

# MedScreening Exam 1 (DPT1SpB) 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. Which term describes a subjective complaint reported by the patient?**
  - A. Sign**
  - B. Symptom**
  - C. Prognosis**
  - D. Syndrome**
  
- 2. Deep somatic pain is typically described as which of the following?**
  - A. It is dull and achey; responds to rest; poorly vascularized; transmitted by slow fibers**
  - B. It is sharp and well localized**
  - C. It is not pain**
  - D. It is only felt in nerves**
  
- 3. Which symptom is associated with atlantoaxial subluxation in rheumatoid arthritis?**
  - A. Loss of consciousness**
  - B. Dysphasia**
  - C. Sensation of head falling forward with neck flexion**
  - D. Seizures**
  
- 4. Referred pain from visceral organs is best described as which?**
  - A. It is always felt in the actual organ.**
  - B. It is caused by localized tissue damage only.**
  - C. It is felt in a region distant from the organ due to shared neural pathways.**
  - D. It only occurs with peritoneal irritation.**
  
- 5. Which of the following is a common red flag symptom?**
  - A. Shortness of breath**
  - B. Night pain**
  - C. Chest tightness**
  - D. Headache**

- 6. Intermittent vascular claudication is best described as which of the following?**
- A. Pain with rest in the lower extremities**
  - B. Pain with activity in the lower extremities**
  - C. Pain in the toes at night**
  - D. Pain in the shoulders with activity**
- 7. Which statement best describes OA risk factors?**
- A. All of the above**
  - B. Cutting sports**
  - C. History of trauma**
  - D. Metabolic changes**
- 8. Which descriptors are associated with vascular disorders?**
- A. Dull, stiff, sore**
  - B. Sharp, lancing, shocking**
  - C. Throbbing, pounding, pulsating**
  - D. Burning**
- 9. Which descriptors are associated with neurological disorders?**
- A. Dull, stiff, sore**
  - B. Throbbing**
  - C. Sharp, lancing, shocking, burning**
  - D. Pulsating**
- 10. Pain from the stomach is referred to which spinal levels?**
- A. T6-T10**
  - B. T1-T3**
  - C. L2-L4**
  - D. C7-T1**

## Answers

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

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## **Explanations**

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1. Which term describes a subjective complaint reported by the patient?

- A. Sign
- B. Symptom**
- C. Prognosis
- D. Syndrome

Subjective experiences reported by the patient are called symptoms. These are things the patient describes, such as pain, dizziness, or fatigue, and they rely on the patient's own perception and description rather than direct measurement. In contrast, signs are objective findings that a clinician can observe or measure, like fever, swelling, or a restricted range of motion. Prognosis is a forecast about how the disease will progress, and a syndrome is a recognized pattern of several signs and symptoms that define a condition. So, the term for a subjective complaint reported by the patient is symptom. For example, saying "my knee hurts" is a symptom, whereas noting a fever caught on a thermometer would be a sign.

2. Deep somatic pain is typically described as which of the following?

- A. It is dull and achey; responds to rest; poorly vascularized; transmitted by slow fibers**
- B. It is sharp and well localized
- C. It is not pain
- D. It is only felt in nerves

Deep somatic pain comes from nociceptors in deeper tissues such as bone, joints, muscles, and tendons. It is typically dull and aching and poorly localized because these structures have diffuse nerve endings and the signals travel slowly through small, unmyelinated or lightly myelinated fibers. Movement often aggravates this pain, while rest can provide relief by reducing mechanical stress on the deep tissues. The relatively limited vascularization of these deeper structures also contributes to the dull, lingering quality rather than a sharp, pinpoint sensation. In contrast, sharp, well-localized pain is more characteristic of superficial somatic pain from the skin. It's not that deep structures don't produce pain, and it's not restricted to pain confined to nerves.

3. Which symptom is associated with atlantoaxial subluxation in rheumatoid arthritis?

- A. Loss of consciousness
- B. Dysphasia
- C. Sensation of head falling forward with neck flexion**
- D. Seizures

Atlantoaxial subluxation in rheumatoid arthritis happens when inflammation weakens the ligaments and support around the C1-C2 joints, allowing the atlas to move anteriorly relative to the axis, especially with neck flexion. As the head is bent forward, this instability can cause the skull to shift and compress the upper spinal cord or brainstem. The sensation of the head falling forward with neck flexion captures this dynamic instability and the mechanical sense that the head cannot be held upright when the neck is flexed. Other options describe more general or different neurological events and aren't the classic early sign of this cervical instability in RA.

4. Referred pain from visceral organs is best described as which?

- A. It is always felt in the actual organ.
- B. It is caused by localized tissue damage only.
- C. It is felt in a region distant from the organ due to shared neural pathways.**
- D. It only occurs with peritoneal irritation.

Referred pain from visceral organs happens because the sensory nerves from the internal organs share the same spinal pathways as nerves from the skin and muscles. The brain receives signals from a given spinal segment and can't reliably tell whether they come from the organ or from the skin served by that segment, so the pain is felt in a distant, somatic region. This is why heart problems often produce pain in the left arm or jaw, or why gallbladder irritation is felt in the right shoulder. It's a result of neural convergence at the spinal cord level, not because the organ is always painful where it's located, nor only due to local tissue damage, and it isn't limited to peritoneal irritation.

5. Which of the following is a common red flag symptom?

- A. Shortness of breath
- B. Night pain**
- C. Chest tightness
- D. Headache

Red flags signal potential serious pathology beyond a simple mechanical problem and point to the need for medical referral. Night pain is a standout red flag because pain that wakes someone or worsens at night is not typical of routine musculoskeletal strain and often raises concern for conditions like cancer, infection, or inflammatory disease. That makes it the most important indicator among the given symptoms. Shortness of breath and chest tightness are serious signs too and would trigger urgent evaluation, especially if new, severe, or accompanied by other symptoms, since they relate to cardiopulmonary issues. Headache can be a red flag in some contexts, but on its own it's less specific as a common red flag in a musculoskeletal screening.

6. Intermittent vascular claudication is best described as which of the following?

- A. Pain with rest in the lower extremities
- B. Pain with activity in the lower extremities**
- C. Pain in the toes at night
- D. Pain in the shoulders with activity

Intermittent claudication is a symptom of peripheral artery disease where the leg muscles don't get enough blood during exercise. The hallmark is pain or cramping in the legs that appears with activity (like walking) and is relieved by rest. This pattern happens because exertion increases the muscle's oxygen demand, and narrowed arteries can't supply enough blood to meet that demand. Understanding the other descriptions helps solidify why this is the right one: pain that occurs at rest suggests more severe ischemia or different problems, and isn't tied to activity. toe pain at night could be due to neuropathy or nonvascular causes, and pain in the shoulders with activity points to a problem in the shoulder or another area, not the legs' blood flow.

## 7. Which statement best describes OA risk factors?

- A. All of the above**
- B. Cutting sports**
- C. History of trauma**
- D. Metabolic changes**

Osteoarthritis risk factors are multifactorial and include how a joint is used, injuries, and systemic factors. A history of trauma to a joint can directly damage cartilage and alter mechanics, increasing OA risk over time. Metabolic changes, such as obesity and related metabolic syndrome, raise the load on joints and contribute inflammatory mediators that promote cartilage breakdown. Activities involving cutting and rapid pivots place high stresses on joints, leading to repetitive microtrauma and potential injuries that accelerate degeneration. Because each of these aspects can independently contribute to developing OA, the statement that all of the above describes OA risk factors is the best choice.

## 8. Which descriptors are associated with vascular disorders?

- A. Dull, stiff, sore**
- B. Sharp, lancing, shocking**
- C. Throbbing, pounding, pulsating**
- D. Burning**

Pain descriptors are clues to the tissue involved. Vascular-related pain tends to be throbbing, pounding, or pulsating because it mirrors the heartbeat and blood flow through vessels. The rhythmic pulsation comes from arterial pressure, which is characteristic of vascular issues. In contrast, dull, stiff, or sore points to musculoskeletal causes; sharp, lancing, or shocking suggests nerve or acute mechanical problems; burning is often neuropathic. So the descriptors that align with vascular disorders are throbbing, pounding, pulsating.

## 9. Which descriptors are associated with neurological disorders?

- A. Dull, stiff, sore**
- B. Throbbing**
- C. Sharp, lancing, shocking, burning**
- D. Pulsating**

Descriptors used to identify nerve-related pain reflect nerve involvement in neurological disorders. Sharp, lancinating, shocking, and burning describe how nerves can fire abnormally or become irritated, producing sudden, intense, electric-like or knife-like sensations. This pattern is characteristic of neuropathic pain seen with conditions such as radiculopathy, trigeminal neuralgia, or postherpetic neuralgia. In contrast, dull, stiff, and sore point more toward musculoskeletal or inflammatory pain; throbbing is commonly linked with vascular or migraine-type pain; pulsating is also typical of vascular headaches. So, the set of terms sharp, lancinating, shocking, and burning most strongly signals neuropathic, nerve-related pain.

**10. Pain from the stomach is referred to which spinal levels?**

**A. T6-T10**

**B. T1-T3**

**C. L2-L4**

**D. C7-T1**

**Pain from the stomach is felt in the skin over the epigastric region because visceral pain travels with sympathetic nerves to spinal cord levels in the mid-thoracic area. The stomach's visceral afferents enter the spinal cord around the T6 to T9 (and sometimes T10) levels. The brain then perceives that input as coming from the corresponding dermatomes of the chest and upper abdomen. So the referred pain characteristically appears in the epigastric region, which maps to roughly T6 through T10. Among the options, the range T6-T10 best covers the typical epigastric referral pattern. Ranges like T1-T3 would map to the upper chest/shoulder area, L2-L4 to the lower abdomen, and C7-T1 to the neck/upper chest, which don't fit the stomach's referred pain pattern.**

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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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://medscreening1dpt1spb.examzify.com>**

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

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