

DIFFERENTIAL DIAGNOSIS AND MEDICAL SCREENING IN PHYSICAL THERAPY PRACTICE EXAM (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. Idiopathic proximal muscle weakness is listed as a red flag item.**
 - A. No
 - B. Yes
 - C. Only with age
 - D. Only with infection

- 2. Which describes moderate concern (orange)?**
 - A. Self-Management
 - B. Urgent Imaging
 - C. clinical imaging, specialist evaluation, urgent care; urgent referral necessary
 - D. Wait and Watch

- 3. Which color code corresponds to high concern?**
 - A. Green
 - B. Red
 - C. Orange
 - D. Yellow

- 4. Which symptom commonly accompanies meningitis in patients presenting with acute severe headache?**
 - A. Seizures
 - B. Photophobia
 - C. Numbness in limbs
 - D. Rash

- 5. Which of the following is a red flag of metastatic cancer pain?**
 - A. Headache that worsens with rest
 - B. Intermittent knee pain with activity
 - C. Night pain or pain at rest
 - D. Localized soreness after exertion

- 6. Amplitude in pulse assessment refers to:**
 - A. Rate
 - B. Rhythm
 - C. Strength of the pulse
 - D. Symmetry

- 7. Which sign is asked during a General Health Screen?**
- A. Headache
 - B. Orthostatic Hypotension
 - C. Edema
 - D. Nasal Congestion
- 8. Which disease has the youngest typical onset age among the listed conditions?**
- A. Multiple sclerosis
 - B. Rheumatoid arthritis
 - C. Spinal stenosis
 - D. Paget's disease
- 9. Which of the following is a risk factor for vertebrobasilar insufficiency?**
- A. Smoking
 - B. Regular exercise
 - C. Vitamin C deficiency
 - D. High calcium diet
- 10. Which action is NOT recommended as part of infection-control precautions when treating a patient with an infectious disease?**
- A. Postpone nonurgent care if contagious
 - B. Use appropriate PPE
 - C. Ignore standard precautions
 - D. Sanitize equipment

Answers

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

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Explanations

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1. Idiopathic proximal muscle weakness is listed as a red flag item.

- A. No
- B. Yes**
- C. Only with age
- D. Only with infection

Red flags in screening point to signs that may signal a serious underlying condition requiring medical evaluation. Proximal muscle weakness with no clear, benign explanation is a red flag because it can be an early clue to potentially serious disorders such as inflammatory myopathies (like polymyositis or dermatomyositis), muscular dystrophies, metabolic or endocrine myopathies, or even paraneoplastic or other systemic diseases. These conditions can progress or impact vital functions, so detecting this pattern prompts timely medical referral for diagnostic workup (blood tests, imaging, further neuromuscular assessment) rather than attributing it to simple deconditioning or aging. Therefore, idiopathic proximal muscle weakness is recognized as a red flag regardless of age or infection status, since the unknown cause warrants careful medical investigation.

2. Which describes moderate concern (orange)?

- A. Self-Management
- B. Urgent Imaging
- C. clinical imaging, specialist evaluation, urgent care; urgent referral necessary**
- D. Wait and Watch

Moderate concern indicates symptoms are worrisome enough to require expedited medical evaluation, including diagnostic testing and specialist input, but not an immediate life-threatening emergency. In a screening framework, the orange level sits between doing nothing (green) and urgent life-or-death action (red); it prompts escalation to imaging and a clinician who can assess for serious pathology and decide on urgent care needs. That's why the description that best fits is clinical imaging with specialist evaluation and urgent referral: it captures the need for objective testing plus prompt professional assessment and potential urgent management. Self-management or waiting to see if symptoms improve would underreact to concerning signs, while imaging alone doesn't ensure appropriate clinical follow-up, which is essential at this level.

3. Which color code corresponds to high concern?

- A. Green
- B. Red**
- C. Orange
- D. Yellow

Color-coded risk signaling uses red to mark the highest level of concern and urgency. In safety and clinical screening, green typically means safe or go, yellow signals caution, and orange indicates high risk but not immediate danger. Red stands out as the trigger for immediate evaluation and action, because it denotes life-threatening or time-sensitive issues that require urgent intervention or referral. In a physical therapy screening, seeing red would prompt stopping routine care and initiating emergency assessment or rapid referral, reflecting the need to address potentially catastrophic conditions right away. The other colors indicate progressively lower urgency and would not demand the same immediate response.

4. Which symptom commonly accompanies meningitis in patients presenting with acute severe headache?

- A. Seizures
- B. Photophobia**
- C. Numbness in limbs
- D. Rash

Photophobia is a classic feature of meningitis because inflammation of the meninges irritates the pain-sensitive structures and pathways involved in light sensitivity, so patients often report that bright light worsens their headache. This symptom, when paired with an acute severe headache, fever, and signs of meningeal irritation (like neck stiffness), strongly points toward meningitis and prompts urgent evaluation. Seizures can occur with meningitis but are not the most common accompanying symptom with an acute severe headache. Numbness in limbs is not typical of meningitis. A rash can occur, particularly in meningococcal meningitis, but it is not a universal accompaniment to the headache and is less reliable as a core indicator of meningitis in most cases. If a patient presents with an acute severe headache and photophobia, especially with fever or neck stiffness, treat as a potential meningitis red flag and seek urgent medical assessment.

5. Which of the following is a red flag of metastatic cancer pain?

- A. Headache that worsens with rest
- B. Intermittent knee pain with activity
- C. Night pain or pain at rest**
- D. Localized soreness after exertion

Night pain or pain at rest signals a non-mechanical pattern and is a classic red flag for serious pathology, including metastatic cancer pain. When cancer spreads to bone or other tissues, the resulting pain often persists even when the limb is not being used, can be deep and constant, and frequently wakes the patient at night. This contrasts with typical musculoskeletal pain that is activity-related, tends to improve with rest, and may be intermittent. Understanding this pattern helps you differentiate benign, movement-related pain from potential malignancy. The other scenarios describe pain that is more characteristic of mechanical or overuse issues—knee pain with activity, soreness after exertion, or headaches that are not specifically tied to rest—so they are less suggestive of a metastatic cancer process in the context of a physical therapy screen.

6. Amplitude in pulse assessment refers to:

- A. Rate
- B. Rhythm
- C. Strength of the pulse**
- D. Symmetry

Amplitude in pulse assessment refers to the strength of the pulse, i.e., how forcefully the artery is felt with each beat. This reflects the amount of blood ejected with each contraction (stroke volume) and how well the arterial system transmits that pressure. Normal amplitude is easily felt; a high amplitude (bounding pulse) can occur with increased stroke volume or vasodilation, while a low amplitude (weak or thready pulse) suggests reduced stroke volume or circulatory compromise. In physical therapy, checking amplitude helps gauge cardiovascular status and hydration. Rate describes how many beats per minute, rhythm is the regularity of beats, and symmetry refers to equality between sides—these aspects are separate from amplitude.

7. Which sign is asked during a General Health Screen?

- A. Headache
- B. Orthostatic Hypotension**
- C. Edema
- D. Nasal Congestion

General Health Screen aims to catch signs of cardiovascular or autonomic issues before starting therapy. The sign that is specifically asked about is orthostatic hypotension because it directly tests how blood pressure and cerebral perfusion respond to positional changes, which is critical for safety during transfers and activity. You would ask the patient if they feel lightheaded or faint when standing, and, if needed, compare blood pressure readings from lying down to standing. A notable drop in systolic BP (about 20 mmHg or more) or diastolic BP (about 10 mmHg or more) within a few minutes of standing, especially with accompanying dizziness, signals a positive screen. Headache, edema, and nasal congestion are symptoms that can relate to various conditions, but they are not the specific sign targeted in a general health screen for safety before therapy.

8. Which disease has the youngest typical onset age among the listed conditions?

- A. Multiple sclerosis
- B. Rheumatoid arthritis**
- C. Spinal stenosis
- D. Paget's disease

Onset age patterns help separate these conditions in a physical therapy screen. Conditions driven by inflammatory or autoimmune processes often appear earlier in adulthood, while degenerative bone conditions show up later. Rheumatoid arthritis is classically first noticed in early to middle adulthood, commonly in the 30s to 40s. In contrast, spinal stenosis and Paget's disease tend to present much later in life—spinal stenosis usually after age 50 and Paget's disease after age 60. Multiple sclerosis commonly begins in young adulthood as well, but when considering the typical population pattern used in exams, rheumatoid arthritis is the condition most consistently characterized by the youngest onset among these options. So, rheumatoid arthritis is the best choice for having the youngest typical onset age.

9. Which of the following is a risk factor for vertebrobasilar insufficiency?

- A. Smoking**
- B. Regular exercise
- C. Vitamin C deficiency
- D. High calcium diet

Vertebrobasilar insufficiency stems from reduced blood flow in the posterior circulation, most often due to atherosclerotic disease in the vertebral or basilar arteries. Smoking contributes to this risk by accelerating atherosclerosis, damaging the endothelium, increasing platelet aggregation, and causing vasoconstriction. These effects narrow the arteries supplying the brainstem and cerebellum, making ischemia more likely, especially with other vascular risks. Regular exercise tends to protect vascular health, lowering blood pressure and improving lipid profiles, so it's not a risk factor for this condition. Vitamin C deficiency isn't a recognized driver of vertebrobasilar insufficiency; it causes vascular fragility in scurvy but doesn't specifically promote posterior circulation ischemia. A high calcium diet isn't a standard risk factor for vertebrobasilar insufficiency in typical risk-factor models, though calcium metabolism has other health implications.

10. Which action is NOT recommended as part of infection-control precautions when treating a patient with an infectious disease?

- A. Postpone nonurgent care if contagious
- B. Use appropriate PPE
- C. Ignore standard precautions**
- D. Sanitize equipment

Standard precautions form the baseline for infection control in any patient contact. Treating all patients with proper hand hygiene, using the appropriate PPE when exposure to blood or body fluids is possible, and ensuring safe handling and disinfection of equipment are essential to prevent transmission, regardless of the known infection status. Ignoring these precautions breaks the safety shield designed to protect both patients and healthcare providers. It increases the risk of spreading infections, which is why this behavior is not recommended. Postponing nonurgent care when a patient is contagious minimizes exposure risk to others. Using appropriate PPE provides a physical barrier against transmission during contact, exposure to fluids, or procedures. Sanitizing equipment between uses prevents cross-contamination from one patient to the next.

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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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