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Practice Questions

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1. An OTR completes a low vision evaluation for a client with diabetic retinopathy and determines that the client has reduced visual acuity for reading and difficulty tolerating bright light and glare. Which of the following intervention approaches would be MOST APPROPRIATE for the OTR to implement based on this client's diagnosis?

- A. Establish or restore
- B. Maintain performance
- C. Create or promote
- D. Modify, adapt, compensate

2. A client with a neurological condition is participating in occupational therapy. What is the primary goal of neurological rehabilitation in occupational therapy?

- A. To reduce pain and discomfort
- B. To improve functional independence and quality of life
- C. To increase muscle strength and flexibility
- D. To prevent further neurological deterioration

3. An OTR is evaluating a client with a long history of arthritis. The client often struggles with reaching objects on high shelves because of shoulder pain. What is the most suitable therapeutic intervention?

- A. Encourage use of a reaching aid to reduce overuse of the shoulder.
- B. Suggest the client to continue reaching for objects to improve shoulder strength.
- C. Instruct the client to completely avoid overhead activities.
- D. Advise client to use the unaffected shoulder more frequently.

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4. A client with respiratory failure is participating in a pulmonary rehabilitation program. They experience difficulty with completing their activities of daily living (ADLs) due to muscle weakness and fatigue. Which training should the OTR prioritize for this client?

- A. Progressive resistive exercises
- B. Progressive muscle relaxation
- C. Understanding energy costs
- D. Energy conservation strategies

5. An occupational therapy practitioner is working with an adolescent diagnosed with Down syndrome in a school-based setting. Over the course of the intervention sessions, the adolescent has stopped showing up to sessions and has been observed to be spending time at the park with other adolescents. Which is MOST important for the occupational therapy practitioner to address with this adolescent?

- A. Notify the school principal that the adolescent is not attending the intervention sessions
- B. Set expectations for attendance and participation for intervention sessions
- C. Encourage the adolescent to continue to meet with others in the park to support social participation
- D. Contact the adolescent's parents and encourage parents to address the issue of attendance

6. What is an effective approach when working with a client with obsessive–compulsive disorder?

- A. Focus on feelings and provide opportunities for spontaneity
- B. Focus on the here and now, provide reality testing
- C. Reinforce assertiveness and self-esteem
- D. Set firm limits, consistency, matter-of-fact approach

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7. A client with visual field loss has difficulty with functional mobility and has experienced multiple falls due to bumping and tripping over objects. The client has reduced participation outside of the home and demonstrates increased social isolation. Which intervention strategy is BEST for the OTR to utilize when working with this client?

- A. White cane training
- B. Organizational training
- C. Magnification training
- D. Scanning training



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8. What is the typical hand position observed with a radial nerve injury?

- A. Ape hand
- B. Wrist drop
- C. Forearm supination
- D. Thumb radial abduction

9. A 5-year-old child with spina bifida needs a wheelchair for mobility. Which type of wheelchair would be most appropriate for this child?

- A. Pediatric wheelchair
- B. Tilt-in-space wheelchair
- C. Sports wheelchair
- D. One-arm-drive wheelchair

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10. An OTR is working with a client who has Parkinson's disease and is experiencing bradykinesia. Which activity would be MOST EFFECTIVE in addressing this client's movement disorder?

- A. Completing puzzles
- B. Playing a musical instrument
- C. Drawing and coloring
- D. Therapeutic exercises to improve strength and coordination

11. An OTR is attending an IEP meeting to discuss the transition of a 17-year-old student after graduation from 12th grade. The student has shown an interest in pursuing further education. What would be the BEST recommendation for the OTR to suggest FIRST?

- A. A work readiness program
- B. A vocational rehabilitation evaluation
- C. A college and career readiness program
- D. A pre-vocational program

12. During an occupational therapy evaluation, what information is gathered to create an occupational profile?

- A. Interview about cognitive skills
- B. Observation of coordination and movement
- C. Evaluation of sensory functions
- D. Client's habits, routines, roles



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13. What is the MOST important component of client education for a client with lateral epicondylitis?

- A. Avoid the use of awkward postures
- B. Consistently perform a stretching program
- C. Learning self-management techniques
- D. Instruction on how to apply splints

14. A child with a genetic disorder that impacts muscle control needs seating options in the home. Which is the BEST option for the OTR to recommend?

- A. Therapy bench
- B. Rock'er Pediatric Chill Out Chair
- C. Rifton Modular Wooden Chair with Pommel
- D. Corner chair

15. An OTR is working with an infant in the neonatal intensive care unit who was born at 25 weeks' gestation. The infant is the first child of young parents without high school diplomas who live about 2 hours from the hospital. Both parents appear unsettled and afraid to touch and hold the child for fear of hurting the infant. What INITIAL action should the OTR take when providing developmental care to the infant and family?

- A. Provide family education on kangaroo care and explain the benefit of this care for relaxation and caregiver closeness
- B. Explore ways of creating a home-like environment at the infant's bedside to provide family privacy and comfort
- C. Provide written home program activities and training to the parents before discharge to ensure carry-over into the home
- D. Consider using supportive measures such as containment to promote self-regulation and attachment

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16. Which of the following is a common symptom of ulnar nerve injury?

- A. Benediction sign
- B. Ape hand
- C. Claw hand deformity
- D. Wrist drop

17. Which standardized pediatric developmental assessment covers cognition, language, gross and fine motor skills, social-emotional skills, and self-help for children from birth through three years old?

- A. Bayley Scales of Infant Development, 3rd Edition (BSID-III)
- B. Hawaii Early Learning Profile, Revised (HELP)
- C. Denver Developmental Screening Test II
- D. Neurological Assessment of Pre-term and Full-term Newborn Infant (NAPFI)

18. When implementing motivational strategies in skills training, what is an example of an internal reward?

- A. Gift card
- B. Money
- C. Recognition
- D. Sense of accomplishment

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19. During a cardiac rehabilitation session, the OTR notices that the client's blood pressure drops by more than 10 mm Hg when transitioning from sitting to standing. What symptom of cardiac distress did the OTR observe?

- A. Angina
- B. Diaphoresis
- C. Orthostatic
- D. Orthopnea



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20. An occupational therapist is working with an elementary-aged child during a therapy activity. The task provided requires the child to do a fine motor task that is slightly above the child's current skill level. The occupational therapist watches the child engage in problem-solving through trial and error throughout the task. Which method is the occupational therapist implementing to engage this child?

- A. Quick success
- B. Just right challenge
- C. Sensory seeking
- D. Failure

21. An occupational therapist develops a sensory diet for a student to promote classroom engagement. What does this represent?

- A. Intervention
- B. Performance skills
- C. Performance patterns
- D. Outcomes

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22. A client with a C5 spinal cord injury is currently using a power wheelchair. The OTR wants to promote independence in mobility for this client. What is the MOST appropriate intervention technique for the OTR to use?

- A. Providing the client with a walker to use for mobility
- B. Assisting the client with transfers in and out of the power wheelchair
- C. Teaching the client how to independently propel a manual wheelchair
- D. Teaching the client how to use alternative control options on the power wheelchair

23. A new occupational therapist has been falsifying documentation of client sessions to indicate that the sessions were longer than they actually were. This is a clear violation of which ethical principle?

- A. Nonmaleficence
- B. Justice
- C. Veracity
- D. Confidentiality



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24. Which treatment modality is most appropriate for reducing inflammation and pain in an acute sprain?

- A. Paraffin
- B. Heat pack
- C. Ice pack
- D. Warm water whirlpool

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25. What is the appropriate muscle grade for a patient who demonstrates muscle tension but no movement during range of motion attempts?

- A. 2
- B. 0
- C. 1
- D. 3

26. Which physical agent modality is contraindicated in pregnant women and individuals with malignant tumors?

- A. Laser
- B. Paraffin
- C. Ultrasound
- D. Fluidotherapy

27. Which PNF movement pattern involves shoulder flexion, abduction, external rotation, scapula adduction, and upward rotation?

- A. D1 flexion
- B. D2 flexion
- C. D1 extension
- D. D2 extension

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28. What is an example of indirect supervision of an OTA by an OT?

- A. Phone conversations
- B. Observing skilled intervention
- C. Working together on treatment interventions
- D. Reviewing plans of care and goals

29. At what age can a child first be expected to participate in dressing by beginning to put on a simple shirt and socks?

- A. 4 years
- B. 1 year
- C. 3 years
- D. 2 years

30. The style of a specific task plays a major part in determining the ability to learn a motor skill. Which is an example of a closed task?

- A. Playing soccer
- B. Giving yourself a manicure
- C. Fishing
- D. Riding a bike



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Answer Key & Explanations

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1. D — Modify, adapt, compensate

The OTR would use the modify, adapt, compensate approach for this client to address the reduced visual acuity for reading and difficulty tolerating bright light and glare. This approach focuses on modifying the environment, activity demands, or the client's performance patterns to support their health and participation. The maintain performance approach is not appropriate as it assumes a degenerative disorder, which is not mentioned in the scenario. The create or promote approach aims to enhance and enrich occupational pursuits, and the establish or restore approach aims to improve client skills or abilities. These approaches do not directly address the specific visual challenges mentioned in the scenario.

2. B — To improve functional independence and quality of life

The primary goal of neurological rehabilitation in occupational therapy is to improve functional independence and quality of life. This involves helping the client regain or compensate for lost skills and abilities in order to engage in meaningful and purposeful activities.

3. A — Encourage use of a reaching aid to reduce overuse of the shoulder.

In this case, the most appropriate intervention would be to advise the client to use a reaching aid. It helps in accomplishing tasks without straining or overusing the affected shoulder. Teaching the client to avoid overhead activities altogether can limit their functional independence. Regular use of the unaffected shoulder might lead to overuse and secondary complications. Encouraging the client to push through the pain isn't effective or practical as it doesn't offer pain relief, and might further deteriorate the condition by really overusing the affected shoulder.

4. D — Energy conservation strategies

For a client with respiratory failure who is experiencing muscle weakness and fatigue, the most important training would be energy conservation strategies. Energy conservation strategies help the client reduce the energy demands of their ADLs by modifying their technique and using adaptive equipment. This will allow them to conserve energy and manage their fatigue more effectively, enabling them to perform their ADLs independently and with less effort.

5. B — Set expectations for attendance and participation for intervention sessions

Developing appropriate expectations is a significant determinant of an adolescent's choice of activities and success. Developing boundaries and expectations that include realistic and fair rules with consequences promotes healthy occupational engagement for adolescents. In this case, for occupational engagement, it is essential to set school and occupational therapy boundaries and expectations that monitor and support positive behavior.

6. A — Focus on feelings and provide opportunities for spontaneity

Clients with obsessive-compulsive disorder benefit from interventions that focus on feelings and provide opportunities for spontaneity. Often clients with obsessive-compulsive disorder experience compulsive or ritualistic behaviors to manage urges or maladaptive thoughts. Encouraging the client to explore feelings associated with the urges or maladaptive thoughts may reduce the compulsive behaviors.



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7. D — Scanning training

Visual scanning is the most common intervention for clients with visual field loss. Scanning training requires the client to utilize an organized visual search pattern in order to fully see the environment and the items that may be hazardous including low-lying steps, stairs, signs, or other people. Scanning training for clients with visual field loss is essential in order to promote safety and reduce falls.

8. B — Wrist drop

Injury to the radial nerve results in weakness or loss of strength in the extensor muscles of the wrist. This leads to a characteristic hand position known as wrist drop, where the wrist is flexed and fingers are extended.

9. A — Pediatric wheelchair

Since the child is 5 years old and has spina bifida, a pediatric wheelchair would be the most appropriate option. It is specially designed for children and can accommodate their size and developmental needs. A tilt-in-space wheelchair is suitable for individuals who need frequent repositioning, which may not be necessary for this child. A sports wheelchair is meant for individuals engaging in sports activities. A one-arm-drive wheelchair is designed for individuals who can manually propel the wheelchair, which may not be suitable for this child.

10. D — Therapeutic exercises to improve strength and coordination

Bradykinesia is a common symptom of Parkinson's disease, characterized by slow movement and poor coordination. Therapeutic exercises focused on improving strength and coordination can help address this movement disorder by targeting the client's physical abilities. Playing a musical instrument, drawing and coloring, and completing puzzles are not specifically designed to address bradykinesia and may not provide the same level of improvement in movement and coordination.

11. C — A college and career readiness program

A college and career readiness program would be the best recommendation for the OTR to suggest first. This type of program can provide the student with the necessary skills and resources to successfully transition to college or pursue a career. It may include guidance on college admissions, financial aid, academic support, and career exploration. A vocational rehabilitation evaluation, work readiness program, and pre-vocational program would be more suitable for students who are interested in entering the workforce immediately after graduation.

12. D — Client's habits, routines, roles

Creating an occupational profile involves gathering information about the client's habits, routines, and roles. This helps in understanding the client's performance patterns and promoting occupational engagement.

13. C — Learning self-management techniques

Epicondylitis is a form of cumulative trauma disorder where force is applied over the area, in this case, the client's lateral aspect of the elbow joint, repetitively along with overuse of the muscle group, which in this case is the extensor carpi radialis brevis. Learning self-management techniques will allow the client to be mindful of the movements that cause the injury. Self-management also includes the consistent application of techniques that will reduce the pain and inflammation, which involves the other answer choices.

14. B — Rock'er Pediatric Chill Out Chair

The Rock'er Pediatric Chill Out Chair is designed to provide an alternative chair option for individuals who are not in their wheelchair or adaptive seating. The chair includes a soothing rocking motion that helps calm the individual. The chair is custom designed for the needs of the user and vary depending on the child's needs.



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To promote leisure engagement and relaxation during family movie times, a cozy seating alternative can be recommended to the family. The child's mobility and positioning needs are individually attended to by using this custom relaxation chair.

15. A — Provide family education on kangaroo care and explain the benefit of this care for relaxation and caregiver closeness

Family education is essential for new parents to feel confident and comfortable in caring for their infant. In this case, providing education on kangaroo care is the initial action needed to boost the caregiver closeness and ease their fears. They also live far away from the hospital so establishing their bond and attachment through kangaroo care will be essential before they discharge and return home.

16. C — Claw hand deformity

An ulnar nerve injury can result in a claw hand deformity, which is characterized by curling of the 4th and 5th digits. This is due to weakness or paralysis of the muscles in the hand that are innervated by the ulnar nerve. An ape hand deformity is associated with a distal median nerve injury, not ulnar nerve injury. Benediction sign and wrist drop are associated with median and radial nerve injuries, respectively.

17. A — Bayley Scales of Infant Development, 3rd Edition (BSID-III)

The Bayley Scales of Infant Development, 3rd Edition (BSID-III) is a standardized evaluation for ages 1 to 42 months that covers cognition, language, motor skills, social-emotional skills, and adaptive behavior skills. It is used to determine a child's baseline abilities as well as continued progress through treatment. The Hawaii Early Learning Profile, Revised (HELP) is a nonstandardized assessment, while the Denver Developmental Screening Test II focuses on personal-social skills, fine motor skills, gross motor skills, and language. The Neurological Assessment of Pre-term and Full-term Newborn Infant (NAPFI) is a neurological evaluation and scale.

18. D — Sense of accomplishment

Motivational strategies involve the use of both internal and external rewards. An internal reward refers to a personal sense of accomplishment or satisfaction that comes from achieving a goal or completing a task. Money, recognition, and gift cards are examples of external rewards, as they are tangible items or incentives given to individuals as a form of motivation.

19. C — Orthostatic

The client's heart rate, blood pressure, and subjective response while performing a task are used to evaluate the cardiovascular system's response to activity. Orthostatic is a decrease of more than 10 mm Hg in the systolic blood pressure when the client transitions from supine to sitting or sitting to standing.

20. B — Just right challenge

The just right challenge requires grading or adapting an activity so that the activity is not too difficult. The just right challenge encourages achievement with the task using problem-solving skills; it strikes the balance between a task that is too easy and one that is too difficult.

21. A — Intervention

Interventions are services provided by occupational therapists to facilitate client engagement in occupations. Through providing a sensory diet, the occupational therapist is providing intervention to promote classroom engagement.



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22. D — Teaching the client how to use alternative control options on the power wheelchair

A client with a C5 spinal cord injury typically has limited or no hand function. Therefore, using alternative control options on a power wheelchair, such as a chin control or a head array, would be the most appropriate intervention technique to promote independence in mobility for this client.

23. C — Veracity

The ethical principle that the occupational therapist has violated is veracity. Veracity refers to providing comprehensive, accurate, and objective information when representing the profession. By falsifying documentation, the therapist is not being truthful and honest about the actual length of the client sessions.

24. C — Ice pack

An ice pack is a form of cryotherapy. Cryotherapy can assist with decreasing inflammation and pain, so it is most appropriate for an acute injury. Heat packs, paraffin, and warm water whirlpool modalities are all superficial heat modalities and not appropriate for acute injuries, as they would increase inflammation.

25. C — 1

A grade of 1 is given to muscles that demonstrate muscle tension but no movement during range of motion attempts. Grade 0 indicates flaccidity and no strength, grade 2 indicates full range of motion only in a gravity-eliminated position, and grade 3 indicates muscle breaks immediately with force and completes full range of motion.

26. C — Ultrasound

Ultrasound is the only modality that uses conversion to transfer heat and reach depths of 4 to 5 cm below the skin. This modality is also contraindicated for patients who are pregnant, have underlying metal implants, malignant tumors, or infections. The other options do not use a conversion mechanism and do not have the same associated precautions. Lasers transfer heat through radiation, fluidotherapy transfers heat through convection, and paraffin transfers heat through conduction.

27. B — D2 flexion

D2 flexion involves flexion of the shoulder that progresses toward the same side of the moving arm, with an ending position of shoulder flexion, abduction, and external rotation. In this position, the scapula is in adduction and upward rotation. D1 flexion involves flexion of the shoulder that progresses toward the opposite side of the moving arm, with an ending position of shoulder flexion, adduction, and external rotation. D1 extension involves extension of the shoulder that progresses toward the same side of the moving arm, with an ending position of shoulder extension, abduction, and internal rotation. D2 extension involves extension of the shoulder that progresses toward the opposite side of the moving arm, with an ending position of shoulder extension, adduction, and internal rotation.

28. A — Phone conversations

Indirect supervision of an OTA by an OT refers to supervision that is not provided in person. This can include phone conversations, video conferences, written notes, or emails. Observing skilled intervention, working together on treatment interventions, and reviewing plans of care and goals are examples of direct supervision, which is provided in person.

29. D — 2 years

At 2 years of age, a child can begin to participate in dressing by putting on a simple shirt and socks. They can also help pull down pants, take off a coat, and identify the armholes on a shirt. At 1 year of age, the child begins to participate in dressing by removing shoes and socks and extending their limbs out when the parent



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begins to put clothes on. At 3 years of age, a child can doff and don shoes and socks and remove their own pants, but may need a little help with shirts. At 4 years of age, a child can typically dress themselves with the exception of difficult fasteners and shoelaces.

30. B — Giving yourself a manicure

Closed tasks are completed in familiar environments that have minimal variability. Painting nails at home is a task completed in a familiar and consistent environment. The other options are all tasks completed in environments subject to change.



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