

NPTE Physical Therapist Assistant (PTA) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Which energy system is predominantly used during low-intensity, long duration exercise, such as running a marathon?**
 - A. ATP-PC System**
 - B. Phosphocreatine System**
 - C. Aerobic System**
 - D. Fast Glycolytic System**

- 2. What muscles facilitate upward rotation of the scapula?**
 - A. Rhomboids and pec major**
 - B. Upper traps, lower traps, and serratus anterior**
 - C. Levator scap and lats**
 - D. Mid traps and pec minor**

- 3. Which muscles are primarily involved in scapula elevation?**
 - A. Rhomboids and mid traps**
 - B. Upper traps and levator scap**
 - C. Lower traps and serratus anterior**
 - D. Pec major and lats**

- 4. What occurs to double support time as walking speed decreases?**
 - A. It decreases**
 - B. It increases**
 - C. Remains constant**
 - D. Varies with terrain**

- 5. Which description best fits the equine gait?**
 - A. Shuffles without lifting the toes**
 - B. Steps that are excessively short and slow**
 - C. High stepping with exaggerated calf muscle activity**
 - D. Walking with flat feet**

- 6. Which sacroiliac ligament is considered the weakest?**
- A. Posterior sacroiliac ligament**
 - B. Anterior sacroiliac ligament**
 - C. Interosseous sacroiliac ligament**
 - D. Superior sacroiliac ligament**
- 7. Which muscles are primarily responsible for trunk flexion?**
- A. Rectus, internal oblique, external oblique**
 - B. Erector spinae, quadratus lumborum**
 - C. Psoas major, quad lumborum**
 - D. Longissimus, iliocostalis**
- 8. What is the primary mechanism by which a reciprocating gait orthosis functions?**
- A. Enables independent ambulation**
 - B. Cable system to assist with advancement of the lower extremity**
 - C. Provides complete lower limb support**
 - D. Facilitates sitting and standing transitions**
- 9. What is a notable feature of liners used in prosthetics?**
- A. They are highly breathable to reduce sweat accumulation**
 - B. They are generally non-breathable which can lead to friction issues**
 - C. They are designed to be disposable after one use**
 - D. They are made primarily from metal for durability**
- 10. Which muscles are primarily responsible for shoulder flexion?**
- A. Posterior deltoid, teres major, triceps brachii**
 - B. Coracobrachialis, anterior deltoid, pectoralis major**
 - C. Supraspinatus, middle deltoid, teres minor**
 - D. Latissimus dorsi, long head of triceps, posterior deltoid**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which energy system is predominantly used during low-intensity, long duration exercise, such as running a marathon?

- A. ATP-PC System**
- B. Phosphocreatine System**
- C. Aerobic System**
- D. Fast Glycolytic System**

The aerobic system is the primary energy system utilized during low-intensity, long-duration exercises, such as running a marathon. This system is efficient for activities that require sustained energy over extended periods, as it relies on the presence of oxygen to convert carbohydrates and fats into adenosine triphosphate (ATP), which is the energy currency of the body. During a marathon, the intensity of exercise is relatively low, allowing the body to perform at an aerobic capacity where oxygen is plentiful. The aerobic system can produce a large amount of ATP through oxidative phosphorylation, making it ideal for endurance activities. It allows the body to tap into fat stores, which is crucial for long-duration activities since glycogen stores can deplete within a few hours. In contrast, the other energy systems are designed for different contexts. The ATP-PC system and phosphocreatine system supply energy rapidly for high-intensity, short-duration efforts, such as sprinting or weightlifting, but are not sustainable for prolonged activity. The fast glycolytic system also supports higher-intensity efforts, relying on anaerobic metabolism to produce ATP quickly but leading to quicker fatigue and lactic acid buildup. As such, the aerobic system is clearly the most appropriate choice for long-duration, low-intensity exercises.

2. What muscles facilitate upward rotation of the scapula?

- A. Rhomboids and pec major**
- B. Upper traps, lower traps, and serratus anterior**
- C. Levator scap and lats**
- D. Mid traps and pec minor**

The muscles responsible for upward rotation of the scapula are primarily the upper trapezius, lower trapezius, and serratus anterior. The upper trapezius elevates the scapula and plays a critical role in rotation, particularly during movements that raise the arm overhead. The lower trapezius, on the other hand, helps depress the scapula while also assisting in upward rotation. The serratus anterior works in conjunction with these trapezius muscles by protracting the scapula and stabilizing it against the thoracic wall, further contributing to the upward rotation needed when the arm is raised. Together, these three muscle groups coordinate to enable smooth and effective upward rotation of the scapula during shoulder movements, such as overhead reaching and lifting, ensuring proper mechanics and alignment of the shoulder joint. Other options include muscles that either primarily assist in different motions or do not facilitate upward rotation effectively. Understanding the unique roles of each muscle helps clarify why the correct answer emphasizes the upper and lower trapezius along with the serratus anterior.

3. Which muscles are primarily involved in scapula elevation?

- A. Rhomboids and mid traps
- B. Upper traps and levator scap**
- C. Lower traps and serratus anterior
- D. Pec major and lats

Scapula elevation is primarily facilitated by the upper trapezius and the levator scapulae. The upper trapezius originates from the base of the skull and extends to the lateral third of the clavicle and acromion, playing a significant role in elevating the scapula during shoulder movements, such as shrugging. The levator scapulae, originating from the cervical vertebrae and inserting into the upper medial border of the scapula, directly contributes to lifting the scapula upwards and medially. Together, these two muscles work synergistically to elevate the scapula, allowing for proper positioning of the shoulder girdle and upper limbs. This is particularly important in various functional tasks, such as reaching overhead or during weight-bearing activities. The other muscles mentioned in the other choices do not primarily focus on elevating the scapula in the same manner.

4. What occurs to double support time as walking speed decreases?

- A. It decreases
- B. It increases**
- C. Remains constant
- D. Varies with terrain

When walking speed decreases, double support time increases. Double support time refers to the period during which both feet are on the ground while walking. At slower speeds, individuals tend to have a longer duration of double support to maintain stability and balance. This is because the body needs more time to transition between phases of the gait cycle, allowing for greater stability. As people walk faster, they typically spend less time in double support as their gait becomes more efficient and they are able to transition more quickly between the phases of walking. Consequently, as walking speed diminishes, the need for stability results in an increased double support period to compensate for the slower movement, thus supporting the need for balance and coordination.

5. Which description best fits the equine gait?

- A. Shuffles without lifting the toes**
- B. Steps that are excessively short and slow**
- C. High stepping with exaggerated calf muscle activity**
- D. Walking with flat feet**

The description of equine gait as high stepping with exaggerated calf muscle activity is accurate. This gait pattern is characterized by increased hip and knee flexion resulting in a high lifting of the legs, similar to the way a horse moves. The calf muscles play a significant role in this type of movement, contributing to the pronounced foot placement seen in individuals exhibiting equine gait. In clinical settings, equine gait can often be observed in conditions affecting muscle tone and control, particularly those associated with spasticity in the calves. This high stepping behavior is typically a compensatory mechanism to avoid dragging the feet or to accommodate for limited range of motion elsewhere in the lower extremities. Understanding this pattern is crucial for physical therapists when assessing and designing treatment plans for individuals presenting with varying forms of gait abnormalities.

6. Which sacroiliac ligament is considered the weakest?

- A. Posterior sacroiliac ligament**
- B. Anterior sacroiliac ligament**
- C. Interosseous sacroiliac ligament**
- D. Superior sacroiliac ligament**

The anterior sacroiliac ligament is recognized as the weakest of the sacroiliac ligaments due to its anatomical position and structure. This ligament connects the sacrum to the ilium at the front of the pelvis and lacks the dense, fibrous composition seen in other sacroiliac ligaments, which are more robust and provide significant stability to the pelvic joints. In contrast, the posterior sacroiliac ligament, interosseous sacroiliac ligament, and superior sacroiliac ligament are all designed to provide greater stability and support to the joint. They are positioned in a way that reinforces the structural integrity of the sacroiliac joint, accommodating the forces transferred between the upper body and the lower limbs. The anterior sacroiliac ligament, while still important, does not offer the same level of strength and stability, which is why it is classified as the weakest among its peers. Understanding the relative strengths of these ligaments is crucial for assessing sacroiliac joint dysfunctions and planning appropriate treatment strategies in physical therapy.

7. Which muscles are primarily responsible for trunk flexion?

A. Rectus, internal oblique, external oblique

B. Erector spinae, quadratus lumborum

C. Psoas major, quad lumborum

D. Longissimus, iliocostalis

The muscles primarily responsible for trunk flexion are the rectus abdominis, internal oblique, and external oblique. The rectus abdominis, known as the "six-pack" muscle, plays a major role in flexing the spine forward. The internal and external obliques assist in this flexion while also contributing to lateral flexion and rotation of the trunk. Understanding the function of these muscles is important for assessing core strength and stability, which are crucial in various physical therapy interventions and exercises. The strong engagement of these muscles during trunk flexion makes them essential for movements such as sitting up from a supine position or performing abdominal exercises. They work synergistically to allow for efficient movement and stability of the trunk during various activities.

8. What is the primary mechanism by which a reciprocating gait orthosis functions?

A. Enables independent ambulation

B. Cable system to assist with advancement of the lower extremity

C. Provides complete lower limb support

D. Facilitates sitting and standing transitions

A reciprocating gait orthosis is designed primarily to assist individuals with mobility impairments by utilizing a cable system that synchronizes the movement of the lower extremities. When one leg moves forward, the cable system simultaneously pulls the opposite leg, facilitating a natural gait pattern. This mechanical assistance enables the user to achieve a more coordinated and rhythmic walking motion, which is particularly beneficial for those who may have significant challenges with ambulation due to neuromuscular conditions or injuries. The functionality of the orthosis directly emphasizes its design purpose to provide support during the gait cycle while allowing for a level of mobility that might not otherwise be possible. By engaging multiple components of the lower limbs simultaneously through the cable system, the device promotes an effective walking pattern that is crucial for safe mobility. Understanding how this mechanism works is vital for physical therapists when devising rehabilitation plans. It informs them about how to encourage gait training and ambulation strategies that are aligned with the needs of their patients. The other options, while related to mobility and support, do not accurately describe the primary and specific function of the reciprocating gait orthosis in the context of its mechanical operation.

9. What is a notable feature of liners used in prosthetics?

- A. They are highly breathable to reduce sweat accumulation
- B. They are generally non-breathable which can lead to friction issues**
- C. They are designed to be disposable after one use
- D. They are made primarily from metal for durability

Liners used in prosthetics are typically made from materials that do not allow air to circulate easily, making them generally non-breathable. This design choice often leads to friction between the liner and the skin, which can contribute to discomfort and skin issues for the user. While breathability can be a feature in some newer liner designs aimed at enhancing comfort and reducing sweat accumulation, it is not a characteristic of all liners. By focusing on creating a secure fit within the prosthetic socket, the non-breathable nature of these liners becomes a common aspect. Moreover, liners are generally not intended for single use; they are designed for durability and can withstand multiple uses before needing replacement. They are also primarily composed of soft, flexible materials like silicone or gel, which offer cushioning rather than metal, which would be impractical in terms of comfort for skin contact. Understanding these material properties helps clinicians and patients make informed decisions regarding the selection and care of prosthetic liners.

10. Which muscles are primarily responsible for shoulder flexion?

- A. Posterior deltoid, teres major, triceps brachii
- B. Coracobrachialis, anterior deltoid, pectoralis major**
- C. Supraspinatus, middle deltoid, teres minor
- D. Latissimus dorsi, long head of triceps, posterior deltoid

The muscles responsible for shoulder flexion incorporate those that generate movement by bringing the arm forward and upward in front of the body. The anterior deltoid, coracobrachialis, and pectoralis major are all crucial for this motion. The anterior deltoid is specifically designed for shoulder flexion and contributes to lifting the arm above shoulder level. It is also involved in complex movements and stabilization of the shoulder joint. The coracobrachialis assists in flexion and adduction of the arm at the shoulder, enhancing its ability to bring the arm forward. Lastly, the pectoralis major, especially its clavicular head, plays a significant role in flexing the shoulder from an extended position, contributing to the movement when the arm is in various positions relative to the body. In the context of shoulder flexion, these three muscles work synergistically to perform the movement effectively, making them the primary muscles engaged in this action.

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://nptepta.examzify.com>

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

SAMPLE