

PEDIATRICS REHABILITATION EXAM 2 PRACTICE (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. For stage 2 spina bifida, which positioning is emphasized?**
 - A. Supine only
 - B. Standing
 - C. Prone and sidelying
 - D. Sitting upright
- 2. Which facial feature is described as a flattened nasal bridge in Down Syndrome?**
 - A. Prominent nasal bridge
 - B. Narrow nasal openings
 - C. Flattened nasal bridge
 - D. Small nose tip
- 3. What is the recommended activity level when hemoglobin is less than 8 g/dL?**
 - A. Light exercise
 - B. Moderate exercise
 - C. No exercise
 - D. Normal activity
- 4. Which motor level is commonly able to crawl, come to stand, and walk with deviations?**
 - A. L2-L3
 - B. L3-L4
 - C. L4-L5
 - D. S1-S2
- 5. In prop sitting for Down syndrome, at which spinal level is lumbar control most effectively targeted with moderate assist?**
 - A. Cervical level
 - B. Thoracic level
 - C. Lumbar level
 - D. Sacral level

- 6. Chiari II malformation is characterized by which anatomical change and its consequence?**
- A. Elongation of brainstem and cerebellum through the foramen magnum into the cervical canal; contributes to hydrocephalus by blocking CSF flow in the fourth ventricle
 - B. Displacement of brainstem into the spinal canal
 - C. Herniation of cerebellar tonsils through foramen magnum; causes scoliosis
 - D. Elongation of brainstem and cerebellum through the foramen magnum into cervical canal; increases CSF flow
- 7. What walking timeline is typical for children with Down syndrome?**
- A. 9-12 months
 - B. 15-36 months
 - C. 24-48 months
 - D. 3-5 years
- 8. Which statement accurately describes the effect of folic acid on spina bifida risk?**
- A. Increases risk
 - B. Has no effect on risk
 - C. Always prevents spina bifida completely
 - D. Adequate folic acid intake reduces risk
- 9. Should rehabilitation aim to preserve lower-extremity flexibility as much as possible in children with Duchenne muscular dystrophy?**
- A. Yes, we should
 - B. No, not necessary
 - C. LE flexibility should be avoided
 - D. Only ankle ROM matters
- 10. In stage 4 spina bifida, which of the following is included to improve strength?**
- A. UE/LE strengthening
 - B. Cardio-only training
 - C. Avoid strengthening
 - D. Reduce strength training

Answers

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

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Explanations

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1. For stage 2 spina bifida, which positioning is emphasized?

- A. Supine only
- B. Standing
- C. Prone and sidelying**
- D. Sitting upright

Positioning in stage 2 spina bifida focuses on promoting trunk control and automatic alignment through prone and sidelying. Being in prone encourages the infant to extend the neck and spine, activating back muscles and helping develop midline orientation and trunk stability. Sidelying supports symmetry and pelvic/hip alignment while still allowing the child to work on trunk control and head control with comfortable support. These positions together set up safer, more functional development of rolling, control of the trunk, and preparation for future sitting and standing. Supine-only limits opportunities to develop extension and trunk control and can contribute to tighter hip flexors and less midline development. Standing too early isn't appropriate for stage 2 because the child typically hasn't built the necessary strength and postural control, and it can place undue stress on developing structures. Sitting upright too soon can be demanding and may not support proper alignment or trunk extension at this stage.

2. Which facial feature is described as a flattened nasal bridge in Down Syndrome?

- A. Prominent nasal bridge
- B. Narrow nasal openings
- C. Flattened nasal bridge**
- D. Small nose tip

Down syndrome often involves midface hypoplasia, which gives the nasal bridge a flattened appearance. This flattened nasal bridge is a classic facial descriptor for the condition and helps distinguish it from others. Other options don't fit the typical presentation: a prominent nasal bridge is the opposite of what's usually seen, describing heightened prominence rather than flattening; narrow nasal openings are not the standard way this feature is described; and a small nose tip isn't the characteristic feature tied to Down syndrome's midfacial structure.

3. What is the recommended activity level when hemoglobin is less than 8 g/dL?

- A. Light exercise
- B. Moderate exercise
- C. No exercise**
- D. Normal activity

When hemoglobin is that low, the blood's oxygen-carrying capacity is reduced, so the body cannot meet the higher oxygen demands of exercise. Exercise raises heart rate and cardiac output, increasing oxygen delivery needs; with Hb below 8 g/dL, tissues can become hypoxic, and symptoms like fatigue, dizziness, or chest discomfort may appear, risking more serious cardiovascular strain. Because of these risks, the safest approach is to avoid exercise and rest while the anemia is treated or until hemoglobin rises to a safer level. Once the clinician clears it and Hb improves, activity can be gradually reintroduced with careful monitoring.

4. Which motor level is commonly able to crawl, come to stand, and walk with deviations?

- A. L2-L3
- B. L3-L4**
- C. L4-L5
- D. S1-S2

The ability to crawl, come to stand, and walk with deviations hinges on preserved strength for knee extension, which lets the leg straighten to support the body during standing and the early steps of walking. The knee extensor group is mainly supplied by the L3–L4 myotomes (quadriceps). With L3–L4 intact, a child can use hip flexors (L2–L3) to initiate movement for crawling and, importantly, can straighten the knee to stand and take first steps, albeit with gait deviations due to weaker distal control. If the level were higher (L2–L3), knee extension would be insufficient, making coming to stand and walking much more difficult. If the level were lower (L4–L5 or S1–S2), distal ankle control would be relatively better or different, which changes the pattern of gait and can reduce the likelihood of this exact trio of milestones being achieved together. Hence, L3–L4 is the most consistent motor level supporting crawling, coming to stand, and walking with deviations.

5. In prop sitting for Down syndrome, at which spinal level is lumbar control most effectively targeted with moderate assist?

- A. Cervical level
- B. Thoracic level
- C. Lumbar level**
- D. Sacral level

The goal is to build stability in the lower trunk, so you place the support right at the lumbar region. Providing a moderate assist at the lumbar level gives a stable base for the deep abdominal and paraspinal muscles to engage, helping the child maintain upright posture without overly relying on the neck or upper spine. Support higher up the spine (cervical or thoracic) tends to stabilize the upper trunk rather than actively train the lumbar segment, and supporting too low (sacral) may not provide enough midline stabilization for the lumbar muscles to work effectively. By targeting the lumbar area with moderate assist, you directly cue and reinforce lumbar control during prop sitting, promoting better pelvic and trunk alignment.

6. Chiari II malformation is characterized by which anatomical change and its consequence?

- A. Elongation of brainstem and cerebellum through the foramen magnum into the cervical canal; contributes to hydrocephalus by blocking CSF flow in the fourth ventricle
- B. Displacement of brainstem into the spinal canal
- C. Herniation of cerebellar tonsils through foramen magnum; causes scoliosis
- D. Elongation of brainstem and cerebellum through the foramen magnum into cervical canal; increases CSF flow

Chiari II malformation involves downward displacement of the hindbrain, specifically the brainstem and cerebellum, through the foramen magnum into the cervical canal. This descent often accompanies a myelomeningocele and can obstruct CSF flow at the level of the fourth ventricle, leading to hydrocephalus. That combination—downward herniation with CSF flow obstruction causing hydrocephalus—best matches the described anatomy and consequence. In contrast, herniation of cerebellar tonsils through the foramen magnum is characteristic of Chiari I, not II, and stating that CSF flow increases would be incorrect. A vague displacement of the brainstem into the spinal canal does not capture the typical Chiari II pattern or its CSF-related consequence.

7. What walking timeline is typical for children with Down syndrome?

- A. 9-12 months
- B. 15-36 months
- C. 24-48 months
- D. 3-5 years

Walking milestones in Down syndrome are delayed compared with typically developing peers due to factors like hypotonia and ligamentous laxity, which affect strength and balance needed for independent gait. While many children without disabilities walk around 12 months, those with Down syndrome commonly achieve independent walking a bit later, after developing sufficient trunk control and leg strength through practice and therapy. A typical window for first independent steps is roughly from about 15 months up to 3 years, with many children reaching walking by around 2 to 3 years. This range best fits the common pattern seen in clinical practice, reflecting the variability but overall tendency toward ambulation in early toddlerhood.

8. Which statement accurately describes the effect of folic acid on spina bifida risk?

- A. Increases risk
- B. Has no effect on risk
- C. Always prevents spina bifida completely
- D. Adequate folic acid intake reduces risk

Folate is essential for neural tube formation early in pregnancy, and the neural tube closes very early—often before many women know they're pregnant. Adequate folic acid intake around conception and in the first weeks of gestation supports this closure process and lowers the risk of neural tube defects like spina bifida. It does not guarantee prevention, but it reduces risk, which is why the accurate statement is that adequate folic acid intake reduces risk. The other options are not correct because folic acid does not increase risk, nor does it have no effect, and it does not completely prevent spina bifida in all cases. General guidance is about 400 micrograms daily for women of childbearing age, with higher doses (4 mg daily) for those with previous neural tube defect pregnancies.

9. Should rehabilitation aim to preserve lower-extremity flexibility as much as possible in children with Duchenne muscular dystrophy?

- A. Yes, we should**
- B. No, not necessary
- C. LE flexibility should be avoided
- D. Only ankle ROM matters

In Duchenne muscular dystrophy, joints tend to develop contractures as muscles weaken and are progressively replaced by fat and fibrous tissue. Preserving lower-extremity flexibility helps maintain the length-tension relationships of the muscles and keeps the joints moving through a functional range, which in turn supports important activities like transfers, seating, and wheelchair propulsion. By maintaining ROM, you delay the onset of painful or limiting contractures and help the child stay in a more functional position for as long as possible, even as strength declines. In practice, this means gentle, regular ROM for the hip, knee, and ankle, integrated into daily care. Avoid aggressive eccentric loading or excessive stretching that could cause tissue damage; use safe, low-load stretches and consider night splints or serial casting for tight ankle plantarflexors if needed. Keep interventions balanced with the child's comfort and disease progression. Choosing to focus only on one joint or to avoid flexibility altogether would undermine function and hasten limitations. Therefore, aiming to preserve lower-extremity flexibility as much as possible is the best approach.

10. In stage 4 spina bifida, which of the following is included to improve strength?

- A. UE/LE strengthening**
- B. Cardio-only training
- C. Avoid strengthening
- D. Reduce strength training

Strengthening both upper and lower extremities is included in stage 4 spina bifida rehab to build functional strength that supports everyday activities. When muscles are strengthened, transfers, wheelchair propulsion, standing balance, and gait with braces or orthoses become easier and safer. Strength training also helps maintain joint stability and prevent deconditioning. Cardiovascular work alone improves endurance but won't address weakness, while avoiding or reducing strengthening misses the opportunity to gain the functional strength needed for independence. In this stage, a progressive, safe strengthening program is appropriate to enhance participation in daily tasks and mobility.

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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