National Physical Therapy Examination (NPTE) Practice Exam (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. Don’t worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. **What is the most likely contributing factor for knee hyperextension during stance phase in a patient with a history of ankle sprains?**

   A. Soleus contracture retracting the tibia

   B. Contralateral ABD weakness causing a trunk lean

   C. Quads contracture pulling the knee in hyperextension

   D. Degenerative joint changes causing a change in GRF

2. **What is the MOST likely maximum heart rate for a 40-year-old patient with complete C7 tetraplegia?**

   A. 60 beats per minute

   B. 80 beats per minute

   C. 120 beats per minute

   D. 180 beats per minute

3. **Which medical condition arises from inflammation and infection in the esophageal lining?**

   A. Esophageal peritonitis

   B. Gastroesophageal reflux disease

   C. Diverticulitis

   D. Diverticulosis

4. **In a patient presenting with constant bilateral posterior calf pain and crusting of the skin, which condition is most likely present?**

   A. Dermatitis

   B. Cellulitis

   C. Atrophie blanche

   D. Superficial venous thrombosis

5. **What is the most appropriate method to measure wheelchair seat back height?**

   A. Seat platform to the acromion process and subtract 5 inches

   B. Seat platform to the base of the axilla and subtract 4 inches

   C. Seat platform to the base of the axilla and subtract 3 inches

   D. Seat platform to the superior portion of the axilla and subtract 5 inches

6. Which muscle is NOT innervated by the anterior interosseous nerve?

A. Radial half of flexor digitorum profundus

B. Flexor pollicis longus

C. Pronator teres

D. Pronator quadratus

7. In the context of cardiac rehabilitation, which of the following would be considered a sign of exercise intolerance?

A. Stable vital signs through the session

B. Decreased range of motion

C. Elevated heart rate and blood pressure

D. Behavioral changes during activities

8. Which peripheral joint mobilization technique is MOST appropriate for a patient with limited ulnar deviation range of motion due to capsular tightness?

A. Radial glide of the proximal carpal row

B. Ulnar glide of the proximal carpal row

C. Dorsal glide of the proximal carpal row

D. Volar glide of the proximal carpal row

9. Which condition presents with a mixture of symptoms including numbness, tingling, and coolness in the extremity following an injury?

A. Deep vein thrombosis

B. Anterior compartment syndrome

C. Ulnar nerve compression

D. Peripheral artery disease

10. What is the term for the documentation error of recording 45 minutes of treatment when only 30 minutes were provided?

A. Misdemeanor

B. Fraud

C. Overuse

D. Malpractice

Answers

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

Explanations

1. What is the most likely contributing factor for knee hyperextension during stance phase in a patient with a history of ankle sprains?

A. Soleus contracture retracting the tibia

B. Contralateral ABD weakness causing a trunk lean

C. Quads contracture pulling the knee in hyperextension

D. Degenerative joint changes causing a change in GRF

The most likely contributing factor for knee hyperextension during the stance phase in a patient with a history of ankle sprains is related to the effects of a soleus contracture on the tibia. The soleus muscle plays a crucial role in controlling plantarflexion and stabilizing the ankle joint during weight-bearing activities. When there is a soleus contracture, it can limit the ability to efficiently control the position of the tibia relative to the foot, especially during stance. This lack of control can lead to compensatory mechanisms that result in an excessive forward tilt of the tibia during the stance phase, which can push the knee into hyperextension. Hyperextension occurs as the body attempts to compensate for the lack of mobility and stability in the ankle joint resulting from previous sprains. Hence, the interplay between the soleus muscle's function and the position of the tibia is critical in understanding how such a contracture could predispose a patient to knee hyperextension. In contrast, while weakness in the contralateral hip abductors can influence trunk lean and overall gait mechanics, it is unlikely to be the direct cause of knee hyperextension. Similarly, a quadriceps contracture might impact knee positioning, but it is not a common factor leading to hyper

2. What is the MOST likely maximum heart rate for a 40-year-old patient with complete C7 tetraplegia?

A. 60 beats per minute

B. 80 beats per minute

C. 120 beats per minute

D. 180 beats per minute

For a 40-year-old individual, the standard method for estimating maximum heart rate is to subtract their age from 220, which would suggest a maximum heart rate of approximately 180 beats per minute. However, in patients with complete tetraplegia, particularly at the C7 level, the physiological responses of the heart can be significantly altered due to the disruption of the sympathetic nervous system. These patients often experience a diminished maximum heart rate and rely more on the remaining muscle mass below the level of injury to affect their cardiovascular response. The heart rate response during exercise is typically attenuated because of the lack of sympathetic stimulation. While a healthy individual may achieve a heart rate close to the calculated maximum, individuals with cervical spinal injuries often exhibit lower heart rates. Consequently, while the raw calculation provides a maximum of 180 beats per minute, patients with complete C7 tetraplegia tend to reach a considerably lower heart rate due to their condition. The most likely maximum heart rate for this specific individual, considering the typical physiological changes in tetraplegia, would likely fall near 120 beats per minute during maximum exertion. This understanding emphasizes the importance of considering not just the age and typical heart rate calculations, but also the specific impact of spinal cord

3. Which medical condition arises from inflammation and infection in the esophageal lining?

A. Esophageal peritonitis

B. Gastroesophageal reflux disease

C. Diverticulitis

D. Diverticulosis

The medical condition that arises from inflammation and infection in the esophageal lining is known as esophagitis. Esophagitis can result from various causes, including infections, irritants, or acid exposure. The correct answer aligns with the understanding that inflammation and infection specifically in the esophagus is typically referred to when discussing esophagitis and can be caused by various infectious agents. Gastroesophageal reflux disease (GERD) is characterized by the backward flow of stomach contents into the esophagus, leading to symptoms like heartburn, but it is not directly associated with inflammation and infection within the esophageal lining itself. Diverticulitis and diverticulosis are conditions related to the formation of pouches in the wall of the colon, not the esophagus. Diverticulitis involves inflammation of these pouches and is more related to the large intestine, whereas diverticulosis refers to the presence of these pouches without inflammation. Thus, neither of these options pertains to infections or inflammation specifically in the esophagus.

4. In a patient presenting with constant bilateral posterior calf pain and crusting of the skin, which condition is most likely present?

A. Dermatitis

B. Cellulitis

C. Atrophie blanche

D. Superficial venous thrombosis

The patient's symptoms of constant bilateral posterior calf pain combined with crusting of the skin strongly suggest a condition associated with venous insufficiency or chronic venous disease, rather than dermatitis. Dermatitis typically presents with pruritus, redness, and possibly vesicles or scaling but is less likely to be characterized by constant pain in the posterior calf region. Atrophie blanche, while related to chronic venous insufficiency, manifests with white, atrophic patches and can be associated with pain; however, the key feature of crusting in the presented case is more indicative of changes associated with venous stasis or other skin complications such as ulcers. Cellulitis would present with more acute symptoms such as redness, swelling, heat, and systemic signs of infection, which are not mentioned here. Superficial venous thrombosis would typically refer to thrombosis of the superficial veins, which can cause localized pain and tender, cord-like structures, but does not usually present with crusting of the skin. Thus, the combination of bilateral calf pain and crusting aligns more closely with the skin and vascular changes associated with chronic venous insufficiency, potentially leading to venous ulcers or other complications rather than dermatitis.

5. What is the most appropriate method to measure wheelchair seat back height?

A. Seat platform to the acromion process and subtract 5 inches

B. Seat platform to the base of the axilla and subtract 4 inches

C. Seat platform to the base of the axilla and subtract 3 inches

D. Seat platform to the superior portion of the axilla and subtract 5 inches

The most appropriate method to measure wheelchair seat back height involves taking the measurement from the seat platform to the base of the axilla and then subtracting 4 inches. This approach is significant because the base of the axilla is a reliable anatomical landmark that accounts for the necessary clearance to ensure proper fit and comfort for the user. Subtracting 4 inches provides adequate height for the backrest, allowing for support while preventing it from being so high that it interferes with arm movement or transfers. This method aims to balance support and mobility, helping to ensure that the user can perform daily activities effectively in their wheelchair. Other methods, while attempting to consider anatomical characteristics, may lead to an improper fit. For example, using the acromion process as a measurement point may not adequately factor in the individual's shoulder height in relation to seating, potentially resulting in discomfort or restricted movement. Similarly, subtracting different inches (like 3 or 5) from measurements taken at the axilla might either leave the backrest too low for adequate support or too high for comfortable use. Therefore, the chosen approach is well-suited for ensuring proper ergonomic support for wheelchair users.

6. Which muscle is NOT innervated by the anterior interosseous nerve?

A. Radial half of flexor digitorum profundus

B. Flexor pollicis longus

C. Pronator teres

D. Pronator quadratus

The anterior interosseous nerve is a branch of the median nerve that primarily supplies the deep muscles in the forearm. It is responsible for innervating certain flexor and pronator muscles, specifically the flexor pollicis longus, the radial half of the flexor digitorum profundus, and the pronator quadratus. The pronator teres, while also involved in forearm pronation, is primarily innervated by the median nerve, not the anterior interosseous nerve. This is crucial because the pronator teres is a more superficial muscle, distinct from those typically supplied by the anterior interosseous nerve. Therefore, identifying that the pronator teres is not innervated by the anterior interosseous nerve emphasizes the importance of nerve distribution and the functional significance of each muscle involved in movements of the forearm and hand.

7. In the context of cardiac rehabilitation, which of the following would be considered a sign of exercise intolerance?

A. Stable vital signs through the session

B. Decreased range of motion

C. Elevated heart rate and blood pressure

D. Behavioral changes during activities

In the context of cardiac rehabilitation, elevated heart rate and blood pressure during exercise are significant indicators of exercise intolerance. When a patient experiences an abnormal increase in heart rate and blood pressure in response to physical activity, it suggests that their cardiovascular system may not be able to handle the exertion effectively. This could be due to underlying cardiac issues or a lack of physical conditioning, and it may signal the need to adjust the intensity of the exercise program or closely monitor the patient's response to exercise. This response to exercise is critical because maintaining safe levels of vital signs is essential for preventing adverse events during rehabilitation. Stable vital signs throughout the session would indicate good tolerance to the exercise, while decreased range of motion doesn't directly relate to cardiovascular response and may pertain more to musculoskeletal issues. Behavioral changes during activities may indicate discomfort or psychological factors but do not specifically inform about the cardiovascular response to exercise in the same manner as vital sign changes.

8. Which peripheral joint mobilization technique is MOST appropriate for a patient with limited ulnar deviation range of motion due to capsular tightness?

A. Radial glide of the proximal carpal row

B. Ulnar glide of the proximal carpal row

C. Dorsal glide of the proximal carpal row

D. Volar glide of the proximal carpal row

The most appropriate technique for improving ulnar deviation range of motion when a patient presents with capsular tightness is the radial glide of the proximal carpal row. When the proximal carpal row experiences tightness or restriction in the joint capsule, mobilizing it radially can help to create relative space in the joint and promote movement in the opposite direction—specifically, ulnar deviation. By applying a radial glide, the proximal carpal row is effectively shifted laterally, which can facilitate the ability of the distal carpal row and the wrist to move into ulnar deviation. This is crucial since ulnar deviation occurs when the wrist is moved towards the ulna, and any restrictions in the capsule can limit this range. In contrast, other techniques like a ulnar glide would likely exacerbate the limitation because it would not relieve the tightness that is preventing adequate mobility in ulnar deviation. Dorsal and volar glides, while useful for addressing wrist movement in flexion or extension, do not directly address the restriction that is specifically affecting ulnar deviation as effectively as a radial glide would. Thus, the choice of a radial glide aligns best with the goal of restoring ulnar deviation in this context

9. Which condition presents with a mixture of symptoms including numbness, tingling, and coolness in the extremity following an injury?

A. Deep vein thrombosis

B. Anterior compartment syndrome

C. Ulnar nerve compression

D. Peripheral artery disease

The condition characterized by a mixture of symptoms including numbness, tingling, and coolness in the extremity following an injury is anterior compartment syndrome. This syndrome occurs when there is increased pressure within a closed anatomical space, typically in the limbs, leading to reduced blood flow and potential muscle and nerve damage. In the case of anterior compartment syndrome, this increased pressure can arise from various factors, including trauma or swelling after an injury. The symptoms result from the compromised circulation and the consequent ischemia affecting the tissues. Numbness and tingling are indications of nerve involvement due to the compression, while coolness in the extremity reflects the diminished blood flow. Other conditions do present with varying symptoms, but they do not typically involve the same mechanism or combination of symptoms following an injury. For example, deep vein thrombosis generally presents with swelling, pain, and sometimes warmth due to blood clot formation, rather than the coolness associated with ischemia. Ulnar nerve compression is more localized to the ulnar distribution in the hand and does not typically involve the temperature change of the entire extremity. Peripheral artery disease generally progresses more slowly and results in claudication, but the acute presentation following injury described is more characteristic of compartment syndrome.

10. What is the term for the documentation error of recording 45 minutes of treatment when only 30 minutes were provided?

A. Misdemeanor

B. Fraud

C. Overuse

D. Malpractice

The documentation error of recording 45 minutes of treatment when only 30 minutes were provided is categorized as fraud. Fraud involves intentionally misrepresenting or falsifying information for the purpose of gaining something of value, such as payment for services not rendered. In the context of healthcare, this can mean billing for services that were not actually provided or inflating the time spent on treatments to receive higher reimbursement. This situation is particularly serious within the healthcare field because it undermines trust and can lead to legal repercussions, including fines or penalties from regulatory bodies. Accurate documentation is vital not only for compliance and billing but also for ensuring that patients receive the appropriate level of care.

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://npte.examzify.com

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