

CERTIFIED PULMONARY FUNCTION TECHNOLOGIST (CPFT) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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

<https://certifiedpulmonaryfunctiontechnologist-cpft.examzify.com>



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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 age-related changes can affect pulmonary function?**
 - A. Increased lung compliance
 - B. Decreased lung compliance, reduced elasticity, and diminished respiratory muscle strength
 - C. Increased elasticity and lung volume
 - D. Increased respiratory muscle strength
- 2. What aspect of measurement refers to the closeness of the results to the true value?**
 - A. Precision
 - B. Legitimacy
 - C. Accuracy
 - D. Reproducibility
- 3. What can pulmonary function tests help diagnose?**
 - A. Only asthma
 - B. Any respiratory condition
 - C. Obstructive and restrictive lung diseases
 - D. Only lung cancer
- 4. What does low dead space in a breathing valve help to reduce?**
 - A. Resistance
 - B. Humidity
 - C. Flow rate
 - D. Cycle time
- 5. What impact does allowing an ABG sample to sit out without ice have on its values?**
 - A. PO₂ increase, PCO₂ decrease, pH increase
 - B. PO₂ decrease, PCO₂ increase, pH decrease
 - C. PO₂ decrease, PCO₂ decrease, pH increase
 - D. PO₂ increase, PCO₂ increase, pH decrease

- 6. What is the role of a pulmonary function technologist (PFT)?**
- A. To prescribe medication for lung diseases
 - B. To perform and interpret pulmonary function tests accurately
 - C. To diagnose infectious lung conditions
 - D. To administer vaccinations for respiratory illnesses
- 7. Which device is used to measure barometric pressure?**
- A. Manometer
 - B. U-tube
 - C. Tachometer
 - D. Hydrometer
- 8. Why is Positive End-Expiratory Pressure (PEEP) important for lung function?**
- A. It minimizes bronchodilation
 - B. It helps to keep alveoli open during expiration
 - C. It increases respiratory rate
 - D. It reduces oxygen consumption
- 9. For what purpose is a rotameter typically used?**
- A. Oxygen concentration
 - B. Pneumotach
 - C. Blood pressure monitoring
 - D. Respiratory rate
- 10. What is the significance of the peak expiratory flow rate (PEFR)?**
- A. It determines lung volume capacity
 - B. It helps monitor lung function, especially in asthma patients
 - C. It assesses oxygen saturation in the blood
 - D. It evaluates carbon dioxide levels in expired air

Answers

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

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Explanations

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1. What age-related changes can affect pulmonary function?

- A. Increased lung compliance
- B. Decreased lung compliance, reduced elasticity, and diminished respiratory muscle strength**
- C. Increased elasticity and lung volume
- D. Increased respiratory muscle strength

The correct choice is centered on the physiological changes that occur in the lungs and respiratory muscles as a person ages. As individuals grow older, several factors contribute to a decline in pulmonary function. One significant change is decreased lung compliance. Lung compliance refers to the ability of the lung to stretch and expand during breathing. With aging, the connective tissues in the lungs may become stiffer and less elastic, resulting in reduced compliance. This change means that the lungs cannot expand as readily, which can lead to decreased airflow and difficulty in taking deep breaths. Additionally, the elasticity of the lung tissues diminishes over time. Elasticity is crucial for the proper functioning of the lungs as it allows for the effective recoil of the lungs after inhalation, facilitating the expulsion of air during exhalation. A loss of elasticity can lead to air trapping and reduced overall lung volumes. Moreover, respiratory muscle strength tends to decline with age. The diaphragm and intercostal muscles, which are integral to the mechanics of breathing, may weaken over time. This diminished strength can compromise the effectiveness of ventilation, making it more challenging to maintain adequate oxygenation and carbon dioxide elimination. These age-related changes collectively contribute to a decline in pulmonary function, affecting both the mechanics of breathing and the efficiency

2. What aspect of measurement refers to the closeness of the results to the true value?

- A. Precision
- B. Legitimacy
- C. Accuracy**
- D. Reproducibility

The concept being referred to in the question pertains to how closely a measured value aligns with the actual or true value of the quantity being assessed, which is identified as accuracy. Accuracy is a crucial aspect of measurement in various scientific fields, particularly in pulmonary function testing, where obtaining results that reflect the true physiological state of a patient is vital for effective diagnosis and treatment planning. In contrast, other terms like precision relate to the consistency of repeated measurements rather than their proximity to a true value. Reproducibility refers to the ability to obtain similar results under the same conditions over repeated trials, which does not necessarily indicate that those results are close to the true value. Legitimacy in measurements is not a standard term and does not pertain to accuracy or precision in the context of measurement quality. Thus, accuracy stands out as the correct and relevant concept for this question.

3. What can pulmonary function tests help diagnose?

- A. Only asthma
- B. Any respiratory condition
- C. Obstructive and restrictive lung diseases**
- D. Only lung cancer

Pulmonary function tests (PFTs) are valuable diagnostic tools that measure how well the lungs are functioning. They assess various aspects of lung performance, such as the volumes of air the lungs can hold, how quickly air can be exhaled, and how well oxygen and carbon dioxide are exchanged. The correct choice reflects that PFTs are particularly useful in diagnosing both obstructive and restrictive lung diseases. Obstructive lung diseases, like asthma and chronic obstructive pulmonary disease (COPD), are characterized by trouble getting air out of the lungs due to airway narrowing or blockage. Restrictive lung diseases, on the other hand, involve a decreased ability to expand the lungs fully, as seen in conditions like pulmonary fibrosis or neuromuscular disorders. While pulmonary function tests can provide insights into a wide variety of respiratory conditions, indicating abnormalities in lung function, they are not limited to a singular diagnosis, such as asthma or lung cancer. Therefore, the statement that PFTs can help diagnose obstructive and restrictive lung diseases encompasses a critical element of respiratory assessment, acknowledging the tests' broader applicability in clinical evaluations of lung health.

4. What does low dead space in a breathing valve help to reduce?

- A. Resistance**
- B. Humidity
- C. Flow rate
- D. Cycle time

Low dead space in a breathing valve is crucial for reducing resistance within the respiratory system. When a breathing valve has low dead space, it ensures that the volume of gas that remains in the circuit (which is not used for gas exchange) is minimal. This design allows for more efficient airflow, as the patient breathes in and out, minimizing the effort required to move air and thus lowering resistance. By reducing resistance, patients can breathe more comfortably, and mechanical ventilators can function more effectively. It becomes particularly important in critical care and anesthesia settings where airway resistance can significantly impact ventilation effectiveness. Lower resistance is vital for achieving optimal ventilation without excessive effort or pressure requirements. Humidity, flow rate, and cycle time are also important parameters in respiratory care, but they are not directly affected by the dead space design of a breathing valve in the same way that resistance is. The focus on keeping dead space low is primarily to support optimal respiratory mechanics and patient comfort.

5. What impact does allowing an ABG sample to sit out without ice have on its values?

- A. PO₂ increase, PCO₂ decrease, pH increase
- B. PO₂ decrease, PCO₂ increase, pH decrease**
- C. PO₂ decrease, PCO₂ decrease, pH increase
- D. PO₂ increase, PCO₂ increase, pH decrease

When an arterial blood gas (ABG) sample is allowed to sit at room temperature without ice, several biochemical changes occur that directly affect its values. The partial pressure of oxygen (PO₂) typically decreases over time as oxygen is consumed by cellular metabolism in the sample. This is because the sample, composed of living cells, will continue to metabolize, leading to a reduction in available oxygen. Simultaneously, the partial pressure of carbon dioxide (PCO₂) usually increases. As cells metabolize glucose and produce carbon dioxide as a waste product, the CO₂ accumulates in the sample while the oxygen is being utilized. This is a direct consequence of cellular respiration occurring even after the sample has been taken. The increase in PCO₂ leads to a decrease in pH, reflecting the acid-base balance affected by the rising carbon dioxide levels. The production of carbonic acid from the increase in PCO₂ decreases the pH, which represents an acidic shift in the sample. Therefore, allowing an ABG sample to sit out without ice results in a decrease in PO₂, an increase in PCO₂, and a decrease in pH, which corresponds with the values associated with a metabolic process continuing post-collection.

6. What is the role of a pulmonary function technologist (PFT)?

- A. To prescribe medication for lung diseases
- B. To perform and interpret pulmonary function tests accurately**
- C. To diagnose infectious lung conditions
- D. To administer vaccinations for respiratory illnesses

The role of a pulmonary function technologist (PFT) primarily revolves around the accurate performance and interpretation of pulmonary function tests. These tests are critical for assessing lung function and diagnosing various respiratory conditions, which requires extensive knowledge of lung mechanics, gas exchange, and respiratory physiology. PFTs are skilled in conducting tests such as spirometry, lung volume measurements, and diffusion capacity assessments, all of which help provide essential information about a patient's respiratory health. In their role, PFTs not only ensure that tests are conducted correctly but also analyze the results to provide healthcare professionals with significant insights into the patient's lung function. This can aid in formulating treatment plans and managing chronic respiratory conditions. The other choices relate to duties that lie outside the scope of a pulmonary function technologist. Prescribing medication, diagnosing infections, and administering vaccinations are tasks typically performed by physicians or other healthcare providers with prescribing authority, rather than by technicians specializing in lung function testing.

7. Which device is used to measure barometric pressure?

- A. Manometer
- B. U-tube**
- C. Tachometer
- D. Hydrometer

The device used to measure barometric pressure is the manometer. A manometer measures pressure by balancing a column of liquid against the pressure. In the context of barometric pressure, it often utilizes a mercury or water column to provide a visual representation of the atmospheric pressure. The U-tube is actually a type of manometer. It is shaped like a "U" and measures the pressure by comparing the heights of liquid in each arm of the tube. While it can be used to measure pressure differences, including barometric pressure, it is more specific in its application than the general term "manometer." Tachometers are used to measure rotational speed, typically in engines, and have no relation to measuring atmospheric pressure. Hydrometers measure the specific gravity of liquids and are not applicable for pressure measurements. Understanding the functions and applications of these devices highlights the manometer's significance in measuring barometric pressure.

8. Why is Positive End-Expiratory Pressure (PEEP) important for lung function?

- A. It minimizes bronchodilation
- B. It helps to keep alveoli open during expiration**
- C. It increases respiratory rate
- D. It reduces oxygen consumption

Positive End-Expiratory Pressure (PEEP) is a crucial component in mechanical ventilation and plays an essential role in enhancing lung function. It serves to maintain a certain level of pressure in the airways at the end of expiration, which prevents the collapse of alveoli, the tiny air sacs in the lungs where gas exchange occurs. By keeping alveoli open during expiration, PEEP improves oxygenation and allows for better ventilation-perfusion matching. With the application of PEEP, more surface area in the lungs remains available for gas exchange, which can significantly enhance oxygen delivery and improve overall lung compliance. This is particularly beneficial in patients with conditions such as Acute Respiratory Distress Syndrome (ARDS) or other forms of lung injury where atelectasis (collapse of lung regions) is a concern. While other options mention aspects related to lung function, they do not directly address the primary mechanism and importance of PEEP in terms of maintaining alveolar function and overall pulmonary health.

9. For what purpose is a rotameter typically used?

- A. Oxygen concentration
- B. Pneumotach**
- C. Blood pressure monitoring
- D. Respiratory rate

A rotameter is an important instrument used for measuring the flow rate of gases, and it is often utilized in respiratory therapy and pulmonary function testing. Its design consists of a tapered tube with a float that rises and falls in the tube, allowing for a direct visual indication of flow rate on a scale. In the context of the choices provided, a rotameter is primarily associated with the measurement of gas flow rates, particularly for oxygen delivery systems. This is integral for precise control and monitoring of inhaled gases, which can include various mixtures and concentrations necessary for patient care. While options related to oxygen concentration and respiratory rate might seem relevant, the specific function of a rotameter aligns most closely with the pneumotach, as both instruments relate to measuring airflow, but the rotameter specifically focuses on the flow measurement of gas in a straightforward manner. This capability is crucial for ensuring that patients receive the correct amount of oxygen or other Gases during treatment. In summary, the rotameter's role as a flow measurement device is directly linked to its function within respiratory applications, validating its connection to pneumotach usage in assessing and managing respiratory parameters.

10. What is the significance of the peak expiratory flow rate (PEFR)?

- A. It determines lung volume capacity
- B. It helps monitor lung function, especially in asthma patients**
- C. It assesses oxygen saturation in the blood
- D. It evaluates carbon dioxide levels in expired air

The peak expiratory flow rate (PEFR) is a crucial measurement in respiratory care, particularly for patients with conditions like asthma. It quantifies how fast a person can exhale, providing valuable data about the maximum speed of expiration. This rate is especially significant for monitoring lung function because it can indicate changes in airway resistance and the level of obstruction in the lungs. In asthma management, regular monitoring of PEFR allows patients and healthcare providers to assess the effectiveness of asthma control strategies. By tracking PEFR over time, patients can recognize early signs of worsening asthma and take action accordingly, which may include the use of rescue inhalers or seeking medical attention. While the other options present elements related to respiratory health, they do not accurately reflect the primary function of PEFR. It does not directly measure lung volume capacity, oxygen saturation, or carbon dioxide levels in expired air; rather, it is specifically focused on the rate of airflow during expiration, making it an essential tool for managing conditions like asthma effectively.

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://certifiedpulmonaryfunctiontechnologist-cpft.examzify.com>

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

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