OCCUPATIONAL THERAPY METHODS 2 PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. In reference to LTTM, what does high conformability imply?

A. Material is very drapy and will conform to what you use it for.

B. Will not resist the stretch.

C. Able to use gravity to assist.

D. The material is extremely stiff and rigid.

2. Which statement about prosthetic selection is true?

A. Residual limb length is irrelevant

B. Shorter residual limbs may limit both the type of prosthesis and socket fit

C. Length does not affect control

D. Longer residual limbs always have worse control

3. In ESTIM modalities, which condition is IFC best suited for?

A. Muscle strengthening

B. Pain for larger areas

C. Pain for smaller areas

D. Edema control

4. There is a hierarchy when training clients to use an upper limb prosthesis. They begin with repetitive drills and training followed by proportional controls training using different materials and heights.

A. True

B. False

C. Not sure

D. Sometimes

5. Which modality could be used to decrease sensitivity for CRPS?

A. Fluidotherapy

B. Cryotherapy

C. Ultrasound

D. Electrical stimulation

6. Cryotherapy is most effective to address inflammation within what time frame after injury?

A. Up to 24-72 hours after injury

B. Within 5 minutes

C. 1-2 weeks after injury

D. 1 month after injury

7. To be reimbursed for an orthotic, you need the name of the orthotic and what type of code?

A. L Code

B. CPT Code

C. HCPCS Code

D. ICD-10 Code

8. Which of the following is NOT a primary goal of fluidotherapy?

A. Desensitization

B. Hypersensitivity reduction

C. Improve active range of motion

D. Increase bone density

9. Ice cup therapy is most appropriate for which scenario?

A. Large areas of skin

B. Whole-body treatment

C. Localized areas, pinpoint areas

D. Systemic warming

10. Which statement is correct for iontophoresis medications used to treat inflammation?

A. DEX (-)

B. Lido (+)

C. Saline (-)

D. Acetic Acid (-)

Answers

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

Explanations

1. In reference to LTTM, what does high conformability imply?

A. Material is very drapy and will conform to what you use it for.

B. Will not resist the stretch.

C. Able to use gravity to assist.

D. The material is extremely stiff and rigid.

Conformability is about how easily a material drapes and follows the surface it's placed on. In LTTM, high conformability means the material is drapable and will conform to the intended form, molding to contours with minimal effort. This lets it lay smoothly over curves, fill in recesses, and provide even contact when heated and molded. Gravity can help the piece settle into place, but the defining feature is its ability to conform to the shape you're using it for. A stiff or rigid material resists bending and won't drape well, leading to wrinkles or gaps. So high conformability implies a drapable material that will conform to the shape you use it for.

2. Which statement about prosthetic selection is true?

A. Residual limb length is irrelevant

B. Shorter residual limbs may limit both the type of prosthesis and socket fit

C. Length does not affect control

D. Longer residual limbs always have worse control

The main idea is that residual limb length directly influences what prosthetics can be used and how well they fit. Shorter residual limbs provide less surface area for the socket to grip and seal, and they offer fewer muscles or control sites for operating the device. That combination makes it harder to achieve a stable, comfortable socket and can limit the types of prostheses that are feasible, because many designs rely on adequate limb length for suspension, alignment, and control signals. In practical terms, a very short limb may necessitate alternative suspension methods, special socket designs, or even different device options that can accommodate limited shape and muscle availability. If the limb is longer, there are more opportunities for a secure socket and more muscle sites to drive control, which generally expands the range of usable prostheses. However, longer limbs still require appropriate fit and control considerations, so length isn't the sole determinant of success. This is why the statement about shortening affecting both prosthesis type and socket fit is the best answer.

3. In ESTIM modalities, which condition is IFC best suited for?

A. Muscle strengthening

B. Pain for larger areas

C. Pain for smaller areas

D. Edema control

Interferential current is designed to deliver pain relief over a broad region by creating a deep, wide area of stimulation. Two medium-frequency currents intersect inside the body to produce a low-frequency beat that penetrates more deeply and covers a larger area with comfortable sensation. This makes IFC particularly effective for reducing pain that is diffuse or spans a large anatomical region, rather than targeting a tiny spot. So, it's best suited for pain that affects larger areas. Muscle strengthening relies on muscle contraction induced by low-frequency, pulsed currents (NMES/EMS), not IFC. Pain confined to a small area is often managed with conventional TENS or similar localized modalities. Edema control is typically addressed with strategies that promote muscle pump and lymphatic flow (often NMES-based or manual techniques), rather than IFC.

4. There is a hierarchy when training clients to use an upper limb prosthesis. They begin with repetitive drills and training followed by proportional controls training using different materials and heights.

A. True

B. False

C. Not sure

D. Sometimes

Starting with repetitive drills to establish consistent muscle activation and reliable control builds a solid motor foundation before adding complexity. Once stable control is achieved, training moves to proportional control, where the degree of muscle effort directly maps to the speed or movement of the prosthesis. Varying materials and heights during this phase challenges the user to modulate control across different task demands and contexts, promoting generalization and adaptability. This progression aligns with how motor learning supports transferring skill from simple practice to real-world use, so the statement is correct.

5. Which modality could be used to decrease sensitivity for CRPS?

A. Fluidotherapy

B. Cryotherapy

C. Ultrasound

D. Electrical stimulation

Desensitization through graded sensory input is a common goal in managing CRPS. Fluidotherapy provides controlled, soothing tactile stimulation while warming the limb. The cabinet bath of heated air and tiny cellulose particles allows the therapist to adjust textures, pressure, and temperature so the patient experiences varied sensory input without sharp pain. This repeated, tolerable exposure helps retrain the nervous system to interpret touch as non-painful, reducing allodynia and hyperalgesia over time. Other modalities don't offer the same graded, texture-rich exposure. Cryotherapy delivers cold, which can be uncomfortable and may worsen vasomotor symptoms in CRPS for some patients. Ultrasound focuses on tissue heating or nonthermal effects rather than providing progressive desensitization. Electrical stimulation can help with pain relief but doesn't provide the structured sensory exposure used to desensitize hypersensitive skin.

6. Cryotherapy is most effective to address inflammation within what time frame after injury?

A. Up to 24-72 hours after injury

B. Within 5 minutes

C. 1-2 weeks after injury

D. 1 month after injury

Timing matters for cryotherapy because its main benefit in an injury is to limit the acute inflammatory response. When an injury occurs, the body launches an acute inflammatory phase that brings blood flow, swelling, and pain as part of the healing process. Applying cold during this window—typically the first 24 to 72 hours—causes vasoconstriction, reduces metabolic demand, and decreases capillary permeability. These effects help limit swelling, lessen secondary tissue damage, and relieve pain, making cryotherapy most effective for addressing inflammation within this early period. After the initial 24–72 hours, the inflammatory surge begins to subside and the focus shifts toward tissue repair. While cold can still provide pain relief, its impact on edema and the inflammatory cascade is reduced, and thus the benefit for inflammation is less pronounced. Later time points, such as weeks to months after injury, are more about rehabilitation and remodeling rather than acute inflammation. So the best window to address inflammation with cryotherapy is within the first few days after injury, up to about 72 hours.

7. To be reimbursed for an orthotic, you need the name of the orthotic and what type of code?

A. L Code

B. CPT Code

C. HCPCS Code

D. ICD-10 Code

When billing for an orthotic, the payment relies on a code that specifically identifies the device. Orthotics are coded with HCPCS Level II codes in the L-series, which name the exact orthotic device. The combination of the device's official name and its L-code lets payers recognize the device and determine coverage and reimbursement. CPT codes describe procedures or services, not the device itself, so they aren't the primary identifiers for an orthotic. ICD-10 codes cover diagnoses, not the device being billed. HCPCS codes include many types, but for orthotics the relevant subset is the L-series, which is why using an L code is the correct approach.

8. Which of the following is NOT a primary goal of fluidotherapy?

A. Desensitization

B. Hypersensitivity reduction

C. Improve active range of motion

D. Increase bone density

Fluidotherapy provides warmth combined with controlled, graded tactile stimulation to the immersed limb. This combination is effective for desensitizing hypersensitive skin and for relaxing tissues to improve motion, which supports better active range of motion. The same warming and sensory input also helps circulation and can reduce edema. Increasing bone density, however, is not something this modality is designed to influence. Bone density changes rely on mechanical loading and long-term weight-bearing or resistance activities, not primarily on heat and texture desensitization. So the option describing a rise in bone density is not a primary goal of fluidotherapy.

9. Ice cup therapy is most appropriate for which scenario?

A. Large areas of skin

B. Whole-body treatment

C. Localized areas, pinpoint areas

D. Systemic warming

Ice cup therapy is a localized cold modality used to treat small, targeted areas rather than large skin surfaces. The ice cup delivers controlled cold to a pinpoint region, causing local vasoconstriction and reduced nerve conduction, which helps alleviate pain and limit edema in that spot. Because the contact area is small, clinicians can precisely treat a local joint, finger, or trigger point without cooling surrounding tissue. It's not suitable for large-area applications, whole-body treatments, or systemic warming, which require different approaches. Use for brief sessions (e.g., 5–10 minutes), and avoid if there is numbness, impaired circulation, or cold intolerance.

10. Which statement is correct for iontophoresis medications used to treat inflammation?

A. DEX (-)

B. Lido (+)

C. Saline (-)

D. Acetic Acid (-)

Iontophoresis moves charged medication through the skin using direct current, so the drug must carry a charge and be paired with the appropriate electrode polarity to be driven into tissue. For treating inflammation, a corticosteroid in phosphate form—dexamethasone phosphate—has a negative charge. Because it's negatively charged, it's delivered with the negative polarity over the drug pad, which pushes the ion into the underlying tissues where inflammation is present. Lidocaine is a local anesthetic and isn't used to reduce inflammation through iontophoresis. Saline isn't an anti-inflammatory agent; it's mainly used to improve conductivity or serve as a control. Acetic acid is used for conditions like calcific tendonitis to dissolve calcium deposits, not general inflammatory conditions. Therefore, the correct statement is that the anti-inflammatory iontophoretic medication is a negatively charged dexamethasone formulation.

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://occupationaltherapymethods2.examzify.com

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