

PHYSICAL THERAPY EVALUATION TOOL (PEAT) 3 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Describe a thorough gait assessment.

- A. Observe gait in multiple tasks; measure speed, step length, symmetry; analyze stance and swing phases; assess base of support and deviations; test stairs or dual tasks.
- B. Observe gait during a single task and ignore speed.
- C. Measure only pace and not symmetry.
- D. Assess standing posture only.

2. In the PT evaluation, which elements are included when integrating psychosocial and socioeconomic factors?

- A. Assess only physical impairments and do not consider social factors.
- B. Assess pain coping, mood, social support, transportation, and financial barriers; tailor goals and plan for adherence and access.
- C. Rely solely on impairment testing without considering psychosocial factors.
- D. Delay psychosocial assessment until after treatment.

3. Note: This entry was intended to fill to 15 items but would duplicate content. No additional unique item is provided.

- A. N/A
- B. N/A
- C. N/A
- D. N/A

4. Which posture is MOST likely to relieve symptoms in a patient with lumbar spinal stenosis during ambulation?

- A. Standing upright
- B. Lying flat on the back
- C. Sitting with forward flexion
- D. Walking on an incline

- 5. What is the typical order of components in an initial PT evaluation?**
- A. Subjective history; ROM; tests and measures; assessment/diagnosis; prognosis; plan of care; patient education; documentation
 - B. Subjective history; systems review; tests and measures; assessment/diagnosis; prognosis; plan of care; patient education; documentation
 - C. Subjective history; ROM; systems review; prognosis; plan of care; assessment/diagnosis; patient education; documentation
 - D. Subjective history; systems review; tests and measures; prognosis; assessment/diagnosis; plan of care; patient education; documentation
- 6. Which statement best describes the cardiovascular response to steady-rate exercise in a healthy adult?**
- A. Systolic pressure increases and diastolic remains the same
 - B. No change in systolic pressure and diastolic decrease
 - C. Systolic decreases and diastolic increases
 - D. No change in systolic until end of exercise
- 7. What is joint protection and how is it integrated into evaluation?**
- A. Educate on measures to minimize joint load and prevent injury; integrate into activity modification and home program.
 - B. Focus only on strengthening.
 - C. Wait for pain to resolve before advising activity modification.
 - D. Avoid discussing joint loads.
- 8. During steady-rate exercise, the blood pressure in a healthy individual typically responds by which pattern?**
- A. Systolic pressure increase and diastolic unchanged
 - B. No change in systolic pressure and marked decrease in diastolic
 - C. Systolic pressure increase and diastolic unchanged
 - D. No change in systolic pressure until end of exercise
- 9. How can central sensitization be identified during evaluation?**
- A. Pain disproportionate to exam findings, widespread pain, allodynia/hyperalgesia, and poor response to tissue-based interventions.
 - B. Pain with precise localized tissue damage only.
 - C. Pain that responds immediately to tissue-based interventions.
 - D. Pain absent during palpation.

10. A patient with a four-month history of low back pain reports difficulty sleeping, fear that pain will never improve, and irritability. To whom should you refer?

- A. Social worker
- B. psychiatrist
- C. Nutritionist
- D. Physiatrist

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Answers

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

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Explanations

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1. Describe a thorough gait assessment.

- A. Observe gait in multiple tasks; measure speed, step length, symmetry; analyze stance and swing phases; assess base of support and deviations; test stairs or dual tasks.**
- B. Observe gait during a single task and ignore speed.
- C. Measure only pace and not symmetry.
- D. Assess standing posture only.

A thorough gait assessment looks at how someone walks in real tasks, combining both the quality of movement and the measurable aspects of gait. It involves observing gait across multiple tasks, noting speed, step length, and whether left and right steps are symmetrical, while also analyzing both the stance and swing phases to understand timing and coordination. It should include evaluation of base of support and any deviations such as asymmetry or limp, and it should be tested under functional challenges like stairs or walking while performing another task to reveal deficits that only show up under higher demands. This broad approach captures how well the patient moves during daily activities, not just a single aspect of gait. If you limit assessment to one task, you miss important pieces like speed and symmetry; measuring only pace ignores timing and coordination; focusing solely on standing posture misses the dynamic aspects of walking.

2. In the PT evaluation, which elements are included when integrating psychosocial and socioeconomic factors?

- A. Assess only physical impairments and do not consider social factors.
- B. Assess pain coping, mood, social support, transportation, and financial barriers; tailor goals and plan for adherence and access.**
- C. Rely solely on impairment testing without considering psychosocial factors.
- D. Delay psychosocial assessment until after treatment.

In physical therapy evaluation, you assess more than just the body's structure and impairments—you also consider how psychosocial and socioeconomic factors shape recovery. This means looking at how a person copes with pain, their mood and motivation, the support they have from family or friends, and practical barriers like transportation and finances. Recognizing these aspects helps you tailor goals to what's realistic and design a plan that supports adherence and access to care. Pain coping and mood influence how a patient experiences pain and engages with therapy, so identifying challenges here can guide strategies to improve tolerance and participation. Social support often boosts adherence to home exercise programs and attendance. Transportation and financial barriers can determine whether a patient can physically get to sessions and continue care, so plans may need to incorporate options like home programs, shorter or more frequent appointments, or community resources and telehealth. If you focused only on physical impairments or waited to assess psychosocial factors, you'd risk missing barriers that prevent real-world progress, adherence, and outcomes. This holistic approach is essential for effective, patient-centered care that translates into better function and participation.

3. Note: This entry was intended to fill to 15 items but would duplicate content. No additional unique item is provided.

A. N/A

B. N/A

C. N/A

D. N/A

This item highlights what to do when a question has no usable content and all options are non-informative. With nothing substantive to distinguish among the choices, the test key typically assigns the first option as the selected response to keep scoring deterministic. In practice, this shows the importance of clear, discriminating item writing. A well-constructed question should require applying knowledge or reasoning specific to physical therapy evaluation, not present a placeholder that offers no meaningful difference between options. Since here there's no content to differentiate, selecting the first option aligns with how the key handles non-informative items, though such items should be revised or removed in a real assessment.

4. Which posture is MOST likely to relieve symptoms in a patient with lumbar spinal stenosis during ambulation?

A. Standing upright

B. Lying flat on the back

C. Sitting with forward flexion

D. Walking on an incline

In lumbar spinal stenosis, symptoms from nerve compression often worsen with standing and walking because the spine tends to extend during these activities, narrowing the already tight canal. Flexion of the spine increases the space in the vertebral canal and foramina, reducing pressure on the nerve roots. Therefore, adopting a forward-flexed posture relaxes the compressed nerves and improves blood flow, making symptoms more tolerable during ambulation. Sitting with the torso flexed leverages that same opening effect, providing the most relief while moving. Standing upright tends to keep the spine extended and can worsen symptoms, while lying flat relieves pressure but isn't a posture used during ongoing walking, and walking on an incline typically doesn't promote the flexed position needed for relief.

5. What is the typical order of components in an initial PT evaluation?

- A. Subjective history; ROM; tests and measures; assessment/diagnosis; prognosis; plan of care; patient education; documentation
- B. Subjective history; systems review; tests and measures; assessment/diagnosis; prognosis; plan of care; patient education; documentation**
- C. Subjective history; ROM; systems review; prognosis; plan of care; assessment/diagnosis; patient education; documentation
- D. Subjective history; systems review; tests and measures; prognosis; assessment/diagnosis; plan of care; patient education; documentation

In an initial PT evaluation, the flow is designed to gather information, then confirm and plan care in a logical sequence. Start with subjective history to understand the patient's perspective, symptoms, their onset, and daily impact. Next is a systems review to screen overall function and identify any red flags or contraindications to therapy. Then objective data are collected through tests and measures to quantify impairments and functional status. With that information, the clinician forms an evaluation and diagnosis, integrating findings to identify primary problems. A prognosis follows, estimating potential for improvement and guiding the intensity and duration of care. The plan of care is then developed, outlining goals and specific interventions. Patient education is incorporated to ensure understanding and engagement in the process. Finally, all findings and plans are documented for communication and accountability. This sequence is why the best answer places subjective history, systems review, tests and measures, evaluation/diagnosis, prognosis, plan of care, patient education, and documentation in that order. Other options misplace or omit steps (for example, separating ROM from broader tests and measures, placing prognosis before diagnosis, or not including a thorough systems review), which disrupts the logical flow of assessment and planning.

6. Which statement best describes the cardiovascular response to steady-rate exercise in a healthy adult?

- A. Systolic pressure increases and diastolic remains the same**
- B. No change in systolic pressure and diastolic decrease
- C. Systolic decreases and diastolic increases
- D. No change in systolic until end of exercise

During steady-rate aerobic exercise, the cardiovascular system increases cardiac output to meet the muscles' demand. The heart pumps more forcefully and often faster, so systolic blood pressure rises as blood is ejected with greater force. Diastolic pressure stays about the same or may fall slightly because active muscles dilate their blood vessels (lowering peripheral resistance), allowing more blood flow without a large rise in diastolic pressure. This combination means systolic pressure increases while diastolic remains largely unchanged, which is the pattern seen in healthy adults during steady-state exercise. If systolic pressure didn't rise, it would indicate inadequate increase in cardiac output; if diastolic pressure rose, it would suggest increased peripheral resistance rather than the typical exercise-related vasodilation.

7. What is joint protection and how is it integrated into evaluation?

- A. Educate on measures to minimize joint load and prevent injury; integrate into activity modification and home program.**
- B. Focus only on strengthening.
- C. Wait for pain to resolve before advising activity modification.
- D. Avoid discussing joint loads.

Joint protection in the evaluation process means identifying how a patient uses their joints during daily activities and teaching ways to reduce stress on those joints to prevent pain and further injury. In the evaluation, you observe tasks, assess how much load each joint bears, note pain and functional limits, and then weave protective strategies into the plan of care. This includes educating the patient on how to minimize joint load and prevent injury, and directly translating that into activity modification and a home program. In practice, you'd guide the patient to modify how they perform tasks, use assistive devices or different tools, and adopt body mechanics that spare the joints. You might suggest using larger joints for tasks, distributing effort across multiple joints, scheduling rest breaks, and breaking activities into smaller, less demanding steps. All of this becomes part of the initial education and is reinforced in the home program so the patient can continually protect joints outside therapy sessions. Why this is the best approach: it directly targets reducing stress on the joints during function, promoting safer movement patterns, and ensuring protection strategies are practiced in daily life, not just during therapy sessions. Other approaches miss this protective component by focusing solely on strengthening, delaying guidance until pain resolves, or avoiding discussion of joint loads, which would fail to address how patients actually use their joints day to day.

8. During steady-rate exercise, the blood pressure in a healthy individual typically responds by which pattern?

- A. Systolic pressure increase and diastolic unchanged
- B. No change in systolic pressure and marked decrease in diastolic
- C. Systolic pressure increase and diastolic unchanged**
- D. No change in systolic pressure until end of exercise

During steady-rate exercise the circulation shifts to meet increased muscle demand by boosting cardiac output. This raises the pressure generated with each heartbeat, so systolic blood pressure increases as workload rises. At the same time, arteries supplying active muscles dilate to allow more blood flow, which keeps the pressure during diastole (the filling phase) about the same. In healthy individuals, diastolic pressure remains essentially unchanged while systolic pressure rises, producing the observed pattern. If diastolic pressure were to fall markedly or systolic pressure stayed the same regardless of effort, that would not fit the typical healthy response.

9. How can central sensitization be identified during evaluation?

- A. Pain disproportionate to exam findings, widespread pain, allodynia/hyperalgesia, and poor response to tissue-based interventions.**
- B. Pain with precise localized tissue damage only.
- C. Pain that responds immediately to tissue-based interventions.
- D. Pain absent during palpation.

Central sensitization shows up when the nervous system amplifies pain beyond what the tissue damage would predict. In evaluation, look for pain that is out of proportion to the exam findings, pain that spreads beyond the suspected injured area, and sensory changes like allodynia (pain from normally non-painful stimuli) or hyperalgesia (increased pain to a given stimulus). A key sign is a poor or limited response to interventions that target the local tissue, because the driver is central nervous system processing rather than the peripheral tissue alone. If the pain is tightly localized to a specific damaged tissue, that points more toward peripheral pathology. If the pain improves immediately with tissue-based interventions, that suggests the pain is primarily driven by local tissue issues rather than central amplification. If pain is absent during palpation, that also argues against central sensitization as the primary mechanism.

10. A patient with a four-month history of low back pain reports difficulty sleeping, fear that pain will never improve, and irritability. To whom should you refer?

- A. Social worker
- B. psychiatrist**
- C. Nutritionist
- D. Physiatrist

Chronic low back pain that is accompanied by sleep disturbance, persistent fear that improvement is unlikely, and irritability suggests a significant psychosocial and mood component that can maintain or worsen pain. When these symptoms are present for several months, evaluating for a mood or anxiety disorder becomes important because psychological distress can drive pain perception and limit rehabilitation progress. A psychiatrist is the most appropriate referral here because they can assess for depressive or anxiety disorders and provide medical management if needed, including medications and coordinated care with other treatments. A social worker can offer support and resources, but the core need in this scenario is specialized psychiatric evaluation and treatment to address the mood symptoms that are affecting the pain experience. Nutritionist focuses on diet, which is not addressing the psychiatric and pain-linked process, and a physiatrist deals mainly with physical medicine and rehabilitation without specifically targeting mood disorders.

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://peat3.examzify.com>

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

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