

GERIATRIC PHYSICAL THERAPY (GCS) PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. As insulin secretion increases, what happens to tissue insulin sensitivity?**
 - A. Increases
 - B. Decreases
 - C. Remains the same
 - D. Varies by individual
- 2. What is false concerning compression dressings?**
 - A. Short stretch dressings are low compression at rest, higher in standing.
 - B. Unna boot, Coban 2, circ aid, are short stretch.
 - C. Long stretch has higher resting tension and greater elasticity of fabric, and include surepress, septopress, Coban.
 - D. It is appropriate to leave the heel out when applying compression dressings to help in ambulation.
- 3. Which principle of exercise prescription emphasizes the importance of adapting exercises to individual capabilities?**
 - A. Overload
 - B. Specificity
 - C. Progression
 - D. Recovery
- 4. Decreased hip abductor strength increases the loading of which part of the knee?**
 - A. Medial aspect.
 - B. Lateral aspect.
 - C. Anterior aspect.
 - D. Posterior aspect.
- 5. Which class of medication is primarily used to manage hypertension and heart issues through calcium blockade?**
 - A. Beta-blockers
 - B. ACE inhibitors
 - C. Calcium channel blockers
 - D. Diuretics

- 6. What is a common characteristic of venous ulcers?**
- A. They are usually located on the toes.
 - B. They have irregular borders and can be exudative.
 - C. They are typically deep and painless.
 - D. They present with necrotic tissue only.
- 7. If a patient exhibits exercise-induced ischemia at a heart rate of 140 bpm, what should be their maximum heart rate for the exercise session?**
- A. 140 bpm.
 - B. 130 bpm.
 - C. 120 bpm.
 - D. 150 bpm.
- 8. What does the BODE index measure in patients with COPD?**
- A. Body fat percentage and physical activity level
 - B. Functional capacity and prognosis of mortality
 - C. Exercise compliance and medication adherence
 - D. Respiratory rate and oxygen saturation
- 9. In the context of wound care, which type of ulcer is hydrocolloid dressing NOT typically indicated for?**
- A. Dry wounds
 - B. Moderate exudate wounds
 - C. Infected wounds
 - D. Minimal exudate venous ulcers
- 10. What is the normal value for Ankle-Brachial Index (ABI)?**
- A. 0.5
 - B. 1.0
 - C. 1.2
 - D. 0.9

Answers

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

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Explanations

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1. As insulin secretion increases, what happens to tissue insulin sensitivity?

- A. Increases
- B. Decreases**
- C. Remains the same
- D. Varies by individual

Insulin sensitivity refers to how responsive the body's tissues are to insulin, a hormone crucial for glucose uptake and metabolism. When insulin secretion increases—often in response to higher blood glucose levels or insulin resistance—tissue insulin sensitivity typically decreases. This phenomenon occurs because high levels of insulin can lead to a desensitization of insulin receptors on target tissues. In the context of type 2 diabetes or metabolic syndrome, the body may produce more insulin to compensate for the reduced effectiveness of insulin in promoting glucose uptake. However, continuous high levels of insulin can lead to a reduction in the effectiveness of insulin signaling pathways, thereby decreasing tissue insulin sensitivity. As tissues become less responsive, higher amounts of insulin are required to achieve the same physiological effects, which can further exacerbate metabolic issues. This relationship highlights the importance of maintaining balanced insulin levels and promoting insulin sensitivity through lifestyle choices, such as diet and exercise.

2. What is false concerning compression dressings?

- A. Short stretch dressings are low compression at rest, higher in standing.
- B. Unna boot, Coban 2, Circ-Aid, are short stretch.
- C. Long stretch has higher resting tension and greater elasticity of fabric, and include SurePress, Septoness, Coban.
- D. It is appropriate to leave the heel out when applying compression dressings to help in ambulation.**

The option stating that it is appropriate to leave the heel out when applying compression dressings to help in ambulation is considered false because the heel is a critical area that requires compression for effective management of edema and venous insufficiency. Leaving the heel exposed or without proper compression can lead to inadequate treatment of conditions such as venous ulcers or lymphedema. Proper application of compression dressings should encompass the entirety of the affected limb, including the heel, to maintain optimal circulation, provide support, and aid in the healing process. In contrast, the other options are true descriptions of compression dressings. Short stretch dressings indeed provide low compression at rest, allowing for greater mobility while providing increased compression during standing or movement, which can help with venous return. The mention of specific examples like Unna boot and Coban as short stretch dressings is accurate as both are designed to deliver controlled compression. Additionally, long stretch dressings, known for their high resting tension and elasticity, are correctly identified with brands like SurePress and Coban, which facilitate the application of compression while accommodating changes in limb shape during movement.

3. Which principle of exercise prescription emphasizes the importance of adapting exercises to individual capabilities?

- A. Overload
- B. Specificity**
- C. Progression
- D. Recovery

The principle of exercise prescription that emphasizes the importance of adapting exercises to individual capabilities is specificity. This principle dictates that exercise programs should be tailored to meet the unique needs, abilities, and goals of each individual, particularly in the geriatric population. Recognizing that older adults may have varying levels of strength, flexibility, endurance, and previous injury history, exercises must be selected and modified based on these factors to ensure safety and effectiveness. For instance, a geriatric client recovering from a hip fracture would require a different exercise plan than someone who is simply looking to improve their overall fitness. The specificity principle allows healthcare providers to create personalized exercise programs that enhance outcomes and promote adherence, ensuring that the exercises are relevant and appropriate for the individual's current health status and functional abilities. While the other principles—overload, progression, and recovery—also play critical roles in designing exercise programs, they pertain more to the intensity and advancements in the exercise regimen rather than the crucial aspect of tailoring exercises to individual capabilities. This makes specificity particularly vital in geriatric physical therapy.

4. Decreased hip abductor strength increases the loading of which part of the knee?

- A. Medial aspect.**
- B. Lateral aspect.
- C. Anterior aspect.
- D. Posterior aspect.

Decreased hip abductor strength has a significant impact on the functioning and biomechanics of the lower extremities, particularly at the knee. The hip abductors, primarily the gluteus medius and minimus, are crucial in stabilizing the pelvis during activities such as walking and standing on one leg. When these muscles are weak, the pelvis can drop on the opposite side during these activities, leading to altered gait mechanics. This altered biomechanics creates increased loading at the medial aspect of the knee. Specifically, the increased dynamic valgus (inward movement) at the knee, resulting from inadequate hip abductor strength, places more stress on the medial compartment of the knee joint. This can contribute to pain and potentially lead to conditions such as osteoarthritis in this region. Hence, decreased hip abductor strength increases the load on the medial aspect of the knee by disrupting proper alignment and pushing the knee into a position that exacerbates stress on the inner side. This understanding of hip-knee dynamics is essential for geriatric physical therapy, where strategies to enhance hip abductor strength could be critical in preventing or managing knee problems in older adults.

5. Which class of medication is primarily used to manage hypertension and heart issues through calcium blockade?

- A. Beta-blockers
- B. ACE inhibitors
- C. Calcium channel blockers**
- D. Diuretics

Calcium channel blockers are a class of medications specifically designed to manage hypertension and certain heart conditions by inhibiting the influx of calcium ions into cardiac and smooth muscle cells. The blockade of calcium entry leads to relaxation of vascular smooth muscle, resulting in vasodilation, which helps decrease blood pressure. Additionally, by reducing calcium availability, these medications can decrease the force of contraction of the heart, making them beneficial in treating conditions such as angina and certain types of arrhythmias. In contrast, beta-blockers work by blocking the effects of adrenaline on beta-adrenergic receptors, which primarily affects heart rate and contractility rather than directly managing calcium influx. ACE inhibitors work by obstructing the angiotensin-converting enzyme, resulting in vasodilation from the reduction of angiotensin II levels, but they do so through a different mechanism unrelated to calcium blockade. Diuretics help manage hypertension by promoting the excretion of sodium and water, thus reducing fluid volume but not directly affecting calcium channels. Therefore, the unique mechanism of calcium channel blockers makes them the correct choice for managing hypertension and heart issues through calcium blockade.

6. What is a common characteristic of venous ulcers?

- A. They are usually located on the toes.
- B. They have irregular borders and can be exudative.**
- C. They are typically deep and painless.
- D. They present with necrotic tissue only.

Venous ulcers are commonly characterized by their irregular borders and the tendency to produce exudate. This stems from the underlying pathology of venous insufficiency, which leads to increased venous pressure and resultant skin changes. The skin around the ulcer may appear discolored, and the ulcer itself often has a shallow level with a moist, weeping surface. The irregular shape contrasts with arterial ulcers, which typically have well-defined edges and are usually more painful. The exudative nature of venous ulcers can also result from the inflammatory processes associated with venous stasis and can be indicative of ongoing tissue damage and the body's attempt to heal. Such characteristics help differentiate venous ulcers from other types, such as arterial ulcers or diabetic ulcers, which have different presentations and underlying causes. Understanding these features is important for effective diagnosis and management in geriatric physical therapy settings.

7. If a patient exhibits exercise-induced ischemia at a heart rate of 140 bpm, what should be their maximum heart rate for the exercise session?

- A. 140 bpm.
- B. 130 bpm.**
- C. 120 bpm.
- D. 150 bpm.

In determining the maximum heart rate for a patient who demonstrates exercise-induced ischemia at a heart rate of 140 beats per minute (bpm), it is essential to consider the principle of exercising at a level that avoids exacerbating the patient's condition. Given that exercise-induced ischemia occurred at 140 bpm, this indicates that the patient's cardiovascular system is unable to adequately meet the oxygen demands of the heart at this level of exertion. To ensure safety and prevent further complications, the maximum heart rate during exercise should be set below this threshold. Choosing a maximum heart rate of 130 bpm allows for a sufficient margin to minimize the risk of causing ischemic events during the session. It is also crucial to recognize that individual tolerance levels can vary; thus, monitoring the patient's response during exercise becomes paramount to adjust the intensity of activity as needed. This emphasis on safety and adherence to an appropriately conservative approach underscores why establishing a maximum heart rate below the point of symptom onset is critical for patient care in geriatric physical therapy.

8. What does the BODE index measure in patients with COPD?

- A. Body fat percentage and physical activity level
- B. Functional capacity and prognosis of mortality**
- C. Exercise compliance and medication adherence
- D. Respiratory rate and oxygen saturation

The BODE index is a multidimensional grading system specifically designed to assess the severity of chronic obstructive pulmonary disease (COPD) and to predict the prognosis of patients. It incorporates four crucial components: Body mass index (B), the degree of airway obstruction measured by forced expiratory volume in one second (O), dyspnea (D) assessed through the Medical Research Council dyspnea scale, and exercise capacity (E) evaluated via the six-minute walk test. By combining these elements, the BODE index provides a comprehensive picture of a patient's functional status and overall health, allowing for better management decisions and an understanding of the risk of mortality in COPD patients. Therefore, measuring functional capacity and mortality prognosis is a key purpose of the BODE index, making this choice accurate regarding what the index assesses in patients with COPD. Other options, while relevant to aspects of health management or assessment in a broader context, do not specifically relate to the multifactorial approach provided by the BODE index in evaluating the prognosis and severity of COPD.

9. In the context of wound care, which type of ulcer is hydrocolloid dressing NOT typically indicated for?

- A. Dry wounds
- B. Moderate exudate wounds
- C. Infected wounds**
- D. Minimal exudate venous ulcers

Hydrocolloid dressings are designed to create a moist environment conducive to healing, making them effective for certain types of wounds. However, they are not typically indicated for infected wounds. This is primarily because hydrocolloid dressings can create an occlusive barrier, which may trap bacteria and worsen infection or impede proper assessment of the wound. When a wound is infected, it often requires more frequent inspections and potentially different types of dressings that allow for greater airflow and facilitate drainage, providing the necessary conditions for managing infection effectively. Therefore, in the case of an infected wound, a healthcare provider would choose a dressing that allows for better monitoring and antimicrobial properties, rather than a hydrocolloid dressing.

10. What is the normal value for Ankle-Brachial Index (ABI)?

- A. 0.5
- B. 1.0**
- C. 1.2
- D. 0.9

The normal value for the Ankle-Brachial Index (ABI) is approximately 1.0. The ABI is a simple, non-invasive test used to assess arterial blood flow to the limbs and is calculated by measuring the blood pressure in the ankle and comparing it to the blood pressure in the arm (brachial artery). A value of 1.0 indicates that the blood pressure in the ankle is equal to that in the arm, suggesting normal blood flow. Values below 0.9 typically indicate peripheral artery disease (PAD), while values above 1.2 may indicate non-compliance of the artery or calcification, which is often seen in diabetics. Thus, a reading of 1.0 denotes a healthy state with neither restricted blood flow nor arterial rigidity, which is crucial information during a geriatric assessment, as older adults are at a higher risk for vascular issues.

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://geriatricphysicaltherapy.examzify.com>

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

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