Candidate Study Guide for the
Illinois Naprapath Licensure Examination

The following information is intended to help you prepare for the Illinois Naprapath Licensure Examination. Part I of this study guide contains general information about examination development and testing procedures. Part II provides a content outline, lists the competencies covered in the examination, and identifies reference materials that support this examination. Part III includes sample questions to help you prepare for this test.

Part I General Information

PURPOSE OF THE EXAMINATION

This examination is required for professional licensure by Illinois law to certify that each newly licensed naprapath is familiar with practices, rules and regulations that will protect the health, safety and welfare of the public. Copies of the Naprapathic Practice Act are available from the Illinois Department of Financial and Professional Regulation (IDFPR).

TEST VALIDITY

The time limit for this examination is three hours. The test has been developed in consultation with a committee of licensed naprapaths. Test items reflect standards and practices documented by the committee and in a survey of practicing naprapaths.

APPLICATION FOR CANDIDACY

Obtain the proper application packet from the Illinois Department of Financial and Professional Regulation (IDFPR). Complete the packet as instructed. Return the packet and registration fee to the examination agency. You will be notified of your candidacy status. If accepted, you will be informed of the date, time and place of the next examination.

MISSING AN EXAMINATION

There are no "make-up" examinations. You may re-register for the next scheduled examination date.

SCORING THE EXAMINATION

Candidates who pass the test will receive a PASS notice and information for licensure. Candidates who fail the test will receive a failure notice and an application to retake the examination.

RE-EXAMINATION

Information regarding re-examination will be indicated in your FAIL/ABSENT letter from Continental Testing Services, Inc.

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Part II Test Content and Recommended Study Materials

This examination is based on recommendations from a committee of licensed naprapaths. Content areas on the test are outlined below, followed by a list of references that support questions in this test.

I. Case History & Examination ***(14 percent of the test)***

II. Charts & Case Records ***(24 percent of the test)***

III. Naprapathic Manipulation ***(24 percent of the test)***

IV. Evaluation & Treatment ***(24 percent of the test)***

V. Other Treatment Modalities ***(14 percent of the test)***

A. Nutrition
B. Physiological Therapeutics
C. Rehabilitation & Therapeutic Exercise

Recommended Study Materials

The following references support the questions on this examination. Comparable medical references also may be available as alternatives. Many of these are available through online bookstores.

Medical References

Cipriano, J.J., DC. *Photographic Manual of Regional Orthopaedic and Neurological Tests, Fifth Edition* (2010).

DeStefano, Lisa. *Greenman's Principles of Manual Medicine, 5th Edition* (2016).
Publisher: Lippincott Williams & Wilkins
Phone Number: 800-638-3030 Website: www.LWW.com

Hoppenfeld, S., MD. *Orthopaedic Neurology: A Diagnostic Guide to Neurologic Levels* (1977).
Publisher: Lippincott Williams & Wilkins
Phone Number: 800-638-3030 Website: www.LWW.com

Hoppenfeld, S., MD. *Physical Examination of the Spine and Extremities* (1976).
Publisher: Prentice Hall
Phone Number: 800-282-0693 Website: www.prenhall.com

Kisner, C., PT, & Colby, L. A., PT. *Therapeutic Exercise: Foundations and Techniques, 6th Edition* (2012). Publisher: F.A. Davis
Phone Number: 800-523-4049 Website: www.fadavis.com

Murray, Michael, N.D. and Pizzorno, Joseph, N.D.. *Encyclopedia of Natural Medicine, 3rd Edition* (2012). Publisher: Three Rivers Press, Random House
Phone Number: 800-726-0600 Website: www.randomhouse.com

Seidel, H.M., MD, et. al. *Mosby's Guide to Physical Examination, 8th Ed. (2014)*
Phone Number: 800-545-2522 Website: www.mosby.com

Naprapathic References

Each of the following sources is available from the National College of Naprapathic Medicine, 3330 North Milwaukee Avenue, Chicago, IL 60641 (Phone: 773-282-2686).

Altmann, L.E., DN., et. al. *Naprapathic Chartology*, 1982.

Burg, R.K., DN. and Korona, Leonard, DN. *Naprapathic Clinical Evaluation Volume I,* undated.

Burg, R.K., DN. *Naprapathic Clinical Evaluation Volume II: Thoracic-Lumbar Evaluation*, 1980.

Burg, R.K., DN. *Naprapathic Clinical Evaluation Volume III: Cervical Evaluation,* Revised 1982.

Korona, Leonard., DN. *Spinal Anatomy Notes* (undated).

Osinski, Alesanne., DN. *Accessory Technique, Volume I1* (2000).

Pellegrini, D., DN, et. al. *Naprapathic Technique* (2000).

Smith, Oakley. *Connective Tissue Monograph: Naprapathic Connectivology, Volume 1* (1919).

Stretch, George, DN. *Accessory Technique, Volume 1* (1996).

Part III Sample Questions

All questions on these examinations are multiple choice with one correct answer; choose the BEST answer to each question. For this sample test only, references are provided in the answer key to help you prepare for these tests. All questions on each examination are supported by the above references. These are provided for information purposes only to illustrate the types of questions that will appear on each test. Questions like these will be on the tests, but none of these questions will be repeated on these tests.

1. Which statement most accurately describes taking a case history from a patient in severe pain?

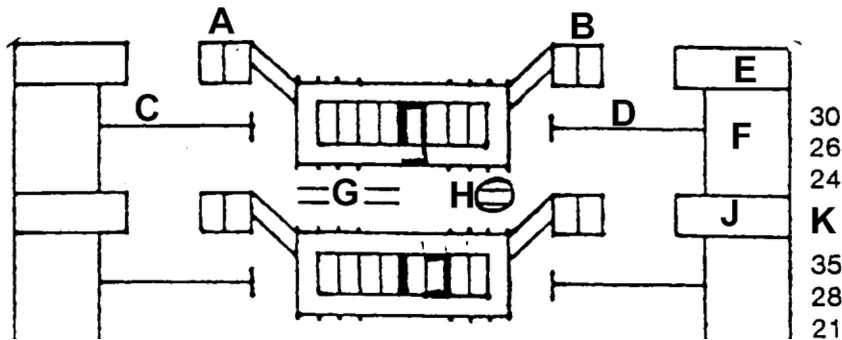
   A. A family history should include all details of a patient's medical situation.
   B. Past medical history must be completed before any treatment should begin.
   C. A complete history must always be taken during a new patient's second visit.
   D. The primary focus should be the patient's chief complaint when an acute problem requires immediate attention.

2. Which of the following should be observed to demonstrate normal range of motion during examination of a patient's shoulder?

   A. A symmetrical rise when the patient shrugs the shoulders
   B. Forward flexion of 120 to 150 degrees when both arms are raised over the head
   C. Hyperextension of 75 to 90 degrees when both arms are stretched behind the back
   D. Abduction of at least 60 degrees when each arm is swung across the front of the body

3. Which term is defined correctly?

   A. The contact is the point on the patient's bone through which force is directed during treatment.
   B. The position is the part of the naprapath's hand that applies pressure to the patient during treatment.
   C. The delivery requires use of proper contact, proper vantage point, firm hold and correct stance during treatment.
   D. The address is the naprapath's stance while the directo is applied to a patient during treatment.



4. Which statement does ***NOT*** accurately describe information in the above chart?

   A. The area marked by the letter H is used to record the size of separations in the spine.
   B. The area marked by letters A and B are parts of the left and right transobars.
   C. The area marked by letters C, G, H and D combine to form the centrabar.
   D. The area marked by letter J is used to record the spinous therapy.

5. Which statement most accurately describes variant syndromes?

   A. Contradictory OID findings usually indicate the presence of a minor variant.
   B. Deep hyperesthesia with a dexin syndrome usually indicates a minor variant.
   C. Deep hyperesthesia on the side of maximum tension would indicate a sinin or dexin variant syndrome.
   D. Stretchment usually should be applied to any vertebond in which negative or superficial hyperesthesia is present.

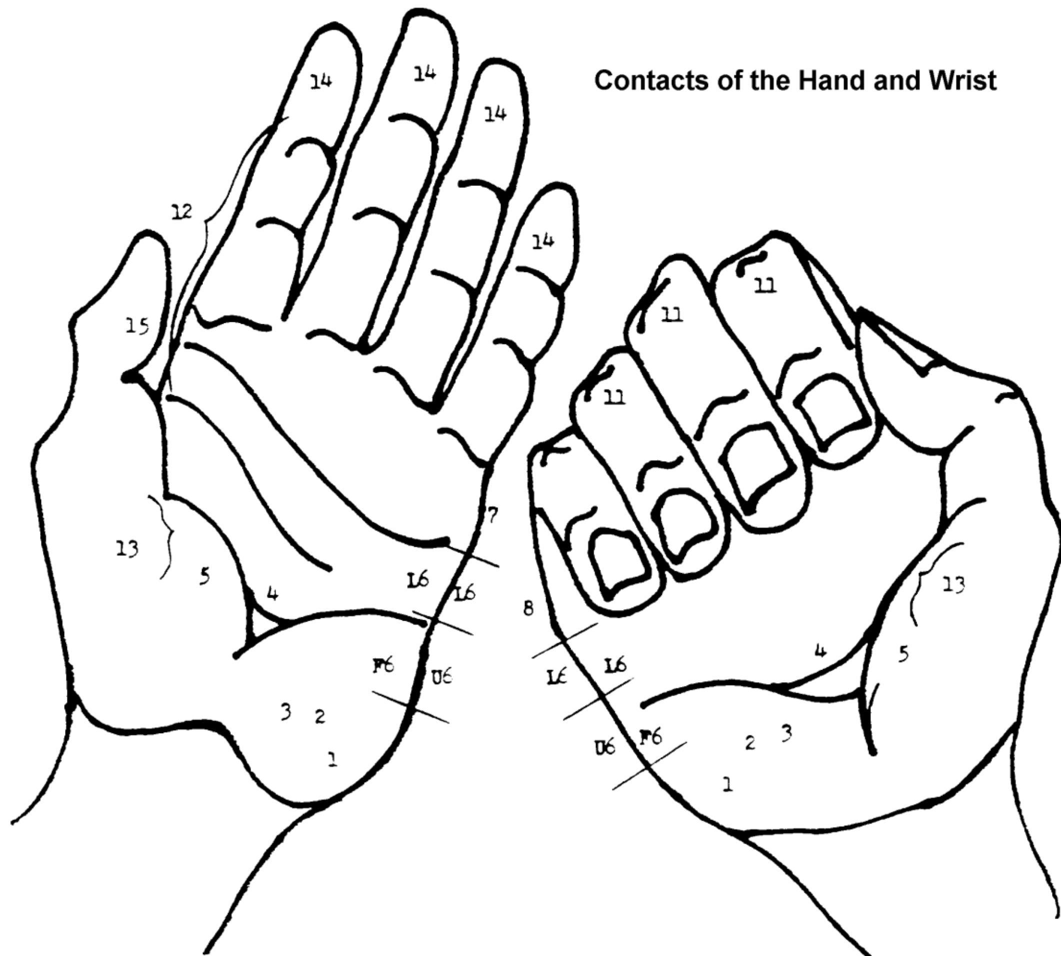
6. Which statement most accurately describes composite cervical treatments?

   A. The antero alternative rotational treatment when apical findings indicate superficial hyperesthesia is more likely to aggravate an apical syndrome.
   B. The postero alternative rotational treatment when apical findings indicate deep hyperesthesia is less likely to aggravate an apical syndrome.
   C. A single hold with significantly greater force in combined apical and rotational treatments is most effective when apical hyperesthesia is very persistent.
   D. A double hold in combined apical, lateral and rotational treatments is effective only if it is delivered with much less force than any of these treatments alone.

7. Which of the following is most likely to provide an effective naprapathic treatment?

   A. Maximum possible force delivered to contact points on a slightly tense patient
   B. Firm, forceful initial contact followed by progressively less forceful directos
   C. Light initial contact, then building to the practitioner's maximum force
   D. Light directos delivered firmly to vantage points on a relaxed patient

You may refer to the following chart for Questions 8 through 10.



8. Which of the following is most appropriate when applying a compound lateral directo to T1 to L5?

   A. Place contact L6 on the transverse process to give an antero pressure preventing rotary movement, then twist the hand to bring contact 1 to the lateral aspect of the spinous process.
   B. Place contact 1 on the transverse process to give an antero pressure preventing rotary movement, then twist the hand to bring contact L6 to the lateral aspect of the spinous process.
   C. Place contact U6 on the transverse process to give an antero pressure preventing rotary movement, then twist the hand to bring contact 7 to the lateral aspect of the spinous process.
   D. Place contact 7 on the transverse process to give an antero pressure preventing rotary movement, then twist the hand to bring contact 1 to the lateral aspect of the spinous process.

9. Which of the following is most appropriate when administering lying cervical treatments?

    A. Apply a double antero movement at the posterior aspects of both transverse processes using contact 12.
    B. Apply a double postero movement at the posterior aspects of both transverse processes using contact 12.
    C. Pull the skin on the front of neck taut while applying a double postero movement using contact 12 to minimize patient discomfort.
    D. Move contacts in an anterior medial direction until pressure can be applied to the anterior neck using contact 15 on each hand.

10. Which of the following is most appropriate when administering treatment with the patient lying on one side?

    A. Apply posterior force to the posterior aspect of the ASIS with contact 4 on the infero hand and anterior force on the anterior aspect of the side of the sacrum that is up with contact 13 on the supero hand.
    B. Apply anterior force to the posterior aspect of the side of the sacrum that is up with contact 4 on the infero hand and anterior force to the posterior aspect of the ASIS with contact 13 on the supero hand.
    C. Apply posterior force to the anterior aspect of the ASIS with contact 4 on the supero hand and anterior force to the posterior aspect of the side of the sacrum that is up with contact 13 on the infero hand.
    D. Apply anterior force to the posterior aspect of the side of the sacrum that is up with contact 4 on the supero hand, followed by posterior force to the anterior aspect of the ASIS with contact 13 on the infero hand.

11. Which statement most accurately describes arthritis?

    A. Therapeutic exercise usually can eliminate most pain from rheumatoid arthritis.
    B. Limited range of motion is the most common symptom of osteoarthritis.
    C. All forms of arthritis are equally likely to appear in patients of any age group.
    D. Degenerative joint disease or osteoarthritis often leads to increased density of bone ends, surrounding ligaments and membranes.

12. Which of the following is most appropriate during treatment with lower cervical lateral rotation?

    A. Prone cervical muscular diadjacent movement should be applied supero laterally away from the patient’s affected side.
    B. Prone cervical muscular diadjacent movement should be applied infero laterally on the patient’s affected side.
    C. Prone certical ligamentous diadjacent movement should be applied with pressure on the anterior aspects of the spinous process opposite the affected side.
    D. Prone cervical ligamentous diadjacent movement should be applied with pressure on the posterior aspects of the transverse process on the affected side.

13. Which statement most accurately describes indications of disc pathology?

    A. The straight leg-raise test with the patient supine places the sciatic nerve under no tension until the leg is raised above 30º hip flexion.
    B. A false positive LaSegue sign indicates a tight hamstring or piriforms muscle when the leg is raised to nearly 90º hip flexion.
    C. A positive LaSegue sign with the leg raised significantly above 60º hip flexion indicates that serious disc herniation due to nerve entrapment.
    D. A negative LaSegue sign is likely to conceal the presence of sciatic entrapments that are due to hernations.

14. Which of the following is ***NOT*** among the possible causes of compression of the median nerve in carpal tunnel syndrome?

    A. Deterioration of the extensor carpi ulnaris tendon
    B. Tenosynovitis of the flexor digitorum tendons
    C. Anterior dislocation of the lunate bone
    D. Inflammation of the flexor retinaculum

15. Which statement does ***NOT*** accurately describe nutritional influences on muscle cramps?

    A. Vitamin E may be effective in reducing pain from osteoarthritis.
    B. A sugar-free, high-protein diet may reduce symptoms related to hypoglycemia.
    C. Aspirin and NSAIDS may help reduce pain from arthritis with few side-effects.
    D. Rheumatoid arthritis appears to increase in the presence of a more “Western” diet.

Answers and References for Sample Questions

The following answer key also provides references that support each question. When more than one source is listed, the first source is the primary reference and the others provide supporting information.

Question	Answer	Reference(s)
1	D	*Mosby's Guide to Physical Examination*, 8th Edition, pages 22-28
2	A	*Mosby's Guide to Physical Examination*, 8th Edition, pages 712-715; *Physical Examination of the Spine and Extremities*, pages 20-28; *Photographic Manual of Regional Orthopaedic and Neurological Tests*, pages 103-108 (second edition)
3	C	*Naprapathic Chartology*, page 2
4	D	*Naprapathic Chartology*, page 11
5	C	*Naprapathic Clinical Evaluation, Volume II: Thoracic-Lumbar Evaluation*, pages 26-27
6	B	*Naprapathic Clinical Evaluation, Volume III: Cervical Evaluation*, pages 25-29
7	D	*Naprapathic Technique*, page 2
8	B	*Naprapathic Technique*, page 30
9	A	*Naprapathic Technique*, pages 44, 48-49
10	C	*Naprapathic Technique*, page 55
11	D	*Therapeutic Exercise*, 5th edition, pages 309-316
12	A	*Accessory Technique, Volume I*, pages 8-9
13	B	*Accessory Technique, Volume I*, pages 32-34; *Photographic Manual of Regional Orthopaedic and Neurological Tests*, page 57
14	A	*Physical Examination of the Spine and Extremities*, pages 80-85; *Photographic Manual of Regional Orthopaedic and Neurological Tests*, pages 145-148; *Accessory Technique*, *Volume I*, page 50
15	C	*Principles of Manual Medicine*, pages 583-584