PEDS SIGNATURE ASSIGNMENT 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. What is a key element of a mature throwing pattern at age 5?

A. Overhand throw with no weight shift

B. Diagonal arm swing and lower extremity weight shift

C. Side arm throw with trunk rotation

D. Underhand throw with weight on back foot

2. What is one intervention strategy that is emphasized for reaching and symmetry in CP?

A. Rely on braces

B. Encourage unilateral tasks only

C. Promote exploration through symmetry

D. Implement heavy lifting

3. What is one of the most common associated conditions to monitor during the examination of children with CP?

A. Scoliosis

B. Diabetes

C. Asthma

D. Speech delay

4. At what age do infants typically transition from a quadruped position to sitting?

A. 4-5 months

B. 6-7 months

C. 8-9 months

D. 10-11 months

5. Which of the following is an expected locomotor skill at the age of 5?

A. Walking backwards

B. Jumping in place

C. Hopping on one foot

D. Sideways galloping

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6. Which of the following is not typically associated with cerebral palsy?

A. Disturbances of perception

B. Normal sensation

C. Behavioral disturbances

D. Communication difficulties

7. At what age can children typically hop on one foot for 8-10 times?

A. 4 years

B. 5 years

C. 6 years

D. 7 years

8. What postnatal factor is associated with Congenital Muscular Torticollis (CMT)?

A. Head position at birth

B. Muscle rupture

C. Positional preference

D. Ischemic injury

9. Which of the following is a prenatal cause of Congenital Muscular Torticollis (CMT)?

A. Plagiocephaly

B. Birth trauma

C. Malpositioning in utero

D. Cervical PROM

10. What is a suitable strategy for setting up interventions for children with developmental coordination disorder?

A. Incorporate random feedback

B. Ignore task breakdown

C. Emphasize repetition and working memory

D. Limit practice to familiar settings

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Answers

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

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Explanations

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1. What is a key element of a mature throwing pattern at age 5?

A. Overhand throw with no weight shift

B. Diagonal arm swing and lower extremity weight shift

C. Side arm throw with trunk rotation

D. Underhand throw with weight on back foot

A key element of a mature throwing pattern at age 5 is characterized by the integration of multiple body segments to generate force and accuracy in the throw. The correct answer highlights the diagonal arm swing combined with a lower extremity weight shift. This indicates that the child is starting to coordinate their upper and lower body effectively. In a mature throwing pattern, the child uses the muscles of the legs and trunk to initiate the movement. As they shift their weight from the back foot to the front foot, it aids in transferring energy through the body and into the throw. The diagonal arm swing reflects the natural motion of the entire body working in tandem, which is essential for effective throwing mechanics. This integrated approach is crucial for developing coordination and motor skills, which are fundamental at this age. It illustrates a progression from simpler, less coordinated throwing forms to more sophisticated movements that involve greater body awareness and control.

2. What is one intervention strategy that is emphasized for reaching and symmetry in CP?

A. Rely on braces

B. Encourage unilateral tasks only

C. Promote exploration through symmetry

D. Implement heavy lifting

Promoting exploration through symmetry is considered an effective intervention strategy for children with cerebral palsy (CP) as it encourages development of bilateral coordination and symmetrical movements. This approach allows children to engage in activities where they use both sides of their body, fostering physical development and enhancing motor planning skills. Engaging in symmetrical activities helps children improve their balance, posture, and overall functional mobility, which are crucial in the context of CP rehabilitation. This strategy emphasizes the importance of using both sides of the body harmoniously, enabling children to practice and integrate skills that aid in their daily functioning and participation in various activities. By fostering symmetrical movement patterns, children can develop greater control and strength, which can be beneficial, especially in their transitional movements and ability to perform tasks more efficiently. Considering other strategies, relying solely on braces may limit a child's opportunity to explore movement naturally, while encouraging only unilateral tasks can restrict the development of coordination and balance in both limbs. Heavy lifting, although beneficial in certain rehabilitation contexts, often doesn't directly address the fundamental challenges of reaching and symmetry that children with CP face in their daily lives.

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3. What is one of the most common associated conditions to monitor during the examination of children with CP?

A. Scoliosis

B. Diabetes

C. Asthma

D. Speech delay

Scoliosis is indeed one of the most common associated conditions to monitor during the examination of children with cerebral palsy (CP). Children with CP often have impaired muscle control and posture, which can lead to abnormal spinal curvature such as scoliosis. Given that CP affects muscle tone and coordination, the likelihood of developing scoliosis increases, especially as the child grows. Monitoring for scoliosis is crucial because it can lead to significant functional impairment and back pain if left untreated. The condition can also impact respiratory function depending on the severity of the curvature. Regular examinations allow for early detection and intervention, which can include physical therapy, bracing, or surgery if necessary to ensure the best possible outcomes for mobility and overall health. While conditions like diabetes, asthma, and speech delay can also occur in children with CP, they are not as directly associated with the physical manifestations and functional limitations resulting from cerebral palsy as scoliosis is. Thus, scoliosis remains a key focus during assessments of children with CP.

4. At what age do infants typically transition from a quadruped position to sitting?

A. 4-5 months

B. 6-7 months

C. 8-9 months

D. 10-11 months

The transition from a quadruped position to sitting typically occurs around 6 to 7 months of age in infants. At this stage, many babies develop the strength and coordination necessary to pull themselves into a sitting position from being on their hands and knees. This milestone is important as it demonstrates not just physical development, but also an increase in balance and core strength, which are foundational elements for further motor skills such as crawling and eventually walking. Infants at this age have usually acquired sufficient muscle control to stay upright in a sitting position, allowing them to engage more with their environment. This sitting capability provides opportunities for exploration and interaction, crucial for cognitive and sensory development. Thus, 6 to 7 months marks a key development phase in an infant's ability to navigate their world.

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5. Which of the following is an expected locomotor skill at the age of 5?

A. Walking backwards

B. Jumping in place

C. Hopping on one foot

D. Sideways galloping

At the age of 5, children typically develop a range of locomotor skills, one of which is hopping on one foot. This skill demonstrates an important level of balance, coordination, and leg strength that is characteristic of this developmental stage. By this age, children have generally improved their motor control and are able to shift their weight effectively as they balance on one foot while using the other for propulsion. Hopping on one foot is a more advanced motor skill compared to the others listed. While other skills such as walking backwards, jumping in place, and sideways galloping are also seen in young children, they may develop at varying ages and levels of proficiency. Walking backwards and jumping in place are typically easier movements that children may master earlier, while sideways galloping might not be as frequently observed or mastered by this age. Therefore, the ability to hop on one foot distinctly indicates the physical maturation and enhanced motor coordination that is expected in a child who is 5 years old.

6. Which of the following is not typically associated with cerebral palsy?

A. Disturbances of perception

B. Normal sensation

C. Behavioral disturbances

D. Communication difficulties

Normal sensation is considered the correct answer because individuals with cerebral palsy often have some sensory abnormalities. Cerebral palsy is a neurological condition that affects movement and posture due to abnormal brain development or damage in the brain before, during, or shortly after birth. While the primary features of cerebral palsy involve motor function, sensory disturbances can occur, including difficulties with touch, proprioception, and sometimes vision or hearing as a consequence of neurological involvement. In contrast, disturbances of perception, behavioral disturbances, and communication difficulties are commonly associated with cerebral palsy. Perceptual issues can arise due to the motor and sensory challenges the individual faces. Behavioral disturbances might be present due to the frustration and developmental challenges that can accompany the condition. Finally, communication difficulties can stem from motor impairments affecting speech and language development. Hence, the only characteristic among the choices that doesn't typically correlate with cerebral palsy is having a normal sense of sensation.

7. At what age can children typically hop on one foot for 8-10 times?

A. 4 years

B. 5 years

C. 6 years

D. 7 years

Children typically demonstrate the ability to hop on one foot for 8-10 times around the age of 5 years. This skill reflects their developing gross motor abilities, balance, and coordination. At this age, children have generally gained sufficient strength and control over their body movements, which allows them to maintain stability while performing the action of hopping. As they engage in play and physical activities, their motor skills continue to refine, enabling more complex movements. The age of 5 marks a significant milestone in physical development, as children can perform more coordinated skills, showcasing their growth in abilities compared to younger ages.

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8. What postnatal factor is associated with Congenital Muscular Torticollis (CMT)?

A. Head position at birth

B. Muscle rupture

C. Positional preference

D. Ischemic injury

Congenital Muscular Torticollis (CMT) is a condition characterized by a shortening of the sternocleidomastoid muscle, leading to head tilt and rotational deformities of the neck. Among the postnatal factors linked to CMT, a positional preference stands out as a significant contributor. This refers to the tendency of infants to favor one side of their head when lying down, which can lead to muscle shortening and encourage the development of torticollis. When a baby consistently looks or lies to one side, the muscle on that side can become tighter over time, while the muscles on the other side may become weaker. This habitual positioning can be exacerbated by environmental factors such as limited space in the crib or the inclination of caregivers to position the baby in a certain way. Addressing positional preference is crucial in managing CMT, as encouraging varied head positioning during play and sleeping can help facilitate muscle balance and improve head positioning. In contrast, factors like head position at birth, muscle rupture, and ischemic injury primarily relate to different scenarios involving muscle development or injury, but they do not specifically influence the development of CMT in the same way that positional preference does. Therefore, recognizing positional preference as a postnatal

9. Which of the following is a prenatal cause of Congenital Muscular Torticollis (CMT)?

A. Plagiocephaly

B. Birth trauma

C. Malpositioning in utero

D. Cervical PROM

Congenital Muscular Torticollis (CMT) is a condition characterized by a shortening of the sternocleidomastoid muscle, which can lead to a tilted head position. One of the known prenatal causes of CMT is malpositioning in utero. When a fetus is positioned in an abnormal way within the womb—such as being in a breech position or having restricted space—this can place prolonged stress on the muscles and structures in the neck during development. This sustained pressure can result in muscle tightness or shortening, leading to torticollis once the baby is born. Understanding this, malpositioning in utero is directly linked to the development of CMT because it represents a prenatal factor that influences the growth and positioning of the neck muscles before birth. Therefore, recognizing this connection helps in understanding the etiology of CMT and the importance of prenatal positioning and care.

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10. What is a suitable strategy for setting up interventions for children with developmental coordination disorder?

A. Incorporate random feedback

B. Ignore task breakdown

C. Emphasize repetition and working memory

D. Limit practice to familiar settings

Emphasizing repetition and working memory is a suitable strategy for setting up interventions for children with developmental coordination disorder (DCD) because these elements are crucial for motor learning and skill acquisition. Children with DCD often struggle with the coordination of movements necessary for everyday tasks. Through repetition, they have the opportunity to practice movements in a structured way, which helps reinforce neural pathways associated with those activities. Additionally, focusing on working memory can support children in retaining and applying the information they learn during practice. By keeping tasks consistent but progressively challenging, the intervention can build confidence and competencies, promoting greater independence in motor skills. This approach contrasts with conceptions like random feedback, which can lead to confusion rather than learning; ignoring task breakdown, which might overwhelm a child with DCD; and limiting practice to familiar settings, which reduces the opportunity for transfer of skills to new situations. Overall, emphasizing repetition and working memory aligns well with effective intervention strategies for children with developmental coordination disorder.

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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:

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

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