

Physical Assessment (PA) Lower Extremity (LE) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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	16

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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. During the inspection of the ankle, which of the following should be noted?**
 - A. Swelling, bruising, alignment, and deformities**
 - B. Range of motion and muscle strength**
 - C. Joint sounds and temperature**
 - D. Skin color and hair growth**

- 2. In Mennell's Test Step 4, what part of the body does the doctor contact?**
 - A. Anterior acetabulum and iliac crest**
 - B. ASIS and posterior acetabulum**
 - C. Posterior iliac spine and sacrum**
 - D. Hip flexors and lumbar spine**

- 3. What is the name of Minor Sign when performed in a side-lying position?**
 - A. Harry's Sign**
 - B. Amos' Sign**
 - C. Baker's Sign**
 - D. Smith's Sign**

- 4. What is the main indication for performing a double leg raise?**
 - A. Femoral nerve irritation**
 - B. Knee joint pathology**
 - C. LS sprain/involvement**
 - D. Quadriceps strain**

- 5. During the Thomas Test, what position should the patient be in initially?**
 - A. Sitting at the edge of the table**
 - B. Standing with feet together**
 - C. Lying supine on the table**
 - D. Kneeling on the floor**

6. What is a significant finding when performing the Laguerre Test?

- A. Loss of feeling in the leg**
- B. Excessive hip mobility**
- C. SI joint pain or pain at the hip**
- D. Inability to extend the knee fully**

7. What does the presence of a Galeazzi sign indicate?

- A. Hip dislocation**
- B. Leg length insufficiency**
- C. Muscle strain**
- D. Joint laxity**

8. What is the main focus when inspecting the knee during a physical assessment?

- A. Swelling, deformities, and alignment**
- B. Range of motion and pain levels**
- C. Muscle strength and coordination**
- D. Patellar reflexes and sensory testing**

9. What is the indication for the Lewin Standing Test?

- A. Joint inflammation**
- B. Hamstring spasm or radiculopathy**
- C. Muscle weakness**
- D. Hip arthritis**

10. What may indicate a need for imaging studies in a lower extremity assessment?

- A. Localized pain without swelling**
- B. Persistent pain unresponsive to conservative management**
- C. Minor bruising**
- D. Recovery from a recent surgery**

Answers

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

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Explanations

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1. During the inspection of the ankle, which of the following should be noted?

- A. Swelling, bruising, alignment, and deformities**
- B. Range of motion and muscle strength**
- C. Joint sounds and temperature**
- D. Skin color and hair growth**

In the context of inspecting the ankle, the assessment of swelling, bruising, alignment, and deformities provides critical information about the current state of the joint and surrounding structures. Noting swelling can indicate inflammation or injury, while bruising may suggest trauma or a hematoma. Evaluating the alignment of the ankle is essential for identifying any malformations or dislocations that might affect functionality. Observing deformities can point to underlying structural issues that could impact the joint's stability and movement. Other aspects such as range of motion and muscle strength, joint sounds and temperature, or skin color and hair growth are indeed important components of a comprehensive lower extremity assessment, but they pertain more to the functional and vascular evaluation rather than the initial inspection phase. Inspection primarily focuses on visual and physical observations that can reveal immediate concerns such as injury or misalignment. Hence, the correct choice encompasses the vital elements observed during the initial evaluation of the ankle.

2. In Mennell's Test Step 4, what part of the body does the doctor contact?

- A. Anterior acetabulum and iliac crest**
- B. ASIS and posterior acetabulum**
- C. Posterior iliac spine and sacrum**
- D. Hip flexors and lumbar spine**

In Mennell's Test, particularly in Step 4, the doctor focuses on palpating the anterior superior iliac spine (ASIS) and the posterior aspect of the acetabulum. This contact is critical as it helps to assess the integrity of the hip joint and any potential pathology that may manifest through the structures around the hip. By applying pressure to the ASIS, the physician is able to gauge any discomfort or restrictions that may indicate conditions such as hip joint dysfunction or referred pain from lumbar issues. Moreover, the posterior acetabulum is an essential area for evaluation since it is crucial in hip joint alignment and mobility. This step is valuable in identifying potential sources of pain that may not directly originate from the hip itself but could be related to surrounding anatomical structures. Therefore, this specific palpation technique is part of a broader assessment strategy in diagnosing lower extremity conditions effectively.

3. What is the name of Minor Sign when performed in a side-lying position?

- A. Harry's Sign**
- B. Amos' Sign**
- C. Baker's Sign**
- D. Smith's Sign**

The name of Minor Sign when performed in a side-lying position is Amos' Sign. This sign is utilized during the physical assessment of patients to evaluate for hip pathology, specifically to identify conditions like hip dislocation or other issues related to the hip joint. In a side-lying position, the practitioner observes various responses and movements in the leg, which can indicate underlying problems. The other options refer to different signs or conditions that are not associated with the side-lying position. Harry's Sign and Baker's Sign have their own clinical significance, often related to different musculoskeletal assessments, while Smith's Sign is also attributed to separate clinical findings. Therefore, Amos' Sign stands out in this context, specifically pertaining to its relevance and application in the examination of the lower extremity when the patient is positioned on their side.

4. What is the main indication for performing a double leg raise?

- A. Femoral nerve irritation**
- B. Knee joint pathology**
- C. LS sprain/involvement**
- D. Quadriceps strain**

Performing a double leg raise is primarily indicated to assess for lumbar spine involvement or strain. This test evaluates the patient's ability to raise both legs while lying supine, which can put stress on the lumbar spine and reveal any weakness, discomfort, or restricted motion associated with a lumbar sprain or other lower back conditions. Such an assessment is crucial in understanding the functionality of the lumbar region, particularly when assessing for sprains or other lumbar-related issues. The other options, while they may indicate specific lower extremity or nerve issues, do not directly relate to the primary focus of the double leg raise test. For instance, femoral nerve irritation might present differently in diagnostic testing; knee joint pathology would more likely be assessed through direct knee manipulation and examination; and a quadriceps strain would be evaluated using movements directly targeting the quadriceps muscle rather than through a lumbar-centric test such as the double leg raise.

5. During the Thomas Test, what position should the patient be in initially?

- A. Sitting at the edge of the table**
- B. Standing with feet together**
- C. Lying supine on the table**
- D. Kneeling on the floor**

In the Thomas Test, the appropriate initial position for the patient is lying supine on a table. This test is designed to assess for hip flexor tightness, particularly the iliopsoas muscle. When the patient is supine, the angle and length of the hip and knee joints can be effectively assessed. The patient starts by lying flat on their back while one knee is brought towards the chest to flatten the lumbar spine and stabilize the pelvis. This allows the examiner to observe the position of the other leg that is extended. If the thigh of the extended leg rises from the table, it indicates tightness in the hip flexors. Other positions such as sitting, standing, or kneeling do not provide the same necessary alignment and muscle length tension needed to accurately assess hip flexibility and tightness. Therefore, supine is the only suitable position for conducting this specific assessment effectively.

6. What is a significant finding when performing the Laguerre Test?

- A. Loss of feeling in the leg**
- B. Excessive hip mobility**
- C. SI joint pain or pain at the hip**
- D. Inability to extend the knee fully**

The Laguerre Test is designed to assess the integrity of the sacroiliac (SI) joint and is particularly useful for identifying pain associated with this area. When performing the test, significant findings would typically manifest as pain in the SI joint region or at the hip, indicating a potential dysfunction or pathology in either of these structures. This pain response can suggest several underlying issues, including inflammation in the SI joint, possible involvement of the hip, or conditions such as sacroiliitis. The presence of pain during the Laguerre Test highlights the test's effectiveness in pinpointing areas of discomfort that may require further investigation or a tailored treatment approach. Other findings like loss of feeling in the leg or inability to extend the knee fully, while they might indicate issues in different contexts, are not the primary focus of the Laguerre Test itself. Similarly, excessive hip mobility is not a typical finding sought during this specific assessment. Therefore, the identification of SI joint pain or pain at the hip during the Laguerre Test is the most significant finding and points directly to potential concerns within those regions.

7. What does the presence of a Galeazzi sign indicate?

- A. Hip dislocation
- B. Leg length insufficiency**
- C. Muscle strain
- D. Joint laxity

The Galeazzi sign is an important clinical indication often assessed in pediatric patients during a physical examination, particularly to evaluate conditions related to hip and lower extremity alignment. The presence of this sign indicates a discrepancy in limb length, specifically showing that one knee is lower than the other when a patient lies supine with flexed knees. This can suggest leg length insufficiency or disparity between the two legs, which can be a sign of developing issues, such as developmental dysplasia of the hip or postural abnormalities. In this context, the Galeazzi sign specifically points towards an issue with leg length rather than the other options provided, which are more associated with specific joint conditions or deficiencies. For instance, hip dislocation reflects a displacement of the hip joint itself, while muscle strain pertains to soft tissue injuries rather than bone or joint alignment. Joint laxity refers to the degree of looseness in a joint and is not directly indicative of leg length issues as shown by the Galeazzi sign. Thus, the presence of this sign serves as a crucial diagnostic clue towards leg length insufficiency.

8. What is the main focus when inspecting the knee during a physical assessment?

- A. Swelling, deformities, and alignment**
- B. Range of motion and pain levels
- C. Muscle strength and coordination
- D. Patellar reflexes and sensory testing

The primary focus when inspecting the knee during a physical assessment is on swelling, deformities, and alignment. This involves visually assessing the knee for any signs of inflammation or swelling that may indicate injury or underlying joint issues. Deformities, such as varus or valgus deformities, can also reveal structural problems in the knee. Additionally, evaluating the alignment helps to determine whether the knee is positioned correctly in relation to the leg and the rest of the body, which is crucial for assessing proper biomechanics and function. Other aspects of the knee assessment, such as range of motion and pain levels, are certainly important but typically follow the overall inspection. These components provide insights into function and discomfort but do not replace the foundational assessment of the knee's physical state regarding swelling and structural integrity. Similarly, muscle strength and coordination, as well as patellar reflexes and sensory testing, may form part of a comprehensive evaluation but do not focus on the visual assessment of the knee itself, which is where swelling, deformities, and alignment come into play.

9. What is the indication for the Lewin Standing Test?

- A. Joint inflammation
- B. Hamstring spasm or radiculopathy**
- C. Muscle weakness
- D. Hip arthritis

The Lewin Standing Test is specifically designed to assess for hamstring spasm or radiculopathy. During this test, the patient is asked to bend forward at the waist while maintaining a standing position. If the individual experiences pain or difficulty while performing this movement, it suggests that there may be an underlying issue such as a hamstring spasm or nerve root compression associated with radiculopathy. This test is particularly useful in evaluating the functional capacity of the lower back and the associated structures of the lumbar spine as they relate to the neurological function of the lower extremities. The presence of significant discomfort or inability to perform the task may indicate a dysfunction in related muscle groups or nerve pathways. Other options like joint inflammation, muscle weakness, or hip arthritis may present with different signs and symptoms that are typically evaluated through other tests or assessments rather than the Lewin Standing Test. Thus, B is the best indication for this specific test.

10. What may indicate a need for imaging studies in a lower extremity assessment?

- A. Localized pain without swelling
- B. Persistent pain unresponsive to conservative management**
- C. Minor bruising
- D. Recovery from a recent surgery

Persistent pain unresponsive to conservative management is a clear indication for imaging studies during a lower extremity assessment. This situation suggests that there may be an underlying issue that is not resolving with standard treatment approaches, such as rest, ice, elevation, or over-the-counter pain medications. Imaging studies, such as X-rays, MRIs, or CT scans, can help identify possible fractures, ligament injuries, or other structural abnormalities that require a different treatment strategy. In cases of localized pain without swelling, while it may warrant further investigation, it is not as strong an indicator for imaging because the absence of swelling suggests that there may not be a significant injury that requires immediate imaging. Minor bruising typically does not require imaging unless accompanied by other concerning symptoms, and recovery from a recent surgery would often involve monitoring without the immediate need for imaging unless specific complications arise. Thus, the presence of persistent, unresponsive pain highlights the need for diagnostic imaging to ensure appropriate treatment can be formulated based on the underlying pathology.

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://palowerextremity.examzify.com>

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

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