

TEXAS ATHLETIC TRAINING LICENSE PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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. Which term defines the muscle that contracts and causes movement?**
 - A. Agonist Muscle
 - B. Antagonist Muscle
 - C. Stabilizer
 - D. Synergist

- 2. In which scenarios should an athlete be referred to a physician rather than managed by AT alone?**
 - A. Suspected fractures, severe ligament injuries, signs of systemic illness, or red flag neurological symptoms
 - B. Mild soreness after practice
 - C. Skin irritation from chafing
 - D. Mild dehydration

- 3. Seasonal Affective Disorder is best described as which?**
 - A. Mental depression related to certain seasons of the year
 - B. Chronic anxiety disorder unrelated to season
 - C. Addiction to bright light
 - D. A sleep disorder without mood symptoms

- 4. What is the purpose of medical clearance to return to sport after injury?**
 - A. To verify recovery and ensure the athlete can safely participate without undue risk
 - B. To document billing and insurance information
 - C. To determine team roster by age
 - D. To confirm equipment fit only

- 5. What is the normal eversion ROM of the ankle?**
 - A. 20 degrees
 - B. 40 degrees
 - C. 10 degrees
 - D. 30 degrees

- 6. Tapotement includes techniques such as cupping, hacking, and pinching. Which option best describes this technique?**
- A. Kneading and picking up tissue
 - B. Heat producing, stretching underlying tissue
 - C. Cupping, hacking, pinching
 - D. Stimulating sensation of sensory nerves
- 7. Which combination of actions best reduces heat illness risk during athletic practices?**
- A. Hydration, acclimatization, environmental monitoring, and cooling strategies with practice modification as needed.
 - B. Increase practice duration to build tolerance.
 - C. Rely on thirst and weather app alone.
 - D. Skip acclimatization until symptoms appear.
- 8. Remodeling/Maturation may continue for as long as which time frame?**
- A. Up to 2 years
 - B. 2-4 weeks
 - C. 6 months
 - D. 3 months
- 9. Why are RTP criteria important in reducing reinjury risk?**
- A. They provide objective benchmarks and reduce reliance on symptoms alone, improving safe return to sport.
 - B. They rely on symptoms alone.
 - C. They ignore objective data.
 - D. They require no medical clearance.
- 10. Which vitamin group includes Vitamin C?**
- A. Water-soluble
 - B. Fat-soluble
 - C. Both
 - D. Neither

Answers

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

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Explanations

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1. Which term defines the muscle that contracts and causes movement?

- A. Agonist Muscle**
- B. Antagonist Muscle
- C. Stabilizer
- D. Synergist

The main idea is identifying the muscle that contracts to produce the movement at a joint—the primary mover. That muscle is called the agonist. It shortens and generates the force that creates the action. For example, during elbow flexion the biceps brachii is the agonist because it contracts to pull the forearm toward the shoulder. The antagonist opposes that movement and helps control it, a stabilizer fixes a joint to allow the movement to occur smoothly, and a synergist assists the agonist by adding extra force or guiding the motion to reduce unwanted movements. So, the term for the muscle that contracts and causes movement is the agonist.

2. In which scenarios should an athlete be referred to a physician rather than managed by AT alone?

- A. Suspected fractures, severe ligament injuries, signs of systemic illness, or red flag neurological symptoms**
- B. Mild soreness after practice
- C. Skin irritation from chafing
- D. Mild dehydration

Recognizing when medical evaluation beyond athletic trainer management is required. Certain signs point to injuries or conditions that need a physician's assessment, imaging, or urgent treatment rather than AT care alone. A suspected fracture usually requires imaging (like an X-ray) and possibly reduction or immobilization under medical guidance. Severe ligament injuries may need advanced imaging, referral for specialist care, or surgical consideration. Signs of systemic illness—such as fever with other concerning symptoms, vomiting, persistent dizziness, or signs of infection—could indicate conditions that require medical diagnosis and treatment beyond athletic training management. Red flag neurological symptoms, including numbness, tingling, weakness, loss of motor function, or changes in bowel or bladder control, raise concern for spinal or nerve involvement and demand urgent medical evaluation. Because timely and accurate diagnosis and treatment are crucial, these scenarios warrant referring the athlete to a physician promptly. In contrast, more minor issues like mild soreness after practice, skin irritation from chafing, or mild dehydration can typically be managed by the athletic trainer with appropriate care, hydration strategies, and monitoring.

3. Seasonal Affective Disorder is best described as which?

- A. Mental depression related to certain seasons of the year**
- B. Chronic anxiety disorder unrelated to season
- C. Addiction to bright light
- D. A sleep disorder without mood symptoms

Seasonal Affective Disorder is best described as mental depression related to certain seasons of the year. It typically starts in fall or winter when daylight is shorter and may improve in the spring or summer. People often experience depressed mood, fatigue, loss of interest in activities, hypersomnia, irritability, social withdrawal, and changes in appetite or cravings for carbohydrates. The key is the seasonal pattern—these symptoms recur at roughly the same times each year. This differs from anxiety disorders that aren't tied to seasons, from any notion of an addiction to bright light, and from a sleep disorder that lacks mood symptoms. Understanding the seasonal timing helps guide treatment, which may include light therapy, exercise, and strategies to improve mood and sleep.

4. What is the purpose of medical clearance to return to sport after injury?

- A. To verify recovery and ensure the athlete can safely participate without undue risk
- B. To document billing and insurance information**
- C. To determine team roster by age
- D. To confirm equipment fit only

The main idea is safety and proper recovery before returning to sport. Medical clearance is about confirming that the athlete has healed enough from the injury to participate without undue risk. This typically means the clinician reviews healing progress, ensures there's no remaining pain or impairment, and verifies sufficient strength, range of motion, balance, endurance, and sport-specific function. Sometimes objective tests or a staged return-to-play protocol are used to make sure the athlete can handle the demands of the sport and avoid re-injury. Other tasks like billing/insurance, determining team roster by age, or simply checking equipment fit are separate considerations and do not establish medical readiness to return to play.

5. What is the normal eversion ROM of the ankle?

- A. 20 degrees**
- B. 40 degrees
- C. 10 degrees
- D. 30 degrees

Turning the sole outward at the ankle, known as eversion, is a motion mainly at the subtalar joint. The typical, normal range for this movement is about twenty degrees. This amount strikes a balance between the ligaments and bones that limit excessive motion and the need for foot adaptability on uneven surfaces. In practice, thirty degrees is more commonly associated with inversion, not eversion, while ten degrees would be considered quite limited and forty degrees would be beyond the normal range for a healthy ankle. So twenty degrees best reflects the standard eversion ROM.

6. Tapotement includes techniques such as cupping, hacking, and pinching. Which option best describes this technique?

- A. Kneading and picking up tissue
- B. Heat producing, stretching underlying tissue
- C. Cupping, hacking, pinching**
- D. Stimulating sensation of sensory nerves

Tapotement is a percussive massage technique that uses rhythmic, rapid strikes to stimulate the skin and underlying tissues. Techniques like cupping, hacking, and pinching fit this category because each involves a percussive contact that taps or strikes the body to provoke a response in the tissues. This is different from kneading and picking up tissue, which is petrissage and focuses on deep compression and lifting rather than percussive tapping. Descriptions that emphasize heat production or stretching underlying tissue point to other modalities or goals, not tapotement. So, cupping, hacking, and pinching best describe tapotement.

7. Which combination of actions best reduces heat illness risk during athletic practices?

A. Hydration, acclimatization, environmental monitoring, and cooling strategies with practice modification as needed.

B. Increase practice duration to build tolerance.

C. Rely on thirst and weather app alone.

D. Skip acclimatization until symptoms appear.

Managing heat illness risk hinges on a proactive, multi-pronged plan that covers hydration, heat adaptation, environmental awareness, and cooling plus adjustment of practice. Hydration helps maintain fluid balance, supports sweating, circulation, and temperature regulation. Gradual acclimatization lets the body adapt to heat by increasing plasma volume, improving sweat response, and reducing cardiovascular strain, so athletes can handle hot conditions more safely. Environmental monitoring—using measures like WBGT or heat index—guides when to shorten or modify practice, add rest breaks, adjust uniforms, or reduce workload. Cooling strategies such as shade, fans, misting, cold towels, and, when appropriate, cold-water immersion help keep core temperature down during or after activity. When these elements are combined, you have a comprehensive approach that reduces heat illness risk more effectively than any single measure. Relying on thirst and a weather app alone misses early dehydration cues and the real-time heat stress from exercise. Increasing practice duration to build tolerance exposes athletes to more heat before adaptations occur. Skipping acclimatization until symptoms appear is dangerous because the body needs that gradual adaptation beforehand to reduce the risk of heat illness.

8. Remodeling/Maturation may continue for as long as which time frame?

A. Up to 2 years

B. 2-4 weeks

C. 6 months

D. 3 months

Remodeling and maturation is the long, gradual phase of healing where tissue realigns, strengthens, and returns toward its normal structure under functional loads. This isn't completed quickly; the body slowly replaces initial scar or woven tissue with more organized, stronger tissue and reorients collagen fibers to better handle stress. Because this realignment and strengthening can continue for a substantial period, up to about two years is a realistic upper bound for remodeling/maturation. In bone healing, the temporary callus is replaced by lamellar bone over many months, and this remodeling can persist for years. In soft tissues like tendons or ligaments, collagen fibers gradually reorient and strengthen with progressive loading over months to years as well. Shorter timeframes such as a few weeks or a few months capture the earlier inflammatory and proliferative phases, not the extended remodeling that follows.

9. Why are RTP criteria important in reducing reinjury risk?

- A. They provide objective benchmarks and reduce reliance on symptoms alone, improving safe return to sport.
- B. They rely on symptoms alone.
- C. They ignore objective data.
- D. They require no medical clearance.

Safe return to sport should be guided by objective measures of recovery, not by symptoms alone. Objective benchmarks give a clear picture of how well the injured area has healed and whether the whole system can tolerate the demands of the sport. They quantify key abilities like strength, power, endurance, balance, coordination, and movement quality, and they allow comparison to the uninjured side or to pre-injury baselines. This helps determine if tissue tolerance and neuromuscular control are actually sufficient for sport-specific loads, not just whether pain has disappeared. Relying on symptoms alone can miss important problems. Pain can subside while strength deficits, imbalances, or faulty movement patterns persist, and an athlete might still be at higher risk for reinjury if those factors aren't addressed. By using objective benchmarks—such as strength tests, hop or endurance tests, balance assessments, and sport-specific performance drills—clinicians and trainers can track progress, set progressive loading plans, and make a more informed, gradual return-to-sport decision. This combined approach tends to reduce reinjury risk by ensuring readiness across multiple facets of function, not just the absence of pain.

10. Which vitamin group includes Vitamin C?

- A. Water-soluble
- B. Fat-soluble
- C. Both
- D. Neither

Vitamins are categorized by how they dissolve and are stored in the body: water vs fat. Vitamin C is a water-soluble vitamin. That means it dissolves in water, isn't stored in large amounts in tissues, and any excess is excreted in urine. Because it's not stored, you need regular intake to maintain adequate levels, and it can be affected by cooking methods that use water or heat. In contrast, fat-soluble vitamins (like A, D, E, and K) are absorbed with fats, stored in the liver and fat tissues, and can accumulate if consumed in excess. Since Vitamin C isn't stored in fat, it doesn't fit into the fat-soluble group. So the group that includes Vitamin C is the water-soluble vitamins.

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://txathletictraining.examzify.com>

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

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