PTEACS PHYSICAL THERAPY TEST 2 PRACTICE (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

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. Which statement best describes the purpose and PT considerations for a mechanical ventilator with an endotracheal tube or tracheostomy?

A. Purpose: ventilatory support; PT: no absolute contraindications, bed mobility/dangling/transfers possible; secure tubing; ambulation requires staff assistance; trach may allow speech with Passy-Muir valve.

B. Purpose: administer chemotherapy; PT: bed rest only.

C. Purpose: monitor ICP; PT: avoid activity.

D. Purpose: suction airway secretions; PT: ambulate unsupervised.

3. What is critically illness myopathy best described as?

A. Muscle fiber atrophy + dysfunction

B. Peripheral nerve demyelination

C. Central nervous system damage

D. Joint cartilage degeneration

4. What does NWB stand for?

A. No contact with ground

B. Non-weight bearing

C. Not weighted bar

D. No wear but not bearing

5. Chart review is defined as what?

A. Gathering patient information before evaluation

B. Interpreting imaging results

C. Performing treatment sessions

D. Scheduling appointments

6. What is the purpose of the ICU Mobility Scale (IMS)?

A. Assesses cognitive function
B. Measures highest level of mobility achieved in ICU
C. Evaluates pain
D. Tests endurance only

7. Which of the following is NOT a risk factor for ICU delirium?

A. Sedation
B. Immobility
C. Infection
D. Adequate sleep

8. For higher-function LTCH patients, which outcome measure is appropriate?

A. Functional Independence Measure (FIM)
B. Barthel Index
C. TUG Test
D. MRC-SS

9. What happens if an AD is too short?

A. Leaning
B. Hip flexion
C. Dropped shoulders
D. Increased knee flexion

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

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

Answers

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

Explanations

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. Which statement best describes the purpose and PT considerations for a mechanical ventilator with an endotracheal tube or tracheostomy?

A. Purpose: ventilatory support; PT: no absolute contraindications, bed mobility/dangling/transfers possible; secure tubing; ambulation requires staff assistance; trach may allow speech with Passy-Muir valve.

B. Purpose: administer chemotherapy; PT: bed rest only.

C. Purpose: monitor ICP; PT: avoid activity.

D. Purpose: suction airway secretions; PT: ambulate unsupervised.

The main idea is how a ventilated patient with an airway device is safely mobilized and how the therapy team supports both breathing and participation in therapy. A ventilator provides ongoing ventilatory support because the patient cannot breathe effectively on their own, so PT focuses on maintaining airway security, ensuring adequate oxygenation, and enabling safe movement. Movement is still feasible and beneficial in many cases, provided tubing is secured, monitors are respected, and there's appropriate staff support to prevent tube dislodgement. The presence of a tracheostomy also offers a way to improve communication; using a Passy-Muir valve can allow speech, which helps the patient participate more actively in therapy and reduces frustration. This is why the statement about ventilatory support and practical PT considerations (secure tubing, bed mobility, transfers, ambulation with staff assistance, and potential speech with a valve) best fits. The other options describe unrelated goals (such as chemotherapy), or overly restrictive approaches (avoid activity or focus only on suctioning without mobility), which don't align with how PT is approached for patients on mechanical ventilation.

3. What is critically illness myopathy best described as?

A. Muscle fiber atrophy + dysfunction

B. Peripheral nerve demyelination

C. Central nervous system damage

D. Joint cartilage degeneration

Critical illness myopathy is a problem rooted in the muscles themselves, occurring in severely ill patients often after long ICU stays. It is best described as muscle fiber atrophy plus dysfunction—the muscle fibers shrink and their ability to generate force is impaired, due to factors like disuse, inflammation, and changes in contractile proteins. This is a muscle disease (a myopathy) rather than a nerve issue or a brain/spinal cord problem. In contrast, peripheral nerve demyelination would indicate a neuropathy affecting nerves; central nervous system damage would involve the brain or spinal cord; and joint cartilage degeneration involves the joints rather than the muscle fibers. Clinically, this manifests as diffuse, typically proximal weakness with relatively preserved sensation, reflecting the primary muscle involvement.

4. What does NWB stand for?

A. No contact with ground

B. Non-weight bearing

C. Not weighted bar

D. No wear but not bearing

The concept being tested is how weight-bearing status is described in rehab. When something is non-weight bearing, the goal is to prevent any load from passing through the involved limb. In practice, that means the foot should not touch the ground at all, because even light ground contact can transmit force and violate the restriction. To keep the limb unloaded, the patient uses assistive devices like crutches or a walker for support and balance. So the best description is the one that specifies no contact with the ground, since that directly enforces zero load on the limb. The other options either don't convey a direct physical restriction on contact with the ground or are not standard terms for weight-bearing status.

5. Chart review is defined as what?

A. Gathering patient information before evaluation

B. Interpreting imaging results

C. Performing treatment sessions

D. Scheduling appointments

Chart review is gathering and examining the patient's information before the initial evaluation to guide the assessment and plan of care. It involves looking at medical history, prior diagnoses, medications, allergies, and recent imaging or lab results, as well as notes from other providers. This prep helps identify safety concerns, contraindications, prior therapies, and functional limitations so the clinician can plan a focused, effective evaluation and treatment plan. Interpreting imaging results, performing treatment sessions, and scheduling appointments are separate tasks that occur in different parts of the care process.

6. What is the purpose of the ICU Mobility Scale (IMS)?

A. Assesses cognitive function

B. Measures highest level of mobility achieved in ICU

C. Evaluates pain

D. Tests endurance only

The ICU Mobility Scale is designed to quantify how mobile a patient in the ICU becomes, by recording the highest level of mobility they can reach. It serves as a simple, objective snapshot of a patient's functional movement—ranging from being bed-bound to standing or walking with assistance. This helps therapists set goals, track progress over time, and compare mobility across patients or sessions. It isn't a measure of cognitive function, pain, or endurance, which are assessed with other tools. So the best fit is that the scale measures the highest level of mobility achieved in the ICU.

7. Which of the following is NOT a risk factor for ICU delirium?

A. Sedation

B. Immobility

C. Infection

D. Adequate sleep

Delirium in the ICU is driven by factors that disrupt brain function and the sleep–wake cycle. Sedation can push the brain into a more depressed state and mask or precipitate delirium by altering neurotransmitter balance. Immobility reduces sensory input and engagement, which can contribute to cognitive decline and delirium risk. Infection sparks systemic inflammation and cytokine release that can affect brain activity and clarity of thought. Adequate sleep, on the other hand, supports normal brain function, preserves circadian rhythm, and helps reduce inflammatory stress, making it protective rather than a risk factor. So the option that is not a risk factor is adequate sleep.

8. For higher-function LTCH patients, which outcome measure is appropriate?

A. Functional Independence Measure (FIM)

B. Barthel Index

C. TUG Test

D. MRC-SS

Assessing daily function in higher-function LTCH patients requires a measure that reflects overall independence across multiple activities, including self-care, mobility, and even cognitive aspects, rather than just isolated tasks or performance speed. The Functional Independence Measure fits this need because it evaluates a broad range of tasks across motor and cognitive domains, providing a total score that represents the level of supervision or assistance a patient needs. With many items and a wide scoring range, it's sensitive to small but meaningful changes as patients progress in rehabilitation, which is essential for tracking progress in LTCHs where patients are more functionally able but still require ongoing support. It also aligns with inpatient rehab settings, where documenting functional independence and the amount of caregiver assistance is central to planning care and discharge. In contrast, the Barthel Index, while useful for basic ADLs, can exhibit ceiling effects in higher-functioning individuals, limiting its ability to detect small improvements. The TUG test focuses on a specific mobility task and doesn't capture the full spectrum of daily activities or cognitive aspects. The MRC-SS measures muscle strength but doesn't directly quantify how strength translates into independence in daily life or social participation.

9. What happens if an AD is too short?

A. Leaning

B. Hip flexion

C. Dropped shoulders

D. Increased knee flexion

When an assistive device is too short, you can't maintain an upright trunk and proper arm alignment. The body compensates by leaning forward to reach and stabilize through the device, keeping the center of gravity over the base of support and allowing weight to be borne through the upper limbs. This forward lean is the most direct and typical response to an undersized device. That's why leaning is the best description of what happens. A short device does not specifically force increased knee flexion or hip flexion as the primary compensation, and dropped shoulders are more a matter of overall posture or fatigue rather than a direct result of device length. To prevent this, adjust the device height so the elbows are flexed slightly (about 20–30 degrees) and the wrists align with the handles, promoting an upright posture during use.

10. 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.

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!