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

1. CAW stands for which term?

A. Cardiac Arrhythmia Withstanding

B. Chronic Anemia and Weakness

C. Critical-Illness Acquired Weakness

D. Chronic Atrial Widening

2. In patients with intracranial concerns, what is a key consideration when mobilizing?

A. Avoid uncontrolled ICP elevations; monitor neuro status.

B. ICP is not a concern during mobilization.

C. Always mobilize with head-down positions.

D. Ignore neuro status during mobilization.

3. Phase two activity focus in the patient's room is:

A. Transfer and pre-gait, walking in room

B. Education for discharge - AD, assistance levels

C. Out of ICU, preparing for discharge

D. Begin strength training, using other equipment

4. Why is delirium management important for mobilization success?

A. Delirium increases risk of falls and poor participation

B. Delirium has no impact on mobilization outcomes

C. Delirium improves concentration during activity

D. Delirium reduces need for analgesia during mobilization

5. How should care transitions be executed after a mobilization session?

A. Document outcomes and vitals.

B. Document only vitals.

C. Do not communicate with care team.

D. Delay next mobilization.

6. Which of the following is commonly included in Post-Intensive Care Syndrome?

- **A. Severe weakness**
- **B. Cognitive impairments**
- **C. Psychological issues**
- **D. All of the above**

7. For Step 6, which statement is correct?

- **A. Combine various body positions.**
- **B. Set the duration of the mobilization sessions according to the patient's responses.**
- **C. Set the intensity within therapeutic and safe limits.**
- **D. Identify all factors contributing to deficits in O2 transport**

8. Why is pain control included in mobilization safety planning?

- **A. Pain control helps reduce discomfort and facilitates participation**
- **B. Pain control should delay mobilization**
- **C. Pain control is unnecessary**
- **D. Pain control is only for post-operative patients**

9. Phase four includes which of the following components?

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

10. Which strategy is described to decrease barriers by reducing sedation depth?

- **A. Lighten deep sedation - PT can advocate**
- **B. Team support required**
- **C. Culture shift often needed**
- **D. Some see as new concept, but has been around for a long time**

Answers

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

Explanations

1. CAW stands for which term?

A. Cardiac Arrhythmia Withstanding

B. Chronic Anemia and Weakness

C. Critical-Illness Acquired Weakness

D. Chronic Atrial Widening

CAW stands for Critical-Illness Acquired Weakness, a generalized muscle weakness that develops during a severe illness or prolonged ICU stay. This weakness often results from a mix of critical illness polyneuropathy and critical illness myopathy, and is worsened by immobility, systemic inflammation, steroids or certain paralytics, and poor nutrition. It matters in practice because it directly affects a patient's ability to wean from the ventilator and to regain function, making early mobilization and targeted rehab essential. Recognizing CAW guides clinicians to initiate progressive physical therapy, maintain appropriate nutrition, optimize glycemic control, and plan safe weaning strategies. The other terms listed do not represent this recognized ICU-acquired weakness syndrome.

2. In patients with intracranial concerns, what is a key consideration when mobilizing?

A. Avoid uncontrolled ICP elevations; monitor neuro status.

B. ICP is not a concern during mobilization.

C. Always mobilize with head-down positions.

D. Ignore neuro status during mobilization.

Mobilizing patients with intracranial concerns requires preventing ICP elevations and monitoring neurologic status throughout activity. Intracranial pressure can rise during movement, coughing, suctioning, Valsalva, or other maneuvers that affect venous outflow and CSF dynamics, and a rise in ICP can lower cerebral perfusion pressure and worsen brain injury. So, plan movements with the head in a neutral or slightly elevated position, avoid head-down postures, and minimize factors that increase intrathoracic pressure or provoke coughing. Keep the patient's neuro status under close watch during mobilization—check level of consciousness, gaze and pupil responses, speech, and motor function before, during, and after activity. Ensure normocapnia, adequate analgesia, and a gradual, progressive approach to activity, ready to pause if any deterioration occurs. This approach prioritizes cerebral perfusion and safety, rather than assuming ICP is irrelevant or ignoring neurologic checks.

3. Phase two activity focus in the patient's room is:

A. Transfer and pre-gait, walking in room

B. Education for discharge - AD, assistance levels

C. Out of ICU, preparing for discharge

D. Begin strength training, using other equipment

Phase two focuses on moving in-room functional mobility, progressing from bed-based tasks to upright activities within the patient's room. The best choice centers on safe transfers and pre-gait practice, leading to short walks around the room. This era of mobilization aims to get the patient out of bed, practice transferring to a chair or standing from a seated position, and begin small steps with support, all while monitoring vitals and fatigue. It sets the foundation for more independent ambulation before venturing into discharge planning or out-of-room activities. Discharge education and planning are addressed later, and longer or equipment-based strengthening or out-of-ICU ambulations are typically introduced after basic in-room mobility is established.

4. Why is delirium management important for mobilization success?

A. Delirium increases risk of falls and poor participation

B. Delirium has no impact on mobilization outcomes

C. Delirium improves concentration during activity

D. Delirium reduces need for analgesia during mobilization

Delirium disrupts attention, cognition, and behavior, which directly undermines mobilization efforts. A delirious patient may struggle to follow instructions, become easily agitated or fearful, and try to pull on lines or tubes, increasing the risk of falls or device dislodgement. Safe and effective mobilization depends on cooperation, orientation, and cognitive engagement; when delirium is present, sessions are more likely to be interrupted, less intense, and less productive, slowing functional gains. Therefore, preventing and managing delirium—through sleep optimization, orientation, early mobilization, minimizing deliriogenic meds, and targeted treatment when needed—improves participation, safety, and progress in mobilization. Statements claiming no impact, improved concentration, or reduced analgesia needs do not fit the clinical reality, as delirium typically worsens attention, does not enhance concentration, and often coincides with greater sedation or analgesic needs.

5. How should care transitions be executed after a mobilization session?

A. Document outcomes and vitals.

B. Document only vitals.

C. Do not communicate with care team.

D. Delay next mobilization.

After a mobilization session, transitions are most effective when there is a complete, shareable record of what happened and how the patient responded. Documenting both outcomes and vitals provides a full picture: vitals show physiologic stability or any instability (heart rate, blood pressure, respiratory rate, oxygen saturation, need for supplemental support), while the outcomes capture functional tolerance (level of dyspnea, fatigue, endurance, goals achieved, and observable performance). This combination informs the next steps—whether to progress, modify, or pause mobilization—and gives the care team the necessary information to continue safely and effectively. Recording only vitals leaves out how the patient actually tolerated the session, and failing to communicate with the care team can hinder safety and rehabilitation progress.

6. Which of the following is commonly included in Post-Intensive Care Syndrome?

A. Severe weakness

B. Cognitive impairments

C. Psychological issues

D. All of the above

Post-Intensive Care Syndrome spans multiple impact areas after a critical illness, so the most accurate answer includes all the common domains. The physical component often manifests as severe weakness and generalized deconditioning from ICU-acquired weakness, prolonged bed rest, and the metabolic stress of critical illness. The cognitive component involves problems with attention, memory, processing speed, and executive function that can persist after the ICU stay, sometimes linked to delirium, sedation, or neurologic events. The psychological component includes anxiety, depression, and post-traumatic stress symptoms that many patients report following an ICU admission. Because these domains frequently occur together, all of these issues are commonly included in PICS, and recognizing them guides comprehensive rehabilitation that addresses physical recovery, cognitive rehabilitation, and mental health support.

7. For Step 6, which statement is correct?

A. Combine various body positions.

B. Set the duration of the mobilization sessions according to the patient's responses.

C. Set the intensity within therapeutic and safe limits.

D. Identify all factors contributing to deficits in O2 transport

The key idea here is tailoring how long you mobilize the patient based on how they respond during the session. In Step 6, you're adjusting the duration in real time to match the patient's tolerance and safety signals. This means closely watching oxygen saturation, heart rate and blood pressure responses, breathing effort, signs of fatigue or dyspnea, and overall hemodynamic stability. If the patient handles the activity well, you can extend the session time gradually. If any sign of intolerance appears, you pause, reduce duration, or stop and reassess before proceeding in a later session. This approach keeps mobilization within safe limits while allowing progressive improvement over time. While rotating through different positions and considering the load are important parts of a mobilization plan, the specific step focuses on how long you keep the patient in activity based on their responses. Likewise, identifying all factors contributing to poor oxygen transport is valuable for assessment, but the step in question centers on dosing the session duration to tolerance.

8. Why is pain control included in mobilization safety planning?

A. Pain control helps reduce discomfort and facilitates participation

B. Pain control should delay mobilization

C. Pain control is unnecessary

D. Pain control is only for post-operative patients

Pain control in mobilization safety planning centers on enabling participation by reducing discomfort and fear. When pain is well managed, patients can move more freely, breathe more comfortably, and engage in therapy without protective guarding that limits joint range, chest expansion, or willingness to perform active exercises. This facilitates easier and safer progression through mobilization activities, supports effective coughing and airway clearance, and helps maintain oxygenation and hemodynamic stability during movement. Importantly, analgesia should be tailored to balance pain relief with preserving alertness and respiratory drive, and it should be continuously reassessed to avoid oversedation or masking signs of deterioration. Rather than delaying mobilization, integrating effective pain control promotes earlier, safer participation in mobilization efforts.

9. Phase four includes which of the following components?

A. Out of ICU, preparing for discharge

B. Begin strength training, using other equipment

C. Walking out of room

D. Education for discharge - AD, assistance levels

The main idea being tested is what phase four of ICU mobilization focuses on. Phase four centers on discharge planning and preparing the patient for a safe transition home, which means educating both the patient and family about what they can do after leaving the hospital and what level of help or assistive devices will be needed. Education for discharge—covering activities of daily living and appropriate assistance levels—best fits this phase because it directly addresses the knowledge and planning required to go home. It ensures the patient and caregivers understand what tasks are manageable, what support or devices are needed, and how to use them safely. Other options miss this focus. Being out of ICU and preparing for discharge is a broader milestone rather than the specific educational component; starting strength training with other equipment belongs to earlier phases aimed at building capacity; walking out of the room relates to in-hospital mobility progression rather than the discharge planning and education emphasized in phase four.

10. Which strategy is described to decrease barriers by reducing sedation depth?

A. Lighten deep sedation - PT can advocate

B. Team support required

C. Culture shift often needed

D. Some see as new concept, but has been around for a long time

Lightening deep sedation directly reduces the barrier to mobilization because a patient who is not deeply sedated can participate in physical therapy, follow commands, tolerate sitting up, and engage in early activity. By aiming for lighter levels of sedation, the patient becomes awake enough to cooperate with PT, which is essential for initiating and advancing mobilization strategies in the ICU. In practice, this often involves using sedation protocols and daily interruptions (often called sedation vacations) and aligning analgesia and agitation targets so the patient remains comfortable but responsive. Physical therapy teams can advocate for these targets, emphasizing safety and mobilization goals, which helps integrate early movement into the care plan. Other factors like needing team support or culture changes are important for implementing lighter sedation, but the specific strategy to reduce barriers to mobilization is to lower sedation depth, enabling PT involvement and earlier activity.

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.

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!