

PHYSICAL THERAPY ASSISTANT PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://pta-exam.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. What does deep vein thrombophlebitis involve?**
 - A. Formation of a blood clot in a deep vein
 - B. Weakening of the bladder support structures
 - C. Weakening of uterine support structures
 - D. Weakening of rectal support
- 2. When a therapist treats a patient with extensor tone in supine, what technique is most efficient in addressing this condition?**
 - A. Reciprocal inhibition
 - B. Successive induction
 - C. Rhythmic initiation
 - D. Irradiation
- 3. What is tarsal tunnel syndrome?**
 - A. A condition involving inflammation of the Achilles tendon
 - B. A compression neuropathy of the tibial nerve
 - C. A form of arthritis affecting the ankle
 - D. A type of plantar fasciitis
- 4. Which condition involves pain that may extend into the toes due to tibial nerve compression?**
 - A. Achilles tendonitis
 - B. Plantar fasciitis
 - C. Tarsal tunnel syndrome
 - D. Sever's disease
- 5. Which medication is indicated for limiting the inflammatory response in the respiratory tract?**
 - A. Bronchodilators
 - B. Diuretics
 - C. Inhaled corticosteroids
 - D. Mucolytics

- 6. What is the most likely reason for a patient with cervical radiculopathy reporting an immediate decrease in pain following manual traction?**
- A. Increased blood flow to the affected area
 - B. Widening of the intervertebral foramen
 - C. Reduction of inflammation in the nerve root
 - D. Strengthening the surrounding musculature
- 7. What is the function of hemoglobin in red blood cells?**
- A. Transport of nutrients
 - B. Regulation of blood pressure
 - C. Transport of oxygen
 - D. Production of red blood cells
- 8. Which orthosis is MOST appropriate for a patient exhibiting a steppage gait?**
- A. Ankle-foot orthosis (AFO)
 - B. Knee-ankle-foot orthosis (KAFO)
 - C. Wrist-hand orthosis (WHO)
 - D. Foot orthotic
- 9. Which sign is defined by cyclical, spasmodic alternation of muscle contraction in response to sustained stretch, indicative of upper motor neuron disorders?**
- A. Fasciculation
 - B. Clonus
 - C. Tremors
 - D. Bradykinesia
- 10. Which disease is caused by repetitive traction on the tibial tuberosity apophysis?**
- A. Patellofemoral syndrome
 - B. Congenital hip dysplasia
 - C. Legg-Calve-Perthes disease
 - D. Osgood-Schlatter disease

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What does deep vein thrombophlebitis involve?

- A. Formation of a blood clot in a deep vein
- B. Weakening of the bladder support structures
- C. Weakening of uterine support structures
- D. Weakening of rectal support

Deep vein thrombophlebitis primarily involves the formation of a blood clot within a deep vein, typically in the legs. This condition, often abbreviated as DVT, is significant because blood clots can pose serious health risks, including the potential for a clot to break loose and travel to the lungs, resulting in a pulmonary embolism. The clot formation occurs as a result of various factors, including prolonged immobility, certain medical conditions, and post-surgical recovery. The other options relate to weakening structures in other areas of the body, which do not pertain to the definition or characteristics of deep vein thrombophlebitis. While they reference conditions that involve support structures, they do not connect to the vascular and clotting aspects associated with DVT. Thus, understanding that DVT is specifically about blood clots in deep veins reinforces its significance in medical practice and patient care.

2. When a therapist treats a patient with extensor tone in supine, what technique is most efficient in addressing this condition?

- A. Reciprocal inhibition
- B. Successive induction
- C. Rhythmic initiation
- D. Irradiation

The use of rhythmic initiation is particularly effective when treating a patient with extensor tone in a supine position. This technique involves a sequence of movements that promotes relaxation and facilitates the patient's ability to engage in motor patterns. By starting with passive movement, the therapist can help the patient become accustomed to the motion before encouraging active participation. This gradual approach can reduce hypertonicity and help in normalizing muscle tone, making it easier for the patient to participate in therapeutic activities. Rhythmic initiation assists in breaking the dominance of extensor tone by incorporating an organized movement pattern that encourages flexor activity. It builds a foundation for improved motor control and enhances the patient's capability to progress towards more functional movements. The technique also utilizes the patient's own sensory feedback, enhancing proprioceptive awareness, which is key in managing tone issues. Overall, rhythmic initiation is a valuable tool for therapists managing conditions characterized by extensor tone.

3. What is tarsal tunnel syndrome?

- A. A condition involving inflammation of the Achilles tendon
- B. A compression neuropathy of the tibial nerve**
- C. A form of arthritis affecting the ankle
- D. A type of plantar fasciitis

Tarsal tunnel syndrome is specifically characterized as a compression neuropathy of the tibial nerve as it travels through the tarsal tunnel, which is a narrow space located on the inside of the ankle. This syndrome occurs when the tibial nerve is compressed or irritated, often due to structural abnormalities, inflammation, or trauma. Symptoms commonly associated with this condition include pain, tingling, or numbness that radiates into the foot. Understanding this condition is fundamental in physical therapy as it guides treatment approaches aimed at alleviating nerve compression, which can include modalities like stretching, soft tissue mobilization, and activities to strengthen the surrounding musculature. Recognizing that tarsal tunnel syndrome is related to neuropathic changes rather than inflammation or degenerative changes provides clarity on the appropriate interventions and management strategies. The other conditions listed do not involve the tibial nerve or the specific symptoms associated with tarsal tunnel syndrome, highlighting the importance of accurate diagnosis in establishing an effective treatment plan.

4. Which condition involves pain that may extend into the toes due to tibial nerve compression?

- A. Achilles tendonitis
- B. Plantar fasciitis
- C. Tarsal tunnel syndrome**
- D. Sever's disease

Tarsal tunnel syndrome is characterized by compression of the tibial nerve as it passes through the tarsal tunnel, located on the inside of the ankle. This condition can lead to symptoms such as pain, tingling, and numbness that may extend from the foot into the toes because the tibial nerve innervates areas of the foot, including the sensation in the toes. The biomechanical factors contributing to this compression could include swelling, inflammation, and structural abnormalities in the surrounding tissues. In contrast, Achilles tendonitis is specific to the Achilles tendon and typically presents with pain localized near the heel and the mid-portion of the tendon, but it does not usually involve pain that radiates into the toes. Plantar fasciitis is primarily a condition involving heel pain and stiffness resulting from inflammation of the plantar fascia, the thick tissue on the bottom of the foot, without direct symptoms extending into the toes. Sever's disease refers to growth plate inflammation in the heel of young adolescents, which again pertains more to localized pain in the heel area and does not cause symptoms that extend into the toes. Hence, tarsal tunnel syndrome most accurately represents a condition involving tibial nerve compression and associated referred symptoms into the toes.

5. Which medication is indicated for limiting the inflammatory response in the respiratory tract?

- A. Bronchodilators
- B. Diuretics
- C. Inhaled corticosteroids**
- D. Mucolytics

Inhaled corticosteroids are specifically designed to limit the inflammatory response in the respiratory tract, making them the medication of choice for managing chronic respiratory conditions, such as asthma and chronic obstructive pulmonary disease (COPD). These medications work by reducing inflammation in the airways, leading to decreased swelling and mucus production, which helps to improve airflow and reduce respiratory symptoms. In this context, while bronchodilators play a crucial role in relaxing the muscles around the airways and facilitating easier breathing, they do not directly address the underlying inflammation. Diuretics are primarily used to remove excess fluid from the body and are not related to respiratory inflammation. Mucolytics are intended to thin and loosen mucus in the airways, aiding in its clearance but do not specifically target the inflammatory process itself. Thus, inhaled corticosteroids are the most appropriate choice for limiting the inflammatory response in the respiratory tract, addressing the root cause of many respiratory issues at a cellular level.

6. What is the most likely reason for a patient with cervical radiculopathy reporting an immediate decrease in pain following manual traction?

- A. Increased blood flow to the affected area
- B. Widening of the intervertebral foramen**
- C. Reduction of inflammation in the nerve root
- D. Strengthening the surrounding musculature

The most plausible reason for a patient with cervical radiculopathy experiencing an immediate decrease in pain following manual traction is the widening of the intervertebral foramen. Cervical radiculopathy often involves compression or irritation of nerve roots, which can cause pain, weakness, or sensory changes along the path of the nerve. When manual traction is applied, it produces a separation of the vertebrae, which can increase the space in the intervertebral foramen. This widening can relieve pressure on the nerve roots, thereby reducing pain and improving mobility. The immediate relief in pain is attributed to this biomechanical effect of traction, which directly addresses the underlying issue of nerve root compression. While increased blood flow, reduction of inflammation, and strengthening of surrounding musculature may have significance in treatment over time, they are less likely to result in the rapid and noticeable pain relief that manual traction provides in the acute setting of cervical radiculopathy. The widening of the intervertebral foramen is the most direct mechanism by which traction alleviates pain.

7. What is the function of hemoglobin in red blood cells?

- A. Transport of nutrients
- B. Regulation of blood pressure
- C. Transport of oxygen**
- D. Production of red blood cells

Hemoglobin's primary function within red blood cells is the transport of oxygen from the lungs to the tissues throughout the body. Each hemoglobin molecule can bind up to four oxygen molecules, facilitating their delivery. The presence of hemoglobin allows red blood cells to effectively carry oxygen due to its high affinity for oxygen in the lungs, where oxygen concentration is high. Once the red blood cells reach the tissues, hemoglobin releases the oxygen, enabling it to diffuse into cells where it is used for metabolic processes, particularly respiration. In addition to oxygen transport, hemoglobin also plays a role in the transport of carbon dioxide, the waste product of metabolism, back to the lungs, where it can be exhaled. However, its primary and most significant role remains the transport of oxygen, ensuring that all body systems receive the necessary oxygen to function optimally.

8. Which orthosis is MOST appropriate for a patient exhibiting a steppage gait?

- A. Ankle-foot orthosis (AFO)**
- B. Knee-ankle-foot orthosis (KAFO)
- C. Wrist-hand orthosis (WHO)
- D. Foot orthotic

A steppage gait is characterized by a high knee lift and foot drop, which often results in dragging of the foot and can lead to trip hazards. The primary goal when addressing a steppage gait is to provide support that will help the patient maintain a more functional and safe walking pattern. An ankle-foot orthosis (AFO) is specifically designed to stabilize the ankle and foot. It provides dorsiflexion support, preventing the foot from dropping during the swing phase of walking. This stabilization is crucial for individuals with foot drop, as it allows for better clearance of the foot during movement. By incorporating an AFO, the patient is more likely to achieve a normal gait pattern and reduce fall risk. In contrast, the knee-ankle-foot orthosis (KAFO) offers support at the knee as well as the ankle and foot, but it may be unnecessarily restrictive for a patient whose primary issue lies with ankle stabilization. The wrist-hand orthosis (WHO) and foot orthotic do not address the specific requirements for managing a steppage gait, as they are designed for different parts of the body and have different functional purposes.

9. Which sign is defined by cyclical, spasmodic alternation of muscle contraction in response to sustained stretch, indicative of upper motor neuron disorders?

- A. Fasciculation
- B. Clonus**
- C. Tremors
- D. Bradykinesia

The sign characterized by cyclical, spasmodic alternation of muscle contraction in response to a sustained stretch, particularly linked with upper motor neuron disorders, is clonus. Clonus occurs when a muscle is stretched beyond its capacity, triggering a rapid series of involuntary contractions and relaxations. This phenomenon is a direct result of dysfunction in the central nervous system, often seen in conditions such as multiple sclerosis, stroke, or spinal cord injury. Clonus is particularly significant because it provides insight into neurological conditions affecting motor control. It serves as an important clinical sign for healthcare providers to assess and evaluate a patient's neurological status. Related phenomena, such as fasciculations, tremors, and bradykinesia, do not exhibit the specific cyclical pattern or elicitation by sustained muscle stretch in the same way as clonus does. This distinction reinforces clonus as the correct answer, emphasizing its role in identifying upper motor neuron pathology.

10. Which disease is caused by repetitive traction on the tibial tuberosity apophysis?

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

The condition characterized by repetitive traction on the tibial tuberosity apophysis is Osgood-Schlatter disease. This is commonly seen in adolescents who are active in sports that involve running, jumping, or quick changes of direction. The repetitive stress from these activities can lead to inflammation and tenderness at the tibial tuberosity, where the patellar tendon attaches to the shinbone. In this condition, the growth plate at the tibial tuberosity becomes irritated due to the pulling forces exerted by the strong muscles of the quadriceps and the associated tendon. As a result, localized pain, swelling, and an increase in bony prominence at the site may occur. The nature of Osgood-Schlatter disease is such that it is typically self-limiting and often resolves with rest and proper management, making it a common consideration in young athletes experiencing knee pain.

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!

SAMPLE