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

1. What does VDRO stand for in CP orthopedic procedures?

- **A. Varus Derotation Osteotomy**
- **B. Valgus Derotation Osteotomy**
- **C. Varus Dislocation Reduction Operation**
- **D. Vertebral Displacement Reduction Operation**

2. Which assessments are commonly used for strength and motor control in cerebral palsy?

- **A. Muscle power strength test, 10-meter shuttle test, and modified Ashworth scale**
- **B. Manual muscle test only**
- **C. Nine-hole peg test and finger-to-nose**
- **D. Newborn reflex screening**

3. What is the role of virtual reality in therapy for CP?

- **A. To Diagnose CP**
- **B. To Replace Physical Therapy**
- **C. To Increase Spasticity**
- **D. To Stimulate Muscle Contractions Impacting Strength, Balance, and Proprioception**

4. What is the primary focus of PAC (Preferences for Activities of Children)?

- **A. Preferences for Activities of Children**
- **B. Participation and enjoyment**
- **C. Environmental accessibility**
- **D. Physical fitness**

5. Which of the following is a neurosurgical intervention used in CP?

- **A. Distal femoral extension osteotomy**
- **B. Acetabular osteotomy**
- **C. Capsulotomy**
- **D. Selective dorsal rhizotomy**

6. Which statement about CP types classified by muscle tone is accurate?

A. Spastic, Dyskinetic, Ataxic, Mixed, and Atonic/hypotonic CP are all recognized types.

B. Spastic CP is the only type.

C. Ataxic CP is not a recognized type.

D. Dyskinetic CP is the only other type.

7. What are common activity limitations for children with Cerebral Palsy?

A. Only running and jumping.

B. Hearing and vision impairments.

C. Cardiac activities.

D. Lying and rolling, crawling and kneeling, sitting, standing, walking, running, jumping, and activities of daily living (ADLs).

8. Which statement best describes the Edinburg Gait Score?

A. It measures gait endurance during treadmill walking.

B. It measures gait deviations in ambulatory individuals, typically GMFCS levels I-III.

C. It evaluates upper limb coordination.

D. It provides a global, question-based functional mobility score.

9. Which statement best describes how PEDI is used in clinical practice?

A. It provides a single overall score of mobility.

B. It is a descriptive, caregiver-report questionnaire that covers multiple functional domains and can track change over time.

C. It screens for cognitive impairment.

D. It evaluates only self-care tasks.

10. Hippotherapy is described as primarily improving which domain in CP management?

A. To Improve Balance and Postural Control

B. To Increase Upper Extremity Strength

C. To Decrease Auditory Processing

D. To Enhance Cardiovascular Fitness

Answers

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

Explanations

1. What does VDRO stand for in CP orthopedic procedures?

A. Varus Derotation Osteotomy

B. Valgus Derotation Osteotomy

C. Varus Dislocation Reduction Operation

D. Vertebral Displacement Reduction Operation

Varus Derotation Osteotomy describes a femoral osteotomy aimed at bringing the femoral head into a more contained position within the acetabulum by two components: varus angulation to decrease the outward tilt and derotation to correct excessive femoral anteversion. The osteotomy part means the bone is cut to allow this realignment. This correction is common in cerebral palsy when the hip is unstable or dislocated due to spastic muscle imbalance, improving containment, stabilizing the hip, and facilitating better function. The other options don't fit: using valgus would move in the opposite direction of the desired containment, a term like dislocation reduction operation isn't a standard named procedure for this bone cuts and derotation, and vertebral displacement reduction operation refers to the spine, not the hip.

2. Which assessments are commonly used for strength and motor control in cerebral palsy?

A. Muscle power strength test, 10-meter shuttle test, and modified Ashworth scale

B. Manual muscle test only

C. Nine-hole peg test and finger-to-nose

D. Newborn reflex screening

In cerebral palsy, understanding strength and motor control requires a mix of measures that capture how much force muscles can produce, how well someone moves during functional tasks, and how high tone or spasticity affects movement. A muscle power strength test directly quantifies the amount of force the muscles can generate, which is fundamental since weakness is common and limits performance. The 10-meter shuttle test provides a practical look at gait speed and the ability to coordinate quick, repeated movements, reflecting motor control during ambulation and dynamic tasks. The Modified Ashworth Scale assesses spasticity, the velocity-dependent resistance to passive stretch, which can substantially influence movement patterns and control. Putting these together gives a comprehensive view of strength, functional motor control, and tone, aligning well with how CP affects movement. The other options don't cover all these aspects as effectively. A manual muscle test alone focuses on strength but misses functional motor control during gait and the impact of spasticity. The nine-hole peg test and finger-to-nose assess fine motor dexterity but not gross motor strength or gait-related motor control typical in CP. Newborn reflex screening is an early screening tool and does not reflect current strength, motor control, or tone in a child with established cerebral palsy.

3. What is the role of virtual reality in therapy for CP?

A. To Diagnose CP

B. To Replace Physical Therapy

C. To Increase Spasticity

D. To Stimulate Muscle Contractions Impacting Strength, Balance, and Proprioception

Virtual reality in CP therapy acts as an engaging, safe way to deliver repetitive, task-specific movement practice that supports motor learning. By guiding patients through interactive tasks, VR requires activation of muscles, control of movement, and balance, while providing immediate, multimodal feedback. This combination helps strengthen muscles, improve balance, and enhance proprioceptive awareness over time, contributing to functional gains. It's used to augment traditional physical therapy, not to diagnose CP and not to replace the therapist or routine PT goals. The aim is to stimulate meaningful movement and coordination, making the best answer: stimulate muscle contractions impacting strength, balance, and proprioception.

4. What is the primary focus of PAC (Preferences for Activities of Children)?

A. Preferences for Activities of Children

B. Participation and enjoyment

C. Environmental accessibility

D. Physical fitness

The main idea PAC targets is identifying what activities a child prefers to do. This matters because knowing a child's likes and dislikes lets the therapist tailor activities to fit those preferences, making practice more engaging and motivating. When therapy aligns with what the child enjoys, it supports greater participation, repeated practice, and better adherence to intervention plans. Think of PAC as a tool to capture the child's expressed preferences so activities can be chosen accordingly, rather than measuring outcomes like how much the child participates overall, how enjoyable they find activities, the environmental barriers they face, or their physical fitness level. Those other aspects—for example, participation or enjoyment as outcomes, or environmental accessibility and fitness—are important, but they aren't the primary focus of this instrument.

5. Which of the following is a neurosurgical intervention used in CP?

A. Distal femoral extension osteotomy

B. Acetabular osteotomy

C. Capsulotomy

D. Selective dorsal rhizotomy

Selective dorsal rhizotomy is a neurosurgical approach in cerebral palsy that reduces spasticity by selectively cutting certain sensory nerve rootlets as they enter the spinal cord. By decreasing the abnormal muscle tone, it allows more effective therapy and functional motor training, particularly for gait. This neurosurgical intervention targets neural input directly, rather than changing bones or joints. The other options are orthopedic procedures: distal femoral extension osteotomy realigns the femur to improve knee extension during walking; acetabular osteotomy reshapes the hip socket to improve hip stability; capsulotomy releases tight joint capsules to increase range of motion. While these can improve function by addressing musculoskeletal deformities, they do not modulate neural input like a neurosurgical procedure does.

6. Which statement about CP types classified by muscle tone is accurate?

A. Spastic, Dyskinetic, Ataxic, Mixed, and Atonic/hypotonic CP are all recognized types.

B. Spastic CP is the only type.

C. Ataxic CP is not a recognized type.

D. Dyskinetic CP is the only other type.

Understanding CP types by muscle tone involves recognizing several distinct patterns: spastic CP, with increased muscle tone and stiff movements; dyskinetic CP, featuring involuntary, irregular movements such as chorea or dystonia; ataxic CP, characterized by poor balance and coordination; mixed CP, where more than one motor pattern is present; and hypotonic (low tone) CP. All of these are established categories used in clinical practice to describe motor impairment in cerebral palsy. Therefore, listing all these types as recognized is accurate. The other statements oversimplify or deny recognized classifications—spastic isn't the only type, ataxic and dyskinetic CP are recognized, and there are multiple CP types beyond a single category. Recognizing these types helps guide assessment, prognosis, and intervention planning in physical therapy.

7. What are common activity limitations for children with Cerebral Palsy?

A. Only running and jumping.

B. Hearing and vision impairments.

C. Cardiac activities.

D. Lying and rolling, crawling and kneeling, sitting, standing, walking, running, jumping, and activities of daily living (ADLs).

Cerebral palsy commonly causes activity limitations across a broad range of motor tasks, from basic postures to mobility and daily activities. The motor impairments associated with CP—altered muscle tone, coordination, and selective control—make lying and rolling in bed, crawling and kneeling, sitting, standing, walking, running, and jumping all more challenging. These widespread motor demands also affect activities of daily living such as dressing, feeding, bathing, and grooming. Hearing and vision impairments can occur with CP, but they are sensory issues rather than activity limitations. They may compound participation challenges, but they don't define the typical scope of activity limitations CP is known for. Cardiac function isn't the primary domain affected by CP, though endurance can be influenced by overall motor limitations. The broad list of motor activities and ADLs best reflects the common patterns seen in CP.

8. Which statement best describes the Edinburg Gait Score?

A. It measures gait endurance during treadmill walking.

B. It measures gait deviations in ambulatory individuals, typically GMFCS levels I-III.

C. It evaluates upper limb coordination.

D. It provides a global, question-based functional mobility score.

The Edinburgh Gait Score is a focused gait assessment that rates deviations observed during level walking in people with cerebral palsy. It's designed for ambulatory individuals, typically those in GMFCS levels I–III, because they can perform the walking task that the score evaluates. It doesn't measure how far someone can walk or their endurance, which would be captured by endurance tests; it doesn't assess upper limb coordination, and it isn't a single global mobility questionnaire. Instead, it provides a detailed profile of gait deviations across the walking pattern to help clinicians understand the specific gait abnormalities and guide treatment or track changes after interventions.

9. Which statement best describes how PEDI is used in clinical practice?

A. It provides a single overall score of mobility.

B. It is a descriptive, caregiver-report questionnaire that covers multiple functional domains and can track change over time.

C. It screens for cognitive impairment.

D. It evaluates only self-care tasks.

PEDI is used as a caregiver-reported, descriptive measure that spans several functional domains and can track changes in a child's abilities over time. In clinical practice, it gathers a caregiver's observations of how the child performs everyday activities across areas like self-care, mobility, and social function, then translates those observations into scores that reflect what the child can do and the amount of caregiver assistance required. This makes it useful for setting goals, planning interventions, and monitoring progress across multiple domains as therapy progresses. It isn't a cognitive screening tool, and it isn't limited to self-care tasks or to a single overall mobility score; rather, it provides a broad, domain-wide view of functional performance and change over time.

10. Hippotherapy is described as primarily improving which domain in CP management?

A. To Improve Balance and Postural Control

B. To Increase Upper Extremity Strength

C. To Decrease Auditory Processing

D. To Enhance Cardiovascular Fitness

The main idea is that hippotherapy primarily improves balance and postural control in cerebral palsy management. The horse's movement creates a dynamic, three-dimensional perturbation of the rider, forcing continuous adjustments of the trunk and pelvis to stay upright and aligned with the horse's gait. This challenges and strengthens proximal stability, trunk coordination, and automatic postural reactions, which are essential for functional balance and everyday mobility. While you might see secondary benefits such as some strength gains or endurance from the activity, these are not the primary goal of this intervention. Upper-extremity strength isn't the main focus, since the emphasis is on the core and pelvic stability required to maintain posture on a moving base. Auditory processing isn't a targeted outcome of hippotherapy, and cardiovascular aspects may improve only as a byproduct of the activity rather than being the central aim.

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!