

Physical Therapy Assistant Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

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- 1. What does a "hard or bony end feel" indicate during a physical assessment?**
 - A. Joint swelling present**
 - B. Normal range of movement**
 - C. Bone to bone contact**
 - D. Excessive muscle tightness**
- 2. In a manual muscle test, what does the grade 'Good' indicate about the patient's strength against gravity?**
 - A. Complete range of motion without resistance**
 - B. Unable to complete the full range against gravity**
 - C. Range of motion completed against gravity with minimal-moderate resistance**
 - D. Range of motion completed against gravity without strength assistance**
- 3. What type of personality characteristics are commonly described for patients with left hemisphere damage?**
 - A. Cautious, anxious, and disorganized**
 - B. Confident, outgoing, and organized**
 - C. Impulsive, aggressive, and disoriented**
 - D. Optimistic, relaxed, and systematic**
- 4. Diminished deep tendon reflexes (hyporeflexia) are characteristic of which type of disorders?**
 - A. Upper motor neuron disorders**
 - B. Lower motor neuron disorders**
 - C. Cerebellar disorders**
 - D. Peripheral nerve disorders**
- 5. Adolescents are at increased risk for developing which knee condition?**
 - A. Legg-Calve-Perthes disease**
 - B. Congenital hip dysplasia**
 - C. Patellofemoral syndrome**
 - D. Osgood-Schlatter disease**

- 6. What does hematocrit measure in regards to blood composition?**
- A. Percentage of red blood cells in a volume of blood**
 - B. Concentration of white blood cells**
 - C. Levels of clotting factors in the blood**
 - D. Plasma protein levels**
- 7. What type of burn typically results in painful thickened blisters?**
- A. Superficial burn**
 - B. Partial-thickness burn**
 - C. Full-thickness burn**
 - D. Friction burn**
- 8. What is the average height for a wheelchair backrest?**
- A. 16 to 16.5 inches**
 - B. 18 to 18.5 inches**
 - C. 20 to 20.5 inches**
 - D. 22 to 22.5 inches**
- 9. What should a physical therapist assistant do if a patient does not understand the home exercise program?**
- A. Provide a verbal explanation only**
 - B. Display a video demonstration**
 - C. Write the program and have the patient teach it to someone else**
 - D. Schedule extra sessions for clarification**
- 10. What does bronchoscopy involve?**
- A. Measuring lung capacity**
 - B. Inspection of the tracheobronchial tree**
 - C. Assessment of blood gases**
 - D. Performing lung surgery**

Answers

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

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Explanations

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1. What does a "hard or bony end feel" indicate during a physical assessment?

- A. Joint swelling present**
- B. Normal range of movement**
- C. Bone to bone contact**
- D. Excessive muscle tightness**

A "hard or bony end feel" during a physical assessment indicates that there is contact between bone structures in the joint, which is described as "bone to bone contact." This type of end feel typically occurs at the end of the available range of motion in certain movements, and it provides a clear signal that the motion has reached its limit due to the anatomy of the bones involved. This is commonly observed in certain joints, such as the elbow when it fully extends, indicating that the movement has reached its full capacity and further motion is stopped by the bony structures coming into contact with each other. This end feel is considered a normal finding in cases where full range of motion is expected, as opposed to the other options that suggest pathological conditions or abnormalities.

2. In a manual muscle test, what does the grade 'Good' indicate about the patient's strength against gravity?

- A. Complete range of motion without resistance**
- B. Unable to complete the full range against gravity**
- C. Range of motion completed against gravity with minimal-moderate resistance**
- D. Range of motion completed against gravity without strength assistance**

In the context of a manual muscle test, the grade 'Good' indicates that the patient can complete the range of motion against gravity with minimal to moderate resistance. This means the patient demonstrates a solid level of strength that allows them to perform the movement effectively while still being able to tolerate some external load, indicating that they possess functional muscle strength. Understanding this grading is essential for evaluating a patient's functional capabilities. When a muscle can move a joint through a full range of motion against gravity while also resisting some level of pressure, it shows that not only the muscles are engaged but also that they hold enough integrity to perform activities that mimic daily life movements. Other grades reflect different levels of strength or capabilities, such as completing the motion without any resistance at all or being unable to perform the motion against gravity, which would denote lesser muscle function. Thus, 'Good' serves as an important benchmark for assessing rehabilitation progress and determining the level of support or activity needed moving forward.

3. What type of personality characteristics are commonly described for patients with left hemisphere damage?

- A. Cautious, anxious, and disorganized**
- B. Confident, outgoing, and organized**
- C. Impulsive, aggressive, and disoriented**
- D. Optimistic, relaxed, and systematic**

Patients with left hemisphere damage often exhibit personality characteristics that are cautious, anxious, and disorganized. This connection is primarily due to the left hemisphere's involvement in language, logical reasoning, and analytical processes. Those with left hemisphere damage may experience difficulties in communication, which can lead to increased anxiety and caution in social interactions. Additionally, they may struggle with organizing thoughts and tasks, resulting in a disorganized approach to daily activities. Understanding these personality traits can be helpful for caregivers and rehabilitation professionals in tailoring their communication and treatment strategies. By recognizing that a patient may be more prone to anxiety and disorganization, therapists can create a supportive environment that encourages confidence and reinforces organizational skills. This insight into personality characteristics plays a critical role in the overall management and therapeutic approach for individuals recovering from left hemisphere injuries.

4. Diminished deep tendon reflexes (hyporeflexia) are characteristic of which type of disorders?

- A. Upper motor neuron disorders**
- B. Lower motor neuron disorders**
- C. Cerebellar disorders**
- D. Peripheral nerve disorders**

Diminished deep tendon reflexes, or hyporeflexia, are indeed characteristic of lower motor neuron disorders. This phenomenon occurs because lower motor neurons are responsible for transmitting signals from the spinal cord to the muscles. When these neurons are damaged or dysfunctional, either due to injury, disease, or degeneration, their ability to effectively convey reflexive movements is impaired. As a result, reflex actions, which are typically swift and involuntary, become less pronounced or absent altogether. In contrast, upper motor neuron disorders typically present with hyperreflexia, which means increased reflex responses. This is due to the disruption of the descending pathways that normally modulate reflex activity, leading to exaggerated reflexes. Cerebellar disorders do not primarily affect deep tendon reflexes, as cerebellar function is more related to coordination and balance than to the reflex arcs being assessed. Peripheral nerve disorders can lead to hyporeflexia as well, but they are not exclusively characterized by it; they can also manifest symptoms such as pain or muscle weakness. Lower motor neuron involvement is more definitive for the specific presentation of diminished reflexes, which is why it is identified as the correct response.

5. Adolescents are at increased risk for developing which knee condition?

- A. Legg-Calve-Perthes disease**
- B. Congenital hip dysplasia**
- C. Patellofemoral syndrome**
- D. Osgood-Schlatter disease**

Patellofemoral syndrome is a condition that arises from issues with the kneecap (patella) and its interaction with the thigh bone (femur). Adolescents, particularly those who are active in sports or physical activities, often experience this syndrome due to growth spurts that increase the risk of biomechanical imbalances and repetitive stress on the knee. The factors contributing to patellofemoral syndrome in this age group include changes in muscle strength and flexibility, as well as differences in alignment of the lower extremities during growth. This condition is characterized by pain around the kneecap, particularly during activities like running, jumping, or climbing stairs, making adolescents especially susceptible due to their high levels of physical activity. In contrast, Legg-Calve-Perthes disease primarily affects younger children, congenital hip dysplasia is a condition typically diagnosed in infants, and Osgood-Schlatter disease, while related to growth spurts and physical activity, is more localized to the tibial tuberosity and tends to be seen in a different age demographic. Thus, patellofemoral syndrome is the most relevant knee condition for adolescents due to their lifestyle and developmental factors.

6. What does hematocrit measure in regards to blood composition?

- A. Percentage of red blood cells in a volume of blood**
- B. Concentration of white blood cells**
- C. Levels of clotting factors in the blood**
- D. Plasma protein levels**

Hematocrit is a common blood test that specifically measures the proportion of blood that is made up of red blood cells. This measurement is expressed as a percentage, indicating how much of the total blood volume is occupied by red blood cells. Red blood cells are crucial for transporting oxygen from the lungs to the rest of the body and carrying carbon dioxide back to the lungs for exhalation. The measurement of hematocrit provides valuable information about a person's overall blood health and can help in diagnosing conditions such as anemia, dehydration, and other blood-related disorders. A low hematocrit level may indicate that there are insufficient red blood cells, which can result in decreased oxygen delivery to tissues, while a high level may suggest dehydration or other conditions that increase red blood cell production. Understanding that hematocrit focuses solely on the percentage of red blood cells allows healthcare providers to make informed decisions about further evaluation and treatment based on a patient's blood composition. Other options, while relevant to blood composition, do not specifically correlate with what hematocrit measures.

7. What type of burn typically results in painful thickened blisters?

- A. Superficial burn**
- B. Partial-thickness burn**
- C. Full-thickness burn**
- D. Friction burn**

A partial-thickness burn, also known as a second-degree burn, is characterized by damage that extends through the epidermis and into the dermis. This type of burn often leads to the formation of painful blisters that are thickened due to the fluid accumulation beneath the damaged skin layers. The pain associated with partial-thickness burns is significant because the nerve endings in the dermis are still intact and can respond to stimuli. The presence of thickened blisters is a key distinguishing feature of partial-thickness burns. These blisters can vary in size and might leak fluid, potentially leading to infection if not properly cared for. Treatment often focuses on pain management, keeping the area clean, and protecting the blisters to promote healing while minimizing scarring. Understanding the characteristics of different burn types is essential for effective assessment and management in a clinical setting.

8. What is the average height for a wheelchair backrest?

- A. 16 to 16.5 inches**
- B. 18 to 18.5 inches**
- C. 20 to 20.5 inches**
- D. 22 to 22.5 inches**

The average height for a wheelchair backrest typically falls within the range of 16 to 16.5 inches. This height is designed to provide adequate support to individuals, allowing them to maintain a comfortable and functional upright posture while seated in the wheelchair. The backrest should support the natural curve of the spine, which helps in reducing fatigue during prolonged seating and improving overall stability and mobility. While taller backrest options are available, they are generally used for specific needs based on the individual's height, physical condition, or level of disability. Therefore, the usual range for backrest height, particularly for standard wheelchairs, aligns closely with the 16 to 16.5 inches measurement, making it the most common reference for average wheelchair design.

9. What should a physical therapist assistant do if a patient does not understand the home exercise program?

- A. Provide a verbal explanation only**
- B. Display a video demonstration**
- C. Write the program and have the patient teach it to someone else**
- D. Schedule extra sessions for clarification**

The most effective approach when a patient does not understand the home exercise program is to have the patient teach it to someone else. This method is grounded in the educational principle known as the "teach-back" strategy, where individuals learn and reinforce their understanding by explaining concepts to others. By asking the patient to explain the exercises to someone else, you engage them in active learning, which can lead to better retention and comprehension of the information provided. This strategy also encourages the patient to clarify doubts and think critically about the exercises, which can help identify any areas of confusion that may still exist. It fosters a sense of responsibility and ownership over their rehabilitation, promoting greater adherence to the exercise program. Additionally, it allows the physical therapist assistant to gauge the patient's understanding in real time, and provide further clarification if needed.

10. What does bronchoscopy involve?

- A. Measuring lung capacity**
- B. Inspection of the tracheobronchial tree**
- C. Assessment of blood gases**
- D. Performing lung surgery**

Bronchoscopy involves the inspection of the tracheobronchial tree, which includes the trachea and the branching airways leading to the lungs. This procedure is performed using a bronchoscope, a thin, flexible tube equipped with a light and camera that allows healthcare professionals to visualize the inner lining of the airways. It is critical for diagnosing conditions such as infections, tumors, or obstruction in the airways, and can also facilitate procedures like biopsies or the removal of foreign objects. Understanding that bronchoscopy is primarily a diagnostic tool helps to clarify its purpose in respiratory care. While measuring lung capacity, assessing blood gases, and performing lung surgery are all important components of pulmonary function and treatment, they are distinct from what bronchoscopy entails. Specifically, bronchoscopy does not directly measure lung capacity nor assess blood gases, and it is not a surgical procedure, even though it can be a step leading to some interventions.