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PRACTICE QUESTIONS

UAE Ministry Of Health And Prevention

ORPRO

Orthotics and Prosthetic Technician

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for UAE Ministry Of Health And Prevention **ORPRO** , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **ORPRO**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A patient with a transtibial amputation walks with excessive lateral trunk bending toward the prosthetic side during mid-stance. Which of the following is the most likely cause?

- ☐ A The prosthetic foot is set in too much external rotation.
- ☒ B The prosthetic socket is aligned in excessive abduction (medial wall too high).
- ☐ C The prosthetic foot is too long relative to the sound side.
- ☐ D The pylon is set too soft, allowing excessive compression.

ANSWER B

WHY Lateral trunk bending toward the prosthetic side (Trendelenburg-like compensation) during mid-stance is classically caused by inadequate medial-lateral stability of the socket, often from an abducted socket alignment or a medial wall that is insufficient. Setting the foot in external rotation would more typically produce foot rotation issues, an overly long foot produces a lever-arm/foot lever problem, and a too-soft pylon produces drop-off or pistoning, not lateral trunk lean.

QUESTION 2

SINGLE CHOICE

Which socket suspension method uses a pin attached to a gel liner that engages a locking mechanism at the distal end of the socket?

- ☐ A Suction suspension with a one-way valve
- ☐ B Lanyard suspension
- ☒ C Pin-lock (shuttle lock) suspension
- ☐ D Supracondylar (KBM) suspension

ANSWER C

WHY A pin-lock or shuttle-lock suspension uses a pin mounted to the distal end of a gel liner that inserts into a locking mechanism built into the distal socket, engaging a one-way clutch to hold the pin and create suspension. Suction suspension relies on negative pressure and a valve, lanyard suspension uses a strap/cord, and the supracondylar (KBM) method uses the medial femoral condyle captured within the socket brim.

QUESTION 3

SINGLE CHOICE

During the lamination of a prosthetic socket, what is the primary function of PVA (polyvinyl alcohol) bagging material placed over the lay-up before vacuum is applied?

- ☐ A To act as the structural resin matrix of the laminate
- ☐ B To provide a flexible inner liner against the patient's skin
- ☒ C To compress the laminate, evacuate air, and produce a smooth, sealed outer surface
- ☐ D To bond the carbon fiber braid directly to the foam core

ANSWER C

WHY PVA bagging film is applied over the wet lay-up so that when vacuum is drawn, atmospheric pressure compresses the laminate while excess resin and trapped air are evacuated. The film also creates a sealed, smooth external surface that is later trimmed off. It is not the resin itself, not the inner liner, and it does not chemically bond fibers to foam.

QUESTION 4

SINGLE CHOICE

A patient with a flaccid drop foot following a peroneal nerve injury would most appropriately be fitted with which type of ankle-foot orthosis?

- ☐ A Solid ankle AFO (rigid)
- ☐ B Posterior leaf spring (PLS) AFO
- ☒ C Articulated AFO with dorsiflexion assist joint and plantarflexion stop
- ☐ D Floor reaction AFO (FRAFO)

ANSWER C

WHY A flaccid drop foot lacks active dorsiflexion; a solid or leaf-spring AFO can hold the ankle in neutral but is usually reserved for mild cases and offers no controlled plantarflexion. An articulated AFO with a dorsiflexion assist (e.g., spring or coil) joint and a plantarflexion stop allows swing-phase clearance while providing a stable moment in stance. A floor reaction AFO is used for crouch gait from weak quadriceps, not for isolated foot drop.

QUESTION 5

SINGLE CHOICE

Which terminal device converts the patient's voluntary muscle contractions into movement using electrical signals detected from surface electrodes over residual muscles?

- ☐ A Body-powered hook with cable control
- ☐ B Passive cosmetic glove
- ☒ C Myoelectric hand
- ☐ D Activity-specific (work) hook

ANSWER C

WHY A myoelectric hand is controlled by electromyographic (EMG) signals picked up by surface electrodes over residual muscles (typically the flexor and extensor compartments of the forearm for a transradial prosthesis). These signals drive a motor that opens or closes the terminal device. Body-powered devices use cable and harness mechanics, passive gloves are non-functional cosmetic covers, and activity-specific hooks are typically body- or externally powered but are not driven by EMG signals in the conventional myoelectric sense.

QUESTION 6

SINGLE CHOICE

A lumbosacral orthosis (LSO) is most appropriately prescribed to restrict which of the following motions at the lumbar spine?

- ☐ A Cervical rotation
- ☒ B Lumbar flexion, extension, and lateral bending
- ☐ C Hip abduction
- ☐ D Scapular protraction

ANSWER B

WHY An LSO is designed to restrict gross motion of the lower lumbar and lumbosacral region, primarily flexion-extension and to a lesser extent lateral bending and rotation. It does not act on the cervical spine, the hips, or the scapula. Proper prescription also depends on patient-specific indications such as post-operative stabilization or mechanical low back pain.

QUESTION 7

SINGLE CHOICE

When taking a negative plaster cast of a transtibial residual limb for prosthetic socket fabrication, which landmark is most important to identify and mark before casting to ensure proper weight-bearing relief in the finished socket?

- ☐ A The distal end of the fibula
- ☒ B The medial tibial flare (pes anserinus region)
- ☐ C The popliteal fossa
- ☐ D The tibial tubercle

ANSWER B

WHY The medial tibial flare (and the pes anserinus area just below it) is a prominent bony landmark that is intolerant of direct weight-bearing. It must be identified and marked so that the finished transtibial socket provides relief or appropriate pressure distribution over this area. The distal fibula is also sensitive but is typically accommodated differently, while the popliteal fossa and tibial tubercle are relevant landmarks but not the primary weight-bearing relief point in transtibial socket design.

QUESTION 8

SINGLE CHOICE

Which of the following is the most appropriate infection-control action when fitting a trial socket that has been previously used on another patient during a fitting and alignment session?

- ☐ A Reuse the socket without cleaning as long as no visible soilage is present.
- ☐ B Wipe the socket with a dry cloth between patients.
- ☒ C Clean and disinfect the socket according to facility protocol before re-use on another patient.
- ☐ D Discard the socket after every patient contact, regardless of material.

ANSWER C

WHY Trial sockets are routinely tried on more than one patient during the bench-fitting phase, but they must be cleaned and disinfected between patients using an agent appropriate to the socket material in order to prevent cross-contamination. A dry wipe is insufficient and visible cleanliness does not guarantee microbiological safety. Disposal is not required for rigid thermoplastic or laminated trial sockets, which are designed for repeated use.

QUESTION 9

SINGLE CHOICE

During the modification of a transtibial plaster model, the technician identifies that the medial tibial flare is under-contoured. Which complication is most likely to result if this modification is left uncorrected?

- ☐ A Excessive pistoning of the residual limb within the socket during walking
- ☒ B Pressure concentration and skin breakdown over the medial tibial flare
- ☐ C Inadequate suspension leading to the socket falling off during swing phase
- ☐ D Posterior tilting of the socket causing the patient to hyperextend the knee

ANSWER B

WHY The medial tibial flare is a prominent bony landmark that requires adequate relief and contouring in the socket to distribute pressure. Under-contouring concentrates load on a small, bony area with thin soft tissue coverage, leading to discomfort and skin breakdown. Excessive pistoning relates to suspension, not medial flare relief. Posterior tilting is controlled by socket alignment and AP trim lines, not the medial flare.