Pediatrics Rehabilitation Exam 2 Practice (Sample)

Study Guide

Everything you need from our exam experts!

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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. **T/F: L3-L4 motor levels often can crawl, come to stand, and walk with deviations**

   A. True

   B. False

   C. Not enough data

   D. Sometimes

2. **T/F: kids with DCD often have difficulty following 2-3 step commands**

   A. Sometimes true

   B. True

   C. False

   D. Not applicable

3. **Which statement best describes the Movement Assessment Battery for Children when used with children who have autism?**

   A. It assesses both fine and gross motor skills

   B. It assesses only language

   C. It is not useful for autism

   D. It takes no time to administer

4. **Which statement is true about T12-L2 motor level impairments?**

   A. They experience crawling difficulty with flexion contractures and rotational/ankle deformities

   B. They have no hip flexors

   C. They walk independently

   D. They have normal lower-extremity function

5. **Which of the following is not typically described as a Down Syndrome physical characteristic?**

   A. Large mouth

   B. Tall stature

   C. Flattened nasal bridge

   D. Simian crease

6. Stage 5 in Winder's development includes milestones such as cruising and walking. Which stage is this?

A. Stage 3

B. Stage 4

C. Stage 2

D. Stage 5

7. In teens with DMD, standing is promoted for how long?

A. 15-30 min

B. 1-2 hours

C. As tolerated - 1-3 hours

D. 4-6 hours

8. What is the typical treatment approach for pediatric ventricular septal defect depending on pulmonary hypertension severity?

A. Surgery between 4-6 months if pulmonary hypertension is severe; otherwise diuretics and potentially surgery 1-4 years.

B. Immediate surgery within the first month of life.

C. Observation with no intervention ever.

D. Only diuretics with no surgery ever.

9. Unable to sit independently at ___ months in Duchenne dystrophy development?

A. 4 Months

B. 12 Months

C. 15-18 Months

D. 7 Months

10. Pull to stand is a milestone typically seen in which Winder stage?

A. Stage 2

B. Stage 3

C. Stage 4

D. Stage 5

Answers

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

Explanations

1. T/F: L3-L4 motor levels often can crawl, come to stand, and walk with deviations

A. True

B. False

C. Not enough data

D. Sometimes

This is true. At the L3–L4 motor level there is preservation of knee extension (L3) and ankle dorsiflexion (L4), which provides enough lower-limb control to support functional mobility with assistance. Children with this level can manage activities like crawling, coming to a stand from a kneeling position, and walking, though they typically do so with deviations in gait due to weakness or imbalance. These deviations are common and often mitigated with braces or orthoses and targeted gait training.

2. T/F: kids with DCD often have difficulty following 2-3 step commands

A. Sometimes true

B. True

C. False

D. Not applicable

In Developmental Coordination Disorder, the big challenge is planning and executing coordinated movements, including sequencing actions. When a task requires following several steps, the child must hold the instructions in working memory, determine the order, and translate that plan into motor actions. This combination of motor planning and execution difficulty makes following a 2-3 step command commonly hard. So the statement is true. Note that co-occurring factors like attention or language issues can add to the challenge, but the motor coordination deficit itself typically underlies these difficulties.

3. Which statement best describes the Movement Assessment Battery for Children when used with children who have autism?

A. It assesses both fine and gross motor skills

B. It assesses only language

C. It is not useful for autism

D. It takes no time to administer

Movement assessments like this are about motor proficiency across different ways of moving, not language or cognitive content. For children with autism, motor coordination can show up in both small, precise hand movements and larger, whole-body movements. This test is built to capture that range, with subtests that cover fine motor skills (manual dexterity), hand-eye coordination (aiming and catching), and balance (a gross motor domain). Because it spans these areas, it gives a fuller picture of a child's motor strengths and weaknesses, which is essential for planning targeted therapy and supports. It's a standardized measure with normative scores, helping clinicians quantify how a child compares to peers. So the best description is that it assesses both fine and gross motor skills. It does not assess language, it is useful for autism, and it does require time to administer.

4. Which statement is true about T12-L2 motor level impairments?

A. They experience crawling difficulty with flexion contractures and rotational/ankle deformities

B. They have no hip flexors

C. They walk independently

D. They have normal lower-extremity function

The key idea here is that a T12-L2 motor level injury typically causes weakness in proximal hip muscles (hip flexors) along with other lower-limb weaknesses. Crawling requires bringing the thigh and knee into flexion and coordinating trunk stability; when hip flexors are weak, initiating and sustaining that crawling pattern is difficult. Over time, imbalances between flexors and extensors, combined with reduced movement and spasticity, can lead to flexion contractures of the hips and knees and rotational deformities at the hips, along with ankle deformities. This pattern explains why crawling is hard and why contractures and rotational/ankle changes may develop. Hip flexors are not completely absent in this level, so saying there are no hip flexors is too absolute. Independent walking is unlikely because lower-extremity weakness and contractures limit propulsion and stability, and normal lower-extremity function is not expected at this motor level.

5. Which of the following is not typically described as a Down Syndrome physical characteristic?

A. Large mouth

B. Tall stature

C. Flattened nasal bridge

D. Simian crease

Down syndrome has a recognizable pattern of facial and hand features due to developmental differences. A flattened nasal bridge and a relatively large-looking mouth are classic facial and oral features seen in many individuals with trisomy 21, reflecting midface hypoplasia and macroglossia. A single transverse palmar crease, or simian crease, is another well-described feature. In contrast, tall stature is not typical; growth often slows and height tends to be shorter than peers. So, tall stature does not describe a common Down syndrome physical characteristic.

6. Stage 5 in Winder's development includes milestones such as cruising and walking. Which stage is this?

A. Stage 3

B. Stage 4

C. Stage 2

D. Stage 5

Understanding when upright mobility appears in Winder's progression is key. Cruising—standing and stepping along while holding onto furniture or support—followed by walking, marks the last stage of development in this framework. Earlier stages cover non-ambulatory skills like rolling, sitting, and crawling. So recognizing cruising and walking points to the final stage in the sequence.

7. In teens with DMD, standing is promoted for how long?

A. 15-30 min

B. 1-2 hours

C. As tolerated - 1-3 hours

D. 4-6 hours

Standing in Duchenne muscular dystrophy is used to preserve joint range, reduce contracture risk, support bone density, and improve circulation and organ function with upright positioning. Because tolerance to standing varies and fatigue, dizziness, or skin issues can limit time, the approach is to stand for as long as the teen can tolerate, gradually building up to about one to three hours per day. Begin with short bouts and increase as tolerated, using proper alignment and monitoring for discomfort. Shorter durations may not yield the same ROM and bone-health benefits, while much longer periods can lead to fatigue or skin problems.

8. What is the typical treatment approach for pediatric ventricular septal defect depending on pulmonary hypertension severity?

A. Surgery between 4-6 months if pulmonary hypertension is severe; otherwise diuretics and potentially surgery 1-4 years.

B. Immediate surgery within the first month of life.

C. Observation with no intervention ever.

D. Only diuretics with no surgery ever.

Timing of repair for a pediatric VSD depends on how much the pulmonary circulation is affected by the defect. If pulmonary hypertension is severe, repairing the defect early—often around 4–6 months—helps reduce the left-to-right shunt and protect the developing lungs. If pulmonary hypertension is not severe, initial medical management with diuretics to control heart failure can be used while monitoring, with the goal of planning closure later, typically around 1–4 years when the child is better able to tolerate surgery. In Eisenmenger physiology, closure is not done because the pulmonary vasculature has become irreversibly damaged. The other options don't fit this approach, as they either push for early surgery in all cases, or advise no intervention or surgery-only with no plan for eventual defect closure.

9. Unable to sit independently at ___ months in Duchenne dystrophy development?

A. 4 Months

B. 12 Months

C. 15-18 Months

D. 7 Months

Duchenne muscular dystrophy causes proximal muscle weakness that first hits the trunk and hip areas, so gross motor milestones that rely on trunk control, like sitting, are affected early. Sitting independently requires enough strength and control from the hip extensors and trunk muscles; when a child with Duchenne cannot sit by about 7 months, it signals early proximal weakness and delayed milestone achievement. This makes 7 months the best indicator among the options for initial inability to sit independently in this condition.

10. Pull to stand is a milestone typically seen in which Winder stage?

A. Stage 2

B. Stage 3

C. Stage 4

D. Stage 5

Pull to stand reflects a child moving from a stable seated position into upright, weight-bearing through the legs. This requires developing trunk and hip control, shoulder girdle stability, and the ability to shift weight forward to rise, usually using a support surface. It sits in the progression after independent sitting and before independent walking, signaling a transition from seated stability to upright ambulation. In the Winders staging framework, this is the stage where a child begins to pull up to stand, bridging the gap between sitting and walking. Kids often start this around 8–9 months, with variation among individuals.

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://pediarehab2.examzify.com

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