

NPTE SCOREBUILDERS OA EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. In a morbidly obese patient with lower-extremity edema, which mechanism best explains the development of edema and risk for venous stasis ulcers?**
 - A. Impedance of normal arterial blood flow to the lower legs secondary to obesity
 - B. Callus buildup due to sustained pressure secondary to obesity
 - C. Poor hygiene due to limited ability to perform self-care secondary to obesity
 - D. Excessive edema that accumulates in the lower legs secondary to obesity
- 2. In piriformis syndrome, which abnormality is most likely observed during evaluation?**
 - A. Increased stride length
 - B. Functional leg length discrepancy
 - C. Internal rotation of the lower extremity
 - D. Increased lumbar lordosis
- 3. A 17-year-old female with patellofemoral syndrome has mechanical factors contributing to symptoms. Which finding would be most likely?**
 - A. Lateral patella tracking
 - B. Excessive foot supination
 - C. Decreased Q angle
 - D. Vastus lateralis weakness
- 4. On the last day of rehabilitation, the patient reports an RPE of 13 on the scale. Which statement BEST describes the current workload compared to the first day?**
 - A. The same workload that elicited a rating of 13 on the first day of cardiac rehab
 - B. A lower workload than what elicited a rating of 13 on the first day of cardiac rehab
 - C. A higher workload than what elicited a rating of 13 on the first day of cardiac rehab
 - D. The same workload that elicited a rating of 6 on the first day of cardiac rehab
- 5. Which statement best describes part-practice in motor learning?**
 - A. Break the task into meaningful components and practice each part
 - B. Practice the entire task before dividing it
 - C. Provide 100% performance feedback after every trial
 - D. Use random practice of subcomponents

- 6. Discharge planning in a rehab setting: which statement correctly describes PT and PTA roles?**
- A. The physical therapist assistant participates in discharge activities, however, the discharge summary should be completed by the physical therapist.
 - B. The physical therapist assistant participates in discharge activities and complete the discharge summary.
 - C. The physical therapist completes discharge activities, however, the physical therapist assistant completes the discharge summary.
 - D. Have the physical therapist complete all discharge activities including the discharge summary.
- 7. Which Emergent Condition Would MOST Require Assessment of Airway Patency by a Physical Therapist?**
- A. Allergic Reaction
 - B. Fracture
 - C. Autonomic Dysreflexia
 - D. Heat Exhaustion
- 8. A 59-year-old man with a functionally fused ankle due to prior arthritic changes; which shoe modification would be MOST beneficial?**
- A. Cushioned heel
 - B. Metatarsal bar
 - C. Heel lift
 - D. Rocker bar
- 9. Venous ulcers are most likely located immediately posterior to which anatomical landmark?**
- A. Medial malleolus
 - B. Lateral malleolus
 - C. Achilles tendon
 - D. Tibial tuberosity
- 10. Which hip examination maneuver is used to detect a dislocated hip in a newborn by abducting the hip and feeling for a clunk?**
- A. Ortolani test
 - B. Barlow test
 - C. Galeazzi sign
 - D. Allis sign

Answers

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

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Explanations

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1. In a morbidly obese patient with lower-extremity edema, which mechanism best explains the development of edema and risk for venous stasis ulcers?

- A. Impedance of normal arterial blood flow to the lower legs secondary to obesity
- B. Callus buildup due to sustained pressure secondary to obesity
- C. Poor hygiene due to limited ability to perform self-care secondary to obesity
- D. Excessive edema that accumulates in the lower legs secondary to obesity**

Edema in the legs from morbid obesity arises mainly because excess body weight and reduced mobility impair venous return, increasing venous pressure in the lower extremities. This elevated hydrostatic pressure pushes fluid from the capillaries into the interstitial spaces, leading to fluid accumulation (edema). Over time, the persistent edema lowers tissue oxygenation and impairs nutrient delivery, making the skin and underlying tissues more susceptible to breakdown and developing venous stasis ulcers. So describing excessive edema accumulating in the lower legs due to obesity directly reflects the mechanism driving both the swelling and the risk for ulcers. Arterial flow impairment would present differently, often with pain, pallor, diminished pulses, or cooler limbs and does not explain edema as the primary issue. Callus formation is a skin change from pressure/friction, not edema. Poor hygiene affects wound care but does not explain why edema and venous ulcers develop.

2. In piriformis syndrome, which abnormality is most likely observed during evaluation?

- A. Increased stride length
- B. Functional leg length discrepancy**
- C. Internal rotation of the lower extremity
- D. Increased lumbar lordosis

In piriformis syndrome, the most likely finding during evaluation is a functional leg length discrepancy. When the piriformis on one side tightens or goes into spasm, it can tilt the pelvis and alter stance alignment, making one leg appear shorter during standing or walking even though the actual bone lengths are the same. This functional discrepancy often accompanies the buttock/buttock-to-thigh pain pattern and altered gait seen with hip external rotator involvement. Other options don't fit as well because increased stride length isn't a typical sign of piriformis involvement (pain and muscular imbalance more often shorten stride or change gait), internal rotation of the lower extremity isn't usually increased (the piriformis is an external rotator, and tightness would more likely limit internal rotation or cause pain with it), and increased lumbar lordosis isn't a specific, diagnostic observation for piriformis syndrome (lumbopelvic posture can vary without being a defining feature of this condition).

3. A 17-year-old female with patellofemoral syndrome has mechanical factors contributing to symptoms. Which finding would be most likely?

- A. Lateral patella tracking**
- B. Excessive foot supination
- C. Decreased Q angle
- D. Vastus lateralis weakness

patellofemoral syndrome commonly comes from how the patella is guided in its groove. When the forces acting on the patella pull it toward the outside as the knee bends, the patella doesn't track centrally but moves laterally. This maltracking is driven by a combination of factors that tilt the patella laterally, including a relatively large Q angle and dominance of lateral structures over medial stabilizers. Seeing the patella track laterally during knee motion is a classic mechanical sign of PFPS in a young patient, making lateral patellar tracking the best fit for this scenario. Excessive foot supination isn't the primary marker for this condition, and a decreased Q angle would actually lessen lateral pull, while weakness of the vastus lateralis wouldn't promote lateral tracking and is not the typical pattern seen with PFPS.

4. On the last day of rehabilitation, the patient reports an RPE of 13 on the scale. Which statement BEST describes the current workload compared to the first day?

- A. The same workload that elicited a rating of 13 on the first day of cardiac rehab
- B. A lower workload than what elicited a rating of 13 on the first day of cardiac rehab
- C. A higher workload than what elicited a rating of 13 on the first day of cardiac rehab**
- D. The same workload that elicited a rating of 6 on the first day of cardiac rehab

The main idea is that as conditioning improves during rehabilitation, you can handle more external workload while keeping your perceived effort the same. An RPE of 13 is considered somewhat hard. If the patient on the last day still reports 13, but they have been progressing, the actual external workload must be higher than the workload that previously produced a 13 on day one. In other words, to reach the same level of perceived exertion now, you must be doing more work than you did on the first day. This reflects improved fitness and appropriate, progressive loading.

5. Which statement best describes part-practice in motor learning?

- A. Break the task into meaningful components and practice each part**
- B. Practice the entire task before dividing it
- C. Provide 100% performance feedback after every trial
- D. Use random practice of subcomponents

Part-practice means breaking a complex movement into meaningful components and practicing each part on its own before integrating them into the full task. This approach lets you focus on specific mechanics, timing, and sequencing in isolation, reducing cognitive load and making it easier to correct errors. Once the parts are refined, they are combined so the whole movement becomes smoother and more coordinated. For example, you might practice grip and stance separately from the motion of the swing and then rehearse the full sequence together. This contrasts with practicing the entire task first (whole-task practice), which can be overwhelming; with constant feedback after every trial, which can create dependency and hinder learning; or with randomizing subcomponents, which disrupts the deliberate, progressive mastery of each part.

6. Discharge planning in a rehab setting: which statement correctly describes PT and PTA roles?

- A. The physical therapist assistant participates in discharge activities, however, the discharge summary should be completed by the physical therapist.**
- B. The physical therapist assistant participates in discharge activities and complete the discharge summary.
- C. The physical therapist completes discharge activities, however, the physical therapist assistant completes the discharge summary.
- D. Have the physical therapist complete all discharge activities including the discharge summary.

The main idea here is who holds responsibility for discharge planning tasks and the discharge summary. In rehab, the physical therapist leads discharge planning and finalizes the discharge summary because this document communicates the patient's progress, current status, and the plan for follow-up care. The physical therapy assistant can participate in discharge activities—such as teaching the home exercise program, confirming safety at home, and coordinating items like assistive devices—under the supervision of the PT, but the discharge summary itself is not typically completed by the PTA. So, the best choice reflects that the PTA can take part in discharge activities, while the discharge summary should be completed by the PT. The other options imply the PTA would complete the discharge summary or that the PT handles all discharge activities alone, which isn't consistent with the collaborative role and the required professional responsibility for the discharge documentation.

7. Which Emergent Condition Would MOST Require Assessment of Airway Patency by a Physical Therapist?

- A. Allergic Reaction**
- B. Fracture
- C. Autonomic Dysreflexia
- D. Heat Exhaustion

Assessing airway patency is essential when a patient may be experiencing an acute allergic reaction because swelling of the airway tissues and potential bronchospasm can rapidly compromise breathing. Signs such as throat tightness, hoarseness, muffled voice, stridor, wheezing, cyanosis, or restlessness indicate that the airway may be closing, and the physical therapist must act quickly to secure the airway, monitor breathing, and summon emergency help. In contrast, a fracture involves bone injury and pain without direct threat to the airway unless there's neck trauma; autonomic dysreflexia centers on dangerous blood pressure changes rather than airway compromise; and heat exhaustion affects thermoregulation and hydration rather than airway patency. So the scenario most likely to require immediate airway assessment is an allergic reaction due to the high risk of rapid airway obstruction.

8. A 59-year-old man with a functionally fused ankle due to prior arthritic changes; which shoe modification would be MOST beneficial?

- A. Cushioned heel
- B. Metatarsal bar
- C. Heel lift
- D. Rocker bar**

When the ankle is fused, normal ankle motion during gait can't occur, so the shoe should help the foot roll through the stance phase without needing ankle motion. A rocker bar provides a curved sole that acts like a pivot near the forefoot, allowing the foot to roll from heel strike to toe-off smoothly. This reduces the need for dorsiflexion or plantarflexion at the ankle and makes forward progression easier and more energy-efficient for someone with a fused ankle. Other options don't address rollover as effectively. A cushioned heel mainly softens landings but doesn't assist the rollover sequence. A metatarsal bar shifts pressure under the forefoot but doesn't facilitate the smooth transition through the foot. A heel lift changes heel height and can alter gait mechanics without improving the rollover needed when the ankle is immobile.

9. Venous ulcers are most likely located immediately posterior to which anatomical landmark?

- A. Medial malleolus**
- B. Lateral malleolus
- C. Achilles tendon
- D. Tibial tuberosity

Venous ulcers arise from chronic venous insufficiency, which causes venous hypertension in the dependent portion of the leg. The most common site for this breakdown is the gaiter area around the medial malleolus, typically immediately posterior to it. Standing and walking increase venous pressure in the superficial system (especially the great saphenous vein), leading to edema, skin changes, and eventual ulceration in this region. The skin here is prone to damage from chronic edema and minor trauma, so ulcers form and persist there with irregular, shallow edges and hemosiderin staining. Sites near other landmarks are less characteristic for venous ulcers, which is why the medial malleolus area is the classic location.

10. Which hip examination maneuver is used to detect a dislocated hip in a newborn by abducting the hip and feeling for a clunk?

- A. Ortolani test**
- B. Barlow test
- C. Galeazzi sign
- D. Allis sign

This item assesses neonatal screening for developmental dysplasia of the hip using the Ortolani maneuver. In this test, the hip is placed flexed to about 90 degrees with the knee also flexed, and then the thigh is gently abducted while upward pressure is applied to the femoral head. If a dislocated hip is present, the femoral head relocates into the acetabulum and a distinct clunk is felt or heard as the head slides back into place. This clunk indicates a reducible dislocation, which is exactly what Ortolani is designed to detect. The Barlow test, by contrast, tries to dislocate a hip that is unstable by adducting the thigh and applying posterior pressure, so a positive finding suggests a hip that can be dislocated but isn't yet reduced. Galeazzi and Allis signs look for leg length discrepancy or knee height differences to infer hip problems, not for a clunk during abduction.

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://nptescorebuildersoa1.examzify.com>

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

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