

Kettering Patient Assessment Practice Test (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. A fluid level on the affected side in a radiology report indicates what diagnosis?**
 - A. Atelectasis
 - B. Pneumonia
 - C. Pleural effusion
 - D. TB

- 2. A patient with unilateral wheezing may be indicating what condition?**
 - A. Bronchitis
 - B. Asthma
 - C. Foreign body obstruction
 - D. Pneumonia

- 3. What defines grade 3 dyspnea?**
 - A. Dyspnea while resting
 - B. Dyspnea while climbing stairs
 - C. Dyspnea while walking at normal speed
 - D. Dyspnea while lying flat

- 4. What method should be used by a therapist to determine gestational age in a low birth weight infant?**
 - A. Gestational Age Assessment
 - B. Apgar Score
 - C. New Ballard Score
 - D. Silversmith Score

- 5. Which of the following is NOT a direct vasodilator?**
 - A. Hydralazine
 - B. Nitroprusside
 - C. Milrinone
 - D. Ramipril

- 6. Which diseases are monitored by FEno testing?**
- A. Diabetes and hypertension
 - B. Asthma, cystic fibrosis, and COPD
 - C. Heart disease and stroke
 - D. Renal failure and liver disease
- 7. What is the normal value for Pulmonary Capillary Wedge Pressure (PCWP)?**
- A. 8-12 mmHg
 - B. 4-12 mmHg
 - C. 10-15 mmHg
 - D. 6-14 mmHg
- 8. What condition is indicated by a spiked "T" wave on an ECG?**
- A. Hypokalemia
 - B. Heart attack
 - C. Hyperkalemia
 - D. Bradycardia
- 9. What can be determined if a diabetic mother gives birth to an infant at 29 weeks with a birth weight of 3500g?**
- A. The infant is at no risk for respiratory problems
 - B. The infant's weight indicates good health
 - C. The gestational age poses a greater risk for respiratory problems
 - D. The infant is over the normal weight for age
- 10. What condition are apical lordotic x-rays typically used to detect?**
- A. Asthma
 - B. Pneumonia
 - C. TB (Tuberculosis)
 - D. Emphysema

Answers

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

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Explanations

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1. A fluid level on the affected side in a radiology report indicates what diagnosis?

- A. Atelectasis
- B. Pneumonia
- C. Pleural effusion**
- D. TB

A fluid level on the affected side in a radiology report typically indicates a pleural effusion. This condition occurs when excess fluid accumulates in the pleural space, the area between the lungs and the chest wall. Radiographically, pleural effusions can be seen as blunting of the costophrenic angles and may show a fluid level if the patient is upright. In contrast, conditions like atelectasis may present with other radiographic signs such as volume loss or displacement of structures but do not typically demonstrate a distinct fluid level. Pneumonia would show signs of consolidation or infection in the lung tissue rather than fluid accumulation in the pleural space. Tuberculosis (TB) may also cause various lung changes, but it does not characteristically present as a fluid level in the pleural cavity unless complicated by effusion. Therefore, the identification of a fluid level on imaging is most directly associated with the diagnosis of pleural effusion.

2. A patient with unilateral wheezing may be indicating what condition?

- A. Bronchitis
- B. Asthma
- C. Foreign body obstruction**
- D. Pneumonia

Unilateral wheezing is typically associated with conditions that affect one side of the airway, and a foreign body obstruction is a key example of this. When a foreign object is lodged in one of the bronchi, it can cause airflow obstruction on that side, leading to wheezing. The sound of wheezing arises when air flows through partially obstructed airways, and when this obstruction occurs on one side, the result is unilateral wheezing. This clinical finding often indicates that immediate intervention is necessary to remove the obstruction and restore normal airflow, as it can lead to significant respiratory distress. In contrast, bronchitis and asthma commonly result in bilateral wheezing due to inflammation or constriction affecting both sides of the bronchial tubes. Pneumonia can also cause wheezing, but it is usually accompanied by additional signs and symptoms like cough, fever, and crackles rather than isolated unilateral wheezing. Thus, the presence of unilateral wheezing specifically points to a localized issue, such as a foreign body obstruction, making it the most appropriate choice among the options given.

3. What defines grade 3 dyspnea?

- A. Dyspnea while resting
- B. Dyspnea while climbing stairs
- C. Dyspnea while walking at normal speed**
- D. Dyspnea while lying flat

Grade 3 dyspnea is characterized by experiencing breathlessness while walking at a normal pace on level ground. This classification indicates that the individual can perform everyday activities but has noticeable difficulty during those activities, which can significantly impact their quality of life. In this context, grade 3 suggests that the individual is comfortable at rest but begins to experience shortness of breath as they engage in moderate physical exertion, such as walking at a normal speed. The clinical assessment of dyspnea often follows the New York Heart Association (NYHA) classification, where grade 3 denotes a restriction in physical activity due to breathlessness. Walking at normal speed reflects an effort that is typical for many individuals in daily life, which is why this situation is classified at grade 3. Other options might indicate greater levels of dyspnea or different contexts of breathing difficulty, but they do not specifically align with the definition of grade 3 as commonly used in clinical practice.

4. What method should be used by a therapist to determine gestational age in a low birth weight infant?

- A. Gestational Age Assessment
- B. Apgar Score
- C. New Ballard Score**
- D. Silversmith Score

The New Ballard Score is a widely recognized method for assessing gestational age in infants, particularly those who are low birth weight. This scoring system evaluates both physical and neurological characteristics of the infant, allowing healthcare professionals to estimate gestational age accurately. It takes into account various developmental milestones that are typically reached at certain gestational stages, making it a reliable tool for identifying the maturity of a newborn. In the context of low birth weight infants, the New Ballard Score becomes crucial as these infants may have an increased risk for health issues related to their gestational age. By accurately determining gestational age using this method, healthcare providers can better assess the infant's needs, monitor their progress, and plan appropriate interventions. Other methods mentioned may serve different purposes—such as the Apgar Score, which assesses the newborn's immediate health following birth, or the Silversmith Score, which is not a standard tool for gestational assessment. Therefore, their application would not provide a precise evaluation of gestational age like the New Ballard Score does.

5. Which of the following is NOT a direct vasodilator?

- A. Hydralazine
- B. Nitroprusside
- C. Milrinone
- D. Ramipril**

Ramipril is not classified as a direct vasodilator. Instead, it is an angiotensin-converting enzyme (ACE) inhibitor. ACE inhibitors work by blocking the conversion of angiotensin I to angiotensin II, a potent vasoconstrictor. By inhibiting this conversion, ramipril leads to a decrease in angiotensin II levels, which results in vasodilation and a reduction in blood pressure. This indirect vasodilatory effect distinguishes it from direct vasodilators, which directly relax the smooth muscle in blood vessels without the intermediary effects of altering hormone levels. In contrast, hydralazine, nitroprusside, and milrinone all serve as direct vasodilators. Hydralazine acts directly on the arterial smooth muscle, causing relaxation and vasodilation. Nitroprusside also directly relaxes vascular smooth muscle, leading to rapid vasodilation. Milrinone, while primarily a phosphodiesterase inhibitor with inotropic effects, also exhibits direct vasodilatory properties by increasing intracellular cAMP, which contributes to its vasodilation effect. Thus, ramipril stands apart due to its mechanism of action as an ACE inhibitor and not as a direct vasodilator.

6. Which diseases are monitored by FEno testing?

- A. Diabetes and hypertension
- B. Asthma, cystic fibrosis, and COPD**
- C. Heart disease and stroke
- D. Renal failure and liver disease

FEno testing, which measures fractional exhaled nitric oxide levels, is primarily used to assess airway inflammation and is particularly relevant in the context of respiratory diseases. It is especially useful in the monitoring and management of asthma, as elevated levels of FEno can indicate eosinophilic airway inflammation, which is a hallmark of asthma exacerbations. In addition to asthma, FEno testing is relevant in assessing conditions like cystic fibrosis, where airway inflammation is common, and chronic obstructive pulmonary disease (COPD), especially in patients whose condition may have an inflammatory component. This makes option B the correct choice, as these diseases involve inflammation of the airways where FEno testing provides valuable insights into the effectiveness of anti-inflammatory therapies and overall disease control. In contrast, the other options pertain to systemic conditions that do not have a direct correlation with airway inflammation or are assessed through different diagnostic methods rather than through FEno testing.

7. What is the normal value for Pulmonary Capillary Wedge Pressure (PCWP)?

- A. 8-12 mmHg
- B. 4-12 mmHg**
- C. 10-15 mmHg
- D. 6-14 mmHg

The normal value for Pulmonary Capillary Wedge Pressure (PCWP) is typically considered to be between 4 and 12 mmHg. This measurement is an important assessment in evaluating left atrial pressure and indirectly the preload of the left ventricle. Values below this range can suggest hypovolemia or other issues that may lower pressure in the pulmonary capillaries. On the other hand, values exceeding this normal range can indicate conditions such as heart failure or pulmonary hypertension where fluid may back up into the lungs, indicating elevated left atrial pressure. Therefore, recognizing that the correct answer lies within the established normal range of 4 to 12 mmHg helps in the assessment and management of various cardiac and pulmonary conditions.

8. What condition is indicated by a spiked "T" wave on an ECG?

- A. Hypokalemia
- B. Heart attack
- C. Hyperkalemia**
- D. Bradycardia

A spiked "T" wave on an ECG is indicative of hyperkalemia, which is an elevated level of potassium in the blood. When potassium levels rise, it affects the electrical conduction in the heart, leading to characteristic changes in the ECG tracing, including tall, peaked T waves. This is a vital clinical sign as it can indicate that the heart may be under stress due to electrolyte imbalance, potentially leading to serious complications like arrhythmias. In contrast, hypokalemia, although it affects the T wave, typically presents with flattened or inverted T waves rather than peaked ones. A heart attack (myocardial infarction) can lead to various changes in the ECG, including ST segment elevations or depressions and abnormal Q waves, but not specifically spiked T waves. Bradycardia is identified by a slow heart rate and does not alter the morphology of the T wave in the same way hyperkalemia does. Understanding these distinctions helps recognize the clinical implications of each finding on the ECG.

9. What can be determined if a diabetic mother gives birth to an infant at 29 weeks with a birth weight of 3500g?

- A. The infant is at no risk for respiratory problems
- B. The infant's weight indicates good health
- C. The gestational age poses a greater risk for respiratory problems**
- D. The infant is over the normal weight for age

When a diabetic mother delivers an infant at 29 weeks gestation, several considerations come into play regarding the infant's health, particularly concerning respiratory problems. By 29 weeks, an infant is considered preterm. Preterm infants are at significant risk for various complications, one of which is respiratory distress syndrome (RDS). This condition arises primarily due to the immaturity of the lungs, which often do not produce enough surfactant, a substance needed to keep the air sacs in the lungs inflated. The risk is especially heightened for those born before 34 weeks. While the birth weight of 3500g may indicate that the infant is larger than average for their gestational age, it does not negate the increased risk associated with being born preterm. In fact, it's common for infants born to diabetic mothers to have larger than expected birth weights (a condition known as macrosomia), but this can be misleading. The sizeable weight does not inherently indicate good health, as preterm infants still face substantial challenges related to their early delivery. In summary, the gestational age of 29 weeks indeed poses a greater risk for respiratory problems. This factor is due to the underdeveloped state of the respiratory system typical in preterm infants,

10. What condition are apical lordotic x-rays typically used to detect?

- A. Asthma
- B. Pneumonia
- C. TB (Tuberculosis)
- D. Emphysema

Apical lordotic x-rays are primarily utilized to visualize the apices of the lungs more clearly, particularly to assess for any abnormalities that may be present in that region. This method is particularly effective in detecting diseases that commonly affect the upper lobes of the lungs, such as tuberculosis (TB). The specific positioning of the patient during an apical lordotic x-ray allows for the assessment of potential lesions or abscesses that could be indicative of TB infection, which is known to impact the lung apices. This is significant since TB often leads to cavitary lesions in these areas, which can sometimes be difficult to identify on standard chest x-rays. While conditions like asthma, pneumonia, and emphysema affect the lungs, they do not typically require the specialized visualization provided by apical lordotic views for diagnosis, as these conditions tend to manifest differently on standard imaging techniques or through other diagnostic means. Therefore, the use of apical lordotic x-rays aligns closely with the goal of identifying pathological changes specifically associated with tuberculosis.

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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://ketteringpatientassmt.examzify.com>

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

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