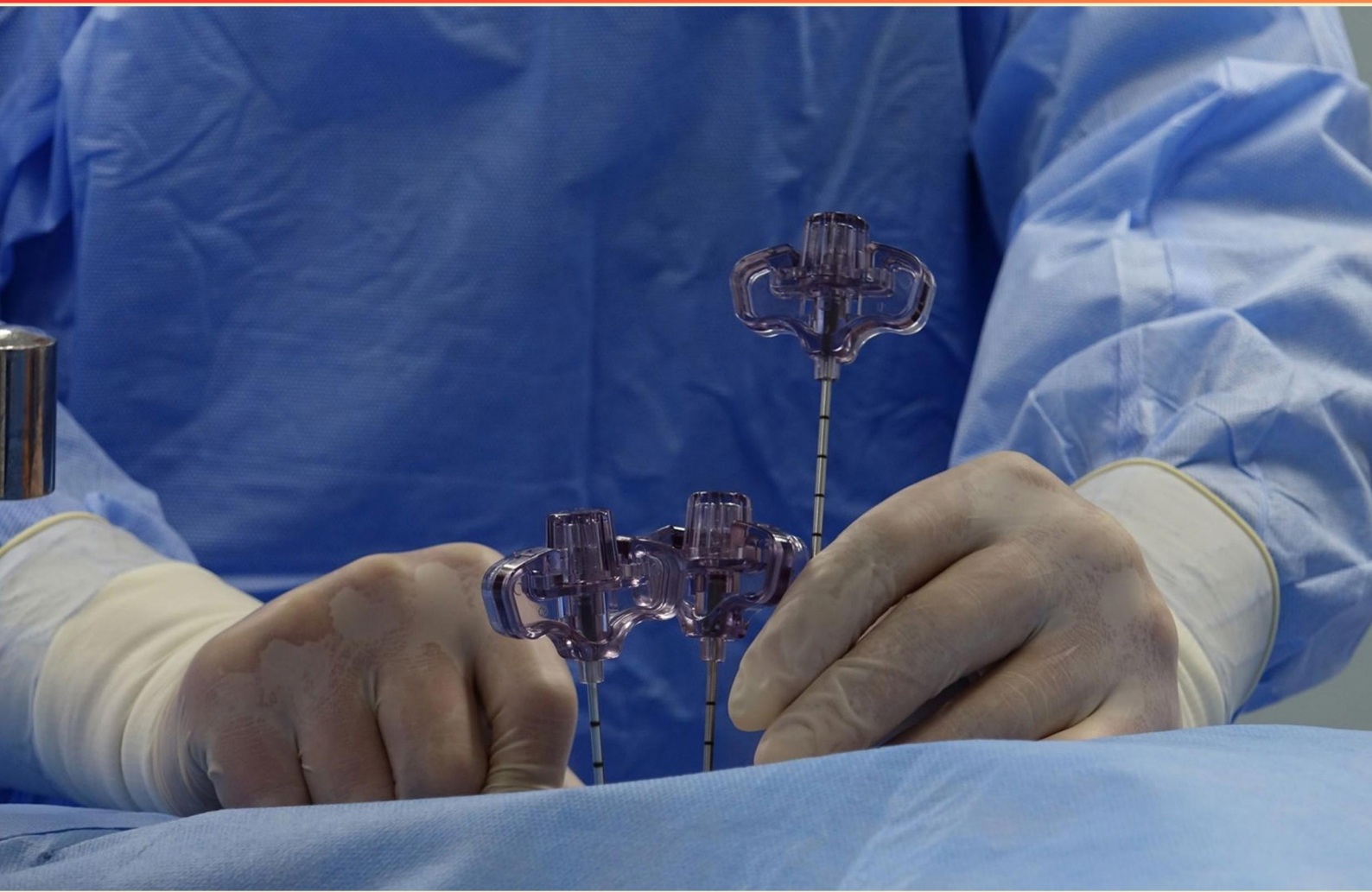


NM3 SPINAL CORD INJURY (SCI) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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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. A patient with C5 AIS A SCI reports nocturnal bilateral leg spasms that wake the patient and interfere with transfers. Which should the therapist investigate FIRST?**
 - A. Whether the patient has developed a new noxious stimulus below the level of injury, such as a UTI, pressure ulcer, or ingrown toenail
 - B. Whether the patient's diet has changed recently
 - C. Whether the patient has been performing too many push-up pressure reliefs
 - D. Whether the patient needs a new wheelchair cushion
- 2. A physical therapist working with a patient who has a C5 AIS A tetraplegia wants to comprehensively evaluate hand function including strength, sensation, and prehension. Which outcome measure was designed SPECIFICALLY for this purpose in cervical SCI?**
 - A. CUE (Capabilities of Upper Extremity) Functioning Instrument
 - B. GRASSP (Graded and Redefined Assessment of Sensibility, Strength and Prehension)
 - C. Handheld Dynamometry (HHD)
 - D. Wheelchair User's Shoulder Pain Index (WUSPI)
- 3. During compensatory standing with KAFOs, a patient with T6 AIS A paraplegia achieves a stable upright posture by extending the hips fully while using a walker. Which anatomical structure is the patient relying on for passive stability at the hips?**
 - A. The iliofemoral (Y) ligament
 - B. The posterior cruciate ligament
 - C. The anterior longitudinal ligament of the lumbar spine
 - D. The iliotibial band
- 4. Extensor hallucis longus corresponds to which myotome level?**
 - A. L3
 - B. L4
 - C. L5
 - D. S1

- 5. If you increase body weight support during body weight-supported treadmill training, what is the expected effect on lower-extremity muscle activation?**
- A. Decreased lower extremity muscle activation
 - B. Increased lower extremity muscle activation
 - C. No change in muscle activation
 - D. Varied depending on individual response
- 6. Tilt-in-space on a power wheelchair is primarily used to provide pressure relief by redistributing pressure away from which area?**
- A. From the ischial tuberosities to the posterior trunk
 - B. From the heels to the toes
 - C. From the thighs to the knees
 - D. From the shoulders to the chest
- 7. A button looper, zipper pull, and long-handled shoehorn are examples of which category of adaptive equipment commonly used in SCI rehabilitation?**
- A. Transfer aids
 - B. Communication devices
 - C. Dressing aids
 - D. Respiratory devices
- 8. A physical therapist wants to measure quality of life across physical, psychological, social, and environmental domains in a patient with chronic SCI, but worries the measure may miss SCI-specific issues such as wheelchair environment barriers. Which outcome measure is MOST likely being considered?**
- A. LiSat-9/LiSat-11
 - B. NAC (Needs Assessment Checklist)
 - C. CHART
 - D. WHOQOL-BREF

9. A patient's ASIA exam reveals no VAC, absent DAP, and 0/2 scores for S4-S5 light touch/pinprick. All other criteria suggest completeness. What AIS grade is assigned?
- A. AIS A
 - B. AIS B
 - C. AIS C
 - D. AIS E
10. Which sequence represents the stages of grief in the Kübler-Ross model?
- A. Anger, denial, bargaining, depression, acceptance
 - B. Denial, anger, bargaining, depression, acceptance
 - C. Depression, denial, anger, bargaining, acceptance
 - D. Bargaining, denial, depression, anger, acceptance

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Answers

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

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Explanations

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1. A patient with C5 AIS A SCI reports nocturnal bilateral leg spasms that wake the patient and interfere with transfers. Which should the therapist investigate FIRST?

- A. Whether the patient has developed a new noxious stimulus below the level of injury, such as a UTI, pressure ulcer, or ingrown toenail**
- B. Whether the patient's diet has changed recently
- C. Whether the patient has been performing too many push-up pressure reliefs
- D. Whether the patient needs a new wheelchair cushion

When a person with spinal cord injury develops new nocturnal leg spasms, the first thing to check is whether there is a new noxious stimulus below the level of injury. Nociceptive input from sources such as a urinary tract infection, a developing pressure ulcer, or a painful ingrown toenail can trigger reflex spasms in someone with a complete injury like C5 AIS A. These triggers are common and addressable, and treating them often reduces or eliminates the spasms, which can improve sleep and, in turn, transfers. So, the therapist should start by assessing for signs of infection or tissue injury below the injury level—check for urinary symptoms and perform a quick UA if indicated, examine skin for breakdown, and inspect the nails for ingrown toenails. If a noxious stimulus is found and addressed, the spasms often lessen. If no stimulus is found, consider other contributors to spasticity or cramping, but the priority is to identify and mitigate any new source of noxious input.

2. A physical therapist working with a patient who has a C5 AIS A tetraplegia wants to comprehensively evaluate hand function including strength, sensation, and prehension. Which outcome measure was designed SPECIFICALLY for this purpose in cervical SCI?

- A. CUE (Capabilities of Upper Extremity) Functioning Instrument
- B. GRASSP (Graded and Redefined Assessment of Sensibility, Strength and Prehension)**
- C. Handheld Dynamometry (HHD)
- D. Wheelchair User's Shoulder Pain Index (WUSPI)

The key idea is using an outcome measure designed specifically to capture hand function in cervical spinal cord injury, including how the hand works in terms of strength, sensation, and prehension. GRASSP is built for this purpose in cervical SCI and covers all three areas in a coordinated way. GRASSP has three components that align with the patient's needs: Sensibility, which assesses hand-related sensory function relevant to using the hand; Strength, which evaluates the key intrinsic and extrinsic hand muscles involved in grasp and dexterity; and Prehension, which looks at functional grasp patterns and the ability to perform different types of grip (lateral pinch, palmar pinch, tip pinch, etc.). The scoring is structured to track meaningful changes over time and it has established reliability and validity for people with cervical SCI, making it well-suited to evaluate comprehensive hand function in this population. The other measures don't fit as specifically. The CUE Functioning Instrument targets upper-extremity function in a broader sense but isn't designed specifically for the cervical SCI hand function triad of strength, sensation, and prehension. Handheld dynamometry measures force in individual muscles or grips but omits sensory assessment and functional prehension tasks. The Wheelchair User's Shoulder Pain Index focuses on shoulder pain and its impact on wheelchair use, not on hand function per se. So, GRASSP is the best choice for a cervical SCI patient needing a comprehensive evaluation of hand function across strength, sensation, and prehension.

3. During compensatory standing with KAFOs, a patient with T6 AIS A paraplegia achieves a stable upright posture by extending the hips fully while using a walker. Which anatomical structure is the patient relying on for passive stability at the hips?

- A. The iliofemoral (Y) ligament**
- B. The posterior cruciate ligament
- C. The anterior longitudinal ligament of the lumbar spine
- D. The iliotibial band

The iliofemoral ligament, the Y-shaped band at the front of the hip, provides passive stability when the hip is extended. As the hip fully extends while standing with KAFOs, this anterior hip capsule ligament becomes taut and acts like a checkrein, limiting hyperextension and helping maintain an upright posture with little muscular effort. The other structures aren't the primary source of hip stability in this position: the posterior cruciate ligament is in the knee, not the hip; the anterior longitudinal ligament runs along the spine and doesn't stabilize the hip; and the iliotibial band is a lateral thigh structure that doesn't serve as the main passive stabilizer for hip extension in standing.

4. Extensor hallucis longus corresponds to which myotome level?

- A. L3
- B. L4
- C. L5**
- D. S1

The key idea is linking muscle actions to spinal nerve root levels (myotomes). Extensor hallucis longus does big toe extension, a function primarily supplied by the L5 nerve root. In clinical testing, big toe extension points to the L5 myotome, while ankle dorsiflexion (tibialis anterior) is mainly L4 and ankle plantarflexion (gastrocnemius) is mainly S1. So, for the action of extending the big toe, the correct myotome level is L5.

5. If you increase body weight support during body weight-supported treadmill training, what is the expected effect on lower-extremity muscle activation?

- A. Decreased lower extremity muscle activation**
- B. Increased lower extremity muscle activation
- C. No change in muscle activation
- D. Varied depending on individual response

Increasing body weight support reduces the load that the legs must bear and move. With less vertical load and smaller joint moments to generate, the brain sends fewer commands to the lower-extremity muscles, so muscle activation measured during walking decreases. In body weight-supported treadmill training, more unloading typically leads to lower EMG activity in the major leg muscles as you practice stepping with less resistance. This trend holds across many individuals, though the exact amount of reduction can vary from person to person.

6. Tilt-in-space on a power wheelchair is primarily used to provide pressure relief by redistributing pressure away from which area?

A. From the ischial tuberosities to the posterior trunk

B. From the heels to the toes

C. From the thighs to the knees

D. From the shoulders to the chest

Tilt-in-space is used to relieve pressure by shifting weight off the sit bones and redistributing contact toward the back of the chair. In a seated position, the ischial tuberosities bear most of the load, and prolonged pressure there can lead to tissue damage. By tilting the seat, the user's weight moves toward the posterior trunk and backrest, increasing contact area and reducing pressure on the ischial tuberosities. The other areas listed aren't the primary load in a seated wheelchair, and tilting in this way doesn't target those regions in the same protective way.

7. A button looper, zipper pull, and long-handled shoehorn are examples of which category of adaptive equipment commonly used in SCI rehabilitation?

A. Transfer aids

B. Communication devices

C. Dressing aids

D. Respiratory devices

These tools are designed to help with clothing-related tasks, enabling independent dressing when grip or range of motion is limited. A button looper reduces the need to manipulate small buttons, a zipper pull makes zipping easier, and a long-handled shoehorn allows slipping shoes on without bending or awkward hand positions. Because they specifically support dressing activities rather than transferring, communicating, or breathing assistance, they fit under dressing aids.

8. A physical therapist wants to measure quality of life across physical, psychological, social, and environmental domains in a patient with chronic SCI, but worries the measure may miss SCI-specific issues such as wheelchair environment barriers. Which outcome measure is MOST likely being considered?

A. LiSat-9/LiSat-11

B. NAC (Needs Assessment Checklist)

C. CHART

D. WHOQOL-BREF

Measuring quality of life across physical, psychological, social, and environmental domains requires a tool designed to capture these four areas of experience, not just function or satisfaction in isolation. The WHOQOL-BREF fits this need because it explicitly covers four domains—physical health, psychological health, social relationships, and environment—in a concise format. This makes it well suited to reflect how chronic SCI affects overall well-being, including environmental factors like wheelchair accessibility, transportation, safety, and access to services that can barrier or enable participation. Other options tend to focus more narrowly. LiSat-9/11 assesses life satisfaction as a global judgment rather than a multi-domain QoL profile. The Needs Assessment Checklist centers on unmet needs and resources rather than a broad QoL construct. CHART measures degree of handicap and functional independence, which relates to ability but doesn't comprehensively evaluate QoL across the four specified domains.

9. A patient's ASIA exam reveals no VAC, absent DAP, and 0/2 scores for S4-S5 light touch/pinprick. All other criteria suggest completeness. What AIS grade is assigned?

- A. AIS A
- B. AIS B
- C. AIS C
- D. AIS E**

The key idea is that AIS grading depends on what function remains below the level of injury, including the sacral segments S4–S5. A fully complete injury shows no motor or sensory function below the neurological level, and sacral function is absent. Here, there is no voluntary anal contraction and no deep anal pressure, plus 0/2 sensation at S4–S5. That means there is no sacral sensory or reflex function and no preserved function below the injury. With no motor or sensory preservation below the level, the injury is classified as AIS A (complete). AIS E would require normal, intact motor and sensory function, which is not the case here. In contrast, if there were any preserved sensation or motor function below the injury, or sacral sparing, the grade would be incomplete (B, C, or D depending on the level and amount of preserved motor function).

10. Which sequence represents the stages of grief in the Kübler-Ross model?

- A. Anger, denial, bargaining, depression, acceptance
- B. Denial, anger, bargaining, depression, acceptance**
- C. Depression, denial, anger, bargaining, acceptance
- D. Bargaining, denial, depression, anger, acceptance

In the Kübler-Ross model, grief unfolds in a recognizable sequence: denial, anger, bargaining, depression, acceptance. Denial acts as a protective shield, helping to soften the blow of distress by refusing to accept the reality at first. As that shield fades, anger often surfaces, directed at others or toward the situation as the emotional energy shifts. Bargaining then appears, a mental attempt to regain some control—often expressed as “if only I could...” thoughts or promises. Depression follows as the person begins to fully acknowledge the depth of the loss and its implications. Finally, acceptance comes when the person starts to adjust to the new reality and find a way forward. This ordering is the best answer because it reflects the commonly taught progression of stages, even though real-life experiences can vary and feelings may overlap or shift nonlinearly.

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!

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