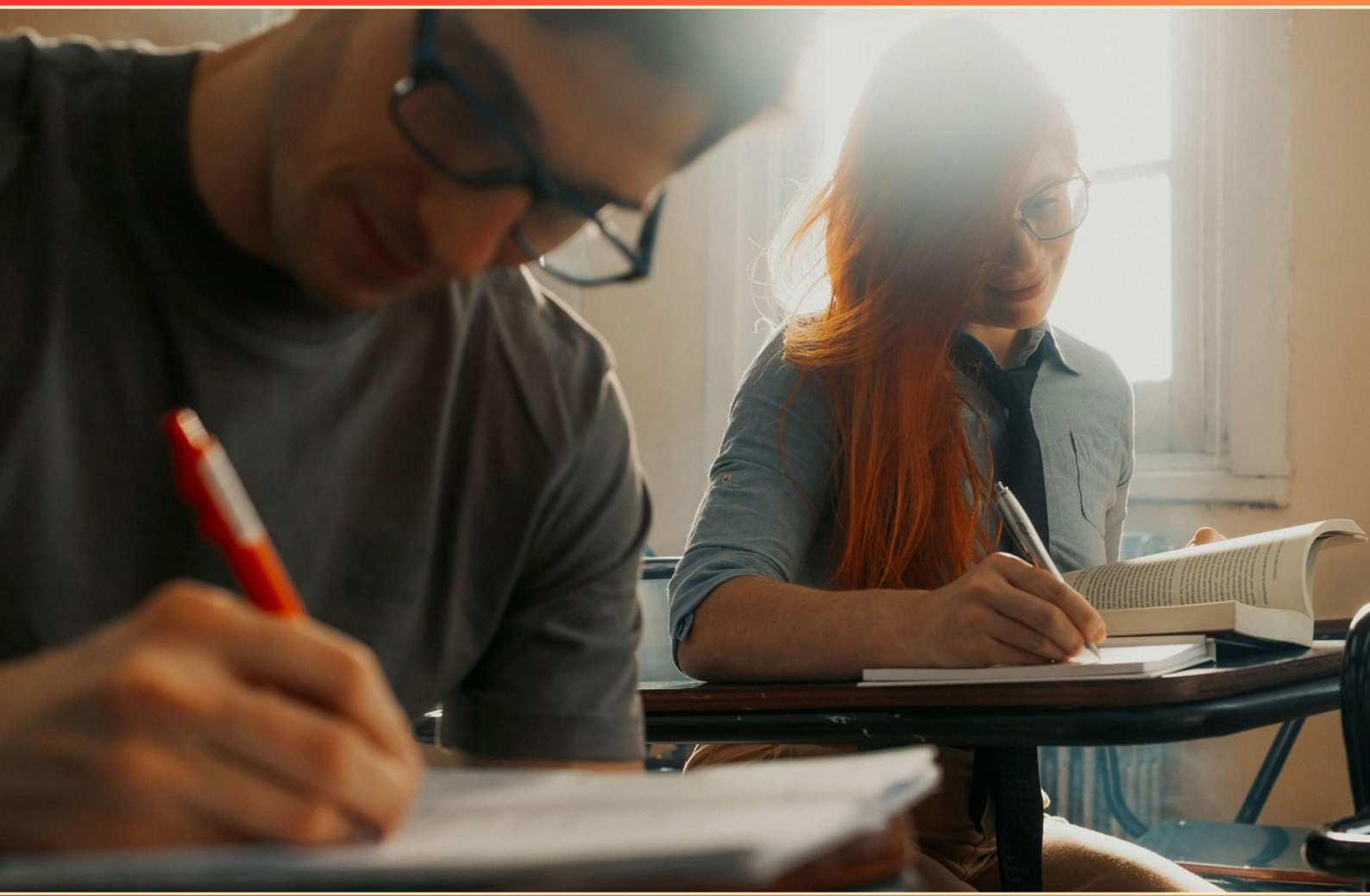
ACTIVE CARE EXAM 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. If active movement is dysfunctional and passive movement is dysfunctional, what is the dysfunction called?

A. Mobility dysfunction

B. Stability dysfunction

C. Pain dysfunction

D. Coordination dysfunction

2. Which statement accurately describes the recommended frequency for resistance training?

A. Minimum of 1 day per week

B. Minimum of 3 non-consecutive days

C. Minimum of 5 days per week

D. Minimum of 2 non-consecutive days per week

3. Which principle emphasizes the importance of confidence when presenting findings?

A. Systems are your friend

B. Kiss

C. Look for big limitations and big asymmetries

D. Confidence is key

4. Which technique sequence explicitly includes antagonist contraction as part of the pattern, namely CRAC?

A. CRAC = contract, relax, antagonist contract

B. Hold relax stretching technique

C. Post isometric relaxation MET

D. Post facilitation stretch (PFS)

5. How long before stretching plateaus?

A. 15 seconds

B. 60 seconds

C. 30 seconds

D. 90 seconds

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6. Which stretching technique involves taking the affected muscle to resistance, then having the antagonist contract toward the barrier for 5–10 seconds with an inhale, followed by relaxation and passive stretch to the new barrier?

A. PIR

B. Reciprocal Inhibition (RI)

C. Active Isolated Stretching

D. MET

7. In pain assessment, which term refers to the location where pain is felt?

A. Cause

B. Source

C. Symptom

D. Trigger

8. Which condition is a contraindication for stretching?

A. Prolonged Postures

B. Lack of movement

C. Dietary imbalance

D. Acute inflammatory or infectious process

9. Which procedure involves an initial passive stretch, then a ~6-second isometric activation, then concentric contraction with light resistance to reach a neutral resting position?

A. Contract relax procedure

B. Hold relax stretching technique

C. PNF hold relax stretching technique

D. Post contraction inhibition

10. Tight upper traps, levator scapulae and suboccipitals leads to what condition?

A. Tight pecs

B. Weak deep neck flexors

C. Weak lower traps, serratus anterior and rhomboids

D. Tight thoracolumbar extensors

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Answers

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1. A
2. D
3. D
4. A
5. C
6. B
7. B
8. D
9. A
10. A

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Explanations

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1. If active movement is dysfunctional and passive movement is dysfunctional, what is the dysfunction called?

A. Mobility dysfunction

B. Stability dysfunction

C. Pain dysfunction

D. Coordination dysfunction

Active movement depends on how well you can voluntarily move and control the limb, while passive movement depends on the joint's structural ability to move without muscle effort. If both are limited, the problem lies in the joint's mobility itself—the tissues and joint structures that allow movement. This points to mobility dysfunction rather than a neuromuscular control issue. Stability dysfunction would show up when passive movement is okay but active control is poor, indicating a failure to control movement rather than a restriction in how far the joint can move. Pain dysfunction can limit movement as well, but the clear sign here is a genuine mobility limitation: the joint itself won't move freely whether you or someone else attempts it.

2. Which statement accurately describes the recommended frequency for resistance training?

A. Minimum of 1 day per week

B. Minimum of 3 non-consecutive days

C. Minimum of 5 days per week

D. Minimum of 2 non-consecutive days per week

Frequency in resistance training refers to how often you train each week. For most adults, the minimum effective frequency is training each major muscle group about two times per week on non-consecutive days. This schedule provides enough weekly training stimulus to drive strength and size gains while allowing at least 48 hours of recovery between sessions for the same muscles. Training only once per week misses repeated stimulus and tends to slow progress, while higher frequencies (like five days a week) can be beneficial for some, but aren't the minimum for everyone. Two non-consecutive days per week is the recommended baseline.

3. Which principle emphasizes the importance of confidence when presenting findings?

A. Systems are your friend

B. Kiss

C. Look for big limitations and big asymmetries

D. Confidence is key

Presenting findings with confidence matters because the way you deliver conclusions shapes how convincingly the audience interprets and acts on the results. A confident delivery—clear, decisive language, and a well-supported message—helps others trust the evidence and follow through on recommendations, even when some uncertainty remains. This doesn't mean ignoring limitations; it means stating the main conclusions firmly while transparently noting what is uncertain and why it matters. Other principles focus on how you structure and critique the work, or keep things simple, but they don't specifically address how you communicate findings with conviction. So the principle that emphasizes presenting findings with assured, credible delivery is the one labeled confidence is key.

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4. Which technique sequence explicitly includes antagonist contraction as part of the pattern, namely CRAC?

A. CRAC = contract, relax, antagonist contract

B. Hold relax stretching technique

C. Post isometric relaxation MET

D. Post facilitation stretch (PFS)

CRAC is a Proprioceptive Neuromuscular Facilitation (PNF) stretching sequence that explicitly uses an antagonist contraction after the initial relaxation to gain more length. The pattern follows contract, relax, antagonist contract, so after the muscle to be stretched is contracted and then relaxed, the opposite muscle (the antagonist) is contracted. This antagonist activation triggers reciprocal inhibition, allowing the target muscle to lengthen further when the therapist moves into a new stretch. This explicit antagonist contraction step is what sets CRAC apart from other patterns that do not include this phase.

5. How long before stretching plateaus?

A. 15 seconds

B. 60 seconds

C. 30 seconds

D. 90 seconds

The idea is how long a static stretch can be held before benefits level off. In static stretching, most of the gain in range of motion happens early in the hold, with diminishing returns as time goes on. About thirty seconds tends to be the sweet spot where you get meaningful improvement without unnecessarily increasing tension or discomfort; holding longer doesn't add much more ROM for that stretch. If more flexibility is needed, repeat the hold for another thirty seconds or add additional techniques rather than extending a single stretch far beyond that. Shorter holds, like fifteen seconds, may yield smaller gains, while much longer holds (sixty seconds or more) typically don't provide extra benefit and can raise the risk of overstretching.

6. Which stretching technique involves taking the affected muscle to resistance, then having the antagonist contract toward the barrier for 5–10 seconds with an inhale, followed by relaxation and passive stretch to the new barrier?

A. PIR

B. Reciprocal Inhibition (RI)

C. Active Isolated Stretching

D. MET

This uses reciprocal inhibition to increase range of motion. When you activate the muscle opposite the one you're stretching (the antagonist), neural signals temporarily dampen the activity of the target muscle (the agonist). That inhibition lets the affected muscle relax more fully, so you can lengthen it further into a new barrier. The sequence described—move the target muscle to its barrier, contract the antagonist against that barrier for several seconds, then relax and passively stretch to the new barrier—drives this reflex inhibition and a deeper stretch. This is distinct from techniques that rely on the muscle being stretched producing the contraction (like postisometric relaxation) or methods that use short, isolated holds without focusing on antagonist activation (like some forms of active stretching). The key idea here is using the antagonist's contraction to quiet the target muscle and allow a greater, safer stretch.

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7. In pain assessment, which term refers to the location where pain is felt?

A. Cause

B. Source

C. Symptom

D. Trigger

In pain assessment, you're distinguishing where the pain is felt from why it's there or what starts it. The term that best fits the idea of the place the patient feels pain is source—the origin or location of the pain as perceived by the patient. This differs from cause (why the pain exists, such as an injury or disease), from symptom (the sensation of pain itself), and from trigger (what initiates or worsens the pain). Identifying the source helps locate the pain to a body region or organ, guiding evaluation and treatment.

8. Which condition is a contraindication for stretching?

A. Prolonged Postures

B. Lack of movement

C. Dietary imbalance

D. Acute inflammatory or infectious process

Stretching is avoided when the body is in an acute inflammatory or infectious state because the tissues are already irritated and healing is just beginning. Forcing stretches at this stage can increase pain, swelling, and tissue damage, and may slow recovery. Rest and gentle, permitted movements allow healing to begin before any stretching is reintroduced. The other scenarios describe conditions that may benefit from movement or aren't directly about tissue healing in the acute phase, so they aren't contraindications to stretching in the same way.

9. Which procedure involves an initial passive stretch, then a ~6-second isometric activation, then concentric contraction with light resistance to reach a neutral resting position?

A. Contract relax procedure

B. Hold relax stretching technique

C. PNF hold relax stretching technique

D. Post contraction inhibition

This sequence is a contract-relax technique. It begins with a passive stretch to the end range, then a brief isometric contraction of the target muscle (about six seconds) to trigger autogenic inhibition, which allows the muscle to lengthen more easily. After the hold, the muscle relaxes and you move into a new, greater length, finishing with a light concentric contraction to guide the limb into a neutral resting position. The final active, concentric step helps reinforce the new length and position. Hold-relax would typically end with a passive stretch rather than an active concentric contraction to neutral. Post-contraction inhibition focuses on the isometric hold and subsequent stretch without the added concentric contraction to settle at neutral. The described sequence best fits contract-relax.

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10. Tight upper traps, levator scapulae and suboccipitals leads to what condition?

A. Tight pecs

B. Weak deep neck flexors

C. Weak lower traps, serratus anterior and rhomboids

D. Tight thoracolumbar extensors

When the upper traps, levator scapulae, and suboccipitals are tight, the head sits forward and the shoulders rise and protract. That posture keeps the shoulder girdle in a rounded, forward position, which continually shortens the chest muscles. Over time this leads to tightness in the pectoral muscles as they adapt to and reinforce the protracted posture. So the pattern of tight neck and upper back muscles best aligns with tight pecs. (Weak deep neck flexors or weakness in other scapular stabilizers can occur with this posture, but the chest tightness is the most direct consequence described.)

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://activecare1.examzify.com

We wish you the very best on your exam journey. You've got this!

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