Medical Technology

NPTAE

National Physical Therapy Assistant Examination

Latest Version: 6.0

Question: 1

Justin is examining a patient who has a diagnosis of Achilles tendinopathy, and he wants to measure plantarflexion strength in the affected lower extremity. Which of the following is the MOST appropriate way to test ankle plantarflexion strength when the anticipated grade is between 3 and 5?

A. Unilateral heel raise repetitions with the knee held in extension.
B. Manual muscle testing with the patient seated.
C. Bilateral heel raise repetitions with the knees held in extension.
D. Manual muscle testing with the patient in the side-lying position.

Answer: A

Explanation:
Ankle plantarflexion strength that is anticipated to be greater than or equal to grade 3 out of 5 is measured in a standing position via performed repetitions of the unilateral single-heel raise. Grade 5 is achieved with four to five repetitions through a full range of motion. Grade 4 is achieved with two to three repetitions through a full range of motion. Grade 3 is achieved with one repetition through a full range of motion. Strengths of grades 0 to 2 are measured through manual muscle testing with the patient in the side-lying position.

Question: 2

Gerald read in his patient's plan of care that there is a neurodynamic component to the pain presentation of the patient dealing with low back pain that radiates into her lower leg. If Gerald is to direct his treatment to the sural nerve, which of the following lower extremity positions would theoretically bias tension to the sural nerve?

A. Hip flexion, hip adduction, hip internal rotation, knee extension, ankle dorsiflexion, ankle inversion.
B. Hip flexion, hip adduction, hip internal rotation, knee extension, ankle dorsiflexion, ankle eversion, toe extension.
C. Hip flexion, hip adduction, hip internal rotation, knee extension, ankle plantarflexion, ankle inversion.
D. Hip flexion, hip adduction, hip internal rotation, knee extension, ankle dorsiflexion.

Answer: A

Explanation:
The sural nerve can theoretically be biased with hip flexion, hip adduction, hip internal rotation, knee extension, ankle dorsiflexion, and ankle inversion. Hip flexion, hip adduction, hip internal rotation, knee extension, and ankle dorsiflexion would bias the sciatic nerve. The tibial nerve would be challenged specifically with hip flexion, hip adduction, hip internal rotation, knee

extension, ankle dorsiflexion, ankle eversion, and toe extension. Hip flexion, hip adduction, hip internal rotation, knee extension, ankle plantarflexion, and ankle inversion would direct tension to the common peroneal nerve.

Question: 3

Research has shown that use of tape measurements as a way of objectively measuring lymphedema in the upper extremities is both reliable and valid. Which of the following describes the appropriate landmarks for using a tape measure for lymphedema measurement in the upper extremities?

A. 10 cm distal to the shoulder and 10 cm proximal to the wrist.
B. 5 cm distal to the wrist and 5 cm distal to the shoulder.
C. 10 cm proximal to the elbow and 10 cm distal to the elbow.
D. 5 cm proximal to the elbow and 5 cm distal to the shoulder.

Answer: C

Explanation:
Although landmarks vary in the research regarding the use of tape measurements for lymphedema measurement, generally the recommendation is 4-10 cm distal to the elbow and 4-10 cm proximal to the elbow. This effectively captures the upper and lower portions of the upper extremity.

Question: 4

Sarcoidosis, a disease in which groups of inflammatory cells gather in various parts of the body, can be difficult to diagnose in its early stages. Imaging can assist medical doctors in diagnosing sarcoidosis and in developing a prognosis. Which type of imaging is the most commonly used FIRST as a diagnostic tool if this disease is suspected?

A. Computed tomography (CT) scan.
B. Chest x-ray.
C. Magnetic resonance imaging (M RI).
D. Functional MRI (fMRI).

Answer: B

Explanation:
Chest x-ray is the common starting point for the diagnosis of sarcoidosis because irregular findings are present on a chest x-ray in a majority of cases. CT scans can be used to determine the impact of the disease on the pulmonary system. MRI can be used to inform the clinician about the impact of the disease on the heart. An NRI is not commonly used for the diagnosis of sarcoidosis.

Question: 5

Alberta recently sustained a stroke that resulted in a left upper extremity contracture as well as partial paralysis of her left upper and lower extremities. She is participating in inpatient rehabilitation and is working on gait training to facilitate functional mobility in her home and the community. Which of the following assistive devices would be MOST appropriate for Alberta's use?

A. Hemiwalker.
B. Single-point cane.
C. Rolling walker.
D. Lofstrand crutch.

Answer: A

Explanation:
Alberta is presenting with hemiplegia and would be most safe using a hemiwalker. The single-point cane and Lofstrand crutch do not have large enough bases of support for safe ambulation. She would be unable to use a rolling walker secondary to left upper extremity contracture and paralysis.

Question: 6

Remy suffered a spinal cord injury when he accidentally dove into water that was much shallower than he had anticipated. In the hospital, his rehabilitation team used the ASIA impairment scale to determine the extent of his motor and sensory function. They determined that Remy had a complete spinal cord injury. Which of the following grades indicates a complete spinal cord injury?

A. Grade A
B. Grade B.
C. Grade D.
D. Grade E.

Answer: A

Explanation:
Grade A indicates a complete spinal cord injury on the ASIA impairment scale. Grades B-D represent incomplete spinal cord injuries with varying amounts of sensory and motor function. Grade E denotes normal neurological function without impairment.

Question: 7

At the start of a follow up session with a physical therapy client, Alan takes a blood pressure reading due to a past medical history inclusive of hypertension. The brachial blood pressure reading is 170/ 121 mmHg, and the patient reports no other cardiovascular signs or symptoms. What is the appropriate course of action in this scenario?

A. Continue with the follow-up as planned while documenting the findings.
B. Retest in 5 minutes and send the patient to a physician or the emergency room immediately if the readings remain elevated.
C. Continue with the follow up due to an absence of other cardiovascular signs and symptoms.
D. Call 911 and then call the referring physician's office to report the findings.

Answer: B

Explanation:
The AHA blood pressure guidelines indicate that a reading of greater than 180 mmHg systolic and/or greater than 120 mmHg diastolic is considered a hypertensive crisis. If a blood pressure reading exceeds these numbers and there are other cardiovascular signs or symptoms, the physical therapist assistant must call 911 immediately. If a blood pressure reading exceeds these numbers and there are no other cardiovascular signs or symptoms, the physical therapist assistant should wait 5 minutes and retest. If the reading remains beyond the threshold indicating a hypertensive crisis after a retest, the physical therapist should refer the patient to their physician or to the emergency room immediately.

Question: 8

Serena hit her head on a beam while working in the crawl space under her home and sustained a concussion. She has been experiencing dizziness during her ADLs including forward bending and rolling to get out of bed in the morning. Which of the following is a habituation exercise that can be used to reduce dizziness after a concussion?

A. Stare at a target on the wall, in a standing position, and move your head rapidly side to side while maintaining your eyes on the target.
B. Stand with the eyes closed.
C. In a sitting position, hold an index card with a target dot on it in front of you and move your head and arm in opposite directions while maintaining your eyes on the target.
D. Reach forward to touch the toes while sitting.

Answer: D

Explanation:
Habituation exercises expose patients to movements that make them dizzy in an effort to reduce the response from their brain to the movements and ultimately reduce the dizziness. In Serena's case, reaching forward to touch her toes would be an appropriate habituation exercise due to her reported dizziness with forward bending. Head movements with the eyes fixed on a target are examples of gaze-stabilization exercises. Standing with the eyes closed is an example of a balance exercise.

Question: 9

While Roger is reviewing his patient's initial evaluation, he notes that the primary

physical therapist determined that his patient's symptoms were associated with sciatic neural tension, and he would like to run another test for this impairment. The patient is unable to lay supine for any length of time secondary to significant symptom exacerbation. Which of the following tests for lower extremity neural tension would be appropriate for this examination?

A. Active straight leg raise.
B. Slump test.
C. Standing multisegmental spinal flexion.
D. Femoral nerve tension test.

Answer: B

Explanation:
The slump test would be most appropriate in this case, in that it is performed in a sitting position and assesses neural dynamics along the posterior lower extremity. The active straight leg test is performed in supine, making it an inappropriate option given the patient's symptom behavior in that position. Standing multisegmental spinal flexion is not a primary means of assessing neural dynamics. The femoral nerve tension test assesses neural tension along the pathway of the femoral nerve in the anterior thigh of the lower extremity, which does not match the location of symptoms in this case.

Question: 10

Evan presents for a physical therapy examination for right hip pain that his primary care doctor believes is associated with primary hip osteoarthritis. His therapist notes a diagnosis of myasthenia gravis in Evan's past medical history. How would this diagnosis influence the interpretation of the physical exam?

A. Lower extremity muscular weakness maybe primarily driven by degradation on the level of the neuromuscular junctions.
B. Lower extremity muscular weakness may be primarily driven by degradation of the motor center of the cerebral cortex.
C. Lower extremity muscular weakness may be primarily driven by degradation of the myelin sheaths of motor neurons.
D. Lower extremity muscular weakness may be primarily driven by unilateral neglect.

Answer: A

Explanation:
Myasthenia gravis is an autoimmune condition characterized by an attack on the neuromuscular junctions where neurons communicate with muscles. This results in muscular weakness particularly in the face, eyes, throat, and extremities. Weakness driven by a degradation of the myelin sheaths of motor neurons is seen in multiple sclerosis. Unilateral neglect is driven by damage to the cerebral cortex, in which patients do not respond to meaningful stimuli on the affected side.

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