

PHYSICAL THERAPY EVALUATION TOOL (PEAT) 4 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Which pain assessment scale uses a 0–10 numeric rating?**
 - A. Visual Analog Scale (VAS)
 - B. Numeric Pain Rating Scale (NPRS)
 - C. Wong-Baker Faces Pain Rating Scale
 - D. McGill Pain Questionnaire
- 2. Which test is used to assess a high ankle sprain involving the syndesmosis?**
 - A. Kleiger's test
 - B. Anterior drawer test
 - C. Syndesmosis squeeze test
 - D. Tinel sign
- 3. Which finding is commonly associated with metabolic acidosis?**
 - A. Anxious + tingling
 - B. Vomiting history
 - C. Slow and confused
 - D. Deep rapid breathing
- 4. Which test assesses proprioception at the knee?**
 - A. Goniometric angle measurement
 - B. Joint position sense testing
 - C. Muscle endurance test
 - D. Balance error scoring system
- 5. Which headache is typically unilateral, more common in females, with pulsating quality, and associated with nausea, vomiting, and photophobia?**
 - A. Cluster Headache
 - B. Migraine
 - C. Tension Headache
 - D. Cervicogenic Headache

- 6. Which statement best describes joint position sense testing at the knee?**
- A. It measures muscle strength
 - B. It assesses knee reflexes
 - C. It assesses the ability to reproduce a target knee angle without visual input
 - D. It evaluates cardiovascular fitness
- 7. Contextual factors example in PT documentation?**
- A. Age and social support
 - B. Pain level alone
 - C. ROM measurements
 - D. Muscle strength
- 8. Lumbar traction for a posterior disc herniation is performed in which position?**
- A. Supine
 - B. Seated
 - C. Lateral decubitus
 - D. Prone
- 9. For wrist and hand, which position is recommended to prevent burn contractures?**
- A. Full flexion
 - B. Neutral with wrist extended
 - C. Wrist flexion with IP flexion
 - D. Intrinsic plus position with wrist extended, MCP flexion, IP extension and thumb abduction
- 10. Which concept describes the ability of a test to yield similar results when performed by different clinicians?**
- A. Inter-rater reliability
 - B. Face validity
 - C. Responsiveness
 - D. Specificity

Answers

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

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Explanations

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1. Which pain assessment scale uses a 0–10 numeric rating?

- A. Visual Analog Scale (VAS)
- B. Numeric Pain Rating Scale (NPRS)**
- C. Wong-Baker Faces Pain Rating Scale
- D. McGill Pain Questionnaire

Pain intensity is often captured with a simple numeric rating. The Numeric Pain Rating Scale asks you to assign a number from 0 to 10 that reflects how much pain you feel right now, with 0 meaning no pain and 10 the worst imaginable pain. This straightforward 0–10 numeric system makes it easy to quantify pain and track changes over time, which is why it's commonly used in PT to monitor progress and response to treatment. Other scales use different formats: a line-based Visual Analog Scale is typically measured along a 10 cm line (not labeled with numbers), the Wong-Baker Faces Pain Rating Scale uses facial expressions to indicate pain level, and the McGill Pain Questionnaire collects descriptive words about the quality and intensity of pain rather than a single numeric value.

2. Which test is used to assess a high ankle sprain involving the syndesmosis?

- A. Kleiger's test
- B. Anterior drawer test
- C. Syndesmosis squeeze test**
- D. Tinel sign

Injury to the distal tibiofibular syndesmosis requires a test that directly loads the syndesmosis. The syndesmosis squeeze test does this by compressing the tibia and fibula together just above the ankle, which places tension on the syndesmotic ligaments. If this maneuver provokes pain or a sense of instability, it suggests a syndesmotic (high ankle) sprain. Other tests target different structures: the Kleiger's test mainly stresses the deltoid ligament and can involve the syndesmosis but is not as specific; the anterior drawer test focuses on the anterior talofibular ligament; the Tinel sign assesses nerve irritation.

3. Which finding is commonly associated with metabolic acidosis?

- A. Anxious + tingling
- B. Vomiting history
- C. Slow and confused
- D. Deep rapid breathing**

Metabolic acidosis lowers pH and bicarbonate, prompting the body to compensate by increasing ventilation to blow off CO₂. This respiratory response produces deep, rapid breaths known as Kussmaul respiration, which is the hallmark finding in metabolic acidosis. The other options don't fit this pattern as specifically: tingling or anxiety can accompany various states but aren't the classic sign of metabolic acidosis; a history of vomiting suggests metabolic alkalosis from loss of gastric acid; and while confusion can occur with severe acidosis, the most distinctive and commonly observed sign is the rapid, deep breathing.

4. Which test assesses proprioception at the knee?

- A. Goniometric angle measurement
- B. Joint position sense testing**
- C. Muscle endurance test
- D. Balance error scoring system

Proprioception at the knee is best assessed by testing joint position sense, because proprioception is the ability to perceive the exact position of a joint in space without relying on vision. Joint position sense testing directly measures this sense by having the knee moved to a specific target angle and then asking the patient to reproduce that angle or indicate how close they are to it, typically with vision occluded. This isolates sensing knee position from other factors like strength or movement speed, giving a clear look at how well the knee's receptors convey position information to the brain. In contrast, measuring the angle with a goniometer focuses on how far the knee can move (range of motion), not on perceptual accuracy of its position. A muscle endurance test assesses how long the muscles can sustain activity, not position sense. A balance error scoring system evaluates overall balance and postural control, which involves proprioception but is not a direct knee-specific proprioception test.

5. Which headache is typically unilateral, more common in females, with pulsating quality, and associated with nausea, vomiting, and photophobia?

- A. Cluster Headache
- B. Migraine**
- C. Tension Headache
- D. Cervicogenic Headache

Migraine headaches typically present as unilateral, pulsating head pain that worsens with activity, and are commonly accompanied by nausea or vomiting and sensitivity to light (photophobia). The higher prevalence in females is often linked to hormonal factors, such as estrogen fluctuations, which helps explain why this pattern is more common in women. This combination of one-sided pulsating pain plus nausea and photophobia is a hallmark feature of migraines, setting them apart from other common headaches. Cluster headaches, while on one side, usually involve very sharp, intense pain around the eye with prominent autonomic signs and occur more often in men. Tension-type headaches are typically bilateral, pressing or tightening in quality, and do not usually bring nausea or significant photophobia. Cervicogenic headaches originate from cervical spine issues and often present with neck pain and reduced neck mobility rather than the classic pulsating, nausea-associated picture.

6. Which statement best describes joint position sense testing at the knee?

- A. It measures muscle strength
- B. It assesses knee reflexes
- C. It assesses the ability to reproduce a target knee angle without visual input**
- D. It evaluates cardiovascular fitness

Joint position sense testing at the knee is about proprioception—how accurately you perceive and reproduce the knee's position without relying on sight. In this test, you use sensory input from muscles, tendons, ligaments, and the joint capsule to sense angle and movement. Clinicians typically move the knee to a target angle, have you hold it, return to the starting position, then ask you to reproduce that target angle with your eyes closed. The goal is to measure how closely you can match the angle, often by recording the error between the target and reproduced position. This helps assess sensorimotor integration and alert to proprioceptive deficits that can affect knee stability, especially after injury or surgery. This isn't about muscle strength, which would involve resisting or generating force; nor about reflexes, which test automatic nerve responses to tap or stretch; and it doesn't evaluate cardiovascular fitness, which concerns aerobic capacity.

7. Contextual factors example in PT documentation?

A. Age and social support

B. Pain level alone

C. ROM measurements

D. Muscle strength

Contextual factors are elements in a patient's environment and personal characteristics that influence participation and outcomes beyond the physiological impairment. Age is a personal factor that can shape prognosis, activity tolerance, and comorbidity risk, while social support reflects the environment around the patient—such as family or caregiver help, transportation, and home setup—that can affect adherence to therapy and safe functioning at home. In PT documentation, including these factors helps explain why functional performance may vary despite similar impairment measures and guides tailoring of goals and discharge planning. Pain level, ROM measurements, and muscle strength are all impairment-level data—they quantify tissue function or movement limitations rather than the broader context that can enable or hinder performance.

8. Lumbar traction for a posterior disc herniation is performed in which position?

A. Supine

B. Seated

C. Lateral decubitus

D. Prone

When the herniation is directed toward the back, performing lumbar traction with the patient in a prone position to achieve extension is most effective. Extending the lumbar spine during traction opens the posterior aspect of the spinal canal and reduces the posterior bulge, helping move disc material away from the nerve roots. The traction force in this position better unloads the posterior protrusion and creates spaces for the neural elements, which is why prone traction is preferred for a posterior disc herniation. Other positions don't promote this posterior unloading as effectively and may fail to reduce posteriorly directed protrusion.

9. For wrist and hand, which position is recommended to prevent burn contractures?

A. Full flexion

B. Neutral with wrist extended

C. Wrist flexion with IP flexion

D. Intrinsic plus position with wrist extended, MCP flexion, IP extension and thumb abduction

Burn scar tissue tends to pull joints into deformities, so the hand is positioned in an anti-deformity posture that preserves function during healing. The intrinsic plus position does just that by combining wrist extension, MCP joints flexed, IP joints extended, and the thumb abducted. This arrangement keeps the tendons gliding smoothly, maintains the web spaces between fingers, and preserves opposition of the thumb, all of which help prevent contractures that would limit extension and grip. Other positions fail to support these structures in the same protective way, making them less effective at preventing burn-related contractures.

10. Which concept describes the ability of a test to yield similar results when performed by different clinicians?

A. Inter-rater reliability

B. Face validity

C. Responsiveness

D. Specificity

Inter-rater reliability is about consistency across different clinicians evaluating the same patient. It asks whether another clinician would get the same result when applying the same test, which is crucial for trusting assessments in practice. This consistency is often quantified with statistics like kappa for categorical outcomes or the intraclass correlation coefficient for continuous measures. High inter-rater reliability means the test results aren't dependent on who administers it. Face validity is about whether the test appears to measure what it's supposed to, not about agreement between raters. Responsiveness concerns the ability of the test to detect meaningful change over time. Specificity refers to how well the test correctly identifies those without the condition (true negatives).

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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://peat4.examzify.com>

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

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