

Contrary to popular belief, the NPTE is not a measure of your academic performance, which is why PT students with a perfect 4.0 GPA rarely have a perfect score on the NPTE. The NPTE is quite simply a measure of how well you can apply medical knowledge, concepts, and principles to patient care.

The FSBPT uses the NPTE as a standardized measuring stick to determine who is qualified for certification. While it may not be fair, a physical therapist's entire professional career is dependent upon needing a passing NPTE score.

Main Content Areas

1. **Cardiovascular & Pulmonary Systems**

- Examination, evaluation, and interventions
- Health promotion and disease prevention

2. **Musculoskeletal System**

- Examination, evaluation, and interventions
- Functional training and therapeutic exercise

3. **Neuromuscular & Nervous Systems**

- Examination, evaluation, and interventions
- Motor control and motor learning

4. **Other Systems**

- Integumentary, metabolic/endocrine, gastrointestinal, genitourinary, lymphatic
- System interactions

5. **Non-System Domains**

- Equipment and devices
- Therapeutic modalities
- Safety and protection
- Professional responsibilities

Detailed Subject Breakdown

Cardiovascular & Pulmonary Systems

- Anatomy and physiology related to physical therapy interventions
- Adverse effects or complications from interventions
- Health promotion strategies

Musculoskeletal System

- Tests/measures for musculoskeletal conditions
- Outcome measures and their applications
- Functional training techniques

Neuromuscular & Nervous Systems

- Motor control theories and applications
- Interventions for neuromuscular conditions
- Patient/client management strategies

Other Systems

- **Integumentary:** Wound care and skin integrity
- **Metabolic/Endocrine:** Diabetes management strategies
- **Gastrointestinal:** Bowel dysfunction assessments
- **Genitourinary:** Pelvic floor rehabilitation techniques
- **Lymphatic:** Lymphedema management

Non-System Domains

- Safe use of equipment and devices in therapy settings
- Application of therapeutic modalities like ultrasound or electrotherapy
- Legal and ethical considerations in practice

Body Systems

Body Systems	Content Categories			Questions Per System
	Physical Therapy Examination	Foundations for Evaluation, Differential Diagnosis, and Prognosis	Interventions	
Cardiovascular and Pulmonary	7-8	7-9	8-10	22-27
Musculoskeletal	14-18	15-18	15-18	44-54
Neuromuscular and Nervous	13-16	13-16	13-16	39-48
Integumentary	2-3	3-4	3-4	8-11
Metabolic and Endocrine		2-3	2-3	4-6
Gastrointestinal	1-2	1-2	1-2	3-6
Genitourinary	0-1	1-2	1-2	2-5
Lymphatic	1-2	1-2	2-3	4-7
System Interactions		8-10		8-10
Total Scored Questions	38-50	51-66	45-58	

Non-systems

Content Categories	Questions
1. Equipment, devices, and technologies	5-6
2. Therapeutic modalities	4-6
3. Safety and protection	5-7
4. Professional responsibilities	4-5
5. Research and evidence-based practice	3-5

NPTE-PT Exam Format

Total time limit: 5 hours

Total questions: 225

Question format: Multiple-choice

Exam delivery: Computer-based

Mometrix TEST PREPARATION



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Exam Contents

The questions are split into two domains: Body Systems and Non-systems.

BODY SYSTEMS

The questions in this domain are related to the systems of the human body and their interactions. These are the specific topics that are covered, as well as the range of how many scored questions will appear per system:

- Cardiovascular and pulmonary systems (22-27 questions)
- Musculoskeletal system (44-54 questions)
- Neuromuscular and nervous systems (39-48 questions)
- Integumentary system (8-11 questions)
- Metabolic and endocrine systems (4-6 questions)
- Gastrointestinal system (3-6 questions)
- Genitourinary system (2-5 questions)
- Lymphatic system (4-7 questions)
- System interactions (8-10 questions)

All of these questions fall under one of three categories:

1. Physical Therapy Examination

The 38-50 questions in this category refer to knowledge of the types and applications of each system, including outcome measures.

2. Foundations for Evaluation, Differential Diagnosis, and Prognosis

The 51-66 questions in this category refer to the interpretation of knowledge about diseases/conditions of each system.

3. Interventions

The 45-58 questions in this category refer to the various interventions of each system, as well as the impact these interventions have on other systems.

NON-SYSTEMS

The questions in this domain are related to the different types of equipment and technology, contextual determinants, and use requirements. These questions are split into five categories:

1. Equipment, Devices, and Technology (5-6 questions)
2. Therapeutic Modalities (4-6 questions)
3. Safety and Protection (5-7 questions)
4. Professional Responsibilities (4-5 questions)
5. Research and Evidence-Based Practice (3-5 questions)

Please enjoy these free NPTE physical therapy exam questions for the FSBPT NPTE. Written by FSBPT-trained PT's, this is a great place to start! Thanks!

1.

A patient undergoes a magnetic resonance image (MRI) to check for an anterior cruciate ligament tear. The MRI correctly identifies 95% of patients as positive for anterior cruciate ligament tears. Which of the following BEST describes the accuracy of the test?

1. Sensitive
2. Specific
3. Significant
4. Stable

The correct answer is:

1. **This is the correct answer. A test that is sensitive will correctly identify the true positives. With high sensitivity, a test that is negative will likely mean that you can rule OUT the condition because positives are so reliable.**
2. Specificity is the % of true negatives identified. With high specificity, a test that is positive will rule IN the condition because the negatives are so reliable.
3. Statistically significant would mean the result is likely NOT due to chance.
4. Stable would mean the result does not fluctuate.

2.

A 20-year-old male football player presents to the clinic with an ankle injury. The patient was tackled while his foot was stuck in the grass. He can take 5-6 steps at a time due to pain and has only mild ankle swelling. There is no tenderness over the lateral or medial malleoli. He had a negative talar tilt test and anterior drawer but a positive Kleiger's test. Which of the following diagnoses is MOST consistent with the patient's symptoms?

1. Ankle fracture
2. Grade II lateral ankle sprain
3. Grade III lateral ankle sprain
4. High-ankle sprain

The correct answer is:

1. Ankle fracture-While an inability to bear weight is a piece of the Ottawa ankle rules, the criteria is inability to take 4 steps, not 5-6 steps. They do not have bony tenderness over the malleoli, making a fracture less likely.
2. Grade II lateral ankle sprain. This would present with moderate pain and swelling, but weightbearing should still be possible. An anterior drawer and talar tilt test would be positive.
3. Grade III lateral ankle sprain. This often presents with severe pain, bruising, and swelling. The patient may not be able to bear weight. An anterior drawer and talar tilt test would be positive and more severe than a grade II sprain.
4. **High-ankle sprain-Correct. The mechanism is consistent with a syndesmotic AKA high ankle sprain, which involves forced dorsiflexion and external rotation on a fixed foot. The Kleiger test is a test for a high ankle sprain.**

3.

An 11-year-old male presents to the physical therapy clinic with signs of hypertonicity related to cerebral palsy. The patient has severe torticollis to the right, which has led to a pressure ulcer forming on his right ear due to contact with the wheelchair headrest. What is the MOST appropriate course of action?

1. Begin a course of active-assisted range of motion exercises, focusing on the upper extremities and creating a home program to improve shoulder active range of motion.
2. Begin a course of passive range of motion stretches, focusing on the neck, and instruct the patient's family on proper positioning and wheelchair adjustments to decrease the likelihood of future ulcers.
3. Inform the patient's family that the child should not be in a wheelchair to prevent the formation of any more pressure ulcers and decrease pain associated with torticollis.
4. Inform the primary care provider of the child and request him/her to order an oral prescription of Baclofen because the child has developed a tolerance for the current dosage.

The correct answer is:

1. This is a distractor option that does not address torticollis or ear ulceration. While shoulder range of motion exercises may not be harmful or cause problems, it certainly won't solve this one.
2. **This is the MOST correct answer. It is straightforward in describing a course of action that focuses on treating the hypertonic neck muscles, but also addresses positioning and family/patient education.**
3. This will solve the ulceration problem, but when does a physical therapist ever put a patient on bed rest? This is not the MOST appropriate course of action.
4. Getting an increase dosage of Baclofen may be part of the solution, but there are several issues with this item. If the patient is affected enough to develop ulceration from positioning, he likely won't be able to tolerate oral Baclofen (he will have to receive it intrathecally). Also, Baclofen use does not generally create tolerance to the drug requiring higher doses.

4.

A patient with a stroke affecting the right middle cerebral artery has difficulty walking, especially over uneven surfaces. Which of the following describes the MOST appropriate initial treatment to improve the patient's ability to walk over uneven surfaces?

1. Place a single point cane in the patient's left hand and train him to use a step-to gait pattern.
2. Place a single point cane in the patient's right hand and train him to use a step-to gait pattern.
3. Fit the patient with a 4-wheeled walker and instruct him to use a 4-point gait pattern.
4. Fit the patient with axillary crutches and instruct him to use a 4-point gait pattern.

The correct answer is:

1. This answer is correct except for the hand placement. With a stroke in the right MCA, the patient's left side will be affected, requiring the cane to be in the right hand.
2. **This is the correct answer. The question indicates that the patient has difficulty with uneven surfaces, implying that even surfaces are not as difficult. Thus using a SPC with a swing-to gait pattern would be the most correct initial treatment.**
3. This answer is a distractor. You cannot use a 4-wheeled walker to create a 4-point gait pattern.
4. Axillary crutches would be a possibility; however, the 4-point gait pattern is typically used for individuals with a very low tolerance of ambulation and would not be ideal for traversing uneven terrain. Also, it is not specified, but stroke patients often have both the lower extremity and upper extremity affected, making it difficult to negotiate axillary crutches.

5.

A physical therapist evaluating a 66 year old female who has a history of severe head trauma following a motor vehicle accident. The patient has difficulty with rapid alternating movements while performing neurologic testing. What is the BEST term to describe this specific impairment?

1. Ataxia
2. Dysmetria
3. Dysarthria
4. Dysdiadochokinesia

The answer is:

1. Ataxia is a global term comprising inaccuracy and decomposition of movement. Although this encompasses many forms of movement impairments, it is too general to describe difficulty with rapid alternating movement.
2. Dysmetria is defined as a decreased ability to judge distance and range.
3. Dysarthria is defined as a motor impairment involving the muscles used in speech and breathing.
4. **This is the correct answer. By definition, dysdiadochokinesia is an impairment specifically involving rapid alternating movements, such as pronating and supinating one's hands quickly.**

6.

A 79-year-old female presents to outpatient rehabilitation services 6 weeks following a CVA with right hemiplegia. She complains of right shoulder pain with most upper extremity movements and has severe shoulder pain when practicing bed mobility activities such as rolling and scooting. On examination, it is observed that the humeral head is inferiorly displaced. Which of the following would be the MOST appropriate for her condition?

1. Transcutaneous electrical nerve stimulation (TENS)
2. Functional electrical stimulation (FES)
3. Short wave diathermy (SWD)
4. Interferential current (IFC) stimulation

The correct answer is: ?

1. TENS is a powerful modality that will treat pain in many individuals. This woman does complain of pain, but the impairment of an inferiorly displaced humeral head is also mentioned. TENS will have little effect on this displacement.
2. **This is the correct answer. Using FES to help elevate her shoulder will treat the displacement and ideally eliminate the source of pain.**
3. SWD is a pain relief modality that is not used often.
4. IFC is another form of TENS, and will not help much with the displaced humeral head.

7.

A 30 year old male presents to outpatient rehabilitation with numbness and tingling on the 4th and 5th fingers of the left hand consistent with nerve entrapment symptoms. Upon further examination, it is noted that the patient has normal sensation on the dorsum of the hand on the ulnar side. Where is the MOST likely source of nerve entrapment?

1. Guyon's canal
2. Carpal tunnel
3. Cubital tunnel
4. 1st rib

The correct answer is:

1. **This is the correct answer. The ulnar nerve provides the sensory innervation for the 4th and 5th digits, narrowing the answer to either the cubital tunnel or Guyon's canal. The ulnar nerve has a dorsal cutaneous branch that innervates the dorsum of the hand. This branch does not pass through Guyon's tunnel, therefore it is preserved in this condition. Because the dorsal sensation is intact, the nerve must be trapped at Guyon's canal.**
2. The median nerve passes through the carpal tunnel and does not innervate the 4th and 5th digits.
3. Entrapment at the cubital tunnel would not typically leave any sensation on the dorsum of the hand on the ulnar side.
4. Thoracic outlet syndrome would have entrapment at the 1st rib, but sensation loss would occur in a similar manner to entrapment at the cubital tunnel.

8.

A 45 year old male presents to the burn unit with partial thickness burns over the entire right arm, entire left arm, front of head, and front of chest. Which of the following values BEST approximates the percentage of his body that is burned?

1. 31.5%
2. 36%
3. 40.5%
4. 45%

The answer is:

This questions requires knowledge of the rule of nines: entire right arm = 9%, entire left arm = 9%, front of head = 4.5%, front of chest = 18%. Total = 40.5%. Therefore the **correct answer is 3.**

9.

A patient presents to the inpatient rehabilitation unit who has suffered a vertebro-basilar CVA and has difficulty adducting and depressing his eyes. Which cranial nerve (CN) is the MOST likely cause of this impairment?

1. CN I
2. CN II
3. CN III
4. CN IV

The answer is:

1.

1.

1. CN I is the olfactory nerve. It is a sensory nerve that controls the sense of smell.
2. CN II is the optic nerve, which is a sensory nerve that controls the sense of vision. It does not control the motor movements of the eye.
3. CN III is the oculomotor nerve. It innervates the Medial, superior, and inferior rectus muscles as well as the inferior oblique. These muscles will turn the eye up, down
4. **This is the correct answer. CN IV is the trochlear nerve. It innervates the superior oblique. Difficulty adducting and depressing the eye is indicative of Trochlear nerve involvement.**

Cranial nerve testing for ocular movements is performed using the “H” pattern to assess tracking movements. Difficulty adducting and depressing the eye is indicative of Trochlear nerve involvement (CN IV).

10.

A 59 year old male patient is being evaluated for left shoulder pain. The patient reports that his shoulder pain is closely associated with activity, including stress at work. The patient

reports that at worst, the pain radiates into his neck, and he feels shortness of breath which subsides with rest. Which of the following interventions would be the MOST appropriate at this time?

1. Begin passive range of motion exercises within the pain free range of motion.
2. Postpone treatment and refer the patient to his physician for further evaluation.
3. Apply modalities to the shoulder and instruct the patient on activity modification.
4. Begin the patient with rotator cuff exercises within the pain reduced range of motion and instruct patient on activity modification.

The correct answer is:

1. PROM is an excellent treatment for sore shoulders, but the patient is presenting with signs and symptoms consistent with cardiac distress, not musculoskeletal pain.
2. **This is the most appropriate initial action. The patient is having signs of cardiac distress that would be worsened with activity.**
3. This is not appropriate considering the above information.
4. The pain is not originating from the rotator cuff, thus this would be a poor choice.

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PT FINAL EXAM COURSES



11.

A 35 year old patient with a complete T5 spinal cord injury is working on supine to sit transfers on the mat table when he suddenly appears flushed and complains of his heart pounding. Upon examination, his blood pressure is 180/100 mmHg and he has a pounding headache. What is the most appropriate INITIAL course of action?

1. Lay the patient supine and notify the patient's physician.
2. Sit the patient up and notify the patient's physician.
3. Allow the patient to rest longer between sets of activity.
4. Initiate core strengthening exercises to maintain intraabdominal pressure.

The correct answer is:

1. This is not correct because putting the patient in supine will exacerbate the autonomic dysreflexia.
2. **This is the correct answer. By sitting the patient up, you decrease the blood pressure in the head and mitigate the effects of the dysreflexia.**
3. This is incorrect considering that autonomic dysreflexia is a life-threatening condition.
4. This is incorrect considering that autonomic dysreflexia is a life-threatening condition and intra-abdominal pressure drop is not going to address this condition

12.

A 21 year old female patient presents with neck pain and stiffness that has gradually worsened over the last two weeks. Upon examination, the patient is noted to have left-sided pain with left side bending with left rotation, and reports pain at the left C5-6 junction. Hypomobility is also noted with right side-gliding of C6. Which of the following techniques will be most appropriate to decrease pain?

1. Closing technique for the mid-thoracic spine.
2. Closing manipulation in extension for C5-C6
3. Gapping manipulation in flexion for C5-C6.
4. Flexion/opening manipulation for mid-thoracic spine

The answer is:

1. The cervical spine “closes” with side-bending and ipsilateral rotation (i.e. “closed” with left SB and left rot.). Manipulating the thoracic spine for neck pain is a common treatment strategy, however the specific issues noted in the question require more than just a nonspecific t-spine manip.
2. **This is the correct answer. The hypomobility is noted at C6 with right side-gliding and pain with left SB and rotation.**
3. This would be the treatment if the pain were on the right with the left SB and rotation. (Difficulty “opening” the right C5-6 facet joint.
4. Refer to #1. Not the MOST appropriate manipulation, however this could be used as an adjunct to #2.

13.

A 22 year old female presents to the clinic with a chief complaint of knee pain following a twisting injury while playing soccer 5 days ago. The patient’s knee is swollen significantly and she is unable to jump or run. What special test would be the MOST appropriate to diagnose the injury?

1. Lachman’s test
2. Posterior drawer test
3. Active Lachman’s test
4. Reverse Lachman’s test

The correct answer is:

1. **This is the most correct answer. The overwhelming majority of injuries to female soccer players is to the ACL, especially with a running/twisting injury and swelling. In addition, the Lachman's test is validated well by multiple studies.**
2. PCL's are an issue with twisting injuries, but not to the extent that ACL's are.
3. Active Lachman's test has not had near the validation that the plain-vanilla Lachman's test has.
4. This assesses for a PCL tear, not ACL tear.

14.

A geriatric patient with a history of recent falls is receiving physical therapy for general conditioning. He was recently released from the hospital for pneumonia, and although he was cleared for exercise, he is still having some dyspnea with activity. Based on his presentation, which of the following interventions would be the MOST appropriate to start with in order to improve his cardiovascular fitness?

1. Avoid exercise
2. Focus on light intensity exercise before progressing to moderate intensities
3. Focus on moderate intensity, long duration activities
4. Focus on high intensity interval training

The correct answer is:

1. The patient was cleared for exercise, and it would be OK to start with light activity to the patient's tolerance.
2. **This is the correct answer. It would be safe to start with gentle activity, but avoid moderate activities until some level of baseline fitness is achieved.**
3. This would be appropriate to build towards, but is not likely going to be tolerated early on. The patient should start with light exercise.
4. This patient should avoid HIIT until his fitness is significantly improved and he is no longer having symptoms of pneumonia.

15.

A patient complains of weakness in the right hip while she is ambulating. Upon examination, you notice that the patient has a significant drop of the left hip while in midstance on the right leg. What is the MOST appropriate treatment for this impairment?

1. Standing hip abduction of the left leg.
2. Standing hip abduction of the right leg.
3. Standing flexion of the left leg.
4. Standing flexion of the right leg.

The correct answer is:

1. **This is the most correct answer. The patient is demonstrating a Trendelenburg gait with the weakness on the right hip abductors. The trick (and this is very true in the clinical world) is that while standing on the involved hip and abducting the opposite, you are loading the right hip (closed-chain) more than the left hip (open chain). Thus you are MORE effective at strengthening the right hip abductors by using the closed chain exercise.**
2. Good, but this open chain activity for the right hip abductors is not as appropriate as a closed-chain activity.
3. Not directly related to the impairment.
4. Same as (3).

16.

A patient presents to the clinic with signs of lethargy and mild dizziness. The patient's resting blood pressure is 100/70 mmHg. Which of the following is MOST likely to cause this decrease in blood pressure?

1. Lisinopril
2. Prednisone
3. Sertraline
4. Metformin

The correct answer is:

1. **This is the correct answer. Lisinopril is an ACE inhibitor and is used primarily for the treatment of hypertension.**

2. This is used to treat inflammatory diseases and is typically not associated with decreases in blood pressure.
3. Sertraline treats depression and is typically not associated with decreases in blood pressure.
4. Metformin controls blood sugar in Type II Diabetes and is not typically associated with decreases in blood pressure.

17.

A patient presents to the clinic with right shoulder pain and complains of difficulty reaching overhead, with pain especially from 60-120 degrees of shoulder flexion. Which special test would be MOST informative for this set of symptoms?

1. Neer test
2. Empty can test
3. Crossover test
4. Push off test

The correct answer is:

1. **This is the correct answer. The Neer test is a test for subacromial impingement and is typically associated with the painful arc.**
2. The empty can test assesses supraspinatus pathology.
3. The crossover test checks for AC Joint pathology
4. The push off test assesses strength and integrity of the subscapularis, one of the rotator cuff muscles.

18.

A patient is in the inpatient rehabilitation unit for a total knee replacement. While reviewing the case, the physical therapist notes that the patient has been diagnosed with an infection of Methicillin-resistant Staphylococcus aureus (MRSA) and is in an isolation room. What is the MOST appropriate action to take to prevent contamination?

1. Don gown, mask, gloves, and respirator before entering the room, wash hands after.
2. Limit therapy sessions to less than 15 minutes and limit contact during treatment.
3. Don gloves when in contact with the patient and wash hands after.

4. Wash hands before and after contact with the patient, but do not touch the patient.

The correct answer is:

1. This is the most conservative of precautions that is used for droplet precautions, especially the mask. MRSA requires contact precautions.
2. This is not appropriate and is not consistent with contact precautions.
3. **Handwashing and gloves are the MOST appropriate. If the PT anticipates extensive contact, donning a gown would also be appropriate for contact precautions.**
4. While handwashing is appropriate, it is OK to touch the patient as long as the provider is wearing the appropriate personal protective equipment.

19.

A 52-year-old female presents to the clinic complaining of left shoulder pain. The pain started 1 year ago, and while it initially worsened over that time, her symptoms have been unchanged for the last 3 months. The patient has pain with most arm movements and has limited motion in all planes, with external rotation being the most affected. What would be the MOST effective initial treatment?

1. Refer the patient to an orthopedic surgeon.
2. Begin gentle progressive stretching exercises with the focus on increased active range of motion.
3. Initiate rotator cuff strengthening exercises, focusing on external rotation.
4. Instruct the patient on Codman pendulum exercises and apply a moist heat pack.

The correct answer is:

1. Adhesive capsulitis is not typically a surgical condition-conservative measures are tried first before surgery. Common surgeries for a frozen shoulder include hydrodilation, capsular release, and a manipulation under anesthesia.
2. **This is the most correct answer. An effective treatment program for adhesive capsulitis should use gentle progressive stretching as the primary treatment.**
3. The patient may not be able to perform isotonic external rotation due to their limitations in ROM. Depending on the patient's pain levels, isometrics may be appropriate at this time.

4. While this would not be harmful to the patient, this patient is likely in the middle stage or “frozen” stage of adhesive capsulitis. In this phase, stiffness is more limiting than pain, so these exercises are likely not necessary.

20.

While treating a patient for cardiac rehab, a physical therapist relies on the Borg rating of perceived exertion (RPE) scale. The Borg RPE scale is MOST representative of which type of data scale?

1. Nominal
2. Ordinal
3. Cardinal
4. Marginal

The correct answer is:

1. Nominal scales are used to indicate categories that are not higher or lower (example: race, gender, etc.)
2. **Ordinal scales are used to represent data that is comparatively higher or lower than other data. This is the most correct answer.**
3. Cardinal scales are used when there is an absolute zero and are quantitative. Age and weight are good examples of these.
4. Not related.

21.

A physical therapist is trying to determine which special test to use for an examination by looking at statistical attributes of each test. What is the MOST important statistical attribute a special test must have to effectively limit Type I errors?

1. Sensitivity
2. Specificity
3. Positive likelihood ratio
4. Negative likelihood ratio

The correct answer is:

1. High sensitivity effectively limits type II errors (False negatives). In essence, high sensitivity indicates that if the test is negative, you can effectively rule out the condition, with very few false negatives.
2. **This is the correct answer – High specificity effectively limits type I errors (False Positives). High specificity indicates that if the test is positive, you can effectively rule IN the condition with very few false positives.**
3. Positive likelihood ratios indicate a likelihood that a positive test is accurate. This does relate to Type I errors, however the calculation to create the LR+ uses the raw sensitivity and specificity and is used to compare one test to another in the likelihood of accurate positives.
4. Negative likelihood ratios indicate a likelihood that a negative test is accurate. This relates to Type II errors, and is calculated in a similar way to positive likelihood ratios.

22.

A physical therapist is evaluating a 50 year old patient with a generally swollen right leg. The patient does not report any trauma to the leg and describes the swelling as increasing gradually over the last 12 months. The swelling is non-pitting, primarily below the knee. The leg is not red or hot, and the patient indicates that his leg just feels “heavy.” What is the MOST likely origin of the swelling?

1. Systemic infection
2. Chronic inflammation
3. Congestive heart failure
4. Lymphedema

The correct answer is:

1. Swelling from an systemic infection would not be insidious over 12 months (thus acute) and would be associated with redness and hotness.
2. Swelling from chronic inflammation would likely be associated with some type of trauma or pain, and is not the MOST appropriate response.
3. Congestive heart failure can cause swelling, but is more likely to be pitting and more generalized.

4. **This is the correct answer. This condition is typically associated with a “heaviness” that appears gradually and usually involves non-pitting edema.**

23.

A physical therapist is evaluating a patient with pain that radiates throughout his left lower extremity. The patient has significant foot drop while ambulating and complains of numbness and tingling extending from the great toe up to the knee along the anterior leg. What is the MOST likely pathology underlying these symptoms?

1. Sciatic nerve entrapment at the glute
2. Deep peroneal nerve inflammation
3. Tibial nerve entrapment at the knee
4. L5 nerve root entrapment

The answer is:

1. Sciatic nerve entrapment can occur and cause symptoms radiating down the posterior leg. Foot drop is not common with this condition.
2. Deep peroneal nerve inflammation can lead to drop foot, however the deep peroneal nerve only innervates a small portion of the dorsum of the foot, thus eliminating this choice.
3. Tibial nerve entrapment would affect the posterior leg, extending to the heel. Motor loss would be present in the plantarflexors.
4. **This is the correct answer. Tibialis anterior weakness and sensory loss along the anterior leg below the knee are the most common signs of L5 nerve root entrapment.**

24.

A patient has sudden onset of right leg pain, and displays redness and swelling throughout the foot and ankle. The patient reports no trauma and complains of a deep ache in the calf musculature. What is the MOST appropriate initial treatment?

1. Refer to physician to further examination.
2. Elevate the lower extremity and apply an ice modality.
3. Instruct the patient in range of motion exercises and begin a home exercise program.

4. Perform instrument assisted manual soft tissue mobilization to decrease the swelling.

The correct answer is:

1. **This is the correct answer. Symptoms of a DVT include redness and swelling combined with a deep ache. Suspected DVT's should be ruled out before beginning treatment.**
2. While this may help alleviate some of the symptoms, applying an ice pack in elevation is not the MOST appropriate initial treatment.
3. Again, this may help with swelling, but is not the MOST appropriate treatment.
4. This could dislodge the DVT which could travel and create a pulmonary embolism. This is contraindicated until diagnostic ultrasound can rule out any DVT's.

25.

A patient with cystic fibrosis is receiving postural drainage and percussion for the middle lobe of the right lung. What is the MOST appropriate patient position for this technique?

1. Supine on a wedge with the left shoulder elevated on pillows; head lower than the pelvis.
2. Supine on a wedge with the right shoulder elevated on pillows; head lower than the pelvis.
3. Prone with the right shoulder elevated on pillows; head on the same plane as the pelvis.
4. Prone with the left shoulder elevated on pillows; head on the same plane as the pelvis.

The correct answer is:

1. This is the drainage position for the left lingular lobe.
2. **This is the correct position and is most appropriate for the right middle lobe.**
3. This is the drainage position for the right posterior lower lobe.
4. This is the drainage position for the left posterior lower lobe.

26.

A patient is being evaluated by a physical therapist for a diabetic ulcer that penetrates the subcutaneous tissue, extending into the subcutaneous fat and fascia but without any gangrene or osteomyelitis present. The physical therapist documents the severity of the ulcer. Which of the following classifications would BEST describe the wound using the Wagner Ulcer Grade Classification System?

1. Grade 2
2. Grade 3
3. Grade 4
4. Grade 5

The correct answer is:

1. **This is the correct answer. As a physical therapist, you should always document depth and shape of the ulcer. Grade 2 on the Wagner Scale is defined as a deep ulcer penetrating into the subcutaneous tissue, but without gangrene. The Wagner scale is commonly used to classify diabetic ulceration.**
2. Grade 3 is defined as a wound extending into the bone and tendon with osteomyelitis present.
3. Grade 4 is defined as a wound with a small (size of 1 digit) amount of gangrene.
4. Grade 5 is defined as a wound with a large amount of gangrene, indicating the need for amputation of the involved limb.

27.

A physical therapist is evaluating a patient with ulceration on the lower extremity. The leg is swollen and red upon examination. Which of the following grouping of symptoms is MOST consistent with this type of ulceration?

1. Ulceration is on the lateral leg, pulseless, cool, and painful.
2. Ulceration is medial leg, shows permanent blanching, and is painless.
3. Ulceration is upon bony prominences, shows non-blanchable redness at the perimeter of the wound, and has a pink appearance.
4. Ulceration is upon the bony prominence, began as a small scrape or blister several months ago, with a concomitant diagnosis of diabetic neuropathy.

The correct answer is:

1. These are the most common symptoms of arterial insufficiency ulcers.
2. **This is the correct answer. Venous insufficiency ulcers are typically less painful than arterial ulcers.**
3. These are symptoms common to pressure ulcers.
4. These are symptoms consistent with diabetic ulceration.

28.

A physical therapist is performing a treadmill exercise stress test using the Bruce protocol. During stage 3 of the test, the P wave increases in height and the S-T segment begins to become significantly upsloping. What is the MOST appropriate course of action?

1. Stop the test and refer patient to a physician.
2. Lower the stage back to stage 2 and monitor for improved electrocardiographic indicators.
3. Continue with the test without any modification, monitoring for symptoms of cardiac distress.
4. Discontinue the test, and monitor the patient's vital signs for 10 minutes.

The correct answer is:

1. The Bruce Protocol for an exercise stress test involves using a 12-lead ECG monitor to evaluate the amount of stress placed on the heart. The test would stop if there was S-T elevation or depression. P wave increases and S-T upsloping are normal responses to a stress test.
2. This is not appropriate for the Bruce Protocol.
3. **This is the correct answer. Both of these signs are normal responses to the stress test.**
4. If the patient requested to stop, this would be the appropriate action. Because it is not mentioned in the question, this is NOT the most appropriate course of action.

29.

A patient is receiving cardiac rehab and has a heart rate of 110 during moderate intensity exercise. The patient reports a 16 on the Borg rate of perceived exertion scale. Which class of heart medications is MOST likely present?

1. Beta blockers

2. Angiotensin-converting enzyme (ACE) Inhibitors
3. Calcium channel blockers
4. Angiotensin II receptor blockers

The correct answer is:

1. **This is the correct answer. Beta blockers work on the beta-adrenergic receptors to decrease sympathetic responses to stress, primarily the heart rate. The Borg Scale should represent heart rate divided by 10. Thus there is a disparity in heart rate and exertion, indicating a blunted heart rate.**
2. ACE inhibitors block the angiotensin-converting enzyme to prevent vessel constriction during sympathetic responses to stress, primarily blood pressure.
3. Calcium channel blockers work on the heart musculature to decrease the force of contraction, as well as decreasing the vasoconstrictive smooth muscle in the arteries. The primary response is decreased blood pressure.
4. Angiotensin II receptor blockers do not prevent the angiotensin I to angiotensin II conversion; rather, they block the receptors of angiotensin II and have an effect similar to the ACE inhibitors.

30.

A 12 year old male athlete is being evaluated by a physical therapist. The patient reports pain with running and has a sharp pain over the patellar tendon, particularly on the tibial tubercle. Which of the following disorders is MOST likely present?

1. Legg-Calvé-Perthes' disease
2. Chondromalacia patellae
3. Osgood-Schlatter disease
4. Pes anserine bursitis

The correct answer is:

1. Legg-Calvé-Perthes' disease is characterized by loss of blood supply to the head of the femur and subsequent bone death. The cause is often unknown and typically occurs in boys from 4-10 years old.

2. Chondromalacia patellae is characterized by cartilage loss or disturbance underneath the patella. This is evinced by pain with knee motion, but not a painful tibial tubercle.
3. **This is the correct answer. Osgood-Schlatter disease is characterized by a painful bump over the tibial tubercle and pain with sporting activities. This is most common in young children who are very active in sports, particularly males.**
4. Pes anserine bursitis is characterized by pain at the insertion of the sartorius, gracilis, and semitendinosus, which is medial to the tibial tubercle by 3-4 cm.

31.

A patient is recovering from a broken tibia and has just been instructed to discontinue use of a walking boot. The patient demonstrates excessive pronation and complains of pain and instability in the ankle while ambulating. Which of the following is the MOST appropriate treatment?

1. Begin a single leg standing program and advance to eccentric calf strengthening as tolerated.
2. Begin with open-chain exercises and progress to closed-chain strengthening of the ankle as tolerated.
3. Begin with closed-chain exercises and progress to open-chain strengthening of the ankle as tolerated.
4. Begin a strengthening program involving primarily ankle evertors, progressing as tolerated.

The correct answer is:

1. This may be included in the plan of care, but when initiating exercise, this may be too advanced. It would be best to start with tandem balance and concentric double leg strength or open chain strengthening before starting eccentrics.
2. **This is the correct answer. Progressive strengthening of the ankle will be the MOST appropriate treatment, and starting with open chain strengthening is usually well tolerated when beginning a program.**
3. Typically closed chain exercises are introduced after tolerance to open chain exercises can be established.

4. To address excessive pronation, it would be more appropriate to emphasize the muscles of inversion

32.

A patient reports pain around the anterior aspect of the calcaneus extending toward the 2nd metatarsal head. The patient has the most pain when first standing up after waking which gradually lessens throughout the day. The patient has recently begun a walking program. Which of the following disorders is MOST likely present?

1. Medial deviation of the 1st metatarsal
2. Metatarsalgia
3. Tarsal tunnel syndrome
4. Plantar fasciitis

The correct answer is:

1. A bunion or medial deviation of the 1st metatarsal presents with pain over the medial side of the head of the 1st metatarsal.
2. Metatarsalgia is pain localized under the ball of the foot, typically under the head of the first metatarsal.
3. Tarsal tunnel syndrome presents with numbness and pain throughout the first 3 toes secondary to the tibial nerve being compressed.
4. **This is the correct answer. Plantar fasciitis is typically associated with pain at the anterior portion of the calcaneus and increased symptoms with the first steps of the day that gradually decreases.**

33.

A physical therapist is evaluating a patient with back pain. The patient reports his pain has increased steadily over the last 2 months and is constant and unremitting. The pain radiates into both lower extremities. The patient also feels marked weakness throughout the right lower extremity. What is the MOST appropriate initial treatment?

1. Discontinue treatment and refer patient to primary care physician for further testing.
2. Begin a program of core strengthening, focusing on transversus abdominis training and progressing toward a long term stabilization program.

3. Instruct the patient in appropriate lower extremity exercises to improve leg strength, focusing on the right leg.
4. Initiate piriformis stretching as tolerated and instruct the patient in self mobilization techniques to improve mobility throughout the lumbar spine.

The correct answer is:

1. **This is the correct answer. Constant pain without any relation to position is a key indicator of spinal cancer.**
2. This would be appropriate for individuals with poor core strength and signs of hypermobility in the lumbar spine.
3. This would be appropriate for signs of weakness.
4. This would be appropriate for signs of piriformis syndrome.

34.

After working for several hours as a mechanic, a patient describes sharp elbow pain over the origin point of the common extensor tendon of the wrist extensors. The pain is alleviated with rest. Which of the following disorders is MOST likely present?

1. Medial epicondylitis
2. Lateral epicondylitis
3. Anconeus tendonitis
4. Olecranon bursitis

The correct answer is:

1. Medial epicondylitis presents with pain on the medial elbow over the flexor tendons.
2. **This is the correct answer. Pain is typically over the extensor tendons, especially on the insertion point of the lateral epicondyle. Repetitive motions involving mechanic work are also among common causes of lateral epicondylitis (tennis elbow).**
3. The anconeus assists in extension of the elbow and would present with pain over the olecranon process.
4. Olecranon bursitis would present with pain and swelling over the olecranon process.

35.

A patient presents with rheumatoid arthritis and finger pain. The 2nd digit has a flexed metacarpophalangeal joint, hyperextended proximal interphalangeal joint, and a flexed distal interphalangeal joint. Which of the following is the MOST accurate description of the position?

1. Swan neck deformity
2. Boutonniere deformity
3. Mallet finger deformity
4. De Quervain syndrome

The correct answer is:

1. **This is the correct answer. The finger deformity described is consistent with a swan neck deformity.**
2. Boutonniere deformity is just opposite of the Swan Neck
3. Mallet finger involves just flexion of the DIP joint.
4. De Quervain syndrome is tenosynovitis of the extensor pollicis brevis and abductor pollicis longus as they pass under the fascial sheath that covers the two tendons.

36.

A physical therapist examines a patient and determines that the patient has a positive active compression test (O'Brien's Test). Which of the following pathologies is MOST implicated?

1. Rotator cuff tear
2. Biceps tendonitis
3. Superior labral tear
4. Acromioclavicular joint sprain

The correct answer is:

1. RTC tears are indicated by tests such as the drop arm test, external rotation lag sign, belly press test.
2. This is indicated by tests such as Yergason's test.

3. **This is the correct answer. The O'Brien's test is indicative of SLAP tears.**

4. AC joint sprains are indicated by tests similar to the cross-over test.

37.

While examining a patient's lumbar x-ray films, a physical therapist notices that the L5 vertebra is displaced anteriorly on sacrum by approximately 50% of the vertebral body. How will this MOST affect physical therapy if the patient is being treated for low back pain?

1. Emphasize core strengthening, especially in spine neutral
2. Begin progressive gluteal and quad strengthening to assist the lumbopelvic fascia
3. Avoid extension activities, especially in standing
4. Add progressive external oblique training as tolerated to assist proper spinal alignment

The correct answer is:

1. This is a great consideration, but not the MOST important of the choices. The x-ray is consistent with spondylolisthesis (grade II). It is important early on to avoid extension activities as this may exacerbate symptoms.
2. Good consideration, but not the MOST important of the choices.
3. **This is the correct answer. Extension activities will exacerbate any pain from this spondylolisthesis.**
4. Good consideration, but not the MOST important of the choices, very similar to #1.

38.

A 51-year-old female presents to physical therapy with complaints of generalized muscle pain and fatigue. She reports steady weight gain over the last few months without changing her diet. She reports she has noticed her hair and nails have been more brittle, and she has noticed increased swelling in her hands. Which of the following conditions is MOST likely present?

1. Hypoparathyroidism
2. Hypothyroidism
3. Hyperparathyroidism

4. Hyperthyroidism

The correct answer is:

1. Hypoparathyroidism-This will result in low blood calcium, which can affect the nervous system and heart. Patients may have muscle tetany, cardiac arrhythmias, spasms of the intercostals, or a positive Chvostek sign (a contraction of ipsilateral facial muscles when performing percussion over the facial nerve).
2. **This is the correct answer. This condition is characterized by a slowed metabolism, which causes fatigue and weight gain. Patient's may present with generalized myalgias and proximal muscle weakness. It can affect the hair and nails and cause myxedema, a boggy non-pitting swelling that commonly affects the hands.**
3. Hyperparathyroidism. This will result in high levels of calcium in the blood and decreased calcium in the bone. This leads to low bone density, sensory changes, and can lead to kidney stones.
4. Hyperthyroidism. Also known as Grave's disease. This is the opposite of hypothyroidism and is characterized by an accelerated metabolism. Patients may complain of tachycardia, heat intolerance, and bulging eyes (exophthalmos).

39.

A patient has just undergone a total hip replacement via a posterior surgical approach. Which of the following combinations of movements of the hip are MOST important to avoid?

1. Extension, medial rotation, and abduction.
2. Extension, external rotation, and adduction.
3. Flexion, medial rotation, and adduction.
4. Flexion, external rotation, and abduction

The correct answer is:

The most correct answer is **3-flexion, medial rotation, and adduction**. These are the standard precautions to avoid dislocation with a THA that used a posterior surgical approach.

40.

A patient who has suffered a cutting injury to the entire left half of the spinal cord at the T8 level is being examined by a physical therapist. Which of the following impairments would be MOST apparent on the ipsilateral lower extremity?

1. Loss of pain and temperature sensation
2. Loss of movement and light touch sensation
3. Loss of peripheral smooth muscle control
4. Loss of coordination and accuracy.

The correct answer is:

1. This would be lost on the contralateral lower extremity due to the decussation of these sensory afferent fibers.
2. **This is the correct answer. These pathways decussate in the brain stem.**
3. This is not correct at all since arterial smooth muscle relies wholly on adrenergic receptors.
4. This would be caused by an injury at the cerebellar level.

A patient complains of increased pain and tingling in both hands after sitting at a desk for longer than 1 hour. The diagnosis is thoracic outlet syndrome (TOS). Which treatment would be the MOST effective physical therapy intervention? Choices:

1. Strengthening program for the scalenes and sternocleidomastoids.
2. Stretching program for the pectoralis minor and scalenes.
3. Cardiovascular training using cycle ergometry to reduce symptoms of TOS.
4. Desensitization by maintaining the shoulder in abduction, extension, and external rotation with the head turned toward the ipsilateral shoulder.

Teaching Points Correct Answer:

2 TOS is described as compression to the neurovascular structures in the scalene triangle, the area defined by the anterior and middle scalenes between the clavicle and the first rib. The compression is a result of a shortened pectoralis minor and scalene muscles. Therefore, a stretching program to these muscles to gain space in the scalene triangle is appropriate. Incorrect Choices: Shortening of the scalenes and sternocleidomastoids may be the culprit that caused TOS to develop. Strengthening these muscles would not improve

the amount of space in the scalene triangle space. Cardiovascular training, especially performed in the posture using a cycle ergometer, would not improve the disorder. The problem in TOS is too much vascular volume in too small a space. Increasing the vascular volume through that space with cardiovascular exercise will not resolve the symptoms of TOS. Desensitization by putting the shoulder and neck in this position is likely to diminish the space in the scalene triangle and further compress the neurovascular structures that run through that triangle. Type of Reasoning: Analysis This requires analytical reasoning. If this question was answered incorrectly, review the causes and interventions for TOS

Metabolic/Endocrine I Evaluation Diagnosis

A patient with diabetes is exercising. The patient reports feeling weak, dizzy, and somewhat nauseous. The therapist notices that the patient is sweating profusely and is unsteady when standing. The therapist's BEST immediate course of action is to:

Choices:

1. Call for emergency services; the patient is having an insulin reaction.
2. Have a nurse administer an insulin injection for developing hyperglycemia.
3. Insist that the patient sit down until the orthostatic hypotension resolves.
4. Administer orange juice for developing hypoglycemia.

Teaching Points Correct Answer:

4 Hypoglycemia, or abnormally low blood glucose, results from too much insulin (insulin reaction). It requires accurate assessment of symptoms and prompt intervention. Have the patient sit down and give an oral sugar (e.g. orange juice). Incorrect Choices: Once the patient is stabilized, the physician should be notified. Emergency services are generally not needed. Profuse sweating does not usually accompany orthostatic hypotension. Type of Reasoning: Inductive The test taker must first determine the cause of the patient's symptoms and then the appropriate course of action. Questions such as these utilize one's clinical judgment and diagnostic thinking, which is an inductive reasoning skill. One should recognize that these symptoms are indicative of hypoglycemia and require immediate administration of sugar to relieve symptoms

Examination B Metabolic/Endocrine I Evaluation Diagnosis

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4 Hypoglycemia, or abnormally low blood glucose, results from too much insulin (insulin reaction). It requires accurate assessment of symptoms and prompt intervention. Have the patient sit down and give an oral sugar (e.g. orange juice). Incorrect Choices: Once the patient is stabilized, the physician should be notified. Emergency services are generally not needed. Profuse sweating does not usually accompany orthostatic hypotension. Type of Reasoning: Inductive The test taker must first determine the cause of the patient's symptoms and then the appropriate course of action. Questions such as these utilize one's clinical judgment and diagnostic thinking, which is an inductive reasoning skill. One should recognize that these symptoms are indicative of hypoglycemia and require immediate administration of sugar to relieve symptoms • neuromuscular I Evaluation Diagnosis A patient with postpolio syndrome started attending a supervised outpatient exercise program. The patient failed to show up for follow-up sessions. The patient reported increased muscle pain and being too weak to get out of bed for the past 2 days. The patient is afraid to continue with the exercise class. The therapist's BEST course of action regarding exercise is to: Choices: 1. Decrease the intensity and duration, but maintain a frequency of 3 times/week. 2. Discharge the patient from the program because exercise is counterproductive in postpolio syndrome. 3. Decrease the frequency to once a week for an hour session, keeping the intensity moderate. 4. Reschedule exercise workouts for early morning when there is less fatigue.

Correct Answer: 1 Clinical manifestations of postpolio syndrome include myalgias, new weakness as well as atrophy, and excessive fatigue with minimal activity. Nonexhaustive exercise and general body conditioning are indicated. A change in the exercise prescription (intensity and duration) is warranted. Incorrect Choices: The patient should not exercise to the point of fatigue and exhaustion. A frequency of once a week is too little to be beneficial. Rescheduling exercise to early morning does not address the needed change in exercise

prescription. Stopping exercise completely will not help this patient. Type of Reasoning: Inference This question requires the test taker first to understand the nature of postpolio syndrome and then determine the appropriate exercise regimen to prevent further exacerbation of symptoms. Therefore, one must infer, or draw conclusions, from the evidence presented to arrive at the correct decision. If this question was answered incorrectly, review information on postpolio syndrome



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The actual NPTE PT has 250 questions and five hours is given to complete the test.

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Musculoskeletal System

- 1. A patient arrives at an initial evaluation with complaints of ankle pain that began with sudden onset after the patient jumped off a couch. The Thompson Test yields a positive result. This is indicative of:**
 - a. High Ankle Sprain
 - b. LCL Sprain
 - c. Ruptured Achilles Tendon
 - d. Navicular Fracture

- 2. A true leg length discrepancy may be differentiated from sacroiliac contribution by performing the supine to long sit test. When a patient has a right anterior innominate:**

- a. The right leg will appear shorter in supine and the same length in long sitting.
- b. The right leg will appear longer in supine and the same length in long sitting.
- c. The right leg will appear shorter in supine and longer in long sitting.
- d. The right leg will appear longer in supine and shorter in long sitting.

Neuromuscular System

3. While working with the upper extremity of a patient who recently had a right hemisphere cerebral vascular accident, the therapist should avoid:

- a. Passive range of motion of the right arm, as the patient is at risk for glenohumeral subluxation.
- b. Passive range of motion of the left arm, as the patient is at risk for glenohumeral dislocation
- c. Placing the right arm in a sling in the acute stage, as it will lead to neglect of the affected arm.
- d. Pulling on the patient's left arm to help them stand with transfers.

4. In the initial evaluation of a patient with back pain, the patient describes symptoms including pain that radiates to the dorsal aspect of the foot accompanied by tingling. On assessment, there is weakness in ankle dorsiflexion. The most likely cause of the patient's back pain is

- a. Nerve root irritation at L4-L5.
- b. Nerve root irritation at L5-S1.
- c. Postural strain.
- d. Compression fracture.

Cardiopulmonary System

5. A patient presents to therapy with moderate pain in the bilateral distal lower extremities. He reports that the pain is better when his feet are elevated. During evaluation, the therapist

notes that the skin has brown discoloration and is flaky and dry. Pedal pulses are normal and +2 pitting edema is present bilaterally. The most likely cause of the patient's leg pain is:

- a. Arterial insufficiency
- b. Venous insufficiency
- c. Diabetic peripheral neuropathy
- d. Bilateral calf strains

6. While reviewing a chart of a new evaluation for PT in acute care, the therapist finds that the patient currently has the following lab values: pH: 7.41, PaCO₂: 33, HCO₃: 20. Which of the following is correct regarding this patient?

- a. The patient is in acute respiratory alkalosis.
- b. The patient is in compensated respiratory alkalosis.
- c. The patient is in acute metabolic alkalosis.
- d. The patient is in compensated metabolic alkalosis.

Integumentary System

7. A patient has a sloughy wound with moderate exudate. The most appropriate wound dressing for this patient is:

- a. Alginate with secondary foam dressing
- b. Foam dressing with secondary film dressing
- c. Hydrocolloid with secondary film dressing
- d. Hydrogel dressing alone

8. You are providing wound care for a recent adult burn unit admission. The patient presents with burns covering the left anterior leg, anterior chest, and left anterior arm. What percent of the patient can you estimate is the burn area?

- a. 50%
- b. 38.5%

c. 31.5%

d. 27%

Metabolic and Endocrine Systems

9. A patient has a diagnosis of Graves disease. Which physiological response to exercise can you expect for this patient in relation to their diagnosis?

- a. Elevated heart rate
- b. Increased respiration rate
- c. Decreased heart rate
- d. Elevated O₂ saturation

10. A patient you are treating with Addison's disease arrives at therapy in visible distress and reports she has been vomiting and having diarrhea for the last two days. She states that the pain in her back and legs is unbearable now, and that she has been blacking out. You assess the patient's vitals and find her blood pressure to be much lower than previous sessions. The best course of action is to:

- a. Send the patient home to rest instructing her to call her doctor if the vomiting persists due to risk of dehydration.
- b. Assist the patient to make arrangements to get to the nearest emergency room as she is exhibiting signs of acute adrenal failure.
- c. Refer the patient to her primary care physician for an MRI due to the increase in back and leg pain.
- d. Recommend the patient drink some Gatorade and perform seated and supine exercise monitoring vitals throughout.

Gastrointestinal System

11. Pain from gallstones often refers to the:

- a. Chest
- b. Left shoulder and scapular area

- c. Right Shoulder and scapular area
- d. Right lumbar and posterior thigh

12. When working with a patient with Chron's disease, the patient should avoid the following when trying to manage their pain:

- a. Ice as patients with Chron's disease are cold-intolerant
- b. NSAIDs due to irritation to GI system
- c. Tylenol as Chron's disease has significant liver involvement
- d. Heat as patients with Chron's disease have decreased sensation

Genitourinary System

13. You are performing seated exercise with a patient in acute care that has a complete SCI at T5. While performing exercise, he reports a sudden onset of a pounding headache and his face is flushed. He begins sweating profusely and is nauseated. You suspect autonomic dysreflexia. The BEST next step is to:

- a. Have the patient rest for 2 minutes, then resume exercise if symptoms dissipate.
- b. Call a code
- c. Transfer the patient back to bed and have him rest for 5 minutes. If symptoms do not improve, call the nurse.
- d. Check the catheter bag and tube for kinks, blockages, or fullness.

14. You are treating a new mother for lower back pain. She reveals during the session that she is having urinary incontinence frequently, especially when she coughs or sneezes. The best intervention to begin for her is:

- a. Refer her back to her OBGYN
- b. Core strengthening exercise
- c. Implementing a bathroom schedule
- d. Begin Kegel exercises

Lymphatic System

15. While performing an evaluation, the therapist palpates a hard, non-movable, lump in the patient's right axillary. The best action to take next is:

- a. Monitor the lump over the next few therapy sessions.
- b. Ask the patient if they have ever noticed it or had a physician check it.
- c. Contact the referring provider to order a biopsy.
- d. Recommend the patient go to the nearest emergency room.

16. When determining therapeutic exercises for patients in phase 1 management of lymphedema, which of the following is appropriate:

- a. Passive range and bed exercise only
- b. Jogging
- c. Seated activity only
- d. Light exercises such as walking and light resistance training

System Interactions

17. An elderly patient reports bouts of dizziness regularly throughout the day. The patient has multiple comorbidities she is being treated for. Her blood pressure is normal and positional vertigo is ruled out. The most likely cause for dizziness in this patient is:

- a. CVA
- b. A normal part of the aging process
- c. Side effects of polypharmacy
- d. Increased cranial pressure

18. In a patient with poorly managed diabetes, which of the following is a precaution that should be taken in their plan of care?

- a. Using caution during balance activities as diabetics can have decreased proprioception due to neuropathy.

- b. Checking blood glucose before and after treatment to ensure normal levels for safe exercise.
- c. Monitoring blood pressure as diabetics are often hypotensive.
- d. Using heat before exercise to promote blood flow.

Equipment, Devices, and Technologies

19. A four year old child with spina bifida occulta, at the L5 level, is beginning to ambulate. Which orthotic would be the best option to address this child's gait deficits?

- a. Knee ankle foot orththosis (KAFO)
- b. Dynamic ankle foot orthosis (DAFO)
- c. Rigid ankle foot orthosis (AFO)
- d. Supra-malleolar orthosis (SMO)

20. A therapist is working with new spinal cord injury (complete T4) patient on getting a wheelchair for discharge. The best features for this chair are:

- a. Power wheelchair with tilt in space for pressure relief
- b. Power wheelchair for community use with a light weight manual chair for household and short distances.
- c. Manual wheelchair for community use. Lofstrand crutches and orthotics for household ambulation.
- d. Manual wheelchair with pressure relief cushion.

Therapeutic Modalities

21. Which of the following patients are appropriate for phonophoresis treatment?

- a. A 12 year old male patient on an acute knee injury
- b. A 67 year old female patient with lower back pain following fractures from metastasized cancer.
- c. A 72 year old male patient with COPD and history of MI with a rotator cuff injury

d. A 18 year old female patient with severe road rash following a motorcycle accident.

22. When using dexamethasone in iontophoresis, it should be:

- a. Placed on the cathode as dexamethasone is positively charged.
- b. Placed on the anode as dexamethasone is negatively charged.
- c. Placed on the anode as dexamethasone is positively charged.
- d. Placed on the cathode as dexamethasone is negatively charged.

Safety and Protection

23. What are the appropriate precautions to use with a patient with disseminated herpes zoster virus in acute care?

- a. Gloves
- b. Gloves and gown
- c. Gloves, gown, and mask
- d. Isolation in negative pressure room

24. In a skilled nursing facility, a patient who is a high fall risk is finishing up with therapy. The patient's medical history includes dementia, impulsive behavior, and that she rarely remembers to use her assistive device. What measures should the therapist take when leaving to ensure patient safety?

- a. Bed alarm, non-skid socks, and walker close to bedside
- b. Bed alarm, non-skid socks, nurse call light in reach, and walker close to bedside
- c. Bed alarm is unnecessary because patient is MOD I with functional mobility
- d. Nurse call light in reach and non-skid socks

Professional Responsibilities

25. While working in a busy outpatient clinic, a therapist is treating two medicare patients scheduled within the same hour. According to medicare law and guidelines, billed services for the patient can include:

- a. Only time spent that the therapist was directly treating that patient
- b. Therapeutic exercise that a tech assisted the patient with while the therapist performed manual techniques on another patient
- c. Therapeutic exercise that the patients performed while the therapist supervised both of them.
- d. Any exercise or modality that was performed in line of sight of the therapist.

26. In an outpatient setting, a therapist notices an elderly patient who lives with family has atypical bruising on the arms. When the patient's daughter goes to the restroom, the patient confides in you that she is often without food or personal care items at home. What is the best course of action for the therapist?

- a. Confer with the daughter to get her story since you suspect the patient may have dementia.
- b. Call the patient's primary care provider to discuss possible elderly abuse.
- c. Call in a tip to the police that you suspect elder abuse.
- d. Nothing. It is against HIPPA to tell anyone about the patient.

Research and Evidence Based Practice

27. Which statistical analysis is best used to compare outcomes of a group of individuals with small (less than 1 cm) rotator cuff tears split into three treatment groups: Surgical with post-operative rehabilitation, Conservative non-surgical rehab protocol and Non-surgical with home exercise program?

- a. ANOVA
- b. Independent T test
- c. Chi squared
- d. Wilcoxon rank-sum Test

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28. A new special test to predict integrity of the ACL was found to have a test-retest correlation of .95 and an inter-rater reliability of .75. Using this information, it can be said that:

- a. The test is reliable between tests with the same therapist and between therapists.
- b. The test is not reliable between tests with the same therapist and between therapists.
- c. The test is not reliable with the same therapist but is reliable between therapists.
- d. The test is reliable with the same therapist but is not reliable between therapists.

28. A new special test to predict integrity of the ACL was found to have a test-retest correlation of .95 and an inter-rater reliability of .75. Using this information, it can be said that:

- a. The test is reliable between tests with the same therapist and between therapists.
- b. The test is not reliable between tests with the same therapist and between therapists.
- c. The test is not reliable with the same therapist but is reliable between therapists.
- d. The test is reliable with the same therapist but is not reliable between therapists.

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