

# NPTE Cardiopulmonary Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>6</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

# 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## **Questions**

- 1. Which disease is primarily characterized by reversible airway obstruction?**
  - A. Chronic bronchitis**
  - B. Emphysema**
  - C. Asthma**
  - D. Pneumonia**
- 2. A therapist attempts to locate the ulnar artery at the wrist. Which two tendons should the therapist utilize to locate the ulnar artery?**
  - A. Extensor digitorum and extensor carpi ulnaris**
  - B. Extensor digiti minimi and extensor carpi ulnaris**
  - C. Flexor carpi radialis and flexor carpi ulnaris**
  - D. Flexor digitorum superficialis and flexor carpi ulnaris**
- 3. Which cardiovascular condition is characterized by the presence of a third heart sound (S3)?**
  - A. Myocardial infarction**
  - B. Heart failure**
  - C. Aortic stenosis**
  - D. Mitral regurgitation**
- 4. What is the primary role of surfactant in the alveoli?**
  - A. To enhance oxygen absorption**
  - B. To reduce surface tension**
  - C. To facilitate gas exchange**
  - D. To protect against infection**
- 5. What are the characteristic features of chronic bronchitis?**
  - A. Productive cough and airway obstruction due to mucus production**
  - B. Dry cough and difficulty exhaling**
  - C. Chest pain and wheezing**
  - D. Hemoptysis and recurrent pneumonia**



- 6. What is the primary mechanism of action for antithrombotics in patients with cardiovascular disease?**
- A. Inhibition of platelet aggregation**
  - B. Reduction of blood pressure**
  - C. Inhibition of cardiac contractility**
  - D. Promotion of vasodilation**
- 7. Digitalis is primarily used to treat which condition?**
- A. Angina**
  - B. Atrial fibrillation**
  - C. Hypertension**
  - D. Thrombus formation**
- 8. Which type of respiratory failure is characterized by low oxygen levels and elevated carbon dioxide levels?**
- A. Type I respiratory failure**
  - B. Type II respiratory failure**
  - C. Restrictive respiratory failure**
  - D. Obstructive respiratory failure**
- 9. What does an increase in stroke volume typically indicate in a cardiac exam?**
- A. Improved cardiac efficiency**
  - B. Decreased cardiac output**
  - C. Increased heart rate**
  - D. Cardiovascular disease**
- 10. Which condition is characterized by the destruction of the alveoli leading to increased compliance of the lungs?**
- A. Chronic bronchitis**
  - B. Asthma**
  - C. Emphysema**
  - D. Pneumonia**

## **Answers**

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

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## **Explanations**

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**1. Which disease is primarily characterized by reversible airway obstruction?**

- A. Chronic bronchitis**
- B. Emphysema**
- C. Asthma**
- D. Pneumonia**

Asthma is the disease primarily characterized by reversible airway obstruction. This condition results from inflammation, bronchoconstriction, and increased mucus production, leading to difficulty in breathing. The hallmark of asthma is the ability to reverse this obstruction, typically through the use of bronchodilators or naturally, over time, as the precipitating factors are resolved. In asthma, episodes of wheezing, coughing, and shortness of breath can occur due to triggers such as allergens, exercise, or irritants, but these symptoms can improve significantly with treatment. The reversibility is crucial because it differentiates asthma from other respiratory conditions like chronic bronchitis or emphysema, where airway obstruction tends to be more permanent and progressive. Pneumonia, on the other hand, is an infection that primarily affects the lungs, causing consolidation and impaired gas exchange, but it does not primarily feature reversible airway obstruction as a defining characteristic. Understanding the nature of these conditions helps clarify why asthma is the correct choice in this context.

**2. A therapist attempts to locate the ulnar artery at the wrist. Which two tendons should the therapist utilize to locate the ulnar artery?**

- A. Extensor digitorum and extensor carpi ulnaris**
- B. Extensor digiti minimi and extensor carpi ulnaris**
- C. Flexor carpi radialis and flexor carpi ulnaris**
- D. Flexor digitorum superficialis and flexor carpi ulnaris**

The ulnar artery can be located at the wrist by palpating in relation to specific anatomical landmarks. The tendons of the flexor carpi ulnaris and the flexor digitorum superficialis are particularly useful for this purpose. The flexor carpi ulnaris tendon runs along the ulnar side of the forearm and wrist, providing a clear anatomical reference point. As the ulnar artery travels just lateral to this tendon at the wrist, palpating along the tendon allows the therapist to feel for the pulse of the ulnar artery. Additionally, the flexor digitorum superficialis tendon is present in the middle flexor compartment of the forearm and helps delineate the area further. Together, these two tendons provide a reliable guide to locate the ulnar artery safely and accurately at the wrist. Understanding the anatomical relationships is essential in clinical practice for performing assessments and interventions effectively.

**3. Which cardiovascular condition is characterized by the presence of a third heart sound (S3)?**

- A. Myocardial infarction**
- B. Heart failure**
- C. Aortic stenosis**
- D. Mitral regurgitation**

The presence of a third heart sound (S3) is often associated with heart failure. This sound typically occurs during the rapid filling phase of the ventricles when blood flows from the atria to the ventricles. In heart failure, the ventricles are often dilated or have impaired filling, leading to this abnormal sound. The S3 is indicative of increased blood flow or turbulent flow associated with higher pressures within the heart chambers, which is common in heart failure. While S3 can appear in other conditions, it is most classically and frequently linked with heart failure due to the volume overload and reduced contractility characteristics of the heart in this condition. This distinguishing feature makes heart failure the primary condition where S3 is acknowledged and serves as a clinical marker for potential cardiac issues.

**4. What is the primary role of surfactant in the alveoli?**

- A. To enhance oxygen absorption**
- B. To reduce surface tension**
- C. To facilitate gas exchange**
- D. To protect against infection**

Surfactant plays a vital role in the alveoli by reducing surface tension. The alveoli are tiny air sacs in the lungs where gas exchange occurs, and they are lined with a thin layer of fluid. This fluid creates high surface tension, which could cause the alveoli to collapse, especially during the process of exhalation. Surfactant, primarily composed of lipids and proteins, works to lower this surface tension, allowing the alveoli to remain open and preventing them from collapsing. By doing so, surfactant not only improves lung compliance but also facilitates easier inflation of the lungs during breathing. This reduction in surface tension is critical for maintaining the structural integrity of the alveoli and ensuring efficient gas exchange.

**5. What are the characteristic features of chronic bronchitis?**

- A. Productive cough and airway obstruction due to mucus production**
- B. Dry cough and difficulty exhaling**
- C. Chest pain and wheezing**
- D. Hemoptysis and recurrent pneumonia**

Chronic bronchitis is defined as a long-term inflammation of the bronchial tubes, which leads to an increase in mucus production and results in a productive cough. The hallmark characteristics of this condition include a persistent cough that brings up mucus and airway obstruction caused by the accumulation of thick mucus in the airways. This mucus obstructs airflow and creates an environment conducive to bacterial infections, further complicating the condition. Patients often experience episodes of coughing, which can be particularly worse in the morning or during periods of exposure to irritants like smoke or pollution. The excess mucus leads to narrowed air passages, making it difficult for individuals to breathe effectively, thus characterizing chronic bronchitis as a type of chronic obstructive pulmonary disease (COPD). Therefore, the combination of a productive cough and airway obstruction due to mucus production is integral to understanding and diagnosing chronic bronchitis. The other options mention symptoms that are either more typical of other respiratory conditions or less characteristic of chronic bronchitis, reinforcing why the selected answer captures the essence of this disease effectively.

**6. What is the primary mechanism of action for antithrombotics in patients with cardiovascular disease?**

- A. Inhibition of platelet aggregation**
- B. Reduction of blood pressure**
- C. Inhibition of cardiac contractility**
- D. Promotion of vasodilation**

Antithrombotics primarily function by inhibiting platelet aggregation, which is a critical mechanism in the management of cardiovascular disease. By reducing the ability of platelets to clump together, antithrombotics help prevent the formation of clots that can lead to serious cardiovascular events, such as heart attacks or strokes. This is especially important in patients with existing cardiovascular conditions, where the risk of clot formation is higher. Platelet aggregation is a process where platelets stick together to form a plug at a site of vascular injury, initiating the clotting process. Antithrombotic medications, including antiplatelet agents like aspirin and clopidogrel, target specific pathways in the platelet activation cascade, thus decreasing the likelihood of abnormal clotting. The other options do not relate directly to the primary action of antithrombotics. While reducing blood pressure can be important in cardiovascular management, this is typically addressed by antihypertensive medications. Inhibition of cardiac contractility is relevant in treating heart failure or arrhythmias rather than preventing clot formation. Promotion of vasodilation is a different therapeutic approach aimed at improving blood flow but does not directly influence platelet activity or clot formation. Therefore, the correct focus for antithrombotics

**7. Digitalis is primarily used to treat which condition?**

- A. Angina
- B. Atrial fibrillation**
- C. Hypertension
- D. Thrombus formation

Digitalis, particularly in the form of digoxin, is primarily utilized to treat atrial fibrillation. This condition is characterized by an irregular and often rapid heart rate that can lead to various complications such as stroke and heart failure. Digitalis works by increasing the force of myocardial contraction (positive inotropic effect) and helping to regulate heart rate by slowing down conduction through the atrioventricular (AV) node. This is particularly beneficial in atrial fibrillation, where it helps control the ventricular rate, ultimately improving cardiac function and reducing symptoms. The other conditions listed have different primary treatments. For example, angina is primarily managed with antianginal medications, although digitalis can sometimes be used in more complex cases. Hypertension is typically treated with a variety of antihypertensives that focus on reducing blood pressure, and thrombus formation is usually addressed with anticoagulants or antiplatelet medications. Therefore, the specific action of digitalis aligns best with the management of atrial fibrillation, making it the correct choice.

**8. Which type of respiratory failure is characterized by low oxygen levels and elevated carbon dioxide levels?**

- A. Type I respiratory failure
- B. Type II respiratory failure**
- C. Restrictive respiratory failure
- D. Obstructive respiratory failure

Type II respiratory failure is characterized by low oxygen levels (hypoxemia) and elevated carbon dioxide levels (hypercapnia). This type of respiratory failure occurs when there is insufficient ventilation to eliminate carbon dioxide, leading to its accumulation in the blood. Typical conditions that can lead to Type II respiratory failure include chronic obstructive pulmonary disease (COPD), respiratory muscle weakness, and severe bronchospasm, where the ability to effectively exchange gases is compromised. In contrast, Type I respiratory failure is primarily marked by low oxygen levels with normal or low carbon dioxide levels, primarily due to conditions that affect oxygen exchange in the lungs, such as pneumonia or pulmonary edema. Restrictive and obstructive respiratory failures refer to mechanical issues with lung inflation and obstruction of airflow, respectively, but they do not specifically denote elevated carbon dioxide levels as a defining characteristic. Therefore, the identification of Type II respiratory failure focuses on the key problem of ventilation inadequacy leading to both low oxygen and high carbon dioxide levels in the patient.



**9. What does an increase in stroke volume typically indicate in a cardiac exam?**

- A. Improved cardiac efficiency**
- B. Decreased cardiac output**
- C. Increased heart rate**
- D. Cardiovascular disease**

An increase in stroke volume typically indicates improved cardiac efficiency because it suggests that the heart is pumping a greater volume of blood with each contraction. This can be a sign that the heart muscle is functioning effectively, possibly due to increased venous return, enhanced contractility, or decreased systemic vascular resistance. When stroke volume is elevated, the heart can maintain or increase cardiac output without necessarily increasing the heart rate, which is another sign of effective cardiac function. In healthy individuals or well-trained athletes, improved stroke volume enhances overall cardiac performance and can reflect better cardiovascular conditioning. Therefore, observing an increase in stroke volume is a positive finding in a cardiac exam, indicating that the heart is working efficiently.

**10. Which condition is characterized by the destruction of the alveoli leading to increased compliance of the lungs?**

- A. Chronic bronchitis**
- B. Asthma**
- C. Emphysema**
- D. Pneumonia**

Emphysema is characterized by the destruction of the alveoli, which are the tiny air sacs in the lungs responsible for gas exchange. Over time, the walls of these alveoli become damaged and lose their elasticity, leading to the formation of larger air spaces instead of many small ones. This destruction reduces the surface area available for gas exchange and causes the lungs to become more compliant, meaning they can expand more easily. In emphysema, the increased compliance results from the loss of elastic recoil in the lung tissue. As the alveoli are destroyed, the lungs can hold more air, but they are less efficient at expelling that air, leading to trapping of stale air and potentially causing hyperinflation. This is a hallmark of emphysema and is distinct from other respiratory conditions where different mechanisms are at play. Chronic bronchitis, asthma, and pneumonia involve different pathological processes that do not primarily feature alveolar destruction resulting in increased lung compliance. Chronic bronchitis involves inflammation and excessive mucus production in the airways, asthma is characterized by airway hyperreactivity and obstruction, and pneumonia is an infection that leads to alveolar filling with fluid, reducing compliance, not increasing it.

## 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://nptecardiopulmonary.examzify.com>**

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