

OCCUPATIONAL THERAPY (OT) BOARD CERTIFICATION IN PEDIATRICS PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. What is included in a transition plan when moving from IDEA Part C to Part B?**
 - A. The plan must be developed at least 90 days before the third birthday
 - B. The plan is optional and at parent discretion
 - C. The plan focuses only on educational goals
 - D. The plan should be developed after the third birthday
- 2. What is the nature of the abdominal condition known as omphalocele?**
 - A. Abdominal organs are on the outside of the body
 - B. Abdominal organs develop without a protective membrane
 - C. Abdominal organs are covered by a membrane
 - D. Abdominal organs are missing
- 3. Which condition may include vision loss, seizures, and a facial birthmark?**
 - A. Microphthalmia
 - B. Sturge-Weber Syndrome
 - C. Leber's Congenital Amaurosis
 - D. Retinitis Pigmentosa
- 4. Which of the following best describes the purpose of evaluation in IDEA Part C?**
 - A. To determine eligibility for extracurricular activities
 - B. To evaluate family participation in therapy
 - C. To assess developmental needs for infants and toddlers
 - D. To decide on school enrollment eligibility
- 5. What does the term dysphagia refer to?**
 - A. Dysfunction in any area of feeding
 - B. Difficulty in swallowing liquids
 - C. Loss of appetite
 - D. Difficulty in producing speech sounds

6. During what age does Rett Syndrome typically begin to show regression in development?
- A. After the first year of life
 - B. At 6 months of age
 - C. At 2 years of age
 - D. At 3 years of age
7. Which condition is associated with the loss of vision in one eye?
- A. Amblyopia
 - B. Microphthalmia
 - C. Leber's Congenital Amaurosis
 - D. De Morsier's Syndrome
8. According to the Kiresuk-Sherman formula for GAS goal scoring, what does -1 represent?
- A. Projected outcome
 - B. Expected outcome
 - C. Baseline
 - D. Progress
9. What characterizes Grade D spinal cord injury?
- A. No motor function
 - B. Motor function above 3/5 in half of the muscles
 - C. Normal sensory function only
 - D. Complete sensory and motor function
10. What is a common symptom of gastroesophageal reflux in children?
- A. Excessive drooling
 - B. Vomiting after eating
 - C. Difficulty breathing
 - D. Insomnia

Answers

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

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Explanations

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1. What is included in a transition plan when moving from IDEA Part C to Part B?

- A. The plan must be developed at least 90 days before the third birthday**
- B. The plan is optional and at parent discretion
- C. The plan focuses only on educational goals
- D. The plan should be developed after the third birthday

A transition plan is a critical component when moving from IDEA (Individuals with Disabilities Education Act) Part C, which covers early intervention services for infants and toddlers, to Part B, which pertains to special education services for children ages 3 and up. The requirement that the plan must be developed at least 90 days before a child's third birthday is in place to ensure a smooth transition. This allows families, educators, and therapists ample time to discuss and outline the child's needs, goals, and the specific services that will be available as they age out of Part C services. It encourages proactive planning rather than reactive adjustments, which is essential for minimizing gaps in services and supporting the child's development as they enter a new phase of education. Developing the transition plan well in advance ensures all stakeholders—parents, therapists, and educators—are aligned and prepared to best support the child's transition to a different set of services tailored to their educational needs.

2. What is the nature of the abdominal condition known as omphalocele?

- A. Abdominal organs are on the outside of the body
- B. Abdominal organs develop without a protective membrane
- C. Abdominal organs are covered by a membrane**
- D. Abdominal organs are missing

Omphalocele is a congenital condition where abdominal organs, such as the intestines or liver, are present outside the body, but they are covered by a thin membrane. This organ protrusion occurs through an opening in the umbilical area and is distinct from other conditions such as gastroschisis, where the organs are not covered by a membrane. The membrane in omphalocele helps protect the organs to some extent, reducing the risk of injury or infection compared to cases where the organs are fully exposed. This understanding is crucial for properly diagnosing and treating the condition, highlighting the importance of the protective membrane in distinguishing omphalocele from other abdominal wall defects.

3. Which condition may include vision loss, seizures, and a facial birthmark?

- A. Microphthalmia
- B. Sturge-Weber Syndrome**
- C. Leber's Congenital Amaurosis
- D. Retinitis Pigmentosa

Sturge-Weber Syndrome is characterized by a combination of neurological and physical manifestations, one of which can include vision loss. This condition is typically associated with a facial birthmark known as a port-wine stain, which usually appears on one side of the face. In addition, individuals with Sturge-Weber Syndrome may experience seizures due to neurological abnormalities caused by the condition, stemming from the presence of abnormal blood vessels in the brain. Vision loss can occur in Sturge-Weber Syndrome for several reasons, including increased intracranial pressure and associated glaucoma, both of which can arise from the vascular malformations. Additionally, the syndrome is also linked to developmental delays and other neurological issues, further illustrating its broad effects on an individual's health and functioning. The other conditions mentioned do not encompass this specific combination of symptoms, as they either focus primarily on vision loss without the additional features of facial birthmarks and seizures or represent different aspects of ocular and visual impairments that do not have the same complete clinical picture seen in Sturge-Weber Syndrome.

4. Which of the following best describes the purpose of evaluation in IDEA Part C?

- A. To determine eligibility for extracurricular activities
- B. To evaluate family participation in therapy
- C. To assess developmental needs for infants and toddlers**
- D. To decide on school enrollment eligibility

The purpose of evaluation in IDEA Part C is fundamentally focused on assessing the developmental needs of infants and toddlers. This evaluation is designed to identify any delays or disabilities that may affect a child's ability to participate fully in day-to-day activities and interactions within their environment. In this context, the evaluation serves as a crucial first step in providing early intervention services, which are aimed at addressing any identified developmental concerns. It not only helps in determining the specific areas where a child may need support but also informs the development of a tailored intervention plan to promote the child's growth and development. Effective evaluation in this setting considers various domains of development, including cognitive, physical, communication, social-emotional, and adaptive skills. This holistic approach ensures that the child's unique needs are understood and prioritized, ultimately leading to better outcomes and improved quality of life for both the child and their family.

5. What does the term dysphagia refer to?

- A. Dysfunction in any area of feeding**
- B. Difficulty in swallowing liquids
- C. Loss of appetite
- D. Difficulty in producing speech sounds

The term dysphagia specifically refers to difficulties associated with swallowing. This encompasses a range of feeding issues, as swallowing is a critical component of the process of feeding. Dysphagia can involve problems with the oral phase of swallowing (e.g., chewing and forming a bolus), the pharyngeal phase (e.g., initiating the swallow reflex), and the esophageal phase (e.g., moving food down the esophagus). When we consider the various aspects of feeding that can be affected, it becomes clear that dysphagia is not limited to just one part of the process, such as swallowing liquids; instead, it captures a broader dysfunction that can impact both liquids and solids, as well as the overall experience of feeding. This understanding is essential for occupational therapists working with pediatric populations, as it helps to guide assessment and intervention strategies tailored to individual needs regarding feeding and swallowing.

6. During what age does Rett Syndrome typically begin to show regression in development?

- A. After the first year of life
- B. At 6 months of age**
- C. At 2 years of age
- D. At 3 years of age

Rett Syndrome typically begins to show regression in development after the first year of life, often between 6 to 18 months of age. Although some developmental milestones may have been attained in this early period, children who are affected by Rett Syndrome will start to demonstrate loss of previously acquired skills and developmental regression around this time. This regression includes difficulties in communicating, motor skills, and social engagement, which can be quite noticeable once they reach the point of developmental plateau. The timing associated with the progression of Rett Syndrome differs from typical developmental patterns, which is why recognizing the exact age, often around 6 months, is critical in understanding early signs and symptoms. The development of symptoms and age at regression can vary among individuals, but the onset of regression tends to align more closely with the first year rather than being specific to the ages mentioned in other choices such as 2 years or 3 years, which are generally too late for the initial regression to become apparent.

7. Which condition is associated with the loss of vision in one eye?

- A. Amblyopia**
- B. Microphthalmia
- C. Leber's Congenital Amaurosis
- D. De Morsier's Syndrome

Amblyopia, often referred to as "lazy eye," is the condition linked with the loss of vision in one eye due to improper visual development during early childhood. This usually occurs when there's a disruption in the normal development of vision in the brain, often caused by factors such as strabismus (misalignment of the eyes), significant differences in prescription between the eyes, or obstruction of vision (like a cataract). The brain tends to favor the eye that provides clearer vision, leading to the underdevelopment of the other eye and resulting in reduced vision that does not correct with glasses or contact lenses. In contrast, microphthalmia refers to a condition where one or both eyes are abnormally small and can lead to vision issues, but it is not solely defined by the loss of vision in one eye. Leber's Congenital Amaurosis is a retinal dystrophy that typically leads to severe vision impairment or blindness in both eyes from birth but is not characterized by the loss of vision in just one eye. De Morsier's Syndrome, also known as septo-optic dysplasia, is associated with pituitary dysfunction and may involve optic nerve issues, but again does not specifically reflect the isolated loss of vision in one eye. Thus

8. According to the Kiresuk-Sherman formula for GAS goal scoring, what does -1 represent?

- A. Projected outcome
- B. Expected outcome
- C. Baseline**
- D. Progress

In the Kiresuk-Sherman formula for Goal Attainment Scaling (GAS), a score of -1 signifies the baseline level of the individual's performance prior to the initiation of intervention. This baseline allows clinicians to understand where the client is starting from in terms of functioning and goal attainment. It serves as a critical reference point because it enables measurement of progress over time by comparing future scores to this initial baseline score. Establishing a clear baseline is essential in OT practice, especially in pediatrics, as it facilitates tailored goal-setting that is both realistic and developmentally appropriate. Without an accurate baseline, the effectiveness of therapeutic interventions can't be assessed effectively, thus highlighting the importance of the -1 score in the GAS framework.

9. What characterizes Grade D spinal cord injury?

- A. No motor function
- B. Motor function above 3/5 in half of the muscles**
- C. Normal sensory function only
- D. Complete sensory and motor function

Grade D spinal cord injury is characterized by the presence of motor function that is preserved in at least half of the key muscles below the level of injury, with a muscle strength of more than 3 out of 5. This indicates that the individual has some voluntary motor control, although it may be limited. This level of injury implies a significant compromise in the function of the spinal cord but still allows for some degree of movement, which is a crucial aspect for rehabilitation potential. In the context of spinal cord injury classification, the grades help determine the level of impairment and the potential for recovery. Grade D signifies a partial preservation of motor function, making it one of the more favorable outcomes compared to higher grades that indicate a total loss of function. The presence of movement is pivotal for the development of adaptive strategies in daily living activities, which occupational therapists can work on with clients to enhance their independence and quality of life. In contrast, conditions such as Grade A indicate a complete lack of motor and sensory function, while Grade C refers to incomplete motor function where a majority of muscles have a strength less than 3/5. Normal sensory function only (notably present in Grade B) means there is no motor function, which is distinct from Grade D where

10. What is a common symptom of gastroesophageal reflux in children?

- A. Excessive drooling
- B. Vomiting after eating**
- C. Difficulty breathing
- D. Insomnia

Vomiting after eating is a common symptom of gastroesophageal reflux in children. This occurs because the condition involves the backflow of stomach contents into the esophagus, which can irritate the lining and lead to discomfort and subsequent vomiting, particularly after meals. In infants and young children, this symptom is especially prevalent as their digestive systems are still developing, and they may have less control over the reflux process. Other symptoms that can accompany gastroesophageal reflux include irritability after feeding, refusing to eat, and regurgitation of food. Understanding these symptoms is crucial for recognizing the condition and ensuring appropriate interventions to manage it effectively. It is essential for caregivers to monitor these signs and consult with healthcare professionals if they suspect their child is experiencing gastroesophageal reflux, as proper management can significantly improve the child's comfort and health outcomes.

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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