the pathology in this patient?
    A. Lift of test, bear hug test

11. Patient presents with pain on lateral side of the arm, patient has difficulty getting dressed. AROM shows painful medial rotation with some limitations on abduction. PROM pain on medial rotation and at the end of lateral rotation of the affected arm. **RIM pain on medial rotation**. Which one of the following structures is most likely affected in this patient?
    A. Subscapularis

12. The examiner stabilized patient shoulder (scapula) while passively and forcibly elevated patients arm through flexion with internal rotation. Which one of the following pathologies is practitioner testing for?
    a. Impingement (Supraspinatus impingement)

13. Patient complains that there is right shoulder pain in doing jobs that need over the head arm activity. Which of the following tests would reproduce the patient symptoms?
    a. Neer impingement

14. Patient complains that there is weakness in right shoulder which is felt the most when carrying groceries? Which of the following test would detect inferior shoulder instability in this patient?
15. Patient sits and practitioner pulls down on patient arm. What would examiner notice if this test would be positive?
   a. Depression under acromion (sulcus)

16. Patient presents to your office with complaints of numbness in the right hand on awakening. Patient sleeps on the right side. Patients right hand feel cold and looks pale. Which one of the following condition might be present in this patient?
   a. Thoracic outlet syndrome

17.16. Patient presents to your office with complaints of numbness in the right hand on awakening. Patient sleeps on the right side. Patients right hand feel cold and looks pale. Which of the following special test may be positive in this patient?

18. Patient presents with numbness in the foot around medial side of the ankle and at the bottom of the foot. Which of the following dermatome is most likely involve in this patient presentation?
   a. S1, S2
   b. L5, S1
   c. L4, L5
   d. L4, S1
   e. L3, S2

19. Patient complaints of pain at the lateral side of the wrist between two visible tendons. Patient has recent history of fall. Which of the following bone conditions may be present in this patient?
   a. Scaphoid fracture

20. Patient presents with thick palmar nodules which on palpation are not associated with flexor tendons. AROM: stiffness on extension. What is the patient conditions?
   a. Dupytren’s

21. Patient presents with lower back pain. During palpation of lumbar spine there is absence of L5 spinous process. Which of the following conditions may have caused this?
   a. Spondylolisthesis
   b. Spondylolysis
22. Patient presents with pain in the lower back that increases during flexion. All special tests negative. Pain increased on RIM extension. What is most likely cause of this low back pain?
   a. Muscular injury (mechanical muscle injury)

23. Patient presents with dull, aching pain at the junction of the spine and pelvis. Patient has difficulty getting out of the car. AROM – pain on flexion, PROM – pain on overpressure during extension. Positive bilateral SLRT at 35 degrees. What is the most likely cause of this presentation?
   a. SIJ problem

24. Patient presents with dull, aching pain at the junction of the spine and pelvis. Patient has difficulty getting out of the car. AROM – pain on flexion, PROM – pain on overpressure during extension. Faber test reproduces patient symptoms.
   a. SIJ

25. Patient presents with dull, aching pain at the junction of the spine and pelvis. Patient has difficulty getting out of the car. AROM – pain on flexion, PROM – pain on overpressure during extension. Faber test produces pain in the groin. What is the pain during Faber test indicates?
   a. Hip joint issue

26. Patient presents with dull, aching pain at the junction of the spine and pelvis. Patient has difficulty getting out of the car. AROM – pain on flexion, PROM – pain on overpressure during extension. Faber test produces pain in the groin. Which test the examiner should perform at this point to reproduce patients’ symptoms?
   A. Gapping test

27. Patient presents with bilateral leg numbness that get worse on flexion. What is the most likely condition?
   a. Herniated disc (central herniation)

28. Patient present with bilateral leg numbness that get worse on extension and better on flexion. What is the most likely condition?
   a. Spinal stenosis

29. Arm abducted to 90 degrees, elbow flexed at 90 degrees and patient in supine. Examiner pushes on patient arm with one hand and pulls patient hand with another hand. What is being testes?
   a. Posterior instability (Push pull test)
30. Prone anterior instability – push down on the arm
31. Dermatomes – subjective sensation perceived by patient
32. Myotome – test muscle contraction possibilities, look for weakness
   a. Shoulder elevation (shrugs) – C4
33. Patient present with shoulder shrug weakness and numbness over superior shoulder.
   a. C4 myotome and C4 dermatome (entire C4 nerve is affect, spinal nerve are both sensory and motor)