CARDIOPULMONARY ICU MOBILIZATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. When does a Perme ICU Mobility Score change?

A. Only with changes in patient age

B. Only with discharge from ICU

C. With changes in vital signs

D. When functional mobility improves or ICU support decreases

2. CAM-ICU is used to screen for what condition in critically ill patients?

A. Delirium in critically ill patients

B. Pain in ICU

C. Depression

D. Neuromuscular weakness

3. What SpO2 and FiO2 thresholds are commonly used to guide mobilization decisions?

A. SpO2 ≥ 92% on FiO2 ≤ 0.6 and PEEP ≤ ~10 cm H2O

B. SpO2 ≥ 94% on FiO2 ≤ 0.5 and PEEP ≤ 12 cm H2O

C. SpO2 ≥ 90% on FiO2 ≤ 0.4 and PEEP ≤ 5 cm H2O

D. SpO2 ≥ 95% on FiO2 ≤ 0.8 and PEEP ≤ ~10 cm H2O

4. Phase three of the Early Mobility and Walking Program is best described as:

A. Transfer and pre-gait, walking in room

B. Walking out of room

C. Out of ICU, preparing for discharge

D. Begin strength training, using other equipment

5. A patient with a RASS score of -5 to -4 would require which level of physical therapy intervention?

A. PROM

B. Active range of motion with resistance

C. ADLs training

D. Ambulation

6. What is a typical sedation target (RASS) during mobilization?

A. RASS -4 to -5 (deep sedation)

B. RASS -1 to 0 (light sedation)

C. RASS +2 to +3 (agitated)

D. RASS +1 to +2 (restless)

7. Which term describes the long-term effects following an ICU stay?

A. Post-Intensive Care Syndrome

B. Post-ICU Syndrome

C. Chronic Critical Illness

D. ICU Syndrome

8. 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

9. Which hemodynamic criterion indicates eligibility to initiate mobilization in a CP-ICU patient?

A. MAP 65–110 mmHg without escalating vasopressors

B. SBP 140–160 mmHg

C. HR 100 bpm

D. MAP 50–60 mmHg

10. How many muscle groups are tested in the MRC-SS, and how are the scores combined?

A. Six muscle groups are tested bilaterally; each side is scored separately and the results are summed for a total score.

B. Six muscle groups are tested bilaterally; scores are averaged between sides.

C. Twelve muscle groups are tested on a single side.

D. Three muscle groups are tested unilaterally and the scores are summed.

Answers

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

Explanations

1. When does a Perme ICU Mobility Score change?

A. Only with changes in patient age

B. Only with discharge from ICU

C. With changes in vital signs

D. When functional mobility improves or ICU support decreases

The Perme ICU Mobility Score is a dynamic measure of a patient's current functional mobility and how much ICU support they need. It changes whenever there's a real change in what the patient can do or in how much assistance and medical support is required. For example, improving from bed mobility to sitting at the edge of the bed, transferring to a chair, or ambulating with help will raise the score. Likewise, as lines, ventilators, or monitoring devices are removed and nursing/therapy support is reduced, the score increases because the patient is less dependent. Age or a single vital-sign change doesn't by itself alter the score. The score reflects current mobility status and dependence, not just time or age.

2. CAM-ICU is used to screen for what condition in critically ill patients?

A. Delirium in critically ill patients

B. Pain in ICU

C. Depression

D. Neuromuscular weakness

CAM-ICU screens for delirium in critically ill patients. Delirium is an acute, fluctuating disturbance of attention and awareness that ICU patients can develop from illness, medications, or sleep disruption. The CAM-ICU looks for four elements: an acute change or fluctuating course, inattention, and either altered level of consciousness or disorganized thinking. If the patient shows an acute change or fluctuation plus inattention and one of the other two features, delirium is present. This tool is specifically designed for ICU use, including patients who are intubated and nonverbal, and it can be performed quickly at the bedside after brief training. It's not intended to assess pain, depression, or neuromuscular weakness, which are evaluated with other instruments.

3. What SpO2 and FiO2 thresholds are commonly used to guide mobilization decisions?

A. SpO2 ≥ 92% on FiO2 ≤ 0.6 and PEEP ≤ ~10 cm H2O

B. SpO2 ≥ 94% on FiO2 ≤ 0.5 and PEEP ≤ 12 cm H2O

C. SpO2 ≥ 90% on FiO2 ≤ 0.4 and PEEP ≤ 5 cm H2O

D. SpO2 ≥ 95% on FiO2 ≤ 0.8 and PEEP ≤ ~10 cm H2O

Mobilization safety hinges on keeping oxygenation stable during activity and avoiding high ventilator support unless necessary. The best guideline is to ensure the patient is saturating adequately (SpO2 around or above 92%), while the amount of supplemental oxygen and airway pressure support is kept moderate (FiO2 not exceeding about 0.6 and PEEP around 10 cm H2O or less). This combination indicates the patient has enough oxygen reserve to tolerate movement without desaturating, and their lung mechanics aren't so severely impaired that mobilization would pose undue risk. The option with SpO2 ≥ 92% on FiO2 ≤ 0.6 and PEEP ≤ ~10 cm H2O fits this balance: SpO2 is above the commonly accepted safety threshold, FiO2 is moderate, and PEEP is not excessively high, suggesting stability during activity. Other choices align less well with typical mobilization safety criteria. Some impose a stricter SpO2 target or a lower FiO2, which can be overly conservative and not reflect a patient's actual stability. Some permit a high FiO2 (like 0.8), which often indicates significant respiratory support and increased risk during movement, making mobilization less appropriate.

4. Phase three of the Early Mobility and Walking Program is best described as:

A. Transfer and pre-gait, walking in room

B. Walking out of room

C. Out of ICU, preparing for discharge

D. Begin strength training, using other equipment

Phase three focuses on ambulation beyond the patient's room, moving from seated and in-room gait tasks to walking in the hallway or outside the room. This stage demonstrates that the patient can tolerate functional walking in a broader space, with appropriate safety measures and supervision, after earlier steps have established safe transfers and in-room gait. It requires stable vitals, adequate oxygenation, and support as needed, and it leads toward more advanced mobility activities though it stops short of discharge-level tasks or formal strength training with equipment. That's why walking out of the room is the best description for this phase.

5. A patient with a RASS score of -5 to -4 would require which level of physical therapy intervention?

A. PROM

B. Active range of motion with resistance

C. ADLs training

D. Ambulation

With a RASS score of -5 to -4, the patient is deeply sedated and largely unresponsive to voice. In this state, active participation in therapy isn't possible, so the most appropriate intervention is passive range of motion. Passive ROM helps maintain joint mobility and prevent contractures without requiring muscle activation or patient cooperation. Active ROM with resistance would need patient effort and strength, which aren't feasible here. ADLs training and ambulation require higher levels of arousal and functional capability, which are not present at this sedation level. As sedation is lighter and the patient becomes more alert, therapy can progress to more active interventions as appropriate.

6. What is a typical sedation target (RASS) during mobilization?

A. RASS -4 to -5 (deep sedation)

B. RASS -1 to 0 (light sedation)

C. RASS +2 to +3 (agitated)

D. RASS +1 to +2 (restless)

During mobilization, the aim is to keep the patient in light sedation so they can actively participate and tolerate therapy. On the RASS scale, this corresponds to about -1 to 0: the patient is drowsy but arousable or fully alert and calm. This balance allows following simple commands, cooperating with PT/OT, and maintaining airway protection while keeping breathing and circulation stable. Deeper sedation (-3 to -5) makes participation impossible and increases risks like delirium and longer ventilation. Agitation or restlessness (+1 to +2) or higher (+3 to +4) can make mobilization unsafe. So, targeting -1 to 0 provides the best combination of readiness to participate and safety during activity.

7. Which term describes the long-term effects following an ICU stay?

A. Post-Intensive Care Syndrome

B. Post-ICU Syndrome

C. Chronic Critical Illness

D. ICU Syndrome

Post-Intensive Care Syndrome describes the long-term physical, cognitive, and psychological problems that can persist after an ICU stay. These issues may start during the critical illness but often become evident or remain after discharge, lasting months to years. Physically, patients may have weakness and fatigue from deconditioning; cognitively, problems with memory, attention, and processing; and psychologically, anxiety, depression, or PTSD. This term provides a framework for recognizing and addressing survivorship challenges and highlights the value of interventions like early mobilization in the ICU to reduce later disability. While Post-ICU Syndrome is sometimes used, the formal term is Post-Intensive Care Syndrome. Chronic Critical Illness refers to a broader trajectory of ongoing organ dysfunction and prolonged dependence on life-sustaining therapies, not specifically the post-ICU symptom cluster, and ICU Syndrome is not an established term.

8. 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.

9. Which hemodynamic criterion indicates eligibility to initiate mobilization in a CP-ICU patient?

A. MAP 65–110 mmHg without escalating vasopressors

B. SBP 140–160 mmHg

C. HR 100 bpm

D. MAP 50–60 mmHg

Mobilizing a patient in a CP-ICU hinges on hemodynamic stability and adequate tissue perfusion. Mean arterial pressure is the reliable barometer of perfusion to vital organs, so aiming for a MAP around 65 mmHg or higher helps ensure the brain and other organs are receiving enough blood during activity. When vasopressor support is not being escalated, it indicates the cardiovascular system is responding to mobilization without needing more support, reducing the risk of sudden hypotension or organ hypoperfusion as the patient moves. Relying on systolic blood pressure alone isn't as protective, because it doesn't reflect overall perfusion or stability during activity. A heart rate of 100 bpm by itself doesn't guarantee safe mobilization, and a MAP of 50–60 mmHg signals hypotension with possible organ underperfusion, making mobilization unsafe.

10. How many muscle groups are tested in the MRC-SS, and how are the scores combined?

A. Six muscle groups are tested bilaterally; each side is scored separately and the results are summed for a total score.

B. Six muscle groups are tested bilaterally; scores are averaged between sides.

C. Twelve muscle groups are tested on a single side.

D. Three muscle groups are tested unilaterally and the scores are summed.

In the MRC Sum Score, strength is assessed for six key muscle groups on each side of the body. You test and score six muscles bilaterally—shoulder abduction, elbow flexion, wrist extension, hip flexion, knee extension, and ankle dorsiflexion on both the right and left sides. Each muscle group on each side is graded from 0 to 5, and the twelve individual scores are added together to yield a total score, with a maximum of 60. This means the score reflects bilateral strength across all key muscle groups, not an average or unilateral total.

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!