

PTEACS Physical Therapy Test 2 Practice (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. Which condition would contraindicate PT involvement with a ventilated patient?**
 - A. Stable vitals**
 - B. Low FiO₂ needs**
 - C. Low PEEP**
 - D. Unstable vitals**

- 2. What is the purpose of an intracranial pressure monitor and what PT considerations apply?**
 - A. Purpose: monitor brain pressure, may drain CSF; PT: avoid activities increasing ICP; nursing may clamp drain for mobility; transfer/ambulation possible with coordination.**
 - B. Purpose: measure blood glucose; PT: avoid movement.**
 - C. Purpose: deliver antibiotics; PT: ambulation only with clearance.**
 - D. Purpose: monitor blood oxygen; PT: bed rest.**

- 3. Which of the following is a cardiovascular complication of immobility?**
 - A. Atelectasis**
 - B. DVT**
 - C. Pressure injuries**
 - D. Muscle atrophy**

- 4. Which of the following is NOT a contraindication to ICU mobility?**
 - A. Hemodynamic instability**
 - B. Unstable fractures**
 - C. Active bleeding**
 - D. Stable oxygen saturation**

- 5. Which statement best describes how ECMO works?**
 - A. Blood pumped out of body and returned**
 - B. Oxygenated in natural lungs**
 - C. Blood pumped out of body, oxygenated in an artificial lung, then returned to the body**
 - D. Blood filtered only without oxygenation**

- 6. Which gait uses a unilateral AD on the unaffected side and the sequence AD + affected LE -> Unaffected LE?**
- A. 2-point gait**
 - B. Modified 2-point gait**
 - C. Modified 4-point gait**
 - D. 3-point gait**
- 7. Which statement correctly reflects typical ICU goals?**
- A. Goals should be long-term and broad**
 - B. ICU LOS is typically 3-7 days**
 - C. Independence is routinely expected in ICU**
 - D. Goals should ignore family priorities**
- 8. A high white blood cell count is most indicative of which condition?**
- A. Infection or inflammation**
 - B. Dehydration only**
 - C. Allergic reaction**
 - D. Sleep deprivation**
- 9. Which of the following is NOT a musculoskeletal complication of immobility?**
- A. Hypertension**
 - B. Contractures**
 - C. Muscle atrophy**
 - D. Bone loss**
- 10. How does ECMO work?**
- A. Blood pumped out of body**
 - B. Oxygenated in artificial lung**
 - C. Pumped back into body**
 - D. Blood is pumped out of the body, oxygenated in an artificial lung, then returned**

Answers

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

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Explanations

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1. Which condition would contraindicate PT involvement with a ventilated patient?

- A. Stable vitals**
- B. Low FiO₂ needs**
- C. Low PEEP**
- D. Unstable vitals**

When deciding about PT involvement with a ventilated patient, safety depends on the patient's ability to tolerate activity and the stability of their cardiovascular and respiratory status. Unstable vitals indicate a high risk of decompensation if any physical activity or even passive mobilization is attempted. Fluctuating blood pressure, irregular heart rhythms, or dropping oxygen saturation mean the body isn't ready for additional work; PT could worsen gas exchange, strain the heart, or trigger ventilator asynchrony. Therefore, PT is contraindicated until those vital signs stabilize and the team approves a controlled, monitored plan. Stable vitals, even with the patient on ventilation, suggest the patient can participate with appropriate monitoring and adjustments. Low FiO₂ needs and low PEEP describe oxygenation and airway pressure settings that are compatible with PT when the patient is clinically stable; they don't by themselves prevent therapy.

2. What is the purpose of an intracranial pressure monitor and what PT considerations apply?

- A. Purpose: monitor brain pressure, may drain CSF; PT: avoid activities increasing ICP; nursing may clamp drain for mobility; transfer/ambulation possible with coordination.**
- B. Purpose: measure blood glucose; PT: avoid movement.**
- C. Purpose: deliver antibiotics; PT: ambulation only with clearance.**
- D. Purpose: monitor blood oxygen; PT: bed rest.**

Intracranial pressure monitoring is used to continuously track the pressure inside the skull so clinicians can detect dangerous elevations that threaten brain tissue and guide treatment; when an external ventricular drain is present, it may also allow drainage of CSF to reduce pressure. In physical therapy, the focus is on preventing increases in ICP while maintaining adequate cerebral perfusion. This means avoiding activities and positions that acutely raise ICP—no Valsalva, coughing, gagging, straining, or rapid or extreme bending or neck flexion. Positioning is typically with the head of the bed elevated to about 15-30 degrees as tolerated, keeping the head and neck in a stable, midline position, and progressing activity cautiously. Therapy is coordinated with the care team. For mobility, the drain may be clamped during movement per protocol to allow safe transfers and ambulation, with reestablishment of drainage as required after movement. It's essential to keep all lines secure and monitor for signs of rising ICP (new headache, nausea, confusion, or changes in vision or consciousness), stopping activity if these occur. Maintaining cerebral perfusion pressure (mean arterial pressure minus ICP) guides the safety and pace of PT progression.

3. Which of the following is a cardiovascular complication of immobility?

- A. Atelectasis**
- B. DVT**
- C. Pressure injuries**
- D. Muscle atrophy**

Immobility slows venous return and promotes venous stasis in the legs, setting the stage for blood clots to form in deep veins. Deep vein thrombosis is a clot that develops in deep leg veins, usually in the calf or thigh, and it represents a vascular problem within the circulatory system. The risk is driven by factors that compose Virchow's triad: reduced blood flow from inactivity, a tendency for blood to clot more easily, and any injury to the vessel walls. A DVT can cause swelling and warmth and, more seriously, can break loose and travel to the lungs as a pulmonary embolism. Atelectasis involves the lungs and occurs when shallow breathing leads to collapse of air sacs, not a vascular issue. Pressure injuries are problems of skin and soft tissue from sustained pressure. Muscle atrophy results from disuse of muscle tissue. Because DVT directly affects the veins and circulation, it is the cardiovascular complication most linked to immobility.

4. Which of the following is NOT a contraindication to ICU mobility?

- A. Hemodynamic instability**
- B. Unstable fractures**
- C. Active bleeding**
- D. Stable oxygen saturation**

Safety of ICU mobility hinges on avoiding risks from instability and bleeding while recognizing that adequate oxygenation is not a barrier. If a patient is hemodynamically unstable—blood pressure or heart rhythm not well controlled—mobilizing could worsen perfusion and precipitate problems, so that condition is a contraindication. Unstable fractures carry a risk of displacement and injury during movement, so they are contraindications as well. Active bleeding indicates ongoing hemorrhage and potential deterioration with activity, making mobility unsafe. Conversely, stable oxygen saturation means the patient is well-oxygenated; with proper monitoring and, if needed, supplemental oxygen, movement can be safely initiated or progressed. SpO₂ targets during activity guide decisions, but stability itself does not prevent mobilization.

5. Which statement best describes how ECMO works?

- A. Blood pumped out of body and returned
- B. Oxygenated in natural lungs
- C. Blood pumped out of body, oxygenated in an artificial lung, then returned to the body**
- D. Blood filtered only without oxygenation

ECMO works by taking blood from the body, routing it through an external pump and an artificial membrane lung where gas exchange occurs, and then returning the oxygenated blood back to the circulation. This external gas exchange bypasses the lungs (and can support the heart depending on the circuit used), providing oxygen to the blood and removing carbon dioxide while the patient's lungs recover. Different configurations exist—for example, support focused on the lungs uses blood returned after oxygenation without arterial involvement, while combined heart-and-lung support uses an arterial return—but the key idea is the blood is oxygenated in an artificial lung outside the body before being returned. The other descriptions miss this essential outside-by-pass oxygenation or describe only filtration without oxygen exchange.

6. Which gait uses a unilateral AD on the unaffected side and the sequence AD + affected LE -> Unaffected LE?

- A. 2-point gait
- B. Modified 2-point gait**
- C. Modified 4-point gait
- D. 3-point gait

When a single assistive device is used on the unaffected side, you coordinate that device with the leg that is affected. Move the device forward together with the affected leg, then bring the unaffected leg forward next. This pattern keeps the device and the involved limb as a unit for one step, followed by the other leg completing the step. That sequence—device plus affected leg advancing, then the unaffected leg advancing—fits the modified two-point gait. It's different from true two-point gait, which uses two devices (one on each side) moving in paired steps, and it's different from three-point and the various four-point patterns, which involve different device configurations and weight-bearing rules.

7. Which statement correctly reflects typical ICU goals?

- A. Goals should be long-term and broad
- B. ICU LOS is typically 3-7 days**
- C. Independence is routinely expected in ICU
- D. Goals should ignore family priorities

ICU goals focus on short-term stabilization and clear, actionable steps toward discharge. The length of stay in the ICU is commonly around 3-7 days for many patients who stabilize and progress toward weaning from support or transfer to a step-down unit, though individual cases vary. Setting goals as long-term and broad isn't typical in this setting because the immediate clinical status can change quickly, requiring frequent reassessment and adjustment. Independence is not routinely expected in the ICU, since many patients depend on monitoring, devices, and medical support. Family priorities are important and should be taken into account in planning care, rather than ignored.

8. A high white blood cell count is most indicative of which condition?

- A. Infection or inflammation**
- B. Dehydration only**
- C. Allergic reaction**
- D. Sleep deprivation**

A high white blood cell count signals that the body's immune system is actively responding to something, most often infection or inflammation. White blood cells are the body's defenders, and when there's an infection or tissue injury, the bone marrow increases production and releases more WBCs into the bloodstream to fight the threat. This makes leukocytosis a common indicator of an active immune response. Dehydration by itself doesn't primarily raise the WBC count, and sleep deprivation isn't a typical cause of leukocytosis. An allergic reaction can involve certain white blood cell types (like eosinophils) increasing, but the overall WBC count isn't the most reliable single indicator for that situation. Therefore, among the given options, infection or inflammation best explains why a high WBC count would be observed.

9. Which of the following is NOT a musculoskeletal complication of immobility?

- A. Hypertension**
- B. Contractures**
- C. Muscle atrophy**
- D. Bone loss**

When movement is limited, the body's musculoskeletal system undergoes changes because bones, muscles, and joint tissues rely on regular loading and motion to stay healthy. Lack of use leads to muscle atrophy from disuse, contractures where soft tissues shorten and joints stiffen, and bone loss from reduced mechanical stress. Hypertension is a cardiovascular condition involving blood pressure, not a direct musculoskeletal change. So, the one that is not a musculoskeletal complication of immobility is hypertension.

10. How does ECMO work?

- A. Blood pumped out of body**
- B. Oxygenated in artificial lung**
- C. Pumped back into body**
- D. Blood is pumped out of the body, oxygenated in an artificial lung, then returned**

ECMO works by taking blood from the body, running it through an external circuit that includes an artificial lung (oxygenator) where gas exchange occurs, and then returning the oxygenated blood back into the circulation. The pump maintains flow through the circuit, and the oxygenator removes carbon dioxide while adding oxygen, supporting either the lungs, the heart, or both depending on the circuit configuration. Because ECMO is about both removing blood from the body, oxygenating it outside, and returning it, the full description is that blood is pumped out, oxygenated in an artificial lung, then returned. The other statements are incomplete because they describe only part of the process (pumping out, or oxygenation alone, or returning blood without mentioning external oxygenation).

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://pteacsphysicaltherapy2.examzify.com>

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

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