



COTA OT Assistant Exam Prep

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Practice Questions

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1. Which condition involves involuntary muscle contractions that result in twisting movements?

- A. Athetosis
- B. Myoclonus
- C. Akinesia
- D. Dystonia

2. At what temperature should Thermal Fluidotherapy units be set for optimal therapeutic use?

- A. 105 to 125 degrees Fahrenheit
- B. 130 to 140 degrees Fahrenheit
- C. 90 to 100 degrees Fahrenheit

3. In which specific locations are bursitis injuries most likely to occur due to repetitive stress, particularly in individuals involved in manual labor?

- A. Lumbar vertebrae due to sedentary lifestyle
- B. Plantar fascia due to prolonged standing
- C. Carpal tunnel due to wrist inflammation
- D. Shoulder and elbow bursae due to repetitive overhead activities

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4. What symptom might a patient exhibit when remaining still and not interacting with objects?

- A. Rigidity
- B. Resting tremor
- C. Intention tremor
- D. Ataxia



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5. Which factors should be included in an ergonomics checklist for assembling workstations in a manufacturing environment? Select the three BEST responses.

- A. Adjustable workbench height
- B. Proper lighting to minimize glare
- C. Anti-fatigue mats for standing workers
- D. Fixed-height workbenches

6. The prefix "hemi-" indicates half or partial. Which term would correctly describe a condition of partial paralysis?

- A. Hemodialysis
- B. Hematuria
- C. Hemiplegia
- D. Hemostasis

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7. Which description of a client's progress MOST effectively supports the need for continued occupational therapy services by demonstrating significant improvement and therapeutic benefit?

- A. Slight improvement
- B. Needs ongoing repetition
- C. Improved fine motor skills
- D. Consistent range of motion

8. A school district is evaluating a COTA candidate for a role assisting with sensory integration interventions for children. The COTA has just completed their studies and the school is particularly interested in candidates with practical experience. Which is the MOST pertinent area to discuss with the candidate during the interview?

- A. Experience with sensory integration techniques
- B. Personal relationships with other therapists
- C. Potential barriers due to travel distance
- D. The candidate's social media presence



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9. Review the table below to determine which task can be performed by an occupational therapy aide without requiring advanced skills or specialized training. Task Skill Level Requires Special Training Setting up treatment materials Non-Skilled No Maintaining equipment Skilled Yes Administering therapeutic exercises Skilled Yes

- A. Setting up treatment materials
- B. Maintaining equipment
- C. Administering therapeutic exercises

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10. When participating in a community outreach program as a Certified Occupational Therapy Assistant (COTA), what are the primary responsibilities you should focus on to uphold professional standards? Select the three BEST responses.

- A. Encouraging community members to exceed their limits
- B. Providing education and promoting awareness of occupational therapy services
- C. Collaborating with community leaders and other professionals to design outreach activities
- D. Assigning tasks to volunteers and community members to facilitate program activities

11. A client reports difficulties with joint swelling in the morning and stiffness that improves throughout the day. They are seeking advice from their OTA. What suggestion might the OTA provide to help alleviate these morning symptoms?

- A. Consume high-sodium snacks before bed
- B. Apply warm compresses in the morning
- C. Decrease fluid intake

12. Which of the following is an INCORRECT movement pattern for shoulder flexion exercises aimed at improving reach and range of motion?

- A. External rotation of the humerus
- B. Humerus positioned in 40 degrees of extension
- C. Scapular upward rotation
- D. Humerus in 90 degrees of flexion

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13. An occupational therapist is working with a stroke patient who is experiencing difficulty in walking due to abnormal muscle tone. Which type of abnormal muscle tone is characterized by continuous resistance during passive movement with no clasp-knife response?

- A. Lead pipe rigidity
- B. Clasp-knife spasticity
- C. Cogwheel rigidity
- D. Flaccidity

14. A COTA is assisting a school-aged child who has difficulty carrying a heavy backpack. After observing the child's routine for a week, what should the COTA advise the child not to do?

- A. Use both straps of the backpack
- B. Adjust the backpack to sit at waist height
- C. Pack heavier items closer to the back
- D. Sling the backpack over one shoulder

15. A patient presents to an occupational therapy clinic with carpal tunnel syndrome. Their evaluation report notes that they have undergone "every conservative treatment with limited success." Which of the following is NOT a conservative intervention for carpal tunnel syndrome?

- A. Non-steroidal anti-inflammatory drugs (NSAIDs)
- B. Activity modification
- C. Surgical release
- D. Wrist splinting

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16. In the context of the WRAP approach in mental health intervention, if an occupational therapy assistant is gathering information while simultaneously providing reassurance about the client's feelings, which aspect of the WRAP method are they employing?

- A. Acting on assessments
- B. Avoiding difficult conversations
- C. Resolving all issues immediately
- D. Work with emotions and gather information



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17. An OTA is working with a patient who recently began experiencing sensory issues due to neuropathy. What recommendations might an OTA make to help prevent injuries? Select the three BEST responses.

- A. Avoid wearing protective footwear
- B. Wear gloves only in the cold
- C. Educate on inspecting areas prone to pressure marks using a mirror
- D. Use padding to protect bony areas

18. An occupational therapy assistant is supporting a child in developing handwriting skills. At what age should it be expected that a child can write their first and last name legibly?

- A. 3-4 years
- B. 4-5 years
- C. 5-6 years
- D. 6-7 years

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19. An OTA is working with a group of adults in a long-term care facility aiming to improve their overall wellness. Which areas should be prioritized in their intervention plan? Select the three BEST responses.

- A. Providing education on healthy diet and nutrition
- B. Promoting emotional well-being by reducing stress and anxiety
- C. Implementing a rigorous physical exercise program
- D. Focusing on the development of communication skills

20. A COTA is working with a client who has a partial thickness burn injury in the healing phase. Which of the following steps should the therapist follow during assessment to evaluate the sensory recovery?

- A. Use the index finger to lightly touch the surface of the burn area and surrounding skin
- B. Avoid touching the burn area completely
- C. Only assess the unaffected skin areas



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21. Which of the following is NOT a recommended strategy for reducing hand fatigue during daily activities?

- A. Using larger pens when writing
- B. Employing adaptive scissors
- C. Using electric toothbrushes
- D. Gripping utensils tightly while eating

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22. In occupational therapy, when developing a treatment plan for a client with a physical disability, what should be the primary focus?

- A. Improving client factors
- B. Achieving personal goals
- C. Enhancing occupational performance

23. An OTA is working with a community stroke rehabilitation team providing guidance to caregivers on client independence with basic self-grooming tasks. At what stage post-stroke would a client typically demonstrate the ability to independently brush their hair and teeth correctly?

- A. Stage 2
- B. Stage 3
- C. Stage 4
- D. Stage 1

24. An OTA is working with the parent of a five-year-old child who has been recently diagnosed with autism spectrum disorder (ASD). The parent is concerned because the child often lines up toys instead of engaging in pretend play. What should the OTA explain to the parent about this behavior?

- A. This behavior is common among children with autism spectrum disorder (ASD).
- B. The child should only engage in pretend play at this age.
- C. The child should focus on fine motor skills exclusively.
- D. The child must immediately begin structured interactions with peers.

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25. Which phase of motor control, according to Margaret Rood, is exemplified by a child maintaining postural stability while rolling over to pick up a toy?

- A. Co-contraction
- B. Reciprocal inhibition
- C. Heavy work
- D. Skill

26. What type of wheelchair adaptation is recommended for a patient with C6-C7 spinal cord injury to improve mobility and independence?

- A. Power wheelchair with a hand control interface
- B. Manual wheelchair with fixed positioning
- C. Reclining wheelchair with leg extenders
- D. Scooter with a foot-pedal control

27. Which type of adaptive device is most suitable for assisting a patient with a spinal cord injury in managing bathroom tasks independently?

- A. Buttonhook
- B. Sock aid
- C. Suction bath mat
- D. Reacher with a hook

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28. An OTA is working with a 15-year-old student at a middle school. The student is seeking one-on-one educational support rather than participating in traditional classroom settings. What are some indicators that individual support is more suitable than group-based learning for this student? Select the three BEST responses.

- A. Exhibits frustration aggressively
- B. Works well in collaborative projects
- C. Shows interest in group activities
- D. Willing to attend group sessions regularly

29. Hydration is crucial for maintaining health, especially for older adults. What is an intrinsic factor that may contribute to dehydration in the elderly?

- A. Lack of mobility
- B. Reduced thirst sensation
- C. Poor access to drinking water
- D. Hot climate



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30. Who determines the initial objectives when adaptive seating is recommended for a patient in rehabilitation?

- A. Physical therapist
- B. Speech-language pathologist
- C. Rehabilitation nurse
- D. Occupational therapist



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Answer Key & Explanations

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1. D — Dystonia

Answer: Dystonia Dystonia involves involuntary muscle contractions that result in repetitive twisting movements and abnormal postures. Athetosis is characterized by writhing, worm-like movements in the presence of decreased motor control. Myoclonus involves sudden, brief, involuntary muscle jerks. Akinesia is decreased initiation in regard to motor planning and movement.

2. A — 105 to 125 degrees Fahrenheit

The correct temperature range for Thermal Fluidotherapy is 105 to 125 degrees Fahrenheit, which provides effective heat therapy by utilizing dry heat to increase blood flow and promote healing.

3. D — Shoulder and elbow bursae due to repetitive overhead activities

Answer: Shoulder and elbow bursae due to repetitive overhead activities Bursitis is an inflammation of the bursae, the small fluid-filled sacs that cushion bones, tendons, and muscles near joints. It commonly occurs in the shoulder and elbow, particularly among those engaged in repetitive overhead tasks. Unlike bursitis, lumbar vertebrae issues are more associated with posture, plantar fasciitis is linked to overloading and weight-bearing activities, and carpal tunnel syndrome is due to nerve compression.

4. B — Resting tremor

Answer: Resting tremor A resting tremor is observed when an individual is not moving or when muscles are at rest. It indicates a symptom often linked to neurological conditions. An intention tremor is different as it occurs during voluntary movement, such as reaching for an item. Ataxia involves a lack of muscle control during movement and includes balance and coordination issues. Rigidity refers to continuous muscle contraction, restricting movement even during rest.

5. A — Adjustable workbench height

An ergonomics checklist for manufacturing environments includes adjustable workbench height to accommodate different worker sizes, proper lighting to minimize glare and shadows, and anti-fatigue mats to reduce strain on workers' feet and legs during long periods of standing. Fixed-height workbenches do not allow adjustments, limiting ergonomic posture. Hard flooring, while easy to clean, lacks cushioning for standing workers. Poor ventilation can lead to an uncomfortable work environment, affecting worker safety and efficiency.

6. C — Hemiplegia

Answer: Hemiplegia Hemiplegia involves partial or complete paralysis on one side of the body. The prefix "hemi-" denotes half. Hemostasis refers to the process of stopping bleeding or the flow of blood. Hemodialysis is a process used to clean blood in individuals with kidney failure. Hematuria denotes the presence of blood in urine.

7. C — Improved fine motor skills

Answer: Improved fine motor skills When a client shows specific improvement, such as in fine motor skills, it indicates therapeutic progress and justifies the continuation of occupational therapy. Other options indicate



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slower progress or little change, offering weaker justification.

8. A — Experience with sensory integration techniques

Answer: Experience with sensory integration techniques Having practical experience with sensory integration techniques is crucial for the role and directly relevant to the job duties. The other aspects are either personal or unrelated, violating professional boundaries.

9. A — Setting up treatment materials

Setting up treatment materials is a non-skilled task, suitable for an OT aide as it involves no patient interaction or specialized training. Maintaining equipment and administering therapeutic exercises require higher skill levels and specialized training, making them unsuitable for an OTA aide.

10. B — Providing education and promoting awareness of occupational therapy services

COTAs in community outreach should focus on education and awareness, collaborate with partners, and organize task assignments to maintain the integrity and success of the program. Acting in a leadership capacity beyond that of an OT or focusing solely on administrative tasks can disrupt the collaboration needed for effective outreach. Encouraging community members to exceed their limits is not suitable in outreach, where the focus should be on participation and involvement within comfort levels.

11. B — Apply warm compresses in the morning

Applying warm compresses can help alleviate morning stiffness in individuals dealing with rheumatoid arthritis or similar conditions. Decreasing fluid intake is not related to reducing joint stiffness, while consuming high-sodium snacks before bed could exacerbate swelling.

12. B — Humerus positioned in 40 degrees of extension

Answer: Humerus positioned in 40 degrees of extension During shoulder flexion exercises, the correct position for improving reach and range is 0 to 180 degrees of flexion without extension. The other movement patterns listed are correct for enhancing the range of motion for shoulder flexion.

13. A — Lead pipe rigidity

Lead pipe rigidity is characterized by uniform resistance throughout the range of movement, with no clasp-knife phenomenon. Clasp-knife spasticity refers to increased resistance at the start of movement followed by sudden release. Cogwheel rigidity is a type of rigidity seen in Parkinson's disease where the resistance to movement is jerky. Flaccidity refers to decreased muscle tone, leading to a loose or floppy limb.

14. D — Sling the backpack over one shoulder

Answer: Sling the backpack over one shoulder Slinging the backpack over one shoulder is not recommended as it can lead to strain and injury. Using both straps, adjusting the height, and packing strategically are advised practices for proper backpack use.

15. C — Surgical release

Answer: Surgical release Carpal tunnel syndrome can be treated surgically, but this is not considered conservative management. Conservative treatments include wrist splinting, NSAIDs, and activity modification, which aim to reduce symptoms without surgery.

16. D — Work with emotions and gather information

Answer: Work with emotions and gather information Within the WRAP approach, 'Work with emotions and gather information' involves acknowledging the client's feelings and asking questions to understand their situation comprehensively. The 'W' stands for being aware and thoughtful about the client's emotional state.



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'R' represents reviewing the current circumstances and planning interventions based on findings. There are no roles for 'Acting on assessments' and 'Avoiding difficult conversations' in the WRAP framework.

17. C — Educate on inspecting areas prone to pressure marks using a mirror

Individuals with neuropathy should be trained to inspect for pressure marks, especially on areas like heels, using a mirror to ensure they can see hard-to-reach or hidden areas. It's important to use padding or appropriate measures to protect areas prone to pressure-related injuries, especially during prolonged activities. Checking water temperature with the elbow helps prevent burns due to impaired temperature sensation in the hands. Individuals should avoid walking barefoot or neglecting protective footwear to prevent injuries to the feet.

18. D — 6-7 years

By ages 6 to 7, children typically have developed the fine motor skills needed to write both their first and last names legibly. At 3 to 4 years, children generally begin to recognize and scribble letters or simple words. At 4 to 5 years, they may write their first names with some legibility. By 5 to 6 years, they often can write basic words and some parts of the last name.

19. A — Providing education on healthy diet and nutrition

Focusing on activities that are meaningful helps improve quality of life and engagement. Educating on healthy diet supports physical health, while reducing stress and anxiety promotes emotional well-being. Vigorous exercise and sports are less appropriate for this setting, and communication skills have different priority levels.

20. A — Use the index finger to lightly touch the surface of the burn area and surrounding skin

Correct practice: Use the index finger to lightly touch the surface of the burn area and surrounding skin. Light touch can help assess sensory recovery as the area starts to heal. It's also essential to compare sensitivity in the affected area with adjacent healthy skin.

21. D — Gripping utensils tightly while eating

The correct answer is: Gripping utensils tightly while eating. To minimize hand fatigue, it is advisable to maintain a relaxed grip when using utensils. Tightly gripping objects increases strain. Using larger pens, adaptive tools, and electric devices can reduce the effort required, thereby easing hand fatigue.

22. C — Enhancing occupational performance

In occupational therapy, the primary aim is to enhance the client's occupational performance, which involves their ability to engage in daily life activities. While client factors and personal goals are important, they do not form the main focus of an intervention plan.

23. B — Stage 3

In Stage 1 of stroke recovery, clients generally require significant assistance with basic self-grooming tasks. By Stage 2, clients may begin to actively participate but are not yet consistent in performing grooming tasks independently. Stage 3 usually marks a significant improvement, where clients often achieve the ability to independently perform tasks like brushing teeth and hair. In Stage 4, clients typically work on mastering higher-level tasks and fine motor skills.

24. A — This behavior is common among children with autism spectrum disorder (ASD).

Answer: This behavior is common among children with autism spectrum disorder (ASD). Children with ASD may display repetitive behaviors such as lining up objects, which can be a preferred activity over pretend play. Recognizing these behaviors helps in tailoring suitable interventions to encourage engagement in a variety of



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activities.

25. C — Heavy work

Heavy work is the third phase of motor control and involves proximal stability with distal movement, as seen in maintaining stability while moving to pick up a toy. Skill involves refined distal movement with stable proximal joints, more advanced than just picking up a toy. Co-contraction is about stability only through the contraction of opposing muscles, such as maintaining posture without movement. Reciprocal inhibition involves reflexive movement patterns and does not require conscious stability or control.

26. A — Power wheelchair with a hand control interface

Individuals with C6-C7 spinal cord injury benefit from a power wheelchair with a hand control interface, which enhances their ability to navigate independently using their remaining arm and wrist function. Manual wheelchairs may not provide sufficient independence due to limited upper limb function. Reclining wheelchairs and scooters with foot-pedal controls are not suitable as they do not take advantage of the available functional upper limb abilities at this injury level.

27. D — Reacher with a hook

A reacher with a hook is effective for a person with a spinal cord injury, as it extends reach and grasps items more easily, aiding in various bathroom tasks. A buttonhook is primarily used to assist with buttoning clothes, not bathroom tasks. A sock aid helps in putting on socks, while a suction bath mat provides stability in the shower.

28. A — Exhibits frustration aggressively

A student on a behavior management plan may benefit from individual support to address specific needs. If a student frequently interrupts peers and exhibits aggression when frustrated, they might disrupt group learning. Students who excel in group settings and enjoy group activities are suited for group-based learning.

29. B — Reduced thirst sensation

Answer: Reduced thirst sensation. As people age, their sensation of thirst decreases, which can lead to dehydration if they do not consciously ensure adequate fluid intake. Other intrinsic factors include illnesses and certain medications that impact fluid balance. The other options are extrinsic factors related to the environment or situation.

30. D — Occupational therapist

The correct answer is the occupational therapist. While the entire team collaborates to determine the appropriate adaptive seating, it is ultimately the responsibility of the occupational therapist to establish the goals for its use. The occupational therapist and the OTA can then work together to determine seating configurations. The insights from the patient, caregivers, and team members are valuable, but the occupational therapist finalizes the adaptive seating goals.



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