THERAPYED OCCUPATIONAL THERAPY (OT) EXAM A PRACTICE (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

1. When planning a home program after OT discharge, which principle is most important?

A. It should be tailored to the client's goals and living environment

B. It should be the same for every client

C. It should be high-intensity with no rest

D. It should be designed by the clinician alone without client input

2. A preschool child born with congenital CMV has difficulty seeing but enjoys peer play. Which intervention best improves play experiences with classmates?

A. Train a personal assistant to provide verbal cues during play activities

B. Have the child read books in braille aloud to classmates

C. Train a classmate to guide the child during play activities

D. Incorporate 3D objects into play activities

3. Which ethical principle is primarily concerned with avoiding harm?

A. Beneficence

B. Autonomy

C. Nonmaleficence

D. Justice

4. An OT is teaching a 3-year-old with left CVA to perform one-handed dressing; which cueing method is most effective?

A. Physical prompts

B. Step-by-step verbal instructions

C. Sequenced photos of the steps in dressing

D. A full-length mirror for self-observation

5. Which item is not typically part of occupational therapy rehabilitation after tendon repair?

A. Wound care and edema management.

B. Scar management.

C. Desensitization.

D. Laser eye surgery.

6. CRPS Type I management: which of the following statements is true?

A. It is characterized by vasomotor dysfunction

B. It involves demyelination of peripheral nerves only

C. It is caused by acute infection

D. It presents with nocturnal pain

7. An OT evaluates a client after a mild stroke for executive function. Which cognitive foci are most relevant to assess as a prerequisite for higher-level cognition?

A. Attention and memory

B. Job interests and efficacy

C. Spatial relations and praxis

D. Initiation and planning

8. An adolescent with a below-elbow amputation seeks to improve independence; which approach is most appropriate given dislike of a prosthesis?

A. Refer the adolescent to the child psychologist to deal with adjustment to disability

B. Work on unilateral skills for completion of meaningful activities

C. Attend teeth amputee support group

D. Refer the adolescent to a prosthetist for a cosmetic hand

9. According to the Rood approach, which stability pattern is the first to facilitate in a hypotonic child?

A. Roll over

B. Quadruped

C. Neck co-contraction

D. Prone on elbows

10. In home management tasks, a client explains eggs should be on top because they break. This illustrates which cognitive style?

A. Concreteness

B. Diminished insight

C. Anosognosia

D. Poor sequencing

Answers

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

Explanations

1. When planning a home program after OT discharge, which principle is most important?

A. It should be tailored to the client's goals and living environment

B. It should be the same for every client

C. It should be high-intensity with no rest

D. It should be designed by the clinician alone without client input

Tailoring the home program to the client's goals and living environment is essential because a discharge plan needs to be meaningful, feasible, and sustainable in real life. When the activities and tasks align with what the client wants to achieve and fit the actual space, routines, and available support at home, the plan becomes more relevant and easier to follow. This supports motivation, adherence, and functional carryover into daily life, which are key for long-term outcomes. For example, if a client aims to cook for themselves, the program should address kitchen setup, steps of a meal-prep task, safety considerations, and any needed adaptations in their home. In contrast, a one-size-fits-all plan would fail to reflect individual goals or home realities, making it impractical and unlikely to be used. A plan that is high-intensity with no rest is unsafe and unsustainable, especially after a period of rehab where energy conservation, pacing, and gradual progression matter. A design created by the clinician alone without client input undermines engagement and relevance, reducing motivation and adherence.

2. A preschool child born with congenital CMV has difficulty seeing but enjoys peer play. Which intervention best improves play experiences with classmates?

A. Train a personal assistant to provide verbal cues during play activities

B. Have the child read books in braille aloud to classmates

C. Train a classmate to guide the child during play activities

D. Incorporate 3D objects into play activities

Fostering participation in peer play for a preschooler with visual impairment relies on creating shared, meaningful activities that invite classmates to join. Having the child read braille aloud to classmates does this by turning literacy into a collaborative experience. It shows the child's competence in braille, gives peers a concrete way to engage with the story or activity, and normalizes the use of braille in the group. This approach promotes social interaction, communication, and inclusion during play, which are central goals in pediatric OT. Other options tend to center on adult-led prompts or guidance rather than enabling ongoing peer interaction. A personal assistant providing verbal cues can shorten opportunities for peers to join in. Training a classmate to guide the child may create a dependency and alter the natural play dynamic toward one-on-one assistance rather than shared play. While incorporating 3D objects supports tactile exploration and access, it doesn't inherently foster peer-led collaboration and literacy-based shared activity in the same way.

3. Which ethical principle is primarily concerned with avoiding harm?

A. Beneficence

B. Autonomy

C. Nonmaleficence

D. Justice

Nonmaleficence means avoiding harm to the patient. It guides us to assess and minimize risks, ensure safety in all interventions, and change or stop something if the potential for harm outweighs the benefit. In occupational therapy, this shows up as choosing activities that won't expose the client to unnecessary injury, securing equipment and environments to prevent accidents, and carefully monitoring for adverse effects. Beneficence is about actively promoting the client's well-being and good outcomes, which often aligns with nonmaleficence but focuses on doing good rather than just avoiding harm. Autonomy emphasizes respecting the client's informed choices, and justice concerns fair access and distribution of resources. So the principle most concerned with avoiding harm is nonmaleficence.

4. An OT is teaching a 3-year-old with left CVA to perform one-handed dressing; which cueing method is most effective?

A. Physical prompts

B. Step-by-step verbal instructions

C. Sequenced photos of the steps in dressing

D. A full-length mirror for self-observation

Guiding the movement with physical prompts provides proprioceptive feedback and direct motor guidance, which is essential for relearning a one-handed dressing task when the left side is weakened after a CVA. By hand-over-hand support, the child experiences the correct movement pattern in the actual task context, helps prevent compensatory strategies, and allows the therapist to tailor the level of help and fade it gradually as strength and coordination improve. Verbal instructions alone often rely on the child's ability to translate language into motor action, which can be challenging with motor impairment; photos show the steps but don't guide the movement, and a full-length mirror offers only visual feedback without assisting the motor execution.

5. Which item is not typically part of occupational therapy rehabilitation after tendon repair?

A. Wound care and edema management.

B. Scar management.

C. Desensitization.

D. Laser eye surgery.

Post-tendon repair rehab centers on protecting the repair while gradually restoring tendon glide and hand function. Wound care and edema management are essential to control swelling and prevent stiffness that could limit tendon movement. Scar management helps optimize scar tissue so the tendon can glide smoothly during movement. Desensitization reduces hypersensitivity, improving tactile tolerance and enabling practical use of the hand. Laser eye surgery is not part of OT rehabilitation for a tendon repair because it targets the eye, not the repaired tendon or hand function.

6. CRPS Type I management: which of the following statements is true?

A. It is characterized by vasomotor dysfunction

B. It involves demyelination of peripheral nerves only

C. It is caused by acute infection

D. It presents with nocturnal pain

CRPS Type I is defined by autonomic and vasomotor instability in the affected limb, which leads to changes in skin color, temperature, edema, and sweating due to abnormal blood flow. This vasomotor dysfunction is the hallmark feature, so the statement describing it as such is the true one. The idea of demyelination of peripheral nerves only doesn't fit CRPS Type I, since it isn't primarily a demyelinating neuropathy (and Type II would involve a nerve injury). It isn't caused by an acute infection, as CRPS typically follows injury or trauma rather than infection. While nocturnal pain can occur, it isn't the defining characteristic of CRPS.

7. An OT evaluates a client after a mild stroke for executive function. Which cognitive foci are most relevant to assess as a prerequisite for higher-level cognition?

A. Attention and memory

B. Job interests and efficacy

C. Spatial relations and praxis

D. Initiation and planning

The main idea is that higher-level thinking relies first on the ability to start an action and to organize the steps needed to reach a goal. Initiation and planning are the cognitive processes that turn intention into action. After a mild stroke, these are the key first steps that enable a person to engage in goal-directed activity. Initiation is the capacity to generate and begin a task without constant prompts, which sets the stage for doing anything complex. Planning involves outlining the sequence of steps, anticipating needs and obstacles, and arranging resources. If someone struggles with starting or with organizing a plan, they'll have trouble applying attention, memory, and other cognitive skills in a coherent, goal-oriented way. In other words, you can have intact basic cognitive processes, but without good initiation and planning, higher-level tasks fall apart because there's no roadmap or drive to begin. This is why initiation and planning are the most relevant foci to assess as prerequisites for higher-level cognition. Attention and memory are fundamental processes that support planning and initiation, but they are not the starting point themselves for complex, goal-directed action. Spatial relations and praxis focus on visuospatial and motor planning skills, which are important but pertain more to movement and spatial processing than to the core ability to start and structure a task. Job interests and efficacy relate to motivation and occupation-specific factors, not cognitive prerequisites. So, prioritizing initiation and planning in the assessment gives the clearest window into a person's capacity to engage in and organize complex cognitive tasks after a stroke.

8. An adolescent with a below-elbow amputation seeks to improve independence; which approach is most appropriate given dislike of a prosthesis?

A. Refer the adolescent to the child psychologist to deal with adjustment to disability

B. Work on unilateral skills for completion of meaningful activities

C. Attend teeth amputee support group

D. Refer the adolescent to a prosthetist for a cosmetic hand

Maximizing independence after a below-elbow amputation when a prosthesis isn't preferred relies on building proficient use of the remaining limb and compensatory strategies. Focusing on unilateral skills means teaching efficient one-handed techniques for daily activities that are meaningful to the adolescent—dressing, grooming, feeding, school tasks, and leisure—so they can function independently without a prosthesis. This involves task analysis to break down activities, selecting adaptive equipment and setup that favor one-handed performance, and practicing in real-life contexts such as home, school, and social settings. The goal is to enhance autonomy, reduce frustration, and support participation and self-efficacy during adolescence. If the individual later chooses to reconsider prosthetics, that option can be explored, but the immediate priority is enabling independence through unilateral skills aligned with their preference.

9. According to the Rood approach, which stability pattern is the first to facilitate in a hypotonic child?

A. Roll over

B. Quadruped

C. Neck co-contraction

D. Prone on elbows

In Rood's sequence, establishing a stable base starts with stabilizing the head and neck. The first stability pattern to facilitate in a hypotonic child is neck co-contraction because activating both neck flexors and extensors simultaneously anchors the head, reduces excessive movement, and provides a reliable base for the trunk and upcoming limb control. This head stability creates the necessary proximal support for later postures and movements. Once neck co-contraction is in place, the next stability pattern is prone on elbows to promote trunk and shoulder girdle stability in a prone position, and then quadruped for further four-point stability. Roll over, meanwhile, is more of a mobility pattern and not the initial stability step.

10. In home management tasks, a client explains eggs should be on top because they break. This illustrates which cognitive style?

A. Concreteness

B. Diminished insight

C. Anosognosia

D. Poor sequencing

Focusing on concrete, tangible features and practical rules is the hallmark of concreteness. In home management tasks, concrete thinkers rely on literal, observable properties to guide action. Here, the client's rule—eggs should be on top because they break—uses a direct, physical property (fragility) to determine placement. It's a straightforward, rule-based approach tied to what can be seen and experienced, rather than an abstract plan or strategic sequencing of steps. Diminished insight or anosognosia would involve a lack of awareness about one's deficits, not this kind of task-rule thinking. Poor sequencing would show trouble organizing steps in the correct order, which isn't demonstrated by simply stating a protective rule about fragile eggs. So this situation best illustrates concreteness.

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:

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