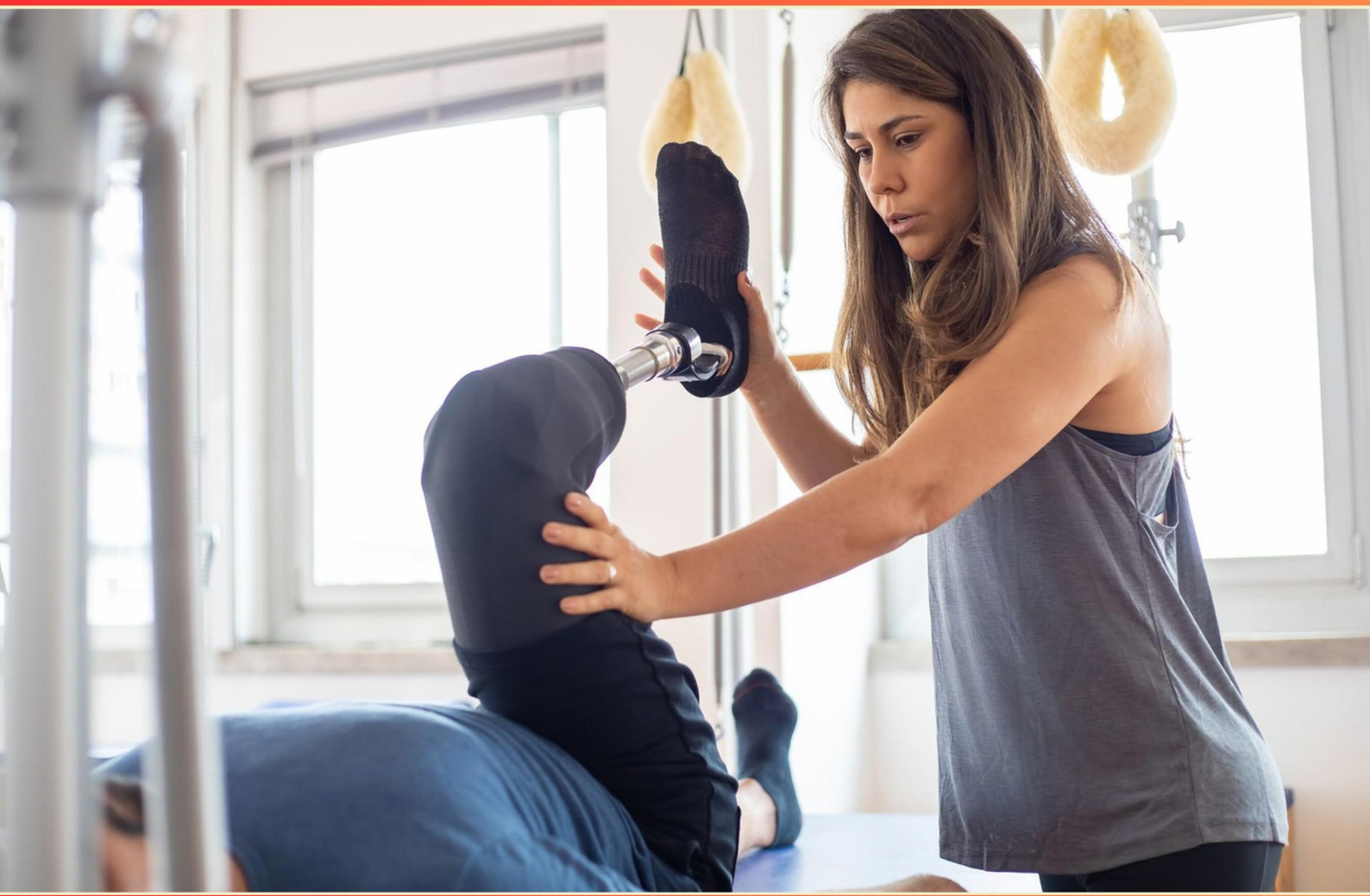
PHYSICAL REHABILITATION PRACTICE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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https://physicalrehab.examzify.com

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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. In acute care-standing, which activity is described as an IADL?

A. Leaving the room for axs if able

B. Going outside to hospital garden

C. Writing a card

D. Grooming

2. Outpatient phase III emphasizes social adjustment and community interaction.

A. True

B. False

C. Not specified

D. Only in Phase I

3. What is a normal sensation a patient may experience during PAMS treatment?

A. Severe sharp pain

B. Ringing in the ears

C. Hot or cold

D. Numbness beyond tolerance

4. What is the primary mechanism by which TENS reduces pain as described?

A. Sensory stimulation closes the gate to pain

B. Deep tissue heating

C. Strong motor contractions relieve pain

D. Nerve block permanently eliminates pain

5. Which is a contraindication for fluidotherapy?

A. Chronic swelling without wounds

B. Recent skin infection not related to the limb

C. Open wounds

D. All hand injuries

6. In an acute care sitting in a chair, which activity is described under mobility?

A. Sit to stand transfers or partial transfers

B. Increase demand in sitting as tolerated

C. Toileting

D. Very gentle exercise/ROM

7. Phonophoresis is listed as a treatment for which condition?

A. Tendonitis

B. Hypotension

C. Diabetes

D. Asthma

8. In patients with spinal cord injury and neurogenic bladder, what autonomic complication should be monitored?

A. Orthostatic hypotension

B. Autonomic dysreflexia

C. Seizures

D. Hypoglycemia

9. Which action supports preventing ulcers in caregivers?

A. Encourage continuous standing

B. Limit hydration

C. Restrict mobility

D. Assist with ADL and prevent ulcers

10. OT role in neurogenic bladder may include

A. Providing pelvic floor rehabilitation, awareness of autonomic dysreflexia, training caregivers, educating patients to reduce retention risks

B. Prescribing antibiotics for UTI

C. Performing urinary catheterization

D. Scheduling dialysis sessions

Answers

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

Explanations

1. In acute care-standing, which activity is described as an IADL?

A. Leaving the room for axs if able

B. Going outside to hospital garden

C. Writing a card

D. Grooming

In acute care, activities are split into basic self-care (ADLs) and more complex tasks that enable independent living in the community (IADLs). Leaving the room to go somewhere else to handle errands, if you're able, is a community mobility task that requires planning, safety judgment, and navigation beyond basic self-care. That combination is what makes it an IADL. Grooming stays within the realm of ADLs—it's a fundamental self-care activity. Writing a card involves communication and planning, which can be viewed as an IADL, but the scenario that clearly demonstrates independent, real-world functioning in the community is leaving the room for errands. Going outside to the hospital garden is more about participation in a therapeutic or recreational activity rather than independently managing an IADL.

2. Outpatient phase III emphasizes social adjustment and community interaction.

A. True

B. False

C. Not specified

D. Only in Phase I

Outpatient phase III centers on applying recovery to real-world living. At this stage, the goal shifts from basic skills to social adjustment, independent living, and active participation in the community, including work, school, transportation, and social activities. This focus on reintegration into everyday life is why the statement is true. It isn't limited to Phase I (which is more about acute stabilization and initial functional gains), nor is it unspecified or false—the emphasis on community interaction and social functioning is a defining feature of Phase III in many rehabilitation models.

3. What is a normal sensation a patient may experience during PAMS treatment?

A. Severe sharp pain

B. Ringing in the ears

C. Hot or cold

D. Numbness beyond tolerance

During PAMS treatment, the energy delivered should feel noticeable but comfortable. A mild hot or cold sensation is a normal, expected response, indicating the therapeutic energy is interacting with the tissues and promoting a gentle change in local blood flow without causing harm. This sensation should be within the patient's tolerance and not painful. In contrast, severe sharp pain would suggest the intensity is too high or tissue irritation is occurring; ringing in the ears isn't a typical outcome of this modality and could point to an issue with exposure or settings; numbness beyond tolerance signals nerve over-stimulation or potential nerve involvement. If any of those occur, the clinician should reassess the treatment parameters.

4. What is the primary mechanism by which TENS reduces pain as described?

A. Sensory stimulation closes the gate to pain

B. Deep tissue heating

C. Strong motor contractions relieve pain

D. Nerve block permanently eliminates pain

The main concept is that TENS reduces pain by modulating spinal pain signals through gate control. When TENS delivers sensory-level stimulation, it activates large-diameter A-beta fibers, which in turn excite inhibitory interneurons in the dorsal horn of the spinal cord. This dampens the transmission of pain signals carried by small-diameter A-delta and C fibers to the brain, lowering pain perception. This analgesia is temporary and depends on ongoing stimulation. Deep tissue heating, strong motor contractions, or a permanent nerve block are not how TENS produces relief.

5. Which is a contraindication for fluidotherapy?

A. Chronic swelling without wounds

B. Recent skin infection not related to the limb

C. Open wounds

D. All hand injuries

Fluidotherapy uses warm air with circulating cellulose particles to gently heat, desensitize, and movement-limiting edema in the hand. A fundamental safety rule is to avoid this modality when there are open wounds in the treated area. The warm environment and particulate medium can compromise wound integrity, increase the risk of infection, and disrupt healing. This is why open wounds in the hand are treated as a contraindication. Chronic swelling without wounds isn't a barrier to use; edema reduction is one of the goals of fluidotherapy and it can be beneficial. A recent skin infection that is not on the treated limb doesn't automatically prevent use if the infection is elsewhere and the hand itself isn't infected. The statement that all hand injuries are contraindicated is incorrect because many hand injuries can still benefit from this modality when there are no open wounds or active infection in the treated area.

6. In an acute care sitting in a chair, which activity is described under mobility?

A. Sit to stand transfers or partial transfers

B. Increase demand in sitting as tolerated

C. Toileting

D. Very gentle exercise/ROM

Mobility involves moving the body from one position to another or from one place to another. When a patient is seated in a chair, the activity that fits mobility is sit-to-stand transfers or partial transfers—moving from sitting to a standing position. This requires weight shifting, leg push-off, balance, and coordinated movement, and it enables further functional tasks like standing, repositioning, or walking. Other options represent different domains: toileting is a personal care task (an ADL); very gentle exercise/ROM is therapeutic range-of-motion work; and increasing demand in sitting as tolerated reflects endurance or activity tolerance rather than a positional transfer.

7. Phonophoresis is listed as a treatment for which condition?

A. Tendonitis

B. Hypotension

C. Diabetes

D. Asthma

Phonophoresis uses therapeutic ultrasound to enhance the delivery of a topical anti-inflammatory medication into the underlying tissues, making it useful for localized inflammatory conditions. In tendonitis, the affected tendon area benefits from the drug reaching the inflamed tissue directly, helping to reduce pain and swelling with a lower risk of systemic side effects. The ultrasound also slightly increases skin permeability and can produce mild heating, aiding diffusion into the target area. The other conditions are systemic or non-local issues that aren't treated with localized topical drug delivery via ultrasound, so phonophoresis isn't a typical treatment for those.

8. In patients with spinal cord injury and neurogenic bladder, what autonomic complication should be monitored?

A. Orthostatic hypotension

B. Autonomic dysreflexia

C. Seizures

D. Hypoglycemia

When working with spinal cord injury and neurogenic bladder, the most important autonomic issue to monitor is autonomic dysreflexia. This reflex happens when a noxious stimulus below the level of the injury, commonly bladder distension or urinary retention, triggers an uncontrolled sympathetic response. Because supraspinal control is lost, the body below the injury constricts blood vessels, causing a sudden and potentially dangerous rise in blood pressure. The result can be a pounding headache, sweating or flushing above the level of injury, nasal congestion, and sometimes vision changes or bradycardia. It is a medical emergency because if the high blood pressure persists, it can lead to stroke, seizures, or other serious complications. In the context of a neurogenic bladder, bladder issues are a frequent trigger, so monitoring for these signs and acting quickly to relieve the bladder is essential. Start by sitting the patient up to help lower blood pressure, check and relieve any bladder outlet obstruction—ensure the catheter is patent and draining, and remove tight clothing or anything constrictive. If the blood pressure remains elevated after these steps, follow the established treatment protocol for autonomic dysreflexia, which may include medications and further medical evaluation. Orthostatic hypotension, while common in SCI, is not the reflexive, acute emergency that autonomic dysreflexia represents. Seizures and hypoglycemia are not primarily tied to the autonomic dysreflexia process in the setting of neurogenic bladder.

9. Which action supports preventing ulcers in caregivers?

A. Encourage continuous standing

B. Limit hydration

C. Restrict mobility

D. Assist with ADL and prevent ulcers

Preventing ulcers hinges on reducing prolonged pressure and promoting movement, skin monitoring, and protective support. When a caregiver assists with activities of daily living, they help reposition and transfer the person, encourage regular movement, and enable early detection of skin changes. This reduces sustained loading on vulnerable areas like the sacrum, heels, and elbows and allows the use of pressure-relieving surfaces or padding as needed. Keeping up with hydration and skin checks supports tissue health, but actions that promote staying in one position—like continuous standing or restricting mobility—actually increase risk by concentrating pressure and decreasing tissue tolerance. Limiting hydration similarly diminishes tissue resilience. So assisting with ADLs and preventing ulcers directly addresses how to keep tissues protected while promoting safe movement and monitoring.

10. OT role in neurogenic bladder may include

A. Providing pelvic floor rehabilitation, awareness of autonomic dysreflexia, training caregivers, educating patients to reduce retention risks

B. Prescribing antibiotics for UTI

C. Performing urinary catheterization

D. Scheduling dialysis sessions

In neurogenic bladder, the focus is on enabling safe, independent toileting and participation in daily life through function-oriented strategies. An OT helps with pelvic floor rehabilitation to improve sphincter control and bladder emptying, supporting more effective and comfortable voiding during activities. They also educate patients and caregivers about autonomic dysreflexia risk from bladder issues, teaching recognition of warning signs and immediate safety steps to take during activities. Training caregivers is key to ensuring bladder management routines are followed at home, including proper assistance with routines, monitoring, and safety. Education to reduce retention risks includes establishing timed voiding and bladder training, encouraging proper hydration, and preventing constipation, all integrated into daily life so the person maintains independence and reduces complications. The other options fall outside the OT scope: prescribing antibiotics for UTIs is medical management; performing urinary catheterization is an invasive procedure typically done by nurses or physicians; scheduling dialysis is a nephrology or dialysis coordination task.

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://physicalrehab.examzify.com

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