

OCCUPATIONAL THERAPY ASSISTANTS (OTA) NATIONAL BOARD PRACTICE EXAM (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. In what way do OTAs assist clients in achieving their goals?**
 - A. By only following a strict protocol
 - B. By adjusting interventions based on client feedback
 - C. By primarily focusing on paperwork
 - D. By working independently of the client
- 2. Which condition is characterized by the lower and upper extremities in a position of spastic extension, adduction, and internal rotation?**
 - A. Decerebrate rigidity
 - B. Decorticate rigidity
 - C. Athetosis
 - D. Conversion disorder
- 3. Amyotrophic lateral sclerosis (ALS) is characterized by which of the following symptoms?**
 - A. Vision loss and headaches
 - B. Weakness, muscle atrophy, and dyspnea
 - C. Joint pain and stiffness
 - D. This disease primarily affects the heart
- 4. Which type of neuromuscular disease is characterized by leading muscle weakness and fatigue?**
 - A. Multiple sclerosis
 - B. Myasthenia gravis
 - C. Parkinson's disease
 - D. Muscular dystrophy
- 5. What is the primary function of a thumb spica splint?**
 - A. To reduce inflammation from tendonitis
 - B. To immobilize the carpometacarpal joint
 - C. To support the wrist during fractures
 - D. To promote active movement of the fingers

- 6. What does the Purdue Pegboard Test assess?**
- A. A timed test of lower-extremity function
 - B. A timed test of upper-extremity function
 - C. A measure of cognitive function
 - D. A test for visual acuity
- 7. What age do individuals with Duchenne's muscular dystrophy often require a wheelchair?**
- A. By age 12
 - B. By age 6
 - C. By age 9
 - D. By age 15
- 8. What is the focus of the Ecology of Human Performance Model?**
- A. The individual's biopsychosocial history
 - B. The client's context to support their needs
 - C. The assessment of functional impairments
 - D. The medical history of the client
- 9. What is the primary role of an Occupational Therapy Assistant (OTA)?**
- A. To work independently with clients
 - B. To work under the supervision of an Occupational Therapist
 - C. To manage administrative tasks in healthcare facilities
 - D. To perform research in occupational therapy
- 10. What does the term "clinical reasoning" mean in the context of OTAs?**
- A. The financial planning for OTA services
 - B. The process of analyzing information for client care
 - C. The ability to build personal relationships with clients
 - D. The method of selecting new therapy techniques

Answers

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

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Explanations

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1. In what way do OTAs assist clients in achieving their goals?

- A. By only following a strict protocol
- B. By adjusting interventions based on client feedback**
- C. By primarily focusing on paperwork
- D. By working independently of the client

The best approach in assisting clients in achieving their goals involves actively adjusting interventions based on client feedback. Occupational Therapy Assistants (OTAs) engage in a collaborative process with clients, which is essential for tailoring treatment plans that resonate with individual needs and preferences. By valuing and incorporating feedback, OTAs can better understand the effectiveness of their interventions and make necessary modifications to enhance the therapeutic outcomes. This client-centered approach promotes greater motivation and satisfaction, as clients feel heard and involved in their own care. Effective therapy is dynamic, relying on ongoing communication and responsiveness, which ultimately leads to more meaningful progress towards the client's goals. The therapeutic relationship built through this responsive strategy fosters trust and encourages clients to actively participate in their own rehabilitation journey.

2. Which condition is characterized by the lower and upper extremities in a position of spastic extension, adduction, and internal rotation?

- A. Decerebrate rigidity**
- B. Decorticate rigidity
- C. Athetosis
- D. Conversion disorder

The condition characterized by lower and upper extremities in a position of spastic extension, adduction, and internal rotation is decerebrate rigidity. This state typically arises from severe damage to the brainstem, particularly in areas that control muscle tone and reflexes. In decerebrate rigidity, muscles exhibit an abnormal posture where the arms are extended and the legs are too, which reflects increased extensor tone and decreased flexor tone. This pattern demonstrates the body's response to neurological impairment and results from the loss of higher motor control, leaving extensors via the brainstem to dominate. In contrast, decorticate rigidity results in flexion of the arms and extension of the legs, demonstrating a different neurological impact. Athetosis involves a continuous movement pattern characterized by twisting and uncontrolled movements, which does not include the rigidity described. Conversion disorder is a psychological condition presenting physical symptoms without a neurological basis, making it unrelated to the spastic posture typical of decerebrate rigidity. Thus, the correct answer identifies the specific and characteristic muscular alignment seen in decerebrate rigidity, distinguishing it from other neurological conditions.

3. Amyotrophic lateral sclerosis (ALS) is characterized by which of the following symptoms?

- A. Vision loss and headaches
- B. Weakness, muscle atrophy, and dyspnea**
- C. Joint pain and stiffness
- D. This disease primarily affects the heart

Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, is a progressive neurodegenerative disorder that affects motor neurons in the brain and spinal cord. The primary symptoms associated with ALS include weakness, muscle atrophy, and respiratory difficulties, often referred to as dyspnea. Weakness occurs because the degeneration of motor neurons leads to a decrease in muscle strength and control. Muscle atrophy is a direct result of the loss of motor neuron input to the muscles, causing them to shrink and weaken over time. Dyspnea arises due to weakness in the muscles that are responsible for respiration, making it difficult for individuals with ALS to breathe as the disease progresses. Understanding these symptoms is crucial for occupational therapy assistants, as they can influence the types of interventions and support strategies needed for individuals living with this condition. Addressing muscle weakness and providing adaptive strategies can enhance the quality of life for those impacted by ALS.

4. Which type of neuromuscular disease is characterized by leading muscle weakness and fatigue?

- A. Multiple sclerosis
- B. Myasthenia gravis**
- C. Parkinson's disease
- D. Muscular dystrophy

Myasthenia gravis is a neuromuscular disease characterized primarily by muscle weakness and fatigue, particularly with exertion. It results from an autoimmune response where the body's immune system mistakenly attacks acetylcholine receptors at the neuromuscular junction. This impairs communication between the nerves and muscles, leading to symptoms that typically worsen with activity and improve with rest. Patients often experience ocular symptoms, such as drooping eyelids or double vision, and may encounter difficulties with facial expressions, swallowing, and other muscle-controlled functions. The hallmark feature of myasthenia gravis is that the weakness fluctuates; individuals may feel stronger after resting. This characteristic pattern is crucial to differentiating it from other neuromuscular disorders that may present with more constant weakness.

5. What is the primary function of a thumb spica splint?

- A. To reduce inflammation from tendonitis
- B. To immobilize the carpometacarpal joint**
- C. To support the wrist during fractures
- D. To promote active movement of the fingers

The primary function of a thumb spica splint is to immobilize the carpometacarpal joint. This is crucial in the management of conditions that affect the thumb, such as fractures, ligament injuries, or arthritis. By immobilizing this joint, the splint helps decrease pain and allows for healing by limiting movement that could exacerbate the condition or hinder recovery. Immobilization also protects the area from additional injury during activities of daily living. While other choices may reflect functions of different types of splints or interventions, they do not accurately describe the primary purpose of a thumb spica splint. For instance, while it may have a secondary effect of reducing inflammation from tendonitis by providing rest, that is not its main function. Similarly, although a thumb spica splint can provide some support during wrist fractures, its specific design focuses on immobilizing the thumb area, particularly around the carpometacarpal joint. Promoting active movement of the fingers is contrary to the splint's intent, as it is designed to restrict movement to facilitate healing in the thumb region.

6. What does the Purdue Pegboard Test assess?

- A. A timed test of lower-extremity function
- B. A timed test of upper-extremity function**
- C. A measure of cognitive function
- D. A test for visual acuity

The Purdue Pegboard Test specifically assesses upper-extremity function, focusing on tasks that require fine motor skills, dexterity, and coordination. During the assessment, individuals are asked to place pins, washers, or other small items into a board within a specific time frame. This setup evaluates both the speed and precision of hand movements, which are crucial for many daily activities and occupational tasks. The test is commonly used in rehabilitation settings to identify deficits in fine motor skills and to monitor progress in clients recovering from injuries or surgeries affecting the upper limbs. This makes it a valuable tool for occupational therapy assistants when assessing a client's capacity for tasks that involve hand-eye coordination and manual dexterity.

7. What age do individuals with Duchenne's muscular dystrophy often require a wheelchair?

- A. By age 12
- B. By age 6
- C. By age 9**
- D. By age 15

Individuals with Duchenne's muscular dystrophy (DMD) typically experience progressive muscle weakness, which becomes increasingly apparent during early childhood. Most children with DMD maintain some ability to walk until around the age of 6, but as the condition progresses, they usually require a wheelchair for mobility by approximately age 9. This transition occurs because the continued deterioration of muscle strength, particularly in the legs, impedes independent ambulation and the ability to keep up with developmental milestones common in peers. The age of 9 serves as a general milestone when many children may no longer be able to walk long distances or participate in physical activities that they once enjoyed. It is important for families and caregivers to understand this timeline to prepare for mobility needs and interventions that can enhance quality of life as children with DMD continue to grow and develop.

8. What is the focus of the Ecology of Human Performance Model?

- A. The individual's biopsychosocial history
- B. The client's context to support their needs**
- C. The assessment of functional impairments
- D. The medical history of the client

The Ecology of Human Performance Model emphasizes the importance of a client's context and how it interacts with their performance across various life tasks. It recognizes that individuals do not exist in isolation; rather, their abilities and challenges are deeply influenced by their environments, including social, physical, and cultural contexts. This model promotes a holistic view where occupational therapy focuses not just on the individual's skills or impairments, but also on modifying the context or environment to improve performance in daily living activities. Thus, providing support that aligns with the individual's contextual needs can enhance their overall engagement and success in task completion. In contrast, focusing solely on the individual's biopsychosocial history, assessing functional impairments, or evaluating medical history does not address the interaction between the individual and their environment, which is central to the Ecology of Human Performance Model. This contextual perspective allows for more effective interventions that consider both the person and their surrounding circumstances, making option B the most relevant choice.

9. What is the primary role of an Occupational Therapy Assistant (OTA)?

- A. To work independently with clients
- B. To work under the supervision of an Occupational Therapist**
- C. To manage administrative tasks in healthcare facilities
- D. To perform research in occupational therapy

The primary role of an Occupational Therapy Assistant (OTA) is to work under the supervision of an Occupational Therapist. This collaboration is essential because the OTA assists in implementing treatment plans developed by the Occupational Therapist, who has a broader scope of practice, including evaluation and the development of therapy goals. The OTA is trained to deliver specific services, such as facilitating activities that promote patients' engagement and improvement in daily living skills, all while following the guidelines and objectives set by the supervising Occupational Therapist. This relationship ensures that patients receive quality care and that therapy interventions are consistent and tailored to meet individual needs. Additionally, the OTA may also provide feedback on the patient's progress to the Occupational Therapist, which is crucial for adjusting treatment plans as necessary. This teamwork enhances the therapeutic outcomes for clients and reinforces the OTA's supportive role in the rehabilitation process.

10. What does the term "clinical reasoning" mean in the context of OTAs?

- A. The financial planning for OTA services
- B. The process of analyzing information for client care**
- C. The ability to build personal relationships with clients
- D. The method of selecting new therapy techniques

In the context of Occupational Therapy Assistants, "clinical reasoning" refers to the process of analyzing information to make informed decisions regarding client care. This involves gathering relevant data about the client's condition, needs, and preferences, and then synthesizing that information to develop a comprehensive understanding of how to address the client's specific situation. Clinical reasoning allows OTAs to integrate their knowledge of therapeutic approaches with the client's unique circumstances. It involves critical thinking and problem-solving skills, enabling them to evaluate the effectiveness of interventions and adapt their approaches based on the client's progress and changing needs. This thorough analysis is crucial for ensuring that the care provided is not only appropriate but also individualized, facilitating optimal outcomes for clients. While the other options mention important aspects of occupational therapy practice, they do not encapsulate the essence of clinical reasoning. Financial planning is relevant but does not pertain to the analytical process of client care. Building personal relationships is significant for therapeutic rapport, but it falls outside the analytical framework that defines clinical reasoning. Similarly, selecting therapy techniques is a part of practice but does not encompass the broader analytical and reflective processes involved in clinical reasoning.

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://otanatlboard.examzify.com>

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

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