

NMSK II PEDIATRIC OUTCOME MEASURES 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. Which scenario best describes intra-rater reliability?

- A. The same rater scores the same performance on two occasions.
- B. Two different raters score the same performance.
- C. A test yields the same result on different days with no change.
- D. A measure correlates with another measure.

2. PEDI-CAT can be administered by which combination?

- A. Clinicians Only
- B. Clinicians, Educators, or Parent Report
- C. Parents Only
- D. Researchers Only

3. Which statement best describes the difference in output between GMFM-66 and GMFM-88?

- A. GMFM-66 yields a single interval score via Rasch analysis.
- B. GMFM-66 yields a single interval score via Rasch analysis, while GMFM-88 provides separate dimension scores and a total percent score from 88 items.
- C. GMFM-66 uses a fixed total percent score from 66 items.
- D. GMFM-66 is designed for infants and GMFM-88 for adolescents.

4. Which statement best describes PEDI-CAT in comparison to PEDI?

- A. PEDI-CAT is fixed-item, PEDI is computer-adaptive.
- B. PEDI-CAT is computer-adaptive, using item response theory for scoring; PEDI is a traditional caregiver-reported measure with fixed items.
- C. PEDI-CAT is designed only for adults.
- D. PEDI-CAT and PEDI have identical scoring.

5. Who can administer the PEDI-CAT?

- A. Clinicians Only
- B. Educators Only
- C. Clinicians, Educators, or Parent Report
- D. Patients Themselves Only

- 6. In Beaton guidelines, which step involves translating the instrument back into the original language?**
- A. Back-translation.
 - B. Forward translation.
 - C. Expert committee review.
 - D. Pre-testing.
- 7. What type of test is the Alberta Infant Motor Scale (AIMS)?**
- A. Norm-referenced observational
 - B. Criterion-referenced screening tool
 - C. Diagnostic instrument for cognitive development
 - D. Parent-reported developmental checklist
- 8. Which ICF domains are addressed by the BOT-2?**
- A. Body Structure/Function and Activity
 - B. Environmental and Participation
 - C. Personal Factors and Body Structure
 - D. Activity and Participation
- 9. What does a high floor effect imply about a measure's utility?**
- A. It indicates the measure is too difficult for all participants.
 - B. It indicates the measure has a ceiling effect.
 - C. It limits detection of improvement in low-functioning individuals.
 - D. It reflects excellent discrimination at the bottom end.
- 10. Which description best characterizes the PEDI-CAT?**
- A. Norm-referenced measure that can be observational or interview
 - B. Criterion-referenced assessment
 - C. Diagnostic test
 - D. Performance-based screening

Answers

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

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Explanations

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1. Which scenario best describes intra-rater reliability?

- A. The same rater scores the same performance on two occasions.**
- B. Two different raters score the same performance.
- C. A test yields the same result on different days with no change.
- D. A measure correlates with another measure.

Intra-rater reliability is about one person rating or scoring the same performance consistently across multiple occasions. If the same rater evaluates the same performance on two different days and the scores are essentially the same, it shows that the rater is stable and dependable over time, minimizing scoring drift or bias. Think of it as the score reflecting the performer, not the rater changing their mind. In contrast, having two different raters score the same performance tests inter-rater reliability, where agreement between raters is examined. When a test gives the same result across different days regardless of who uses it, that's about test-retest reliability—the stability of the measure over time, not the consistency of a single rater. And if a measure relates to another measure, that's about validity, not reliability.

2. PEDI-CAT can be administered by which combination?

- A. Clinicians Only
- B. Clinicians, Educators, or Parent Report**
- C. Parents Only
- D. Researchers Only

PEDI-CAT is designed to capture a child's functional abilities across daily activities by collecting information from the person most familiar with how the child functions in each setting. It can be administered by clinicians in a clinical or research context, by educators who observe the child in school, or by parents/caregivers who report on home life. This flexibility lets the instrument reflect performance across multiple environments and perspectives, giving a more complete picture of the child's abilities and needs. It's not limited to a single reporter type, which is why the option describing clinician, educator, or parent report is the best choice.

3. Which statement best describes the difference in output between GMFM-66 and GMFM-88?

- A. GMFM-66 yields a single interval score via Rasch analysis.
- B. GMFM-66 yields a single interval score via Rasch analysis, while GMFM-88 provides separate dimension scores and a total percent score from 88 items.**
- C. GMFM-66 uses a fixed total percent score from 66 items.
- D. GMFM-66 is designed for infants and GMFM-88 for adolescents.

Rasch analysis is used to place responses on a single, linear scale, turning observed performance into an interval measurement of gross motor function. The GMFM-66 uses 66 items that fit this unidimensional Rasch model, so it yields one overall interval score that represents the child's gross motor ability on a continuous scale. In contrast, the GMFM-88 includes all 88 items arranged into five functional dimensions and provides scores for each dimension plus a total percentage score across all items. That means its outputs are multi-dimensional rather than a single interval estimate. So the difference in output is that the GMFM-66 yields a single interval score, while the GMFM-88 provides separate dimension scores and a total percent score from 88 items.

4. Which statement best describes PEDI-CAT in comparison to PEDI?

- A. PEDI-CAT is fixed-item, PEDI is computer-adaptive.
- B. PEDI-CAT is computer-adaptive, using item response theory for scoring; PEDI is a traditional caregiver-reported measure with fixed items.**
- C. PEDI-CAT is designed only for adults.
- D. PEDI-CAT and PEDI have identical scoring.

PEDI-CAT represents a shift to computer-adaptive testing that uses item response theory for scoring. As the respondent answers items, the system estimates their current level of function and selects subsequent questions that will provide the most information about that level. This tailoring often means fewer questions while keeping precision, and the scoring is driven by IRT estimates. In contrast, the traditional PEDI uses a fixed set of items that are the same for everyone and is typically caregiver-reported without adaptive item selection. It also relies on standard scoring of those fixed items rather than a model-based estimate of ability. The other statements don't fit because PEDI-CAT is not fixed-item, it isn't designed only for adults, and its scoring isn't identical to PEDI.

5. Who can administer the PEDI-CAT?

- A. Clinicians Only
- B. Educators Only
- C. Clinicians, Educators, or Parent Report**
- D. Patients Themselves Only

The PEDI-CAT is designed to be completed by someone who knows the child well across different settings—clinicians, educators, or parents. This flexibility matters because the instrument aims to capture how a child functions in daily life, which requires input from those who observe the child in therapy, at school, and at home. Allowing multiple informants ensures the measure reflects a holistic view of the child's abilities, not just what one person sees in one setting. Relying on the child themselves isn't always feasible or reliable for all ages or communication abilities, and limiting administration to only clinicians or only educators would miss important perspectives from family life or school environments.

6. In Beaton guidelines, which step involves translating the instrument back into the original language?

- A. Back-translation.**
- B. Forward translation.
- C. Expert committee review.
- D. Pre-testing.

The key idea here is to verify that a translated instrument preserves the same meaning as the original. Back-translation is the step where the target-language version is translated back into the original language by independent translators, and then this back-translation is compared to the original. This process helps reveal shifts in meaning, wording, or cultural concepts, ensuring semantic and conceptual equivalence rather than a literal word-for-word rendering. It acts as a quality check before the item goes on to expert review and pre-testing. The other steps have different roles: forward translation creates the initial target-language version, expert committee review reconciles all versions, and pre-testing checks clarity and comprehension in the target population.

7. What type of test is the Alberta Infant Motor Scale (AIMS)?

- A. Norm-referenced observational**
- B. Criterion-referenced screening tool
- C. Diagnostic instrument for cognitive development
- D. Parent-reported developmental checklist

AIMS is an observational, norm-referenced measure of infant gross motor development. It works by having a trained examiner watch an infant perform spontaneous motor tasks across four positions (prone, supine, sitting, and standing) and record which items the infant can demonstrate. Because the results are interpreted using age-specific normative data, the infant's performance is placed in percentile ranks that reflect how their motor skills compare to typical development for their age. This makes it norm-referenced. It is not a criterion-referenced tool, which would measure mastery of fixed criteria regardless of how peers perform. It is not designed as a diagnostic test for cognitive development, nor is it a parent-reported checklist; instead, it relies on direct observation by a clinician.

8. Which ICF domains are addressed by the BOT-2?

- A. Body Structure/Function and Activity**
- B. Environmental and Participation
- C. Personal Factors and Body Structure
- D. Activity and Participation

The BOT-2 measures what a child can do with their motor system and how they perform motor tasks, which maps to two ICF domains: Body Functions/Structures (the neuromuscular abilities the tasks rely on, like balance, coordination, and strength) and Activities (the actual motor tasks the child is asked to perform, such as running, jumping, drawing, or manipulating objects). It isn't designed to assess participation in life situations or the influence of environmental factors, and it doesn't specifically address Personal Factors. So the best fit is Body Functions/Structures and Activities.

9. What does a high floor effect imply about a measure's utility?

- A. It indicates the measure is too difficult for all participants.
- B. It indicates the measure has a ceiling effect.
- C. It limits detection of improvement in low-functioning individuals.**
- D. It reflects excellent discrimination at the bottom end.

High floor effect means many respondents score at the lowest possible value on the measure. This shows the scale isn't sensitive at the lower end and can't distinguish among individuals who are most impaired. Because of that limited sensitivity, small but meaningful improvements in low-functioning individuals may not be captured by the score, reducing the measure's usefulness for tracking progress in that group. It's different from a ceiling effect (which would occur at the top end), and it doesn't indicate excellent discrimination at the bottom.

10. Which description best characterizes the PEDI-CAT?

- A. Norm-referenced measure that can be observational or interview**
- B. Criterion-referenced assessment
- C. Diagnostic test
- D. Performance-based screening

PEDI-CAT is designed to quantify a child's everyday functional abilities and to place them in relation to peers of the same age. It is norm-referenced, meaning scores come from comparing a child's performance to a normative sample rather than just checking whether specific skills are present or absent against a fixed criterion. Administration is flexible: it can be given as an interview with a caregiver or through youth self-report, and it can incorporate observed performance when available. The tool uses a computer-adaptive approach to tailor items to the child, yielding precise functional profiles across domains like daily activities, mobility, and social/communication. It is not intended as a diagnostic test or a screening tool; instead, it provides a standardized picture of functional functioning relative to norms.

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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://nmsk2pedoutcomemeasures.examzify.com>

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

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