

RESNA ATP Certification Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

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- 1. Frictional forces are influenced by which of the following factors?**
 - A. Mass, texture, and speed**
 - B. Moisture, heat, texture, and lubricants**
 - C. Angle, distance, and gravity**
 - D. Pressure, size, and material**
- 2. What is the first stage of the motor skills training program?**
 - A. Activate switch and associate it with a result**
 - B. Increase the array of selections**
 - C. Consistently activate switch at a specific time**
 - D. Monitor user progress over time**
- 3. Which program is designed to provide funding for assistive technology to eligible children?**
 - A. IDEA**
 - B. Children's Medical Service**
 - C. Individualized Family Service Plan**
 - D. Individuals with Disabilities Education Act**
- 4. Which of the following is a common device for deaf individuals?**
 - A. Standard telephone**
 - B. Amplified audio headset**
 - C. Visual telephone**
 - D. Traditional voicemail system**
- 5. Where are the three points of control located to reduce the effects of scoliosis?**
 - A. Apex of curve, under axilla, and at hip on the same side**
 - B. Apex of curve, under axilla, and at hip of the contralateral side**
 - C. Apex of curve, at the neck, and at the lower back**
 - D. Apex of curve, at shoulder level, and at knee level**

- 6. What does strength refer to in a control site context?**
- A. The maximum weight that can be lifted**
 - B. The amount of force a control site offers**
 - C. The speed at which force can be applied**
 - D. The distance a force acts over**
- 7. What condition does autonomic dysreflexia respond to?**
- A. External pressure on the body**
 - B. Noxious stimuli below the level of injury**
 - C. Rapid position changes**
 - D. Medications**
- 8. Which of the following describes the functional center of gravity while sitting?**
- A. Legs extended and back straight**
 - B. Arms and hands at side, feet flat**
 - C. Ankles and trunk flex forward, hands forward**
 - D. Feet positioned above knees, back arched**
- 9. What is the primary focus of vocational rehabilitation?**
- A. Only job placement services**
 - B. Counseling, evaluation, training, and job placement**
 - C. Health insurance for the unemployed**
 - D. Workshops for skills development**
- 10. Which mobility aid is the most common for individuals with visual impairments?**
- A. Electronic travel aid**
 - B. Long cane**
 - C. Guide dog**
 - D. Smartphone applications**

Answers

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

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Explanations

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1. Frictional forces are influenced by which of the following factors?

A. Mass, texture, and speed

B. Moisture, heat, texture, and lubricants

C. Angle, distance, and gravity

D. Pressure, size, and material

Frictional forces are significantly influenced by factors such as moisture, heat, texture, and lubricants. Moisture can reduce friction by creating a thin layer of fluid between surfaces, allowing them to slide past each other more easily. Heat affects friction by changing the physical properties of materials; for instance, increased temperature may soften some materials, thereby altering their interaction. Texture plays a critical role as well; rough surfaces typically create more friction compared to smooth surfaces due to higher points of contact. Lastly, lubricants, which can be oils or other substances, are specifically designed to reduce friction between surfaces, allowing for smoother movement and decreasing wear and tear. While other choices present factors that may influence motion or forces in different ways, they do not comprehensively address the specific elements that directly impact frictional forces as effectively as the chosen response.

2. What is the first stage of the motor skills training program?

A. Activate switch and associate it with a result

B. Increase the array of selections

C. Consistently activate switch at a specific time

D. Monitor user progress over time

The first stage of a motor skills training program focuses on establishing a fundamental connection between an action and its outcome. By activating a switch and associating it with a result, the individual learns the cause-and-effect relationship essential for effective motor skill development. This stage is crucial as it lays the groundwork for further learning, helping users understand that their actions lead to specific responses. Once this foundational understanding is achieved, more advanced stages can be introduced, such as increasing the complexity of selections, consistently activating the switch at precise moments, and monitoring progress to ensure skill acquisition and reinforcement. However, without first establishing the association between the action of activating the switch and its resultant effect, the learner would struggle to progress in their motor skill development. This foundational stage is key to the success of any subsequent training activities.

3. Which program is designed to provide funding for assistive technology to eligible children?

A. IDEA

B. Children's Medical Service

C. Individualized Family Service Plan

D. Individuals with Disabilities Education Act

The appropriate choice for funding assistive technology for eligible children is indeed represented by the Individuals with Disabilities Education Act (IDEA), which is a vital piece of legislation in the United States. IDEA aims to ensure that children with disabilities have the right to a free appropriate public education tailored to their individual needs. Under this act, schools are required to provide assistive technology devices and services when necessary to facilitate a child's education. This can include devices that help with communication, mobility, or learning challenges, effectively enabling students to participate in the general education curriculum alongside their peers. While Children's Medical Service does provide some resources for children with medical and developmental needs, it is not specifically focused on funding assistive technology within an educational context and tends to address broader health and well-being issues, which differs from IDEA's specific provisions about educational support. In addition, the Individualized Family Service Plan (IFSP) is designed to support infants and toddlers with disabilities and their families, and although it may include assistive technology, it does so within the broader scope of early intervention services. Thus, it does not serve as a direct funding program for assistive technology. Understanding these distinctions is important for recognizing how specific programs and legislation relate to the provision of assistive technology

4. Which of the following is a common device for deaf individuals?

A. Standard telephone

B. Amplified audio headset

C. Visual telephone

D. Traditional voicemail system

Visual telephones are designed specifically for deaf individuals and provide a visual method of communication through video or text, allowing users to communicate in sign language or view gestures while talking. This is especially important in facilitating effective communication for those who rely on visual input rather than auditory cues. In contrast, standard telephones and traditional voicemail systems do not cater to the needs of deaf individuals, as they primarily rely on audio communication. Amplified audio headsets may assist those with some hearing ability, but they do not serve the needs of individuals who are completely deaf, as these headsets still focus on enhancing sound rather than providing an alternative visual mode of communication.

5. Where are the three points of control located to reduce the effects of scoliosis?

- A. Apex of curve, under axilla, and at hip on the same side**
- B. Apex of curve, under axilla, and at hip of the contralateral side**
- C. Apex of curve, at the neck, and at the lower back**
- D. Apex of curve, at shoulder level, and at knee level**

The correct answer focuses on the specific anatomical locations that are crucial for effectively managing scoliosis. The three points of control are designed to address the curve of the spine and provide support. Placing control at the apex of the curve targets the most prominent point of the scoliosis, where the greatest deviation occurs. This allows for direct influence on the curvature itself, which is essential for corrective outcomes. The next control point is under the axilla, which helps in applying counterpressure and support to maintain alignment and reduce compensatory movements that could exacerbate the condition. Positioning the third control point at the hip on the contralateral side (the opposite side of the curve) further assists in redistributing forces and providing lateral stability to the spine, which is critical for maintaining a more neutral thoracic and lumbar alignment. These three control points work together to effectively manage the curve's progression and improve the patient's overall posture and mobility. When considering scoliosis treatment, it's vital to establish points that not only provide support but also address the mechanics of the curve, which is why this particular configuration is optimal.

6. What does strength refer to in a control site context?

- A. The maximum weight that can be lifted**
- B. The amount of force a control site offers**
- C. The speed at which force can be applied**
- D. The distance a force acts over**

In the context of a control site, strength refers to the amount of force that the control site can provide. This is crucial when discussing assistive technology and devices, as the effectiveness of these tools often relies on the user's ability to exert sufficient force to operate them. The control site must be strong enough to generate adequate signals or movements to control the device effectively, which can include pushing buttons, maneuvering joysticks, or activating switches. Understanding the concept of strength in this way emphasizes the importance of evaluating a control site for its potential to interact with the assistive technology. This evaluation accounts for the user's physical capabilities and ensures that the chosen control site is appropriate for their needs. Other options focus on different aspects of force and motion—like maximum weight, speed of application, or distance over which the force acts, which, while related to the broader understanding of physical mechanics, do not capture the specific relevance of the "strength" in a control site context.

7. What condition does autonomic dysreflexia respond to?

- A. External pressure on the body
- B. Noxious stimuli below the level of injury**
- C. Rapid position changes
- D. Medications

Autonomic dysreflexia is a potentially life-threatening condition that often occurs in individuals with spinal cord injuries, particularly those at or above the T6 level. The correct response to the question identifies noxious stimuli below the level of injury as the primary trigger for this condition. In individuals with spinal cord injuries, normal autonomic responses can become disrupted. When a noxious stimulus—such as a full bladder, bowel impaction, or skin irritation—occurs below the spinal cord injury level, the body can overreact due to the inability of the brain to process these signals properly. This results in an exaggerated sympathetic response, leading to hypertension and other autonomic disturbances. Understanding this mechanism is crucial in preventing and managing autonomic dysreflexia. If the noxious stimulus is identified and alleviated, symptoms can be resolved. Hence, recognizing and treating the underlying triggers are essential steps in care for individuals at risk for this condition. Other options, while they may have some relevance to autonomic function, do not specifically underpin the emergence of autonomic dysreflexia as the correct answer illustrates.

8. Which of the following describes the functional center of gravity while sitting?

- A. Legs extended and back straight
- B. Arms and hands at side, feet flat
- C. Ankles and trunk flex forward, hands forward**
- D. Feet positioned above knees, back arched

The functional center of gravity while sitting is effectively described by the position where the ankles and trunk flex forward, with the hands positioned forward. In this position, the body's weight is balanced toward the front, which is crucial for maintaining stability and functionality while seated. This posture allows for better engagement and control over tasks, especially those that require reaching or using the upper limbs, as it focuses the center of gravity within a more active range. In contrast, other positions such as legs extended and back straight typically reflect a more passive posture that may not optimize functional mobility. Keeping the arms and hands at your side with feet flat may support a stable sitting position but does not facilitate active movements or reach. Additionally, having feet positioned above the knees while the back is arched can lead to an unstable posture, emphasizing a forward lean that may compromise balance and limit functional use of the body for activities.

9. What is the primary focus of vocational rehabilitation?

- A. Only job placement services
- B. Counseling, evaluation, training, and job placement**
- C. Health insurance for the unemployed
- D. Workshops for skills development

The primary focus of vocational rehabilitation is comprehensive support aimed at helping individuals with disabilities secure and maintain employment. This support encompasses a range of services including counseling, evaluation, training, and job placement. Counseling helps individuals identify their strengths, weaknesses, and employment goals, while evaluation assesses their skills and potential workplace accommodations needed for success. Training equips individuals with the necessary skills to be competitive in the job market. Finally, job placement services assist in connecting individuals to suitable job opportunities that align with their abilities and aspirations. This multifaceted approach is essential to not only facilitate job acquisition but also to support long-term career sustainability and satisfaction. The other options do not capture the holistic nature of vocational rehabilitation services. Focusing solely on job placement ignores the necessary preparatory steps that optimize a client's chances of success in the workforce. Health insurance, while crucial, is not the core of vocational rehabilitation and does not directly address employment support. Workshops for skill development may form part of a training process but do not encompass the broader scope of counseling and job placement that defines vocational rehabilitation.

10. Which mobility aid is the most common for individuals with visual impairments?

- A. Electronic travel aid
- B. Long cane**
- C. Guide dog
- D. Smartphone applications

The long cane is recognized as the most common mobility aid for individuals with visual impairments due to its effectiveness, affordability, and widespread availability. It serves multiple critical functions: the cane provides sensory feedback about the environment through tactile and auditory cues, helping users detect obstacles, changes in elevation, and surface texture. Additionally, the long cane is easily portable and does not require special training or maintenance beyond the initial learning process. Many users find it empowering, as it fosters independence and provides a reliable means of navigation in various environments. The familiarity associated with the long cane, due to its long history of use among individuals with visual impairments, contributes to its status as the primary mobility aid. While electronic travel aids, guide dogs, and smartphone applications offer valuable support, they typically complement rather than replace the long cane, which remains a fundamental tool for mobility and orientation in daily life.