ACTIVE CARE EXAM 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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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. Which description correctly reflects nerve flossing (sliders)?

A. Applying direct compression to the nerve trunk.

B. Relaxing the nerve completely during movement.

C. Placing tension on one end of the nerve and reducing tension on the other end.

D. Maintaining equal tension at both ends.

2. Which statement best describes the safety of modalities for acute injuries?

A. High-intensity modalities are best for acute injuries.

B. Cryotherapy for acute inflammation; thermotherapy for pain relief; gentle electrical stimulation; manual therapy.

C. No modalities are recommended for acute injuries.

D. Only heat should be used for acute injuries.

3. Ballistic stretching and active dynamic stretching utilize intensity and contraction percentage?

A. Not specified

B. False

C. True

D. Both

4. The stacked matrix position is best described as which features?

A. Spinal curves and cross-crawl pattern

B. Single leg stance and hip/spine loaded stability

C. Spinal mobility and segmental stability

D. Single leg stance and hip-spine loaded stability

5. Which 4x4 matrix position includes spinal mobility, segmental stability, cervical patterns and shoulder flexion?

A. Suspended

B. Neutral

C. Stacked

D. Supported

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6. What would prompt urgent referral for neck-related symptoms?

A. Occasional headaches.

B. Neck stiffness in mornings.

C. Better with movement.

D. Signs of myelopathy (gait disturbance, hand numbness), progressive limb weakness, new bowel/bladder changes, or recent major trauma.

7. What does the neurophysiological mechanism effect of manual therapy state?

A. Increases pain sensitivity and reduces sympathetic activity

B. No neurophysiological effects

C. Only causes muscle relaxation

D. Hypoalgesic response and increased sympathetic nervous system activity

8. Which of the following lists retrain aspect components?

A. Discussion and education, protection and biofeedback

B. Hold-relax...

C. neurodevelopment, block vs random, load strategies

D. Single leg stance

9. During assessment in evidence-informed active care, what is the purpose of provoking the pain?

A. To deliberately worsen pain indefinitely

B. To identify pain triggers and responses, then guide pain away

C. To prove the patient has no pain

D. To determine imaging results

10. What is the largest single organ of the human body?

A. Liver

B. Skin

C. Skeletal muscle

D. Heart

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Answers

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

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Explanations

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1. Which description correctly reflects nerve flossing (sliders)?

A. Applying direct compression to the nerve trunk.

B. Relaxing the nerve completely during movement.

C. Placing tension on one end of the nerve and reducing tension on the other end.

D. Maintaining equal tension at both ends.

Nerve flossing relies on mobilizing neural tissue by differential tension. The nerve runs through a path where surrounding tissues can pull on it, so to make it glide rather than stay stuck, you create tension at one end while allowing the other end to relax. This alternating or differential tension encourages the nerve to slide along its tract as you move, without keeping it in a sustained stretch. That's why the description that fits nerve flossing is placing tension on one end of the nerve and reducing tension on the other end. The other ideas—compressing the nerve trunk, relaxing the nerve completely, or keeping equal tension at both ends—don't produce the controlled glide that characterizes sliders.

2. Which statement best describes the safety of modalities for acute injuries?

A. High-intensity modalities are best for acute injuries.

B. Cryotherapy for acute inflammation; thermotherapy for pain relief; gentle electrical stimulation; manual therapy.

C. No modalities are recommended for acute injuries.

D. Only heat should be used for acute injuries.

In acute injuries, safety hinges on using modalities that calm the inflammatory response and relieve pain without risking further tissue damage. The best approach starts with cryotherapy—cold therapy—to reduce swelling, lower metabolic demand, and numb pain. This helps control the acute inflammatory process and protects already stressed tissues. Heat therapy, while helpful for comfort and muscle relaxation, increases blood flow and metabolic activity, which can worsen swelling if used in the very early phase. It's typically reserved for later stages or for ongoing pain relief once inflammation has subsided. Gentle electrical stimulation can aid pain control and help stimulate muscle activation without being aggressive toward the injured tissues. It should be used with appropriate parameters and gradual progression. Manual therapy can be beneficial too, but in the acute stage it must be performed very cautiously, with pain-free, gentle techniques to maintain mobility without aggravating inflammation. So, a safe, effective pattern for acute injuries emphasizes cold first, cautious use of heat for comfort or later pain relief, and gentle modalities like low-intensity electrical stimulation and careful manual therapy. This aligns with using modalities in a staged, patient-tolerated manner to support healing.

3. Ballistic stretching and active dynamic stretching utilize intensity and contraction percentage?

A. Not specified

B. False

C. True

D. Both

These stretching methods are defined by how you move them, not by a fixed contraction intensity. Ballistic stretching relies on rapid, bouncing movements and momentum to push the joint through a range, while active dynamic stretching uses controlled, active muscle contractions to move through ROM. Neither is standardized by a specific percentage of contraction or quantified intensity. So describing them as utilizing intensity and contraction percentage isn't accurate; they're characterized by movement pattern, speed, and control.

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4. The stacked matrix position is best described as which features?

A. Spinal curves and cross-crawl pattern

B. Single leg stance and hip/spine loaded stability

C. Spinal mobility and segmental stability

D. Single leg stance and hip-spine loaded stability

This question is testing what a stacked matrix position looks like in a weight-bearing stance. In this position the body forms a vertical stack as you stand on one leg, with weight transmitted up from the foot through the knee and hip into the pelvis and spine while the whole trunk remains aligned and stable. The hip and spine are loaded partners here, meaning they actively resist collapse or excessive movement so the body can carry the load efficiently. Keeping the pelvis level, maintaining the natural curves of the spine, and engaging the core and hip stabilizers prevents tipping or sagging, creating a solid, stacked posture that supports stable movement. This differs from ideas that focus on spinal mobility or specific gait patterns, which are about moving or segmental control rather than maintaining a single-leg, load-bearing alignment.

5. Which 4x4 matrix position includes spinal mobility, segmental stability, cervical patterns and shoulder flexion?

A. Suspended

B. Neutral

C. Stacked

D. Supported

The key idea is how position affects the ability to move the spine while keeping stability, and to perform neck and shoulder movements in a controlled way. In a supported position, external support provides a stable base for the trunk, so the spine can show segmental mobility without losing overall stability. This setup also allows the head and neck to make cervical patterns and enables shoulder flexion to occur with proper alignment and scapular control, because the support helps maintain the alignment needed for coordinated motion. Suspended would remove that base of support, making it harder to sustain stability while moving the spine and coordinating the neck and shoulder. Neutral and stacked emphasize maintaining alignment with less emphasis on allowing mobility, particularly in the spine and upper extremities. So the supported position best embodies mobility in the spine together with stable control of cervical patterns and shoulder flexion.

6. What would prompt urgent referral for neck-related symptoms?

A. Occasional headaches.

B. Neck stiffness in mornings.

C. Better with movement.

D. Signs of myelopathy (gait disturbance, hand numbness), progressive limb weakness, new bowel/bladder changes, or recent major trauma.

Urgent referral is indicated whenever neck symptoms come with signs of spinal cord involvement (myelopathy). Gait disturbance suggests disruption of leg-delivering pathways; hand numbness shows sensory pathways in the limbs are affected; progressive weakness in the limbs means the compression or injury is worsening; new bowel or bladder changes reflect autonomic tract involvement; and a recent major trauma raises concern for fracture or acute spinal injury. These red flags mean the cervical cord could be under threat, and rapid imaging (often MRI) with specialist assessment is needed to prevent irreversible damage. By comparison, occasional headaches, neck stiffness that is worse in the morning, or symptoms that improve with movement point more toward non-urgent mechanical or musculoskeletal neck pain rather than spinal cord compression.

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7. What does the neurophysiological mechanism effect of manual therapy state?

A. Increases pain sensitivity and reduces sympathetic activity

B. No neurophysiological effects

C. Only causes muscle relaxation

D. Hypoalgesic response and increased sympathetic nervous system activity

Manual therapy engages the nervous system in ways that reduce pain while also activating the body's autonomic response. The touch and tissue movement stimulate mechanoreceptors, which helps block nociceptive signals at the spinal level (gate-control) and recruits descending pain-inhibition pathways in the brain. This produces hypoalgesia, or lower pain sensitivity. At the same time, the sensory input from manual contact can increase sympathetic nervous system activity as part of an autonomic arousal response to stimulation. So you get both reduced pain perception and heightened autonomic activity. This goes beyond just muscle relaxation, and it's not accurate to say there are no neurophysiological effects or that pain sensitivity would increase.

8. Which of the following lists retrain aspect components?

A. Discussion and education, protection and biofeedback

B. Hold-relax...

C. neurodevelopment, block vs random, load strategies

D. Single leg stance

In rehab, retraining how a movement is produced relies on motor learning principles that guide how we sequence, structure, and challenge practice. The best answer combines three core elements: neurodevelopmental approaches to rebuild coordinated movement by addressing fundamental movement patterns and reflexes, block versus random practice to structure learning so skills become stable and transferable, and load strategies that progressively challenge strength and control to drive adaptation. This trio captures how clinicians design training to restore functional movement, not just what exercises to perform. The other options miss this integrated framework. One option describes education and biofeedback along with protection, which are important support strategies but not the actual components used to retrain movement patterns. Another option references a specific manual technique, not a comprehensive retraining framework. The last option points to a single exercise rather than the overarching approach to reestablishing motor control and learning.

9. During assessment in evidence-informed active care, what is the purpose of provoking the pain?

A. To deliberately worsen pain indefinitely

B. To identify pain triggers and responses, then guide pain away

C. To prove the patient has no pain

D. To determine imaging results

Probing pain during assessment is about learning what triggers the patient's pain and how it responds to different loads or movements, so we can design a plan that reduces those triggers and helps the patient move better. In practice, you gently and safely reproduce the movements or postures that tend to aggravate symptoms, observe what begins the pain, how long it lasts, and what helps it settle. This information guides how to modify activities, pace progression, and introduce targeted exercises or therapies that lessen irritability and improve function. The goal is to map the pain and then guide it away, not to make pain worse permanently, not to claim the patient has no pain, and not to determine imaging results—imaging decisions come from the overall clinical picture and red flags, not solely from provocative testing.

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10. What is the largest single organ of the human body?

A. Liver

B. Skin

C. Skeletal muscle

D. Heart

Skin is the body's largest organ, forming the outer covering that runs all around us. Its total surface area averages about 1.5–2 square meters and it can weigh roughly 4–5 kilograms, making it larger than any other single organ by both area and mass. The skin serves many important roles beyond just a protective barrier: it helps regulate body temperature, allows us to sense touch and pressure, prevents water loss, and participates in vitamin D synthesis. Internal organs like the liver are large, but they don't surpass the skin in overall size, while skeletal muscle and the heart, though substantial, don't exceed the skin's combined area and mass.

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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://activecare2.examzify.com

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

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