PEAT SERIES 2 FORM B 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. Which therapeutic activity is MOST appropriate for an infant with a C5-C6 brachial plexus injury?

A. Open-hand batting of an object with finger extension and abduction

B. Reaching with shoulder medial (internal) rotation and forearm pronation

C. Reaching with shoulder lateral (external) rotation and forearm supination

D. Grasping an object with thumb (1st digit) adduction and metacarpophalangeal joint flexion

2. A family physician refers a patient to physical therapy for chronic low back pain, and the patient is also seeing a massage therapist. Which action is MOST appropriate?

A. Gain permission to contact massage therapist

B. Treat the patient on days not seen by the massage therapist

C. Discontinue massage therapy

D. Discontinue the physical therapy

3. In a prone stander, orientation to gravity influences what?

A. Influences muscle tone throughout the trunk and extremities

B. Affects the perception of sensation

C. Determine the degree of range of motion available

D. Is a measure of function

4. Which condition is most commonly diagnosed using the Dix-Hallpike test?

A. Benign paroxysmal positional vertigo

B. Vestibular neuritis

C. Meniere disease

D. Labyrinthitis

5. When evaluating a patient with an active nasoenteric tube, which activity should be AVOIDED?

A. Gait assessment in the hallway

B. Sensation testing with the bed raised to improve ergonomic positioning for the therapist

C. Manual muscle testing with the head of the bed at 0°

D. Gait assessment using axillary crutches

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6. A patient with a 5° plantar flexion contracture is MOST likely to demonstrate which gait deviation?

A. Knee buckling during midstance

B. Early heel rise

C. Foot slap

D. Contralateral pelvic drop

7. Following a mid-shaft fracture of the humerus, which muscle is MOST likely to be weakened due to radial nerve injury?

A. Flexor digitorum superficialis

B. Pronator quadratus

C. Dorsal interossei

D. Extensor carpi radialis longus

8. Dysdiadochokinesia is best assessed with which test?

A. Finger-to-nose test

B. Romberg test

C. Pronator drift test

D. Rapid alternating movements test

9. Which is the BEST choice to remove wound exudate and loose debris from a sacral wound with tunneling?

A. Wet-to-dry dressings

B. Sharp debridement

C. Pulsatile lavage with suction

D. Acetic acid wound cleanser

10. During autonomic dysreflexia in a patient with a thoracic spinal cord injury, which action is most appropriate first?

A. Loosen the patients pants

B. Lie the patient flat on a mat table

C. Clamp the patient's urinary catheter

D. Apply an abdominal binder to the patient

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Answers

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

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Explanations

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1. Which therapeutic activity is MOST appropriate for an infant with a C5-C6 brachial plexus injury?

A. Open-hand batting of an object with finger extension and abduction

B. Reaching with shoulder medial (internal) rotation and forearm pronation

C. Reaching with shoulder lateral (external) rotation and forearm supination

D. Grasping an object with thumb (1st digit) adduction and metacarpophalangeal joint flexion

When a baby has a C5-C6 brachial plexus injury, the movement pattern to restore is shoulder external rotation with forearm supination, because weakness there causes the arm to rest in internal rotation and pronation. Encouraging reaching with the shoulder in external rotation and the forearm in supination directly promotes the needed alignment and control to bring the hand toward use and prepares for grasp. The other options either emphasize internal rotation and pronation, or focus on finger-level actions without addressing the proximal shoulder/arm mechanics, which are the primary challenge in this injury.

2. A family physician refers a patient to physical therapy for chronic low back pain, and the patient is also seeing a massage therapist. Which action is MOST appropriate?

A. Gain permission to contact massage therapist

B. Treat the patient on days not seen by the massage therapist

C. Discontinue massage therapy

D. Discontinue the physical therapy

Coordinating care among multiple providers is crucial when a patient is receiving therapy from more than one professional. The most appropriate action is to gain permission to contact the massage therapist. By obtaining the patient's consent to share information, the physical therapist can align treatment goals, monitor for potential contraindications or interactions, and ensure that both therapies complement each other rather than duplicated or conflicting. This protects patient safety, respects confidentiality, and supports a cohesive plan of care. Taking action without coordination risks unsafe or inefficient care—for example, massage could affect muscle tone, pain perception, or range of motion in ways that the other provider needs to know about. Discontinuing either therapy or trying to schedule around the other without communication also ignores the value of collaborative care and could leave the patient with gaps or confusion in treatment.

3. In a prone stander, orientation to gravity influences what?

A. Influences muscle tone throughout the trunk and extremities

B. Affects the perception of sensation

C. Determine the degree of range of motion available

D. Is a measure of function

Gravity acting through the body in a prone stander changes how much movement a joint can achieve in that posture. When the body is oriented against gravity, external load stretches some tissues and tightens others, shifting the length-tension relationship of muscles, ligaments, and joint capsules. This load can limit or permit different joint angles, so the amount of range of motion available in that position depends on how gravity stretches and restrains the tissues around the joints. While gravity can influence other things like muscle tone or sensory perception in different contexts, the specific factor that determines how far a joint can move in a prone stander is the degree of range of motion available in that posture.

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4. Which condition is most commonly diagnosed using the Dix-Hallpike test?

A. Benign paroxysmal positional vertigo

B. Vestibular neuritis

C. Meniere disease

D. Labyrinthitis

Dix-Hallpike is the go-to test for diagnosing benign paroxysmal positional vertigo, especially caused by crystals in the posterior semicircular canal. When a person with this condition is moved from sitting to a supine position with the head turned and extended, the displaced otoconia briefly trigger vertigo and produce a distinctive torsional upbeating nystagmus toward the affected ear. The vertigo has a short latency and tends to fatigue with repeated testing, which helps confirm the diagnosis. This test is most useful because BPPV is the most common cause of vertigo, and the specific positional maneuver directly provokes the underlying mechanism. In contrast, vestibular neuritis causes sudden, continuous vertigo without a consistent positional nystagmus pattern, while Menière disease and labyrinthitis involve episodic vertigo with hearing loss or tinnitus, not the characteristic positional response seen with Dix-Hallpike.

5. When evaluating a patient with an active nasoenteric tube, which activity should be AVOIDED?

A. Gait assessment in the hallway

B. Sensation testing with the bed raised to improve ergonomic positioning for the therapist

C. Manual muscle testing with the head of the bed at 0°

D. Gait assessment using axillary crutches

When a patient has an active nasoenteric tube, the priority is movements and positions that keep the tube secure and avoid dislodgement or aspiration. The neck and abdomen are sensitive to strain, coughing, or heavy bearing down, which can accidentally pull on the tube or increase pressure that could affect its course. Manual muscle testing with the head of the bed at 0 degrees should be avoided because it prompts maximal effort and potential Valsalva-like bracing in a flat position. That combination can increase intra-abdominal and intrathoracic pressures and encourage tube movement or dislodgement, along with patient discomfort. Keeping the bed properly elevated and avoiding strenuous trunk or abdominal maneuvers reduces these risks. Other activities can be performed with appropriate precautions—ensure the tube is well secured, monitor for discomfort, and avoid pulling on the tube during any activity. This includes gait assessment with secure tubing or gait using assistive devices, and sensation testing with attention to tube management and patient safety.

6. A patient with a 5° plantar flexion contracture is MOST likely to demonstrate which gait deviation?

A. Knee buckling during midstance

B. Early heel rise

C. Foot slap

D. Contralateral pelvic drop

A plantarflexion contracture limits ankle dorsiflexion during stance, so the foot can't progress over the ground normally. As the body moves forward, the tibia needs to dorsiflex and the foot to flatten on the ground. With limited dorsiflexion from the contracture, the heel tends to lift off earlier than usual to allow forward progression, resulting in an early heel rise. Knee buckling, foot slap, and contralateral pelvic drop are driven by issues in other joints or muscles (knee extensor control, dorsiflexor strength at initial contact, or hip abductor strength), not primarily by ankle plantarflexion range.

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7. Following a mid-shaft fracture of the humerus, which muscle is MOST likely to be weakened due to radial nerve injury?

A. Flexor digitorum superficialis

B. Pronator quadratus

C. Dorsal interossei

D. Extensor carpi radialis longus

When the radial nerve is injured at the mid-shaft of the humerus, it disrupts the muscles that extend the wrist and fingers in the posterior forearm. The triceps may still function because its branches usually come off higher up, so elbow extension is typically preserved. The muscle most affected by this radial-nerve injury at this level is the extensor carpi radialis longus, a key wrist extensor that helps lift the back of the hand and provide wrist stabilization. Weakness here leads to difficulty extending the wrist and some loss of radial deviation, producing a classic wrist-extension deficit pattern after a radial nerve injury. The other muscles listed are not primarily innervated by the radial nerve at this location: flexor digitorum superficialis is a median-nerve muscle that flexes the fingers; pronator quadratus is median-nerve; and the dorsal interossei are innervated by the ulnar nerve.

8. Dysdiadochokinesia is best assessed with which test?

A. Finger-to-nose test

B. Romberg test

C. Pronator drift test

D. Rapid alternating movements test

Dysdiadochokinesia involves a cerebellar coordination problem where rapid, alternating movements become slow, irregular, or clumsy. The best way to assess this is by the rapid alternating movements test. Have the patient quickly alternate movements such as pronation and supination of the hands, or quick tapping of the thighs. In cerebellar dysfunction, these movements lose smooth rhythm and precision, revealing the deficit. The finger-to-nose test checks coordination and accuracy (dysmetria) during a single movement toward a target, not the rapid alternation aspect. The Romberg test focuses on proprioception and vestibular function, not cerebellar rapid alternating movements. The pronator drift test screens for upper motor neuron weakness, not diadochokinesia.

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9. Which is the BEST choice to remove wound exudate and loose debris from a sacral wound with tunneling?

A. Wet-to-dry dressings

B. Sharp debridement

C. Pulsatile lavage with suction

D. Acetic acid wound cleanser

The main idea here is choosing a method that effectively cleans the wound bed by removing both fluid buildup and loose debris from all parts of the wound, including tunnels. Pulsatile lavage with suction does exactly that: it delivers a controlled burst of saline that loosens debris and exudate, and the suction then removes it from the wound and its channels. This repeated irrigation-and-removal is especially helpful for sacral wounds with tunneling, where debris can collect in narrow tracts and be hard to reach with dressings alone. It helps keep the wound bed clean, reduces bioburden, and supports a healthier environment for healing. Wet-to-dry dressings tend to pull out healthy tissue along with debris and are not ideal for reaching tunneling pathways, plus they can be painful and inefficient for ongoing cleansing. Sharp debridement targets necrotic tissue, but it's a more invasive procedure and doesn't provide the continuous cleansing of tunnels between sessions. Acetic acid wound cleanser is antiseptic and can help in some infections, but it isn't a mechanical method to remove exudate and loose debris from complex wound channels. So, pulsatile lavage with suction is the best choice for cleaning a sacral wound with tunneling by thoroughly flushing out debris and exudate and removing it from the wound.

10. During autonomic dysreflexia in a patient with a thoracic spinal cord injury, which action is most appropriate first?

A. Loosen the patients pants

B. Lie the patient flat on a mat table

C. Clamp the patient's urinary catheter

D. Apply an abdominal binder to the patient

When autonomic dysreflexia occurs, a noxious stimulus below the level of injury triggers a surge of sympathetic activity that can dangerously raise blood pressure. The quickest way to stop this cascade is to remove the triggering stimulus. Tight or constrictive clothing is a common culprit, so loosening the patient's pants directly eliminates a source of irritation and helps reduce sympathetic input right away. After this initial relief, it's important to position the patient upright to use gravity to help lower blood pressure, and then investigate other triggers such as bladder distension or stool impaction, addressing them as needed. Actions that increase constriction or worsen bladder distension should be avoided, and if blood pressure remains high after removing constriction and addressing triggers, further medical management is warranted.

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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://peatseries2formb.examzify.com

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

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