NPTE-PTA Physio Asst Prep

Free Practice Test — 30 Real Exam-Style Questions

with full answer key & explanations

Practice Questions

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

1. Which nail condition is commonly associated with chronic hypoxia and chronic lung disease?

A. Cyanosis
B. Leukonychia
C. Koilonychia
D. Clubbing

2. What nail change can be observed in a patient with chronic hypoxia or long-term respiratory disease?

A. Beau's lines
B. No notable nail changes
C. Clubbing
D. Yellowing

3. What is an expected physiological effect of continuous passive motion (CPM) after a total knee arthroplasty?

A. Joint mobilization
B. Muscle relaxation
C. Prevention of joint stiffness
D. Soft tissue stretching

4. Which member of the health care team is MOST LIKELY responsible for ensuring that patient care plans are effectively communicated to all team members?

A. Physical therapy assistant
B. Primary care physician
C. Staff nurse
D. Occupational therapist

5. A patient presents with chronic shoulder pain and a physical therapist suspects a rotator cuff tear. The patient's MRI is scheduled for the following week. Until the diagnosis is confirmed or negated, which exercise should be avoided?

A. Scapular retraction
B. External rotation with resistance band
C. Isometric shoulder stabilization
D. Overhead shoulder press

6. Which condition is commonly seen in cyclists due to irritation caused by prolonged pressure on the ulnar nerve?

A. De Quervain's tenosynovitis
B. Trigger finger
C. Handlebar palsy
D. Carpal tunnel syndrome

7. What signifies a positive result in the McMurray test?

A. Decreased range of motion in the knee
B. Pain or a clicking sound along the meniscus
C. Swelling and warmth around the knee joint
D. Increased laxity in the anterior cruciate ligament

8. A physical therapist assistant is treating a patient with lateral epicondylitis (tennis elbow). Which of the following is LEAST LIKELY to be an appropriate physical therapy intervention?

A. High-velocity thrust manipulation to the lateral elbow
B. Eccentric strengthening of the wrist extensors
C. Ultrasound therapy over the lateral epicondyle
D. Stretching exercises for the wrist extensors

9. Physical therapist assistants often work in rehabilitation settings. Which of the following tasks is within a physical therapist assistant's scope of practice in a rehab center?

A. Write the patient's discharge plan
B. Supervise a physical therapy aide
C. Perform an initial patient evaluation
D. Modify the plan of care

10. A PTA is working with a patient to improve their ability to bring a glass of water to their mouth. The PTA decides to incorporate PNF diagonals into the treatment to enhance the patient's shoulder ROM. Which PNF pattern should the PTA utilize?

A. D1E
B. D2F
C. D2E
D. D1F

11. In patients undergoing rehabilitation for musculoskeletal injuries, what does a motor program refer to?

A. A set of prestructured muscle commands
B. An overall strategy for movement
C. Afferent information sent by various sensory receptors to control centers
D. A section of the plan of care describing what types of motor control strategies will be utilized

12. Which of the following movements at the elbow joint typically results in a hard end-feel?

A. Shoulder external rotation on a patient with extensive scar tissue
B. Elbow extension
C. Elbow flexion
D. Wrist flexion on a patient with severe edema

13. Which property of air is primarily responsible for resistance to movement when a physical object moves through it?

A. Buoyancy
B. Drag force
C. Lift
D. Air resistance

14. While treating a patient with shoulder joint dysfunction, the PTA decides to incorporate PNF (proprioceptive neuromuscular facilitation) techniques. She instructs the patient to "push your hand up, turn, and push your arm up and out." What BEST describes this PNF diagonal?

A. D1F
B. D2E
C. D2F
D. D1E

15. A patient is four weeks postoperative from a cementless total hip replacement. What is the highest ROM the physical therapist can reasonably expect for this patient?

A. 60 degrees
B. 80 degrees
C. 120 degrees
D. 90 degrees

16. A patient presents with knee valgus during a squat assessment, indicating muscular imbalances. According to the plan of care, the PTA should focus on functional strengthening exercises. Of the following options, which is the MOST appropriate way to target the weakened musculature and address this movement deviation?

A. Straight leg raises
B. Prone hip extension
C. Wall squats
D. Hip abduction exercises with resistance bands

17. A PTA is educating a patient recovering from a total hip arthroplasty on positions to avoid in order to prevent hip dislocation. What position should the therapist stress avoiding?

A. Sitting with the hip flexed beyond 90 degrees
B. Lying supine with the legs extended
C. Lying prone with a pillow under the abdomen
D. Walking with an adduction brace

18. Various vitamins play different roles in the human body. Which of the following vitamins is important for blood coagulation?

A. Vitamin K
B. Vitamin C
C. Vitamin D
D. Vitamin B12

19. Which of the following options is the LEAST LIKELY reason to use ultrasound therapy in physical therapy?

A. Edema reduction
B. Soft-tissue healing
C. Pain management
D. Impaired sensation

20. Which type of nerve injury features random focal lesions in different nerves, commonly without following a recognizable distribution pattern?

A. Radiculopathy
B. Bilateral neuritis
C. Mononeuritis multiplex
D. Plexopathy

21. In rehabilitation settings, the efficiency of a patient's muscle coordination can be assessed with various metrics. Which of the following measures focuses on the patient's reaction time?

A. Variability
B. Performance
C. Retention
D. Transferability

22. A physical therapist assistant is assessing a patient who presents with significant weakness and partial loss of sensory function in both lower extremities. What is the MOST LIKELY type of injury?

A. Complete spinal cord injury at level C2
B. Complete spinal cord injury at level L4
C. Incomplete spinal cord injury at level C7
D. Incomplete spinal cord injury at level T10

23. A patient experiences difficulty lifting the toes of their foot, accompanied by weakness and pain along the lateral aspect of the leg and dorsum of the foot. Which condition is LIKELY?

A. Femoral nerve entrapment
B. Sciatic nerve entrapment
C. Peroneal nerve entrapment
D. Tibial nerve entrapment

24. A patient is brought to the emergency room after experiencing a severe head trauma. During the initial assessment, the patient opens their eyes only in response to a painful stimulus, shows minimal awareness of their surroundings, and provides slow or absent verbal responses. What is the most likely level of consciousness for this patient?

A. Stupor
B. Minimally conscious state
C. Lethargy
D. Obtundation

25. A physical therapist assistant is preparing to work with a patient who has suffered a cerebellar stroke. The evaluation states the patient exhibits ataxic movements and tremors. What can the therapist expect of this patient?

A. The patient will be unable to form coherent thoughts or recognize familiar people.
B. The patient will demonstrate normal movement patterns and coordination.
C. The patient may exhibit uncoordinated movements and difficulty with balance.
D. The patient will have complete paralysis of the affected limbs.

26. Which hormone plays a crucial role in regulating calcium levels by increasing calcium absorption in the intestines, reducing its loss through the kidneys, and releasing calcium from bones?

A. Insulin
B. Glucagon
C. Parathyroid hormone
D. Calcitonin

27. Which gland is primarily responsible for regulating the body's calcium levels by releasing parathyroid hormone (PTH)?

A. Parathyroid glands
B. Thyroid
C. Adrenal glands
D. Pancreatic islet cells

28. During the immediate postpartum period, many patients report discomfort and difficulty with urination. Which of the following options is MOST LIKELY to occur due to weakened pelvic floor muscles?

A. Functional incontinence
B. Stress incontinence
C. Urge incontinence
D. Overflow incontinence

29. Which of the following conditions significantly increases the risk of developing gallstones?

A. Obesity
B. Hemorrhoids
C. Appendicitis
D. Celiac disease

30. A physical therapist assistant measures a patient's blood pressure as 150/95 mmHg. What is this an example of?

A. Prehypertension
B. Hypertension
C. A normal blood pressure for an adult
D. Hypotension

Answer Key & Explanations

1. D — Clubbing
Answer: Clubbing Clubbing often presents as a bulbous enlargement of the ends of one or more fingers or toes. The exact cause is not well understood, but it is associated with chronic hypoxia and chronic lung disease. Cyanosis is a bluish discoloration that indicates a lack of oxygen, often seen in lips, oral mucosa, tongue, or nails. Leukonychia refers to white spots or lines under the nails, commonly caused by trauma. Koilonychia (spoon nails) is a condition where the nails are abnormally thin and concave (spoon-shaped), often resulting from iron deficiency anemia.

2. C — Clubbing
Answer: Clubbing Clubbing of the nails is a common finding in individuals with chronic hypoxia or long-term respiratory diseases. It results from increased blood flow and is an attempt by the body to supply more oxygen to the tissues. Yellowing of the nails typically indicates fungal infection or certain systemic illnesses. Beau's lines are horizontal indentations on the nail and may indicate temporary cessation of nail growth due to severe illness, malnutrition, or chemotherapy.

3. C — Prevention of joint stiffness
Answer: Prevention of joint stiffness Continuous passive motion (CPM) involves the use of a device to move a joint slowly and continuously through a controlled range of motion. This intervention is beneficial after a total knee arthroplasty by preventing joint stiffness and improving circulation. The remaining options are common effects of other physical therapy interventions. Soft tissue stretching, joint mobilization, and muscle relaxation can be achieved through manual therapy techniques but are not the primary goals of CPM.

4. B — Primary care physician
Answer: Primary care physician The primary care physician oversees the patient's overall care, ensuring that care plans are communicated effectively with the entire healthcare team, including specialists, therapy providers, and nursing staff. The staff nurse provides direct patient care but is not primarily responsible for communicating the overall care plan to the team. The occupational therapist focuses on helping patients perform daily activities and does not manage communication for the entire team. The physical therapy assistant works under the supervision of a physical therapist and implements specific interventions but does not manage the overall communication of care plans.

5. D — Overhead shoulder press
Answer: Overhead shoulder press A rotator cuff tear involves the muscles and tendons stabilizing the shoulder joint. Overhead movements, such as an overhead shoulder press, could exacerbate the injury. These should be avoided to prevent further damage. Instead, exercises should focus on safe strengthening and stabilization. Scapular retraction, external rotation with a resistance band, and isometric shoulder stabilization are appropriate as they aid in maintaining shoulder stability without excessive strain on the rotator cuff.

6. C — Handlebar palsy
Answer: Handlebar palsy Handlebar palsy, also known as ulnar neuropathy, occurs due to prolonged

pressure on the ulnar nerve caused by gripping the handlebars in cyclists. This condition leads to numbness, tingling, and weakness in the little finger and part of the ring finger. Carpal tunnel syndrome is caused by compression of the median nerve and results in numbness and tingling in the thumb, index finger, and middle finger. De Quervain's tenosynovitis is inflammation of the tendons on the thumb side of the wrist, leading to pain. Trigger finger occurs when a finger gets stuck in a bent position and then straightens with a snap.

7. B — Pain or a clicking sound along the meniscus
Answer: Pain or a clicking sound along the meniscus. The McMurray test is used to detect tears in the meniscus of the knee joint. A positive result is indicated by pain or a clicking sound when the knee is rotated and extended. Swelling and warmth are more indicative of an inflammatory condition. Increased laxity in the anterior cruciate ligament (ACL) is determined through different tests, such as the Lachman test. Decreased range of motion can result from various knee issues and is not specific to McMurray's test.

8. A — High-velocity thrust manipulation to the lateral elbow
Answer: High-velocity thrust manipulation to the lateral elbow High-velocity thrust manipulation to the lateral elbow is typically contraindicated for patients with lateral epicondylitis due to the risk of exacerbating symptoms. Effective physical therapy interventions include eccentric strengthening of the wrist extensors, ultrasound therapy to reduce inflammation, and stretching exercises for the wrist extensors.

9. B — Supervise a physical therapy aide
Answer: Supervise a physical therapy aide A physical therapist assistant is permitted to supervise a physical therapy aide in accordance with the plan of care. They are also allowed to adjust treatment procedures and document the patient's progress. However, physical therapist assistants are not authorized to perform initial patient evaluations, modify the plan of care, or write the patient's discharge plan or summary.

10. D — D1F
Answer: D1F D1F (diagonal 1 flexion) for the upper extremity involves flexion-adduction-external rotation of the shoulder. This motion is elicited by the command to "close your hand, turn, and pull your arm up across your face," which mimics bringing a glass of water to the mouth. D2F (diagonal 2 flexion) for the upper extremity involves flexion-abduction-external rotation of the shoulder. D1E (diagonal 1 extension) for the upper extremity involves extension-abduction-internal rotation of the shoulder. D2E (diagonal 2 extension) for the upper extremity involves extension-adduction-internal rotation of the shoulder.

11. A — A set of prestructured muscle commands
Answer: A set of prestructured muscle commands A motor program is a set of prestructured muscle commands that, when initiated, results in a specific coordinated movement sequence. These commands can be carried out largely uninfluenced by peripheral feedback. A motor plan is an overall strategy for movement, i.e., an action sequence requiring the coordination of various motor programs. Feedback is afferent information sent by various sensory receptors to control centers, updating those control centers about the correctness of movement while it progresses. These terms refer to interventions and learning strategies, not documentation such as the plan of care.

12. B — Elbow extension
Answer: Elbow extension A hard end-feel occurs when bone contacts bone and restricts further movement. This is typically observed during elbow extension where the olecranon process of the ulna approximates with the olecranon fossa of the humerus. Elbow flexion usually results in a soft or firm end-feel, depending on the soft tissue and muscular stretch involved. Wrist flexion on a patient with severe edema would likely result in a

boggy end-feel due to fluid buildup. Shoulder external rotation on a patient with extensive scar tissue would likely present a firm end-feel due to capsular or ligamentous stretching, but could also present a pathological end-feel depending on the nature of the scar tissue.

13. D — Air resistance
Air resistance, also known as drag, is the property of air that causes resistance to movement when a physical object moves through it. It is similar to water cohesion but occurs in the context of air. To overcome air resistance, more force is required, making it an important factor in activities such as running and cycling. Buoyancy, in the context of air, is the force that causes objects to float. Drag force is a component of air resistance but to a lesser extent. Lift is the force that allows objects like airplanes to rise.

14. C — D2F
Answer: D2F D2F (diagonal 2 flexion) for the upper extremity involves flexion-abduction-external rotation of the shoulder. The elbow may be straight, flexing, or extending. D1E (diagonal 1 extension) for the upper extremity involves extension-adduction-internal rotation of the shoulder. D1F (diagonal 1 flexion) for the upper extremity involves flexion-adduction-external rotation of the shoulder. D2E (diagonal 2 extension) for the upper extremity involves extension-adduction-internal rotation of the shoulder.

15. D — 90 degrees
Answer: 90 degrees Following a cementless total hip replacement, the physical therapist can expect the patient to achieve 0-60 degrees ROM within two weeks, and 0-90 degrees ROM within 3-4 weeks.

16. D — Hip abduction exercises with resistance bands
Answer: Hip abduction exercises with resistance bands Knee valgus can be due to weakness in the hip abductors, particularly the gluteus medius. Hip abduction exercises with resistance bands will help strengthen the gluteus medius muscle and correct this deviation. Straight leg raises target the hip flexors. Wall squats target the quadriceps and gluteus maximus muscles. Prone hip extension targets the gluteus maximus.

17. A — Sitting with the hip flexed beyond 90 degrees
Answer: Sitting with the hip flexed beyond 90 degrees A common precaution after a total hip arthroplasty is to avoid positions that increase the risk of hip dislocation. Flexing the hip beyond 90 degrees can place undue stress on the joint and should be avoided. Lying supine with the legs extended or prone with a pillow under the abdomen does not increase the risk of dislocation. Walking with an adduction brace is a precautionary measure to stabilize the joint.

18. A — Vitamin K
Answer: Vitamin K Vitamin K is essential for blood coagulation because it helps in the synthesis of proteins required for this process. Vitamin C is important for collagen synthesis and immune function. Vitamin D is crucial for calcium absorption and bone health, while Vitamin B12 is necessary for red blood cell formation and neurological function.

19. D — Impaired sensation
Answer: Impaired sensation Areas of impaired sensation are a precaution, not an indication, for ultrasound therapy. Ultrasound therapy may be used to reduce edema, promote soft-tissue healing, and manage pain, but impaired sensation is a precaution.

20. C — Mononeuritis multiplex
Answer: Mononeuritis multiplex Mononeuritis multiplex involves random focal lesions in different nerves

without a systematic pattern. For instance, a patient might experience symptoms in the left facial nerve, right median nerve, and right sciatic nerve. Plexopathy is a nerve injury affecting the brachial or lumbosacral plexus. Radiculopathy involves the nerve root(s). 'Bilateral neuritis' is not a commonly used term.

21. B — Performance
Answer: Performance The efficiency of a patient's muscle coordination is assessed by measuring different aspects. Reaction time is a critical component of performance metrics. Metrics for assessing muscle coordination include: Metric Description Performance Efficiency, reaction time Retention Ability to recall and perform actions after a rest period Transferability Applying learned skills to different but similar tasks Variability Applying learned skills to different environments or contexts

22. D — Incomplete spinal cord injury at level T10
Answer: Incomplete spinal cord injury at level T10 If a patient has significant weakness and partial loss of sensory function in both lower extremities, they likely have an incomplete spinal cord injury between T1 and T12-L1. An incomplete lesion means there is preservation of some sensory or motor function below the level of injury. Given the options, an incomplete spinal cord injury at level T10 is the most plausible diagnosis based on the patient's symptoms. A complete spinal cord injury results in no sensory or motor function below the level of the lesion. Injuries at levels C1 to C8 generally result in quadriplegia, affecting all four extremities and the trunk.

23. C — Peroneal nerve entrapment
Answer: Peroneal nerve entrapment Peroneal nerve entrapment often occurs at the fibular head and can result from trauma, prolonged pressure, or repetitive movements. Clinical signs include difficulty lifting the toes (foot drop), weakness, and pain along the lateral aspect of the leg and the dorsum of the foot. Tibial nerve entrapment may result from traumas like fractures or tight casts. Symptoms include weakness in the plantar flexors and invertors, with pain and paresthesia in the sole of the foot. Femoral nerve entrapment may lead to weakness and loss of sensation in the anterior thigh and medial leg, often from pelvic fractures or surgical procedures. Sciatic nerve entrapment often results from compression by the piriformis muscle, leading to pain radiating down the back of the leg and foot, along with weakness in the hamstrings and muscles below the knee.

24. A — Stupor
Answer: Stupor A patient is considered to be in a stupor when they can be roused from sleep only with painful stimuli, return to an unresponsive state when those stimuli are removed, exhibit slow or absent verbal responses, and demonstrate minimal awareness of self and the environment. The levels of consciousness are as follows: Level of Consciousness Characteristics Alertness Patient responds fully and appropriately to stimuli, and can open their eyes and look at the examiner. Lethargy Patient appears drowsy, can open their eyes and look at the examiner, responds to questions, and falls asleep easily. Obtundation Patient can open their eyes and look at the examiner but responds slowly, is confused, and exhibits decreased alertness and interest in the environment. Stupor Patient can be roused from sleep only with painful stimuli, returns to an unresponsive state when those stimuli are removed, exhibits slow or absent verbal responses, and demonstrates minimal awareness of self and the environment. Coma Patient is unconscious and cannot be roused, keeps eyes closed, and exhibits no response to external stimuli. Unresponsive Wakefulness Syndrome (Vegetative State) Patient has sleep/wake cycles and normalized respiration, heart rate, blood pressure, and digestion. Patient can be roused but is unaware of their surroundings. Minimally Conscious State (MCS) Patient has severely altered consciousness with minimal but evident awareness of self and/or

the environment.

25. C — The patient may exhibit uncoordinated movements and difficulty with balance.
Answer: The patient may exhibit uncoordinated movements and difficulty with balance. A patient who has suffered a cerebellar stroke often experiences ataxia and intention tremor, leading to uncoordinated movements and balance issues. The cerebellum is responsible for coordination, balance, and fine-tuning motor movements. Damage to this area typically manifests in difficulties such as unsteady gait, tremors during movement, and lack of coordination.

26. C — Parathyroid hormone
Answer: Parathyroid hormone Parathyroid hormone is secreted by the parathyroid glands and is essential for maintaining calcium balance. It increases calcium absorption in the intestines, reduces calcium loss through the kidneys, and releases calcium from bones to increase blood calcium levels. Calcitonin, secreted by the thyroid gland, functions to decrease blood calcium levels by inhibiting bone resorption and increasing calcium excretion in the kidneys. Insulin regulates glucose levels, and glucagon increases glucose production by the liver.

27. A — Parathyroid glands
Answer: Parathyroid glands The parathyroid glands are key components of the endocrine system that regulate the body's calcium levels by releasing parathyroid hormone (PTH). PTH increases blood calcium levels by stimulating osteoclast activity, enhancing calcium absorption in the intestines, and promoting calcium reabsorption in the kidneys. The thyroid gland releases triiodothyronine (T3) and thyroxine (T4). The adrenal glands release hormones such as cortisol and adrenaline. The pancreatic islet cells release insulin, glucagon, and somatostatin.

28. B — Stress incontinence
Correct answer: Stress incontinence Stress incontinence involves the sudden release of urine due to increased intra-abdominal pressure from actions such as coughing, laughing, exercising, or straining. This condition is commonly seen in postpartum patients due to the weakness and laxity of pelvic floor musculature. Urge incontinence is typically caused by detrusor muscle instability, stroke, or sensory instability. Overflow incontinence is often the result of anatomical obstruction, an acontractile bladder, or neurogenic bladder. Functional incontinence may be due to impaired cognition, stroke, or environmental barriers.

29. A — Obesity
Answer: Obesity Obesity is a significant risk factor for the development of gallstones. Other risk factors include having diabetes, being female, and being over the age of 40. Hemorrhoids, appendicitis, and celiac disease do not directly increase the incidence of gallstones.

30. B — Hypertension
Answer: Hypertension Hypertension is defined as a blood pressure (BP) reading of 140/90 mmHg or higher. Normal BP for adults is generally considered to be below 120/80 mmHg. Hypotension is defined as BP that is below normal, typically less than 90/60 mmHg. Prehypertension is defined as BP readings between 120–139/80–89 mmHg.

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