

Physical Therapy Assistant Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. A 22-year-old female with an ankle sprain shows greater movement in the lateral aspect during the anterior drawer test. What structure is most likely involved?**
 - A. Anterior talofibular ligament**
 - B. Calcaneofibular ligament**
 - C. Deltoid ligament**
 - D. Transverse ligament**
- 2. Where is the most appropriate location to attach an electrode for neuromuscular electrical stimulation of the peroneus longus?**
 - A. Posteriorly on the calf**
 - B. On the anterolateral surface of the lower leg**
 - C. On the medial aspect of the thigh**
 - D. Over the foot's dorsum**
- 3. What is a significant change in bone health that occurs post-menopause?**
 - A. Bone strength increases**
 - B. Increased osteoblast activity**
 - C. Decreased bone density**
 - D. Bone repair is faster**
- 4. What condition may low hemoglobin levels indicate?**
 - A. High blood pressure**
 - B. Anemia or blood loss**
 - C. Dehydration**
 - D. Chronic inflammation**
- 5. In which scenario would the use of cushion contact for ultrasound application be MOST appropriate?**
 - A. Healing soft tissue injuries**
 - B. Even and flat tissue surfaces**
 - C. Irregular shaped or bony areas**
 - D. General pain relief**

6. Which grade characterizes a patient completing more than half the range of motion but having insufficient strength to maintain the test position?

- A. Good**
- B. Fair**
- C. Fair minus**
- D. Good minus**

7. A physical therapist assistant works with a patient with a C6 spinal cord injury. Which muscle would NOT be innervated due to this level of injury?

- A. Biceps muscle**
- B. Deltoid muscle**
- C. Triceps muscle**
- D. Diaphragm**

8. Which type of wound care dressing is recognized for its elasticity and conforming ability?

- A. Hydrogel dressings**
- B. Transparent film dressings**
- C. Gauze dressings**
- D. Non-adherent dressings**

9. When facilitating movement in a patient, which type of end-feel would suggest further intervention is needed due to pain?

- A. Soft end feel**
- B. Firm end feel**
- C. Empty end feel**
- D. Hard end feel**

10. What is the function of an eccentric contraction during rehabilitation exercises?

- A. To maintain muscle length**
- B. To generate force while the muscle lengthens**
- C. To shorten the muscle under tension**
- D. To produce maximal force with minimal length change**

Answers

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

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Explanations

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1. A 22-year-old female with an ankle sprain shows greater movement in the lateral aspect during the anterior drawer test. What structure is most likely involved?

- A. Anterior talofibular ligament**
- B. Calcaneofibular ligament**
- C. Deltoid ligament**
- D. Transverse ligament**

The anterior drawer test is specifically designed to evaluate the stability of the ankle joint, particularly looking for potential damage to the ligaments on the lateral side of the ankle. In this case, the observation of greater movement on the lateral aspect during the test indicates that there is likely an injury to one of the lateral ankle ligaments. The anterior talofibular ligament (ATFL) is the most commonly injured ligament in ankle sprains, especially when the ankle is subjected to inversion forces. This ligament connects the talus bone to the fibula and plays a critical role in stabilizing the ankle. When the ATFL is damaged, the anterior drawer test will reveal increased anterior translation of the talus, which translates to the greater movement noted on the lateral aspect during the test. The other ligaments mentioned, such as the calcaneofibular ligament, deltoid ligament, and transverse ligament, serve different roles and planes. The calcaneofibular ligament supports the ankle's lateral movement but is not the primary structure assessed with the anterior drawer test. The deltoid ligament is located on the medial side of the ankle and therefore wouldn't be implicated if the issue is observed laterally. Lastly, the transverse ligament does not specifically pertain

2. Where is the most appropriate location to attach an electrode for neuromuscular electrical stimulation of the peroneus longus?

- A. Posteriorly on the calf**
- B. On the anterolateral surface of the lower leg**
- C. On the medial aspect of the thigh**
- D. Over the foot's dorsum**

The most appropriate location to attach an electrode for neuromuscular electrical stimulation (NMES) of the peroneus longus is on the anterolateral surface of the lower leg. This muscle plays a crucial role in foot eversion and plantar flexion, and its anatomical position allows for effective stimulation when electrodes are placed in this area. Attaching the electrode to the anterolateral surface allows the electrical currents to effectively target the peroneus longus due to its proximity to the surface and its path along the lateral aspect of the lower leg. This placement maximizes the stimulation of the motor points associated with the muscle, ensuring optimal activation and resulting contraction. In contrast, other locations such as the posterior calf would primarily target the gastrocnemius and soleus muscles. The medial aspect of the thigh is related to adductor muscles, not the peroneus longus, and the dorsum of the foot would be too distal to effectively stimulate the peroneus longus, as its primary action is coordinated through the lower leg. Therefore, positioning the electrode on the anterolateral surface is essential for achieving the desired therapeutic effects of NMES on the peroneus longus.

3. What is a significant change in bone health that occurs post-menopause?

- A. Bone strength increases
- B. Increased osteoblast activity
- C. Decreased bone density**
- D. Bone repair is faster

Decreased bone density is a significant change in bone health that occurs post-menopause. After menopause, women experience a dramatic drop in estrogen levels, a hormone that plays a crucial role in maintaining bone density. Estrogen helps inhibit bone resorption, the process by which osteoclasts break down bone tissue. When estrogen levels fall, this inhibition is reduced, leading to an increase in osteoclastic activity and a net loss of bone density over time. This process can result in osteoporosis, where bones become weak and brittle, making them more susceptible to fractures. The decrease in bone density is most pronounced in the first few years after menopause, contributing to the overall risk of developing skeletal-related issues in postmenopausal women. In contrast, options that suggest improvements in bone strength or repair, such as increased osteoblast activity or faster bone repair, do not accurately reflect the effects of decreased estrogen levels during this stage of life. Rather than promoting bone formation or enhancing repair mechanisms, the hormonal changes primarily lead to a decline in bone density.

4. What condition may low hemoglobin levels indicate?

- A. High blood pressure
- B. Anemia or blood loss**
- C. Dehydration
- D. Chronic inflammation

Low hemoglobin levels typically indicate anemia or blood loss. Hemoglobin is a protein found in red blood cells that is responsible for transporting oxygen throughout the body. When hemoglobin levels are low, it suggests that there are either insufficient red blood cells or that the existing red blood cells are not adequately saturated with hemoglobin. Anemia can arise from various causes such as nutritional deficiencies (like iron, vitamin B12, or folate), chronic diseases, or blood loss from injury or menstruation. Consequently, low hemoglobin levels are a primary indicator healthcare providers use to diagnose anemia. This condition may lead to symptoms such as fatigue, weakness, and pallor, as the body struggles to deliver adequate oxygen to tissues. Other conditions listed, while they may display different symptoms or lab values, do not specifically correlate with low hemoglobin levels in the same direct manner as anemia or blood loss. In particular, high blood pressure primarily relates to cardiovascular function, dehydration affects fluid concentrations in the blood without necessarily leading to low hemoglobin, and chronic inflammation can lead to various blood changes but does not specifically indicate low hemoglobin by itself.

5. In which scenario would the use of cushion contact for ultrasound application be MOST appropriate?

- A. Healing soft tissue injuries**
- B. Even and flat tissue surfaces**
- C. Irregular shaped or bony areas**
- D. General pain relief**

The use of cushion contact for ultrasound application is most appropriate in scenarios involving irregular shaped or bony areas due to the unique properties of ultrasound transmission. When ultrasound waves are directed over irregular surfaces or areas with significant contour changes, a cushion helps create a more uniform interface between the transducer and the skin, enhancing the transmission of sound waves. This is crucial because irregularities can lead to air pockets, which can disrupt the ultrasound waves and diminish their effectiveness. For instance, when working with areas like the shoulder or knee, where bony prominences and variations in soft tissue are common, the cushion ensures that the ultrasound energy can penetrate effectively and reach the targeted tissues. The cushion also serves to protect sensitive tissues from the pressure of the transducer, aiding in comfort for the patient during the treatment. In contrast, the other scenarios might not require cushion contact as specifically. For healing soft tissue injuries, even and flat tissue surfaces, and general pain relief can often be adequately treated with a direct application without the need for a cushion, as these situations typically do not involve the same risk of uneven transmission. Thus, using cushion contact in irregularly shaped or bony regions maximizes the therapeutic benefits of the ultrasound treatment.

6. Which grade characterizes a patient completing more than half the range of motion but having insufficient strength to maintain the test position?

- A. Good**
- B. Fair**
- C. Fair minus**
- D. Good minus**

The classification pertains to the grading of muscle strength and function, particularly in how well a patient can perform tasks related to their physical capabilities. When a patient can complete more than half of the range of motion but lacks the necessary strength to maintain that position, this indicates that their strength is below what is typically expected for a fair grade. "Fair" strength indicates that a patient can complete full range of motion against gravity but has some degree of weakness. When a patient surpasses half the range of motion but cannot sustain the test position, it reflects a level of strength that is insufficient for the full range, distinguishing it as "Fair minus." This grade captures the patient's ability to perform a majority of the motion but denotes a notable weakness, as they lack the strength to hold the position through the entire range against resistance or gravity. Grading scales provide a structured way to assess a patient's functional capability. In this scenario, identifying the subtleties in muscle strength gradings is essential for appropriate treatment planning and progress tracking.

7. A physical therapist assistant works with a patient with a C6 spinal cord injury. Which muscle would NOT be innervated due to this level of injury?

- A. Biceps muscle**
- B. Deltoid muscle**
- C. Triceps muscle**
- D. Diaphragm**

A patient with a C6 spinal cord injury retains some function in upper extremities but experiences significant functional limitations due to the level of the injury. At the C6 level, the biceps and deltoid muscles are innervated, allowing for flexion at the elbow and some shoulder movement. The diaphragm is also innervated from higher cervical nerves (C3 to C5), so respiratory function is typically intact in these patients. However, the triceps muscle, which is responsible for elbow extension, is primarily innervated by the radial nerve that arises from the C7 spinal nerve. Since the C6 spinal cord injury does not allow for the innervation of the C7 nerve root, the triceps muscle would not be functional for this patient. Therefore, the inability to innervate the triceps muscle is accurately reflected by identifying it as the muscle that would NOT be innervated due to the C6 spinal cord injury.

8. Which type of wound care dressing is recognized for its elasticity and conforming ability?

- A. Hydrogel dressings**
- B. Transparent film dressings**
- C. Gauze dressings**
- D. Non-adherent dressings**

The choice of a dressing that is recognized for its elasticity and conforming ability is transparent film dressings. These dressings are typically made from a thin, flexible polyurethane film that is adhesive on one side. They provide a moist healing environment while allowing oxygen and moisture vapor to pass through, which is beneficial for the healing process. The elasticity of transparent film dressings allows them to conform well to various body contours, making them effective for covering wounds in areas where movement occurs frequently. This characteristic is particularly advantageous for active patients or for locations such as joints, where flexibility is essential. Moreover, transparent film dressings create a protective barrier that keeps external contaminants out, while providing a clear view of the wound, enabling easy assessment without the need to change the dressing frequently. Other types of dressings, while useful for specific scenarios, do not possess the same level of elasticity and conforming ability as transparent film dressings. For example, hydrogels provide moisture but lack elasticity, gauze dressings can be non-conforming and may adhere to wounds, and non-adherent dressings are primarily used to prevent sticking but do not have the conforming qualities required for all types of surfaces.

9. When facilitating movement in a patient, which type of end-feel would suggest further intervention is needed due to pain?

- A. Soft end feel**
- B. Firm end feel**
- C. Empty end feel**
- D. Hard end feel**

The type of end-feel that suggests further intervention is needed due to pain is the empty end-feel. This particular end-feel indicates that the movement has been limited by the patient's report of pain rather than by a physical barrier in the joint or soft tissue. In clinical practice, an empty end-feel often arises when a patient cannot tolerate further movement because of discomfort or pain, which warrants a re-evaluation of their treatment plan or a modification in technique to ensure patient safety and comfort. In contrast, a soft end-feel typically suggests normal tissue resistance, such as that occurring at the end of a range of motion due to muscle or fat, usually indicating a healthy movement pattern. A firm end-feel is commonly observed in normal capsular and ligamentous restrictions and can indicate that structures are functioning within their expected limits. A hard end-feel typically represents bony restriction or contact, which is generally expected in certain joint movements. Therefore, understanding these distinctions is crucial, as the empty end-feel highlights the need for careful attention to the patient's experience and may necessitate a change in the approach to treatment.

10. What is the function of an eccentric contraction during rehabilitation exercises?

- A. To maintain muscle length**
- B. To generate force while the muscle lengthens**
- C. To shorten the muscle under tension**
- D. To produce maximal force with minimal length change**

The function of an eccentric contraction during rehabilitation exercises is to generate force while the muscle lengthens. This type of contraction is essential in controlling movements and absorbing shock, which is particularly important during activities that involve deceleration or lowering movements. In rehabilitation, eccentric contractions can help to improve strength, increase flexibility, and enhance overall muscle coordination. By allowing the muscle to generate force while it is lengthening, eccentric contractions stimulate muscle fibers and lead to adaptations that support injury recovery. This is vital for rebuilding strength and functional movements after an injury, as it mirrors many real-life activities where muscles must control movement against gravity or resistance. Eccentric contractions also play a role in muscle damage and subsequent growth, assisting in the remodeling process necessary for rehabilitation. Understanding this principle enables physical therapy professionals to design effective rehabilitation programs that incorporate eccentric exercises tailored to the patient's needs and recovery goals.

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://pta-exam.examzify.com>

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

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