CARDIOPULMONARY ICU MOBILIZATION PRACTICE EXAM (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. What outcomes are associated with early mobilization in the ICU?

A. Shorter ICU stay, less delirium, improved muscle strength, quicker functional recovery, and better long-term outcomes.

B. Longer ICU stay and increased delirium.

C. No change in outcomes.

D. Worse long-term outcomes.

2. What documentation is essential after a mobilization session?

A. Vital signs pre/post, level of activity, duration, RPE, tolerance, adverse events, device status, and plan for next session.

B. Only the completion time.

C. Only the exercises performed.

D. Dietary intake during session.

3. Phase three of the Early Mobility and Walking Program is best described as:

A. Transfer and pre-gait, walking in room

B. Walking out of room

C. Out of ICU, preparing for discharge

D. Begin strength training, using other equipment

4. In ICU patients, delirium is commonly associated with which of the following outcomes?

A. Longer length of stay

B. Increased mortality

C. Long-term cognitive impairment

D. All of the above

5. What characterizes Phase One of the Early Mobility and Walking Program?

A. Bed exercises, stretcher chair, unable to bear weight, PROM activities

B. Gait training with treadmill

C. Ambulating without support

D. Seated arm exercises only

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6. Which item is NOT part of Step 5?

A. Set the duration of the mobilization sessions according to the patient's responses.

B. Thoracic mobility exercises.

C. Active, active assist, or PROM exercises.

D. Breathing control exercise, coordinate with body movements.

7. Which item is a barrier to early mobility in the ICU related to the healthcare team?

A. Practitioner knowledge deficit

B. Patient factors

C. Time/Productivity/Staffing

D. Culture of the institution and medical team

8. How long should an in-bed mobilization session start for a sedated patient?

A. 30-60 minutes continuous.

B. 15-20 minutes standing.

C. Short bouts (2–5 minutes at the edge of bed) and gradually increase.

D. 1 minute maximum.

9. A patient with a RASS score of -3 to -2 would require which level of physical therapy intervention?

A. ADLs

B. Sit

C. PROM

D. AROM

10. For Step 5, which description best captures the content?

A. Set the duration of the mobilization sessions according to the patient's responses.

B. Thoracic mobility exercises.

C. Active, active assist, or PROM exercises.

D. Combination of thoracic mobility exercises, active/assist/PROM, breathing control coordinated with movements, and coughing supported

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Answers

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

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Explanations

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1. What outcomes are associated with early mobilization in the ICU?

A. Shorter ICU stay, less delirium, improved muscle strength, quicker functional recovery, and better long-term outcomes.

B. Longer ICU stay and increased delirium.

C. No change in outcomes.

D. Worse long-term outcomes.

Early mobilization in the ICU helps prevent the harms of prolonged bed rest, leading to multiple favorable outcomes. When movement starts sooner, muscle wasting and weakness slow, so patients regain strength and independence faster. Mobilization also supports better lung mechanics and circulation, which lowers the risk and duration of delirium and helps with weaning from ventilators. With these physiological and functional benefits, patients typically experience shorter ICU stays, quicker functional recovery, and improved long-term outcomes such as greater independence after discharge. In practice, mobility is progressed safely as the patient tolerates it, starting with small, passive movements and moving toward sitting up, standing, and ambulation as stability and monitoring allow. Safety criteria—such as stable hemodynamics, adequate oxygenation, and secure lines and supports—guide when and how aggressively to mobilize.

2. What documentation is essential after a mobilization session?

A. Vital signs pre/post, level of activity, duration, RPE, tolerance, adverse events, device status, and plan for next session.

B. Only the completion time.

C. Only the exercises performed.

D. Dietary intake during session.

Documenting safety and response after a mobilization session is essential because it shows how the patient tolerated the intervention and guides future progression. The most complete record includes vital signs before and after, level of activity, session duration, the patient's rating of perceived exertion, overall tolerance, any adverse events, device status, and a plan for the next session. Vital signs pre/post help confirm stability and safety; the level of activity and duration quantify the dose and support progression; the RPE provides patient-centered feedback to tailor intensity; tolerance indicates whether to continue, taper, or halt and adjust; adverse events alert the team to potential complications; device status ensures equipment is functioning and safe; and the plan for the next session integrates the session into the ongoing rehabilitation plan. Documents that capture only completion time or only the exercises performed miss critical safety, response, and progression data, and noting dietary intake misses the clinical focus of post-mession safety and progression.

3. Phase three of the Early Mobility and Walking Program is best described as:

A. Transfer and pre-gait, walking in room

B. Walking out of room

C. Out of ICU, preparing for discharge

D. Begin strength training, using other equipment

Phase three focuses on ambulation beyond the patient's room, moving from seated and in-room gait tasks to walking in the hallway or outside the room. This stage demonstrates that the patient can tolerate functional walking in a broader space, with appropriate safety measures and supervision, after earlier steps have established safe transfers and in-room gait. It requires stable vitals, adequate oxygenation, and support as needed, and it leads toward more advanced mobility activities though it stops short of discharge-level tasks or formal strength training with equipment. That's why walking out of the room is the best description for this phase.

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4. In ICU patients, delirium is commonly associated with which of the following outcomes?

A. Longer length of stay

B. Increased mortality

C. Long-term cognitive impairment

D. All of the above

Delirium in the ICU reflects acute brain dysfunction arising from a mix of critical illness, inflammation, metabolic disturbances, medications, sleep disruption, and immobility. This state often signals a more complicated recovery trajectory and is linked to several adverse outcomes. It tends to prolong recovery, contributing to longer ICU and hospital stays due to more complications, slower mobilization, and delayed rehabilitation. It is also associated with higher short-term and, in many studies, higher mortality, independent of how sick the patient is on admission. Additionally, delirium is connected to longer-lasting cognitive problems after discharge, with some patients experiencing persistent cognitive impairment that affects daily functioning. Because delirium touches multiple aspects of recovery and prognosis, it is commonly associated with all of the above outcomes.

5. What characterizes Phase One of the Early Mobility and Walking Program?

A. Bed exercises, stretcher chair, unable to bear weight, PROM activities

B. Gait training with treadmill

C. Ambulating without support

D. Seated arm exercises only

Phase One centers on initiating mobility with the patient still in bed and not bearing weight. The goal is to preserve joint mobility, circulation, and muscle activation without risking overexertion or instability. The option that describes bed exercises, stretcher chair positioning, being unable to bear weight, and passive range-of-motion activities fits this target best, because it covers non–weight-bearing activities that keep the patient engaged in movement while staying safe. Gait training with a treadmill requires weight-bearing and more coordinated upright activity, which moves beyond Phase One. Ambulating without support implies the patient can walk independently, a level of function not typical in Phase One. Seated arm exercises alone may be helpful but does not capture the broader bed-based activity and passive ROM emphasis that Phase One embodies.

6. Which item is NOT part of Step 5?

A. Set the duration of the mobilization sessions according to the patient's responses.

B. Thoracic mobility exercises.

C. Active, active assist, or PROM exercises.

D. Breathing control exercise, coordinate with body movements.

Step 5 centers on applying targeted mobility and breathing coordination as part of advancing functional activity. Thoracic mobility exercises help loosen the chest wall and improve rib cage expansion, which supports better breathing during movement. Active, active-assisted, or passive range of motion exercises preserve joint ROM and muscle length, enabling safer and more effective mobilization. Breathing control exercises coordinated with body movements teach the patient to sync respiration with activity, reducing the work of breathing and improving endurance. The duration of mobilization sessions set according to the patient's responses is not a direct Step 5 intervention; it's a planning and pacing consideration based on tolerance and safety, while the three listed interventions are the actual tasks performed in this step.

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7. Which item is a barrier to early mobility in the ICU related to the healthcare team?

A. Practitioner knowledge deficit

B. Patient factors

C. Time/Productivity/Staffing

D. Culture of the institution and medical team

Gaps in what clinicians know about safely mobilizing ICU patients directly shape whether early mobility is started. When team members aren't confident about eligibility criteria, monitoring parameters, or the correct progression, they may hesitate or delay activity, even when it's appropriate. This knowledge deficit can stem from limited training on mobility protocols, fear of adverse events, or uncertainty about how to coordinate with different disciplines (nurses, therapists, physicians). While patient factors (pain, sedation, delirium), time and staffing pressures, and the overall culture of the institution affect mobility in practical ways, they are not the same as a lack of clinician knowledge. Improving this barrier involves targeted education, clear and widely shared protocols, and opportunities for hands-on practice and interprofessional coordination so the team can move patients safely and sooner.

8. How long should an in-bed mobilization session start for a sedated patient?

A. 30-60 minutes continuous.

B. 15-20 minutes standing.

C. Short bouts (2–5 minutes at the edge of bed) and gradually increase.

D. 1 minute maximum.

In-bed mobilization for a sedated patient should begin with very brief, tolerable bouts to assess safety and tolerance before increasing effort. Short sessions at the edge of the bed, about 2–5 minutes, allow you to gently load the muscles and cardiovascular system while you monitor key responses such as heart rate, blood pressure, oxygen saturation, respiratory effort, and signs of agitation or discomfort. This gradual, incremental approach helps prevent overexertion or destabilization in a patient who cannot actively participate or follow commands due to sedation. As the patient stabilizes and the level of sedation lightens, you gradually extend the duration and progress toward higher levels of activity, such as sitting at the edge of the bed and then standing, while continuing to monitor vitals and tolerance. Long continuous sessions are often not tolerated when sedation is present, and longer periods of standing require a level of stability and cooperation that may not be present, making them less safe as an initial strategy. Conversely, a one-minute maximum is too brief to provide meaningful mobilization or therapeutic benefit in the early phases. So, starting with short 2–5 minute bouts at the edge of bed and gradually increasing as tolerated best balances safety and progressive mobilization in sedated patients.

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9. A patient with a RASS score of -3 to -2 would require which level of physical therapy intervention?

A. ADLs

B. Sit

C. PROM

D. AROM

With a RASS score of -3 to -2, the patient is sedated but arousable, meaning they cannot actively participate in movement. The appropriate physical therapy intervention at this level is passive range of motion. The therapist moves the joints through the available range without the patient's active muscle effort, which helps preserve joint mobility, prevent contractures, and support circulation while safety and vitals are monitored. As the patient becomes more alert and able to participate (toward 0 or higher), you can progress to active-assisted and active ROM, then to sitting and functional tasks like ADLs as tolerated. The other options require active participation or functional independence that isn't feasible at this sedation level.

10. For Step 5, which description best captures the content?

A. Set the duration of the mobilization sessions according to the patient's responses.

B. Thoracic mobility exercises.

C. Active, active assist, or PROM exercises.

D. Combination of thoracic mobility exercises, active/assist/PROM, breathing control coordinated with movements, and coughing supported

Step 5 is about combining movement with airway clearance and breathing coordination. The content should not only include chest wall mobility and range-of-motion activities but also actively coordinate breathing with movements and support coughing to keep the airway clear during mobilization. That holistic approach helps patients tolerate activity while maintaining ventilation and protecting the airway. The best description includes all these elements: thoracic mobility exercises, active, active-assisted, or PROM movements, breathing control synchronized with movements, and coughing supported. This captures the integration of mobility, ROM, respiration, and airway clearance that Step 5 aims to achieve. The other options miss essential pieces: focusing only on session duration ignores the content of what is performed; describing only thoracic mobility omits the ROM, breathing coordination, and cough support; describing only active/assist/PROM misses the breathing control and coughing components.

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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://cardiopulmicumobilization.examzify.com

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

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