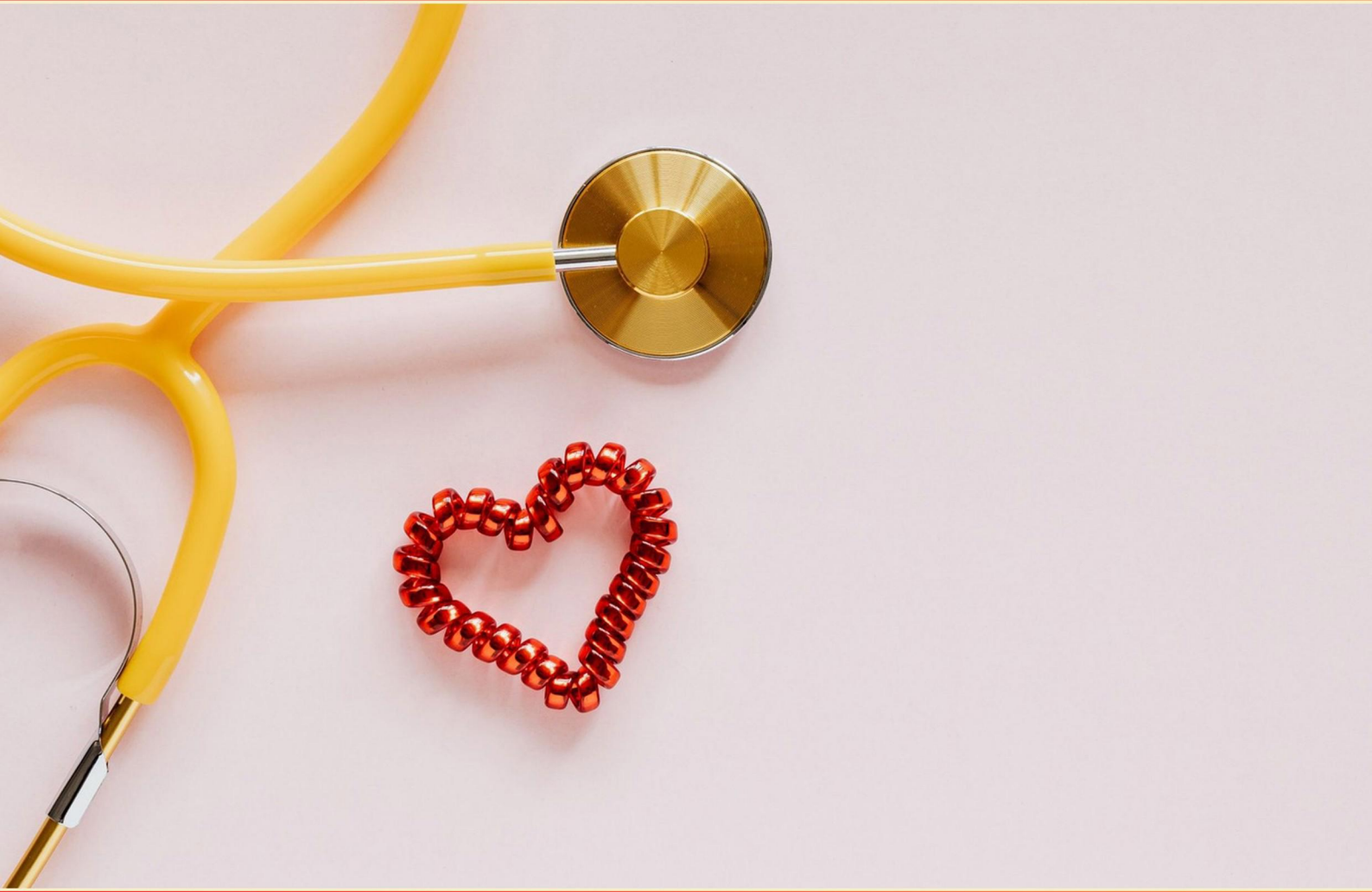
NPTE CARDIOPULMONARY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://nptecardiopulmonary.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. A therapist attempts to locate the ulnar artery at the wrist. Which two tendons should the therapist utilize to locate the ulnar artery?

A. Extensor digitorum and extensor carpi ulnaris

B. Extensor digiti minimi and extensor carpi ulnaris

C. Flexor carpi radialis and flexor carpi ulnaris

D. Flexor digitorum superficialis and flexor carpi ulnaris

2. Which symptom is most commonly associated with critical limb ischemia?

A. Severe pain in the legs and feet at rest

B. Increased temperature in the lower leg and foot

C. Bounding lower extremity peripheral pulses

D. Flaking skin on the legs with brownish discoloration

3. Which of the following medical conditions would result in a patient not being a candidate for cardiac rehabilitation?

A. myocardial infarction

B. coronary artery bypass surgery

C. peripheral vascular disease

D. thrombophlebitis

4. Which lung condition is characterized by a "honeycomb" appearance on chest X-ray?

A. Pneumonia

B. Interstitial lung disease

C. Chronic bronchitis

D. Asthma

5. During which phase of the cardiac cycle do the atria contract to fill the ventricles?

A. Atrial diastole

B. Atrial systole

C. Ventricular systole

D. Ventricular diastole

SAMPLE

6. A therapist notes that a patient's medication makes it extremely difficult for them to reach their target heart range during exercise. Which class of pharmacological agents would be most likely to produce the described effect?

A. Bronchodilators

B. Diuretics

C. Beta blockers

D. Glucocorticoids

7. What substance do white blood cells primarily combat in the body?

A. Oxygen

B. Pathogens

C. Nutrients

D. Toxins

8. White blood cell count is not used in the assessment of:

A. Bone marrow integrity

B. Degree of immunosuppression

C. Extrinsic coagulation factors

D. Infection

9. What finding would necessitate the termination of low-level exercise for a patient in a cardiac rehabilitation program?

A. a decrease in systolic blood pressure of 15 mm Hg

B. an increase in diastolic blood pressure of 5 mm Hg

C. heart rate of 108 beats per minute during exercise

D. mild lower extremity claudication

10. What factor is most likely to contribute to a significant decrease in cardiac output?

A. Increase in heart rate

B. Increase in preload

C. Increase in afterload

D. Increase in stroke volume

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. A therapist attempts to locate the ulnar artery at the wrist. Which two tendons should the therapist utilize to locate the ulnar artery?

A. Extensor digitorum and extensor carpi ulnaris

B. Extensor digiti minimi and extensor carpi ulnaris

C. Flexor carpi radialis and flexor carpi ulnaris

D. Flexor digitorum superficialis and flexor carpi ulnaris

The ulnar artery can be located at the wrist by palpating in relation to specific anatomical landmarks. The tendons of the flexor carpi ulnaris and the flexor digitorum superficialis are particularly useful for this purpose. The flexor carpi ulnaris tendon runs along the ulnar side of the forearm and wrist, providing a clear anatomical reference point. As the ulnar artery travels just lateral to this tendon at the wrist, palpating along the tendon allows the therapist to feel for the pulse of the ulnar artery. Additionally, the flexor digitorum superficialis tendon is present in the middle flexor compartment of the forearm and helps delineate the area further. Together, these two tendons provide a reliable guide to locate the ulnar artery safely and accurately at the wrist. Understanding the anatomical relationships is essential in clinical practice for performing assessments and interventions effectively.

2. Which symptom is most commonly associated with critical limb ischemia?

A. Severe pain in the legs and feet at rest

B. Increased temperature in the lower leg and foot

C. Bounding lower extremity peripheral pulses

D. Flaking skin on the legs with brownish discoloration

Severe pain in the legs and feet at rest is the symptom most commonly associated with critical limb ischemia (CLI). This condition arises due to significantly reduced blood flow to the lower extremities, often as a result of atherosclerosis. The pain, known as rest pain, typically occurs when the patient is at rest and may be aggravated by leg elevation or relieved by hanging the legs down. This is a key indicator of advanced ischemic disease and signifies that the limbs are not receiving adequate oxygenated blood to meet metabolic demands. In contrast, increased temperature in the lower leg and foot is typically not seen in CLI; often, the affected limbs might actually feel cooler due to reduced blood flow. Likewise, bounding lower extremity peripheral pulses are not characteristic of CLI; in fact, claudication and eventual critical limb ischemia often present with diminished or absent pulses. Flaking skin on the legs with brownish discoloration can be indicative of venous insufficiency or chronic venous stasis, rather than critical limb ischemia, which primarily presents with pain and other features related to arterial occlusion.

SAMPLE

3. Which of the following medical conditions would result in a patient not being a candidate for cardiac rehabilitation?

A. myocardial infarction

B. coronary artery bypass surgery

C. peripheral vascular disease

D. thrombophlebitis

In the context of cardiac rehabilitation, a significant consideration is the overall cardiovascular stability and the potential for therapeutic exercise to positively impact the patient's condition. Thrombophlebitis, which involves the inflammation of a vein due to a blood clot, often leads to complications such as deep vein thrombosis (DVT) and can increase the risk of further clot formation. Patients with thrombophlebitis may have restrictions on physical activity to prevent dislodging a clot, which could result in severe complications such as pulmonary embolism. On the other hand, conditions like myocardial infarction, coronary artery bypass surgery, and peripheral vascular disease involve cardiac or vascular considerations where rehabilitation is not only safe but beneficial. Cardiac rehabilitation is aimed at improving cardiovascular health, enhancing functional capacity, and reducing the risk of future cardiac events for these patients. Therefore, while thrombophlebitis poses significant risks that could contraindicate participation in rehabilitation programs, the other conditions listed are typically treated within such programs to support recovery and improve patient outcomes.

4. Which lung condition is characterized by a "honeycomb" appearance on chest X-ray?

A. Pneumonia

B. Interstitial lung disease

C. Chronic bronchitis

D. Asthma

The "honeycomb" appearance on a chest X-ray is a classic radiographic finding most commonly associated with interstitial lung disease. This pattern typically arises from the scarring and fibrosis that occurs in the lung interstitium, leading to the formation of cystic air spaces and irregularities that resemble a honeycomb structure. Interstitial lung diseases encompass a variety of disorders that result in inflammation and fibrosis of lung tissue. These conditions can lead to significant changes in lung architecture and function over time, contributing to symptoms such as progressive dyspnea and decreased exercise tolerance. The honeycomb pattern observed on imaging indicates advanced disease and is often a sign of irreversible lung damage. In contrast, pneumonia generally presents with consolidative patterns on imaging, chronic bronchitis typically shows signs of increased lung markings and hyperinflation, and asthma is characterized by bronchial hyperreactivity and may show transient changes rather than a persistent honeycomb appearance. Thus, interstitial lung disease is specifically recognized for this distinct radiologic marker, setting it apart from the other options listed.

SAMPLE

5. During which phase of the cardiac cycle do the atria contract to fill the ventricles?

A. Atrial diastole

B. Atrial systole

C. Ventricular systole

D. Ventricular diastole

The correct answer is atrial systole, which is the phase of the cardiac cycle when the atria contract. During this phase, the contraction of the atria pushes blood into the ventricles, completing the filling process of the ventricles just before they contract. Atrial systole is crucial for ensuring that the ventricles receive adequate blood volume to pump out effectively during the subsequent ventricular systole. In this context, atrial diastole refers to the phase when the atria are relaxed and filling with blood from the veins, but it is not the time when they contract. Ventricular systole is the phase where the ventricles contract to pump blood out of the heart, while ventricular diastole is when the ventricles relax and fill with blood. Thus, atrial systole is the only phase that specifically describes the contraction of the atria to fill the ventricles with blood.

6. A therapist notes that a patient's medication makes it extremely difficult for them to reach their target heart range during exercise. Which class of pharmacological agents would be most likely to produce the described effect?

A. Bronchodilators

B. Diuretics

C. Beta blockers

D. Glucocorticoids

Beta blockers are a class of medications commonly used to manage cardiovascular conditions, such as hypertension and arrhythmias. These agents work by blocking the effects of adrenaline (epinephrine) on beta-adrenergic receptors in the heart. This action results in decreased heart rate, reduced myocardial contractility, and overall lowered cardiac output during physical activity. In the context of exercise, particularly if the goal is to reach a specific target heart rate, beta blockers can significantly hinder the body's response to exercise-induced stress. Because these medications blunt the heart's ability to increase its rate in response to physical demands, patients on beta blockers often find it challenging to achieve or sustain their target heart range during exercise. Understanding the function of different classes of medications is crucial for optimizing exercise prescriptions and ensuring patient safety, especially during cardiopulmonary rehabilitation or any exercise program. In contrast, bronchodilators typically enhance respiratory function and do not influence heart rate negatively. Diuretics primarily address fluid retention and have less direct influence on heart rate during exercise, while glucocorticoids are mainly anti-inflammatory agents and do not affect heart rate directly. Thus, beta blockers are the most likely agents to cause difficulty in achieving target heart rates in patients during exercise.

SAMPLE

7. What substance do white blood cells primarily combat in the body?

A. Oxygen

B. Pathogens

C. Nutrients

D. Toxins

White blood cells, also known as leukocytes, primarily combat pathogens in the body. These cells play a crucial role in the immune system, helping to identify and attack various infectious agents such as bacteria, viruses, fungi, and parasites. When pathogens invade the body, white blood cells are mobilized to respond by either directly attacking these invaders or by coordinating a more complex immune response. The function of white blood cells goes beyond simple combat; they also help to remember specific pathogens and contribute to immune memory, making the body more efficient at responding to future infections. This is vital for maintaining health and preventing illness. While oxygen, nutrients, and toxins do play significant roles in the body, they are not the primary targets of white blood cells. Instead, it is the pathogens that pose an immediate threat to health, making them the focus of the immune response facilitated by white blood cells.

8. White blood cell count is not used in the assessment of:

A. Bone marrow integrity

B. Degree of immunosuppression

C. Extrinsic coagulation factors

D. Infection

White blood cell count (WBC) is a crucial component of a complete blood count (CBC) and serves as an important indicator in various clinical assessments. In the context of white blood cell count not being used in the assessment of extrinsic coagulation factors, it is essential to understand the specific roles and functionalities involved in coagulation. Extrinsic coagulation factors pertain to components of the coagulation cascade that are activated in response to vascular injury and extracellular signals, primarily involving factors such as tissue factor (Factor III) and Factor VII. The assessment of coagulation factors typically relies on specific biochemical tests, including prothrombin time (PT) and activated partial thromboplastin time (aPTT), which directly evaluate the intrinsic and extrinsic pathways of the coagulation system. These tests measure the functionality and levels of particular coagulation proteins rather than the WBC count, which does not provide information regarding these factors. In contrast, the white blood cell count is critical in evaluating conditions related to infection, whereby an elevated WBC count often indicates an immune response to a pathogen. It is also important in assessing the degree of immunosuppression, as certain therapies or conditions reduce WBC counts, thereby reflecting the immune status of the individual.

SAMPLE

9. What finding would necessitate the termination of low-level exercise for a patient in a cardiac rehabilitation program?

A. a decrease in systolic blood pressure of 15 mm Hg

B. an increase in diastolic blood pressure of 5 mm Hg

C. heart rate of 108 beats per minute during exercise

D. mild lower extremity claudication

The finding that would necessitate the termination of low-level exercise in a cardiac rehabilitation program is a decrease in systolic blood pressure of 15 mm Hg. This significant drop in systolic blood pressure can be indicative of an inadequate cardiovascular response to the physical demands of exercise, potentially leading to insufficient blood flow to vital organs. In a cardiac rehabilitation setting, maintaining adequate blood pressure during exercise is crucial. A sudden decrease in systolic blood pressure can signal a risk of adverse events, such as fainting or even cardiovascular complications. Such changes necessitate immediate cessation of exercise to ensure the patient's safety. The other findings, while they may require monitoring, do not typically necessitate immediate termination of exercise. For example, an increase in diastolic blood pressure of 5 mm Hg can be a normal response to exercise, as can a heart rate of 108 beats per minute, depending on the patient's exercise tolerance and baseline cardiovascular condition. Mild lower extremity claudication does warrant attention and careful management, but it does not automatically indicate that exercise must be stopped; the severity and the individual patient's tolerance and condition play critical roles in the decision to continue exercising.

10. What factor is most likely to contribute to a significant decrease in cardiac output?

A. Increase in heart rate

B. Increase in preload

C. Increase in afterload

D. Increase in stroke volume

A significant decrease in cardiac output can occur due to an increase in afterload. Afterload refers to the resistance that the left ventricle must overcome to eject blood during systole. When afterload increases, the heart has to work harder to pump blood against this greater resistance, which can lead to a reduced stroke volume. As stroke volume is a key component of cardiac output (Cardiac Output = Stroke Volume x Heart Rate), a decreased stroke volume directly impacts cardiac output, leading to a significant overall decrease. Increased afterload might be due to conditions such as hypertension or aortic stenosis, which create an additional burden on the heart. If the heart cannot generate enough force to overcome this resistance, it may result in lower volumes of blood being ejected with each heartbeat, thereby decreasing cardiac output. In contrast, factors that are associated with increases in heart rate, preload, or stroke volume typically do not contribute to a significant decrease in cardiac output. Increased heart rate can enhance cardiac output, and an increase in preload generally indicates more filling of the heart, which can often lead to an increased stroke volume through the Frank-Starling mechanism. Therefore, increased afterload is the primary factor leading to a decrease in cardiac output in this context.

SAMPLE

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://nptecardiopulmonary.examzify.com

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

SAMPLE