

PEAT SERIES 2 FORM B PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 transfemoral prosthesis wearer demonstrates lateral trunk bending from heel strike to midstance. Which of the following is the LEAST likely cause?**
 - A. High medial wall
 - B. Weak hip abductors
 - C. Prosthesis that is too short
 - D. Prosthesis that is too long

- 2. A wound proximal to the medial malleolus with hemosiderin staining and lipodermatosclerosis is MOST likely which type of wound?**
 - A. Diabetic
 - B. Arterial insufficiency
 - C. Pressure
 - D. Venous insufficiency

- 3. A patient reports vertigo and nausea after rolling in bed. The symptoms last for 30 seconds. The patient has a positive Hallpike-Dix test. To decrease symptoms, which intervention would be MOST effective?**
 - A. Habituation exercises
 - B. Brandt-Daroff exercises
 - C. Gaze stabilization treatment
 - D. Canalith repositioning treatment

- 4. Which precautions are required for varicella zoster virus in clinical settings?**
 - A. Airborne with respirator
 - B. Standard precautions
 - C. Droplet with surgical mask
 - D. Contact with gloves

- 5. Which hematologic condition is NOT typically associated with chronic kidney disease?**
 - A. Leukopenia
 - B. Anemia
 - C. Polycythemia
 - D. Thrombocytopenia

- 6. In physical therapy for a preschool child with autism spectrum disorder, which approach is BEST for engagement and learning?**
- A. Change activities frequently
 - B. Provide structured routines
 - C. Allow the child to select activities freely
 - D. Incorporate high levels of sensory stimulation
- 7. Which muscles are most likely still innervated after a complete C5 spinal cord injury to assist with a sliding-board transfer?**
- A. Deltoids and biceps
 - B. Pectoralis major and latissimus dorsi
 - C. Triceps and finger flexors
 - D. Hip extensors
- 8. Phase I treatment of primary lymphedema includes which components?**
- A. Skin care, manual lymph drainage, lymphedema bandaging, exercise, and compression garment at the end of exercise.
 - B. Skin care only.
 - C. Manual lymph drainage and compression garments during the day only.
 - D. Skin care, manual lymph drainage, lymphedema bandaging, exercise.
- 9. In a patient with glenohumeral joint effusion, which pattern of motion loss is MOST likely to occur?**
- A. Maximal Loss of Lateral (External) Rotation, Moderate Loss of Abduction, Minimal Loss of Medial (Internal) Rotation
 - B. Maximal Loss of Lateral (External) Rotation, Moderate Loss of Medial (Internal) Rotation, Minimal Loss of Abduction
 - C. Maximal Loss of Medial (Internal) Rotation, Moderate Loss of Abduction, Minimal Loss of Lateral (External) Rotation
 - D. Maximal Loss of Medial (Internal) Rotation, Moderate Loss of Lateral (External) Rotation, Minimal Loss of Abduction
- 10. In chronic kidney disease, which statement about red blood cell production is true?**
- A. CKD RBC production is decreased
 - B. In CKD RBC production is increased
 - C. CKD does not affect RBC production
 - D. CKD causes RBC production to fluctuate wildly

Answers

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

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Explanations

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1. A transfemoral prosthesis wearer demonstrates lateral trunk bending from heel strike to midstance. Which of the following is the LEAST likely cause?

- A. High medial wall
- B. Weak hip abductors
- C. Prosthesis that is too short**
- D. Prosthesis that is too long

Lateral trunk bending during early stance is a compensatory strategy to keep the body's center of mass over the prosthetic limb when coronal-plane stability is challenged. In a transfemoral prosthesis, this pattern is most often seen when the socket fit is poor or the hip abductors on the prosthetic side are weak. A high medial wall pushes on the medial thigh and tends to provoke a trunk shift toward the prosthesis to relieve pressure. Weak hip abductors reduce the ability to hold the pelvis level during stance, so the trunk leans toward the prosthetic side to maintain balance. If the prosthesis is too long, the alignment changes can also induce compensations that involve trunk positioning to maintain stability. A prosthesis that is too short, however, does not typically produce this lateral trunk bending pattern; it more often leads to other alignment and stability issues.

2. A wound proximal to the medial malleolus with hemosiderin staining and lipodermatosclerosis is MOST likely which type of wound?

- A. Diabetic
- B. Arterial insufficiency
- C. Pressure
- D. Venous insufficiency**

The main idea here is understanding how chronic venous disease affects the skin and leads to ulcers. When veins in the leg are chronically stressed and fail to return blood efficiently, becomes congested, causing red blood cells to leak into the surrounding tissue. As those red cells break down, iron deposits accumulate as hemosiderin, giving the skin a brownish staining. Over time, the skin becomes fibrotic and thickened—a change known as lipodermatosclerosis. These signs—hemosiderin staining and lipodermatosclerosis—point to venous hypertension and chronic venous insufficiency. Ulcers from this venous problem typically appear in the gaiter area, just above the medial malleolus, where venous pressures are highest and edema accumulates. That location, together with the skin changes, makes venous insufficiency the most likely cause. In contrast, arterial insufficiency ulcers usually occur on the toes or distal foot, with cool skin, diminished pulses, pallor, and significant pain with walking. Diabetic ulcers often occur on weight-bearing areas of the foot and are frequently neuropathic, potentially with loss of sensation. Pressure ulcers arise over bony prominences in settings of immobility. These patterns don't fit as well as the venous picture described here.

3. A patient reports vertigo and nausea after rolling in bed. The symptoms last for 30 seconds. The patient has a positive Hallpike-Dix test. To decrease symptoms, which intervention would be MOST effective?

- A. Habituation exercises
- B. Brandt-Daroff exercises
- C. Gaze stabilization treatment
- D. Canalith repositioning treatment**

In BPPV, the most effective treatment is a repositioning maneuver that moves the displaced otoconia out of the semicircular canal and back into the utricle. A positive Hallpike-Dix test points to canalithiasis in the posterior canal, which is exactly what these maneuvers are designed to treat. The canalith repositioning treatment, such as the Epley maneuver, guides the loose stones through the canal and into the utricle, where they no longer trigger the abnormal endolymph flow that causes vertigo. This often relieves symptoms quickly, sometimes after a single session. Other approaches like habituation or Brandt-Daroff exercises aim to reduce vertigo over time but are not as immediately effective for mechanically resolving canalithiasis, and gaze stabilization targets a different vestibular deficit rather than repositioning canaliths.

4. Which precautions are required for varicella zoster virus in clinical settings?

- A. Airborne with respirator**
- B. Standard precautions
- C. Droplet with surgical mask
- D. Contact with gloves

Varicella zoster virus spreads through airborne particles from respiratory secretions and vesicle material, so protecting healthcare workers requires airborne precautions in addition to standard precautions. Using a respirator (N95 or higher) is necessary because the virus can travel as small aerosols that surgical masks don't reliably filter. Droplet precautions with a surgical mask target larger droplets only and don't fully address airborne transmission, while contact precautions cover touching contaminated surfaces or lesions but don't prevent inhalation of aerosolized virus. By implementing airborne precautions with a respirator, you effectively reduce the risk of transmission in the clinical setting.

5. Which hematologic condition is NOT typically associated with chronic kidney disease?

- A. Leukopenia**
- B. Anemia
- C. Polycythemia
- D. Thrombocytopenia

Chronic kidney disease most commonly causes anemia because the damaged kidneys don't produce enough erythropoietin to drive red blood cell formation. That means anemia is a characteristic hematologic change in CKD, while other blood cell lines are not altered in the same defining way. Platelet counts are usually normal, though uremia can impair platelet function and lead to a bleeding tendency rather than a true shortage of platelets. Polycythemia, or an elevated red cell mass, would require excess erythropoietin or other mechanisms that raise red blood cell production, which CKD does not typically do. White blood cell counts, on the other hand, are not a hallmark issue in CKD; leukopenia (low white cells) is not a typical consequence of CKD. So, leukopenia stands out as the finding not typically associated with chronic kidney disease.

6. In physical therapy for a preschool child with autism spectrum disorder, which approach is BEST for engagement and learning?

- A. Change activities frequently
- B. Provide structured routines**
- C. Allow the child to select activities freely
- D. Incorporate high levels of sensory stimulation

Structured routines in physical therapy build engagement and support motor learning for preschoolers with autism by creating a predictable, calm framework for practice. When a session follows a consistent sequence, with clear expectations and familiar cues for transitions, the child can anticipate what comes next, prepare for each step, and focus on performing the movements. This reduces anxiety and cognitive load, making it easier to attend to instructions, imitate movements, and refine motor skills. Visual supports like a simple picture schedule or a three-part task sequence, along with consistent prompts and reinforcement, help the child understand the flow of the session and know how to respond, which strengthens memory for the tasks and enhances carryover across activities. This approach is flexible within structure, enabling you to tailor activities to the child's interests while maintaining the overall routine. It's more effective for keeping engagement than changing activities rapidly, which can disrupt attention; while allowing some choice is valuable, too much free selection without a predictable framework can be overwhelming for many children with autism; and overly stimulating sensory input can hinder focus and learning. By combining consistency with thoughtful adjustments, you support both engagement and meaningful skill development in therapy.

7. Which muscles are most likely still innervated after a complete C5 spinal cord injury to assist with a sliding-board transfer?

- A. Deltoids and biceps**
- B. Pectoralis major and latissimus dorsi
- C. Triceps and finger flexors
- D. Hip extensors

A complete C5 injury leaves you with usable input from muscles controlled by nerves at or above the C5 level, which for this transfer means those that can produce shoulder movement and elbow bending. The deltoid provides the key shoulder abduction to position the arm for transfer, and the biceps provide elbow flexion to pull the body toward the board. Together they supply the fundamental actions needed to slide over and onto the next surface. In contrast, elbow extension (triceps) is mostly C7–C8 and would be weak or paralyzed at this level, and the pectoralis major, latissimus dorsi, and hip extensors are either less critical for this specific movement or rely on lower levels that are typically not functional after a complete C5 injury. So the deltoids and biceps are the muscles most likely still innervated and capable of aiding a sliding-board transfer.

8. Phase I treatment of primary lymphedema includes which components?

- A. Skin care, manual lymph drainage, lymphedema bandaging, exercise, and compression garment at the end of exercise.
- B. Skin care only.
- C. Manual lymph drainage and compression garments during the day only.
- D. Skin care, manual lymph drainage, lymphedema bandaging, exercise.**

Phase I treatment uses a comprehensive approach to rapidly reduce swelling and prevent infections. The essential components are skin care to keep the skin healthy and minimize infection risk, manual lymph drainage to stimulate lymph flow toward the body's working lymphatic routes, lymphedema bandaging to create a gradient pressure that reduces edema and helps maintain gains, and a structured exercise program to promote lymphatic pumping and improve circulation. Each part targets a different aspect of lymphatic function, so together they provide the most effective initial decongestive therapy. Relying on skin care alone misses edema control; using only manual drainage with daytime garments doesn't provide the sustained compression needed in Phase I; and compression garments by themselves don't achieve the same reduction without the initial bandaging and drainage.

9. In a patient with glenohumeral joint effusion, which pattern of motion loss is MOST likely to occur?

- A. Maximal Loss of Lateral (External) Rotation, Moderate Loss of Abduction, Minimal Loss of Medial (Internal) Rotation**
- B. Maximal Loss of Lateral (External) Rotation, Moderate Loss of Medial (Internal) Rotation, Minimal Loss of Abduction
- C. Maximal Loss of Medial (Internal) Rotation, Moderate Loss of Abduction, Minimal Loss of Lateral (External) Rotation
- D. Maximal Loss of Medial (Internal) Rotation, Moderate Loss of Lateral (External) Rotation, Minimal Loss of Abduction

When glenohumeral joint effusion is present, movement loss tends to follow a capsular-type pattern with external rotation most limited, followed by abduction, and internal rotation being the least affected. Swelling inside the joint increases intra-articular pressure and distends the capsule, especially impacting motions that require more posterior capsule stretch and joint surface contact. External rotation demands more posterior capsule and rotator cuff involvement, so it is the most restricted. Abduction still compresses the joint and is therefore moderately limited, while internal rotation requires less of the stretched capsule and is often least affected. This makes the pattern of maximal external rotation loss, moderate abduction loss, and minimal internal rotation loss the most consistent with a glenohumeral joint effusion.

10. In chronic kidney disease, which statement about red blood cell production is true?

A. CKD RBC production is decreased

B. In CKD RBC production is increased

C. CKD does not affect RBC production

D. CKD causes RBC production to fluctuate wildly

Chronic kidney disease reduces the kidney's ability to produce erythropoietin, the hormone that signals the bone marrow to make red blood cells. When EPO levels fall, the bone marrow receives a weaker cue to produce RBCs, so overall red cell production declines. This leads to anemia that is typically normocytic and normochromic, with a low reticulocyte count reflecting decreased production. While iron status and inflammation can worsen anemia in CKD, the primary driver is the reduced erythropoietin production, making the statement that RBC production is decreased the best description.

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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:

<https://peatseries2formb.examzify.com>

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

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