

# National Physical Therapy Examination (NPTE) Special Practice Exam (Sample)

## Study Guide



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## **Questions**

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- 1. During Craig's test, what is considered normal anteversion?**
  - A. Less than 8 degrees**
  - B. 8-15 degrees**
  - C. 15-20 degrees**
  - D. Greater than 20 degrees**
- 2. What does the Knee Valgus Stress Test primarily assess?**
  - A. Anterior cruciate ligament injury**
  - B. Medial collateral ligament integrity**
  - C. Lateral collateral ligament integrity**
  - D. Posterior cruciate ligament injury**
- 3. What is a common complication to monitor in post-operative physical therapy?**
  - A. Pain management only**
  - B. Infection at the surgical site**
  - C. Scar tissue development**
  - D. Decreased mobility in adjacent areas**
- 4. What condition can be detected with Morton's Test?**
  - A. Achilles tendon rupture**
  - B. Subscapularis lesion**
  - C. Neuroma or metatarsalgia**
  - D. Shoulder impingement**
- 5. Which test evaluates the integrity of the median nerve at the wrist?**
  - A. Reverse Phalen Test**
  - B. Pronator Teres Test**
  - C. Mill's Test**
  - D. Elbow Flexion Test**

- 6. What pathology does Ludington's Test evaluate?**
- A. Shoulder muscle strain**
  - B. Rotator cuff injury**
  - C. Biceps tendon pathology**
  - D. Anterior dislocation of the shoulder**
- 7. In which position does the patient perform the Glenoid Labrum Tear Test?**
- A. Sitting**
  - B. Standing**
  - C. Supine**
  - D. Prone**
- 8. What does a positive Tinel's sign indicate?**
- A. Pain in the biceps tendon area**
  - B. Integrity of the tibial nerve**
  - C. Weakness in the supraspinatus muscle**
  - D. Shoulder instability**
- 9. What does a positive result in Mill's Test indicate?**
- A. Pain over the medial epicondyle**
  - B. Pain in lateral epicondyle region**
  - C. Paresthesia in median nerve distribution**
  - D. Pain in the wrist extensors**
- 10. What is a primary goal of post-surgical rehabilitation?**
- A. To delay recovery time**
  - B. To emphasize strength training only**
  - C. To restore function and strength while minimizing complications**
  - D. To maximize the length of hospital stay**

## **Answers**

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

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## **Explanations**

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**1. During Craig's test, what is considered normal anteversion?**

- A. Less than 8 degrees**
- B. 8-15 degrees**
- C. 15-20 degrees**
- D. Greater than 20 degrees**

In the context of Craig's test, which evaluates femoral anteversion, normal anteversion is recognized to range between 8 to 15 degrees. This range is clinically significant as it helps to determine the position of the femoral neck in relation to the acetabulum. When the anteversion angle falls within this range, it is generally regarded as typical for a healthy adult hip. Values below 8 degrees may suggest retroversion, where the femoral neck is oriented posteriorly, potentially leading to altered movement patterns and increased susceptibility to impingement. Conversely, values greater than 15 degrees indicate increased anteversion, which can be associated with in-toeing gait patterns and hip instability, potentially affecting the patient's function and risk of injury. Thus, identifying an anteversion angle within the 8 to 15-degree range is essential for clinical assessment and intervention planning.

**2. What does the Knee Valgus Stress Test primarily assess?**

- A. Anterior cruciate ligament injury**
- B. Medial collateral ligament integrity**
- C. Lateral collateral ligament integrity**
- D. Posterior cruciate ligament injury**

The Knee Valgus Stress Test is primarily used to assess the integrity of the medial collateral ligament (MCL). During this test, the clinician applies a lateral force to the knee while it is slightly flexed, which stresses the MCL. If the ligament is intact, the knee should provide resistance to the lateral force. However, if there is laxity or excessive movement, it indicates a possible injury to the MCL. Understanding the significance of this test is crucial because injuries to the MCL can occur due to direct trauma (such as in contact sports) or due to excessive stress applied to the inside of the knee. Clinicians can then use the results of this test to determine the extent of the injury and develop an appropriate treatment plan. The other options relate to different ligaments and their respective assessments, but are not involved in the Valgus Stress Test. The focus here is specifically on the MCL's function and condition, making it central to this particular testing procedure.

### **3. What is a common complication to monitor in post-operative physical therapy?**

- A. Pain management only**
- B. Infection at the surgical site**
- C. Scar tissue development**
- D. Decreased mobility in adjacent areas**

Monitoring for infection at the surgical site is crucial in post-operative physical therapy because infections can significantly impede recovery and lead to more severe complications. Post-surgical infections can manifest as increased redness, swelling, warmth, and discharge at the site, and they can contribute to systemic symptoms like fever. Identifying and addressing an infection promptly can prevent further complications, such as delayed wound healing, prolonged hospitalization, or the need for additional surgical interventions. The monitoring of other complications, such as pain management, scar tissue development, and decreased mobility in adjacent areas, is also important but does not typically carry the same immediate risk as an infection. Effective pain management is necessary for patient comfort and compliance, while scar tissue development and decreased mobility in adjacent areas can be addressed through appropriate therapeutic interventions. However, they usually develop later in the post-operative period and do not represent acute threats to the patient's health as infections do. Therefore, the priority in the post-operative stage is to keep a vigilant eye on potential signs of infection for timely intervention and optimal recovery.

### **4. What condition can be detected with Morton's Test?**

- A. Achilles tendon rupture**
- B. Subscapularis lesion**
- C. Neuroma or metatarsalgia**
- D. Shoulder impingement**

Morton's Test is specifically designed to help assess conditions related to the forefoot, primarily focusing on the presence of a neuroma, such as a Morton's neuroma, or to evaluate metatarsalgia. During the test, the examiner applies pressure to the metatarsal heads, which could reproduce symptoms if a neuroma is present, leading to pain, tingling, or numbness in the toes. The correct identification of this test is crucial because Morton's neuroma commonly occurs between the third and fourth toes and results from nerve compression in that area. Therefore, the application of Morton's Test directly correlates with diagnosing neuromas or conditions such as metatarsalgia, making this the appropriate choice. Other conditions listed do not relate to the area assessed by Morton's Test. An Achilles tendon rupture pertains to the back of the ankle and involves different assessment techniques. A subscapularis lesion is associated with the shoulder and tested using different maneuvers aimed at evaluating shoulder function and stability. Shoulder impingement also concerns the upper limb and requires specific tests to assess shoulder mechanics.

**5. Which test evaluates the integrity of the median nerve at the wrist?**

- A. Reverse Phalen Test**
- B. Pronator Teres Test**
- C. Mill's Test**
- D. Elbow Flexion Test**

The Reverse Phalen Test, also known as the prayer sign test, is specifically designed to evaluate the integrity of the median nerve at the wrist. During this test, the patient places their palms together in the position of prayer and holds the position for one minute. This position places tension on the median nerve as it passes through the carpal tunnel, allowing for assessment of any symptoms such as tingling, numbness, or pain that may indicate median nerve compression or dysfunction, typically associated with conditions like carpal tunnel syndrome. The other tests do not directly assess the median nerve at the wrist. The Pronator Teres Test evaluates for median nerve entrapment at the elbow, particularly between the two heads of the pronator teres muscle. Mill's Test is used to assess lateral epicondylitis, focusing on the common extensor tendons at the elbow rather than the median nerve. The Elbow Flexion Test is primarily used to assess ulnar nerve issues rather than the integrity of the median nerve. Therefore, the Reverse Phalen Test most accurately evaluates the median nerve at the wrist, making it the correct choice.

**6. What pathology does Ludington's Test evaluate?**

- A. Shoulder muscle strain**
- B. Rotator cuff injury**
- C. Biceps tendon pathology**
- D. Anterior dislocation of the shoulder**

Ludington's Test is specifically designed to evaluate biceps tendon pathology. During this test, the patient is asked to clasp their hands behind their head, which allows the examiner to palpate the biceps tendon in the groove. By having the patient alternately contract and relax the biceps muscle, the examiner observes any abnormal movement or tenderness, which can indicate issues such as tendonitis, subluxation, or tearing of the biceps tendon. This test is particularly useful in distinguishing between biceps tendon issues and other shoulder pathologies, thus emphasizing its focus on the biceps tendon rather than the surrounding muscles or related structures.

**7. In which position does the patient perform the Glenoid Labrum Tear Test?**

- A. Sitting**
- B. Standing**
- C. Supine**
- D. Prone**

The Glenoid Labrum Tear Test is performed in a supine position. This positioning is essential because it allows for optimal access and mobility to the shoulder joint for testing. In this position, the practitioner can effectively assess any signs of a labral tear by applying specific maneuvers without the constraints that might be encountered in other positions. Performing the test in supine helps in stabilizing the shoulder while manipulating the arm, thereby ensuring that the forces applied during the assessment can be accurately observed for any abnormal responses. This is crucial for maintaining the integrity of the test as well as ensuring the safety and comfort of the patient during the evaluation process.

**8. What does a positive Tinel's sign indicate?**

- A. Pain in the biceps tendon area**
- B. Integrity of the tibial nerve**
- C. Weakness in the supraspinatus muscle**
- D. Shoulder instability**

A positive Tinel's sign is an important clinical finding that indicates irritation or damage to a nerve. Specifically, it is most commonly associated with the presence of neuropathy related to the median nerve, particularly in cases of carpal tunnel syndrome, though it can apply to other nerves as well. In the case of a positive Tinel's sign at the wrist, tapping over the median nerve leads to tingling or a "pins and needles" sensation along the median nerve distribution, which supports the notion of nerve irritation or entrapment. When referring specifically to the tibial nerve, a positive Tinel's sign would indicate similarly that the nerve is being affected, which might occur, for example, at the tarsal tunnel. The other options provided do not align with what the Tinel's sign specifically assesses. Pain in the biceps tendon area pertains more to issues within the shoulder or biceps pathology rather than nerve irritation. Weakness in the supraspinatus muscle relates to rotator cuff pathology and doesn't have a direct correlation with Tinel's sign. Similarly, shoulder instability is characterized by a person's inability to maintain the glenohumeral joint position and is not assessed by Tinel's test. Thus, the correct identification of a

**9. What does a positive result in Mill's Test indicate?**

- A. Pain over the medial epicondyle**
- B. Pain in lateral epicondyle region**
- C. Paresthesia in median nerve distribution**
- D. Pain in the wrist extensors**

A positive result in Mill's Test indicates pain in the lateral epicondyle region. This test is specifically designed to assess for lateral epicondylitis, commonly known as "tennis elbow." During the test, the patient's arm is placed in extension, the wrist is flexed, and resistance is applied to the wrist flexors. Pain elicited in the area of the lateral epicondyle suggests irritation or inflammation of the common extensor tendons at their origin, confirming the diagnosis of lateral epicondylitis. Understanding the other potential options helps clarify the specificity of the Mill's Test. Pain over the medial epicondyle is not associated with Mill's Test, as it focuses on the lateral aspect of the elbow. Paresthesia in the median nerve distribution is indicative of issues such as carpal tunnel syndrome, rather than lateral epicondylitis. Furthermore, pain in the wrist extensors typically aligns with the test outcome, but is broader than the precise location indicated by a positive Mill's Test, which is specifically in the lateral epicondyle.

**10. What is a primary goal of post-surgical rehabilitation?**

- A. To delay recovery time**
- B. To emphasize strength training only**
- C. To restore function and strength while minimizing complications**
- D. To maximize the length of hospital stay**

The primary goal of post-surgical rehabilitation is to restore function and strength while minimizing complications. After surgery, patients often experience pain, reduced mobility, and the risk of complications such as infections or adhesions. A well-structured rehabilitation program focuses on enhancing recovery by promoting healing, regaining the range of motion, improving strength, and ensuring that the patient can return to their normal activities safely and effectively. This approach involves tailored exercises, education on proper movement mechanics, and sometimes the use of assistive devices, all aimed at optimizing recovery outcomes. By focusing on restoring function and strength, rehabilitation helps prevent long-term disability and enhances the quality of life for patients post-surgery. Thus, prioritizing functional recovery and minimizing potential complications is essential in the rehabilitation process following surgical interventions.