

NPTE SCOREBUILDERS OA EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. A patient in therapy shows grip strength variation of approximately 25% in a test-retest after four weeks. What is the MOST plausible interpretation?**
 - A. The patient is susceptible to fatigue
 - B. The patient is not exerting maximal effort
 - C. The patient experienced an increase in pain with repeated contraction
 - D. The patient sustained an exacerbation of the original injury

- 2. In a patient with sciatica due to a posterior derangement of the L5 disk who centralizes during a prone press-up, the most appropriate next step is to:**
 - A. Continue to provide feedback regarding symptom changes
 - B. Return to a prone position
 - C. Return to a prone on elbows position
 - D. Discontinue all activities that emphasize extension

- 3. A three-year-old patient with easy bruising and a lifelong history of pathologic fractures due to a genetic condition affecting collagen synthesis is MOST likely to be diagnosed with which condition?**
 - A. Pediatric osteoporosis
 - B. Osteogenesis imperfecta
 - C. Osteomalacia
 - D. Osteopetrosis

- 4. During Canalith Repositioning Therapy, The Maneuver Begins In Which Position to Provoke Vertigo?**
 - A. Supine With Head Turned to the Affected Side
 - B. Seated Upright With Forward Bending
 - C. Dix-Hallpike Position
 - D. Prone

- 5. A patient has no sensation below the L2 dermatome after a recent motor vehicle accident. What is the MOST likely rationale for this finding?**
 - A. The patient has a complete transection of the spinal cord
 - B. The patient has a dorsal column lesion within the spinal cord
 - C. The patient has a hemisection of the spinal cord
 - D. The patient has a spinothalamic tract lesion within the spinal cord

- 6. Visual object agnosia is characterized by the inability to name, describe, or demonstrate how to use a common object, despite intact vision. Which of the following statements is true?**
- A. It is characterized by inability to name, describe, or demonstrate how to use objects
 - B. It is characterized by inability to recognize faces
 - C. It is caused by primary motor cortex damage
 - D. It is a form of cortical blindness
- 7. Which two items combine to form functional residual capacity?**
- A. Vital capacity and residual volume
 - B. Expiratory reserve volume and residual volume
 - C. Inspiratory reserve volume and tidal volume
 - D. Inspiratory reserve volume and expiratory reserve volume
- 8. A 42-year-old male with chronic obstructive pulmonary disease experiences a rise in resting heart rate by 15 beats per minute and a drop in oxygen saturation below 90% during an exercise session. What action should the therapist take?**
- A. Activate the emergency medical system
 - B. Select an alternate exercise activity
 - C. Stop the activity and have the patient take his prescribed beta-blocker medication
 - D. Consult with the patient's physician about whether the patient could benefit from oxygen during activity
- 9. During goniometric measurement, the stationary arm is aligned parallel to an imaginary line between the acromial processes. This setup assesses which motion?**
- A. Flexion of the cervical spine
 - B. Lateral flexion of the cervical spine
 - C. Rotation of the cervical spine
 - D. Rotation of the thoracic and lumbar spines

- 10. A note in the medical record indicates that a patient acquired a *Staphylococcus aureus* infection in the hospital following spinal surgery. The patient is instructed to remain on a low dose oral antibiotic despite already completing 35 days of intravenous antibiotic therapy. Which surgical scenario is MOST consistent with this scenario?**
- A. Healing by primary intention
 - B. Postoperative immobilization
 - C. Overnight hospitalization
 - D. Internal fixation

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Answers

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

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Explanations

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1. A patient in therapy shows grip strength variation of approximately 25% in a test-retest after four weeks. What is the MOST plausible interpretation?

- A. The patient is susceptible to fatigue
- B. The patient is not exerting maximal effort**
- C. The patient experienced an increase in pain with repeated contraction
- D. The patient sustained an exacerbation of the original injury

When grip strength is measured over sessions, the values should be similar if the person is giving a true maximal effort and no real change has occurred. A variation as large as 25% across a four-week interval is too big to reflect a real change in muscle capacity and more likely points to inconsistent effort during testing. Grip strength testing relies on a maximal voluntary contraction; if a person isn't pushing maximally, the results will be lower and less reproducible from one session to the next, producing a large swing like this. Fatigue or a temporary pain flare could affect performance, but they tend to produce more uniform effects within a single testing session or follow a more predictable pattern, and an injury flare would usually show a consistent direction of change rather than a random large fluctuation. So the most plausible interpretation is that maximal effort wasn't consistently achieved across the test-retest sessions. To improve reliability, ensure standardized testing conditions, clear encouragement, and confirm maximal effort with proper cues.

2. In a patient with sciatica due to a posterior derangement of the L5 disk who centralizes during a prone press-up, the most appropriate next step is to:

- A. Continue to provide feedback regarding symptom changes**
- B. Return to a prone position
- C. Return to a prone on elbows position
- D. Discontinue all activities that emphasize extension

Centralization with an extension-based maneuver shows the direction of loading that reduces nerve-root symptoms. The best next step is to continue the same extension-focused exercise and use ongoing symptom feedback to guide progression. By maintaining the extension direction and gradually increasing tolerance (more reps, longer holds, or greater load as symptoms allow), you capitalize on the favorable response. Reverting to less provocative positions or stopping extension would miss the opportunity to drive further improvement.

3. A three-year-old patient with easy bruising and a lifelong history of pathologic fractures due to a genetic condition affecting collagen synthesis is MOST likely to be diagnosed with which condition?

- A. Pediatric osteoporosis
- B. Osteogenesis imperfecta**
- C. Osteomalacia
- D. Osteopetrosis

Osteogenesis imperfecta is the result of a genetic defect in type I collagen synthesis, the main organic matrix of bone. When collagen is abnormal, the bone matrix is weak, so bones fracture easily with minimal or no trauma, producing the lifelong fractures described. Easy bruising also fits, since collagen is important in connective tissues and blood vessel walls, making them more fragile. This combination in a young child strongly suggests a collagen-related bone fragility disorder rather than issues of mineralization or bone turnover alone. Pediatric osteoporosis involves low bone mass but isn't driven by a primary collagen defect. Osteomalacia is due to defective mineralization from vitamin D deficiency, leading to rickets-like changes rather than a dominant collagen issue. Osteopetrosis features overly dense bones from osteoclast dysfunction, not a collagen synthesis problem.

4. During Canalith Repositioning Therapy, The Maneuver Begins In Which Position to Provoke Vertigo?

- A. Supine With Head Turned to the Affected Side
- B. Seated Upright With Forward Bending
- C. Dix-Hallpike Position**
- D. Prone

The starting step of Canalith Repositioning Therapy is to provoke vertigo by placing the patient in the Dix-Hallpike provocative position. This specific setup uses gravity to move the canaliths within the posterior semicircular canal, which is the canal most commonly involved in BPPV. Begin seated with the head turned toward the affected side, then rapidly lower the patient into a supine position with the head extended about 20 degrees. In this orientation, the posterior canal is aligned with gravity, causing the otoconia to shift and trigger the characteristic vertigo and nystagmus that confirm canal involvement and set up the subsequent steps of the maneuver. Other positions do not optimally provoke the posterior canal in the same way and are not used to start the therapy.

5. A patient has no sensation below the L2 dermatome after a recent motor vehicle accident. What is the MOST likely rationale for this finding?

- A. The patient has a complete transection of the spinal cord**
- B. The patient has a dorsal column lesion within the spinal cord
- C. The patient has a hemisection of the spinal cord
- D. The patient has a spinothalamic tract lesion within the spinal cord

When sensory loss extends below a single spinal level across all modalities, it points to a complete transection of the spinal cord at that level. Here, no sensation is felt below the L2 dermatome, indicating that all sensory pathways—pain, temperature, vibration, proprioception, and touch—are interrupted below the level of injury, and motor pathways to the legs are typically affected as well. Other patterns don't fit as well: a dorsal column lesion would spare pain and temperature and mainly disrupt fine touch and proprioception; a hemisection would cause a mix of ipsilateral motor/proprioceptive loss with contralateral pain/temperature loss; a spinothalamic tract lesion would mainly disrupt pain and temperature, with other modalities largely preserved on the same side. The widespread loss below L2 best matches a complete spinal cord transection at or around that level.

6. Visual object agnosia is characterized by the inability to name, describe, or demonstrate how to use a common object, despite intact vision. Which of the following statements is true?

A. It is characterized by inability to name, describe, or demonstrate how to use objects

B. It is characterized by inability to recognize faces

C. It is caused by primary motor cortex damage

D. It is a form of cortical blindness

Visual object agnosia involves intact basic vision but a failure to access stored knowledge about objects, so a person cannot name, describe, or demonstrate how to use a common object seen. This matches the statement that describes an inability to name, describe, or demonstrate object use despite normal vision. The issue lies in the ventral stream—the “what” pathway—where higher-level object recognition and semantic access occur, not in basic sight or motor function. The other possibilities describe different problems: not recognizing faces is prosopagnosia, which is a separate type of perceptual deficit; damage to the primary motor cortex would produce motor deficits rather than a failure to recognize or describe objects; cortical blindness results from loss of vision due to primary visual cortex damage, so vision itself is impaired rather than the recognition process.

7. Which two items combine to form functional residual capacity?

A. Vital capacity and residual volume

B. Expiratory reserve volume and residual volume

C. Inspiratory reserve volume and tidal volume

D. Inspiratory reserve volume and expiratory reserve volume

Functional residual capacity is the amount of air left in the lungs after a normal exhale. It equals the expiratory reserve volume plus the residual volume. After a regular breath, you still have air you could potentially exhale further (ERV), and there is air that can't be exhaled at all (RV); together these volumes make up the resting end-expiratory volume, or FRC. So, $FRC = ERV + RV$. The other pairs don't describe what remains after a normal exhale: vital capacity plus residual volume would sum to total lung capacity, and pairs involving inspiratory reserve or tidal volume describe inspiratory or total capacities rather than the end-expiratory resting volume.

8. A 42-year-old male with chronic obstructive pulmonary disease experiences a rise in resting heart rate by 15 beats per minute and a drop in oxygen saturation below 90% during an exercise session. What action should the therapist take?

- A. Activate the emergency medical system
- B. Select an alternate exercise activity
- C. Stop the activity and have the patient take his prescribed beta-blocker medication
- D. Consult with the patient's physician about whether the patient could benefit from oxygen during activity**

When a patient with COPD desaturates during activity, the priority is to address whether supplemental oxygen is warranted during exertion. A resting heart rate rise and oxygen saturation dropping below 90% during exercise signal exercise-induced hypoxemia, which can increase cardiac workload and limit safe participation in activity. The appropriate next step is to consult with the patient's physician about whether ambulatory oxygen during activity would benefit them and what the flow rate should be. Oxygen therapy is a medical prescription, and confirming its indication with the physician ensures safe, effective management before implementing it in sessions. Stopping the activity or trying to manage this with medications without a prescribed plan wouldn't adequately address the underlying hypoxemia. While selecting another activity might be part of pacing, it doesn't tackle the need for potential oxygen support. Calling emergency services would be warranted only if there were overt life-threatening symptoms, not a monitored plan for possible oxygen utilization.

9. During goniometric measurement, the stationary arm is aligned parallel to an imaginary line between the acromial processes. This setup assesses which motion?

- A. Flexion of the cervical spine
- B. Lateral flexion of the cervical spine
- C. Rotation of the cervical spine**
- D. Rotation of the thoracic and lumbar spines

In goniometry, you align the stationary arm to a fixed reference that stabilizes the part you're not measuring so the read reflects only the desired motion. Aligning the stationary arm parallel to the line between the acromial processes places that reference across the shoulders, which stabilizes the thorax. When the head turns left or right, the movement occurring is rotation of the cervical spine in the horizontal plane, and the moving arm tracks that rotation relative to the fixed trunk reference. This setup isolates cervical rotation, whereas flexion/extension use a different alignment and rotation of the thoracic/lumbar spine would involve the trunk rather than the neck.

10. A note in the medical record indicates that a patient acquired a *Staphylococcus aureus* infection in the hospital following spinal surgery. The patient is instructed to remain on a low dose oral antibiotic despite already completing 35 days of intravenous antibiotic therapy. Which surgical scenario is MOST consistent with this scenario?

- A. Healing by primary intention
- B. Postoperative immobilization
- C. Overnight hospitalization**
- D. Internal fixation

*Hospital-acquired infections are a risk whenever a patient stays in the hospital after surgery. *Staphylococcus aureus* is a common culprit in the inpatient setting, and an infection that requires an extended course of intravenous antibiotics, with a plan to continue a low-dose oral antibiotic afterward, points to a deep or hardware-associated infection acquired during the hospital stay. The fact that the note specifies the infection was acquired in the hospital makes the factor of overnight postoperative hospitalization the most consistent scenario, since being admitted for observation or care after surgery provides the exposure necessary for a nosocomial infection. The other options describe aspects of wound healing or postoperative care, not the inpatient exposure that led to the infection.*

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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:

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

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