PTTM Exam 1 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

1. **Which movement has 0-30 degrees range with Firm end feel?**

   A. Wrist radial deviation

   B. Elbow flexion

   C. Finger MCP extension

   D. Ulnar deviation

2. **What is the AAOS normative end feel for ankle plantar flexion?**

   A. Soft

   B. Hard

   C. Empty

   D. Firm

3. **In cervical flexion/extension assessment, what is the correct patient position and stabilization to prevent unwanted movement while using the goniometer?**

   A. Position: Sitting; Stabilize: shoulder girdle or sternum to prevent thoracic flexion; Fulcrum: External Auditory Meatus; Stationary Arm: Perpendicular or Parallel to the ground; Moving Arm: Base of the Nares

   B. Position: Standing; Stabilize: pelvis to prevent trunk movement; Fulcrum: center of the cranial aspect of head; Stationary Arm: horizontal to ground; Moving Arm: base of nares

   C. Position: Prone; Stabilize: scapula; Fulcrum: center of the occiput; Stationary Arm: vertical; Moving Arm: nose

   D. Position: Supine; Stabilize: chest to prevent thoracic extension; Fulcrum: mastoid process; Stationary Arm: horizontal; Moving Arm: chin

4. **Which of the following best describes elbow flexion end feel?**

   A. Soft or Firm

   B. Firm

   C. Hard

   D. Soft

5. For measuring cervical flexion and extension, which combination describes the patient position, stabilization, and goniometer placement?

A. Position: Sitting; Stabilize: shoulder girdle or sternum to prevent thoracic flexion; Fulcrum: External Auditory Meatus; Stationary Arm: Perpendicular or Parallel to the ground; Moving Arm: Base of the Nares

B. Position: Standing; Stabilize: pelvis to prevent thoracic extension; Fulcrum: Center of the cranial aspect of head; Stationary Arm: parallel to ground; Moving Arm: base of nares

C. Position: Sitting; Stabilize: sternocleidomastoid to prevent cervical extension; Fulcrum: External Auditory Meatus; Stationary Arm: Perpendicular to ground; Moving Arm: Base of Nares

D. Position: Sitting; Stabilize: shoulder to prevent backward movement; Fulcrum: center of cranial head; Stationary Arm: imaginary line between acromions; Moving Arm: base of nares

6. What increases stability?

A. Wider BOS

B. Narrower BOS

C. Higher center of gravity

D. Faster movement

7. Which end feel is described as a soft end feel?

A. Hard

B. Soft

C. Firm

D. Empty

8. You are measuring wrist radial deviation. Which option correctly specifies the patient position, stabilization, and goniometer placement?

A. Position: Supine w/ shoulder abducted 90 degrees and elbow flexed 90 degrees; Stabilize: Radius and ulna to prevent supination or pronation and elbow flexion beyond 90 degrees; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: dorsal midline 3rd metacarpal

B. Position: Supine w/ shoulder abducted 90 degrees and elbow flexed 90 degrees; Stabilize: Radius and ulna to prevent supination or pronation and elbow flexion less than 90 degrees; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: dorsal midline 3rd metacarpal

C. Position: Prone with arm at side; Stabilize: Humerus to prevent rotation; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: dorsal midline 3rd metacarpal

D. Position: Supine with shoulder abducted 90 degrees and elbow flexed 90 degrees; Stabilize: Radius and ulna to prevent supination or pronation and elbow flexion beyond 90 degrees; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: ventral midline of 3rd metacarpal

9. Which movement has 0-90 degrees range with Hard or Firm end feel?

A. Finger MCP flexion

B. Shoulder internal rotation

C. Wrist extension

D. Elbow extension

10. Which myotome combination includes plantar flexion?

A. S1-S2

B. L1-L2

C. C6

D. L5-S1

Answers

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

Explanations

1. Which movement has 0-30 degrees range with Firm end feel?

A. Wrist radial deviation

B. Elbow flexion

C. Finger MCP extension

D. Ulnar deviation

When we assess ROM and end feel, we're looking for movements that have a small, defined range and a firm stop at the end due to ligament and capsule tension. Ulnar deviation of the wrist typically allows about 0 to 30 degrees of motion and ends with a firm end feel, reflecting the stretch of the wrist ligaments and joint capsule. Other options either have a larger ROM (elbow flexion and finger MCP extension) or a smaller ROM (radial deviation ~0-25 degrees), with end feels that are not the same firm stop described. So the movement that fits both the 0-30 degree range and a firm end feel is wrist ulnar deviation.

2. What is the AAOS normative end feel for ankle plantar flexion?

A. Soft

B. Hard

C. Empty

D. Firm

End feel is what you feel right at the end of ROM. For ankle plantarflexion, the normal end feel is firm. This comes from the stretch of the structures at the back of the ankle—the posterior capsule and ligaments, along with tension in the Achilles tendon and the gastrocnemius-soleus complex. As you push into plantarflexion, these tissues resist further movement in a gradual, springy way rather than a hard bone-to-bone stop or a soft tissue compression, which would indicate a soft end feel. An empty end feel would indicate pain limiting the motion. Therefore, the normal end feel is firm.

3. In cervical flexion/extension assessment, what is the correct patient position and stabilization to prevent unwanted movement while using the goniometer?

A. Position: Sitting; Stabilize: shoulder girdle or sternum to prevent thoracic flexion; Fulcrum: External Auditory Meatus; Stationary Arm: Perpendicular or Parallel to the ground; Moving Arm: Base of the Nares

B. Position: Standing; Stabilize: pelvis to prevent trunk movement; Fulcrum: center of the cranial aspect of head; Stationary Arm: horizontal to ground; Moving Arm: base of nares

C. Position: Prone; Stabilize: scapula; Fulcrum: center of the occiput; Stationary Arm: vertical; Moving Arm: nose

D. Position: Supine; Stabilize: chest to prevent thoracic extension; Fulcrum: mastoid process; Stationary Arm: horizontal; Moving Arm: chin

When measuring cervical flexion and extension with a goniometer, you want to isolate movement to the neck and prevent any trunk or jaw motion from influencing the reading. Sitting upright with the back supported helps you control posture, and stabilizing the shoulder girdle or sternum prevents unwanted thoracic flexion or trunk movement. Placing the fulcrum over the external auditory meatus gives a consistent, head-neck pivot point, which is essential for accurate cervical motion measurement. The stationary arm being perpendicular to the floor provides a stable reference, while aligning the moving arm with the base of the nares follows the actual angular change of the head relative to the neck during flexion and extension. This setup minimizes compensations from the thorax and jaw, yielding a true assessment of cervical ROM.

4. Which of the following best describes elbow flexion end feel?

A. Soft or Firm

B. Firm

C. Hard

D. Soft

End feel describes the sensation you feel at the end of a passive motion. For elbow flexion, the end feel isn't fixed: it can be soft when soft tissues (arm and forearm) come into contact, or firm when a capsuloligamentous or muscular stretch restrains further motion. It isn't a hard, bony stop, which is more typical of full extension where the olecranon meets the olecranon fossa. So the best description is soft or firm, reflecting normal variability and potential tissue-tightness at the end range.

5. For measuring cervical flexion and extension, which combination describes the patient position, stabilization, and goniometer placement?

A. Position: Sitting; Stabilize: shoulder girdle or sternum to prevent thoracic flexion; Fulcrum: External Auditory Meatus; Stationary Arm: Perpendicular or Parallel to the ground; Moving Arm: Base of the Nares

B. Position: Standing; Stabilize: pelvis to prevent thoracic extension; Fulcrum: Center of the cranial aspect of head; Stationary Arm: parallel to ground; Moving Arm: base of nares

C. Position: Sitting; Stabilize: sternocleidomastoid to prevent cervical extension; Fulcrum: External Auditory Meatus; Stationary Arm: Perpendicular to ground; Moving Arm: Base of Nares

D. Position: Sitting; Stabilize: shoulder to prevent backward movement; Fulcrum: center of cranial head; Stationary Arm: imaginary line between acromions; Moving Arm: base of nares

Measuring cervical flexion and extension focuses on isolating the neck's motion from the thorax, so you position the patient and stabilize to prevent trunk movement. Sitting helps steady posture and makes it easier to keep the thorax still. Stabilizing the shoulder girdle or sternum anchors the upper body, preventing thoracic flexion or backward movement that would skew the neck measurement. Placing the goniometer's fulcrum at the external auditory meatus aligns the axis with the natural rotation point of the cervical spine during flexion and extension. Keeping the stationary arm perpendicular to the ground gives a stable reference plane, while guiding the moving arm along the base of the nares tracks how far the head tilts forward or backward relative to that fixed axis. This combination yields an accurate read of cervical ROM by isolating neck motion from shoulder or trunk contributions.

6. What increases stability?

A. Wider BOS

B. Narrower BOS

C. Higher center of gravity

D. Faster movement

Stability comes from how big the base of support is and how low your weight sits relative to that base. A wider base of support enlarges the support area, so the projection of your center of gravity can stay within the base even when you sway a bit or experience a perturbation. That means you're less likely to tip over and you can recover more easily from small pushes. In contrast, a higher center of gravity makes tipping easier because the line from your center of gravity to the ground moves closer to the edge of your base, reducing the margin before you lose balance. Faster movement isn't inherently stabilizing—momentum can make you harder to control and increase the chance of losing balance. So widening the base of support is the best way to increase stability.

7. Which end feel is described as a soft end feel?

A. Hard

B. Soft

C. Firm

D. Empty

End feel is the quality of resistance you feel as a joint reaches the end of its passive range. A soft end feel occurs when soft tissues come together and yield, giving a gentle, compressive sensation rather than a hard stop or a noticeable stretch. This happens when two soft surfaces—like muscle and fat or skin—approximate and cushion the motion. A common example is knee flexion, where the posterior thigh and the calf soft tissues come into contact and create a soft, squishy end feel. For contrast, a hard end feel stops abruptly due to bone-on-bone contact; a firm end feel is a springy but definite stretch from capsule or ligament tension; an empty end feel indicates pain that prevents reaching the end range. So, the described end feel is the soft one.

8. You are measuring wrist radial deviation. Which option correctly specifies the patient position, stabilization, and goniometer placement?

A. Position: Supine w/ shoulder abducted 90 degrees and elbow flexed 90 degrees; Stabilize: Radius and ulna to prevent supination or pronation and elbow flexion beyond 90 degrees; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: dorsal midline 3rd metacarpal

B. Position: Supine w/ shoulder abducted 90 degrees and elbow flexed 90 degrees; Stabilize: Radius and ulna to prevent supination or pronation and elbow flexion less than 90 degrees; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: dorsal midline 3rd metacarpal

C. Position: Prone with arm at side; Stabilize: Humerus to prevent rotation; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: dorsal midline 3rd metacarpal

D. Position: Supine with shoulder abducted 90 degrees and elbow flexed 90 degrees; Stabilize: Radius and ulna to prevent supination or pronation and elbow flexion beyond 90 degrees; Fulcrum: dorsal aspect over capitate; Stationary arm: dorsal midline forearm; Moving arm: ventral midline of 3rd metacarpal

Measuring wrist radial deviation accurately hinges on isolating the wrist while keeping the forearm and elbow from moving. The ideal setup fixes the forearm in place and uses a fixed, consistent pivot at the wrist, with the alignment of the arms following the dorsal surfaces of the radius–ulna and the 3rd metacarpal so the goniometer tracks true carpal motion. In this setup, the person lies supine with the shoulder abducted 90 degrees and the elbow flexed 90 degrees. This position stabilizes the limb and makes it easy to control the forearm's orientation. Stabilizing the radius and ulna prevents pronation or supination and also prevents the elbow from flexing beyond 90 degrees, which could introduce additional movement that skews the reading. The fulcrum is placed on the dorsal aspect of the wrist over the capitate, which is the central bony point of wrist motion for this measure. The stationary arm runs along the dorsal midline of the forearm, providing a stable reference, and the moving arm traces the dorsal midline of the 3rd metacarpal to follow the direction of the movement. Other configurations would allow unwanted forearm or elbow motion, use a less appropriate landmark, or orient the arms in a way that doesn't reflect the true wrist motion, leading to unreliable results.

9. Which movement has 0-90 degrees range with Hard or Firm end feel?

A. Finger MCP flexion

B. Shoulder internal rotation

C. Wrist extension

D. Elbow extension

The movement being tested is finger MCP (metacarpophalangeal) flexion. This joint commonly moves from full extension to about 90 degrees of flexion, giving a 0–90 degree range. The end feel at that end range is firm, not soft or hard, because the joint is held in place by the tension of the volar plate and the collateral ligaments around the MCP joint, along with the joint capsule. These soft-tissue structures limit further motion as you approach 90 degrees, producing a firm end feel. The other options don't fit this pattern: shoulder internal rotation typically does not reach 90 degrees in standard clinical measures; wrist extension usually ends well below 90 degrees; elbow extension has a different ROM pattern (often measured from full extension toward flexion, not 0–90), and its end feel at the limit isn't the MCP's typical firm end feel.

10. Which myotome combination includes plantar flexion?

A. S1-S2

B. L1-L2

C. C6

D. L5-S1

Plantar flexion is the movement used when you stand on your tiptoes, produced mainly by the calf muscles (gastrocnemius and soleus) innervated by the tibial nerve, with nerve roots in the sacral region contributing strongly to that action. Among the options, the combination that includes the sacral roots associated with these plantar-flexor muscles is L5-S1. This pairing spans the spinal levels that contribute to the plantar-flexion motor pathways, making it the best match for including plantar flexion. The other choices either involve non-sacral levels or upper limb/myotome groups that do not produce plantar flexion.

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://pttm1.examzify.com

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