

# Cardiopulmonary ICU Mobilization Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. What characterizes Phase One of the Early Mobility and Walking Program?**
  - A. Bed exercises, stretcher chair, unable to bear weight, PROM activities**
  - B. Gait training with treadmill**
  - C. Ambulating without support**
  - D. Seated arm exercises only**
  
- 2. Phase four ultimately includes which education-related objective?**
  - A. Out of ICU, preparing for discharge**
  - B. Begin strength training, using other equipment**
  - C. Education for discharge - AD, assistance levels**
  - D. Walking out of room**
  
- 3. What is the maximum score on the FSS-ICU?**
  - A. 20**
  - B. 30**
  - C. 32**
  - D. 35**
  
- 4. Which sequence best describes the cascade leading to CIM?**
  - A. Predisposing factors → Steroid toxicity → Priming factor → Proteolysis → CIM**
  - B. Steroid toxicity → Predisposing factors → Proteolysis → CIM**
  - C. Proteolysis → CIM → Predisposing factors → Steroid toxicity**
  - D. Predisposing factors combined with Steroid Toxicity and Priming factor lead to Proteolysis and CIM**
  
- 5. Which of the following is a type of severe weakness that can develop after prolonged ICU stay?**
  - A. Critical-Illness Polyneuropathy**
  - B. Guillain-Barré syndrome**
  - C. Osteoarthritis**
  - D. Myasthenia gravis**

- 6. Which phase includes Begin strength training, using other equipment?**
- A. Transfer and pre-gait, walking in room**
  - B. Walking out of room**
  - C. Begin strength training, using other equipment**
  - D. Education for discharge - AD, assistance levels**
- 7. In ICU patients, delirium is commonly associated with which of the following outcomes?**
- A. Longer length of stay**
  - B. Increased mortality**
  - C. Long-term cognitive impairment**
  - D. All of the above**
- 8. What does the CAM-ICU assess?**
- A. Delirium**
  - B. Pain**
  - C. Mobility**
  - D. Respiratory status**
- 9. Which of the following is NOT a listed risk factor for CIM?**
- A. Sepsis**
  - B. Regular physical therapy**
  - C. Steroids**
  - D. Neuromuscular blocking agents**
- 10. In Step 4, what is the primary task?**
- A. Identify all factors contributing to deficits**
  - B. Determine whether mobilization is indicated**
  - C. Match the appropriate mobilization stimulus to transport capacity**
  - D. Set the intensity within therapeutic and safe limits of the patient's O<sub>2</sub> transport capacity**

## **Answers**

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

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## **Explanations**

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## 1. What characterizes Phase One of the Early Mobility and Walking Program?

- A. Bed exercises, stretcher chair, unable to bear weight, PROM activities**
- B. Gait training with treadmill**
- C. Ambulating without support**
- D. Seated arm exercises only**

Phase One centers on initiating mobility with the patient still in bed and not bearing weight. The goal is to preserve joint mobility, circulation, and muscle activation without risking overexertion or instability. The option that describes bed exercises, stretcher chair positioning, being unable to bear weight, and passive range-of-motion activities fits this target best, because it covers non-weight-bearing activities that keep the patient engaged in movement while staying safe. Gait training with a treadmill requires weight-bearing and more coordinated upright activity, which moves beyond Phase One. Ambulating without support implies the patient can walk independently, a level of function not typical in Phase One. Seated arm exercises alone may be helpful but does not capture the broader bed-based activity and passive ROM emphasis that Phase One embodies.

## 2. Phase four ultimately includes which education-related objective?

- A. Out of ICU, preparing for discharge**
- B. Begin strength training, using other equipment**
- C. Education for discharge - AD, assistance levels**
- D. Walking out of room**

Phase four centers on preparing the patient for discharge and ensuring they (and their caregivers) understand what will be needed after leaving the hospital. This includes education about discharge plans, assistive devices (AD), and the level of assistance required once home. By this stage, the goal isn't just to improve in-hospital function but to ensure a safe and smooth transition to independent or semi-independent living, with clear instructions on how to use devices, what tasks will need help, and what follow-up or home exercise programs are expected. For example, if a patient will return home with a walker or cane, education covers how to use the device correctly, safe transfers, fall precautions, and recognizing when to seek help. It also specifies the anticipated assistance level—whether they'll need supervision, close contact guard, or hands-off support—so plans can be arranged (home health, caregiver support, or equipment needs). The other options focus more on in-hospital progression (out of the ICU and ready for discharge is a plan milestone rather than an education deliverable), initiating strength training with equipment (Phase IV is not about starting new in-hospital activities), or simply walking out of the room (a milestone, not an education objective).

### 3. What is the maximum score on the FSS-ICU?

- A. 20
- B. 30
- C. 32
- D. 35**

FSS-ICU is scored by evaluating five mobility-related tasks, with each task rated on a 0 to 7 scale. Adding up the five items gives a maximum of  $5 \times 7 = 35$ . So the highest possible total is thirty-five, reflecting full independence across all tasks. A higher score indicates better functional status in the ICU and is used to track rehab progress over time. The tasks typically cover core ICU mobility activities like rolling, supine-to-sit transfers, sit-to-stand/bed-to-chair transfers, standing balance, and walking.

### 4. Which sequence best describes the cascade leading to CIM?

- A. Predisposing factors → Steroid toxicity → Priming factor → Proteolysis → CIM
- B. Steroid toxicity → Predisposing factors → Proteolysis → CIM
- C. Proteolysis → CIM → Predisposing factors → Steroid toxicity
- D. Predisposing factors combined with Steroid Toxicity and Priming factor lead to Proteolysis and CIM**

CIM results from a multifactorial cascade where baseline patient factors combine with pharmacologic and priming stimuli to turn on muscle proteolysis. Predisposing factors set the stage, steroid toxicity adds a harmful metabolic insult, and a priming factor further sensitizes the muscle to breakdown. When these elements come together, the proteolytic pathways in skeletal muscle are upregulated, leading to rapid protein degradation and the development of critical illness myopathy. That's why the sequence that describes predispositions plus steroid toxicity and an additional priming factor combining to drive proteolysis—and then CIM—best fits the pathway. The other options place factors in an incorrect order or imply proteolysis and CIM occur independently or before the triggering factors, which doesn't align with how the cascade actually progresses.

**5. Which of the following is a type of severe weakness that can develop after prolonged ICU stay?**

**A. Critical-Illness Polyneuropathy**

**B. Guillain-Barré syndrome**

**C. Osteoarthritis**

**D. Myasthenia gravis**

The key idea is recognizing a common ICU-related cause of severe, diffuse weakness: critical-illness polyneuropathy. In patients who have been critically ill for a long time, systemic inflammation, metabolic and nutritional disturbances, and other stressors can injure peripheral nerves, leading a widespread axonal neuropathy. This manifests as substantial weakness in most or all limbs, often with decreased or absent reflexes, and it can involve the respiratory muscles, making weaning from ventilation difficult. The weakness is typically generalized and symmetric, reflecting nerve involvement rather than a problem isolated to one muscle group or a focal lesion. This fits well with the scenario of weakness developing after a prolonged ICU stay, making critical-illness polyneuropathy the best fit. In contrast, Guillain-Barré syndrome is an acute autoimmune process usually triggered by an infection and not a sequela of ICU stay. Osteoarthritis is a degenerative joint condition causing pain and stiffness, not a neuropathic weakness from critical illness. Myasthenia gravis is an autoimmune disorder of the neuromuscular junction characterized by fatigable weakness that fluctuates and isn't specifically linked to a prior prolonged ICU course.

**6. Which phase includes Begin strength training, using other equipment?**

**A. Transfer and pre-gait, walking in room**

**B. Walking out of room**

**C. Begin strength training, using other equipment**

**D. Education for discharge - AD, assistance levels**

In ICU mobilization, you move from basic mobility tasks to strengthening with external resistance. Begin strength training using other equipment represents the phase where you introduce external resistance (like bands or light weights) to build muscle strength after the patient has demonstrated tolerance for transfers and basic gait. This step comes after practicing transfers and walking in the room and before discharge planning, since it focuses on increasing functional capacity with added load. The other phases describe earlier steps (getting started with transfers and inside-room gait) or later planning for discharge, which is why this choice fits the progression best.

**7. In ICU patients, delirium is commonly associated with which of the following outcomes?**

- A. Longer length of stay**
- B. Increased mortality**
- C. Long-term cognitive impairment**
- D. All of the above**

Delirium in the ICU reflects acute brain dysfunction arising from a mix of critical illness, inflammation, metabolic disturbances, medications, sleep disruption, and immobility. This state often signals a more complicated recovery trajectory and is linked to several adverse outcomes. It tends to prolong recovery, contributing to longer ICU and hospital stays due to more complications, slower mobilization, and delayed rehabilitation. It is also associated with higher short-term and, in many studies, higher mortality, independent of how sick the patient is on admission. Additionally, delirium is connected to longer-lasting cognitive problems after discharge, with some patients experiencing persistent cognitive impairment that affects daily functioning. Because delirium touches multiple aspects of recovery and prognosis, it is commonly associated with all of the above outcomes.

**8. What does the CAM-ICU assess?**

- A. Delirium**
- B. Pain**
- C. Mobility**
- D. Respiratory status**

The CAM-ICU assesses delirium in ICU patients, including those who cannot speak or are heavily sedated. It is a bedside tool that looks for an acute change or fluctuating course of mental status with inattention, plus either altered level of consciousness or disorganized thinking. If these features are present, delirium is identified, guiding timely management. This tool isn't used to measure pain, mobility, or respiratory status, which are assessed with other tools and approaches.

**9. Which of the following is NOT a listed risk factor for CIM?**

- A. Sepsis**
- B. Regular physical therapy**
- C. Steroids**
- D. Neuromuscular blocking agents**

Critical Illness Myopathy develops in severely ill patients when muscle breakdown and neuromuscular dysfunction are driven by systemic illness and treatments often used in the ICU. The strongest risk factors are sepsis or a systemic inflammatory state, exposure to glucocorticoids (steroids), and use of neuromuscular blocking agents, along with immobilization and metabolic stress like hyperglycemia. Regular physical therapy, in contrast, is not a risk factor; it helps preserve muscle function and is a key part of prevention and rehabilitation. So the option that is not a listed risk factor is regular physical therapy.

**10. In Step 4, what is the primary task?**

- A. Identify all factors contributing to deficits**
- B. Determine whether mobilization is indicated**
- C. Match the appropriate mobilization stimulus to transport capacity**
- D. Set the intensity within therapeutic and safe limits of the patient's O<sub>2</sub> transport capacity**

Setting the intensity of activity to stay within the patient's safe and therapeutic oxygen transport capacity is what Step 4 concentrates on. The oxygen transport capacity represents how much oxygen the cardiopulmonary system can deliver to tissues during activity. If you push the patient beyond that limit, demand outstrips supply, risking desaturation, myocardial strain, arrhythmias, or intolerable fatigue. So the primary task is to tailor how hard, how long, and at what pace mobilization is performed so the body's oxygen delivery can meet the muscles' needs without crossing safe thresholds. In practice, this means choosing an exercise or activity level that elicits a light to moderate response without excessive heart rate rise, blood pressure fluctuations, or drop in oxygen saturation, and then adjusting as the patient progresses. While identifying deficits, deciding if mobilization is appropriate, or selecting the general type of mobilization stimulus are important steps, the specific emphasis of Step 4 is prescribing the intensity within the patient's O<sub>2</sub> transport limits.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://cardiopulmicumobilization.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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