

Medical Professional

*NPTE
National Physical Therapy Examination*



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Question: 1

Robert is starting a plan of care in physical therapy after a recent diagnosis of type 2 diabetes. He is overweight and has difficulty managing his blood glucose. His physical therapist explained the utility of developing an exercise program that includes aerobic exercise and strength training. What benefit does aerobic and strength training have on the physiology of a person dealing with this condition?

- A. Increased insulin resistance and decreased fasting glucose.
- B. Increased insulin resistance and increased fasting glucose.
- C. Decreased insulin resistance and decreased fasting glucose.
- D. Decreased insulin resistance and increased fasting glucose.

Answer: C

Explanation:

Insulin resistance is when the cells in your body do not respond appropriately to insulin in the bloodstream and have difficulty with glucose uptake from your blood. Exercise helps to decrease insulin resistance while decreasing fasting glucose levels, both of which are positive results of interventions for type 2 diabetics.

Question: 2

Rachel has been diagnosed with cystic fibrosis and is undergoing care in physical therapy to help her clear secretions from her lungs. Her therapist has taught her the active cycle of breathing techniques, including breathing control, thoracic expansion exercises, and a forced expiratory technique. What is the MOST effective way to instruct a thoracic expansion technique?

- A. Inhale deeply, followed by a forced series of two coughs.
- B. Inhale slowly; exhales slowly, with a focus on relaxation of the body and a slowing of the breathing rate.
- C. Inhale deeply, holds the breath for 2-3 seconds, and then gently exhales as if sighing.
- D. Inhale followed by an exhale of moderate force with an open glottis.

Answer: C

Explanation:

A deep inhale with a breath hold can facilitate thoracic expansion, particularly with tactile cues given by a physical therapist. A slow inhalation/exhalation with a focus on relaxation and a slowing of the breathing rate is a strategy called breathing control. An inhale followed by an exhale of moderate force with an open glottis is a forced expiratory technique. Although coughing can help expel secretions it is not used as a part of the active cycle of breathing techniques to help move secretions from the deeper, smaller airways into the larger airways where it is easier to clear them.

Question: 3

Raya is examining a patient with Parkinson's disease and notes rigidity in his movement such that when he is flexing his elbows, the movement occurs in a ratcheting fashion. Which of the following terms best describes this hallmark symptom of Parkinson's disease?

- A. Clonus.
- B. Chorea.
- C. Dysdiadochokinesia.
- D. Cogwheel rigidity.

Answer: D

Explanation:

Cogwheel rigidity is a hallmark sign of Parkinson's disease; it involves a ratcheting motion that is caused by dysfunction in the basal ganglia due to the dopamine drop associated with the disease. Clonus and chorea refer to involuntary movements that are rhythmic and irregular respectively. Dysdiadochokinesia describes the inability of a person to perform rapid, alternating movements.

Question: 4

Nancy noticed a scrape along her lower left leg after working in the backyard the past weekend that has since become red, swollen, warm, and tender to the touch. She has continued to be mobile, although the symptoms have become irritating. She is currently participating in physical therapy for treatment of right hip pain, so her physical therapist is the first practitioner to see this new presentation. The therapist refers her to her primary care physician for assessment and treatment. Based on the information provided, what skin condition is most likely present in this case?

- A. DVT.
- B. Cellulitis.
- C. Dermatitis.
- D. Chronic venous stasis dermatitis.

Answer: B

Explanation:

Nancy is most likely presenting with cellulitis, a relatively common skin infection that can develop if the skin barrier is compromised. It often presents with erythema, edema, warmth, and tenderness to the touch at the infection site. DVT is a medical emergency that presents with similar symptoms to cellulitis. Risk factors for DVT include recent immobility, recent surgical intervention, or pregnancy. Nancy has been active in physical therapy, and a recent period of immobility or surgery was not mentioned in this case scenario. Dermatitis is a common skin irritation that can be associated with dry, itchy, red skin: it comes in many forms, but it does not typically involve extremity swelling. Chronic venous stasis dermatitis is a bilateral condition associated with chronic venous insufficiency; it often presents with skin scaling, hyperpigmentation, and lower extremity edema.

Question: 5

Jean has experienced thoracic pain when performing a barbell overhead press at the gym and has scheduled an evaluation in physical therapy. After ruling out red flags and performing a thorough physical examination, Jean's therapist decides to begin treatment with midthoracic grade 5 manipulations. Which of the following is a contraindication to performing a grade 5 thoracic manipulation?

- A. Thoracic pain with segmental mobility testing.
- B. Excess adipose tissue in the trunk.
- C. Rheumatoid arthritis.
- D. Pain with maximal inhalation.

Answer: C

Explanation:

The presence of rheumatoid arthritis is a contraindication to performing thoracic thrust joint manipulation secondary to the fact that rheumatoid arthritis can be associated with bony compromise. Thoracic pain with segmental mobility testing and with a maximal inhalation can be potential indications for thoracic thrust manipulation. Excess adipose tissue in the trunk may make performance of a grade 5 manipulation more difficult, but it is not a contraindication to the technique.

Question: 6

In clinical care, psychosocial flags relate to the psychological and social implications of someone's thoughts, emotions, beliefs, and behaviors about their condition. They are used as a way to conceptualize potential barriers to recovery for individuals including depression or a lack of support at home. What color is associated with these psychosocial flags when discussing them with colleagues or documenting them?

- A. Yellow.
- B. Blue.
- C. Red.
- D. Black.

Answer: A

Explanation:

In physical therapy, the flag system is used to identify clinical and psychosocial risk factors. Clinical flags refer to physiological states that indicate high risk factors for injury or healing, and psychosocial flags refer to the aforementioned emotions, beliefs and behaviors that may act as a barrier to recovery. Yellow flags are representative of psychosocial components of a patient presentation. Blue flags are used to represent a person's negative perceptions about the relationship between their work and their health. Red flags are used to indicate serious pathology. Black flags relate to systemic obstacles such as difficulties with insurance company or limited return-to-work options.

Question: 7

Sylvia is performing baseline aerobic capacity testing of a patient in pulmonary rehabilitation so that improvements in aerobic capacity can be tracked over the course of care. This patient has been diagnosed with COPD and tends to fatigue quickly. Which of the following clinical tests would be MOST appropriate for this client?

- A. Bruce treadmill test.
- B. Single-stage sub maximal walking treadmill test.
- C. 20-meter shuttle test
- D. Timed up and go test.

Answer: B

Explanation:

VO₂ max is a measure of an individual's aerobic capacity. Numerous sub maximal tests have been developed that can estimate VO₂ max in the clinic. The single-stage sub maximal walking treadmill test can be used to estimate VO₂ max and is appropriate for individuals prone to fatigue because it only includes a single testing stage. This would be most appropriate for the individual in this case scenario. The Bruce treadmill test is a maximal test that is used to measure aerobic capacity, and it involves a large workload over 6-9 minutes. This would likely be an inappropriate test for an individual with COPD who is prone to fatigue. The 20-meter shuttle test is a running test used to measure maximum aerobic power and would thus be inappropriate for this case. The timed up and go test is a measure of functional mobility and cannot be used to estimate aerobic capacity.

Question: 8

Jerry is treating a patient with a diagnosis of subacromial pain syndrome that has demonstrated lower trapezius weakness on the affected side when compared to the other side. Jerry wishes to provide an exercise that directly targets the lower trapezius. Which of the following exercises would target that muscle?

- A. Prone upper extremity lift with the arm straight and abducted to 90°.
- B. Prone upper extremity lift with the arm straight and abducted to 0°.
- C. Prone upper extremity lift with the arm straight and abducted to 45°.
- D. Prone upper extremity lift with the arm straight and abducted to 120°.

Answer: D

Explanation:

A prone upper extremity lift with the arm straight and abducted to 120° directly targets the lower trapezius due to the orientation of the muscle fibers of the lower trapezius. If the arm is abducted to 90°, the middle trapezius will be directly targeted. If the arm is in 0° or 45° of abduction, the trapezius muscles are not the primary movers.

Question: 9

Greta is a 60-year-old female presenting to physical therapy with a primary complaint of shoulder pain. She has difficulty reaching overhead and behind her back, and she has pain when trying to fall asleep at night. Her symptoms have been present for about 2 months, and stretching has not helped. Her past medical history includes hypertension and a history of breast cancer. She demonstrates shoulder weakness in all planes upon examination. Which of the following would be the diagnostic hypothesis of concern in this case?

- A. Rotator cuff tears.
- B. Subacromial impingement.
- C. SLAP tear.
- D. Cancer.

Answer: D

Explanation:

An age of greater than 50 and a personal history of cancer are findings that warrant referral to a physician for medical screening because these findings raise a red flag for the potential presentation of cancer. Greta would only begin a plan of care in skilled physical therapy after medical screening to rule out pain of a cancerous origin.

Question: 10

Will presents to physical therapy via direct access with neck pain and headaches after tripping over his dog at home and falling down a flight of approximately 12 stairs. He reports that his symptoms have been constant and the intensity of his pain has not been progressively worsening. He has been able to complete all of his ADLs despite experiencing pain. He has no symptoms in his upper extremities, no difficulty swallowing, and no dizziness. He reports that he has been moving his trunk instead of turning his head as a way to avoid triggering pain. His active range of motion is limited due to symptoms at end range in all planes. What is the next best step to take in his plan of care?

- A. Perform gentle manual cervical segmental mobilizations to improve range of motion.
- B. Refer him to a physician for cervical radiographs.
- C. Use modalities such as ice and transcutaneous electrical nerve stimulation to control symptoms.
- D. Perform cervical isometrics to desensitize the cervical region.

Answer: B

Explanation:

According to the CCR which help determine the need for radiographs in the context of trauma to the cervical region, the next most appropriate step is to refer him to a physician for cervical radiographs before continuing with a plan of care in physical therapy. He was in an accident defined as having a dangerous mechanism which in this case was a fall from a height greater than five steps. This meets the criteria for referral for radiographs.

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