

Differential Diagnosis and Medical Screening in 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. According to typical diameter guidelines, when is a skin spot considered benign?**
 - A. >1 cm diameter**
 - B. <5-6 mm diameter**
 - C. 8-10 mm diameter**
 - D. 6-7 mm diameter**

- 2. In the evolving category of skin screening, which description reflects a normal lesion?**
 - A. palpably soft to firm, freely moves on underlying skin**
 - B. fixed and immobile**
 - C. tender and painful**
 - D. deeply attached to underlying tissues**

- 3. Which of the following is a risk factor for systemic disease?**
 - A. Regular exercise**
 - B. Tobacco use**
 - C. Balanced diet**
 - D. Adequate sleep**

- 4. What is the typical age range for Gout?**
 - A. 15-30**
 - B. 20-40**
 - C. 40-59**
 - D. 10-20**

- 5. Radial pulse is located where?**
 - A. Beating or throbbing felt in the antecubital space**
 - B. Pulse felt at the back of the knee**
 - C. Pulse located on the lateral palmar side at the wrist**
 - D. Pulse located on the medial palmar side at the wrist**

- 6. When taking a pulse, what should you be assessing?**
 - A. Rate only**
 - B. Rate and Rhythm**
 - C. Rate, Rhythm, and Amplitude**
 - D. Rate, Rhythm, Symmetry, and Amplitude**

- 7. Which of the following listed as a site of referred pain in the material is the liver?**
- A. Liver**
 - B. Stomach**
 - C. Spleen**
 - D. Small intestine**
- 8. Which item is assessed as part of the cardiovascular/pulmonary systems review in a physical therapy examination?**
- A. Edema**
 - B. Skin color**
 - C. Language ability**
 - D. Height**
- 9. Which of the following is a red flag that would prompt urgent referral for cancer or infection in a patient with back pain?**
- A. Pain that improves with rest**
 - B. Age over 50**
 - C. No fever**
 - D. Short duration of pain after a minor strain**
- 10. Which chest pain pattern would warrant immediate triage for possible acute coronary syndrome?**
- A. Localized chest wall tenderness reproducible with palpation**
 - B. Substernal chest pain with radiation to arm/jaw, dyspnea, sweating, nausea; lasting more than a few minutes**
 - C. Chest pain with inspiration**
 - D. Pain relieved by rest after a few minutes**

Answers

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

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Explanations

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1. According to typical diameter guidelines, when is a skin spot considered benign?

- A. >1 cm diameter**
- B. <5-6 mm diameter**
- C. 8-10 mm diameter**
- D. 6-7 mm diameter**

Diameter is a key part of screening skin lesions, with a commonly used threshold around 6 millimeters. Lesions smaller than about 5-6 mm are generally considered benign based on diameter alone, because melanoma risk increases with size. So a skin spot less than six millimeters fits the typical benign pattern for diameter. Remember, this is not absolute—benign-appearing lesions can exist and some melanomas can be small, but by diameter alone, the smaller size is the least concerning. Larger sizes described in the options would raise suspicion and merit closer evaluation, and always consider other features like asymmetry, border, color, and change over time.

2. In the evolving category of skin screening, which description reflects a normal lesion?

- A. palpably soft to firm, freely moves on underlying skin**
- B. fixed and immobile**
- C. tender and painful**
- D. deeply attached to underlying tissues**

In skin screening, how a lesion moves relative to the underlying tissue helps distinguish a superficial, likely benign change from something suspicious. The description that a lesion is palpably soft to firm and freely moves on the underlying skin indicates it is not tethered to deeper structures and isn't inflamed or invading tissue. That mobility over the deeper layers is what makes it look like a normal, non-concerning finding. If a lesion were fixed and immobile, tender, or deeply attached, those features suggest invasion or deeper involvement, which would raise concern for pathology. Tenderness points to inflammatory or infectious processes, and deep attachment to underlying tissues suggests a more serious or infiltrative lesion. So the best description for a normal, non-problematic lesion is one that can move freely over the underlying skin, with variable texture (soft to firm) but without tenderness or deep fixation.

3. Which of the following is a risk factor for systemic disease?

- A. Regular exercise
- B. Tobacco use**
- C. Balanced diet
- D. Adequate sleep

Identifying systemic disease risk factors means recognizing behaviors that raise the chance diseases affecting multiple body systems will develop. Tobacco use stands out because it is a major modifiable risk factor for a wide range of systemic diseases. The harmful effects—nicotine-induced vasoconstriction, carbon monoxide reducing oxygen delivery, oxidative stress, chronic inflammation, and exposure to carcinogens—drive cardiovascular disease, stroke, chronic obstructive pulmonary disease, several cancers, and impaired wound healing. In contrast, regular exercise, a balanced diet, and adequate sleep promote health and reduce risk by improving cardiovascular fitness, metabolic control, immune function, and tissue repair. So tobacco use best fits as a risk factor for systemic disease among the options.

4. What is the typical age range for Gout?

- A. 15-30
- B. 20-40
- C. 40-59**
- D. 10-20

Gout typically appears in middle-aged adults, as long-standing elevations in uric acid lead to crystal formation in joints and sudden inflammatory flares. In men, the onset most often occurs in the 40s to 50s, and women tend to develop gout after menopause, which shifts onset to later decades. Because of this pattern, the age range of 40-59 encompasses the vast majority of initial gout cases, making it the best fit. Younger ages (like 10-20 or 15-30) are uncommon for primary gout, though rare secondary or genetic causes can occur.

5. Radial pulse is located where?

- A. Beating or throbbing felt in the antecubital space
- B. Pulse felt at the back of the knee
- C. Pulse located on the lateral palmar side at the wrist**
- D. Pulse located on the medial palmar side at the wrist

The pulse at the wrist you feel is the radial pulse, and it is located on the lateral (thumb-side) palmar surface of the wrist. You can feel it by placing your fingers just distal to the base of the thumb, on the anterolateral wrist where the radial artery runs toward the hand. This location is distinct from other arterial pulses: the pulse in the antecubital space (the inside of the elbow) is the brachial pulse; the pulse behind the knee is the popliteal pulse; and the pulse on the medial side of the wrist is the ulnar pulse.

6. When taking a pulse, what should you be assessing?

- A. Rate only
- B. Rate and Rhythm
- C. Rate, Rhythm, and Amplitude
- D. Rate, Rhythm, Symmetry, and Amplitude**

The main idea is that a complete pulse assessment looks at four aspects to gauge cardiovascular and peripheral perfusion: rate, rhythm, amplitude, and symmetry. Rate tells you how fast the heart is beating and helps identify tachycardia or bradycardia that could reflect stress, dehydration, or pathology. Rhythm assesses whether the beats occur at regular intervals or with irregularities, which can indicate arrhythmias such as atrial fibrillation or heart block. Amplitude measures how strong the pulse is, reflecting stroke volume and peripheral vascular status; a strong pulse is normal, while a weak or thready pulse can point to low blood volume, shock, or arterial disease, and a bounding pulse can occur with high output states. Symmetry involves comparing pulses on corresponding sites on both sides of the body to detect differences that might signal unilateral arterial occlusion, trauma, or localized vascular problems. So, evaluating all four aspects—rate, rhythm, symmetry, and amplitude—provides the most complete picture of a patient's circulatory status. If you only assess rate, you might miss irregular rhythms or peripheral perfusion issues; if you omit symmetry, you could overlook unilateral vascular problems; if you skip amplitude, you might miss changes in stroke volume or arterial disease. For example, a patient with atrial fibrillation may have an irregular rhythm, while a patient with peripheral arterial disease may have diminished amplitude in one limb but not the other. Combining all four measurements helps you detect these conditions early and respond appropriately.

7. Which of the following listed as a site of referred pain in the material is the liver?

- A. Liver**
- B. Stomach
- C. Spleen
- D. Small intestine

Visceral pain can be felt in a location away from the actual organ because these organs share nerve pathways with somatic structures. The liver sits under the right hemidiaphragm, and its visceral afferents travel with the phrenic nerve to the C3-C5 spinal segments. This means irritation of the liver can be perceived as pain in the shoulder region, especially the right shoulder blade and surrounding trap area, rather than deep inside the abdomen. So, when the material lists a site of referred pain associated with the liver, the right shoulder (and nearby upper trapezius/shoulder region) is a classic pattern you'd expect. The other organs have their own typical referral sites—stomach tends to epigastric pain, spleen can cause left shoulder irritation (Kehr's sign) with diaphragmatic involvement, and the small intestine often presents with periumbilical pain—but the liver's characteristic referred pain location is the right shoulder region, which is why the liver is the correct choice here.

8. Which item is assessed as part of the cardiovascular/pulmonary systems review in a physical therapy examination?

- A. Edema**
- B. Skin color**
- C. Language ability**
- D. Height**

Edema is a key part of the cardiovascular/pulmonary systems review because it signals fluid status and circulatory function, with edema suggesting possible cardiac, venous, or lymphatic pathology that can affect a patient's tolerance to activity and response to therapy. It helps clinicians screen for conditions like congestive heart failure and plan safe progression. Skin color, while sometimes noted, is typically categorized under integumentary findings rather than CV/pulm; language ability and height assess other domains (cognition/communication and anthropometrics) and do not provide direct cardiopulmonary status information in the systems review.

9. Which of the following is a red flag that would prompt urgent referral for cancer or infection in a patient with back pain?

- A. Pain that improves with rest**
- B. Age over 50**
- C. No fever**
- D. Short duration of pain after a minor strain**

Age over 50 is a red flag for back pain because the likelihood of cancer or vertebral infection increases with age, making urgent referral warranted when a new or progressive pain appears in an older patient. This threshold prompts imaging and a more thorough evaluation to rule out serious pathology. By comparison, pain that improves with rest points toward a mechanical, benign source rather than a malignant or infectious process; not having fever argues against infection in that moment; and a short duration after a minor strain suggests a typical, self-limiting musculoskeletal issue. Thus, advancing age alone stands out as the strongest cue for urgent referral in this scenario.

10. Which chest pain pattern would warrant immediate triage for possible acute coronary syndrome?

- A. Localized chest wall tenderness reproducible with palpation**
- B. Substernal chest pain with radiation to arm/jaw, dyspnea, sweating, nausea; lasting more than a few minutes**
- C. Chest pain with inspiration**
- D. Pain relieved by rest after a few minutes**

Recognizing patterns that signal possible acute coronary syndrome and require urgent triage is being tested here. Substernal or central chest pain that radiates to the arm or jaw, with associated symptoms like shortness of breath, sweating (diaphoresis), and nausea, and that lasts more than a few minutes, is the presentation most strongly linked to ischemia. The radiation to a distant site (arm or jaw) plus autonomic symptoms reflects myocardial ischemia activating the sympathetic system, and a duration longer than a few minutes points away from brief, benign causes toward an acute cardiac event. Because ACS can progress rapidly to myocardial infarction, this pattern warrants immediate triage and urgent evaluation (eg, ECG and cardiac enzymes). In contrast, localized chest wall tenderness reproducible with palpation is more suggestive of a musculoskeletal source, chest pain that occurs with inspiration is often pleuritic or non-cardiac, and pain that is relieved by rest after only a few minutes is less specific for ACS.

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://diffdiagmedscreeninginpt.examzify.com>

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

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