

PHYSICAL ASSESSMENT (PA) LOWER EXTREMITY (LE) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. When is the Well Leg Raise considered a strong indicator of a medical condition?**
 - A. When there is pain only on the symptomatic side
 - B. When pain is reproduced on the opposite leg
 - C. When the patient expresses no discomfort
 - D. When both legs exhibit pain
- 2. How can a knee joint effusion be checked?**
 - A. By performing the bulge sign test or ballotment test
 - B. By assessing for joint crepitus
 - C. By palpating the medial and lateral tibial plateau
 - D. By measuring the ROM of the knee
- 3. What additional indication does a positive Bowstring Sign when pushing through the popliteal fossa represent?**
 - A. Hamstring strain
 - B. Sciatic neuropathy or nerve root irritation
 - C. Medial disc herniation
 - D. Anterior cruciate ligament strain
- 4. How is the sensation in the lower extremities typically assessed?**
 - A. By using a monofilament or tuning fork testing
 - B. By checking pulse strength in the femoral artery
 - C. By conducting a range of motion assessment
 - D. By observing skin temperature variations
- 5. How is strength in foot dorsiflexion evaluated?**
 - A. By having the patient push against resistance
 - B. By having the patient pull their toes towards their shin against resistance
 - C. By measuring the angle of dorsiflexion
 - D. By assessing the endurance of the muscle

- 6. Which test is specifically performed to identify medial disc herniation?**
- A. Bragard Sign
 - B. Bowstring Sign
 - C. Lindner Sign
 - D. Well Leg Raise
- 7. What outcome indicates success in localized testing with the Fortin Finger Test?**
- A. Pointing with two fingers
 - B. Pointing only once
 - C. Consistent localization at least twice
 - D. Increased pain with movement
- 8. What symptom indicates the presence of a posterior ankle impingement?**
- A. Pain during forced dorsiflexion
 - B. Swelling around the ankle joint
 - C. Loss of range of motion
 - D. Crepitus during movement
- 9. What is a common cause of trochanteric bursitis?**
- A. Overuse or direct trauma to the hip area
 - B. Incorrect footwear or walking patterns
 - C. Joint degeneration with age
 - D. Muscle strain in the lower back
- 10. What is an example of a present minor sign in physical assessment?**
- A. Patient keeps both legs straight while sitting
 - B. Patient uses arms to push off a chair
 - C. Patient avoids putting weight on one leg
 - D. Patient demonstrates a wide gait

Answers

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

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Explanations

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1. When is the Well Leg Raise considered a strong indicator of a medical condition?

- A. When there is pain only on the symptomatic side
- B. When pain is reproduced on the opposite leg**
- C. When the patient expresses no discomfort
- D. When both legs exhibit pain

The Well Leg Raise test is a clinical assessment used primarily to evaluate for the presence of lumbar radiculopathy or an underlying herniated disc. When pain is reproduced on the opposite leg during the Well Leg Raise, it indicates a strong likelihood of nerve involvement due to an issue such as a herniated disc causing pressure on the nerve root. This response highlights that the pain felt in the leg opposite to the one being raised suggests that the underlying pathology is affecting the nerve roots, which is significant in diagnosing conditions like disc herniation. Thus, this finding makes the test a strong indicator of a potential medical condition because it implicates nerve root irritation or compression, rather than simply local muscular or joint issues. The other scenarios do not provide as strong of an indication of a serious medical condition. Pain only on the symptomatic side might suggest localized issues rather than neurological problems, while no discomfort would imply no significant underlying condition. Similarly, experiencing pain in both legs might reflect a variety of non-specific issues that could be unrelated to a serious nerve condition.

2. How can a knee joint effusion be checked?

- A. By performing the bulge sign test or ballotment test**
- B. By assessing for joint crepitus
- C. By palpating the medial and lateral tibial plateau
- D. By measuring the ROM of the knee

A knee joint effusion can be effectively assessed using specific tests designed to detect fluid accumulation within the joint space. The bulge sign test and the ballotment test are two clinical techniques that help identify the presence of effusion clearly. The bulge sign test involves stroking the medial aspect of the knee to push fluid down toward the lateral side, where it can be observed as a bulge in the soft tissue. If a bulge is seen, it indicates a positive sign of joint effusion. The ballotment test, on the other hand, entails pushing the patella down against the femur to determine if there is fluid that can be displaced, which also signifies the presence of effusion. These specific tests are designed to directly assess fluid dynamics in the knee joint, making them the most appropriate choices for confirming knee joint effusion. Other options, such as measuring the range of motion (ROM) or assessing for joint crepitus, may provide useful information regarding overall joint function but do not directly evaluate for the presence of fluid in the joint space. Similarly, palpating the tibial plateau provides insight about bony structures but does not directly indicate the presence of effusion.

3. What additional indication does a positive Bowstring Sign when pushing through the popliteal fossa represent?

- A. Hamstring strain
- B. Sciatic neuropathy or nerve root irritation**
- C. Medial disc herniation
- D. Anterior cruciate ligament strain

A positive Bowstring Sign, which is assessed during a physical examination by compressing the sciatic nerve in the popliteal fossa and noting for reproducing symptoms, indicates sciatic neuropathy or nerve root irritation. This test is designed to assess the integrity of the sciatic nerve and its roots while also testing for possible neuropathies. If the test is positive, it suggests that there is irritation or compression possibly due to herniation, trauma, or other nerve-related issues affecting the lower extremity. In this context, a positive result aligns with indications of issues involving the sciatic nerve specifically, which can lead to atypical pain radiating down the leg. This would differ from symptoms related to conditions such as a hamstring strain, which would primarily present with localized pain in the posterior thigh, or an anterior cruciate ligament strain, where clinical findings would primarily involve knee instability and swelling. A medial disc herniation typically presents with specific radicular symptoms related to space-occupying lesions but does not conceptually overlap with the findings indicated by a positive Bowstring Sign as directly as sciatic nerve issues do.

4. How is the sensation in the lower extremities typically assessed?

- A. By using a monofilament or tuning fork testing**
- B. By checking pulse strength in the femoral artery
- C. By conducting a range of motion assessment
- D. By observing skin temperature variations

Sensation in the lower extremities is typically assessed using methods that directly evaluate the ability to feel stimuli, including light touch, pain, vibration, and temperature. One common technique used is monofilament testing, where a fine filament is pressed against the skin to determine the patient's ability to feel light touch in specific areas. Tuning fork testing is another method used to assess vibratory sensation by placing a vibrating fork on bony prominences and asking the patient if they can feel the vibration. These methods are essential for identifying sensory deficits that may result from conditions such as neuropathy, peripheral artery disease, or other neurologic conditions. While checking pulse strength in the femoral artery is important for assessing blood flow and vascular health, it does not provide direct information about sensory function. Conducting a range of motion assessment evaluates joint mobility and muscle function rather than sensation. Observing skin temperature variations can give clues about blood flow or inflammation but is not a standardized method for assessing sensation itself.

5. How is strength in foot dorsiflexion evaluated?

- A. By having the patient push against resistance
- B. By having the patient pull their toes towards their shin against resistance**
- C. By measuring the angle of dorsiflexion
- D. By assessing the endurance of the muscle

Evaluating strength in foot dorsiflexion is primarily accomplished by having the patient pull their toes towards their shin against resistance. This specific action targets the muscles responsible for dorsiflexion, mainly the tibialis anterior. By applying resistance during this movement, the healthcare provider can assess both the strength of the muscles involved and the patient's ability to perform the action against that resistance. Pulling the toes towards the shin directly engages the relevant muscle groups, offering insight into their strength and functionality. The presence of resistance further provides a clearer evaluation of the patient's strength levels, which can indicate any potential muscle weakness or neurological issues affecting the dorsiflexion capability. Other methods mentioned, such as measuring the angle of dorsiflexion or assessing endurance, do not specifically test strength in the same way. Measuring angles evaluates range of motion, while endurance assessments focus on how long a muscle can sustain a contraction rather than the actual strength of the contraction at a given moment. Therefore, option B effectively encapsulates the process of evaluating foot dorsiflexion strength through direct muscle engagement against resistance.

6. Which test is specifically performed to identify medial disc herniation?

- A. Bragard Sign
- B. Bowstring Sign
- C. Lindner Sign
- D. Well Leg Raise**

The Well Leg Raise test is specifically utilized to identify issues related to nerve root involvement due to a herniated disc, particularly in the lumbar region. When a patient experiences pain in the leg that is raised, it indicates that the sciatic nerve may be affected by a herniation, often on the opposite side of the pain. This phenomenon occurs because raising the leg tensions the lumbar spine and can exacerbate any existing nerve root irritation or compression. In the context of medial disc herniation, this test is particularly relevant as medial herniations are known to affect the nerve roots more significantly, leading to symptoms on the opposite side when the contralateral leg is elevated. Therefore, a positive result on the Well Leg Raise suggests the presence of a herniation that is pressing on nerve roots, confirming its utility in this specific assessment scenario.

7. What outcome indicates success in localized testing with the Fortin Finger Test?

- A. Pointing with two fingers
- B. Pointing only once
- C. Consistent localization at least twice**
- D. Increased pain with movement

Success in localized testing with the Fortin Finger Test is indicated by consistent localization at least twice. This test is designed to assess the specific location of pain, particularly in cases of hip disorders. When a patient can point to the specific area of pain with the same accuracy on multiple occasions, it demonstrates reliability in their report of discomfort and suggests that the pain may indeed be related to the hip region. This consistent localization helps clinicians differentiate between hip pain and pain arising from other locations in the lower extremity, providing valuable information for diagnosis and treatment planning. It reflects the patient's ability to accurately identify the pain's source, which is crucial for effective management.

8. What symptom indicates the presence of a posterior ankle impingement?

- A. Pain during forced dorsiflexion**
- B. Swelling around the ankle joint
- C. Loss of range of motion
- D. Crepitus during movement

Pain during forced dorsiflexion is a hallmark symptom of posterior ankle impingement. This occurs when the structures at the back of the ankle, such as the posterior talofibular ligament or the bony prominence of the heel, become compressed or pinched during the dorsiflexion movement. As the foot is brought upward toward the shin, the posterior structures are stretched, and if there is an impingement, it can lead to localized pain. Other symptoms like swelling, loss of range of motion, or crepitus can be associated with various ankle conditions, but they are not specific indicators for posterior ankle impingement. Swelling may suggest inflammation or injury, loss of range of motion can occur in multiple ankle issues, and crepitus indicates joint dysfunction, which might not be exclusive to impingement. The specific pain during forced dorsiflexion directly points to the mechanics of posterior ankle impingement, making it a critical symptom to consider during assessment.

9. What is a common cause of trochanteric bursitis?

- A. Overuse or direct trauma to the hip area**
- B. Incorrect footwear or walking patterns
- C. Joint degeneration with age
- D. Muscle strain in the lower back

Trochanteric bursitis is primarily caused by overuse or direct trauma to the hip area. This condition involves inflammation of the bursa located over the greater trochanter of the femur, which can occur due to repetitive activities that stress the hip, such as running, cycling, or prolonged standing. Direct trauma may include falls or impacts that irritate the bursa. Such activities or injury can lead to irritation, swelling, and pain, particularly when moving the hip. In contrast, while incorrect footwear or walking patterns can contribute to discomfort in the lower extremities, they are not the primary cause of trochanteric bursitis. Joint degeneration with age can lead to various conditions affecting the hip but is not specifically linked to the inflammation of the trochanteric bursa. Similarly, muscle strain in the lower back relates more to posterior chain issues rather than the hip area itself, distinguishing it from the direct causes associated with trochanteric bursitis.

10. What is an example of a present minor sign in physical assessment?

- A. Patient keeps both legs straight while sitting
- B. Patient uses arms to push off a chair**
- C. Patient avoids putting weight on one leg
- D. Patient demonstrates a wide gait

Using arms to push off a chair is an example of a present minor sign in physical assessment because it indicates difficulty with lower extremity strength or stability. When a patient employs their arms to assist in standing up or shifting positions, it often suggests that there may be underlying issues with balance, discomfort, or weakness in the legs. This behavior can be a subtle hint at problems that may not be overtly visible but require attention in a comprehensive assessment. The other choices reflect varying degrees of compensatory strategies or mobility issues, but the act of using arms to push off is particularly indicative of functional limitations that may not be assessed through observation of gait or posture alone. It highlights the importance of considering functional movements in a physical assessment.

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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