

Cerebral Palsy Impairments, Assessments, and Interventions for Physical Therapy 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 challenges may children with cerebral palsy face in sports and recreational activities?**
 - A. CP improves sports performance automatically.**
 - B. They participate identically without adaptations.**
 - C. Participation may look different from peers without CP due to mobility limitations.**
 - D. Sports are impossible for CP.**

- 2. Which statement best describes the relationship between cognitive deficits and communication issues in cerebral palsy?**
 - A. Many patients do not have cognitive deficits; communication issues are often related to motor difficulties**
 - B. Communication issues are always due to cognitive deficits**
 - C. There is no relationship between cognitive deficits and communication**
 - D. Cognitive deficits always accompany CP**

- 3. Which of the following is a non-surgical management option for CP?**
 - A. Oral baclofen**
 - B. Selective dorsal rhizotomy**
 - C. Hemi-epiphysiodesis**
 - D. Distal femoral extension osteotomy**

- 4. Which therapy has strong evidence for improving upper extremity function in hemiplegic CP?**
 - A. Constraint-induced movement therapy (CIMT)**
 - B. Botox injections**
 - C. Mirror therapy**
 - D. Electrical stimulation**

- 5. Which activity is an ADL for children?**
 - A. Dressing**
 - B. Running**
 - C. Reading**
 - D. Hearing test**

- 6. Which two outcome measures are most appropriate for evaluating function in children with cerebral palsy?**
- A. Peabody Developmental Motor Scales; Movement Assessment Battery for Children**
 - B. GMFM 88 or 66; PEDI**
 - C. Bayley Scales of Infant Development**
 - D. PEDI only**
- 7. Which impairment is considered a primary body structure and function impairment in cerebral palsy?**
- A. Spasticity**
 - B. Dyskinesia**
 - C. Muscular weakness**
 - D. Ataxia**
- 8. Therasuits are used in CP therapy for what primary purpose?**
- A. To Heat Tissues for Relaxation**
 - B. To Increase Resistance and Proprioception Using Elastic Bands**
 - C. To Improve Cardiovascular Endurance**
 - D. To Reduce Spasticity in All Muscles**
- 9. Which statement best describes independence in adults with CP?**
- A. Dependent mobility is sufficient for functioning in society**
 - B. Independent mobility is essential for functioning in society and earning a living**
 - C. Mobility is not related to employment**
 - D. Mobility only affects recreational activities**
- 10. What is the primary purpose of the Patient Specific Functional Scale and Goal Attainment Scale?**
- A. To measure family satisfaction**
 - B. To measure muscle strength**
 - C. To assess gross motor function**
 - D. To serve as proxies for participation if goals are centered around participation**

Answers

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

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Explanations

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1. What challenges may children with cerebral palsy face in sports and recreational activities?

- A. CP improves sports performance automatically.**
- B. They participate identically without adaptations.**
- C. Participation may look different from peers without CP due to mobility limitations.**
- D. Sports are impossible for CP.**

Participation in sports for children with cerebral palsy is shaped by motor impairments that affect movement, balance, and endurance. Because of these mobility limitations, how they participate often looks different from peers without CP, with variations in pace, movement patterns, and the need for assistive devices or modified activities. This difference isn't a barrier to participation or enjoyment; it simply calls for thoughtful adaptations and supports. With the right equipment, coaching strategies, and rule or activity modifications, many children with CP can engage safely and meaningfully in a wide range of sports and recreation. Claims that performance automatically improves, participation is identical without adaptations, or sports are impossible aren't accurate because targeted adaptations can enable substantial inclusion and success.

2. Which statement best describes the relationship between cognitive deficits and communication issues in cerebral palsy?

- A. Many patients do not have cognitive deficits; communication issues are often related to motor difficulties**
- B. Communication issues are always due to cognitive deficits**
- C. There is no relationship between cognitive deficits and communication**
- D. Cognitive deficits always accompany CP**

Communication problems in cerebral palsy often come from motor impairments that affect speech production, not from cognitive ability. Many individuals with CP have normal or near-normal cognition, yet their speech may be hard to understand because of dysarthria or motor planning difficulties. That doesn't mean cognition never affects communication—some people do have cognitive challenges—but it's not a universal rule. In practice, this means assess cognitive skills separately from speech motor function and plan interventions that address the motor speech system, while also providing alternative communication supports (like AAC) when needed. The idea captured here is that many patients don't have cognitive deficits, and the communication issues are frequently linked to motor difficulties rather than thinking skills.

3. Which of the following is a non-surgical management option for CP?

- A. Oral baclofen**
- B. Selective dorsal rhizotomy**
- C. Hemi-epiphysiodesis**
- D. Distal femoral extension osteotomy**

Non-surgical management of spasticity in cerebral palsy often starts with medications that dampen nerve activity. Oral baclofen works by activating GABA-B receptors in the spinal cord, which reduces the excitability of motor neurons and lowers muscle tone. This can help improve range of motion, ease care tasks, and support participation in therapy, with dosing tailored to balance benefit and side effects like drowsiness, dizziness, fatigue, or hypotonia. It's a systemic approach, not a procedure. The other options involve surgery. Selective dorsal rhizotomy removes specific sensory nerve roots to lessen spastic input, which is a neurosurgical intervention. Hemi-epiphysiodesis and distal femoral extension osteotomy are growth- or bone-altering procedures to address angular deformities and gait, requiring operative intervention rather than a non-surgical management strategy.

4. Which therapy has strong evidence for improving upper extremity function in hemiplegic CP?

- A. Constraint-induced movement therapy (CIMT)**
- B. Botox injections**
- C. Mirror therapy**
- D. Electrical stimulation**

Constraint-induced movement therapy works because it uses the affected hand in a highly repetitive, task-focused way to drive motor learning and cortical changes. In children with hemiplegic cerebral palsy, there's often a tendency to rely on the nonparetic hand, which can limit the use and improvement of the affected hand. By restricting the unaffected hand and providing intensive practice of functional tasks with the affected hand, CIMT promotes use-dependent plasticity, strengthens the neural pathways for skilled hand movements, and improves spontaneous use of the impaired limb. Clinically, this translates to better hand function and improved performance in daily activities and play. Botox injections can reduce spasticity temporarily, which may help movement, but they don't consistently produce long-term functional gains by themselves without targeted therapy. Mirror therapy and electrical stimulation have supportive evidence, but the strongest, most consistent improvements in upper-extremity function for hemiplegic CP come from CIMT when it's implemented with appropriate task practice and intensity.

5. Which activity is an ADL for children?

- A. Dressing**
- B. Running**
- C. Reading**
- D. Hearing test**

Dressing is an activity of daily living because it involves self-care tasks that a child does to look after themselves each day, supporting independence at home, school, and in the community. It requires coordinating multiple skills—sensory processing, fine and gross motor control, sequencing, and problem solving (like managing buttons, zippers, or Velcro). In pediatric physical therapy, helping a child dress is a direct way to improve functional independence and participation in daily routines. Running, while important for gross motor development and mobility, is not an ADL; it's a functional movement or play/fitness activity. Reading is a cognitive/learning activity, not self-care. A hearing test is an evaluation, not an everyday self-care task.

6. Which two outcome measures are most appropriate for evaluating function in children with cerebral palsy?

- A. Peabody Developmental Motor Scales; Movement Assessment Battery for Children**
- B. GMFM 88 or 66; PEDI**
- C. Bayley Scales of Infant Development**
- D. PEDI only**

Focusing on measuring function in children with cerebral palsy means capturing both what they can do with their bodies and how that translates into everyday activities. The Gross Motor Function Measure (GMFM) is specifically designed to quantify gross motor abilities in CP, tracking progress across key task families like lying and rolling, sitting, crawling, standing, and walking, running, and jumping. The version with 88 items or the streamlined 66-item version both provide a sensitive readout of changes in motor function over time, whether due to therapy, therapy intensity, or growth. Pairing that with the Pediatric Evaluation of Disability Inventory (PEDI) gives a complementary view of daily life. PEDI looks at what the child can do in real-world activities across self-care, mobility, and social function, including how much help is needed and how independently they perform tasks. This reflects the child's participation and independence in everyday environments, which is exactly what clinicians want to influence with intervention. Together, these two measures cover both the motor impairment level and the practical functional impact, making them the best pair for evaluating function in children with CP. Other measures mentioned are less ideal for this purpose on their own. Developmental motor scales like the Bayley or PDMS-2 assess general motor development and may be appropriate for younger or non-CP populations, but they're not as CP-specific or as sensitive to function changes over time in older children. The Movement Assessment Battery for Children focuses on motor coordination rather than CP-specific functional outcomes, and using only the PEDI would miss objective tracking of changes in gross motor abilities.

7. Which impairment is considered a primary body structure and function impairment in cerebral palsy?

- A. Spasticity**
- B. Dyskinesia**
- C. Muscular weakness**
- D. Ataxia**

Muscular weakness is the direct deficit in how much force a muscle can generate, which stems from the brain injury in cerebral palsy and therefore is a primary body function impairment. The brain's impaired input to the muscles leads to reduced voluntary activation and strength, which underlies many functional limitations. Spasticity describes increased muscle tone and resistance to passive movement, which affects movement quality but isn't the basic strength deficit itself. Dyskinesia and ataxia refer to abnormal movement patterns and coordination problems, not the fundamental capacity of muscles to produce force. So strength loss best fits as the core body function impairment.

8. Therasuits are used in CP therapy for what primary purpose?

- A. To Heat Tissues for Relaxation**
- B. To Increase Resistance and Proprioception Using Elastic Bands**
- C. To Improve Cardiovascular Endurance**
- D. To Reduce Spasticity in All Muscles**

The main idea is that TheraSuit therapy uses an external, elastic-resistance system to provide proprioceptive input that guides and challenges movement, helping the nervous system learn more normal, coordinated patterns. The suit adds resistance and structured sensory feedback through its elastic bands and springs, which encourages better alignment, trunk control, and motor planning during functional tasks. This approach aims to improve movement quality and motor control rather than simply heating tissues, boosting cardio endurance, or uniformly reducing spasticity across all muscles. That combination of external resistance plus proprioceptive input is what makes the suite's primary purpose best described as increasing resistance and proprioception using elastic bands.

9. Which statement best describes independence in adults with CP?

- A. Dependent mobility is sufficient for functioning in society**
- B. Independent mobility is essential for functioning in society and earning a living**
- C. Mobility is not related to employment**
- D. Mobility only affects recreational activities**

Independence in mobility is a critical enabler of adults with CP to participate in work, community life, and daily routines. When a person can move about without relying on others for most activities, they can commute to a job, attend appointments, shop for necessities, and engage in social activities. This level of mobility supports employment by enabling consistent attendance, functioning in a workplace, and accessing training or interviews. It also enhances safety and autonomy in daily living, reduces caregiver burden, and promotes self-efficacy. The idea that dependent mobility alone is sufficient ignores how much daily life and employment depend on being able to get around independently, even with assistive devices. Saying mobility isn't related to employment or that it only affects recreation minimizes the broad impact mobility has on participation, access to services, and earning a living.

10. What is the primary purpose of the Patient Specific Functional Scale and Goal Attainment Scale?

- A. To measure family satisfaction**
- B. To measure muscle strength**
- C. To assess gross motor function**
- D. To serve as proxies for participation if goals are centered around participation**

These scales are patient-centered tools that measure meaningful functional change in real life, not just clinical impairments. They work by having the patient (or caregiver) identify specific activities that matter in daily life, rate the current ability to perform those activities, and then set target levels of attainment after intervention. Because the activities are chosen by the patient and can center on participation, the level of attainment reported on these scales serves as a good proxy for participation outcomes—reflecting how well someone can engage in real-world tasks and social roles. This is different from measuring family satisfaction, muscle strength, or gross motor function in isolation, which focus on different aspects or levels of the condition. By concentrating on what the person wants to do and tracking progress toward those goals, the scales capture meaningful change in participation and everyday function.

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://cerebralpalsyinterventionsforpt.examzify.com>

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