

Study Skills and the Physical Therapy Profession Practice Exam (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

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- 1. Explain the concept of a near-miss report in PT and why it matters.**
 - A. A near-miss refers to an event that did cause harm and was corrected after the fact.**
 - B. Near-miss reports are rarely used in PT safety culture.**
 - C. Near-misses are events that could have caused harm but did not; reporting helps identify weaknesses and improve safety.**
 - D. Only medication errors qualify as near-misses.**

- 2. Who is recognized as founder of the APTA and the Profession of Physical Therapy?**
 - A. Mary McMillan**
 - B. Mary McConnell**
 - C. Florence Nightingale**
 - D. Elizabeth Blackwell**

- 3. What makes patient education effective in physical therapy, including strategies for improving adherence?**
 - A. Clear goals and plain language only.**
 - B. Teach-back and individualized plans only.**
 - C. Demonstration and written materials only.**
 - D. Clear goals, plain language, teach-back, individualized plans, demonstration, written materials, cultural sensitivity, and strategies like motivation, self-efficacy, and follow-up.**

- 4. Which statement best describes SMART goals in PT?**
 - A. They must be unmeasurable to maintain flexibility**
 - B. They should be vague to accommodate any progress**
 - C. They should be set solely by the clinician**
 - D. They should be Specific, Measurable, Achievable, Relevant, Time-bound**

- 5. Why is documentation that supports the coded level of service essential in physical therapy billing?**
 - A. Documentation should be only billing codes**
 - B. Documentation does not need to match codes**
 - C. Documentation must support the coded level of service to ensure appropriate reimbursement and compliance.**
 - D. Documentation is optional**

- 6. Which of the following terms is defined as difficulties an individual may have in executing activities?**
- A. Difficulties an individual may have in executing activities**
 - B. Problems an individual may experience in involvement in life activities**
 - C. The identification of a disease or condition by a doctor**
 - D. The condition for which physical therapy is provided as determined by the PT**
- 7. Which gait parameter is the number of steps per minute?**
- A. Step length**
 - B. Cadence**
 - C. Velocity**
 - D. Step width**
- 8. In a SOAP note, what distinguishes the Subjective section from the Objective section?**
- A. Subjective contains patient-reported information; Objective contains measurable findings.**
 - B. Subjective contains clinical measurements; Objective contains patient feelings.**
 - C. Subjective contains plan; Objective contains diagnosis.**
 - D. Subjective contains assessment; Objective contains plan.**
- 9. Explain the standard Pomodoro cycle structure and its relevance to PT exam preparation.**
- A. 25-minute work blocks with 5-minute breaks; after four cycles take a longer break**
 - B. 50-minute work blocks with 10-minute breaks**
 - C. 15-minute work blocks with 5-minute breaks**
 - D. 90-minute blocks with 15-minute breaks**
- 10. The acronym ICF stands for which of the following?**
- A. International Classification of Functioning, Disability, and Health**
 - B. International Code of Fitness**
 - C. Integrated Classification of Functions and Conditions**
 - D. International Catalog of Facilities and Hospitals**

Answers

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

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Explanations

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1. Explain the concept of a near-miss report in PT and why it matters.

- A. A near-miss refers to an event that did cause harm and was corrected after the fact.**
- B. Near-miss reports are rarely used in PT safety culture.**
- C. Near-misses are events that could have caused harm but did not; reporting helps identify weaknesses and improve safety.**
- D. Only medication errors qualify as near-misses.**

Near-misses in physical therapy are events that could have caused harm but didn't, often because of luck, good timing, or a safeguard kicking in at the last moment. The point of reporting these events is to make safety problems visible and address them before actual harm occurs. When a near-miss is documented, the team looks at what happened and why—whether it was a flaw in the workflow, a faulty piece of equipment, a communication gap, or an environmental hazard. This analysis helps identify systemic weaknesses rather than blaming an individual. Acting on near-miss reports leads to concrete improvements: updating protocols, changing how handoffs are done, enhancing equipment maintenance, adding checklists or signage, and providing targeted training. The outcome is fewer injuries, better adherence to best practices, and a stronger safety culture where staff feel encouraged to report near-misses without fear. In practice, examples include an incident where the patient almost received the wrong exercise plan but it was caught in time, or a near-slip on a slick floor that triggers a review of cleaning routines and floor mats. Near-miss reporting matters because it supports proactive prevention and continuous quality improvement in patient care.

2. Who is recognized as founder of the APTA and the Profession of Physical Therapy?

- A. Mary McMillan**
- B. Mary McConnell**
- C. Florence Nightingale**
- D. Elizabeth Blackwell**

Mary McMillan is recognized as the founder of the American Physical Therapy Association and a driving force in establishing physical therapy as a distinct profession in the United States. She helped organize the profession in 1921, with the formation of the American Women's Physical Therapeutic Association, and served as its first president, helping to set early standards for education and practice. The other names are famous for contributions in nursing or medicine, not for founding the PT profession or the APTA.

3. What makes patient education effective in physical therapy, including strategies for improving adherence?

- A. Clear goals and plain language only.**
- B. Teach-back and individualized plans only.**
- C. Demonstration and written materials only.**
- D. Clear goals, plain language, teach-back, individualized plans, demonstration, written materials, cultural sensitivity, and strategies like motivation, self-efficacy, and follow-up.**

Effective patient education in physical therapy relies on a coordinated approach that mixes clear goals and plain language with methods that confirm understanding, tailor the plan, demonstrate techniques, provide take-home resources, address personal and cultural factors, and actively support motivation and ongoing contact. Clear goals give patients concrete targets and progression criteria, while plain language reduces confusion about instructions. Teach-back is key because it verifies that the patient truly understands what to do and why, allowing you to correct misunderstandings immediately. An individualized plan ensures the recommendations fit the patient's condition, lifestyle, and preferences, which makes adherence more feasible. Demonstration helps patients see the correct technique in action and learn by doing, and written materials offer a reference they can revisit. Cultural sensitivity ensures communication respects language, beliefs, and health literacy, which strengthens trust and engagement. Strategies that boost motivation and self-efficacy—like setting small wins, acknowledging progress, and planning for potential barriers—increase a patient's confidence to stick with the plan. Regular follow-up keeps the patient on track, adaptations as needed, and reinforces learning over time. When all these elements are combined, patient education becomes practical, relevant, and more likely to lead to sustained adherence and better outcomes.

4. Which statement best describes SMART goals in PT?

- A. They must be unmeasurable to maintain flexibility**
- B. They should be vague to accommodate any progress**
- C. They should be set solely by the clinician**
- D. They should be Specific, Measurable, Achievable, Relevant, Time-bound**

SMART goals in physical therapy provide a framework to create goals that patients can understand, measure, and act on. Each component serves a function: Specific describes exactly what will be achieved; Measurable gives a way to quantify progress; Achievable ensures the goal is realistic given the patient's current status; Relevant ties the goal to meaningful function or participation; Time-bound sets a deadline for review and progression. In practice, using SMART goals helps plan appropriate interventions, track improvements with clear criteria, and keep the patient engaged by showing progress toward important activities. If a goal is unmeasurable, progress can't be confirmed; if it's vague, there's no clear direction for therapy; and if it's set solely by the clinician, it may not reflect the patient's priorities or real-life needs. For these reasons, the description that aligns with the SMART framework is the best choice.

5. Why is documentation that supports the coded level of service essential in physical therapy billing?
- A. Documentation should be only billing codes
 - B. Documentation does not need to match codes
 - C. Documentation must support the coded level of service to ensure appropriate reimbursement and compliance.**
 - D. Documentation is optional

Documentation must justify the level of service billed. In physical therapy, the amount of care billed is tied to how complex a patient's case is and how much direct therapy time is provided. Payers expect the documentation to reflect these factors, showing why a particular service level was chosen. The notes should capture the patient's condition, the specific interventions used, functional goals, progress toward those goals, and the exact time spent delivering care, especially when using time-based codes. This documentation serves as the evidence that the service delivered matches what was billed, which protects reimbursement and supports compliance with payer and regulatory requirements. Without it, claims can be denied or flagged for audit, and there's greater risk of overcoding or undercoding.

6. Which of the following terms is defined as difficulties an individual may have in executing activities?

- A. Difficulties an individual may have in executing activities**
- B. Problems an individual may experience in involvement in life activities
- C. The identification of a disease or condition by a doctor
- D. The condition for which physical therapy is provided as determined by the PT

Difficulties in executing activities are described as activity limitations. This term captures challenges a person has in performing tasks or actions, such as walking, dressing, or eating. It's distinct from participation restrictions, which concern involvement in life situations; from impairment, which are problems with body functions or structures; and from the diagnosis or condition that leads to therapy. Since the prompt's wording matches the definition of activity limitations exactly, this is the best choice.

7. Which gait parameter is the number of steps per minute?

- A. Step length
- B. Cadence**
- C. Velocity
- D. Step width

Cadence is the rate at which steps are taken, measured in steps per minute. It captures how often the feet contact the ground, not how far each step travels. Step length describes the distance moved with each step, velocity is speed (how far you move in a given time), and step width is the side-to-side distance between the feet. These parameters relate through $\text{velocity} = \text{cadence} \times \text{step length}$ (with cadence in steps per minute and step length in meters, giving velocity in meters per minute). For example, a person taking 110 steps per minute with a 0.66 m step length would have a velocity of 72.6 m/min (about 1.21 m/s). Therefore, the number of steps per minute is cadence.

8. In a SOAP note, what distinguishes the Subjective section from the Objective section?

- A. Subjective contains patient-reported information; Objective contains measurable findings.**
- B. Subjective contains clinical measurements; Objective contains patient feelings.
- C. Subjective contains plan; Objective contains diagnosis.
- D. Subjective contains assessment; Objective contains plan.

The main idea is that the Subjective section holds what the patient tells you, while the Objective section records what you observe and measure during the exam. In practice, that means the Subjective includes the patient's pain description, onset, behaviors, aggravating or alleviating factors, past medical history relevant to the issue, medications, and functional limitations in the patient's own words. The Objective section then contains measurable and observable data from your exam: range of motion, strength testing, palpation findings, reflexes, edema, vitals, results of special tests, and any other data you can quantify or verify. This setup explains why the correct choice is best: patient-reported information goes into Subjective, and measurable findings go into Objective. The other descriptions mix these ideas—like labeling clinical measurements or patient feelings in the wrong section, or placing plan or diagnosis in the wrong place—so they don't align with how SOAP notes are organized.

9. Explain the standard Pomodoro cycle structure and its relevance to PT exam preparation.

A. 25-minute work blocks with 5-minute breaks; after four cycles take a longer break

B. 50-minute work blocks with 10-minute breaks

C. 15-minute work blocks with 5-minute breaks

D. 90-minute blocks with 15-minute breaks

Pomodoro cycles break study into short, focused sprints with regular rests to prevent mental fatigue. The standard pattern is 25 minutes of concentrated work, followed by a 5-minute break, and after four sprints you take a longer break (about 15-30 minutes). This cadence helps you maintain high concentration, prevents burnout, and makes it easier to study consistently over time. For PT exam prep, this structure supports active learning steps like practicing questions, memorizing key concepts, and reviewing notes in manageable chunks. You can assign each sprint a specific task (e.g., a block of practice questions or a set of flashcards) and use the breaks to briefly rest or self-check your understanding, which enhances retention and exam readiness. Longer work blocks or very short micro-sprints described in the other options can disrupt focus and lead to quicker fatigue, so they don't align with the traditional Pomodoro method.

10. The acronym ICF stands for which of the following?

A. International Classification of Functioning, Disability, and Health

B. International Code of Fitness

C. Integrated Classification of Functions and Conditions

D. International Catalog of Facilities and Hospitals

The main idea tested is knowing what ICF stands for and its role in health care. ICF stands for International Classification of Functioning, Disability, and Health, a World Health Organization framework that provides a common language to describe how health conditions affect a person's functioning in daily life. It organizes information into body functions and structures, activities and participation, and environmental factors, highlighting how these parts interact rather than focusing only on a medical diagnosis. This perspective helps clinicians plan rehabilitation, set meaningful goals, and track outcomes across different conditions. The other options aren't correct because they don't reflect this established framework: it isn't a Code of Fitness, an Integrated Classification of Functions and Conditions, or a Catalog of Facilities and Hospitals.

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://studyskillsphysicaltherapy.examzify.com>

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

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