NPTE SCOREBUILDERS OA EXAM 1 PRACTICE (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. A patient admitted with adhesive capsulitis presents with an insidious onset of pain and stiffness over the past several months. Which patient profile is MOST likely associated with this diagnosis?

A. 58-year-old female with multiple sclerosis

B. 45-year-old male with peripheral neuropathy

C. 52-year-old male with recurrent rotator cuff tendinopathy

D. 48-year-old female with diabetes

2. Which climate would increase the risk of heat buildup with a silicone liner inside a prosthesis?

A. Cool, dry climates

B. Moderate climates with low humidity

C. High altitude environments

D. Warmer climates

3. If stroke volume increases, what happens to afterload?

A. Afterload decreases

B. Afterload increases

C. Afterload remains the same

D. Afterload fluctuates with heart rate

4. To improve lateral rotation of a shoulder with limited mobility, which joint glide is typically used?

A. Posterior gliding of the head of the humerus on the glenoid fossa

B. Inferior gliding of the head of the humerus on the glenoid fossa

C. Anterior gliding of the head of the humerus on the glenoid fossa

D. Superior gliding of the head of the humerus on the glenoid fossa

5. Which hip examination maneuver is used to detect a dislocated hip in a newborn by abducting the hip and feeling for a clunk?

A. Ortolani test

B. Barlow test

C. Galeazzi sign

D. Allis sign

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6. To improve extension at the radiocarpal joint in a patient eight weeks post-Colles fracture, which mobilization direction is MOST appropriate?

A. Glide lunate and scaphoid anteriorly in relation to the radius

B. Glide lunate and capitate anteriorly in relation to the radius

C. Glide triquetrum and lunate anteriorly in relation to the head of the ulna

D. Glide scaphoid and capitate posteriorly in relation to the radius

7. For a patient with a high cervical spinal cord injury, environmental control units are primarily used for what purpose?

A. To communicate with others

B. To control the bed and Hoyer lift

C. To adjust ambient lighting

D. To monitor heart rate

8. What is the approximate normal femoral anteversion angle in females?

A. 8°

B. 15°

C. 0°

D. 20°

9. A physical therapist uses electromyographic biofeedback to improve a patient's ability to recruit the vastus medialis obliquus muscle. After initiating the intervention the therapist observes that the patient is unable to generate the anticipated level of audio and visual activity on the biofeedback unit. What is the MOST appropriate therapist action?

A. Increase the size of the surface electrodes

B. Remove oil and dead skin from the target area using an alcohol prep pad

C. Select a more conservative strengthening intervention

D. Modify the location of the surface electrodes

10. An infant in prone with arms outstretched and a lateral trunk bend is BEST described as exhibiting which developmental position?

A. Hooklying rotation

B. Pivot prone

C. Prone on elbows

D. Modified plantigrade

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Answers

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

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Explanations

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1. A patient admitted with adhesive capsulitis presents with an insidious onset of pain and stiffness over the past several months. Which patient profile is MOST likely associated with this diagnosis?

A. 58-year-old female with multiple sclerosis

B. 45-year-old male with peripheral neuropathy

C. 52-year-old male with recurrent rotator cuff tendinopathy

D. 48-year-old female with diabetes

Adhesive capsulitis, or frozen shoulder, is strongly linked to diabetes because metabolic changes from hyperglycemia promote fibrosis and thickening of the shoulder joint capsule. Nonenzymatic glycation of collagen leads to cross-linking and stiffening of the capsular tissue, with inflammatory mediators driving synovial proliferation and adhesions. Clinically, it presents as a gradual, insidious onset of pain and progressive loss of range of motion, often with a capsular pattern where external rotation is most limited, followed by abduction and internal rotation. The profile with diabetes fits this pattern and risk, making it the most likely association. The other profiles don't align as closely with adhesive capsulitis. Multiple sclerosis is a central nervous system condition rather than a known risk factor for this shoulder pathology; peripheral neuropathy can cause shoulder symptoms but not the classic capsular restriction pattern; recurrent rotator cuff tendinopathy causes more focal pain and weakness with different movement limitations rather than the diffuse, progressive ROM loss characteristic of a stiff, fibrotic capsule.

2. Which climate would increase the risk of heat buildup with a silicone liner inside a prosthesis?

A. Cool, dry climates

B. Moderate climates with low humidity

C. High altitude environments

D. Warmer climates

Heat buildup inside a silicone-lined prosthesis happens when body heat combines with environmental warmth and limited venting inside the socket. Silicone liners sit close to the skin and are relatively non-breathable, so they trap heat and moisture rather than letting it escape. In a warmer climate, the ambient temperature adds to the skin's temperature and sweating increases. With the socket's restricted airflow, cooling is less effective, so the liner and skin become hotter and more humid. This makes overheating more likely and can lead to discomfort or skin problems. In cooler or drier environments, there's less ambient heat and typically less sweating, so the heat and moisture don't accumulate as much. High altitude environments are often cooler and drier, which also tends to reduce the risk compared with hot climates. Thus, warmer climates pose the greatest risk for heat buildup with a silicone liner.

3. If stroke volume increases, what happens to afterload?

A. Afterload decreases

B. Afterload increases

C. Afterload remains the same

D. Afterload fluctuates with heart rate

Afterload is the pressure the left ventricle must overcome to eject blood. When afterload decreases, the ventricle faces less resistance to outflow, so it can eject more blood with each beat, increasing stroke volume. Therefore, an increase in stroke volume implies that afterload has decreased. If afterload were higher, stroke volume would tend to drop; if afterload stayed the same, changes in stroke volume would depend on preload or contractility, not a direct change in afterload.

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4. To improve lateral rotation of a shoulder with limited mobility, which joint glide is typically used?

A. Posterior gliding of the head of the humerus on the glenoid fossa

B. Inferior gliding of the head of the humerus on the glenoid fossa

C. Anterior gliding of the head of the humerus on the glenoid fossa

D. Superior gliding of the head of the humerus on the glenoid fossa

Focusing on how the glenohumeral joint moves helps explain this. The head of the humerus is convex and the glenoid fossa is concave. When you want to increase external (lateral) rotation, the humeral head needs to roll in a posterior direction within the glenoid. Because the moving surface is convex on a concave surface, the accompanying accessory glide occurs in the opposite direction of the roll. Therefore an anterior glide of the humeral head on the glenoid fossa facilitates the posterior roll needed for external rotation, helping to improve this motion.

5. Which hip examination maneuver is used to detect a dislocated hip in a newborn by abducting the hip and feeling for a clunk?

A. Ortolani test

B. Barlow test

C. Galeazzi sign

D. Allis sign

This item assesses neonatal screening for developmental dysplasia of the hip using the Ortolani maneuver. In this test, the hip is placed flexed to about 90 degrees with the knee also flexed, and then the thigh is gently abducted while upward pressure is applied to the femoral head. If a dislocated hip is present, the femoral head relocates into the acetabulum and a distinct clunk is felt or heard as the head slides back into place. This clunk indicates a reducible dislocation, which is exactly what Ortolani is designed to detect. The Barlow test, by contrast, tries to dislocate a hip that is unstable by adducting the thigh and applying posterior pressure, so a positive finding suggests a hip that can be dislocated but isn't yet reduced. Galeazzi and Allis signs look for leg length discrepancy or knee height differences to infer hip problems, not for a clunk during abduction.

6. To improve extension at the radiocarpal joint in a patient eight weeks post-Colles fracture, which mobilization direction is MOST appropriate?

A. Glide lunate and scaphoid anteriorly in relation to the radius

B. Glide lunate and capitate anteriorly in relation to the radius

C. Glide triquetrum and lunate anteriorly in relation to the head of the ulna

D. Glide scaphoid and capitate posteriorly in relation to the radius

The key idea is that improving extension at the radiocarpal joint after a Colles fracture often comes down to lengthening the dorsal (posterior) structures that limit extension. Anteriorly gliding the proximal carpal row—specifically the lunate and scaphoid—on the radius effectively stretches the dorsal radiocarpal ligaments and capsule. By translating these bones toward the palm, you create a controlled stretch of the dorsal structures, allowing the joint to move farther into extension as healing progresses eight weeks post-injury. In practice, stabilize the radius, place the hand in a position near extension, and apply an anterior glide to the lunate and scaphoid with gentle oscillations or a sustained component, monitoring pain and tissue response. This approach targets the tissues most responsible for restricting extension and helps restore that motion.

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7. For a patient with a high cervical spinal cord injury, environmental control units are primarily used for what purpose?

A. To communicate with others

B. To control the bed and Hoyer lift

C. To adjust ambient lighting

D. To monitor heart rate

Environmental control units provide a way for someone with severe motor impairment to interact with people and their surroundings when traditional means are not possible. In a high cervical spinal cord injury, movement and speech can be severely limited, so the most impactful function of an ECU is to generate communication—through eye gaze, sip-and-puff, switches, or other input methods—to convey messages, needs, and responses. This enables social interaction, participation in daily life, and safety. While ECUs can sometimes control other equipment like beds, lifts, or lights, those are secondary features; the primary value lies in enabling effective communication with others.

8. What is the approximate normal femoral anteversion angle in females?

A. 8°

B. 15°

C. 0°

D. 20°

Femoral anteversion is the forward twist of the femoral neck relative to the knee, measured in the transverse plane. In adults, the typical normal value is about 15 degrees, with a commonly cited range of roughly 8 to 20 degrees. This 15-degree value represents the average angle for adult females. It's worth noting that infants have a higher anteversion (around 30–40 degrees) that gradually reduces toward adolescence and adulthood. Clinically, a larger angle can contribute to in-toeing due to increased internal rotation of the hip, while a smaller or retroverted angle can cause toe-out.

9. A physical therapist uses electromyographic biofeedback to improve a patient's ability to recruit the vastus medialis obliquus muscle. After initiating the intervention the therapist observes that the patient is unable to generate the anticipated level of audio and visual activity on the biofeedback unit. What is the MOST appropriate therapist action?

A. Increase the size of the surface electrodes

B. Remove oil and dead skin from the target area using an alcohol prep pad

C. Select a more conservative strengthening intervention

D. Modify the location of the surface electrodes

EMG biofeedback depends on detecting electrical activity from the target muscle, and electrode placement directly determines what signal is captured. If the unit isn't showing the expected audio or visual feedback, the most effective first step is to reposition the electrodes so they sit over the muscle belly of the vastus medialis obliquus and align with its fiber direction. This improves the likelihood that the device picks up the intended muscle activity rather than distant or non-target signals, making the feedback meaningful for training. Skin prep and electrode size can help after you've found a good placement, but the primary action is adjusting where the electrodes are placed to optimize detection of the VMO signal.

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10. An infant in prone with arms outstretched and a lateral trunk bend is BEST described as exhibiting which developmental position?

A. Hooklying rotation

B. Pivot prone

C. Prone on elbows

D. Modified plantigrade

Pivot prone is the best description here. In this position, the infant is on the belly with weight borne on one forearm, the trunk rotates and bends laterally as the body pivots around a point on the floor. The arms are often extended for balance, and the side-to-side trunk bend reflects this asymmetric weight shift and rotation. This posture contrasts with a more symmetrical prone position (prone on elbows) where the trunk stays relatively straight and both arms bear weight under the shoulders. Pivot prone captures the idea of the trunk rotating about a fixed point while the arms help balance, which matches the described description of arms outstretched with a lateral trunk bend.

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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://nptescorebuildersoa1.examzify.com

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

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