REMBE ELECTROTHERAPY PRACTICE TEST (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.

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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!

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Questions

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1. Which is the normal polar formula for a galvanic current?

A. CCC-ACC-COC-AOC

B. CCC-COC-AOC-ACC

C. CCC-ACC-AOC-COC

D. CCC-AOC-ACC-COC

2. Which of the following apply to the clinical application of ultraviolet radiation?

A. Guide of dosage is the erythemal response of the patient

B. Standard skin burner distance is 30 inches

C. No erythemal dose should be administered until reaction from previous exposures has subsided

D. All of the above

3. According to the claim that tetanic contractions are not set up by currents, which current is the right choice?

A. Low Frequency Current

B. High Frequency Current

C. Both

D. Neither

4. Qualitative changes in electrical reactions of muscle tissue are:

A. Sluggish contraction

B. Hyperexcitability or hypoexcitability

C. Maximal contraction

D. A contraction which continues

5. All of the following statements apply to short-wave infrared radiation EXCEPT

A. Luminous infrared

B. Tungsten filament

C. 1500-12,000 mu wavelength range

D. Penetrates as deeply as 10 mm into skin tissue

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6. There is a brisk single contraction in response to galvanic stimulation is associated with which reaction?

A. Accompanies partial reaction of degeneration

B. Accompanies full reaction of degeneration

C. Accompanies absolute reaction of degeneration

D. Reaction of degeneration is not involved

7. The unit of electrical resistance is named after which quantity?

A. Ohm

B. Volt

C. Ampere

D. Farad

8. Increase in the chronaxie of a muscle signifies

A. Significant factor

B. Excitability of muscle decrease

C. Intensity

D. Constant current

9. In iontophoresis, vasodilating drugs would be used in

A. Rheumatic diseases

B. Peripheral vascular affections

C. Both A and B

D. Neither A nor B

10. The hotter the source, the shorter the wavelength — this describes which category of infrared radiation?

A. Luminous infrared radiation

B. Nonluminous infrared radiation

C. Both

D. Neither

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Answers

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

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Explanations

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1. Which is the normal polar formula for a galvanic current?

A. CCC-ACC-COC-AOC

B. CCC-COC-AOC-ACC

C. CCC-ACC-AOC-COC

D. CCC-AOC-ACC-COC

The main idea here is how the polarity of the electrodes is arranged during a galvanic current to control ion movement and tissue response. A normal polar formula shows a deliberate progression of electrode roles, moving from a strong cathode setup to more balanced patterns as the treatment progresses. Starting with all cathodes (three negative poles) establishes a baseline negative field and initial ion flow. Introducing an anode next (one positive and the two remaining negatives) begins directing current and ions with a controlled shift in polarity. Adding a neutral stage (one electrode with neutral polarity) helps balance the circuit, reducing localized irritation and spreading the current more evenly. Completing the cycle with a pattern that returns to cathodic emphasis while keeping a neutral position in the middle finishes the sequence safely and prepares the system to end the treatment. This orderly progression matches standard practice for galvanic therapy, ensuring effectiveness while maintaining safety. Sequences that start with or jump between polarities in a less structured way don't align with the normal approach and can increase irritation or upset the balance of ion flow.

2. Which of the following apply to the clinical application of ultraviolet radiation?

A. Guide of dosage is the erythemal response of the patient

B. Standard skin burner distance is 30 inches

C. No erythemal dose should be administered until reaction from previous exposures has subsided

D. All of the above

Managing ultraviolet therapy safely relies on controlling dose, standardizing exposure, and allowing proper recovery between treatments. The dose is guided by the patient's erythemal response, so the clinician tailors exposure to achieve thedesired effect without causing excessive burns, often starting near the minimal erythemal dose and adjusting in subsequent sessions. The distance from the UV source matters because irradiance changes with distance, and using a standard skin burner distance (such as 30 inches in many clinical protocols) helps keep the exposure consistent across patients and visits. It's also important that no erythemal dose is administered until any previous reaction has subsided, to avoid cumulative damage and give the skin time to recover. Taken together, these practices reflect how UV therapy is applied safely and effectively, so all of the above apply.

3. According to the claim that tetanic contractions are not set up by currents, which current is the right choice?

A. Low Frequency Current

B. High Frequency Current

C. Both

D. Neither

The key idea is how stimulation frequency drives muscle response. Tetanic contraction happens when impulses arrive so quickly that the muscle fibers don't have time to relax between stimuli, so the contractions fuse into a sustained, smooth force. That requires a high-frequency current, which delivers pulses rapidly enough to cause summation of contractions. A low-frequency current, by contrast, produces separate twitches with relaxation between them, not a fused tetanus. So the high-frequency current is the one that can set up tetanic contraction, while the others do not.

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4. Qualitative changes in electrical reactions of muscle tissue are:

A. Sluggish contraction

B. Hyperexcitability or hypoexcitability

C. Maximal contraction

D. A contraction which continues

Qualitative changes in electrical reactions of muscle tissue refer to how readily the muscle membrane can be excited by a stimulus—the tissue's excitability. This is about the nature of the electrical response, not how fast or how hard the muscle contracts once activated. When excitability rises, the tissue becomes hyperexcitable: a smaller or weaker stimulus can trigger contraction and responses may be exaggerated. When excitability falls, the tissue becomes hypoexcitable: a stronger stimulus is needed to provoke a contraction. The other options describe how the muscle behaves mechanically (speed of contraction, maximum strength, or a contraction that lasts), which are not about the electrical responsiveness of the tissue. So the best description of qualitative electrical changes is hyperexcitability or hypoexcitability.

5. All of the following statements apply to short-wave infrared radiation EXCEPT

A. Luminous infrared

B. Tungsten filament

C. 1500-12,000 mu wavelength range

D. Penetrates as deeply as 10 mm into skin tissue

Short-wave infrared sits in the near to short infrared part of the spectrum, roughly around 1.0 to 3.0 micrometers. It's the portion of infrared radiation you get from hot objects and broad, hot-body emitters, which is why a tungsten filament—an ordinary hot filament used in lamps—produces infrared radiation that includes SWIR components. The statement about the wavelength range is the one that doesn't fit SWIR. A range stated as 1500 to 12,000 micrometers covers 1.5 micrometers up through 12 micrometers, which spans into mid- and far-infrared. SWIR, by contrast, ends well before that, around 3 micrometers. That mismatch is why this option is the exception. The other points line up with SWIR concepts: it is a form of infrared radiation emitted by hot sources like a tungsten filament, and it can penetrate skin to a measurable depth (typically millimeters, depending on wavelength and tissue), which is consistent with how SWIR is used in imaging and therapy contexts.

6. There is a brisk single contraction in response to galvanic stimulation is associated with which reaction?

A. Accompanies partial reaction of degeneration

B. Accompanies full reaction of degeneration

C. Accompanies absolute reaction of degeneration

D. Reaction of degeneration is not involved

A brisk single contraction to galvanic stimulation signals intact neural and muscle excitability. This means the motor nerve–muscle connection is preserved and responsive, so there's no involvement of the reaction of degeneration. When degeneration reactions occur, the muscle's response changes: contractions become slower, less brisk, or abnormal in pattern, reflecting damaged or denervated tissue. Therefore, a clean, rapid single twitch points away from any degeneration reaction, indicating normal innervation.

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7. The unit of electrical resistance is named after which quantity?

A. Ohm

B. Volt

C. Ampere

D. Farad

Resistance is quantified in the ohm, a unit named in honor of Georg Simon Ohm for his work relating voltage, current, and resistance. An ohm is defined as the resistance between two points of a conductor when a constant potential difference of one volt, applied to those points, produces a current of one ampere, so one ohm equals one volt per ampere. This naming pattern echoes other circuit units—volts for voltage, amperes for current, and farads for capacitance—each named after a scientist. So the unit of electrical resistance is the ohm.

8. Increase in the chronaxie of a muscle signifies

A. Significant factor

B. Excitability of muscle decrease

C. Intensity

D. Constant current

The main concept here is how chronaxie reflects muscle excitability. Chronaxie is the minimum pulse duration required to elicit a response when the stimulus is set at twice the rheobase. If chronaxie increases, it means a longer pulse is needed to reach the threshold, so the muscle fiber is less easily excited. In other words, excitability has decreased. The change is about timing of the pulse, not its strength. So increasing chronaxie does not indicate a change in current intensity or the use of a constant current; it signals that the tissue requires a longer stimulus to respond, i.e., reduced excitability.

9. In iontophoresis, vasodilating drugs would be used in

A. Rheumatic diseases

B. Peripheral vascular affections

C. Both A and B

D. Neither A nor B

The key idea is that delivering vasodilating drugs by iontophoresis creates a local boost in blood flow where the medicine is applied, which can help tissues that are suffering from poor perfusion or spasm. In rheumatic diseases, joints and surrounding tissues often have compromised microcirculation and inflammation; increasing local blood flow can aid healing, reduce stiffness, and alleviate pain when used alongside other therapies. In peripheral vascular affections, the goal is to improve limb perfusion by relaxing vascular smooth muscle and reducing vasospasm, which can relieve symptoms like claudication and promote tissue healing. Because iontophoresis targets the affected area with minimal systemic exposure, it's useful in both scenarios, making the approach applicable to rheumatic conditions and to peripheral vascular problems. That shared utility is why both contexts are appropriate.

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10. The hotter the source, the shorter the wavelength — this describes which category of infrared radiation?

A. Luminous infrared radiation

B. Nonluminous infrared radiation

C. Both

D. Neither

Hotter objects push their emission to shorter wavelengths, a result of Wien's law. As the temperature rises, the spectrum shifts from the far infrared toward the near infrared and into visible light. When a source is hot enough to emit visible light, its infrared emission is accompanied by that glow, so it's categorized as luminous infrared radiation. If the source is cooler and doesn't emit visible light, its infrared radiation is nonluminous. Since the statement describes the shift toward shorter wavelengths with increasing temperature and implies a visible glow, the correct category is luminous infrared radiation.

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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://rembeelectrotherapy.examzify.com

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

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