PEDIATRICS REHABILITATION EXAM 2 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. In spina bifida, which statement about genetics is most accurate?

A. It is entirely caused by random chance

B. It has no hereditary component

C. Family history does not affect risk

D. Genetics can play a role and families with an affected child have higher risk in future pregnancies

2. Which combination of criteria is typical prerequisites for serial casting in a child with Duchenne muscular dystrophy?

A. Quad strength 3+/5; Ability to stand with Gower's sign; Ambulate short distances with casts

B. Quad strength 4+/5; Cannot stand; Ambulate long distances with casts

C. Quad strength 3-/5; No Gower's sign; Ambulate unlimited with casts

D. Quad strength 2/5; Negative Gower's sign; Cannot ambulate with casts

3. DCD is a _____ based motor problem?

A. Neuromuscular

B. Learning

C. Sensory

D. Cognitive

4. Which of the following is NOT a consequence of not recognizing DCD?

A. Increased physical activity

B. Academic difficulties

C. Obesity

D. Anxiety

5. Acute Lymphoblastic Leukemia is cancer of which tissue?

A. Blood and blood-forming tissues in bone marrow

B. Lymph nodes

C. Muscles

D. Lungs

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6. When is maternal serum testing typically performed?

A. 10-14 weeks

B. 15-20 weeks

C. 21-26 weeks

D. 27-32 weeks

7. Which race has the highest incidence of spina bifida?

A. Non-Hispanic White

B. Asian

C. Hispanic

D. Non-Hispanic Black

8. A child with spina bifida presents with sudden increase in scoliosis, hypertonus/loss of LE function, change in gait pattern, change in bowel/bladder habits, and back/buttock pain. What is the concern?

A. Spinal stenosis

B. Muscle contracture

C. Tethered cord

D. Leg length discrepancy

9. Age of death after 15 for kids with DMD increases by one year for each year of ambulation after ___ years

A. 5

B. 6

C. 7

D. 8

10. Which factor contributes to slow timing of movement in Down syndrome?

A. Muscle fibers

B. Myelination

C. Bone mineralization

D. Synapses

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Answers

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

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Explanations

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1. In spina bifida, which statement about genetics is most accurate?

A. It is entirely caused by random chance

B. It has no hereditary component

C. Family history does not affect risk

D. Genetics can play a role and families with an affected child have higher risk in future pregnancies

Spina bifida arises from a combination of genetic susceptibility and environmental factors, not from random chance alone. There is a hereditary component, and families with an affected child have a higher risk of recurrence in future pregnancies than the general population. This reflects multifactorial inheritance, where multiple genes interact with environmental factors (like folate status) to influence risk. Therefore, the statement that genetics can play a role and that a family history increases risk in future pregnancies is the most accurate.

2. Which combination of criteria is typical prerequisites for serial casting in a child with Duchenne muscular dystrophy?

A. Quad strength 3+/5; Ability to stand with Gower's sign; Ambulate short distances with casts

B. Quad strength 4+/5; Cannot stand; Ambulate long distances with casts

C. Quad strength 3-/5; No Gower's sign; Ambulate unlimited with casts

D. Quad strength 2/5; Negative Gower's sign; Cannot ambulate with casts

Serial casting in Duchenne muscular dystrophy is most appropriate when there is enough preserved strength to participate and the child can still move and bear weight, even if with compensations. The best combination reflects a level of quadriceps strength that allows movement against gravity (not full resistance), the presence of proximal weakness evidenced by a Gower's sign while still being able to stand, and the ability to ambulate for short distances with the casts. This shows that the child can benefit from maintaining range and delaying contracture progression without being non-ambulatory or unable to participate in the casting process. Other scenarios either imply too little strength to gain from casting, lack the typical proximal weakness pattern seen in Duchenne, or indicate being unable to ambulate with casts, making them less appropriate for this intervention.

3. DCD is a _____ based motor problem?

A. Neuromuscular

B. Learning

C. Sensory

D. Cognitive

A learning-based motor problem means the difficulty lies in how movements are learned and coordinated, not in the muscles, senses, or general thinking. In developmental coordination disorder, children struggle with acquiring and refining motor skills through practice because their motor learning and planning processes are less efficient. This leads to clumsiness and trouble with tasks like handwriting, dressing, or sports, despite normal strength, vision, and intelligence. The problem is about how internal models of movement are formed and updated with feedback, so targeted practice, explicit strategy instruction, and task-specific repetition can help improve performance. If the issue were primarily neuromuscular, sensory, or cognitive, the focus would be on those domains, but DCD centers on motor learning and skill acquisition.

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4. Which of the following is NOT a consequence of not recognizing DCD?

A. Increased physical activity

B. Academic difficulties

C. Obesity

D. Anxiety

Not recognizing DCD means the child's motor coordination difficulties aren't addressed, so the challenges persist and shape daily life. Those persistent motor problems tend to reduce participation in active play and sports, leading to lower physical activity and a higher risk of obesity over time. Fine motor struggles also make handwriting and classroom tasks harder, contributing to academic difficulties. The ongoing frustration and social strain from not keeping up with peers can increase worry and anxiety. Because the pattern is reduced activity rather than more activity, an increase in physical activity is not a consequence.

5. Acute Lymphoblastic Leukemia is cancer of which tissue?

A. Blood and blood-forming tissues in bone marrow

B. Lymph nodes

C. Muscles

D. Lungs

Leukemia is a cancer of the body's blood-forming tissues. In acute lymphoblastic leukemia, malignant lymphoid precursor cells arise in the bone marrow—the primary site of blood cell production—and proliferate rapidly, spreading into the bloodstream. This makes blood-forming tissues in the bone marrow the tissue involved. Lymph nodes, muscles, and lungs can be affected as the disease advances, but they are not the tissue where ALL originates.

6. When is maternal serum testing typically performed?

A. 10-14 weeks

B. 15-20 weeks

C. 21-26 weeks

D. 27-32 weeks

Maternal serum screening is done in mid-pregnancy, typically around 15–20 weeks gestation. This is when the common serum markers (such as AFP, hCG, estriol, and sometimes inhibin-A) provide the most informative patterns for assessing risk of neural tube defects and chromosomal conditions like Down syndrome and trisomy 18. The timing balances accuracy with the ability to act on results; earlier screening uses different markers, while later testing is less informative. If the screen suggests elevated risk, diagnostic options like amniocentesis or CVS may be discussed.

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7. Which race has the highest incidence of spina bifida?

A. Non-Hispanic White

B. Asian

C. Hispanic

D. Non-Hispanic Black

Spina bifida risk varies by race/ethnicity and is closely linked to folic acid intake around conception. Taking folic acid before and very early in pregnancy significantly lowers the chance of neural tube defects, so differences in prenatal nutrition and access to care can influence incidence. Among the groups listed, the highest incidence is seen in Hispanic individuals. Surveillance data show higher neural tube defect rates in Hispanics compared with non-Hispanic White, non-Hispanic Black, and Asian groups. The other groups tend to have lower rates in comparison. This pattern highlights the impact of periconception folic acid intake and prenatal care on reducing risk, especially in populations with higher baseline risk.

8. A child with spina bifida presents with sudden increase in scoliosis, hypertonus/loss of LE function, change in gait pattern, change in bowel/bladder habits, and back/buttock pain. What is the concern?

A. Spinal stenosis

B. Muscle contracture

C. Tethered cord

D. Leg length discrepancy

Tethered cord syndrome is the concern here. In kids with spina bifida, the spinal cord can be abnormally attached inside the spinal canal, so as the child grows the cord is stretched. This traction on the cord leads to progressive neurologic changes, including new or worsening leg spasticity and weakness, changes in gait, worsening scoliosis, and autonomic symptoms such as changes in bowel and bladder function. Back or buttock pain from the traction is also common. This fits best because the combination of rapid scoliosis progression, lower-extremity neurologic change, gait alteration, new bowel/bladder symptoms, and axial pain points to a tethered cord process rather than other possibilities. Spinal stenosis is unlikely in a child and wouldn't typically present with new autonomic changes. Muscle contracture explains stiffness or limited range but not new neurologic decline or autonomic symptoms. Leg length discrepancy is a structural issue and doesn't account for the neurologic and autonomic signs.

9. Age of death after 15 for kids with DMD increases by one year for each year of ambulation after ___ years

A. 5

B. 6

C. 7

D. 8

In Duchenne muscular dystrophy, how long a child remains independently ambulatory is a strong predictor of survival. Staying ambulatory longer helps preserve respiratory and mobility function, delaying complications that shorten life expectancy. Data show that once a child remains able to walk beyond about seven years of age, each additional year of ambulation is associated with roughly one extra year of life after age 15. That's why seven years is the best threshold here—the point after which longer walking corresponds to longer survival in adolescence and beyond.

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10. Which factor contributes to slow timing of movement in Down syndrome?

A. Muscle fibers

B. Myelination

C. Bone mineralization

D. Synapses

Timing of movement hinges on how quickly neural signals travel to the muscles. Myelin insulation around axons speeds these signals through saltatory conduction, so faster conduction means faster, more coordinated movement timing. In Down syndrome, delayed or reduced myelination leads to slower nerve conduction velocity, which slows the brain's and spinal cord's delivery of motor commands and the sequencing of movements. This neural-speed limitation is a primary reason for slower movement timing in these individuals, even when strength isn't severely impaired. Muscle fiber properties, bone mineralization, and synaptic efficiency can influence other aspects of function, but the direct driver of slower timing is reduced myelination.

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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://pediarehab2.examzify.com

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

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