

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 descriptors are associated with neurological disorders?**
 - A. Dull, stiff, sore**
 - B. Throbbing**
 - C. Sharp, lancing, shocking, burning**
 - D. Pulsating**

- 2. Which of the following is an OA risk factor?**
 - A. Cutting sports**
 - B. Regular jogging**
 - C. High-fat diet**
 - D. Short stature**

- 3. Systemic joint pain with fatigue should raise suspicion for which triad?**
 - A. Cancer, Depression, Anxiety**
 - B. Angina**
 - C. Fibromyalgia**
 - D. Appendicitis**

- 4. Pain from the gallbladder is often referred to to which structures?**
 - A. Left shoulder**
 - B. Right mid/low thoracic spine and scapular region**
 - C. Jaw**
 - D. Ankle**

- 5. Why must physical therapists exercise caution with patients who are taking anticoagulants?**
 - A. Increased risk of bleeding with manual therapy or tissue trauma.**
 - B. Enhanced tissue healing with manual therapy.**
 - C. Anticoagulants eliminate bleeding risk.**
 - D. There is no need to monitor bruising.**

- 6. 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.**
- 7. When infection is suspected in a PT setting, which precautions should be implemented?**
- A. Standard precautions with PPE and hand hygiene; isolate per policy if indicated.**
 - B. No isolation needed.**
 - C. Only use hand hygiene.**
 - D. Mask only.**
- 8. Which factor is associated with triggering systemic lupus erythematosus flares?**
- A. Family history**
 - B. Regular exercise**
 - C. Pregnancy/ use of oral contraceptives**
 - D. Adequate sleep**
- 9. 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.**
- 10. C reactive protein (CRP) is a biomarker associated with OA. Which option describes an OA biomarker?**
- A. C reactive protein (CRP)**
 - B. Erythrocyte sedimentation rate**
 - C. Rheumatoid factor**
 - D. Antinuclear antibodies**

Answers

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

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Explanations

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1. Which descriptors are associated with neurological disorders?

- A. Dull, stiff, sore
- B. Throbbing
- C. Sharp, lancinating, 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.

2. Which of the following is an OA risk factor?

- A. Cutting sports**
- B. Regular jogging
- C. High-fat diet
- D. Short stature

High-load, knee-stress from quick direction changes and pivots increases wear on the joint over time. Cutting sports demand rapid cuts, sudden stops, and twisting motions that put substantial stress on the knee cartilage and ligaments. Repeatedly loading the joint in this way—and the injuries that can come with it, like ligament or meniscal damage—accelerates cartilage breakdown and raises the risk of osteoarthritis later on. Regular jogging isn't inherently OA-causing at reasonable levels, and can even be protective for weight management and joint function. A high-fat diet isn't a direct OA risk by itself, though it can contribute to obesity, which is a risk factor. Short stature isn't an established independent OA risk factor. So the activity with the clearest link to OA risk is the high-stress, cutting-type sports.

3. Systemic joint pain with fatigue should raise suspicion for which triad?

- A. Cancer, Depression, Anxiety**
- B. Angina**
- C. Fibromyalgia**
- D. Appendicitis**

Systemic symptoms like joint pain and fatigue aren't typical of a simple muscle strain and should raise concern for a process that affects the whole body. Cancer can present with persistent joint or bone pain, fatigue, and other systemic signs, and depression or anxiety often accompany chronic illness, amplifying symptoms or limiting function. This combination—physical systemic symptoms plus mood disturbance—points toward a serious underlying condition rather than a primary musculoskeletal disorder. Among the options, cancer paired with depression and anxiety best explains systemic joint pain with fatigue, whereas the other choices either focus on a specific organ issue (angina), describe a primary pain syndrome without that systemic-mood link (fibromyalgia), or present an acute non-systemic condition (appendicitis).

4. Pain from the gallbladder is often referred to to which structures?

- A. Left shoulder**
- B. Right mid/low thoracic spine and scapular region**
- C. Jaw**
- D. Ankle**

Referred pain happens when visceral sensory fibers share the same spinal pathways as somatic nerves, so the brain locates the pain in a somatic region rather than in the organ. For the gallbladder, the sensory input typically enters the spinal cord around the upper to mid-thoracic levels (roughly T7-T9). This convergence leads to pain felt in the right mid to lower thoracic spine and the right scapular region, and sometimes radiating toward the right shoulder. That's why gallbladder pain is commonly described as pain in the right mid/low thoracic spine and scapular area. The left shoulder and jaw are more commonly associated with heart-related pain or other conditions, and the ankle isn't linked to gallbladder referral patterns.

5. Why must physical therapists exercise caution with patients who are taking anticoagulants?

- A. Increased risk of bleeding with manual therapy or tissue trauma.**
- B. Enhanced tissue healing with manual therapy.**
- C. Anticoagulants eliminate bleeding risk.**
- D. There is no need to monitor bruising.**

Anticoagulants slow or prevent blood clotting, so any tissue trauma or manual pressure during physical therapy can lead to more bleeding than usual. This means bruising, hematomas, or even deeper bleeding can occur from techniques that would normally be tolerated. Because of this, therapists must exercise caution: review the patient's meds and bleeding risk, use gentler, less invasive techniques, monitor for new or worsening bruising or swelling, and coordinate with the prescriber if there's a concern about bleeding risk or if adjustments to therapy are needed. The idea is to balance therapeutic benefits with the higher potential for bleeding, rather than assuming bleeding risk is eliminated or that healing is enhanced.

6. 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.

7. When infection is suspected in a PT setting, which precautions should be implemented?

- A. Standard precautions with PPE and hand hygiene; isolate per policy if indicated.**
- B. No isolation needed.**
- C. Only use hand hygiene.**
- D. Mask only.**

Infection control in a physical therapy setting relies on using standard precautions with every patient, plus isolation when the situation calls for it. Standard precautions include thorough hand hygiene before and after patient contact and wearing appropriate PPE based on what you're exposed to (gloves for contact with body fluids, a gown if clothing could be soiled, a mask and eye protection when splashes or droplets are possible, and additional protection as needed). They also cover safe handling of specimens, equipment, and a clean environment, along with respiratory hygiene and safe injection practices. When infection is suspected, isolation is implemented according to policy to limit transmission. This means placing the patient in appropriate precautions (airborne, droplet, or contact) and using the necessary PPE and procedures to prevent spread. That broader approach is why the best choice isn't just isolation sometimes, or just hand hygiene, or only a mask. It covers all routes of transmission and ensures protection for both patients and staff.

8. Which factor is associated with triggering systemic lupus erythematosus flares?

- A. Family history**
- B. Regular exercise**
- C. Pregnancy/ use of oral contraceptives**
- D. Adequate sleep**

Flares in lupus are often tied to hormonal changes that alter immune activity. Estrogen can boost B-cell activation and autoantibody production, which can escalate lupus activity. Pregnancy brings substantial hormonal and immune shifts, and flares are more likely to occur during pregnancy or the postpartum period in some patients. Estrogen-containing oral contraceptives can similarly increase flare risk in susceptible individuals. In contrast, family history is a genetic risk factor for developing lupus rather than triggering a current flare, and regular exercise or adequate sleep are generally beneficial for health and do not provoke flares.

9. 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.

10. C reactive protein (CRP) is a biomarker associated with OA. Which option describes an OA biomarker?

- A. C reactive protein (CRP)**
- B. Erythrocyte sedimentation rate**
- C. Rheumatoid factor**
- D. Antinuclear antibodies**

C reactive protein rises in response to inflammation, and in osteoarthritis it can reflect joint inflammation or activity, making it the best-fit biomarker among the options. It helps indicate ongoing inflammatory processes within the joint and can be useful for monitoring response to treatment. Erythrocyte sedimentation rate is a general, non-specific marker of inflammation and is less specifically tied to OA activity. Rheumatoid factor and antinuclear antibodies are indicators of autoimmune diseases like rheumatoid arthritis and various connective-tissue disorders, not OA.

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!

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