

# Occupational Therapy (OT) Board Certification in Pediatrics Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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**SAMPLE**

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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. Which muscular dystrophy type typically starts later and has a lesser severity compared to Duchenne?**
  - A. Duchenne**
  - B. Myotonic**
  - C. Becker**
  - D. Emery-Dreifuss**
- 2. The International Classification of Functioning, Disability, and Health (ICF) framework includes which of the following categories?**
  - A. Body structures only**
  - B. Environmental and personal factors only**
  - C. Functioning and disability**
  - D. Occupational performance only**
- 3. What birth weight category does an infant of 1200g fit into?**
  - A. Low birth weight**
  - B. Very low birth weight**
  - C. Extremely low birth weight**
  - D. Normal birth weight**
- 4. The Model of Human Occupation includes which of the following constructs?**
  - A. Volition and habituation**
  - B. Rehabilitation and therapy**
  - C. Time management**
  - D. Adaptation strategies**
- 5. What characterizes occupational therapy models like MOHO or PEO?**
  - A. They provide strict regulations for physical activities**
  - B. They are derived from therapeutic frames of reference**
  - C. They emphasize psychiatric evaluations**
  - D. They are purely theoretical without practical application**

- 6. What principle focuses on avoiding harm to clients according to the AOTA Code of Ethics?**
- A. Veracity**
  - B. Beneficence**
  - C. Nonmaleficence**
  - D. Fidelity**
- 7. Which statement correctly describes Cystic Fibrosis?**
- A. It is an autosomal dominant disorder affecting the heart.**
  - B. It is an autosomal recessive disorder affecting digestive and respiratory systems.**
  - C. It primarily affects muscle tone in the upper extremities.**
  - D. It involves an extra chromosome leading to various physical disabilities.**
- 8. What typically happens to the patent ductus arteriosus (PDA) shortly after birth?**
- A. It closes naturally**
  - B. It becomes permanently open**
  - C. It redirects blood flow**
  - D. It causes hypertension**
- 9. Which component is essential in the Ecology of Human Performance model?**
- A. Occupation**
  - B. Environmental factors**
  - C. Task performance**
  - D. Spirituality**
- 10. Bronchopulmonary dysplasia is primarily caused by what factor?**
- A. Prolonged exposure to oxygen**
  - B. Trauma from intubation**
  - C. Mechanical ventilation**
  - D. Congenital heart defects**



## **Answers**

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

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## **Explanations**

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**1. Which muscular dystrophy type typically starts later and has a lesser severity compared to Duchenne?**

- A. Duchenne**
- B. Myotonic**
- C. Becker**
- D. Emery-Dreifuss**

Becker muscular dystrophy is characterized by a later onset and generally milder symptoms than Duchenne muscular dystrophy. This form of muscular dystrophy results from a mutation in the dystrophin gene, similar to Duchenne, but the protein produced, although abnormal, retains some functionality. As a result, individuals with Becker muscular dystrophy may not experience the severe weakness and rapid progression seen in Duchenne, allowing for a longer timeline before significant muscle weakness sets in. Additionally, children with Becker muscular dystrophy may maintain the ability to walk into their teenage years or even adulthood, reflecting less severity overall. This delayed onset and milder course of muscular decline is why Becker muscular dystrophy is distinctively positioned as less severe compared to Duchenne muscular dystrophy. The prognosis tends to vary significantly, with many individuals leading relatively active lives longer than those affected by Duchenne.

**2. The International Classification of Functioning, Disability, and Health (ICF) framework includes which of the following categories?**

- A. Body structures only**
- B. Environmental and personal factors only**
- C. Functioning and disability**
- D. Occupational performance only**

The International Classification of Functioning, Disability, and Health (ICF) framework is designed to provide a comprehensive approach to understanding health and disability by emphasizing the interaction between different health conditions and the functioning of individuals within their environments. The correct answer highlights the core components of the ICF, which are "functioning and disability." Functioning encompasses both the physiological and psychological aspects of an individual's health, which include bodily functions and structures, as well as activities and participation. Disability, on the other hand, refers to the impairments, activity limitations, and participation restrictions that may occur due to health conditions. This dual focus helps clinicians and practitioners, such as occupational therapists, assess and address the full spectrum of issues that can affect an individual's ability to engage in everyday activities. Overall, this integrated perspective enables better treatment planning and a more holistic approach to care, considering not only the medical aspects of a condition but also the environmental and personal factors that can influence an individual's functioning and quality of life.

**3. What birth weight category does an infant of 1200g fit into?**

- A. Low birth weight**
- B. Very low birth weight**
- C. Extremely low birth weight**
- D. Normal birth weight**

An infant weighing 1200 grams fits into the very low birth weight category. This classification is specifically for infants who weigh less than 1500 grams (or approximately 3 pounds, 5 ounces) at birth. Infants in this category are often at a higher risk for complications and may require specialized medical care and monitoring. In contrast, low birth weight is designated for infants weighing less than 2500 grams (approximately 5 pounds, 8 ounces), while extremely low birth weight refers to those under 1000 grams (around 2 pounds, 3 ounces). Normal birth weight is attributed to infants who weigh between 2500 grams and 4000 grams (5 pounds, 8 ounces to 8 pounds, 13 ounces). Therefore, with a birth weight of 1200 grams, the infant clearly falls within the very low birth weight category.

**4. The Model of Human Occupation includes which of the following constructs?**

- A. Volition and habituation**
- B. Rehabilitation and therapy**
- C. Time management**
- D. Adaptation strategies**

The Model of Human Occupation (MoHO) emphasizes the importance of understanding how people engage in their activities and roles. One of the foundational constructs of this model is volition, which refers to the process by which individuals make choices about what they want to do based on their values, interests, and beliefs. This involves a person's motivation to act. The second construct that is key to this model is habituation, which reflects the organizational process of behavior and ways individuals develop routines and habits that help them structure their daily lives. Together, these constructs provide a comprehensive framework for understanding how motivation (volition) and the establishment of consistent patterns (habituation) influence an individual's occupational performance. This focus on personal motivation and behavior formation is central to the practice of occupational therapy, particularly in pediatrics, where understanding a child's interests and routines can significantly affect their engagement and development. The other constructs, while relevant in different contexts, do not align as closely with the specific framework of the Model of Human Occupation as volition and habituation do. For example, rehabilitation and therapy are broader terms that describe processes but do not encapsulate the core aspects of MoHO. Time management, while an important skill, is more of a specific strategy or tool within

**5. What characterizes occupational therapy models like MOHO or PEOP?**

- A. They provide strict regulations for physical activities**
- B. They are derived from therapeutic frames of reference**
- C. They emphasize psychiatric evaluations**
- D. They are purely theoretical without practical application**

Occupational therapy models such as the Model of Human Occupation (MOHO) and the Person-Environment-Occupation-Performance (PEOP) model are grounded in therapeutic frames of reference. These models provide a structured approach to understanding how individuals engage in meaningful occupations and how changes in their environment or personal factors can impact their performance. By being derived from frames of reference, they offer a comprehensive perspective that interconnects the individual's capabilities, the contexts in which they function, and the tasks they wish to achieve. This integrative approach promotes a holistic perspective in occupational therapy practice, guiding interventions and assessments in a way that is rooted in established theories and knowledge of human behavior. These models are not strictly regulatory frameworks for physical activities, which would limit their scope; rather, they encompass a broader understanding of how various aspects of life such as identity, context, and interaction shape occupational engagement. Additionally, while they may consider psychological factors, they do not primarily focus on psychiatric evaluations. Finally, these models translate theoretical understanding into practical application, providing occupational therapists with tools to design effective interventions based on real-world contexts.

**6. What principle focuses on avoiding harm to clients according to the AOTA Code of Ethics?**

- A. Veracity**
- B. Beneficence**
- C. Nonmaleficence**
- D. Fidelity**

The principle that focuses on avoiding harm to clients, according to the AOTA Code of Ethics, is nonmaleficence. This ethical principle is grounded in the obligation of healthcare providers to refrain from causing harm to their clients. In the context of occupational therapy, it emphasizes the responsibility of practitioners to ensure that their interventions do not result in physical, emotional, or psychological harm. Nonmaleficence is fundamental to all aspects of patient care, guiding therapists to assess risks and benefits thoughtfully and to make decisions that protect clients' well-being. For instance, when developing treatment plans, occupational therapists must consider existing health conditions, the potential for adverse effects from interventions, and the overall effect of therapeutic activities on the clients. While other principles like beneficence focus on providing benefits and advancing client welfare, and fidelity emphasizes loyalty and trust in relationships, it is nonmaleficence specifically that highlights the critical importance of doing no harm. This makes it a cornerstone ethical principle in the practice of occupational therapy.

**7. Which statement correctly describes Cystic Fibrosis?**

- A. It is an autosomal dominant disorder affecting the heart.
- B. It is an autosomal recessive disorder affecting digestive and respiratory systems.**
- C. It primarily affects muscle tone in the upper extremities.
- D. It involves an extra chromosome leading to various physical disabilities.

Cystic Fibrosis is accurately described as an autosomal recessive disorder that primarily impacts the digestive and respiratory systems. This genetic condition arises from mutations in the CFTR gene, which is responsible for producing a protein that regulates salt and water in cells. As a result, individuals with Cystic Fibrosis experience the buildup of thick and sticky mucus in their lungs and digestive tract. This causes significant respiratory issues, such as frequent lung infections and difficulty breathing, as well as digestive problems due to the pancreas being blocked, leading to malabsorption of nutrients. Understanding this genetic inheritance pattern is crucial, as Cystic Fibrosis manifests only when both copies of the CFTR gene (one inherited from each parent) are mutated, distinguishing it from conditions that are autosomal dominant. Furthermore, the focus on the digestive and respiratory systems aligns with the clinical manifestations seen in individuals with this condition, underscoring the importance of targeted therapies in managing the symptoms effectively.

**8. What typically happens to the patent ductus arteriosus (PDA) shortly after birth?**

- A. It closes naturally**
- B. It becomes permanently open
- C. It redirects blood flow
- D. It causes hypertension

The patent ductus arteriosus (PDA) is a normal fetal structure that connects the pulmonary artery to the aorta, allowing blood to bypass the non-functioning fetal lungs. Shortly after birth, when the newborn begins to breathe air, several physiological changes occur. The increase in oxygen levels and the decrease in circulating prostaglandins lead to the constriction and eventual closure of the PDA. This closure typically occurs within the first few days of life and helps the circulatory system transition from fetal to neonatal function, where the lungs begin to take over the role of oxygenation. A natural closure is crucial for proper blood flow and oxygenation, and if the PDA remains open, it can lead to complications.

**9. Which component is essential in the Ecology of Human Performance model?**

- A. Occupation**
- B. Environmental factors**
- C. Task performance**
- D. Spirituality**

In the Ecology of Human Performance (EHP) model, task performance is a critical component as it highlights the dynamic interaction between the person, their context, and the tasks they are faced with. The model emphasizes how individuals perform tasks within specific environments and how these contexts influence their occupational engagement. Understanding task performance is vital as it directly influences an individual's ability to engage in meaningful occupations. When considering the EHP model, it is important to recognize that task performance is not isolated but intertwined with various factors such as environmental elements and individual abilities, shaping how a person interacts with their surroundings and the tasks they wish to achieve. This model also fosters an understanding that enhancing task performance may sometimes require modifying either the environment or the task itself. This approach allows occupational therapy practitioners to focus on helping clients to perform tasks effectively within their unique contexts, ultimately promoting better engagement in daily life activities.

**10. Bronchopulmonary dysplasia is primarily caused by what factor?**

- A. Prolonged exposure to oxygen**
- B. Trauma from intubation**
- C. Mechanical ventilation**
- D. Congenital heart defects**

Bronchopulmonary dysplasia (BPD) is primarily associated with the lung injury caused by mechanical ventilation, particularly in premature infants. When infants require respiratory support, the use of mechanical ventilation can lead to overdistension of the lungs and barotrauma, which are significant contributors to lung injury. This injury can also exacerbate the inflammatory response in the lungs, leading to the development of BPD. Mechanical ventilation is a critical factor because it is often necessary for infants who are born prematurely and have underdeveloped lungs. While other factors, such as oxygen toxicity and trauma from intubation, play roles in the overall picture of respiratory complications, it is particularly the mechanical ventilation aspect that has been identified most consistently as a primary contributor to the pathophysiology of bronchopulmonary dysplasia. Understanding this mechanism is crucial for healthcare professionals, especially those in occupational therapy working with pediatric patients, as they may encounter infants affected by BPD and need to be aware of its underlying causes to provide appropriate care and interventions.



## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://otboardcertpediatrics.examzify.com>**

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