

# 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. 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. What is the most appropriate way to lower a tilt table if a patient experiences a sudden decrease in blood pressure?**
  - A. Immediately lower the table to 0 degrees and call the physical therapist.**
  - B. Immediately lower the table to 0 degrees and call a medical emergency.**
  - C. Lower the patient in 5-10-degree increments until the blood pressure stabilizes.**
  - D. Return the table to 45 degrees and stay at this level.**
  
- 2. What characterizes a stage 3 pressure ulcer?**
  - A. Partial-thickness loss of skin with exposed dermis**
  - B. Non-blanchable erythema of intact skin with sensation change and discoloration**
  - C. Full-thickness loss of skin with visible adipose tissue, undermining and tunneling**
  - D. Full-thickness tissue loss with exposure of fascia, muscle, tendon, and bone**
  
- 3. Which areas should be monitored for tissue breakdown in a patient with a new plastic solid ankle-foot orthosis?**
  - A. Popliteal space, posterior calf musculature, malleoli, Achille tendon, and base of metatarsals**
  - B. Pelvic band, quadriceps tendon, popliteal space, tibial tuberosity, and navicular**
  - C. Calf band, fibular head, popliteal fossa, malleoli, and styloid process of the 5th metatarsal**
  - D. Tibial condyles, tibial tuberosity, anterodistal tibia, and metatarsal heads**
  
- 4. What should a physical therapist assistant do first upon finding a patient on the floor with an injury and a distressed caregiver?**
  - A. Get the patient off the floor and take vital signs.**
  - B. Call the home health agency and report the incident.**
  - C. Call 911 and leave the patient with the caregiver.**
  - D. Call 911 and the home health agency for medical support.**

**5. What condition could result from a long-term lack of vitamin B12?**

- A. Hyperglycemia**
- B. Pernicious anemia**
- C. Osteoporosis**
- D. Hypocalcemia**

**6. After a fall resulting in a fracture in the middle third of the humerus, which nerve is most likely compromised?**

- A. Radial nerve**
- B. Ulnar nerve**
- C. Median nerve**
- D. Musculocutaneous nerve**

**7. After a backpacking trip, which lesion site is likely causing weakness of elbow flexion and shoulder abduction?**

- A. Axillary nerve**
- B. Upper trunk of the brachial plexus**
- C. Long thoracic nerve**
- D. Musculocutaneous nerve**

**8. What type of room would a physical therapist assistant expect to enter for a patient with a restrictive lung disease awaiting a lung transplant?**

- A. A room requiring the use of personal protective equipment (PPE) for contact precautions**
- B. A room with positive air pressure**
- C. A room with negative air pressure**
- D. A room with no special considerations**

**9. After a Colles fracture, what is a common complication of immobilization that should be monitored?**

- A. Decreased muscle mass**
- B. Increased pain perception**
- C. Joint stiffness**
- D. Skin integrity issues**

**10. What should a physical therapist assistant do if a patient shows signs of infection before manual lymphatic drainage?**

- A. Increase the warm-up time and modify the exercise to a lower resistance level**
- B. Continue with the current plan of care with no changes**
- C. Hold treatment and consult immediately with the supervising PT**
- D. Continue with the current plan of care for exercises and notify the PT before beginning manual lymphatic drainage**

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## **Answers**

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

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## **Explanations**

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- 1. What is the most appropriate way to lower a tilt table if a patient experiences a sudden decrease in blood pressure?**
  - A. Immediately lower the table to 0 degrees and call the physical therapist.**
  - B. Immediately lower the table to 0 degrees and call a medical emergency.**
  - C. Lower the patient in 5-10-degree increments until the blood pressure stabilizes.**
  - D. Return the table to 45 degrees and stay at this level.**

Lowering a tilt table in 5-10-degree increments until the blood pressure stabilizes is the most appropriate response when a patient experiences a sudden decrease in blood pressure. This gradual approach allows for better monitoring of the patient's response to the positional change. It helps ensure that excessive postural change does not exacerbate hypotension or cause additional distress. This method allows the healthcare provider to assess how the patient is tolerating each incremental change, providing an opportunity to stabilize their condition before making further adjustments. It is crucial to closely monitor vital signs throughout this process to ensure the patient's safety and comfort. If blood pressure does stabilize, further intervention may be assessed based on the patient's condition. Other options either suggest immediate, more drastic changes that might not provide the necessary stability or fail to address the need for close monitoring through gradual adjustments. Immediate lowers to 0 degrees or calling for emergency services might overlook the benefit of a more controlled adjustment, which should first be attempted in such situations.

- 2. What characterizes a stage 3 pressure ulcer?**
  - A. Partial-thickness loss of skin with exposed dermis**
  - B. Non-blanchable erythema of intact skin with sensation change and discoloration**
  - C. Full-thickness loss of skin with visible adipose tissue, undermining and tunneling**
  - D. Full-thickness tissue loss with exposure of fascia, muscle, tendon, and bone**

A stage 3 pressure ulcer is characterized by full-thickness loss of skin that leads to the visibility of adipose (fat) tissue. In this stage, the wound depth can vary, but it does not extend through the underlying fascia; thus, deeper structures like muscle, tendon, or bone are not exposed. This stage may also present with undermining and tunneling, which refers to the formation of pockets within the wound that extend under the surrounding skin. Recognizing the full-thickness nature of a stage 3 ulcer is crucial for appropriate treatment and management. The other options represent different stages of pressure ulcers. For example, a partial-thickness loss of skin with exposed dermis reflects a stage 2 pressure ulcer, while non-blanchable erythema of intact skin corresponds to stage 1. A stage 4 ulcer exhibits full-thickness tissue loss with exposure of more severe structures, such as fascia, muscle, tendon, or bone. Understanding these distinctions is essential for assessing the severity of pressure ulcers and implementing effective care strategies.

**3. Which areas should be monitored for tissue breakdown in a patient with a new plastic solid ankle-foot orthosis?**

- A. Popliteal space, posterior calf musculature, malleoli, Achille tendon, and base of metatarsals**
- B. Pelvic band, quadriceps tendon, popliteal space, tibial tuberosity, and navicular**
- C. Calf band, fibular head, popliteal fossa, malleoli, and styloid process of the 5th metatarsal**
- D. Tibial condyles, tibial tuberosity, anterodistal tibia, and metatarsal heads**

The correct response focuses on specific anatomical areas where pressure and friction are more likely to occur due to the positioning and mechanics of a new plastic solid ankle-foot orthosis (AFO), especially in the context of a new fit. Monitoring the calf band, fibular head, popliteal fossa, malleoli, and the styloid process of the 5th metatarsal is crucial because these regions are prone to tissue breakdown due to their proximity to the orthosis. The calf band can create pressure on the posterior aspect of the leg, leading to skin irritation or breakdown, while the fibular head can be subjected to pressure from the orthosis, particularly during mobility. The popliteal fossa is another critical area to monitor because it can be compressed when the knee is flexed during ambulation, potentially leading to vascular and nerve irritation. The malleoli are prominent bony landmarks at the ankle that can be easily irritated against the rigid structure of the AFO. Lastly, the styloid process of the 5th metatarsal is relevant as it is the most lateral aspect of the foot and can be subjected to lateral pressures from the orthosis. These areas are chosen due to their anatomical relevance in relation to the

**4. What should a physical therapist assistant do first upon finding a patient on the floor with an injury and a distressed caregiver?**

- A. Get the patient off the floor and take vital signs.**
- B. Call the home health agency and report the incident.**
- C. Call 911 and leave the patient with the caregiver.**
- D. Call 911 and the home health agency for medical support.**

The correct response emphasizes the importance of ensuring the safety and well-being of the patient in a potentially critical situation. In circumstances where a patient is found injured on the floor, the first priority is to address their immediate medical needs. Calling 911 ensures that professional emergency medical services can assess, stabilize, and transport the patient if necessary. Simultaneously alerting the home health agency is also essential, as they can provide additional context about the patient's health, coordinate follow-up care, and support the caregiver during the emergency. This dual approach of seeking immediate medical help while also informing the appropriate support system helps to create a comprehensive response to the situation. Addressing the other possible actions reveals their limitations. Getting the patient off the floor and taking vital signs does not prioritize immediate medical assistance from trained professionals who can handle potential injuries effectively. Reporting to the home health agency without calling emergency services potentially delays critical medical intervention. Similarly, leaving the patient with the caregiver while calling 911 does not ensure that the patient receives the prompt attention they may require, which could exacerbate their condition. Overall, ensuring that emergency services are en route while also providing the home health agency with situational awareness is the most prudent course of action in this scenario.

**5. What condition could result from a long-term lack of vitamin B12?**

- A. Hyperglycemia**
- B. Pernicious anemia**
- C. Osteoporosis**
- D. Hypocalcemia**

A long-term deficiency in vitamin B12 can lead to pernicious anemia, which is a specific type of anemia that arises from the body's inability to absorb vitamin B12 adequately. Vitamin B12 is critical for the production of red blood cells and the maintenance of the nervous system. Pernicious anemia particularly occurs due to a lack of intrinsic factor, a protein produced in the stomach that is essential for the absorption of vitamin B12 in the intestines. Without adequate vitamin B12, the body cannot produce sufficient healthy red blood cells, leading to symptoms such as fatigue, weakness, pale skin, and neurological issues. Understanding the importance of vitamin B12 and its role in red blood cell formation can help in recognizing the implications of its deficiency and the resultant health conditions, such as pernicious anemia. Other options listed do not directly correlate with vitamin B12 deficiency, which makes pernicious anemia the correct association for this scenario.

**6. After a fall resulting in a fracture in the middle third of the humerus, which nerve is most likely compromised?**

- A. Radial nerve**
- B. Ulnar nerve**
- C. Median nerve**
- D. Musculocutaneous nerve**

When a fracture occurs in the middle third of the humerus, it is most likely to impact the radial nerve. The radial nerve runs in close proximity to the humerus, particularly around the radial groove located on the posterior aspect of the bone. A mid-shaft humeral fracture can cause direct damage to the nerve as well as result in secondary effects like swelling or hematoma formation that can put pressure on the nerve. Injuries to the radial nerve can lead to conditions such as wrist drop, where the individual is unable to extend the wrist and fingers, indicating the nerve's role in controlling the extensor muscles of the forearm. The other nerves listed—ulnar, median, and musculocutaneous—are associated with different regions and functions and are less likely to be affected by a fracture in this area of the humerus. Understanding anatomy and the location of these nerves in relation to the humerus is crucial for recognizing potential nerve injuries following arm fractures. In this case, the anatomy of the radial nerve's path along the humerus makes it the most likely candidate for compromise following a mid-shaft humeral fracture.

**7. After a backpacking trip, which lesion site is likely causing weakness of elbow flexion and shoulder abduction?**

- A. Axillary nerve**
- B. Upper trunk of the brachial plexus**
- C. Long thoracic nerve**
- D. Musculocutaneous nerve**

The site likely causing weakness of elbow flexion and shoulder abduction after a backpacking trip is the upper trunk of the brachial plexus. This is due to the anatomy and function of the nerves that originate from this region. The upper trunk of the brachial plexus is formed by the union of the upper two roots (C5 and C6) and contributes to several important nerves, including the axillary and musculocutaneous nerves. Weakness in shoulder abduction occurs because the axillary nerve, which innervates the deltoid muscle responsible for this action, branches off from the upper trunk. Elbow flexion weakness can arise from dysfunction in the musculocutaneous nerve, which also receives contributions from the upper trunk. Therefore, injury to the upper trunk would affect both the axillary and musculocutaneous nerves, leading to combined weaknesses in shoulder abduction and elbow flexion. In contrast, the other nerves listed, such as the axillary nerve, musculocutaneous nerve, and long thoracic nerve, would not independently account for both weaknesses in these actions when their innervations are considered. The long thoracic nerve specifically affects shoulder girdle stability rather than directly causing elbow flex.

**8. What type of room would a physical therapist assistant expect to enter for a patient with a restrictive lung disease awaiting a lung transplant?**

- A. A room requiring the use of personal protective equipment (PPE) for contact precautions**
- B. A room with positive air pressure**
- C. A room with negative air pressure**
- D. A room with no special considerations**

The correct choice is a room with positive air pressure. In healthcare settings, positive air pressure rooms are commonly used for patients who are immunocompromised or those who have respiratory conditions, such as restrictive lung disease, that can benefit from a controlled environment. In a positive pressure room, the air pressure inside the room is higher than the air pressure outside, which helps to prevent outside contaminants from entering the space. This is crucial for patients who may be awaiting procedures like a lung transplant, as these individuals often have weakened immune systems and are more susceptible to infections. The controlled environment helps protect the patient from airborne pathogens. The other options imply different environments that are less suitable for this scenario. Rooms requiring PPE for contact precautions are typically for patients with infections that can be transmitted through physical contact, not for those in need of respiratory support. Negative air pressure rooms are used for patients with infectious diseases such as tuberculosis, where air is drawn into the room and filtered, preventing pathogens from escaping. A room with no special considerations would not provide the necessary protections for a patient at risk of infection due to a compromised lung function and the process of awaiting a transplant.

**9. After a Colles fracture, what is a common complication of immobilization that should be monitored?**

- A. Decreased muscle mass**
- B. Increased pain perception**
- C. Joint stiffness**
- D. Skin integrity issues**

Following a Colles fracture, which commonly occurs in the distal radius due to a fall on an outstretched hand, immobilization in a cast or splint is essential for proper healing. However, this immobilization can lead to joint stiffness. Joint stiffness can arise from prolonged lack of movement in the affected area, which can affect not only the wrist but also the surrounding joints, such as those in the hand. When a joint is immobilized, the synovial fluid needed for lubrication may be reduced, and the surrounding soft tissues may shorten and tighten, resulting in decreased range of motion. To minimize the risk of joint stiffness after immobilization, it's important to begin gentle range of motion exercises as soon as it is safe to do so, following the guidelines provided by the healthcare provider. While decreased muscle mass, increased pain perception, and skin integrity issues are also potential concerns related to immobilization, joint stiffness is particularly significant in this context as it directly affects function and recovery following fractures, making the monitoring of joint motion an essential aspect of post-fracture rehabilitation.

**10. What should a physical therapist assistant do if a patient shows signs of infection before manual lymphatic drainage?**

- A. Increase the warm-up time and modify the exercise to a lower resistance level**
- B. Continue with the current plan of care with no changes**
- C. Hold treatment and consult immediately with the supervising PT**
- D. Continue with the current plan of care for exercises and notify the PT before beginning manual lymphatic drainage**

In instances where a patient exhibits signs of infection before undergoing manual lymphatic drainage, holding the treatment and consulting immediately with the supervising physical therapist is the most appropriate course of action. Manual lymphatic drainage is a technique that can enhance lymphatic flow and encourage detoxification. However, if an infection is present, this method may exacerbate the condition by dispersing infectious agents throughout the body or could worsen the patient's overall state. Consulting the supervising physical therapist is crucial because they can perform a comprehensive assessment and decide on the safest and most effective pathway for treatment. This action ensures that patient safety is prioritized and that any necessary modifications to the treatment plan can be made in light of the patient's condition. In contrast, increasing warm-up time or modifying exercise may not address the underlying issues of an infection, and continuing without changes risks further complicating the patient's health. Similarly, proceeding with the plan while only notifying the PT after starting treatment fails to proactively manage the potential risks associated with the infection. Thus, the correct approach emphasizes assessment and collaboration to ensure patient 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](mailto: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!**

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