

NPTE Cardiopulmonary 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

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- 1. A patient with congestive heart failure demonstrates dyspnea during ambulation with an ejection fraction of less than 55 percent. What intervention is most appropriate for this patient?**
 - A. Instruction in pursed-lip breathing**
 - B. Progressive resistive exercises**
 - C. Education on energy conservation**
 - D. Instruction in diaphragmatic breathing**
- 2. Which class of pharmacological agents places a patient at increased risk of bleeding?**
 - A. Antiarrhythmic agents**
 - B. Angiotensin-converting enzyme inhibiting agents**
 - C. Anticoagulant agents**
 - D. Alpha adrenergic antagonist agents**
- 3. Which intervention targets both respiratory function and patient education for those with heart disease?**
 - A. Progressive resistive exercises**
 - B. Instruction in pursed-lip breathing**
 - C. Instruction in diaphragmatic breathing**
 - D. Education on energy conservation**
- 4. Which phase of cardiac rehabilitation typically concludes with a low-level exercise test?**
 - A. phase I**
 - B. phase II**
 - C. phase III**
 - D. phase IV**
- 5. What is the significance of a patient's peak flow measurement?**
 - A. Measures oxygen saturation in blood**
 - B. Helps assess the maximum speed of expiration and airway patency**
 - C. Evaluates lung capacity**
 - D. Indicates presence of lung infections**

6. A physical therapist monitors a patient's vital signs while completing 20 minutes of jogging at 5 mph on a treadmill. As the session approaches its conclusion, the therapist incorporates a cool down period. The anticipated response during the post-exercise period is:

- A. A progressive increase in systolic blood pressure**
- B. A progressive decrease in systolic blood pressure**
- C. A progressive increase in diastolic blood pressure**
- D. A progressive increase in rate pressure product**

7. Which of the following is a common symptom of congestive heart failure?

- A. Chest pain**
- B. Shortness of breath**
- C. Palpitations**
- D. Dizziness**

8. What is the role of mucus in the lungs?

- A. To facilitate gas exchange**
- B. To trap and clear particles and pathogens**
- C. To provide structural support to alveoli**
- D. To regulate airflow**

9. Which of the following would be a common laboratory finding for a patient receiving chemotherapy?

- A. High hematocrit**
- B. Low white blood cell count**
- C. High platelet count**
- D. Low prothrombin time**

10. Which clinical sign is most associated with left-sided heart failure?

- A. peripheral edema**
- B. jugular venous distention**
- C. pulmonary congestion**
- D. hepatomegaly**

Answers

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

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Explanations

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1. A patient with congestive heart failure demonstrates dyspnea during ambulation with an ejection fraction of less than 55 percent. What intervention is most appropriate for this patient?

- A. Instruction in pursed-lip breathing**
- B. Progressive resistive exercises**
- C. Education on energy conservation**
- D. Instruction in diaphragmatic breathing**

The choice of education on energy conservation for a patient with congestive heart failure and dyspnea during ambulation is particularly appropriate due to the nature of the condition and its impact on the patient's ability to perform daily activities. In congestive heart failure, the heart's reduced ejection fraction (less than 55 percent in this case) means that the heart is not pumping efficiently, leading to inadequate oxygen delivery to the body's tissues and potential fluid overload. Normal activities can become taxing and lead to increased shortness of breath, making it crucial for the patient to manage their energy effectively. Energy conservation techniques can help the patient limit exertion during tasks, prioritize activities, and rest as necessary, which can reduce the strain on the heart and decrease episodes of dyspnea. These strategies may include planning ahead, grouping tasks to minimize exertion, and taking breaks during activities. While other interventions, like instruction in pursed-lip breathing or diaphragmatic breathing, can be beneficial for managing breathlessness, they do not directly address the fundamental need for energy conservation in patients who experience significant fatigue or shortness of breath during physical activities. Progressive resistive exercises may not be suitable given the patient's current symptoms and cardiac function, as they can lead to increased physical

2. Which class of pharmacological agents places a patient at increased risk of bleeding?

- A. Antiarrhythmic agents**
- B. Angiotensin-converting enzyme inhibiting agents**
- C. Anticoagulant agents**
- D. Alpha adrenergic antagonist agents**

The class of pharmacological agents that places a patient at increased risk of bleeding is anticoagulant agents. Anticoagulants work by inhibiting the blood's ability to clot, which is crucial for preventing thrombus formation in conditions like deep vein thrombosis or pulmonary embolism. By their very mechanism of action, these medications reduce the effectiveness of the clotting cascade, leading to an increased risk of excessive bleeding, particularly during surgical procedures or after injuries. Patients on anticoagulants need close monitoring to manage this risk effectively. The implications of their use include careful consideration of dosage, regular blood tests like INR (International Normalized Ratio) for those on warfarin, and awareness of potential interactions with other medications that may enhance bleeding risk even further. On the other hand, antiarrhythmic agents primarily target heart rhythm disturbances and do not have significant effects on coagulation pathways, thus presenting a lower risk for bleeding complications. Angiotensin-converting enzyme (ACE) inhibitors are mainly used for hypertension and certain cardiac conditions, focusing on vasodilation without impacting clotting factors, and alpha-adrenergic antagonists mainly serve to lower blood pressure through receptor blockade, also not directly affecting bleeding risk.

3. Which intervention targets both respiratory function and patient education for those with heart disease?

- A. Progressive resistive exercises**
- B. Instruction in pursed-lip breathing**
- C. Instruction in diaphragmatic breathing**
- D. Education on energy conservation**

Diaphragmatic breathing serves as a vital therapeutic intervention that can significantly improve respiratory function in patients with heart disease while simultaneously addressing the need for patient education. This technique encourages deeper, more effective breaths by engaging the diaphragm fully, which enhances lung capacity and efficiency. By teaching patients how to use their diaphragm correctly, it also helps to alleviate anxiety, lower respiratory rates, and optimize oxygen exchange. As they practice this technique, patients gain awareness of their breathing patterns, which plays a crucial role in managing both respiratory symptoms and the overall impact of heart disease. This dual focus on function and education empowers patients to take an active role in their own care. While other interventions may contribute to respiratory function or patient education, they do not encompass both aspects as effectively as instruction in diaphragmatic breathing. For instance, progressive resistive exercises primarily focus on muscular strength and endurance rather than respiratory mechanics. Pursed-lip breathing is beneficial for controlling breath and reducing shortness of breath, but it doesn't offer the same level of educational insight into optimizing overall respiratory function as diaphragmatic breathing does. Education on energy conservation pertains more to managing fatigue and exertion rather than directly improving respiratory function. Thus, instruction in diaphragmatic breathing stands out as an intervention

4. Which phase of cardiac rehabilitation typically concludes with a low-level exercise test?

- A. phase I**
- B. phase II**
- C. phase III**
- D. phase IV**

The phase of cardiac rehabilitation that typically concludes with a low-level exercise test is phase I. This phase usually takes place during the patient's hospital stay following a cardiac event, such as a myocardial infarction. The primary focus during phase I is to ensure patient safety and assess their functional capacity through gradual, supervised activity. At the end of this phase, a low-level exercise test may be conducted to evaluate the patient's response to physical activity, including vital signs, symptoms, and overall exercise tolerance. This assessment helps to inform the next steps of the rehabilitation process and ensure that the patient is ready to safely progress to more structured exercise regimes in later phases of rehabilitation. Phase II focuses on outpatient cardiac rehabilitation and typically includes more structured and progressive exercise programs, but it generally does not begin with a low-level exercise test as the initiating factor—it builds upon the findings from phase I. Subsequently, phases III and IV involve ongoing maintenance and advanced exercise programs rather than evaluations that occur primarily during hospitalization.

5. What is the significance of a patient's peak flow measurement?

- A. Measures oxygen saturation in blood
- B. Helps assess the maximum speed of expiration and airway patency**
- C. Evaluates lung capacity
- D. Indicates presence of lung infections

The peak flow measurement is a critical tool in assessing a patient's respiratory status, particularly in individuals with asthma or other conditions that affect airway patency. The peak flow meter provides information about the maximum speed at which a person can forcibly exhale air from their lungs. This is important because changes in peak flow values can indicate airway obstruction or narrowing. By monitoring peak flow measurements regularly, healthcare providers can help determine how well a patient's airways are functioning, assess the effectiveness of medications or interventions, and identify early signs of an exacerbation of respiratory conditions. This proactive approach can lead to timely changes in treatment plans and improved management of respiratory health. While the peak flow measurement is useful, it does not measure oxygen saturation or lung capacity directly. It also is not specifically geared towards indicating lung infections, although significant decreases in peak flow can sometimes be seen in acute exacerbations that may be caused by infection. Thus, understanding the peak flow measurement's role in evaluating expiratory flow rates is fundamental in managing respiratory conditions effectively.

6. A physical therapist monitors a patient's vital signs while completing 20 minutes of jogging at 5 mph on a treadmill. As the session approaches its conclusion, the therapist incorporates a cool down period. The anticipated response during the post-exercise period is:

- A. A progressive increase in systolic blood pressure
- B. A progressive decrease in systolic blood pressure**
- C. A progressive increase in diastolic blood pressure
- D. A progressive increase in rate pressure product

During the post-exercise period, it is expected that there will be a progressive decrease in systolic blood pressure. This response occurs as the body transitions from an active state back to a resting state. During exercise, blood pressure naturally increases to enhance blood flow to the working muscles and meet metabolic demands. However, as the exercise ceases and the individual begins to cool down, several physiological processes come into play. After stopping vigorous physical activity, the heart rate will gradually return to its resting level, and the demand for oxygen decreases. Consequently, the vascular system dilates, which leads to a reduction in vascular resistance. This reduction in resistance allows blood to flow more easily and typically leads to a decrease in systolic blood pressure as the body works to restore homeostasis. Therefore, the anticipated response of a progressive decrease in systolic blood pressure is consistent with normal physiological responses during the cool-down phase after exercise. In contrast, the other choices suggest increases or responses that do not align with the expected physiological norms during the recovery phase following moderate to vigorous exercise. For instance, diastolic blood pressure typically remains stable or may also drop slightly, while an increase in rate pressure product would indicate an increase in myocardial demand, which does not occur during the cool

7. Which of the following is a common symptom of congestive heart failure?

- A. Chest pain**
- B. Shortness of breath**
- C. Palpitations**
- D. Dizziness**

Shortness of breath, also known as dyspnea, is a hallmark symptom of congestive heart failure (CHF). This occurs because the heart's ability to pump blood effectively is compromised, leading to fluid accumulation in the lungs (pulmonary congestion) and resulting in difficulty breathing, especially during exertion or when lying flat. In CHF, the heart struggles to meet the body's oxygen demands, prompting the individual to experience sensations of breathlessness. While chest pain, palpitations, and dizziness can occur in various cardiac conditions, they are not specific or commonly seen symptoms of congestive heart failure in the same way that shortness of breath is. In fact, shortness of breath is often one of the first signs that patients with CHF report, especially as the condition worsens or during episodes of exacerbation. This makes it a critical focus for assessment and management in patients diagnosed with heart failure.

8. What is the role of mucus in the lungs?

- A. To facilitate gas exchange**
- B. To trap and clear particles and pathogens**
- C. To provide structural support to alveoli**
- D. To regulate airflow**

Mucus in the lungs plays a crucial role in maintaining respiratory health primarily by trapping and clearing particles and pathogens. The respiratory system is continually exposed to airborne irritants, allergens, and infectious agents. The presence of mucus in the airways helps to capture these unwanted particles, preventing them from reaching the sensitive lung tissues where gas exchange occurs. Once trapped in the mucus, particles and pathogens are cleared from the respiratory system through the action of cilia, which are tiny hair-like structures lining the airways. The coordinated movement of cilia pushes the mucus, along with the trapped debris, towards the throat where it can be swallowed or expelled. This protective mechanism is vital in keeping the airways clean, reducing the risk of infection, and maintaining optimal respiratory function. The role of mucus does not involve facilitating gas exchange directly, providing structural support to alveoli, or regulating airflow. While gas exchange occurs in the alveoli, it is not a function of mucus. Structural support of alveoli is provided by elastin and collagen fibers within the lung tissue, and airflow regulation is primarily controlled by the smooth muscle in the airway walls, not mucus. Thus, the role of mucus is predominantly focused on trapping and clearing harmful substances to protect the lungs.

9. Which of the following would be a common laboratory finding for a patient receiving chemotherapy?

- A. High hematocrit**
- B. Low white blood cell count**
- C. High platelet count**
- D. Low prothrombin time**

In patients undergoing chemotherapy, a common laboratory finding is a low white blood cell count, known as leukopenia. Chemotherapy is designed to target rapidly dividing cells, which includes not only cancerous cells but also normal cells in the bone marrow that produce white blood cells. This can lead to a decreased immune response, making patients more susceptible to infections and requiring careful monitoring of their blood counts during treatment. Other options like high hematocrit and high platelet count are not typical outcomes of chemotherapy, as the treatment often suppresses bone marrow function. Similarly, a low prothrombin time is not usually associated with chemotherapy; instead, some treatments may affect clotting factors and could lead to a normal or even high prothrombin time depending on the patient's overall status and other factors. Thus, low white blood cell count stands out as the most pertinent lab finding in this context.

10. Which clinical sign is most associated with left-sided heart failure?

- A. peripheral edema**
- B. jugular venous distention**
- C. pulmonary congestion**
- D. hepatomegaly**

Left-sided heart failure is primarily characterized by its effect on the lungs and pulmonary circulation. When the left ventricle fails to effectively pump blood, it can lead to an accumulation of blood in the pulmonary circulation, resulting in increased pulmonary venous pressure. This condition causes pulmonary congestion and edema, which manifests clinically as shortness of breath, decreased exercise tolerance, and symptoms of respiratory distress. In contrast, the other signs listed are more associated with right-sided heart failure or systemic issues rather than being primary manifestations of left-sided heart failure. For instance, peripheral edema typically indicates right-sided heart failure due to fluid retention in the extremities. Jugular venous distention is a sign that often reflects elevated right atrial pressure, commonly seen in right-sided heart failure. Hepatomegaly, or liver enlargement, can occur if there is significant congestion in the venous system associated with right heart failure. Thus, pulmonary congestion is the hallmark clinical sign of left-sided heart failure, directly linking it to the ineffective pumping of the left ventricle and its impact on lung function.

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://nptecardiopulmonary.examzify.com>

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

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