## Sample Orthotic Written Examination

Following are sample questions that are similar to those you will find on the orthotic written examination.

1. The muscle that has the PRIMARY responsibility of rotating the thumb to touch the tips of the index and middle fingers is the:
A. Opponens pollicis
B. Flexor pollicis longus
C. Abductor pollicis brevis
D. Extensor pollicis longus
2. What is the MOST important factor in decreasing the vertical loading of the lumbar spine?
A. Application of a three-point pressure system for vertical stabilizationA.
B. Enhancement of the abdominal hydropneumatic mechanism
C. Strengthening of the gluteal and abdominal musculature
D. Immobilization of the thoracolumbar spine
3. In which of the following conditions is a Milwaukee CTLSO contraindicated?
A. Skeletal immaturity
B. Idiopathic scoliosis
C. Thoracolumbar curves
D. Curves greater than 60 degrees
4. The measurement for a TLSO (anterior hypertension orthosis) should be taken with the patient in what position?
A. Standing erect
B. Sitting erect
C. Lying prone
D. Lying supine
5. Which of the following orthoses is designed to manage spondylolisthesis in an active teenager?
A. LSO (Corset)
B. LSO (Knight)
C. Jewitt
D. LSO (Anterior Overlap)
6. The trim lines of a ground reaction ankle foot orthosis should be anterior to the malleoli to serve as a:
A. Dorsiflexion assist
B. Plantarflexion assist
C. Dorsiflexion stop
D. Plantarflexion stop
7. The orthotic recommendation for treating a patient with an ulnar nerve lesion at the wrist is an opponens orthosis plus what component?
A. IP extension assist
B. Thumb post
C. MP stop
D. Opponens bar
8. When treating a patient with a knee flexion contracture, what is the MOST appropriate knee joint to use when designing a KAFO?
A. Dial lock joint
B. Polycentric joint
C. Extension stop knee joint
D. Bail lock joint
9. Facilities material safety data sheets should be:
A. Read by all staff that uses the materials.
B. Stored safely in the manufacturing business ofice.
C. Filed with the Food and Drug Administration.
D. Sent to the HCFA ofice in your region.
10. A patient who has relocated to your area comes in with a device fabricated at another orthotics and prosthetics facility. The patient is in your office because of discomfort and dissatisfaction with the overall fit. Upon evaluation you notice some minor fitting problems, but the main problem is that the assembly of the device is structurally unsound.

What should you do?
A. Tell the patient that his device is no good, nor is his practitioner.
B. Tell the patient to go back to where the device was fabricated.
C. Provide immediate structural repair, then consult with the patient's physician to schedule for a replacement.
D. Discuss the fitting problems, but do nothing until the patient can pay for a new device.

## Orthotic Answer Key:

1. A 2. B
2. D
3. D
4. D
5. C 7. C
6. A
7. A
8. C

## Sample Prosthetic Written Examination

Following are sample questions that are similar to those you will find on the prosthetic written examination.

1. Which of the following muscles would be MOST suitable for myoelectric control of the 1. elbow joint by a shoulder disarticulation amputee?
A. Rhomboid major and sternocliedomastoid
B. Rhomboid major and subscapularis
C. Pectoralis major and trapezius
D. Pectoralis major and corachobrachialis
2. When the counter of the shoe fits too tightly on a SACH foot, which of the following problems can result?
A. Posterior lean of pylon
B. Less compression of the heel
C. Decrease in push-off resistance
D. Decrease in external rotation of the foot
3. A 23-year-old, wrist disarticulation amputee intends to return to work as a carpenter. Which terminal device will offer the largest range of tool handling capabilities?
A. Dorrance 555
B. Dorrance 7
C. Dorrance 88X
D. Dorrance 12P
4. The anterior trim line of the Symes prosthesis usually extends to the level of the patellar tendon in order to:
A. Provide a long lever arm to distribute force.
B. Achieve better suspension.
C. Decrease compression loads on the prosthesis.
D. Improve cosmetic appearance.
5. Venous return of the blood to the heart is assisted by the:
A. Action of the skeletal muscles.
B. Positive pressure in the heart.
C. Independent contraction of the arterial walls.
D. Arterial blood pressure.
6. A unilateral transradial prosthetic patient complains that the axilla loop of his harness is uncomfortable. The most common reason for this complaint is that the cross point is:
A. Too close to the amputated side.
B. Too close to the sound side.
C. Superior to C7.
D. Inferior to C7.
7. A transtibial amputee has an anatomical A-P measurement of $95 \mathrm{~mm}(3-3 / 4)$. What is the correct A-P measurement of the positive model for a PTB hard socket?
A. $95 \mathrm{~mm}(3-3 / 4)$
B. $97 \mathrm{~mm}(3-7 / 8)$
C. $101 \mathrm{~mm}(4)$
D. $103 \mathrm{~mm}(4-1 / 8)$
8. Records do not fulfill all of their purposes unless they:
A. Include a comprehensive medical history.
B. Are detailed and include a description of all symptoms and treatment.
C. Can be used for legal purposes.
D. Are maintained and up-to-date
9. A 75-year-old, quadruple-bypass, obese patient who is also a transfemoral amputee comes to you with a prescription for a suction socket with hydraulic knee unit and a dynamic response vertical shock pylon type prosthetic foot. You should:
A. Call the physician and suggest an alternate prescription.
B. Provide the prosthesis as ordered by the referring physician.
C. Tell the patient to schedule an appointment at an amputee clinic.
D. Refer patient to another practitioner for a second opinion.
10. What is the best course of action when a long- time patient asks to be referred to another practitioner?
A. Offer your services for free.
B. Provide him with a list of certified practitioners.
C. Telephone his doctor and complain.
D. Refer to a psychiatric practitioner.

## Orthotic Answer Key:

1. C 2. B
2. B
3. A
4. B
5. C
6. D
7. A
8. B
