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Question: 1

A patient with a large, full-thickness burn has been admitted to the hospital's burn unit and is not responding to rehabilitation due to poor wound healing. As a result, the patient is recommended for grafting to close the wound because they have viable donor sites.

Which of the following grafts will MOST likely be used?

- A. Allograft
- B. Full-thickness autograft
- C. Partial thickness autograft
- D. Xenograft

Answer: B

Explanation Details

In this example, the patient should undergo an autograft. An autograft is conducted using skin from a donor site on the patient. Because the patient's burn injury is full-thickness, a full-thickness graft will likely be used.

An allograft, or homograft, is conducted using the skin from another human, such as cadaver skin. A heterograft, or xenograft, is conducted using the skin of another species, such as a pig. These are both typically used as temporary grafts until an autograft is possible.

Question: 2

A physical therapist is monitoring a patient who has just begun dialysis after being monitored for diabetes-related renal failure for several years. During the session, the patient begins to complain of nausea, drowsiness, and headache. Which of the following is the MOST likely reason for the patient's new symptoms?

- A. Uremia
- B. Dialysis failure
- C. Dialysis disequilibrium
- D. Dialysis dementia

Answer: C

Explanation Details

Dialysis disequilibrium may occur in patients who are beginning dialysis due to the rapid changes in urea levels in the blood. It typically occurs within the first few sessions. Symptoms can include vomiting, nausea, headache, drowsiness, and seizures. These symptoms should be relayed to the overseeing urologist.

Dialysis dementia is the result of long-duration dialysis treatment and involves signs of cerebral dysfunction. This can include trouble with speech, confusion, seizures, and eventual death. Uremia is an end-stage toxic condition resulting from renal insufficiency; this diagnosis is a reason for patients to begin dialysis and is not caused by dialysis.

Question: 3

A physical therapist is performing an evaluation on a patient who is experiencing pain and paresthesia in their left upper extremity. During the physical exam, the therapist performs an upper limb tension test that biases the patient's median and anterior interosseous nerve.

In what position has the therapist placed the patient's shoulder?

- A. 90 degrees of flexion
- B. 110 degrees of flexion
- C. 110 degrees of abduction
- D. 90 degrees of abduction

Answer: C

Explanation Details

Upper limb tension tests (ULTTs) can help identify the nerves involved with peripheral neurologic symptoms of the upper extremity. There are four upper limb tension tests, each with a different nerve bias. ULTT1 biases the median and anterior interosseous nerve. This test is performed by depressing and abducting the patient's shoulder to 110 degrees, extending the elbow, supinating the forearm, extending the wrist, extending the fingers and thumb, and flexing the cervical spine contralaterally.

90 degrees of abduction is not within the recommended parameter for shoulder abduction for ULTT1. Shoulder flexion is not a component of ULTT1.

Question: 4

You are performing a physical therapy evaluation for a patient who is experiencing wrist and hand pain. During the subjective portion, the patient complains of a tingling sensation over their palm, thumb, and middle three digits.

Which of the following special tests would be MOST appropriate to assess these symptoms?

- A. Two-point discrimination test
- B. Modified Allen test
- C. Tight retinacular test
- D. Tinel's sign

Answer: D

Explanation Details

Tinel's sign is a special wrist and hand test that is conducted by tapping the area in which the median nerve passes through the carpal tunnel. Tinel's sign is utilized in order to identify carpal tunnel

compression of the median nerve. Because this patient presents with symptoms of carpal tunnel, this is the most appropriate test to perform.

The tight retinacular test is used to assess tightness around proximal interphalangeal joints. The two-point discrimination test is performed by applying a caliper, two-point discriminator, or paper clip to the palmar aspect of the fingers to assess the patient's ability to distinguish between two points. The modified Allen test is used to assess vascular compromise of the ulnar or radial artery.

Question: 5

A physical therapist is performing an evaluation on a patient who has suspected postpolio syndrome. What is the first priority for the therapist to perform?

- A. Confirm history of polio
- B. Assess motor function
- C. Assess sensory function
- D. Assess range of motion

Answer: A

Explanation Details

Postpolio syndrome refers to slow progressive muscle weakness in individuals with a confirmed history of acute polio. Generally, postpolio syndrome follows a stable period of 15 years or more after the initial acute polio illness. During the subjective portion of the evaluation, the examiner must confirm the original acute polio illness and document the patient's course of symptom progression.

Assessing motor function, assessing range of motion, and assessing sensory function are important. However, a patient cannot be confirmed to have postpolio syndrome unless there is a verified history of acute polio illness.

Question: 6

A physical therapist is performing an evaluation on a patient for lower back pain and left leg pain. During the physical exam, the therapist performs a slump test. Which of the following actions will be performed first?

- A. Passive extension of the patient's left knee
- B. Passive extension of the patient's right knee
- C. Passive dorsiflexion of the patient's left ankle
- D. Passive flexion of the patient's head and neck

Answer: D

Explanation Details

The seated slump test is used to identify dysfunction of neurological structures supplying the lower limb. The test is performed by having the patient sit on the edge of a table with both knees flexed while sitting in a slumped posture. First, the examiner passively flexes the patient's head and neck while assessing for symptoms. Next, the examiner passively extends one of the patient's knees and assesses

for symptoms. Finally, the examiner passively dorsiflexes the ankle of the limb being tested while assessing for symptoms. The test is then repeated with the opposite leg. Passive extension of the patient's left knee comes after passive flexion of the patient's head and neck. Passive dorsiflexion of the patient's left ankle comes after passive extension of the patient's left knee. Passive extension of the patient's right knee would come after passive extension of the patient's head and neck.

Question: 7

You are performing a physical therapy evaluation on a 42-year-old female patient with morbid obesity in an outpatient clinic. During the subjective interview, the patient reports that they have always struggled with managing a healthy weight and have experienced several health conditions as a result of their obesity.

Which of the following comorbidities is the patient LEAST likely to report?

- A. Irritable Bowel Syndrome (IBS)
- B. Gallbladder disease
- C. Menstrual irregularities
- D. Type II diabetes

Answer: A

Explanation Details

Irritable Bowel Syndrome (IBS) is a condition characterized by abnormally increased motility of the intestines. It is associated with emotional stress and the ingestion of certain foods. It is not a direct result of obesity.

Obesity is highly associated with gallbladder disease, menstrual irregularities, and type II diabetes.

Question: 8

You are working with a patient two days after a Coronary Artery Bypass Graft (CABG) in an inpatient setting. During your session, the patient begins demonstrating a cough with sputum production, adventitious breath sounds, and tachypnea

a. You suspect a pulmonary embolism. Which is the MOST appropriate test for the patient in this situation?

- A. Ventilation-perfusion scan
- B. PET scan
- C. Fluoroscopy
- D. Thoracentesis

Answer: A

Explanation Details

A ventilation-perfusion (V/Q) scan is a radiographic test that is used to detect the presence of pulmonary emboli. The V/Q scan has the ability to match the lung's ventilation pattern to the perfusion

pattern. Given the patient's symptoms and your suspicion of a pulmonary embolism, this is the best option provided.

A PET scan uses a radioactive tracer during imaging that is often used to diagnose cancer. Thoracentesis is used to remove pleural fluid from the intrapleural space, which is used to diagnose fluid problems or remove excessive fluid. Fluoroscopy is a radiographic test used to observe diaphragmatic excursion.

Question: 9

A physical therapist is providing treatment to a patient in the hospital who is recovering from a stroke. During the treatment session, the patient demonstrates the emergence of spasticity, hyperreflexia, and synergies for the first time.

Which stage of recovery do these findings represent?

- A. Stage 1
- B. Stage 2
- C. Stage 3
- D. Stage 4

Answer: B

Explanation Details

Patients recovering from a stroke may go through sequential recovery stages as follows:

- Stage 1: Initial flaccidity, no voluntary movement
- Stage 2: Emergence of spasticity, hyperreflexia, and synergies
- Stage 3: Voluntary movement possible but only in synergies, spasticity strong
- Stage 4: Voluntary control in isolated joint movements emerging alongside the decline of spasticity and synergies
- Stage 5: Increasing voluntary control out of synergy, although coordination deficits are present
- Stage 6: Control and coordination are near normal

Because the patient demonstrates the emergence of spasticity, hyperreflexia, and synergies, stage 2 is the most likely option provided.

Question: 10

You are working with a patient who has a known history of hypotension. Given the patient's history, which of the following sites should you be the MOST concerned about to examine their pulse safely?

- A. Carotid artery
- B. Femoral artery
- C. Brachial artery
- D. Radial artery

Answer: A

Explanation Details

It is especially important to assess the carotid artery carefully because palpating both sides of the carotid artery simultaneously poses a risk of bradycardia and hypotension through stimulation of the carotid sinus baroreceptor. Given the patient's history, exacerbating hypotension could create a dangerous situation for the patient. Instead, the physical therapist should palpate one side of the carotid artery at a time. To do this, have the patient lie down with the head of the bed elevated, and palpate over either side of the anterior neck between the sternocleidomastoid and the trachea.

The radial, brachial, and femoral arteries can be palpated safely in this situation. The radial pulse can be assessed by palpating the radial wrist at the base of the thumb. The brachial pulse can be palpated over the medial aspect of the antecubital fossa; this is the best place to assess the pulse of an infant. The femoral pulse can be palpated over the femoral artery in the inguinal region.

Question: 11

A physical therapist is providing treatment to a patient in a skilled nursing facility who is recovering from a stroke. During the treatment session, the patient demonstrates increasing voluntary control out of synergy, although clear coordination deficits are still present.

Which stage of recovery do these findings represent?

- A. Stage 3
- B. Stage 4
- C. Stage 5
- D. Stage 6

Answer: C

Explanation Details

Patients recovering from a stroke may go through sequential recovery stages as follows:

- Stage 1: Initial flaccidity, no voluntary movement
- Stage 2: Emergence of spasticity, hyperreflexia, and synergies
- Stage 3: Voluntary movement possible but only in synergies, spasticity strong
- Stage 4: Voluntary control in isolated joint movements emerging alongside the decline of spasticity and synergies
- Stage 5: Increasing voluntary control out of synergy, although coordination deficits are present
- Stage 6: Control and coordination are near normal

Because the patient demonstrates increasing voluntary control out of synergy with coordination deficits still present, stage 5 is the most likely option provided.

Question: 12

A postpartum patient presents to the clinic with diastasis recti. She is hesitant to start physical therapy and fears that it will worsen the splitting of her abdominal muscles. Is it appropriate for these patients to perform abdominal exercises?

- A. Yes, as long as the split is under two centimeters
- B. No, all abdominal exercises are contraindicated for patients with diastasis recti abdominis
- C. Yes, they should strengthen the abdominal muscles with full sit-ups

D. Yes, they should protect their abdominal muscles using pelvic floor exercises

Answer: A

Explanation Details

Diastasis recti abdominis is the lateral separation of the rectus abdominis from the midline (linea alba). It is appropriate to teach the patient how to protect their abdominal musculature. A split greater than two centimeters is considered significant, but abdominal exercises may be performed when the separation is less than two centimeters.

Pelvic floor exercises are not an appropriate treatment for diastasis recti abdominis. While these exercises are not specifically contraindicated, they will have little impact on healing the split muscle. While some abdominal exercises can be helpful, these patients should not perform full sit-ups or bilateral straight leg raises.

Question: 13

You are a physical therapist providing treatment to a 45-year-old female patient with sickle cell disease. During the session, which of the following is the MOST correct?

- A. Cold should be avoided
- B. Warmth may be applied for pain control
- C. Extreme caution should be taken with manual therapy
- D. Relaxation techniques may be used for pain control

Answer: A

Explanation Details

Sickle cell disease is a group of inherited conditions where abnormal hemoglobin results in a modified structure of red blood cells that is crescent- or sickle-shaped. Physical therapy goals, outcomes, and interventions should be modified carefully to provide the best treatment possible for patients with this condition. Generally speaking, cold should be avoided because it increases vasoconstriction and sickling. For patients with sickle cell anemia, the application of warmth via hydrotherapy or relaxation techniques may be used as a form of pain control. Extreme caution should be taken with manual therapy for patients with hypocoagulopathy disorders, not sickle cell disease, as this may increase the risk of bleeding.

Question: 14

You are a physical therapist providing treatment to a 70-year-old female patient in a skilled nursing facility who has a history of hypercortisolism. Which of the following considerations is MOST appropriate for this patient during the session?

- A. Closely monitor vital signs for cardiac complications
- B. Closely monitor for fall risk due to hypoglycemia
- C. Closely monitor during resistance exercise for muscle pain or increased weakness
- D. Closely monitor for signs of thyrotoxicosis

Answer: C

Explanation Details

Hypercortisolism is a condition in which cortisol is released from the adrenal glands in excess, resulting in a variety of health conditions including myopathy. Because of this, patients should be monitored closely while performing resistance exercises to prevent muscle pain and increased weakness, which may indicate muscle damage to muscle tissue.

Patients with adrenal insufficiency should be monitored closely for falls due to hypoglycemia. Patients with hypoparathyroidism should have vital signs monitored closely due to the risk of cardiac arrhythmias. Patients with hyperthyroidism, not hypercortisolism, may experience thyrotoxicosis, which can aggravate preexisting heart disease.

Question: 15

A physical therapist is performing an evaluation on a patient in a skilled nursing facility who has limited knee extension during gait. During the physical exam, the therapist tests the patient's knee extension and observes that the patient can hold the position steadily against gravity but not with added resistance.

Which of the following muscle testing grades is correct for this patient?

- A. 5/5
- B. 3+/5
- C. 1/5
- D. 4/5

Answer: B

Explanation Details

Muscle testing is a standardized technique that assesses the approximate strength of a patient's muscles during a given motion. Grading for muscle testing is assigned on a scale of 0 to 5. The criteria for each grade are as follows:

- 5/5: Lift or hold against gravity with maximal resistance
- 4+/5, 4/5, 4-/5: Lifting or holding against gravity with between moderate and minimal resistance
- 3+/5, 3/5: Lifting or holding against gravity without resistance
- 3-/5: Some assistance is required to complete the motion
- 2+/5, 2/5: Movement with gravity eliminated
- 2-/5: Some assistance is required to complete the motion with gravity eliminated
- 1/5: Muscle contraction can be seen or felt; no movement
- 0/5: No muscle contraction is seen or felt

Because the patient is able to hold the position steadily against gravity but not with added resistance, their muscle testing grade is either 3/5 or 3+/5. There is no option available for 3/5, so 3+/5 is correct.

Question: 16

A physical therapist is providing preoperative education to a patient who is scheduled for anterior cruciate ligament (ACL) reconstruction surgery with a hamstring graft. What education should the therapist provide regarding this grafting technique?

- A. This type of graft often involves more symptoms postoperatively compared to a patellar tendon graft
- B. This type of graft typically requires later rehabilitation compared to a patellar tendon graft
- C. This type of graft typically allows for earlier rehabilitation compared to a patellar tendon graft
- D. This type of graft is generally less expensive than a patellar tendon graft

Answer: C

Explanation Details

ACL reconstruction surgery is performed to restore the integrity of the ACL and may be performed using a hamstring graft or patellar tendon graft. Although very similar in terms of long-term outcomes, each procedure has pros and cons to consider. In general, hamstring grafts typically have fewer symptoms postoperatively, allow for a greater return to preinjury level of activity, and allow for earlier rehabilitation compared to a patellar tendon graft.

Hamstring grafts typically allow for earlier rehabilitation compared to a patellar tendon graft, not later rehabilitation. Hamstring grafts are typically more expensive than patellar tendon grafts, not less. Hamstring grafts generally have fewer symptoms postoperatively compared to patellar tendon grafts, not more.

Question: 17

A physical therapist is preparing for a treatment session with a patient who has an active AIDS infection. Which of the following should the physical therapist be MOST concerned with during exercise?

- A. Aerobic exercise should be avoided
- B. All exercise should be avoided
- C. Contact sports should be encouraged
- D. Exhaustive exercise should be avoided if the patient is symptomatic

Answer: D

Explanation Details

Acquired immunodeficiency syndrome (AIDS) is a complex condition that is categorized as the third stage of infection with human immunodeficiency virus (HIV). Physical therapy goals, outcomes, and interventions should be modified according to the patient's status in order to provide the best outcomes possible. Avoid exhaustive exercise with symptomatic individuals because immune suppression can occur with more intense exercise.

For patients with AIDS, aerobic exercise is recommended multiple times per week. Although exercise testing and exhaustive exercise should be avoided under certain circumstances, exercise should be encouraged for patients with AIDS. For patients with AIDS, contact sports should be avoided due to the increased risk of bleeding.

Question: 18

You are a physical therapist in a subacute facility examining a patient with complaints of sacroiliac joint pain. How should the physical therapist BEST determine if sacroiliac joint dysfunction is influenced by a functional leg length discrepancy?

- A. Goldthwait's test
- B. Gillet's test
- C. Long sitting test
- D. Gaenslen's test

Answer: C

Explanation Details

The long sitting test is utilized by physical therapists to identify sacroiliac joint dysfunction that may be caused by a functional leg discrepancy. This test is performed by having the patient lie supine with aligned lower extremities, then assessing changes in the symmetry of the medial malleoli when the patient comes into a long sitting position. The long sitting test is deemed positive when limb lengths are reversed between sitting and supine positions.

Gillet's test is performed in order to assess the posterior movement of a patient's ilium in relation to the sacrum. Gaenslen's test is performed to identify SIJ dysfunction. Goldthwait's test is performed in order to differentiate between sacroiliac joint dysfunction and lumbar spine dysfunction.

Question: 19

Physical therapy has been ordered postoperatively for a 60-year-old male patient recovering from a lung transplant. Following a chart review and discussion with the patient, the physical therapist determines a high likelihood of postoperative pulmonary complications and contacts the patient's physician. Which of the following physical findings did the physical therapist MOST likely observe?

- A. Decreased white blood cell count
- B. Shortness of breath and increased temperature
- C. Increased expansion of the thorax
- D. No change in breath sounds from the preoperative evaluation

Answer: B

Explanation Details

Following pulmonary surgery, certain physical findings are more likely to indicate postoperative pulmonary complications. These include:

- Increased temperature
- Increase in white blood cell count
- Change in breath sounds from the preoperative evaluation
- Abnormal chest X-ray
- Decreased expansion of the thorax
- Shortness of breath
- Change in coughing and sputum production

Shortness of breath and increased temperature are the most likely physical findings to suggest postoperative pulmonary complications.

Question: 20

A physical therapist is performing an evaluation on a patient who is recovering from a stroke. During the physical exam, the therapist places a pencil in the patient's hand and asks the patient to identify the object with their eyes closed.

Which of the following is the therapist MOST likely testing?

- A. Two-point discrimination
- B. Stereognosis
- C. Barognosis
- D. Tactile localization

Answer: B

Explanation Details

Sensory integrity can be assessed using a variety of tests. Stereognosis refers to the ability to identify a familiar object by manipulation and touch.

Tactile localization refers to the ability to identify the location of a touch stimulus on the body by verbal reporting or pointing. Two-point discrimination refers to the ability to recognize one or two blunt points applied to the skin simultaneously. Barognosis refers to the ability to identify similar objects in the hand with different weights.



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