

PEAT SERIES 2 FORM B PRACTICE TEST (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. Sesamoiditis presents with pain on weight-bearing and swelling of plantar soft tissue, and neurological signs are not commonly associated. Which condition is MOST consistent with the described presentation?**
 - A. Freiberg disease
 - B. Morton neuroma
 - C. Sesamoiditis
 - D. Anterior tarsal syndrome

- 2. If a patient with muscle cramping and a blood glucose level of 325 mg/dL presents for physical therapy, what is the most appropriate action?**
 - A. Postpone physical therapy, and contact the physician immediately.
 - B. Postpone physical therapy, and advise the patient to contact the physician if symptoms worsen.
 - C. Proceed with physical therapy at a decreased intensity, and contact the physician at the conclusion of the session.
 - D. Proceed with the established physical therapy program, and contact the physician at the conclusion of the session.

- 3. Which examination technique is CONTRAINDICATED one week after ulnar collateral ligament reconstruction at the elbow?**
 - A. Wrist extension ROM
 - B. Shoulder lateral (external) ROM
 - C. Scapular mobility
 - D. Grip strength testing

- 4. A family physician refers a patient to physical therapy for chronic low back pain, and the patient is also seeing a massage therapist. Which action is MOST appropriate?**
 - A. Gain permission to contact massage therapist
 - B. Treat the patient on days not seen by the massage therapist
 - C. Discontinue massage therapy
 - D. Discontinue the physical therapy

- 5. In a hiatal hernia, which structure becomes entrapped?**
 - A. Esophagus
 - B. Stomach
 - C. Small intestine
 - D. Large intestine

- 6. A patient using bilateral axillary crutches is instructed to ascend stairs with a 75% weight-bearing status on the right leg. Which sequence should be used?**
- A. Place the left lower extremity on the next higher step, and follow with both the right lower extremity and crutches together.
 - B. Position both crutches on the next higher step before initiating ascent.
 - C. Place the right lower extremity on the next higher step, then follow with left lower extremity and crutches together.
 - D. Place the right lower extremity on the next higher step with crutches, then follow with left lower extremity.
- 7. Dysdiadochokinesia is best assessed with which test?**
- A. Finger-to-nose test
 - B. Romberg test
 - C. Pronator drift test
 - D. Rapid alternating movements test
- 8. A patient's examination reveals weakness with scapular upward rotation and protraction. Which nerve is MOST likely affected?**
- A. Axillary
 - B. Subscapular
 - C. Suprascapular
 - D. Long thoracic
- 9. A patient with a 5-degree plantar flexion contracture is MOST likely to demonstrate which knee behavior during midstance?**
- A. Foot slap
 - B. Early heel rise
 - C. Knee buckling during midstance
 - D. Knee recurvatum during midstance
- 10. Which item should be avoided to help manage GERD symptoms?**
- A. Yogurt
 - B. Caffeinated coffee
 - C. Leafy greens
 - D. Water

Answers

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

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Explanations

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1. Sesamoiditis presents with pain on weight-bearing and swelling of plantar soft tissue, and neurological signs are not commonly associated. Which condition is MOST consistent with the described presentation?

A. Freiberg disease

B. Morton neuroma

C. Sesamoiditis

D. Anterior tarsal syndrome

Pain and swelling in the plantar area under the first metatarsophalangeal joint during weight-bearing points to inflammation around the sesamoid bones. The sesamoids sit under the big toe and endure the push-off load in gait; repetitive stress or overuse can inflame the surrounding soft tissues, producing focal tenderness at the plantar surface and swelling without prominent nerve symptoms. That combination—weight-bearing—related pain with plantar soft-tissue swelling and no neurological signs—fits sesamoiditis well. Freiberg disease would typically involve an avascular necrosis of a metatarsal head (often the second), causing focal joint pain and stiffness rather than plantar soft-tissue swelling at the first MTP joint. Morton neuroma presents with neuropathic pain and paresthesias between the toes, and is characterized by neural signs rather than localized plantar swelling. Anterior tarsal syndrome involves nerve entrapment that yields dorsiflexion weakness or sensory changes on the dorsum of the foot, not the plantar aspect around the sesamoids.

2. If a patient with muscle cramping and a blood glucose level of 325 mg/dL presents for physical therapy, what is the most appropriate action?

A. Postpone physical therapy, and contact the physician immediately.

B. Postpone physical therapy, and advise the patient to contact the physician if symptoms worsen.

C. Proceed with physical therapy at a decreased intensity, and contact the physician at the conclusion of the session.

D. Proceed with the established physical therapy program, and contact the physician at the conclusion of the session.

When a patient with diabetes has a blood glucose level as high as 325 mg/dL along with symptoms like muscle cramping, it signals potential metabolic instability that requires medical evaluation before exertion. Exercise in this state can worsen dehydration and hyperglycemia and may mask or trigger diabetic ketoacidosis if not managed. For safety, the appropriate action is to postpone the session and contact the physician immediately for clearance and instructions before proceeding. Continuing with therapy or delaying only modestly could miss a critical medical evaluation, so seeking professional guidance now is the prudent course.

3. Which examination technique is CONTRAINDICATED one week after ulnar collateral ligament reconstruction at the elbow?

- A. Wrist extension ROM
- B. Shoulder lateral (external) ROM**
- C. Scapular mobility
- D. Grip strength testing

Protecting the healing graft from valgus stress is the priority in the first week after UCL reconstruction. External rotation of the shoulder can place the arm in positions that generate valgus torque across the elbow through the kinetic chain, risking stretch or overload of the repaired UCL while it's still healing. Therefore, shoulder external rotation ROM is contraindicated at this early stage. The other movements are typically controlled to avoid stressing the elbow graft: wrist extension motion stays distal to the elbow and can be allowed within prescribed limits, scapular mobility supports shoulder mechanics without directly loading the elbow, and any resistance or testing is guided by the surgeon's protocol to protect the elbow.

4. A family physician refers a patient to physical therapy for chronic low back pain, and the patient is also seeing a massage therapist. Which action is MOST appropriate?

- A. Gain permission to contact massage therapist**
- B. Treat the patient on days not seen by the massage therapist
- C. Discontinue massage therapy
- D. Discontinue the physical therapy

Coordinating care among multiple providers is crucial when a patient is receiving therapy from more than one professional. The most appropriate action is to gain permission to contact the massage therapist. By obtaining the patient's consent to share information, the physical therapist can align treatment goals, monitor for potential contraindications or interactions, and ensure that both therapies complement each other rather than duplicated or conflicting. This protects patient safety, respects confidentiality, and supports a cohesive plan of care. Taking action without coordination risks unsafe or inefficient care—for example, massage could affect muscle tone, pain perception, or range of motion in ways that the other provider needs to know about. Discontinuing either therapy or trying to schedule around the other without communication also ignores the value of collaborative care and could leave the patient with gaps or confusion in treatment.

5. In a hiatal hernia, which structure becomes entrapped?

- A. Esophagus
- B. Stomach**
- C. Small intestine
- D. Large intestine

This question tests the idea that a hiatal hernia involves displacement through the esophageal hiatus. The stomach is the structure that becomes entrapped as it herniates into the chest through the opening in the diaphragm. The esophagus stays in its usual path, and the intestines don't typically move through this hiatus. In some subtypes, part of the stomach can roll up beside the esophagus and become wedged, but the essential point is that the stomach is the structure involved.

6. A patient using bilateral axillary crutches is instructed to ascend stairs with a 75% weight-bearing status on the right leg. Which sequence should be used?

- A. Place the left lower extremity on the next higher step, and follow with both the right lower extremity and crutches together.
- B. Position both crutches on the next higher step before initiating ascent.
- C. Place the right lower extremity on the next higher step, then follow with left lower extremity and crutches together.
- D. Place the right lower extremity on the next higher step with crutches, then follow with left lower extremity.

When climbing stairs with bilateral axillary crutches and a restricted weight-bearing status on one leg, the safest and most efficient pattern is to move the leg with less weight-bearing first, then bring up the weight-bearing leg with the crutches. This keeps most of the body weight supported by the leg allowed to bear weight while the crutches provide stability. In this scenario, the left leg is advanced to the next step first, while the right leg remains to bear the load. After the left foot is on the step, the right leg and the crutches are brought up to the same step together. This sequence maintains safe support and minimizes stress on the restricted leg while using the crutches to maintain balance. Choosing to place the crutches on the higher step first or to move the weight-bearing leg first would reduce stability or violate the weight-bearing restriction, which is why those options aren't appropriate.

7. Dysdiadochokinesia is best assessed with which test?

- A. Finger-to-nose test
- B. Romberg test
- C. Pronator drift test
- D. Rapid alternating movements test

Dysdiadochokinesia involves a cerebellar coordination problem where rapid, alternating movements become slow, irregular, or clumsy. The best way to assess this is by the rapid alternating movements test. Have the patient quickly alternate movements such as pronation and supination of the hands, or quick tapping of the thighs. In cerebellar dysfunction, these movements lose smooth rhythm and precision, revealing the deficit. The finger-to-nose test checks coordination and accuracy (dysmetria) during a single movement toward a target, not the rapid alternation aspect. The Romberg test focuses on proprioception and vestibular function, not cerebellar rapid alternating movements. The pronator drift test screens for upper motor neuron weakness, not diadochokinesia.

8. A patient's examination reveals weakness with scapular upward rotation and protraction. Which nerve is MOST likely affected?

- A. Axillary
- B. Subscapular
- C. Suprascapular
- D. Long thoracic**

Upward rotation and protraction of the scapula are primarily carried out by the serratus anterior. This muscle is innervated by the long thoracic nerve, which originates from C5–C7. When the long thoracic nerve is compromised, serratus anterior becomes weak, so the scapula cannot protract effectively and cannot upwardly rotate properly. This leads to a scapular weakness pattern and often a winged medial border as the scapula loses its stable, protracted position during pushing or reaching. The other nerves listed innervate different muscles around the shoulder girdle. The axillary nerve mainly affects the deltoid and teres minor, influencing arm abduction and lateral rotation. The suprascapular nerve supplies the supraspinatus and infraspinatus, impacting initial arm abduction and external rotation. The subscapular nerves feed the subscapularis (and teres major), influencing medial rotation and stabilization. None of these pathways best explain weakness in scapular protraction and upward rotation like the long thoracic nerve does, making it the most likely affected nerve.

9. A patient with a 5-degree plantar flexion contracture is MOST likely to demonstrate which knee behavior during midstance?

- A. Foot slap
- B. Early heel rise
- C. Knee buckling during midstance
- D. Knee recurvatum during midstance**

When the ankle cannot dorsiflex adequately because of a plantarflexion contracture, the foot remains pointed downward during stance. To allow the body to progress over that fixed foot, the knee often extends more than normal, resulting in knee recurvatum during midstance. This hyperextension is a compensatory pattern to keep the body over the foot despite limited ankle motion. Foot slap and early heel rise are tied to timing and control at other parts of the gait cycle (often related to dorsiflexor weakness or plantarflexor control issues), not to a fixed plantarflexion posture during midstance. Knee buckling would indicate instability or weakness at the knee itself rather than a knee-position adaptation to limited ankle motion.

10. Which item should be avoided to help manage GERD symptoms?

- A. Yogurt
- B. Caffeinated coffee**
- C. Leafy greens
- D. Water

GERD symptoms tend to worsen when anything relaxes the barrier between the stomach and esophagus or increases stomach acid. Caffeinated coffee does both: caffeine can relax the lower esophageal sphincter, making reflux more likely, and coffee can also stimulate more acid production. Because of that, avoiding caffeinated coffee is the most effective way among these options to reduce reflux episodes. Yogurt is often soothing and can be tolerable for many people, leafy greens are generally gentle and low in fat, and water helps dilute stomach acid and supports hydration. Individual responses vary, but caffeine-containing coffee is the item most likely to trigger GERD symptoms.

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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