Physical Therapy Evaluation Tool (PEAT) 1 Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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. **A therapist evaluating a patient with an acute lumbar disc protrusion and a right lateral shift of the thoracic spine. Which finding would be the BEST indicator that the symptoms will respond positively to the PT intervention?**

   A. The pain is referred only to the buttock and not the thigh

   B. The patient prefers standing and walking than sitting

   C. There is a decrease in lumbar lordosis

   D. Repeated backward bending centralizes the pain

2. **Betadine (povidone-iodine) is sometimes cytotoxic and should be avoided in necrotic wounds to prevent damage to viable tissue. Which agent is known to be cytotoxic in this context?**

   A. Saline

   B. Povidone-iodine (Betadine)

   C. Occlusive hydrogel

   D. Hydrocolloid

3. **During resisted hip flexion in the sitting position, the thigh shows lateral rotation and abduction when resistance is applied. Which muscle is the most likely substitute for hip flexion under these circumstances?**

   A. Tensor fascia latae

   B. Sartorius

   C. Adductor longus

   D. Semimembranosus

4. **To reduce the risk of low back injuries in a rehabilitation department, what is the FIRST step necessary to develop the program?**

   A. Include all employees in a lumbar extension exercise class

   B. Design a program that meets each department's functional needs

   C. Perform an ergonomic analysis on each workstation

   D. Provide pamphlets on proper body mechanics

5. Which technique is MOST effective in teaching an IDDM patient about foot care?

A. Reassure the patient and demonstrate procedure

B. Tell patient how foot care is performed, then watch patient

C. Watch patient perform foot inspection and caution him that amputation results from unattended skin problems

D. Have the patient demonstrate foot inspection, then give feedback on patient's performance

6. Which finding is most characteristic of chronic venous insufficiency?

A. Edema with cold limb and diminished pulse

B. Dilation of superficial veins with edema and stasis ulcers

C. Normal superficial veins with strong dorsalis pedis pulse

D. Edema that improves with standing

7. Which type of resistance does an isokinetic exercise device provide?

A. constant resistance

B. variable resistance

C. accommodating resistance

D. no resistance

8. To maximize balance in a wheelchair for a patient with bilateral below-knee amputations, the rear wheels should be positioned more:

A. Laterally

B. Posteriorly

C. Anteriorly

D. Inferiorly

9. Following removal of a long leg cast, a patient has limited knee flexion. The MOST appropriate direction of patellar mobilization would be:

A. Distal

B. Lateral

C. Proximal

D. Medial

10. To maximize lymph drainage after mastectomy in the upper extremity, which massage sequence is most important?

A. Massaging the forearm before the hand

B. Massaging the upper arm before the forearm

C. Massaging the hand before the forearm

D. Massaging the shoulder before the arm

Answers

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

Explanations

1. A therapist evaluating a patient with an acute lumbar disc protrusion and a right lateral shift of the thoracic spine. Which finding would be the BEST indicator that the symptoms will respond positively to the PT intervention?

A. The pain is referred only to the buttock and not the thigh

B. The patient prefers standing and walking than sitting

C. There is a decrease in lumbar lordosis

D. Repeated backward bending centralizes the pain

Centralization with repeated extension is the strongest indicator that mechanical therapy will help a lumbar radiculopathy. When repeated backward bending (extension) makes the leg pain move closer to the spine or diminish, it shows the nerve root is responding to the movement and that the disc material is shifting away from the nerve. This directional preference suggests a favorable prognosis with extension-based PT approaches, such as repeated extension exercises, prone press-ups, or similar movements, because they tend to centralize symptoms and reduce radicular irritation. The other signs are less predictive of a positive PT response. Pain referral limited to the buttock without thigh involvement doesn't demonstrate the same reversible nerve root irritation. A preference for standing and walking over sitting reflects comfort in a position but doesn't indicate a therapeutic direction or likely improvement with PT. A decrease in lumbar lordosis is a postural finding that doesn't reliably predict responsiveness to PT. Therefore, the ability of repeated backward bending to centralize symptoms best signals that PT interventions are likely to be effective.

2. Betadine (povidone-iodine) is sometimes cytotoxic and should be avoided in necrotic wounds to prevent damage to viable tissue. Which agent is known to be cytotoxic in this context?

A. Saline

B. Povidone-iodine (Betadine)

C. Occlusive hydrogel

D. Hydrocolloid

The main idea here is that some wound-cleaning agents can be harmful to living tissue, especially when a wound is necrotic and healing tissue is trying to form. In necrotic wounds, you want to avoid things that can damage viable cells like fibroblasts, keratinocytes, and endothelial cells, because this can slow or disrupt healing. Povidone-iodine (Betadine) is a widely used antiseptic, but at typical clinical concentrations and exposure times it can be cytotoxic to viable tissue. That means it can impair wound healing by harming the cells that are necessary for granulation, re-epithelialization, and tissue repair. That's why it's avoided in necrotic wounds where preserving and promoting healing is a priority. Saline is an isotonic fluid that cleanses without harming cells, so it's generally non-cytotoxic to viable tissue and safe to use around healing tissue. Occlusive hydrogel and hydrocolloid dressings aren't antiseptics; they mainly provide a moist wound environment and protection, which supports healing rather than causing cell damage. They don't have the same cytotoxic effects as povidone-iodine. So the agent known to be cytotoxic in necrotic wounds is povidone-iodine, which is why clinicians choose non-cytotoxic cleansing or moist-healing dressings in these cases.

3. During resisted hip flexion in the sitting position, the thigh shows lateral rotation and abduction when resistance is applied. Which muscle is the most likely substitute for hip flexion under these circumstances?

A. Tensor fascia latae

B. Sartorius

C. Adductor longus

D. Semimembranosus

When the thigh shows lateral rotation and abduction during resisted hip flexion in a seated position, it signals a muscle that can flex the hip while also producing external rotation and abduction. The sartorius fits this pattern best because it crosses the hip obliquely from the ASIS to the pes anserinus and acts as a hip flexor with abduction and external rotation, especially when the hip is flexed. In this setup, the sartorius can substitute for pure hip flexion, producing the observed rotational pattern. The other muscles don't match this combination as well: the tensor fascia latae can help with flexion and abduction but tends toward internal rotation effects with hip flexion; adductor longus mainly adducts the thigh; and semimembranosus is a hamstring that extends the hip and tends to rotate the thigh internally rather than externally or abduct.

4. To reduce the risk of low back injuries in a rehabilitation department, what is the FIRST step necessary to develop the program?

A. Include all employees in a lumbar extension exercise class

B. Design a program that meets each department's functional needs

C. Perform an ergonomic analysis on each workstation

D. Provide pamphlets on proper body mechanics

The key idea is that you must first understand the actual work demands and risk factors in the environment before you can design an effective prevention program. An ergonomic analysis of each workstation reveals how tasks, tools, posture, lifting, repetition, and duration contribute to lumbar loads and potential injury. This baseline assessment helps identify which tasks drive risk, prioritize which changes will have the biggest impact, and guide the selection of interventions (engineering controls, workflow tweaks, training) that will most effectively reduce low back strain. From that foundation, you can tailor subsequent steps to the specific needs of the department—whether that means structured exercise or education, but those elements will be meaningful only if they target the real hazards uncovered by the analysis. Without this first assessment, interventions risk being generic, misaligned with actual tasks, or insufficient to reduce risk.

5. Which technique is MOST effective in teaching an IDDM patient about foot care?

A. Reassure the patient and demonstrate procedure

B. Tell patient how foot care is performed, then watch patient

C. Watch patient perform foot inspection and caution him that amputation results from unattended skin problems

D. Have the patient demonstrate foot inspection, then give feedback on patient's performance

Active, hands-on practice with immediate feedback yields the best learning for self-care skills. For foot care in an IDDM patient, the person should actively demonstrate foot inspection, then receive specific feedback on what they did well and what needs correction. This approach solidifies correct technique, boosts confidence, and improves long-term adherence, which is crucial given diabetic neuropathy can mask problems and early ulcers. Simply reassuring or demonstrating without practice, or just telling and watching, leaves uncorrected errors and gaps in ability. Warning about serious consequences without practicing the skill likewise doesn't build competence. So, having the patient perform foot inspection and then receiving targeted feedback optimizes learning and safety.

6. Which finding is most characteristic of chronic venous insufficiency?

A. Edema with cold limb and diminished pulse

B. Dilation of superficial veins with edema and stasis ulcers

C. Normal superficial veins with strong dorsalis pedis pulse

D. Edema that improves with standing

Chronic venous insufficiency occurs when venous valves fail, causing blood to pool in the legs and raise venous pressure. This venous hypertension leads to edema, skin changes from hemosiderin deposition, dilation of superficial veins, and often stasis ulcers near the medial malleolus. The combination of dilated superficial veins with edema and stasis ulcers best captures the typical presentation, reflecting the chronic venous hypertension and impaired venous return. Edema with a cold limb and diminished pulse suggests arterial insufficiency rather than venous. Normal superficial veins with a strong dorsalis pedis pulse indicates intact arterial and venous function. Edema that improves with standing would contradict venous pooling, since standing usually worsens venous edema.

7. Which type of resistance does an isokinetic exercise device provide?

A. constant resistance

B. variable resistance

C. accommodating resistance

D. no resistance

Isokinetic devices are designed to keep the limb moving at a constant speed regardless of how hard you push or pull. To do that, they continuously adjust the resistance in response to your effort. If you exert more force, the machine increases resistance to maintain the set speed; if you ease off, resistance decreases accordingly. This adaptive loading is what we call accommodating resistance—the load changes to match your effort to keep the movement velocity constant. That's different from a constant load (a fixed resistance throughout the motion) or a purely variable load that changes with ROM independent of your instantaneous effort. So the isokinetic device provides accommodating resistance.

8. To maximize balance in a wheelchair for a patient with bilateral below-knee amputations, the rear wheels should be positioned more:

A. Laterally

B. Posteriorly

C. Anteriorly

D. Inferiorly

The situation tests how rear wheel position affects wheelchair stability. Moving the rear wheels farther back (posteriorly) increases the base of support in the sagittal plane and shifts the system's center of gravity slightly toward the rear. For someone with bilateral below-knee amputations, distal weight is reduced, which can make balance and tipping forward more of a challenge. By placing the rear axle posteriorly, the chair becomes more stable and easier to control, reducing the risk of tipping when propelling or transferring.

9. Following removal of a long leg cast, a patient has limited knee flexion. The MOST appropriate direction of patellar mobilization would be:

A. Distal

B. Lateral

C. Proximal

D. Medial

When knee flexion is limited after immobilization, the patellofemoral joint often benefits from an inferior (distal) glide of the patella. Pushing the patella downward helps loosen adhesions and restores patellar mobility in the direction it naturally travels during bending. This facilitates better patellar tracking as the knee flexes and can improve range of motion. A proximal glide would be more aligned with aiding extension, not flexion, while medial or lateral glides are mainly used to address maltracking or tilt rather than increasing overall flexion ROM. So, directing the mobilization distally specifically supports improving knee flexion after cast immobilization.

10. To maximize lymph drainage after mastectomy in the upper extremity, which massage sequence is most important?

A. Massaging the forearm before the hand

B. Massaging the upper arm before the forearm

C. Massaging the hand before the forearm

D. Massaging the shoulder before the arm

Maximizing lymph drainage relies on opening the main drainage route toward central lymphatics before moving fluid from farther out in the limb. The upper arm is closest to the axillary nodes and the trunk, so massaging it first helps stimulate and clear the primary pathways toward centralized drainage. When the proximal segment is stimulated first, the lymph that comes from the forearm and hand has a ready exit toward the axilla and then into the central circulation, which is especially important after mastectomy when those pathways may be compromised. If you start with the hand or forearm, the fluid has to travel toward a proximal outlet that isn't yet optimally opened, making drainage less efficient. So massaging the upper arm before the forearm creates the most effective flow toward central drainage.

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://peat1.examzify.com

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