

# **CEREBRAL PALSY IMPAIRMENTS, ASSESSMENTS, AND INTERVENTIONS FOR PHYSICAL THERAPY PRACTICE EXAM (SAMPLE) STUDY GUIDE**



## **SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR  
THE FULL VERSION STUDY GUIDE**

<https://cerebralpalsyinterventionsfortpt.examzify.com>



**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

# Table of Contents

|                             |    |
|-----------------------------|----|
| Copyright .....             | 1  |
| Table of Contents .....     | 2  |
| Introduction .....          | 3  |
| How to Use This Guide ..... | 4  |
| Questions .....             | 5  |
| Answers .....               | 8  |
| Explanations .....          | 10 |
| Next Steps .....            | 15 |

SAMPLE

# 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

SAMPLE

- 1. What does the 6-Minute Walk Test primarily assess in individuals with cerebral palsy?**
  - A. Endurance and functional capacity
  - B. Balance
  - C. Coordination only
  - D. Strength
- 2. 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
- 3. Which test is used to assess endurance in cerebral palsy?**
  - A. Reach Test
  - B. Timed Up and Go
  - C. 6-Minute Walk Test
  - D. 9 peg hole test
- 4. What is the primary purpose of the Verschuren 3 Functional Strength Tests?**
  - A. To assess functional strength for GMFCS levels I-II
  - B. To measure endurance across all CP levels
  - C. To evaluate spasticity with the Modified Ashworth Scale
  - D. To assess fine motor dexterity
- 5. What is the role of physical therapy in managing Cerebral Palsy?**
  - A. To cure Cerebral Palsy
  - B. To improve strength, power, range of motion, motor control, and overall quality of life
  - C. To diagnose Cerebral Palsy
  - D. To manage only spasticity

- 6. What genetic factors can impact the incidence of cerebral palsy?**
- A. Mutations in genes affecting the movement center of the brain and family history
  - B. Random chance with no genetic influence
  - C. Environmental toxins genetics only
  - D. Chromosomal deletions exclusively
- 7. What evidence supports aquatic therapy and resistance training for CP?**
- A. They are ineffective and unsafe
  - B. Only aquatic therapy is beneficial; resistance training has no effect
  - C. Aquatic therapy improves ROM and strength with reduced weight-bearing; resistance training improves strength and functional performance; both with proper supervision
  - D. Only resistance training is beneficial; aquatic therapy has no effect
- 8. Which statement about SCALE is true?**
- A. It requires neuroimaging to interpret results.
  - B. It is valid only for children who walk independently.
  - C. It measures selective voluntary motor control of the upper extremities.
  - D. It assesses selective voluntary motor control of the lower extremities and is applicable across GMFCS levels in children with spastic CP.
- 9. How can dystonia be distinguished from spasticity in CP?**
- A. Dystonia is always localized to the limbs
  - B. Dystonia is characterized by fixed postures with no movement component
  - C. Dystonia involves sustained or intermittent involuntary twisting movements; spasticity is velocity-dependent resistance to passive movement
  - D. Spasticity is a permanent increase in muscle tone independent of movement
- 10. Which of the following is a soft tissue procedure used in CP management?**
- A. Tendon release/lengthening
  - B. Distal femoral extension osteotomy
  - C. Acetabular/femoral osteotomies
  - D. Varus derotation osteotomy

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

## 1. What does the 6-Minute Walk Test primarily assess in individuals with cerebral palsy?

- A. Endurance and functional capacity
- B. Balance**
- C. Coordination only
- D. Strength

*Endurance in walking and functional walking capacity is what the Six-Minute Walk Test primarily measures. So, the distance someone can walk in six minutes reflects their ability to sustain ambulation, their aerobic capacity, and overall functional mobility during daily activities. In cerebral palsy, performance on this test captures how efficiently a person uses energy while walking, how fatigue limits their walking, and how their gait pattern and endurance interact to determine real-world walking ability. Balance, while it can influence how far someone walks, is not the main construct being assessed by this test, which is why balance isn't the primary purpose here. Likewise, coordination and strength aren't directly measured by the test itself; they may affect performance, but the test's focus is on endurance and functional walking capacity rather than isolated balance, coordination, or max strength.*

## 2. 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.*

## 3. Which test is used to assess endurance in cerebral palsy?

- A. Reach Test
- B. Timed Up and Go
- C. 6-Minute Walk Test**
- D. 9 peg hole test

*Endurance is about how long a person can sustain a meaningful activity, reflecting aerobic capacity and fatigue resistance. In cerebral palsy, walking endurance is especially important because gait often costs more energy due to spasticity and inefficiencies, so a test that captures how far someone can walk in a set period provides a functional measure of this capacity. The six-minute walk test asks the person to walk back and forth along a flat route for six minutes, with the total distance recorded. This directly reflects functional endurance during walking, is safe and simple to administer, and has reliable use in CP populations. It also sensitively shows changes after interventions like gait training or conditioning programs. Other options assess different abilities. A reach test measures how far one can reach, focusing on balance or shoulder range of motion rather than sustained activity. Timed Up and Go measures speed of moving from chair to standing, walking a short distance, turning, and returning—more about rapid mobility and balance than ongoing endurance. The nine-hole peg test assesses fine motor dexterity of the hands, not endurance.*

#### 4. What is the primary purpose of the Verschuren 3 Functional Strength Tests?

- A. To assess functional strength for GMFCS levels I-II
- B. To measure endurance across all CP levels
- C. To evaluate spasticity with the Modified Ashworth Scale
- D. To assess fine motor dexterity

The main idea is to measure functional lower-limb strength as it relates to everyday activities in children with cerebral palsy, particularly those who are ambulatory (GMFCS I-II). The Verschuren 3 Functional Strength Tests are designed to quantify how much strength a child can generate during practical tasks that reflect daily movement, rather than simply testing endurance, muscle tone, or hand dexterity. This makes the assessment most relevant for understanding and improving real-world activities like standing and moving, which is why it best fits the goal of evaluating functional strength. Endurance tests would look at how long a child can perform activity, not how much force they can produce in a single task. Spasticity scales measure muscle tone, not strength. Fine motor dexterity tests assess hand and finger skills, which are different from the leg strength and mobility tasks these tests target.

#### 5. What is the role of physical therapy in managing Cerebral Palsy?

- A. To cure Cerebral Palsy
- B. To improve strength, power, range of motion, motor control, and overall quality of life
- C. To diagnose Cerebral Palsy
- D. To manage only spasticity

The focus of physical therapy in cerebral palsy is to maximize function and participation, not to cure the condition. Since CP is a non-progressive brain injury that disrupts movement, the therapist targets improvements in strength, power, range of motion, motor control, and overall quality of life through practical, functional interventions. This includes strengthening and flexibility to prevent contractures, motor learning and task-specific training, balance and coordination work, gait and posture training, endurance activities, and the use of assistive devices or orthotics when needed. Spasticity management can be part of the plan, but it's not the sole aim, and PT is not a diagnostic service nor a cure. Thus, the best statement describes enhancing strength, ROM, motor control, and quality of life.

#### 6. What genetic factors can impact the incidence of cerebral palsy?

- A. Mutations in genes affecting the movement center of the brain and family history
- B. Random chance with no genetic influence
- C. Environmental toxins genetics only
- D. Chromosomal deletions exclusively

Genetic factors can contribute to cerebral palsy by mutations that influence how the brain develops and how motor control pathways form. When there are mutations in genes that guide the movement centers or related brain structures, the risk of motor development problems increases. A family history suggests these genetic variants can be inherited, further supporting a genetic contribution to CP risk. While many CP cases stem from non-genetic factors around birth, genetics can modulate vulnerability and interact with perinatal events, making the existence of these gene-related factors a meaningful way to understand incidence. The other ideas oversimplify or misrepresent the evidence. Saying there's no genetic influence ignores established familial patterns and gene-related risks. Limiting the role to environmental toxins or to genetics only misses the reality that both genetic and environmental factors can play a part and may interact. Claiming chromosomal deletions exclusively is too narrow, since CP can be associated with a variety of genetic changes, not just deletions.

## 7. What evidence supports aquatic therapy and resistance training for CP?

- A. They are ineffective and unsafe
- B. Only aquatic therapy is beneficial; resistance training has no effect
- C. Aquatic therapy improves ROM and strength with reduced weight-bearing; resistance training improves strength and functional performance; both with proper supervision**
- D. Only resistance training is beneficial; aquatic therapy has no effect

*Both aquatic therapy and progressive resistance training have evidence supporting their use in cerebral palsy when delivered under proper supervision. Aquatic therapy leverages buoyancy to reduce weight-bearing, allowing more comfortable movement through a greater range and enabling strengthening with less joint stress. The water also provides drag-resistant loading and proprioceptive input, which helps build strength and control while enhancing ROM, and warm water can aid relaxation and potentially reduce spasticity. Resistance training directly targets muscle weakness and has been shown to improve strength and functional performance, with gains that can translate to practical tasks like transfers, standing, and walking activities. The key with both approaches is supervision to ensure safe technique, appropriate progression, and monitoring of tone, fatigue, and safety concerns. The other options imply that one or both modalities are ineffective or that only one works, which isn't supported by the evidence. This statement reflects that both aquatic therapy and resistance training can be beneficial when properly supervised and tailored to the individual.*

## 8. Which statement about SCALE is true?

- A. It requires neuroimaging to interpret results.
- B. It is valid only for children who walk independently.
- C. It measures selective voluntary motor control of the upper extremities.
- D. It assesses selective voluntary motor control of the lower extremities and is applicable across GMFCS levels in children with spastic CP.**

*The main idea here is understanding what SCALE measures and who it can be used with. SCALE looks at selective voluntary motor control—the ability to move a limb segment independently, without unwanted movement in other joints or along abnormal synergy patterns. For CP, this is a key ability that affects gait and daily function. SCALE is a clinical tool that assesses lower-extremity selective voluntary motor control by having a child perform isolated hip, knee, and ankle movements and scoring how well they dissociate those movements. It does not require any neuroimaging, which makes it a practical, bedside measure. Importantly, SCALE is designed to be applicable across GMFCS levels, so it can be used with children who walk independently as well as those who rely on assistive devices or do not ambulate at all. This broad applicability, focused on the lower limbs, is what makes the statement true. The other options don't fit because imaging isn't part of SCALE, it isn't limited to upper-extremity movements, and it isn't restricted to children who walk independently.*

## 9. How can dystonia be distinguished from spasticity in CP?

- A. Dystonia is always localized to the limbs
- B. Dystonia is characterized by fixed postures with no movement component
- C. Dystonia involves sustained or intermittent involuntary twisting movements; spasticity is velocity-dependent resistance to passive movement**
- D. Spasticity is a permanent increase in muscle tone independent of movement

*Dystonia and spasticity are driven by different motor abnormalities, which is why this distinction matters in CP assessment. Dystonia presents as involuntary twisting movements that can be sustained or intermittent, often producing abnormal postures and fluctuation with activity, attention, or emotional state. Spasticity, by contrast, is a velocity-dependent resistance to passive movement caused by hyperexcitable stretch reflexes; the faster you move the limb, the greater the resistance. So the best statement captures that contrast: dystonia involves sustained or intermittent involuntary twisting movements, while spasticity is a velocity-dependent resistance to passive movement. The other options mischaracterize dystonia as only a fixed postural issue or limit it to the limbs, and they describe spasticity as a permanent, movement-independent increase in tone, which isn't accurate.*

## 10. Which of the following is a soft tissue procedure used in CP management?

- A. Tendon release/lengthening**
- B. Distal femoral extension osteotomy
- C. Acetabular/femoral osteotomies
- D. Varus derotation osteotomy

*Soft tissue procedures in CP management target muscles and tendons to reduce contractures and improve joint range, without cutting bone. Tendon release or lengthening directly lengthens a tight tendon or releases a contracted muscle-tendon unit, addressing limitations in movement such as ankle equinus, hamstring tightness, or hip adductor contractures. This helps improve gait and functional range when soft tissue tension limits motion. The other options involve osteotomies, which are bone procedures that cut and realign bone to correct deformities or improve alignment and stability. They are not soft tissue procedures.*

## 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://cerebralpalsyinterventionsforpt.examzify.com>

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

SAMPLE