NM3 Spinal Cord Injury (SCI) 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

1. **A patient with C3 ASIA A SCI uses a power reclining wheelchair with sip-and-puff control. Which method of pressure relief would this patient MOST likely use independently?**

   A. Push-up pressure relief

   B. Side lean pressure relief

   C. Power tilt/recline

   D. Forward lean pressure relief

2. **During a T2 AIS A SCI sitting transition, the patient becomes dizzy and hypotensive. Which intervention is MOST appropriate before the next attempt?**

   A. Immediately call 911 and prepare for emergency transport

   B. Recline the patient, elevate the lower extremities, and apply an abdominal binder and compression stockings before the next attempt

   C. Instruct the patient to perform a Valsalva maneuver to increase blood pressure

   D. Administer assisted cough techniques to improve venous return

3. **A physical therapist is comparing power wheelchair drive configurations. A mid-wheel (center-wheel) drive power wheelchair would be MOST appropriate for a patient who prioritizes which of the following?**

   A. Maximum stability going uphill

   B. The smallest possible turning radius for navigating tight indoor spaces

   C. Maximum speed for outdoor use

   D. The ability to climb curbs independently

4. **For functional long sitting in tetraplegia, the recommended SLR angle is approximately 110 degrees.**

   A. 60 degrees

   B. 90 degrees

   C. 110 degrees

   D. 140 degrees

5. Spasticity following SCI occurs MOST commonly in which types of injuries?

A. Lumbar and sacral level injuries only

B. Cervical and upper thoracic level injuries; can occur in both complete and incomplete lesions

C. Only in incomplete injuries regardless of neurological level

D. Only in complete injuries at any level

6. A patient with a C5 AIS A SCI has been in acute rehabilitation for 4 weeks and says, 'I know I can't change what happened, but I'm ready to learn how to be as independent as possible.' This statement is MOST consistent with which stage of grief?

A. Bargaining

B. Denial

C. Anger

D. Acceptance

7. A 30-year-old patient with T12 AIS A paraplegia has greater than normal upper-extremity strength, full lower-extremity ROM, and good endurance. What is the MOST realistic ambulation expectation for this patient?

A. Community ambulation with bilateral AFOs and forearm crutches using a reciprocal gait pattern

B. No functional ambulation potential; wheelchair mobility only

C. Independent ambulation without any assistive device or orthosis

D. Household or limited community ambulation with KAFOs and ambulatory aids with greater potential for community ambulation than higher thoracic levels

8. In a patient with C7 tetraplegia, elbow extension is full (grade 5) and wrist flexion is grade 4, but finger flexion (C8) is absent. Sensory testing shows intact light touch at C8 and absent sensation below T1. What is the motor level?

A. C8

B. T1

C. T2

D. C7

9. A patient with T6 AIS A paraplegia has full upper extremity strength and good trunk stability. Which wheelchair type is MOST appropriate for this patient's primary mobility?

A. Power wheelchair with tilt and recline

B. Manual ultralightweight rigid-frame wheelchair with appropriate cushion

C. Power wheelchair with sip-and-puff control

D. Manual standard-weight folding wheelchair with elevating leg rests

10. Which of the following is a known limitation of gel wheelchair cushions?

A. They provide no pressure relief over bony prominences

B. They are extremely lightweight

C. The gel tends to disperse over time, causing the patient to "bottom out" on the foam base

D. They cannot be contoured to match the patient's anatomy

Answers

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

Explanations

1. A patient with C3 ASIA A SCI uses a power reclining wheelchair with sip-and-puff control. Which method of pressure relief would this patient MOST likely use independently?

A. Push-up pressure relief

B. Side lean pressure relief

C. Power tilt/recline

D. Forward lean pressure relief

Independence in pressure relief for someone with a high cervical SCI depends on what can be done without arm or hand function. A C3 ASIA A injury typically leaves almost no voluntary movement below the neck, so options that require lifting the body with the arms or actively leaning using the trunk aren't feasible. The power tilt/recline feature, however, lets the chair redistribute body weight by tilting the seat and back without needing arm strength. With sip-and-puff control, the user can activate this adjustment on demand, making it the most practical and achievable method for independent pressure relief. By tilting, the pressure on the sitting bones decreases and circulation improves, reducing the risk of pressure injuries.

2. During a T2 AIS A SCI sitting transition, the patient becomes dizzy and hypotensive. Which intervention is MOST appropriate before the next attempt?

A. Immediately call 911 and prepare for emergency transport

B. Recline the patient, elevate the lower extremities, and apply an abdominal binder and compression stockings before the next attempt

C. Instruct the patient to perform a Valsalva maneuver to increase blood pressure

D. Administer assisted cough techniques to improve venous return

The scenario targets how to prevent orthostatic hypotension during an upright transition after a thoracic SCI. With injury at this level, the sympathetic nerves that keep blood vessels somewhat constricted are disrupted, so blood tends to pool in the legs and abdomen when shifting to a sit or stand. That pooling drops venous return and lowers blood pressure, causing dizziness. The most appropriate pre-emptive step is to reposition the patient to a more reclined posture, elevate the legs, and use devices that boost venous return: an abdominal binder plus compression stockings. Reclining reduces the immediate upright stress on the circulation; elevating the legs helps push blood back toward the heart; the abdominal binder increases intra-abdominal pressure to push venous blood toward the central circulation, while compression stockings minimize venous pooling in the legs. Together, these measures stabilize preload and blood pressure, making the next attempt safer. Valsalva maneuver would worsen blood pressure by increasing intrathoracic pressure and reducing venous return, so it's not appropriate. Assisting cough aids airway clearance rather than hemodynamics. Immediate transport is not the targeted pre-transition measure in this context.

3. A physical therapist is comparing power wheelchair drive configurations. A mid-wheel (center-wheel) drive power wheelchair would be MOST appropriate for a patient who prioritizes which of the following?

A. Maximum stability going uphill

B. The smallest possible turning radius for navigating tight indoor spaces

C. Maximum speed for outdoor use

D. The ability to climb curbs independently

The key idea here is how drive configuration affects maneuverability in tight spaces. With a center-wheel (mid-wheel) drive, the drive wheels are placed in the middle of the base. When you turn, the chair pivots around that central point, and the front and rear casters help complete a very tight arc. This geometry gives the smallest turning radius, which makes it particularly well suited for navigating narrow indoor corridors, doorways, and crowded rooms. So, for someone who needs to maneuver through tight indoor spaces, this setup offers the most practical advantage. Other priorities—like uphill stability, high speed outdoors, or climbing curbs—depend more on motor power, weight distribution, and overall chassis design rather than turning radius, so they wouldn't be the main benefit of choosing a mid-wheel drive.

4. For functional long sitting in tetraplegia, the recommended SLR angle is approximately 110 degrees.

A. 60 degrees

B. 90 degrees

C. 110 degrees

D. 140 degrees

The key idea is that the straight-leg raise (SLR) angle used in this context reflects how much hip flexion is available to position the leg for a functional long-sitting posture in tetraplegia. Reaching about 110 degrees of hip flexion with the knee kept straight provides enough mobility to bring the leg forward into a long-sitting position while maintaining a stable pelvis and allowing the arms to work for daily tasks. This degree of flexibility helps keep trunk alignment comfortable and prevents compensatory movements that could destabilize posture. If the angle were much smaller, like 60 degrees, there wouldn't be enough hip flexion to place the leg forward for functional tasks. A 90-degree angle is often not sufficient for truly functional long sitting, where the leg needs to be positioned forward with control. Going up to 140 degrees would require excessive hip flexion, which can be unsafe or uncomfortable and may disrupt pelvic stability or provoke spasticity.

5. Spasticity following SCI occurs MOST commonly in which types of injuries?

A. Lumbar and sacral level injuries only

B. Cervical and upper thoracic level injuries; can occur in both complete and incomplete lesions

C. Only in incomplete injuries regardless of neurological level

D. Only in complete injuries at any level

Spasticity after spinal cord injury is an upper motor neuron phenomenon caused by loss of supraspinal inhibition of spinal reflexes. When the injury is at the cervical or upper thoracic levels, the descending inhibitory pathways are disrupted over a large portion of the cord, so the reflex circuits below the lesion become hyperexcitable. This makes spasticity more likely in these higher injuries because more of the motor neurons and reflex arcs below the lesion are left intact to be disinhibited. It can occur in both complete and incomplete injuries because the mechanism is the loss of inhibitory input, not the presence of any particular amount of preserved function. Spasticity often emerges after the initial spinal shock phase, weeks to months after injury.

6. A patient with a C5 AIS A SCI has been in acute rehabilitation for 4 weeks and says, 'I know I can't change what happened, but I'm ready to learn how to be as independent as possible.' This statement is MOST consistent with which stage of grief?

A. Bargaining

B. Denial

C. Anger

D. Acceptance

This question is about how someone adjusts emotionally after a spinal cord injury and moves toward action. The statement shows recognizing the reality of the situation and a clear resolve to work toward greater independence. That combination—accepting what happened and focusing on next steps to regain function and independence—fits the acceptance stage. Acceptance can still coexist with grief or frustration, but it is characterized by readiness to engage in rehabilitation, learn new skills, and adapt to limitations rather than denying the reality, blaming others, or bargaining for a different outcome. Bargaining would involve promises for a different result, denial would be refusal to accept the reality, and anger would show up as hostility or resentment rather than constructive focus on goals.

7. A 30-year-old patient with T12 AIS A paraplegia has greater than normal upper-extremity strength, full lower-extremity ROM, and good endurance. What is the MOST realistic ambulation expectation for this patient?

A. Community ambulation with bilateral AFOs and forearm crutches using a reciprocal gait pattern

B. No functional ambulation potential; wheelchair mobility only

C. Independent ambulation without any assistive device or orthosis

D. Household or limited community ambulation with KAFOs and ambulatory aids with greater potential for community ambulation than higher thoracic levels

Ambulation potential after a complete T12 spinal cord injury hinges on how low the injury is and how much functional control can be supported with braces and upper-limb strength. With a complete lesion at T12 (AIS A), there is no motor function below the level, so unassisted walking isn't expected. However, being at the lower thoracic level means the person can often achieve household or limited community ambulation using knee-ankle-foot orthoses (KAFOs) and ambulatory aids (like forearm crutches). The KAFOs provide knee stability, allowing a functional stepping pattern when powered by strong upper-extremity muscles and good endurance. This setup offers more ambulation potential than higher thoracic injuries, which have less trunk and leg control to support walking with braces. In contrast, trying to walk with only AFOs and forearm crutches would not provide the necessary knee stability for someone with a complete T12 injury, and independent ambulation without any device is unlikely. Wheelchair-only scenarios overlook the ability to train and achieve at least household ambulation with appropriate braces and assistive devices when the level is as low as T12.

8. In a patient with C7 tetraplegia, elbow extension is full (grade 5) and wrist flexion is grade 4, but finger flexion (C8) is absent. Sensory testing shows intact light touch at C8 and absent sensation below T1. What is the motor level?

A. C8

B. T1

C. T2

D. C7

Motor level is set by the most caudal key muscle that has at least a 3/5 strength, with all muscles above it functioning at least as well as this level. In this scenario, elbow extension (the C7 key movement) is normal (5/5), while finger flexion (C8) is absent. Since the next more caudal key muscle (C8) does not meet the 3/5 threshold, the most caudal intact motor function is at C7. The wrist (C6) is 4/5, which is better than 3/5 but still roped above the C7 level, so it doesn't change the conclusion. Sensory testing shows intact sensation at C8 and absent sensation below T1, indicating a sensory level around T1, but the motor level is determined by the most caudal motor function, which here is C7. Therefore, the motor level is C7.

9. A patient with T6 AIS A paraplegia has full upper extremity strength and good trunk stability. Which wheelchair type is MOST appropriate for this patient's primary mobility?

A. Power wheelchair with tilt and recline

B. Manual ultralightweight rigid-frame wheelchair with appropriate cushion

C. Power wheelchair with sip-and-puff control

D. Manual standard-weight folding wheelchair with elevating leg rests

With a T6 AIS A injury, the person has full upper-extremity strength and good trunk control, so active manual propulsion is a realistic goal. The best option for primary mobility is a manual ultralightweight rigid-frame wheelchair with an appropriate cushion. The ultralightweight design reduces the mass the user has to push, which lowers energy expenditure and makes propulsion easier and less tiring over long distances. A rigid-frame chair provides a direct, efficient transfer of effort into forward movement and better overall maneuverability, which is especially helpful in tight spaces and during daily activities. The cushion is essential to support proper pelvic alignment and distribute pressure to prevent skin breakdown during extended sitting. Other options are less suited here because they add unnecessary weight or complexity when manual propulsion is feasible. A power chair with tilt and recline offers repositioning features you can do manually or with alternative controls but adds weight, cost, and maintenance. A power chair with sip-and-puff is meant for limited hand function, which isn't needed given full upper-extremity strength. A standard-weight folding chair with elevating leg rests is heavier and less efficient to propel than an ultralightweight rigid-frame chair, making daily mobility more effortful.

10. Which of the following is a known limitation of gel wheelchair cushions?

A. They provide no pressure relief over bony prominences

B. They are extremely lightweight

C. The gel tends to disperse over time, causing the patient to "bottom out" on the foam base

D. They cannot be contoured to match the patient's anatomy

Gel cushions rely on pockets of gel to spread pressure away from bony areas. Over time and with repeated seating, shear, and temperature changes, the gel can migrate or lose its structure. When this happens, the cushion can lose its contour and thickness, so the person ends up sitting on the foam base beneath the gel layer. That "bottoming out" means the cushion no longer provides the intended pressure distribution, which is a documented limitation of gel cushions. Other statements don't reflect this common issue: gel cushions do offer pressure relief when they're functioning well, they're not inherently extremely lightweight, and many models can be contoured to fit anatomy. The persistent problem is gel dispersion over time leading to loss of support.

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://nm3sci.examzify.com

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