

STUDY SKILLS AND THE PHYSICAL THERAPY PROFESSION PRACTICE EXAM (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.

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. A pediatric patient recovering from a broken arm due to a fall would be classified under which category?**
 - A. Congenital Disorders
 - B. Developmental Disorders
 - C. Neuromuscular Disorders
 - D. Orthopedic Injury

- 2. Which statement lists core responsibilities within the physical therapist scope of practice?**
 - A. Discharge planning only.
 - B. Evaluate patient, identify movement dysfunction, establish prognosis, develop/intervene with plan of care, discharge planning; document progress.
 - C. Plan of care development only.
 - D. Document progress only; no evaluation.

- 3. Which organization holds the vision statement 'Transforming society by optimizing movement to improve the human experience'?**
 - A. APTA
 - B. ADA
 - C. AMA
 - D. NIH

- 4. Which coding category is used to document a change in a patient's status requiring an updated plan of care?**
 - A. Evaluation
 - B. Re-evaluation
 - C. Therapeutic Procedures
 - D. Neuromuscular Reeducation

- 5. In PT practice, how is evidence used to determine the strength of a treatment recommendation?**
 - A. By applying the evidence hierarchy to weigh study design and quality.
 - B. By selecting the most interesting study to the clinician.
 - C. By asking the patient to decide without discussing evidence.
 - D. By using only pathophysiology knowledge without evidence.

- 6. Which ICF component describes problems with involvement in life situations?**
- A. Participation restriction
 - B. Activity limitations
 - C. Impairments
 - D. Health Condition
- 7. What does the acronym PICO stand for in evidence-based practice?**
- A. Patient/Problem, Intervention, Comparison, Outcome.
 - B. Population, Intervention, Comparison, Outcome.
 - C. Patient, Intervention, Condition, Objective.
 - D. Person, Idea, Combination, Output.
- 8. External validity concerns?**
- A. Rigor of randomization
 - B. Control of confounding
 - C. Generalizability of results to other settings
 - D. Statistical power
- 9. Which organization accredits physical therapy education programs in the United States?**
- A. CAPTE.
 - B. ACOTE.
 - C. JRCERT.
 - D. ABET.
- 10. Home Health PT is delivered in which setting?**
- A. In the patient's home
 - B. In the hospital
 - C. In an outpatient clinic
 - D. In a Skilled Nursing Facility

Answers

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

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Explanations

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1. A pediatric patient recovering from a broken arm due to a fall would be classified under which category?

- A. Congenital Disorders
- B. Developmental Disorders
- C. Neuromuscular Disorders
- D. Orthopedic Injury**

The main idea is identifying the cause of the problem. A broken arm from a fall is a trauma to the bones and surrounding structures, which is best described as an orthopedic injury. This category covers acute injuries to the musculoskeletal system, such as fractures, strains, and sprains. It isn't congenital because there was no condition present at birth. It isn't developmental because it doesn't reflect a growth-related delay or anomaly in development. It isn't neuromuscular because the primary issue isn't a nerve or muscle disorder affecting movement. So, the classification fits orthopedic injury because the injury stems from physical trauma to the skeletal system, guiding decisions about initial protection, healing, and staged rehabilitation.

2. Which statement lists core responsibilities within the physical therapist scope of practice?

- A. Discharge planning only.
- B. Evaluate patient, identify movement dysfunction, establish prognosis, develop/intervene with plan of care, discharge planning; document progress.**
- C. Plan of care development only.
- D. Document progress only; no evaluation.

In physical therapy practice, clinicians move patients from initial assessment through safe discharge, while continually documenting progress. The statement that includes evaluating the patient, identifying movement dysfunction, establishing prognosis, developing and intervening with the plan of care, discharge planning, and documenting progress reflects that full continuum. Evaluation identifies what movement problems exist and how they affect function. Prognosis guides expectations for recovery and helps shape the intensity and duration of care. The plan of care translates findings into specific, goal-directed interventions. Ongoing documentation tracks progress and supports decisions and continuity of care. Discharge planning ensures a safe transition with appropriate recommendations and follow-up. The other options miss essential elements: focusing only on discharge planning, only on plan development, or only on documenting progress, none of which capture the complete set of responsibilities.

3. Which organization holds the vision statement 'Transforming society by optimizing movement to improve the human experience'?

- A. APTA**
- B. ADA
- C. AMA
- D. NIH

Movement is the core driver of physical therapy, so a vision about transforming society by optimizing movement to improve the human experience points to the organization that champions PT practice. The American Physical Therapy Association is the professional home for physical therapists in the United States, and its vision centers on using movement to enhance people's lives, which matches the statement exactly. The other organizations focus on different fields—dental health, general medicine and policy, or biomedical research—so their overarching statements don't align with a movement-optimization to improve the human experience in the context of physical therapy. Therefore, this vision belongs to the American Physical Therapy Association.

4. Which coding category is used to document a change in a patient's status requiring an updated plan of care?

- A. Evaluation
- B. Re-evaluation**
- C. Therapeutic Procedures
- D. Neuromuscular Reeducation

When a patient's status changes, a re-evaluation is performed to update the plan of care. This focused reassessment compares current status to the prior evaluation, determines whether goals or prognosis need updating, and decides what modifications to the plan of care are necessary. It captures new information, adjusts goals, and may alter interventions, frequency, or duration based on the patient's current condition. Re-evaluation is distinct from an initial evaluation, which establishes the baseline and direction, and from therapeutic procedures, which are the actual treatments performed. Neuromuscular reeducation is a specific type of therapy technique, not the coding category used to document a change in status that requires updating the plan of care.

5. In PT practice, how is evidence used to determine the strength of a treatment recommendation?

- A. By applying the evidence hierarchy to weigh study design and quality.**
- B. By selecting the most interesting study to the clinician.
- C. By asking the patient to decide without discussing evidence.
- D. By using only pathophysiology knowledge without evidence.

Evidence-based practice in physical therapy relies on a structured way to judge how strongly we should recommend a treatment. The strength of a recommendation comes from applying an evidence hierarchy that weighs study design and quality. Higher-quality designs, like randomized controlled trials and systematic reviews, provide more reliable information about a treatment's effects, while lower-quality designs offer weaker evidence. We also consider how consistent the findings are across studies, how directly they apply to the patient population, the precision of the effect estimates, and the risk of bias in the studies. When multiple high-quality studies show consistent, direct, and precise benefits, we can give a strong recommendation. If the evidence is limited, inconsistent, or biased, the recommendation is weaker and may call for shared decision-making with the patient and consideration of values and preferences. Choosing the most interesting study, asking the patient to decide without discussing evidence, or relying solely on pathophysiology knowledge without evidence do not provide a sound basis for strength of recommendation, because they ignore the actual clinical outcomes and the quality of the data behind those outcomes.

6. Which ICF component describes problems with involvement in life situations?

- A. Participation restriction**
- B. Activity limitations
- C. Impairments
- D. Health Condition

The concept being tested is how the ICF defines participation restrictions. Participation refers to involvement in life situations such as work, education, family life, recreation, and social activities. When someone has difficulty or is limited in these areas, that is a participation restriction—problems with involvement in life situations. Activity limitations describe difficulties in executing tasks or actions. Impairments refer to problems with body functions or structures. Health condition is the underlying disease or diagnosis. So, the statement about involvement in life situations maps directly to participation restrictions. For example, trouble returning to work or social activities due to health issues is a participation restriction.

7. What does the acronym PICO stand for in evidence-based practice?

A. Patient/Problem, Intervention, Comparison, Outcome.

B. Population, Intervention, Comparison, Outcome.

C. Patient, Intervention, Condition, Objective.

D. Person, Idea, Combination, Output.

The main idea being tested is how evidence-based practice questions are framed using the PICO framework to guide searching and evaluation of evidence. PICO helps you specify four key elements: who you're considering (the patient or problem), what you're testing or applying (the intervention), what you're comparing it to (the comparator), and what outcome you want to achieve or measure. The best answer matches the common teaching terms: Patient/Problem, Intervention, Comparison, Outcome. This structure keeps the question anchored to a specific group or condition, identifies the treatment or exposure being studied, defines an appropriate alternate to compare against, and clarifies the measurable result of interest. Some curricula swap in Population for the first element or use Comparator instead of Comparison, but these are variations of the same four components and still align with the framework. Options that diverge by using unrelated terms (like Condition or Objective) don't reflect how PICO is typically defined, and thus don't map to the same four essential components used to build a focused evidence question.

8. External validity concerns?

A. Rigor of randomization

B. Control of confounding

C. Generalizability of results to other settings

D. Statistical power

External validity is about whether the study's findings can be applied beyond the exact conditions in which the study was conducted. It asks if the results would hold for other people, in different settings, and at different times. Saying that the results are generalizable to other settings captures this idea precisely: it focuses on applying what was found here to other clinics, populations, or circumstances. For example, a physical therapy intervention tested in a university clinic should be evaluated for external validity to see if it would work similarly in community clinics or with older patients. Rigor of randomization and control of confounding affect internal validity, ensuring that the observed effect is truly due to the intervention within the study. Statistical power concerns whether the study was large enough to detect an effect, not whether the effect would generalize to other settings. In short, external validity is about generalizability to populations and settings beyond the study.

9. Which organization accredits physical therapy education programs in the United States?

A. CAPTE.

B. ACOTE.

C. JRCERT.

D. ABET.

CAPTE, the Commission on Accreditation in Physical Therapy Education, is the organization that accredits physical therapy education programs in the United States. This specialized accrediting body reviews PT programs to ensure they meet standards for curriculum, faculty qualifications, facilities, and outcomes, which helps guarantee graduates are prepared to become licensed physical therapists and to provide safe, effective care. Accreditation by CAPTE also supports the credibility of the Doctor of Physical Therapy degree and keeps programs aligned with national expectations for PT practice. For context, other fields have their own accrediting bodies: ACOTE accredits occupational therapy education, JRCERT accredits radiography programs, and ABET accredits engineering and related disciplines.

10. Home Health PT is delivered in which setting?

- A. In the patient's home
- B. In the hospital
- C. In an outpatient clinic
- D. In a Skilled Nursing Facility

Home Health physical therapy is delivered in the patient's own home, with the plan of care designed around real daily tasks and safety in that living environment. Therapy focuses on improving functional independence—transfers, gait, stairs, activities of daily living—while also assessing home hazards and training caregivers or family members to support ongoing progress. This setting allows the therapist to tailor interventions to how the patient actually moves and navigates their home, making strategies practical and sustainable. In contrast, care in a hospital or inpatient setting centers on acute medical stabilization, an outpatient clinic requires travel to a clinic for scheduled visits, and a skilled nursing facility provides rehab within a residential facility. The home setting is specifically used for individuals who are homebound and can receive skilled services at home under physician orders.

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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://studyskillsphysicaltherapy.examzify.com>

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

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