

MEDSCREENING EXAM 1 (DPT1SPB) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://medscreening1dpt1spb.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. Pain in the upper quadrant with activity is characteristic of which condition?**
 - A. Pain in the upper quadrant with activity
 - B. Pain in the lower quadrant with rest
 - C. Pain in the left elbow with rest
 - D. Pain in the jaw at night

- 2. Ankylosing spondylitis typically starts at the sacroiliac joints in males; in women it usually begins in which joints?**
 - A. Sacroiliac joints
 - B. Peripheral joints
 - C. Spinal joints
 - D. Costovertebral joints

- 3. Which descriptors are associated with vascular disorders?**
 - A. Dull, stiff, sore
 - B. Sharp, lancing, shocking
 - C. Throbbing, pounding, pulsating
 - D. Burning

- 4. Which statement best describes ischemic pain?**
 - A. Pain described as deep and boring
 - B. Constant, unremitting pain
 - C. Pain due to loss of blood supply
 - D. Pain referred in a cutaneous/dermatomal pattern

- 5. Which statement correctly describes tachypnea and bradypnea?**
 - A. Tachypnea is >20 breaths per minute; bradypnea is <12.
 - B. Tachypnea is <12; bradypnea is >20.
 - C. Tachypnea is 12-20; bradypnea is 20-30.
 - D. Tachypnea and bradypnea are not clinically relevant.

- 6. What is the primary purpose of medical screening in physical therapy practice?**
- A. Identify medical conditions presenting as musculoskeletal disorders and ensure patient safety.
 - B. To diagnose all illnesses.
 - C. To measure blood pressure only.
 - D. To schedule routine medical screenings.
- 7. Pancreas pain is referred to which spinal levels?**
- A. T1-T3
 - B. L1-L3
 - C. C8-T1
 - D. T6-T10
- 8. Which of the following is NOT a red flag in chest pain requiring urgent evaluation?**
- A. Mild chest tightness that resolves with rest and no associated symptoms
 - B. Severe chest pain with diaphoresis
 - C. Chest pain with syncope
 - D. Chest pain with focal neurologic symptoms or arm/jaw weakness
- 9. Which is a pediatric red flag for MSK conditions?**
- A. Persistent limp >2 weeks.
 - B. Occasional knee pain after activity.
 - C. Mild fever without limp.
 - D. Normal activity levels.
- 10. A resting SpO2 value of 92% should typically prompt referral before starting PT. Is this statement true or false?**
- A. True
 - B. False
 - C. Only with symptoms
 - D. Not sure

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Pain in the upper quadrant with activity is characteristic of which condition?

- A. Pain in the upper quadrant with activity**
- B. Pain in the lower quadrant with rest
- C. Pain in the left elbow with rest
- D. Pain in the jaw at night

Exertional chest pain points to cardiac ischemia, such as angina. When the heart's demand for oxygen rises with activity, narrowed coronary arteries may not supply enough blood, producing discomfort in the upper chest area that is triggered by activity and relieved by rest or nitroglycerin. This pattern—pain in the upper chest or upper quadrant with exertion and improvement with rest—fits angina best and helps distinguish it from pains that occur at rest, in other body regions, or at night, which are less typical of ischemic heart pain. The other patterns described would suggest non-cardiac or non-exertional causes rather than typical anginal pain.

2. Ankylosing spondylitis typically starts at the sacroiliac joints in males; in women it usually begins in which joints?

- A. Sacroiliac joints
- B. Peripheral joints**
- C. Spinal joints
- D. Costovertebral joints

In ankylosing spondylitis, the initial pattern of joint involvement differs by sex. Men commonly start with inflammation in the sacroiliac joints, part of the axial skeleton. Women, on the other hand, more often begin with peripheral joint inflammation, such as in the knees or ankles, before axial features become prominent. Although spine and costovertebral joints can be involved later in either sex, the typical starting site in women is the peripheral joints.

3. Which descriptors are associated with vascular disorders?

- A. Dull, stiff, sore
- B. Sharp, lancinating, 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, lancinating, or shocking suggests nerve or acute mechanical problems; burning is often neuropathic. So the descriptors that align with vascular disorders are throbbing, pounding, pulsating.

4. Which statement best describes ischemic pain?

- A. Pain described as deep and boring
- B. Constant, unremitting pain
- C. Pain due to loss of blood supply**
- D. Pain referred in a cutaneous/dermatomal pattern

Ischemic pain is defined by its cause: tissue pain that arises when blood flow is reduced or cut off, leading to inadequate oxygen and nutrient delivery. When perfusion drops, cells switch to anaerobic metabolism and accumulate metabolic byproducts such as lactic acid, which irritate nociceptors and send pain signals to the brain. This cause-and-effect link—loss of blood supply provoking pain—best describes ischemic pain. Other descriptions don't pinpoint the cause. A deep, boring quality is a general descriptor that can fit many types of pain. Constant, unremitting pain isn't specific to ischemia and can occur in various chronic conditions. Pain referred in a cutaneous/dermatomal pattern points to nerve roots or dermatomal distributions, not to tissue perfusion loss.

5. Which statement correctly describes tachypnea and bradypnea?

- A. Tachypnea is >20 breaths per minute; bradypnea is <12.**
- B. Tachypnea is <12; bradypnea is >20.
- C. Tachypnea is 12-20; bradypnea is 20-30.
- D. Tachypnea and bradypnea are not clinically relevant.

The question tests how we define tachypnea and bradypnea in terms of breathing rate. Tachypnea means faster-than-normal breathing, while bradypnea means slower-than-normal breathing. In adults, a typical resting respiratory rate is about 12 to 20 breaths per minute. So tachypnea is defined as more than 20 breaths per minute, and bradypnea as fewer than 12. This makes the statement that tachypnea is >20 breaths per minute and bradypnea is <12 the best choice. The other options mix up the ranges, or dismiss the clinical relevance of abnormal breathing rates, which isn't accurate since deviations from normal can indicate underlying issues.

6. What is the primary purpose of medical screening in physical therapy practice?

- A. Identify medical conditions presenting as musculoskeletal disorders and ensure patient safety.**
- B. To diagnose all illnesses.
- C. To measure blood pressure only.
- D. To schedule routine medical screenings.

Medical screening in physical therapy is about recognizing conditions that masquerade as musculoskeletal problems and ensuring patient safety during care. PTs use patient history and a systems review to spot red flags that might indicate a non-MSK or more serious issue requiring medical attention, so the patient can be referred promptly rather than given inappropriate treatment. The aim isn't to diagnose every illness or to rely on a single measurement; it's to identify potential problems early and triage appropriately to keep care safe and effective. The other options miss this triage and safety focus: diagnosing all illnesses is outside the PT's scope, measuring blood pressure alone is too narrow, and scheduling routine screenings doesn't address identifying potential serious conditions.

7. Pancreas pain is referred to which spinal levels?

- A. T1-T3
- B. L1-L3
- C. C8-T1
- D. T6-T10**

The main idea is that visceral pain from the pancreas travels with sympathetic nerve fibers to thoracic spinal levels, and the brain interprets that input as coming from the skin areas served by those same segments. The pancreas is located in the upper abdomen and retroperitoneal space, and its visceral afferents enter the spinal cord around the mid to lower thoracic levels. This convergence causes pain to be felt in the thoracic dermatomes from about the sixth to the tenth levels (roughly the epigastric region and the mid-back around the T6–T10 dermatomes). That's why pancreatic pain is commonly described as reaching the back between the shoulder blades and the upper abdomen, aligning with T6 through T10. Other ranges don't fit because they map to different regions: T1–T3 to the chest area, L1–L3 to the lower abdomen/groin, and C8–T1 to parts of the inner forearm and hand.

8. Which of the following is NOT a red flag in chest pain requiring urgent evaluation?

- A. Mild chest tightness that resolves with rest and no associated symptoms
- B. Severe chest pain with diaphoresis
- C. Chest pain with syncope
- D. Chest pain with focal neurologic symptoms or arm/jaw weakness**

When evaluating chest pain, you're looking for signs that point to a life threatening cardiac or vascular problem that needs immediate attention. Features like severe, sudden chest pain with sweating strongly suggest myocardial infarction and require urgent workup. Chest pain that is associated with fainting raises concern for dangerous heart rhythms or vascular events like a dissection, again prompting rapid evaluation. Focal neurologic symptoms or weakness in an arm or the jaw shifts the concern toward a neurologic event such as a stroke. While stroke is itself an emergency that demands rapid assessment, this pattern is not the classic red flag used to identify urgent chest-pain etiologies like acute coronary syndrome or aortic dissection. Therefore, this presentation is not considered a red flag for urgent chest-pain triage, even though it still warrants immediate medical evaluation for a possible stroke.

9. Which is a pediatric red flag for MSK conditions?

- A. Persistent limp >2 weeks.**
- B. Occasional knee pain after activity.
- C. Mild fever without limp.
- D. Normal activity levels.

In pediatric musculoskeletal assessment, a persistent limp lasting more than two weeks is a red flag because it can indicate serious problems such as infection (osteomyelitis or septic arthritis), a bone tumor, leukemia, or other inflammatory or mechanical issues that require prompt evaluation. Benign pains in kids, like overuse or growing pains, typically improve within days to a week, not linger for weeks. Occasional knee pain after activity is common in active children and usually points to overuse or minor mechanical causes rather than a serious underlying condition. A mild fever without limp doesn't specifically point to a limb problem and can be from a benign viral illness; without limb symptoms it's less concerning for a musculoskeletal pathology. Normal activity levels suggest there isn't significant pain or impairment, making a serious MSK issue unlikely. So the best indicator here is the limp that persists for more than two weeks, which prompts a closer medical evaluation.

10. A resting SpO2 value of 92% should typically prompt referral before starting PT. Is this statement true or false?

- A. True
- B. False**
- C. Only with symptoms
- D. Not sure

Resting SpO2 is a quick check of how well oxygen is circulating in the blood, and normal is typically 95–100%. A value around 92% is below normal and can indicate hypoxemia, but it isn't a universal trigger to refer before starting physical therapy. In practice, you interpret this number in the bigger clinical picture. If the patient has a known, stable chronic lung condition and a baseline around 92%, PT can often proceed with careful monitoring and a plan for how to handle potential desaturation. If this 92% value is new, or if the patient has symptoms such as shortness of breath, chest pain, dizziness, or signs of instability, that would prompt medical evaluation before starting PT. In short, a single resting value of 92% isn't enough on its own to mandate referral; consider the overall clinical context, prior baseline, and whether saturation changes with activity.

SAMPLE

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!

SAMPLE