

CONCUSSION MANAGEMENT FOR THE PHYSICAL THERAPIST PRACTICE TEST (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

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- 1. Which statement is true about cervicogenic dizziness?**
 - A. It is a peripheral vestibular disorder always diagnosed with imaging
 - B. It is associated with neck trauma and limited ROM
 - C. It does not involve headaches
 - D. It is caused by cardiovascular disease
- 2. Which passive upper cervical mobility assessment evaluates the atlantoaxial joint?**
 - A. OA mobility (flex/ext/lat flex)
 - B. Occipital condyle mobility
 - C. AA mobility (rotation- cervical flexion rotation test)
 - D. C2-C3 mobility
- 3. Concussion phase 1 occurs within which timeframe after impact?**
 - A. 14-21 days after impact.
 - B. 7-14 days after impact.
 - C. 2-10 days after impact.
 - D. 0-5 days after impact.
- 4. Which trajectory is characterized by headaches or migraines following a concussion?**
 - A. Post traumatic migraine
 - B. Vestibular
 - C. Ocular
 - D. Cervical
- 5. Substitution exercises are typically not performed with concussion patients because they**
 - A. Move other systems to work harder and may not be appropriate in concussion rehab
 - B. Do not engage visual input
 - C. Increase cognitive load
 - D. Are too easy for most patients

- 6. Which item is NOT listed as a concussion prevention strategy in youth sports?**
- A. Protective gear
 - B. Policy changes
 - C. Training strategies
 - D. Hydration and nutrition
- 7. Which item is listed as a vestibular intervention category?**
- A. Adaptation exercises (gaze stabilization)
 - B. Manual therapy SNAG
 - C. Sensory motor training
 - D. Cervical flexor endurance training
- 8. What is required to reach Step 4 in the return-to-sport protocol?**
- A. Medical clearance and full return to school
 - B. Neurocognitive testing only
 - C. Aerobic conditioning program
 - D. Dietary plan approval
- 9. Which statement best reflects sleep hygiene regarding caffeine and alcohol?**
- A. Increase caffeine in afternoon
 - B. Limit or avoid caffeine and alcohol intake, especially in afternoon/evening
 - C. Avoid any fluids after 6 pm
 - D. Drink alcohol to help sleep
- 10. Which initial symptom is a risk factor for developing post-concussion syndrome?**
- A. Fever
 - B. Dizziness
 - C. Hearing loss
 - D. Rash

Answers

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

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Explanations

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1. Which statement is true about cervicogenic dizziness?

- A. It is a peripheral vestibular disorder always diagnosed with imaging
- B. It is associated with neck trauma and limited ROM**
- C. It does not involve headaches
- D. It is caused by cardiovascular disease

Cervicogenic dizziness is driven by the neck's proprioceptive input and neck-related sensorimotor dysfunction, rather than by a primary issue in the inner ear. This means the dizziness is linked to neck pathology and how the cervical spine and its muscles communicate with the brain, often worsening with neck movement or position. The true statement reflects this: dizziness is associated with neck trauma and limited neck range of motion. A history of neck injury (like whiplash) or degenerative cervical changes, along with restricted neck range and neck pain, are common clues that point to cervicogenic dizziness. Why the other options don't fit: it is not primarily a peripheral vestibular disorder diagnosed by imaging. Imaging isn't the definitive tool for this diagnosis, and many cases are diagnosed clinically based on history and neck exam. Headaches often accompany cervicogenic dizziness, not "not involved." And cardiovascular disease is not the cause of cervicogenic dizziness.

2. Which passive upper cervical mobility assessment evaluates the atlantoaxial joint?

- A. OA mobility (flex/ext/lat flex)
- B. Occipital condyle mobility
- C. AA mobility (rotation- cervical flexion rotation test)**
- D. C2-C3 mobility

The key idea is isolating the motion that the atlantoaxial joint (C1–C2) allows most prominently: rotation. To specifically assess this joint, you use the cervical flexion-rotation test. By passively flexing the upper cervical spine first, you "unlock" or lock out motion at the occipito-atlantal joint, so subsequent rotation mainly occurs at the AA joint. If rotation is limited or reproduces concordant symptoms, this points to dysfunction at the C1–C2 level. The occipito-atlantal joint primarily handles nodding (flexion/extension) and some side bending, so its mobility isn't what the cervical flexion-rotation test targets. A test of C2–C3 mobility, on the other hand, examines a lower cervical segment, not the upper cervical region where AA motion occurs. So, using the cervical flexion-rotation test is the best way to evaluate the atlantoaxial joint because it isolates rotation at that specific joint after enabling a clear assessment by reducing OA involvement.

3. Concussion phase 1 occurs within which timeframe after impact?

- A. 14-21 days after impact.
- B. 7-14 days after impact.
- C. 2-10 days after impact.
- D. 0-5 days after impact.**

The key idea is the acute, immediate post-injury window after a concussion. Phase 1 corresponds to the initial period right after impact, typically up to about five days. During this time the brain is most vulnerable and symptoms are often most pronounced, so management emphasizes rest and limiting activities that provoke symptoms. The goal is to protect the recovering brain and prevent a second injury, with careful monitoring for any warning signs that would require medical attention. As symptoms improve, a gradual, supervised return-to-activity plan can begin. Timeframes beyond the first five days fall into subsequent phases where recovery and gradual return are the focus, not the immediate acute period.

4. Which trajectory is characterized by headaches or migraines following a concussion?

A. Post traumatic migraine

B. Vestibular

C. Ocular

D. Cervical

Headache patterns after a concussion fall into several possible trajectories, and one is defined by migraine-like headaches that occur after the injury. This is post-traumatic migraine. These headaches behave like migraines you might see without injury—often unilateral, throbbing, and worsened by physical activity, with sensitivity to light and sound and sometimes nausea. They can start soon after the concussion or be delayed, and may last days to weeks or longer. Recognizing this trajectory helps guide management that mirrors migraine care, including pacing activity, regulating sleep, and gradually increasing exertion while avoiding triggers. Other trajectories focus on different dominant symptoms. Vestibular trajectories center on dizziness and balance problems; ocular trajectories involve visual symptoms such as blurred vision or double vision; cervical trajectories revolve around neck pain and headaches that originate from the cervical spine.

5. Substitution exercises are typically not performed with concussion patients because they

A. Move other systems to work harder and may not be appropriate in concussion rehab

B. Do not engage visual input

C. Increase cognitive load

D. Are too easy for most patients

The main idea is that substitution exercises shift the demand from the impaired, integrated neuromotor and sensory systems to other body systems, which can overtax those systems during concussion rehab. In concussion, brain networks involved in processing, attention, balance, and vision are vulnerable. When you use substitution—relying on a different pattern or compensatory strategy to perform a task—you're not rebuilding the normal, integrated control of movement and perception. Instead, you're asking other systems to work harder to compensate, which can prolong symptoms, mask ongoing deficits, and potentially slow recovery. That's why substitution approaches are usually avoided or limited in concussion rehab, especially in the early or more sensitive phases. Visual input isn't inherently the problem, and many rehab tasks do involve vision; the issue is not about engaging or not engaging vision but about overloading alternate systems through compensations. Increasing cognitive load can happen with substitution, but the core concern is the extra burden placed on non-primary systems, not simply the mental effort. And the notion that they're too easy misses the point—the risk isn't difficulty but the tendency to rely on other systems instead of retraining the impaired integration.

6. Which item is NOT listed as a concussion prevention strategy in youth sports?

- A. Protective gear
- B. Policy changes
- C. Training strategies
- D. Hydration and nutrition**

Concussion prevention in youth sports focuses on actions that directly reduce the risk of head injuries. Using protective gear helps absorb and deflect impacts that could injure the brain. Policy changes and snapping up safer rules or enforcing safer play reduce exposure to risky situations and ensure teams follow safer practices. Training strategies cover teaching proper technique, improving neck strength, educating players and coaches about recognizing symptoms, and following proper return-to-play protocols. Hydration and nutrition, while essential for overall brain health, endurance, and recovery, do not directly prevent concussion events. They support performance and recovery but aren't a standard, direct prevention strategy for reducing the incidence of concussions, which is why this option is the one that does not fit.

7. Which item is listed as a vestibular intervention category?

- A. Adaptation exercises (gaze stabilization)**
- B. Manual therapy SNAG
- C. Sensory motor training
- D. Cervical flexor endurance training

Gaze stabilization through adaptation exercises is a vestibular rehabilitation category. These adaptation exercises are designed to recalibrate the vestibulo-ocular reflex so the eyes stay steady during head movements. By repeatedly moving the head while focusing on a fixed target, and gradually increasing speed and complexity, the VOR learns to stabilize gaze more effectively, which reduces dizziness and improves function in daily activities. The other options aren't vestibular categories: manual therapy SNAG is a cervical spine technique; sensory motor training is a broader concussion rehab approach; and cervical flexor endurance training targets neck muscles rather than the vestibular reflexes.

8. What is required to reach Step 4 in the return-to-sport protocol?

- A. Medical clearance and full return to school**
- B. Neurocognitive testing only
- C. Aerobic conditioning program
- D. Dietary plan approval

Progressing through a structured return-to-sport plan requires confirming both medical readiness and cognitive recovery before advancing. Reaching Step 4 is allowed only after the athlete has received medical clearance and has completed a full return to school. Medical clearance ensures there are no lingering symptoms or risks with exertion, while returning to school demonstrates that cognitive function and academic functioning have recovered enough to handle the demands of sport participation. Neurocognitive testing alone doesn't authorize progression, and an aerobic conditioning program or dietary plan approval by itself doesn't address the required medical and cognitive readiness.

9. Which statement best reflects sleep hygiene regarding caffeine and alcohol?

- A. Increase caffeine in afternoon
- B. Limit or avoid caffeine and alcohol intake, especially in afternoon/evening**
- C. Avoid any fluids after 6 pm
- D. Drink alcohol to help sleep

Sleep quality and timing are crucial for concussion recovery because restorative sleep supports brain healing and symptom management. Caffeine is a stimulant that blocks adenosine, increasing alertness and delaying sleep onset, which also can reduce sleep depth and continuity. Its effects can linger for many hours, so having caffeine in the afternoon or evening makes it harder to fall asleep and can fragment sleep. Alcohol may help you fall asleep initially, but it disrupts sleep architecture later in the night, reducing REM and deep sleep and increasing awakenings, which worsens overall sleep quality. In the context of recovery, poor sleep can slow healing and worsen symptoms. Limiting or avoiding caffeine and alcohol, especially in the afternoon and evening, aligns with good sleep habits and supports concussion recovery. The other choices contradict these sleep-hygiene principles: stimulating caffeine later in the day, using alcohol to aid sleep, or imposing unnecessary fluid restrictions do not promote better sleep.

10. Which initial symptom is a risk factor for developing post-concussion syndrome?

- A. Fever
- B. Dizziness**
- C. Hearing loss
- D. Rash

Dizziness early after a concussion signals dysfunction in the brain's vestibular and balance systems, which is a common contributor to prolonged symptoms. When vestibular pathways are affected, patients often experience ongoing dizziness, imbalance, and cognitive fatigue, leading to a higher likelihood of developing post-concussion syndrome. That link between initial vestibular disruption and extended symptom duration is why dizziness is the best initial symptom predicting PCS. Fever and rash point to other processes (infection or dermatologic issues) and don't reflect concussion-related brain injury pathways linked to PCS. Hearing loss can occur with head trauma but doesn't reliably predict prolonged post-concussion symptoms in the same way dizziness does.

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://concussionmgmt4physicaltherapist.examzify.com>

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

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