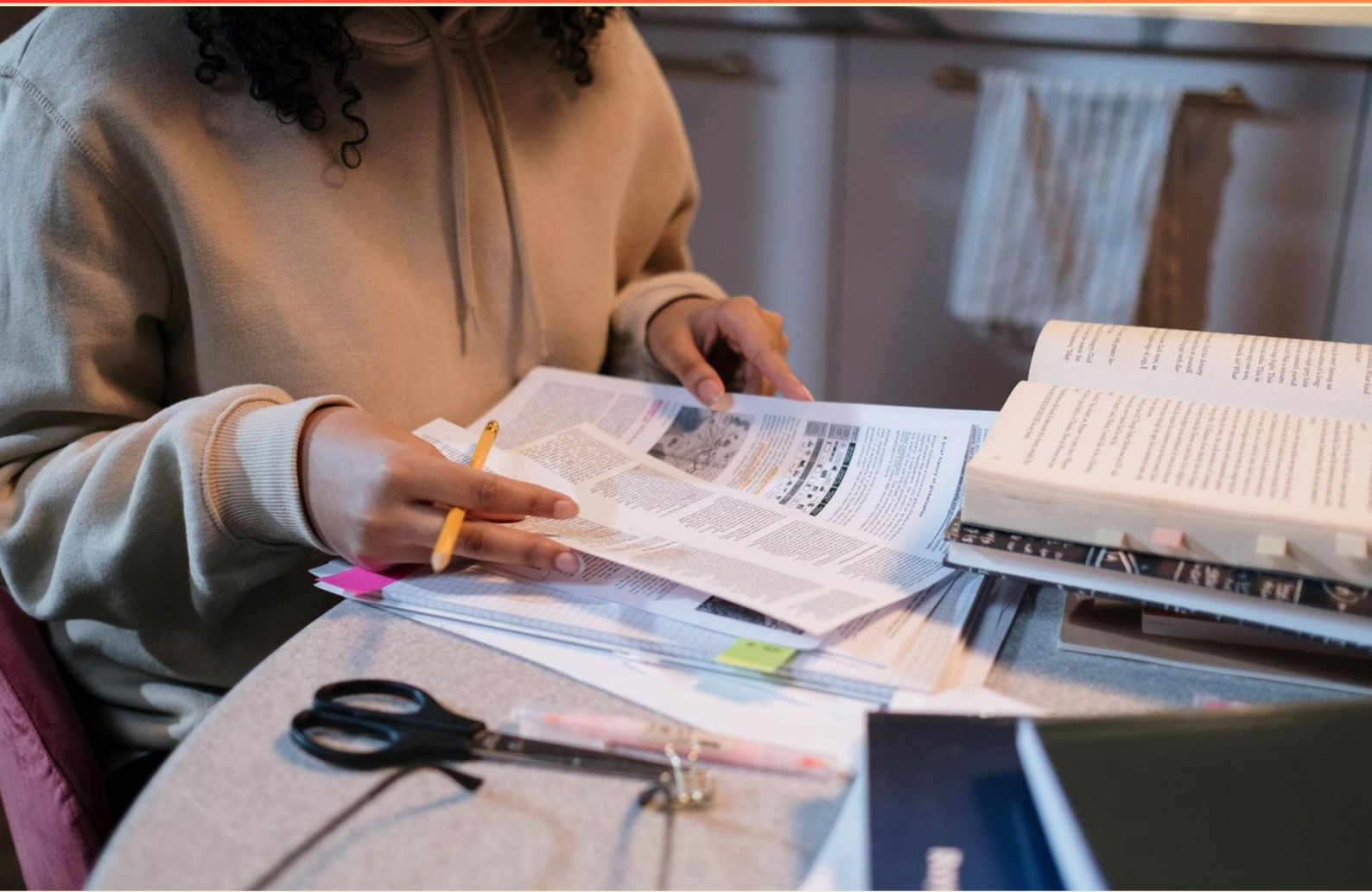


PTTM EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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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. Ulnar deviation normative end feel and range?**
 - A. 0-25 degrees Firm
 - B. 0-30 degrees Firm
 - C. 0-30 degrees Soft
 - D. 0-30 degrees Hard
- 2. Which step involves repeating the PROM to end range and aligning the goniometer?**
 - A. Return extremity to resting position
 - B. Repeat PROM to end range, position goniometer using correct alignment
 - C. Establish a zero-degree starting point
 - D. Document ROM
- 3. Which joint has a normative ROM endpoint of 0-180 degrees for abduction?**
 - A. Cervical Rotation
 - B. Shoulder Abduction
 - C. Elbow Extension
 - D. Ankle Plantarflexion
- 4. What is the clinical road map emphasis?**
 - A. Focus on examination; Pause and reflect after each test/measure; Guide next step
 - B. Focus on examination
 - C. Pause and reflect after each test/measure
 - D. Guide next step
- 5. In a talocrural posterior glide joint mobilization, what is the patient position?**
 - A. Supine
 - B. Prone
 - C. Sitting
 - D. Lateral decubitus

- 6. Which movement has Hard end feel at 0 degrees?**
- A. Finger MCP flexion
 - B. Shoulder internal rotation
 - C. Elbow extension
 - D. Wrist extension
- 7. Thoracolumbar rotation ROM: which of the following is true about the stationary arm?**
- A. It is aligned with the midline of the spine
 - B. It is parallel to the floor
 - C. It is aligned with the pelvis
 - D. It is perpendicular to the floor
- 8. Which of the following is NOT a recognized cause of hypomobility?**
- A. Hypertension
 - B. Fibrosis
 - C. Adhesions
 - D. Surgery
- 9. What is the normal capsular pattern for the interphalangeal joints of digits 2-5?**
- A. Flexion = Extension
 - B. Flexion > Extension
 - C. Abduction and Adduction limited
 - D. Flexion > Extension (+/-2:1)

10. When assessing shoulder flexion, which description accurately reflects the patient position and goniometer alignment?

- A. Position: Supine or Hooklying; Stabilize: ribcage to feel for upward movement or thoracic extension; Fulcrum: lateral aspect of the greater tubercle; Stationary Arm: parallel to the midaxillary line of the thorax; Moving Arm: lateral midline of the humerus (lateral epicondyle or olecranon process)
- B. Position: Supine; Stabilize: ribcage to prevent thoracic flexion; Fulcrum: medial aspect of the greater tubercle; Stationary Arm: along the anterior axillary line; Moving Arm: anterior midline of the humerus
- C. Position: Sitting; Stabilize: thorax to prevent forward trunk movement; Fulcrum: medial epicondyle; Stationary Arm: along the sternum; Moving Arm: along the humerus
- D. Position: Prone; Stabilize: scapula to prevent movement; Fulcrum: acromion; Stationary Arm: along the clavicle; Moving Arm: along the humerus

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Answers

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

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Explanations

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1. Ulnar deviation normative end feel and range?

- A. 0-25 degrees Firm
- B. 0-30 degrees Firm**
- C. 0-30 degrees Soft
- D. 0-30 degrees Hard

Ulnar deviation ROM is normally 0 to about 30 degrees and the end feel is firm. As you move the hand toward the pinky side, the radial-sided ligaments and joint capsule tighten, producing a noticeable tension that limits further motion without a bone-on-bone clash. That ligamentous tension gives a firm end feel, not soft or hard. A soft end feel would suggest soft tissue approximation is dominating, and a hard end feel would mean bony contact at the end range—neither is typical for healthy ulnar deviation. So the standard reference of 0-30 degrees with a firm end feel best fits. For measurement, the usual approach is to use a goniometer with the forearm in neutral and the axis over the capitate to gauge both range and the feel as you approach the end range.

2. Which step involves repeating the PROM to end range and aligning the goniometer?

- A. Return extremity to resting position
- B. Repeat PROM to end range, position goniometer using correct alignment**
- C. Establish a zero-degree starting point
- D. Document ROM

The step being tested is about ensuring accurate ROM measurement with a goniometer by confirming end range and aligning the instrument correctly. After moving the limb passively to the end of range, repeating PROM to that end range and positioning the goniometer so the fulcrum sits over the joint axis and the arms align with the proximal and distal segments lock in the true final angle. This re-check helps ensure the reading reflects the actual end range and isn't distorted by initial misalignment or a partial stretch. The other actions—returning to a resting position, establishing a zero starting point at the start, and documenting the ROM afterward—are part of the overall procedure, but they don't capture the specific step of rechecking end range with proper alignment.

3. Which joint has a normative ROM endpoint of 0-180 degrees for abduction?

- A. Cervical Rotation
- B. Shoulder Abduction**
- C. Elbow Extension
- D. Ankle Plantarflexion

Abduction is moving a limb away from the body's midline. The shoulder is the joint that allows a full 0 to 180-degree arc of abduction—from the arm hanging at the side up to the arm reaching overhead. This full range reflects both the glenohumeral joint and the accompanying scapulothoracic motion needed to reach 180 degrees. The other joints don't move in this abduction pattern to a 180-degree endpoint: cervical rotation involves turning the head, not moving the arm through that arc; elbow extension is the straightening of the elbow (not an abduction movement); and ankle plantarflexion is pointing the foot downward, with a much smaller ROM.

4. What is the clinical road map emphasis?

- A. Focus on examination; Pause and reflect after each test/measure; Guide next step
- B. Focus on examination
- C. Pause and reflect after each test/measure
- D. Guide next step

This question tests how a clinical road map guides decision making by combining data gathering with interpretation and planning. The best approach is to focus on the examination, pause to reflect after each test or measure, and use that reflection to guide the next step. This sequence ensures you collect relevant information, interpret what the findings mean in context, and translate that understanding into a concrete plan for the patient—whether that's ordering the next test, starting treatment, or reassessing later. If you only focus on the examination, you risk collecting data without integrating what it means for the patient's condition. If you pause after testing but don't connect those reflections to a plan, you stall and lose momentum. If you push forward with the next steps without informed reflection, you may misinterpret results or miss a more efficient path. The roadmap concept emphasizes the loop: examine, interpret, plan, then reassess, keeping the patient's trajectory clear and purposeful.

5. In a talocrural posterior glide joint mobilization, what is the patient position?

- A. Supine
- B. Prone
- C. Sitting
- D. Lateral decubitus

A talocrural posterior glide is aimed at moving the talus backward within the ankle mortise to help improve dorsiflexion. Placing the patient supine allows easy, stable access to the ankle while you stabilize the lower leg with one hand and apply the posterior-directed glide to the talus with the other. The supine position also makes it simple to adjust the knee toward slight flexion, which relaxes the gastrocnemius and reduces guarding, improving tolerance and effectiveness of the mobilization. Overall, supine provides the most stable, accessible setup for precise, controlled posterior glide at the ankle.

6. Which movement has Hard end feel at 0 degrees?

- A. Finger MCP flexion
- B. Shoulder internal rotation
- C. Elbow extension
- D. Wrist extension

Hard end feel happens when two hard surfaces come into contact and stop motion. At full elbow extension (0 degrees), the olecranon of the ulna fits into the olecranon fossa of the humerus, creating a bony block that prevents further movement. That is why elbow extension has a hard end feel at zero degrees. The other movements don't typically produce a true bone-on-bone stop at full extension; they usually end with soft tissue compression or a firm capsular/ligament-driven end feel.

7. Thoracolumbar rotation ROM: which of the following is true about the stationary arm?

- A. It is aligned with the midline of the spine
- B. It is parallel to the floor**
- C. It is aligned with the pelvis
- D. It is perpendicular to the floor

Thoracolumbar rotation occurs in the horizontal plane around a vertical axis through the trunk, so you need a stable, horizontal reference to quantify how far the trunk turns. Keeping the stationary arm parallel to the floor provides that fixed baseline, allowing the moving arm to reflect true axial rotation without being shifted by pelvic tilt or spinal posture. Aligning the stationary arm with the midline of the spine or with the pelvis would introduce movement into the reference itself, confounding the measurement, and making the baseline vertical (perpendicular to the floor) would measure a different orientation rather than the horizontal rotation you're assessing.

8. Which of the following is NOT a recognized cause of hypomobility?

- A. Hypertension**
- B. Fibrosis
- C. Adhesions
- D. Surgery

Hypomobility happens when tissues lose their ability to move freely because of structural changes that restrict glide and stretch. Fibrosis is an excessive scar-like buildup that stiffens tissue; adhesions are bands of scar tissue that tether structures together; and surgery can lead to scar formation and protective immobilization that shorten and stiffen tissues, all reducing range of motion. Hypertension, while a cardiovascular condition affecting blood pressure and vascular health, does not directly cause mechanical restriction of movement in muscles or joints. It may influence overall activity or health, but it isn't a recognized direct cause of hypomobility.

9. What is the normal capsular pattern for the interphalangeal joints of digits 2-5?

- A. Flexion = Extension
- B. Flexion > Extension
- C. Abduction and Adduction limited
- D. Flexion > Extension (+/-2:1)**

Interphalangeal joints (digits 2–5) are hinge joints, and their normal capsular pattern is that flexion is limited more than extension. The amount of limitation in flexion tends to be about twice that of extension, so the best description is flexion limited more than extension with a rough 2:1 ratio. Abduction and adduction aren't primary movements at these joints, so those directions aren't part of the typical capsular pattern. That's why the description Flexion > Extension (+/-2:1) fits best.

10. When assessing shoulder flexion, which description accurately reflects the patient position and goniometer alignment?

- A. Position: Supine or Hooklying; Stabilize: ribcage to feel for upward movement or thoracic extension; Fulcrum: lateral aspect of the greater tubercle; Stationary Arm: parallel to the midaxillary line of the thorax; Moving Arm: lateral midline of the humerus (lateral epicondyle or olecranon process)**
- B. Position: Supine; Stabilize: ribcage to prevent thoracic flexion; Fulcrum: medial aspect of the greater tubercle; Stationary Arm: along the anterior axillary line; Moving Arm: anterior midline of the humerus**
- C. Position: Sitting; Stabilize: thorax to prevent forward trunk movement; Fulcrum: medial epicondyle; Stationary Arm: along the sternum; Moving Arm: along the humerus**
- D. Position: Prone; Stabilize: scapula to prevent movement; Fulcrum: acromion; Stationary Arm: along the clavicle; Moving Arm: along the humerus**

When assessing shoulder flexion, the aim is to measure movement at the glenohumeral joint while minimizing contributions from the trunk and scapula. Positioning the patient supine or in hooklying helps keep the spine relaxed and makes it easier to control the trunk. Stabilizing the ribcage prevents thoracic flexion or excessive trunk movement as the arm lifts, so the recorded angle truly reflects shoulder motion. Place the goniometer's fulcrum at the lateral aspect of the greater tubercle of the humerus. Align the stationary arm parallel to the midaxillary line of the thorax, and align the moving arm along the lateral midline of the humerus toward the lateral epicondyle or olecranon. This setup tracks the humerus' elevation relative to the body without bending or twisting the thorax, giving a consistent measure of shoulder flexion. Other descriptions drift from this by changing the stabilization target (which can allow thoracic or scapular compensation), using an incorrect fulcrum (such as medial aspects or acromion without proper alignment), or aligning the arms along lines that don't correspond to the humeral movement. Those deviations can distort the reading and mix in movement from other structures.

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!

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