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Practice Questions

Try all 30 first, then check the answer key at the back.

1. You are treating a 45-year-old male patient in a geriatric clinic who complains of frequent nighttime urination and difficulty starting urination. After your initial evaluation, you decide to focus on teaching the patient bladder training and behavioral techniques. Which of the following conditions does the patient MOST likely have based on the treatment approach you have chosen?

A. Urge incontinence
B. Anatomical obstruction
C. Functional incontinence
D. Overflow incontinence

2. A physical therapist is assessing a 45-year-old male patient who has been diagnosed with end-stage renal disease (ESRD). During a routine check-up, the patient's bloodwork revealed potassium serum levels of 6.8 mEq/L. Which of the following is the MOST likely explanation for this elevated potassium level?

A. Renal tubular disease
B. Alkalosis
C. Diarrhea
D. Kidney disease

3. A physical therapist is reviewing the medical records of a 62-year-old male patient in an outpatient clinic who is undergoing rehabilitation for chronic kidney disease (CKD). The chart notes reveal the patient's blood test shows an elevated serum phosphorus level of 6.5 mg/dL. Based on this information, which comorbidity does the patient MOST likely have?

A. Metabolic alkalosis
B. Vitamin D deficiency
C. Secondary hyperparathyroidism
D. Acute renal failure

4. A physical therapist is working with a patient who is recovering from a traumatic brain injury and presents with difficulty in speaking and understanding language. Which of the following BEST describes the likely location of the brain damage?

A. Damage to the occipital lobe
B. Damage to the parietal lobe
C. Damage to the left hemisphere, particularly Broca's or Wernicke's area
D. Damage to the right hemisphere, particularly the prefrontal cortex

5. A patient with advanced Amyotrophic Lateral Sclerosis (ALS) has chosen to prioritize comfort over aggressive treatment interventions. The patient wishes to remain in a familiar, home-like setting where they can receive support to manage symptoms. Which of the following types of care is most appropriate for this patient, providing home-based support to manage the symptoms and ensure comfort?

A. Long-term acute care
B. Palliative care
C. Hospice care
D. Skilled nursing facility

6. A new patient at a physical therapy clinic mentions that she's using the Supplemental Nutrition Assistance Program (SNAP) to help with her grocery expenses. Which of the following statements is TRUE regarding SNAP?

A. It covers both inpatient and outpatient medical services
B. It is a federal program that assists low-income individuals with food purchases
C. It provides direct cash benefits for any kind of expenses, including travel and accommodation
D. It is a healthcare program that covers medical expenses for the elderly

7. During a gymnastics practice, an athlete sustains a sprain. The athlete goes to see a doctor and starts physical therapy for recovery. Which of the following is a third-party payer that would MOST LIKELY cover the services rendered in this situation?

A. Medicaid
B. Managed healthcare
C. Private health insurance
D. Workers' compensation

8. A patient who has experienced a partial arm amputation after an industrial accident is undergoing rehabilitation to improve functional use of the remaining limb. What percentage of the humerus was preserved, and what type of amputation was performed?

A. 20%; Short transhumeral amputation
B. 50%; Transhumeral amputation
C. 50%; Short transhumeral amputation
D. 25%; Transhumeral amputation

9. A physical therapist is treating a patient who suffered a severe burn injury to their leg and subsequently underwent a knee disarticulation. Which of the following accurately describes this patient's level of amputation?

A. An amputation through the knee joint
B. An amputation below the knee
C. An amputation above the knee, preserving <30% of the femur
D. An amputation above the knee, preserving >30% of the femur

10. During a balance assessment, a physical therapist observes that the patient exhibits a trendelenburg gait pattern. Which of the following is the MOST LIKELY cause of this gait deviation?

A. Tight hip adductors
B. Weak quadriceps
C. Shortened Achilles tendon
D. Weak hip abductors

11. Physical therapists must adhere to proper handling and disposal of sharps to prevent accidental injury and infection. Failing to do so can result in significant harm to both patients and healthcare workers. Which of the following is a widely accepted standard precaution when handling sharps?

A. Dispose of sharps in regular trash bins
B. Store used sharps in patients' rooms
C. Use puncture-resistant containers for disposing of sharps
D. Recap needles after use

12. A physical therapist is evaluating a 45-year-old male patient in a hospital setting. During the assessment, the therapist notes that the patient has gained weight, has dry skin, and displays bradycardia. The patient also complains of feeling fatigued and has been experiencing constipation. Which of the following is the MOST likely explanation for these findings?

A. Hypothyroidism
B. Hyperthyroidism
C. Hypoparathyroidism
D. Hypercortisolism

13. A physical therapist is working with a patient diagnosed with metabolic syndrome. They discuss the potential complications of the condition and provide education on lifestyle changes to manage it. Which of the following complications is LEAST likely associated with metabolic syndrome?

A. Increase in waist circumference.
B. Elevated blood pressure.
C. Higher risk of cardiovascular disease.
D. Increased risk of developing osteoporosis.

14. A person with Type 2 diabetes is starting a new exercise program under the supervision of a physical therapist. Which of the following is a potential complication that must be considered?

A. Increased mental clarity
B. Improved cardiovascular endurance
C. Hypoglycemia
D. Enhanced cognitive function

15. A patient with shortness of breath and palpitations undergoes a physical examination. You are provided with an echocardiogram report that reveals backflow of blood into the right atrium during ventricular systole. What is the MOST likely affected cardiac valve?

A. Pulmonary valve
B. Bicuspid valve
C. Aortic valve
D. Tricuspid valve

16. A patient with chronic obstructive pulmonary disease (COPD) presents with difficulty in expelling air from the lungs, resulting in hyperinflation. To assist this patient, which of the following interventions is the MOST appropriate?

A. Percussion and vibration
B. Pursed lip breathing
C. Segmental breathing
D. Diaphragmatic breathing

17. A patient in a cardiac rehabilitation program post-MI is performing a treadmill exercise. During the session, the patient suddenly experiences shortness of breath and a squeezing sensation in their chest. What is the MOST likely cause of these symptoms?

A. Angina pectoris
B. Myocardial infarction
C. Pulmonary embolism
D. Asthma attack

18. A physical therapist is preparing to assist with secretion drainage from a segment of a patient's lung. The physical therapist positions the patient in a sitting position, leaning back at a 45-degree angle, over a flat table. Given this positioning, in which area is the physical therapist MOST likely attempting to assist with drainage?

A. Apical segments of the upper lobes
B. Anterior basal segments of the lower lobes
C. Superior segments of the lower lobes
D. Lateral basal segments of the lower lobes

19. A 60-year-old male patient recently underwent thoracic surgery and has developed atelectasis. During physical therapy, the therapist claps over the patient's upper back on either side of the spine. What is the MOST likely goal of this intervention?

A. Drainage of the right middle lobe
B. Drainage of the superior segments of the upper lobes
C. Drainage of the lateral basal segments of the lower lobes
D. Drainage of the posterior basal segments of the lower lobes

20. A physical therapist is assessing a 75-year-old female patient who has recently undergone total hip replacement surgery. The therapist uses a standardized test to objectively evaluate the patient's mobility and functional capabilities. Which of the following instruments would be the LEAST effective tool to assess the patient's overall functional mobility?

A. Berg Balance Scale (BBS)
B. Functional Independence Measure (FIM)
C. Stroke Impact Scale (SIS)
D. Timed Up and Go (TUG) Test

21. A physical therapist is assessing a patient in an outpatient clinic. During the assessment, the therapist asks the patient to lie on their side and abduct the upper leg. Which of the following MOST likely indicates weakness of the gluteus medius?

A. Inability to maintain leg position against resistance
B. Contralateral hip drop
C. Loss of balance
D. Leg pain

22. A physical therapist has a patient lying on their stomach with their knees extended. The therapist passively flexes one knee and extends the hip until the patient complains of anterior thigh symptoms. The therapist then gently releases the flexed knee slightly until the symptoms decrease and subsequently extends the patient's knee further. What is the MOST likely test being performed?

A. Slump test
B. Femoral nerve traction test
C. Lasegue’s test
D. Schober test

23. A physical therapist is evaluating a patient who experienced a significant fall from a ladder three days ago. During the examination, the therapist performs the Sharp-Purser test. Which of the following indicates a positive finding for this test?

A. Decrease in neck pain upon neck traction
B. A clunking sensation or reduction in symptoms
C. Inability to palpate C2 moving in conjunction with C1
D. Electrical pain down the spine

24. A physical therapist is evaluating a patient who complains of hip joint pain and restricted movement in an outpatient clinic. During the physical exam, how should the therapist BEST assess the anterior movement of the patient's femur in relation to the acetabulum?

A. FADDIR test
B. FABER test
C. Thomas test
D. Ober's test

25. You are conducting a physical therapy assessment on a 30-year-old male patient. The patient mentions sudden onset of knee pain following an awkward landing during a basketball game two days ago. During the examination, you observe that the patient experiences significant pain and instability when attempting to fully extend their knee. Based on this information, which special knee test would MOST likely be used to assess the injury?

A. McMurray test
B. Patellar grind test
C. Ober's test
D. Lachman test

26. You are assessing a patient who sustained a fall directly onto the shoulder. During the physical examination, you notice that the patient is unable to initiate shoulder abduction. Which of the following rotator cuff muscles is MOST likely affected?

A. Teres minor
B. Subscapularis
C. Supraspinatus
D. Infraspinatus

27. During a routine checkup, a 70-year-old male patient in a nursing home exhibits a noticeably thickened fold of skin on the back of his left hand. Which of the following is the MOST likely diagnosis?

A. Psoriasis
B. Scleroderma
C. Dermatitis
D. Primary lymphedema

28. A patient arrives at the clinic with a large laceration that has penetrated the dermis, resulting in significant bleeding. Given this injury, which is the LEAST likely systemic function to be directly impaired?

A. Body temperature regulation
B. Fluid balance
C. Digestive enzyme production
D. Blood clotting

29. A 40-year-old patient presents with difficulty in swallowing and slurred speech following a stroke. During assessment, the physical therapist observes that the patient is unable to coordinate movements of the lips, tongue, and soft palate. Which of the following terms BEST describes this symptom?

A. Dysarthria
B. Fluent aphasia
C. Nonfluent aphasia
D. Verbal apraxia

30. You are treating a patient in an outpatient clinic who has reported altered sensation in their medial thigh. Upon performing a neurological examination, you suspect an issue with the nerve roots associated with the obturator nerve. From which nerve roots does the obturator nerve arise?

A. L1 through L3
B. T12 through L2
C. L4 through S2
D. L2 through L4

Answer Key & Explanations

1. D — Overflow incontinence
Answer: Overflow incontinence Overflow incontinence is characterized by continuous urine leakage due to the bladder being unable to empty properly, often from urinary retention caused by an anatomical obstruction like an enlarged prostate. The treatment typically involves bladder training and behavioral techniques. Urge incontinence involves the sudden need to urinate, often leading to leakage before reaching the toilet and is generally treated with pelvic floor exercises and medications. Anatomical obstruction indicates a physical blockage that prevents normal urine flow. Functional incontinence is associated with physical or cognitive impairments, impacting the individual's ability to reach a toilet in time.

2. D — Kidney disease
Answer: Kidney disease The normal potassium serum level is 3.5 to 5.5 mEq/L. Potassium levels above 5.5 mEq/L indicate hyperkalemia. Kidney disease, particularly end-stage renal disease (ESRD), is a common cause of hyperkalemia. Other conditions associated with hyperkalemia include metabolic acidosis and diabetic ketoacidosis. In contrast, renal tubular disease, alkalosis, and diarrhea are conditions typically associated with hypokalemia, or low potassium levels.

3. C — Secondary hyperparathyroidism
Answer: Secondary hyperparathyroidism Explanation: The normal serum phosphorus level ranges from 2.5 to 4.5 mg/dL. Elevated levels above this range indicate hyperphosphatemia. Chronic kidney disease frequently leads to secondary hyperparathyroidism as the kidneys lose the ability to excrete phosphorus, leading to high serum phosphorus levels. Other causes of hyperphosphatemia include hypoparathyroidism and excessive intake of phosphate supplements. Symptoms of hyperphosphatemia may include itching, muscle cramps, and joint pain. Conditions such as acute renal failure, metabolic alkalosis, and vitamin D deficiency typically result in hypophosphatemia, or low serum phosphorus levels.

4. C — Damage to the left hemisphere, particularly Broca's or Wernicke's area
Answer: Damage to the left hemisphere, particularly Broca's or Wernicke's area The left hemisphere, specifically the Broca's and Wernicke's areas, is predominantly responsible for language production and comprehension. Damage to these areas can result in conditions such as Broca's aphasia or Wernicke's aphasia. Broca's aphasia affects speech production, while Wernicke's aphasia impacts comprehension. By contrast, damage to the right hemisphere, particularly the prefrontal cortex, would typically affect other cognitive functions such as problem-solving and emotional regulation. Damage to the occipital lobe would primarily affect vision, and damage to the parietal lobe would impact spatial awareness and sensory integration.

5. B — Palliative care
Answer: Palliative care Palliative care focuses on providing relief from the symptoms and stress of a serious illness. It can be provided at home and aims to improve the quality of life for both the patient and their family. Hospice care is a type of palliative care for patients who are at the end of life and are no longer receiving curative treatment. A skilled nursing facility provides round-the-clock nursing care, but is typically not

home-based. Long-term acute care is for patients requiring extended hospital stays with complex medical needs.

6. B — It is a federal program that assists low-income individuals with food purchases
Answer: It is a federal program that assists low-income individuals with food purchases SNAP is a federal program designed to provide nutritional assistance to low-income households in the United States. It helps eligible individuals and families afford healthy food essentials. SNAP benefits can only be used to purchase food and groceries, not other expenses like travel or accommodation. It is distinct from healthcare programs such as Medicaid or Medicare.

7. C — Private health insurance
Answer: Private health insurance Private health insurance is a third-party payer for health care services that is administered by employers, fee-for-service indemnity plans, or commercial insurance carriers. It typically covers incidents not specifically related to workplace injuries. Workers' compensation provides health care services for individuals who are injured while working at their place of employment. Medicaid is a third-party payer for health care services that is administered by both the state and federal governments and is intended to help individuals with low income. Managed healthcare, provided by HMOs or PPOs, also works as a third-party payer but generally directs patients to specific providers within a network.

8. B — 50%; Transhumeral amputation
Answer: 50%; Transhumeral amputation The patient is receiving rehabilitation due to a partial arm amputation after an industrial accident. 50% of the humerus has been preserved, indicating that the surgery performed was a transhumeral amputation. A transhumeral amputation preserves a significant portion of the humerus, typically between 30-70% of its length. An amputation that preserves less than 30% of the humerus length is typically referred to as a short transhumeral amputation.

9. A — An amputation through the knee joint
Answer: An amputation through the knee joint A knee disarticulation is an amputation through the knee joint. A transtibial amputation is performed below the knee. A transfemoral amputation is performed above the knee and is not distinguished by the length of the femur preserved.

10. D — Weak hip abductors
Answer: Weak hip abductors A trendelenburg gait pattern is characterized by the dropping of the pelvis on the contralateral side of the body when one leg is lifted. This is typically due to weakness of the hip abductors on the stance leg side. Tight hip adductors do not typically cause a trendelenburg gait but may contribute to a scissoring gait. Weak quadriceps may result in difficulty with knee extension during stance phase. Shortened Achilles tendon could lead to early heel rise and toe walking, but not specifically a trendelenburg gait.

11. C — Use puncture-resistant containers for disposing of sharps
Answer: Use puncture-resistant containers for disposing of sharps According to standard precautions, sharps should be disposed of in puncture-resistant containers to prevent accidental injuries. Recapping needles can lead to accidental needle-stick injuries and should be avoided. Sharps should not be disposed of in regular trash bins or stored in patients' rooms as these practices significantly increase the risk of infection and injury.

12. A — Hypothyroidism
Answer: Hypothyroidism Hypothyroidism describes the decreased secretion of thyroid hormones. It is most common in females aged 30-60 and involves symptoms such as weight gain, hair loss, fatigue, bradycardia, constipation, fibromyalgia, and depression. Hyperthyroidism describes the increased secretion of thyroid

hormones. It is most common in females aged 20-40 and involves symptoms such as weight loss, excessive sweating, diarrhea, and tremors. Hypoparathyroidism describes the decreased secretion of parathyroid hormone. Hypercortisolism describes increased cortisol production by the adrenal glands or excess of corticosteroid medication.

13. D — Increased risk of developing osteoporosis.
Answer: Increased risk of developing osteoporosis. Metabolic syndrome is a cluster of conditions, including increased waist circumference, elevated blood pressure, elevated blood glucose levels, and abnormal cholesterol or triglyceride levels, that collectively increase the risk of cardiovascular disease and type 2 diabetes. Osteoporosis is not directly associated with metabolic syndrome, making it the least likely complication among the options given. Patients with metabolic syndrome are also at a higher risk for cardiovascular disease and elevated blood pressure, which are commonly observed complications of the syndrome.

14. C — Hypoglycemia
Answer: Hypoglycemia Individuals with Type 2 diabetes are at risk for hypoglycemia, especially when starting a new exercise regimen. The physical therapist must monitor blood sugar levels before, during, and after exercise sessions to prevent excessive drops in blood glucose. Other potential complications include cardiovascular events, neuropathic pain, and musculoskeletal injuries due to altered biomechanics. Regular exercise, however, can provide numerous benefits such as improved blood glucose control, weight management, and reduced cardiovascular risk. Enhanced cognitive function and mental clarity are positive effects of exercise, not complications.

15. D — Tricuspid valve
Answer: Tricuspid valve The tricuspid valve is an atrioventricular valve that prevents backflow of blood into the right atrium during ventricular systole. The pulmonary valve is a semilunar valve that prevents backflow of blood into the right ventricle during diastole. The bicuspid (mitral) valve is an atrioventricular valve preventing backflow of blood into the left atrium during ventricular systole. The aortic valve is a semilunar valve that prevents backflow of blood into the left ventricle during diastole.

16. B — Pursed lip breathing
Answer: Pursed lip breathing Pursed lip breathing is employed to decrease respiratory rate, improve gas exchange, and reduce dyspnea in patients with COPD. It helps in expelling trapped air, thus reducing hyperinflation. Segmental breathing is used to target specific segments of the lung, typically for cases at risk of atelectasis, which is not the primary issue in patients with COPD. Diaphragmatic breathing aims to increase ventilation and improve gas exchange but does not specifically address the problem of trapped air in COPD. Percussion and vibration are techniques usually used to mobilize bronchial secretions, which is not indicated for the primary problem of air trapping in COPD.

17. A — Angina pectoris
Answer: Angina pectoris Angina pectoris is characterized by chest pain or pressure due to ischemia, often triggered by physical exertion. Though a myocardial infarction (MI) is a possibility, it is typically associated with prolonged chest pain, radiating arm pain, and more severe symptoms. A pulmonary embolism would present with acute shortness of breath and potentially leg swelling, and an asthma attack would primarily involve respiratory distress without the characteristic chest pressure.

18. A — Apical segments of the upper lobes
Answer: Apical segments of the upper lobes To assist with secretion drainage in the apical segments of the upper lobes, the physical therapist should position the patient sitting and leaning back at a 45-degree angle. Clapping between the patient's clavicle and the superior aspect of the scapula on each side further assists in the drainage. For secretion drainage in the anterior basal segments of the lower lobes, the patient should be positioned on their side with the head down and the foot of the bed elevated 20 inches. For secretion drainage in the superior segments of the lower lobes, position the patient prone on a flat table with two pillows under the hips. For secretion drainage in the lateral basal segments of the lower lobes, position the patient on their side with the foot of the bed elevated 20 inches.

19. B — Drainage of the superior segments of the upper lobes
Answer: Drainage of the superior segments of the upper lobes A physical therapist can assist secretion drainage in the superior segments of the upper lobes by clapping over the upper back on either side of the spine. Since this patient developed atelectasis following thoracic surgery, postural drainage is indicated. A physical therapist can assist secretion drainage in the lateral basal segments of the lower lobes by clapping over the uppermost portion of the lower ribs. Secretion drainage of the posterior basal segments of the lower lobes can be facilitated by clapping over the lower ribs near the spine. Drainage of the right middle lobe can be assisted by clapping over the right nipple area.

20. C — Stroke Impact Scale (SIS)
Answer: Stroke Impact Scale (SIS) The Stroke Impact Scale (SIS) is designed to measure the effects of a stroke on a patient's health and life, including cognitive and emotional aspects. While this tool is valuable for stroke patients, it is not as effective in assessing the physical mobility of a patient recovering from total hip replacement. The Timed Up and Go (TUG) Test is designed to assess mobility, balance, walking ability, and fall risk in older adults. The Berg Balance Scale (BBS) measures balance through various tasks. The Functional Independence Measure (FIM) provides a comprehensive evaluation of a patient's physical, psychological, and social functioning.

21. A — Inability to maintain leg position against resistance
Answer: Inability to maintain leg position against resistance. Weakness of the gluteus medius is often assessed by having the patient abduct their leg against resistance. If the gluteus medius is weak, the patient will be unable to hold the leg in an abducted position. Contralateral hip drop is more indicative of a Trendelenburg sign during single-leg stance. Loss of balance and leg pain may occur but do not directly indicate gluteus medius weakness.

22. B — Femoral nerve traction test
Answer: Femoral nerve traction test The femoral nerve traction test is performed with the patient in a prone position to identify compression of the femoral nerve. The test involves passively flexing the patient's knee while extending the hip to elicit symptoms associated with femoral nerve tension. If extending the knee further while reducing hip extension reproduces the patient's pathological symptoms, this confirms the presence of nerve involvement. Lasegue's test (or straight leg raise test) involves assessing for neurological involvement in the lower limbs with the patient in a supine position. The Schober test measures the lumbar spine's mobility. The slump test identifies dysfunction of the neurological structures supplying the lower limb with the patient seated.

23. B — A clunking sensation or reduction in symptoms
Answer: A clunking sensation or reduction in symptoms A clunking sensation or reduction in symptoms is a

positive finding of the Sharp-Purser test. This test is used to determine the integrity of the transverse ligament, which can be compromised following severe trauma such as a significant fall. The inability to palpate C2 moving in conjunction with C1 is a positive finding of the alar ligament test. Electrical pain down the spine is a positive finding for Lhermitte's sign, indicating spinal cord or upper motor neuron dysfunction. A decrease in neck pain upon neck traction indicates a positive distraction test, identifying neural compression at the intervertebral foramen or facet dysfunction.

24. A — FADDIR test
Answer: FADDIR test The FADDIR test (Flexion, ADduction, and Internal Rotation) is conducted to assess the anterior movement of the femur in relation to the acetabulum, typically used to identify femoroacetabular impingement. The FABER test (Flexion, ABduction, and External Rotation) is used to detect hip joint or sacroiliac joint abnormalities. The Thomas test is used to assess hip flexor tightness. Ober's test is used to evaluate tightness in the iliotibial band.

25. D — Lachman test
Answer: Lachman test The Lachman test is a special knee test used to assess the integrity of the anterior cruciate ligament (ACL). It is performed by assessing the amount of anterior translation of the tibia relative to the femur. A positive Lachman test indicates an ACL tear, which could explain the patient's symptoms of pain and instability when attempting to extend their knee. The McMurray test is used to identify meniscal tears. The patellar grind test is used to assess patellofemoral pain syndrome and chondromalacia patella. Ober's test is performed to evaluate iliotibial band tightness.

26. C — Supraspinatus
Answer: Supraspinatus The supraspinatus muscle is primarily responsible for the initiation of shoulder abduction. Given the patient's recent history of a fall onto the shoulder, a tear or injury to the supraspinatus tendon is likely. The infraspinatus muscle aids in external rotation of the shoulder. The teres minor assists with shoulder external rotation and adduction. The subscapularis muscle is responsible for internal rotation of the shoulder.

27. D — Primary lymphedema
Answer: Primary lymphedema A thickened fold of skin, especially at specific locations like the back of the hand, suggests primary lymphedema. This is identified by the presence of Stemmer's sign. Psoriasis is characterized by red, scaly patches typically on the elbows, knees, and scalp. Scleroderma involves the tightening and hardening of the skin. Dermatitis describes skin inflammation and itching, often due to an allergic reaction.

28. C — Digestive enzyme production
Answer: Digestive enzyme production The skin plays a crucial role in several body functions, including blood clotting, body temperature regulation, and maintaining fluid balance through sweat and barrier functions. Digestive enzyme production, on the other hand, primarily involves the digestive system organs and is not directly connected to skin function.

29. A — Dysarthria
Answer: Dysarthria Dysarthria occurs when a person's speech production is impaired due to central or peripheral nervous system damage. It can present as weakness, paralysis, or incoordination of the motor-speech system (respiration, articulation, phonation, and movements of the jaw, tongue, lips, and soft palate). Fluent aphasia is a central language disorder in which the patient is able to speak fluently, but

auditory comprehension is impaired. Nonfluent aphasia is the result of a lesion involving the third frontal convolution of the left hemisphere, also called Broca's area. Patients with this condition speak awkwardly and with great effort. Verbal apraxia is the impairment of volitional articulatory control secondary to a cortical, dominant hemisphere lesion.

30. D — L2 through L4

Answer: L2 through L4 The obturator nerve arises from the anterior divisions of the L2, L3, and L4 nerve roots within the lumbar plexus. It supplies the medial compartment of the thigh, which explains the patient's symptoms. Here’s a breakdown of the spinal nerve plexuses and their corresponding nerve roots: Plexus Nerve Roots Cervical C1 through C4 Brachial C5 through T1 Lumbar T12 through L4 Sacral L4 through S3

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