MedScreening Exam 1 (DPT1SpB) Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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

1. Define the threshold for stage 2 hypertension and its relevance to PT.

A. Systolic ≥140 mmHg or diastolic ≥90 mmHg; may necessitate medical clearance and careful exertion.

B. Systolic ≥120/80; not concerning.

C. Diastolic ≥60; normal.

D. Systolic ≥180; emergency.

2. What general safety principles guide initiating exercise in a patient with red flags?

A. Start low, monitor vitals, stop if symptoms worsen, provide clear instructions, escalate as needed.

B. Increase intensity gradually to build tolerance.

C. Ignore symptoms and proceed.

D. Do not involve the patient in decisions.

3. Which signs indicate hyperglycemia during a therapy session?

A. Increased appetite and rapid weight gain.

B. Dizziness and fainting with exertion.

C. Thirst, polyuria, fatigue.

D. Night sweats.

4. Which statement about safety planning and red flags is true?

A. They guide safety planning, determine need for referrals, and influence monitoring of red flag changes.

B. They do not influence safety planning.

C. They require only repeated testing without changes.

D. They are ignored if the patient signs consent.

5. Which pattern is typical of neuropathic pain?

A. Pain referred in a cutaneous/dermatomal pattern

B. Pain localized to a joint

C. Pain worsens with heat

D. Pain only at night

6. Which of the following is NOT a deposition site for uric acid crystals in gout?

A. Joints

B. Soft tissues

C. Brain

D. Kidneys

7. Pain from the small intestine is referred to which regions?

A. Upper chest

B. Face

C. Upper abdomen, low T spine, upper L spine

D. Lower limbs

8. Pain of a hollow viscus could be caused by which of the following conditions?

A. Peritoneal infection unrelated to hollow viscus

B. Osteoarthritis

C. Gastroenteritis, constipation, menstrual cramps, and gallbladder symptoms

D. Migraine

9. Gout typically presents as which pattern?

A. Monoarticular joint pain with involvement of the first metatarsophalangeal joint

B. Symmetric polyarthritis of the hands

C. Diffuse back pain

D. Knee effusions with fever only

10. In osteoporosis risk management, which combination best describes the recommended PT strategy?

A. Encourage rapid increases in spinal loading.

B. Place a primary focus on core strengthening without addressing loading patterns.

C. Implement fall prevention, avoid extreme spinal flexion/rotation, and use progressive loading.

D. Avoid any loading and rely on passive therapy.

Answers

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

Explanations

1. Define the threshold for stage 2 hypertension and its relevance to PT.

A. Systolic ≥140 mmHg or diastolic ≥90 mmHg; may necessitate medical clearance and careful exertion.

B. Systolic ≥120/80; not concerning.

C. Diastolic ≥60; normal.

D. Systolic ≥180; emergency.

Stage 2 hypertension is defined as blood pressure at or above 140 systolic or 90 diastolic. In physical therapy this level signals higher cardiovascular risk and often requires medical clearance before starting or advancing an exercise program, plus careful exertion under supervision. When working with someone at this level, begin with light-to-moderate activity, emphasize a gradual warm-up, and monitor blood pressure before, during, and after sessions. Avoid high-intensity or heavy resistance work that can sharply raise blood pressure, and stop exercise if BP rises significantly or if symptoms occur. This threshold helps you balance the therapeutic benefits of PT with safety and ensures coordination with the patient's medical team.

2. What general safety principles guide initiating exercise in a patient with red flags?

A. Start low, monitor vitals, stop if symptoms worsen, provide clear instructions, escalate as needed.

B. Increase intensity gradually to build tolerance.

C. Ignore symptoms and proceed.

D. Do not involve the patient in decisions.

Initiating exercise in a patient with red flags requires a safety-first, conservative approach. Start with a very low level of activity that matches the patient's current capacity, so you don't provoke a stress response you can't tolerate. Closely monitor vital signs such as heart rate, blood pressure, and, if possible, oxygen saturation, along with how the patient feels during and after activity. Watch for red flags like chest pain, dizziness or faintness, shortness of breath that's disproportionate to effort, palpitations, or unusual sweating. Continue only if the patient remains stable and symptoms do not worsen. If any new or worsening symptom occurs, or if vitals become unsafe, stop the exercise immediately and reassess. Provide clear, understandable instructions about what to monitor, how to pace activity, and when to seek help. And when there's any doubt or persistent red flags, escalate by involving a clinician or arranging further evaluation. This approach is best because it directly minimizes risk while still allowing gradual progression and patient involvement. Pushing harder or ignoring symptoms increases danger, and excluding the patient from decisions undermines safety and adherence.

3. Which signs indicate hyperglycemia during a therapy session?

A. Increased appetite and rapid weight gain.

B. Dizziness and fainting with exertion.

C. Thirst, polyuria, fatigue.

D. Night sweats.

When blood glucose runs high, the kidneys try to remove the excess sugar, which pulls fluids with it and leads to increased urination. That fluid loss triggers thirst, and the lack of usable glucose for energy makes you feel tired. So thirst, frequent urination, and fatigue are the classic signs of hyperglycemia you'd recognize during a therapy session. Dizziness and fainting with exertion can happen for many reasons—dehydration, low blood pressure, or other conditions—so they're not specific clues of high blood sugar. Night sweats aren't typically associated with hyperglycemia, and while diabetes can affect weight and appetite, rapid weight gain isn't a standard sign of high glucose.

4. Which statement about safety planning and red flags is true?

A. They guide safety planning, determine need for referrals, and influence monitoring of red flag changes.

B. They do not influence safety planning.

C. They require only repeated testing without changes.

D. They are ignored if the patient signs consent.

Safety planning and red flags tie assessment to action. They guide how you structure safety planning, alert you to when a referral is needed, and shape how you monitor changes in risk over time. This dynamic process ensures interventions stay appropriate as risk evolves. Consent does not remove the need for safety planning or monitoring, and safety planning is not reduced to repeated testing without changes—red flags prompt immediate attention and potential escalation.

5. Which pattern is typical of neuropathic pain?

A. Pain referred in a cutaneous/dermatomal pattern

B. Pain localized to a joint

C. Pain worsens with heat

D. Pain only at night

Neuropathic pain comes from damage or dysfunction of the somatosensory nerves, so the pain signals tend to travel along the same path as the affected nerves. That creates a characteristic map: burning, shooting, or electric shock-like sensations that follow a specific skin area supplied by a particular nerve or dermatome rather than being confined to a single joint or another structure. Because the problem is in the nerve pathways, the distribution reflects nerve territories, and patients may also report sensitivity to touch (allodynia) or heightened sensitivity to pain (hyperalgesia) in that area. By contrast, joint-localized pain points to pathology within the joint itself (nociceptive pain from arthritis or injury). Heat-related changes and nighttime-only pain aren't defining features of neuropathic pain and can occur with other conditions. So the defining pattern for neuropathic pain is a dermatomal or cutaneous distribution aligned with a damaged or dysfunctional nerve.

6. Which of the following is NOT a deposition site for uric acid crystals in gout?

A. Joints

B. Soft tissues

C. Brain

D. Kidneys

Gout involves deposition of monosodium urate crystals in places where the crystals are most likely to form and persist: the joints and surrounding soft tissues, and the kidneys. Joints and periarticular soft tissues are common targets because crystals accumulate in cooler, peripheral areas and provoke inflammatory arthritis and tophi. The kidneys are involved as uric acid is filtered and excreted, so crystals can form there, leading to uric acid stones or nephropathy. The brain is not a typical site for urate crystal deposition; the brain is protected by the blood-brain barrier and remains a warmer, less favorable environment for crystal formation. So the brain is not a deposition site in gout.

7. Pain from the small intestine is referred to which regions?

A. Upper chest

B. Face

C. Upper abdomen, low T spine, upper L spine

D. Lower limbs

Visceral pain is referred to somatic regions that share the same spinal cord segments as the visceral nerves supplying the organ. For the small intestine (midgut), the sympathetic afferents enter the spinal cord around the lower thoracic to upper lumbar levels (roughly T8–L1). Because the brain interprets pain signals based on those shared spinal segments, pain from the small intestine is commonly felt in the upper abdomen and along the corresponding thoracic to upper lumbar dermatomes—i.e., the lower thoracic and upper lumbar regions. This pattern explains why the pain is reported in the upper abdomen and the low T to upper L spine. Other regions like the upper chest or face involve different visceral-somatic pathways, and the lower limbs aren't typical sites for this source of pain.

8. Pain of a hollow viscus could be caused by which of the following conditions?

A. Peritoneal infection unrelated to hollow viscus

B. Osteoarthritis

C. Gastroenteritis, constipation, menstrual cramps, and gallbladder symptoms

D. Migraine

Pain from hollow organs tends to come from the organ distending, becoming inflamed, or contracting forcefully. Conditions that affect hollow visci include gastroenteritis (inflammation of the GI tract), constipation (distension of the bowel), menstrual cramps (uterine contractions), and gallbladder symptoms (disease of a hollow organ that stores bile). Each of these scenarios involves the lumen of a hollow structure, leading to crampy, diffuse, or poorly localized visceral pain that reflects irritation of the organ itself or its smooth muscle activity. By contrast, a peritoneal infection not specifically tied to a hollow viscus tends to irritate the peritoneum, while osteoarthritis and migraine involve joints or the nervous system, not hollow organs.

9. Gout typically presents as which pattern?

A. Monoarticular joint pain with involvement of the first metatarsophalangeal joint

B. Symmetric polyarthritis of the hands

C. Diffuse back pain

D. Knee effusions with fever only

Gout presents as an abrupt, severe inflammatory arthritis that usually affects a single joint—monoarticular inflammation. The classic pattern is the big toe's first metatarsophalangeal joint involvement (podagra). This occurs because monosodium urate crystals deposit in peripheral joints, triggering a rapid neutrophil-driven inflammatory response in one joint at a time. This monoarticular, podagra pattern helps distinguish gout from other conditions. Symmetric polyarthritis of the hands is typical of rheumatoid arthritis, not gout. Diffuse back pain isn't the characteristic presentation of an acute inflammatory arthropathy. Knee effusion with fever could suggest septic arthritis or another issue rather than the typical gout flare. So the best choice is the single swollen, painful joint with involvement of the first MTP joint.

10. In osteoporosis risk management, which combination best describes the recommended PT strategy?

A. Encourage rapid increases in spinal loading.

B. Place a primary focus on core strengthening without addressing loading patterns.

C. Implement fall prevention, avoid extreme spinal flexion/rotation, and use progressive loading.

D. Avoid any loading and rely on passive therapy.

In osteoporosis, the physical therapy approach centers on strengthening the body while guarding against fractures, using safe, progressive loading and strong fall-prevention measures. Progressive loading leverages how bone adapts to stress: gradually increasing weight-bearing and resistance helps bone density and muscle support improve over time, provided the movements stay within safe limits. At the same time, avoiding extreme spinal flexion and rotation protects the fragile vertebrae from bending and twisting forces that can trigger fractures. Pairing this with fall-prevention strategies—balance and gait training, safe home modifications, and control of risky movements—reduces the chance of a fracture if a fall does occur. Purely letting the spine rest or relying on passive therapy misses the stimulus bone needs and the functional gains from loading, while rushing high loads or restricting loading altogether can increase fracture risk. The best plan integrates safe, progressive loading with proactive fall prevention to improve both bone strength and functional safety.

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://medscreening1dpt1spb.examzify.com

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