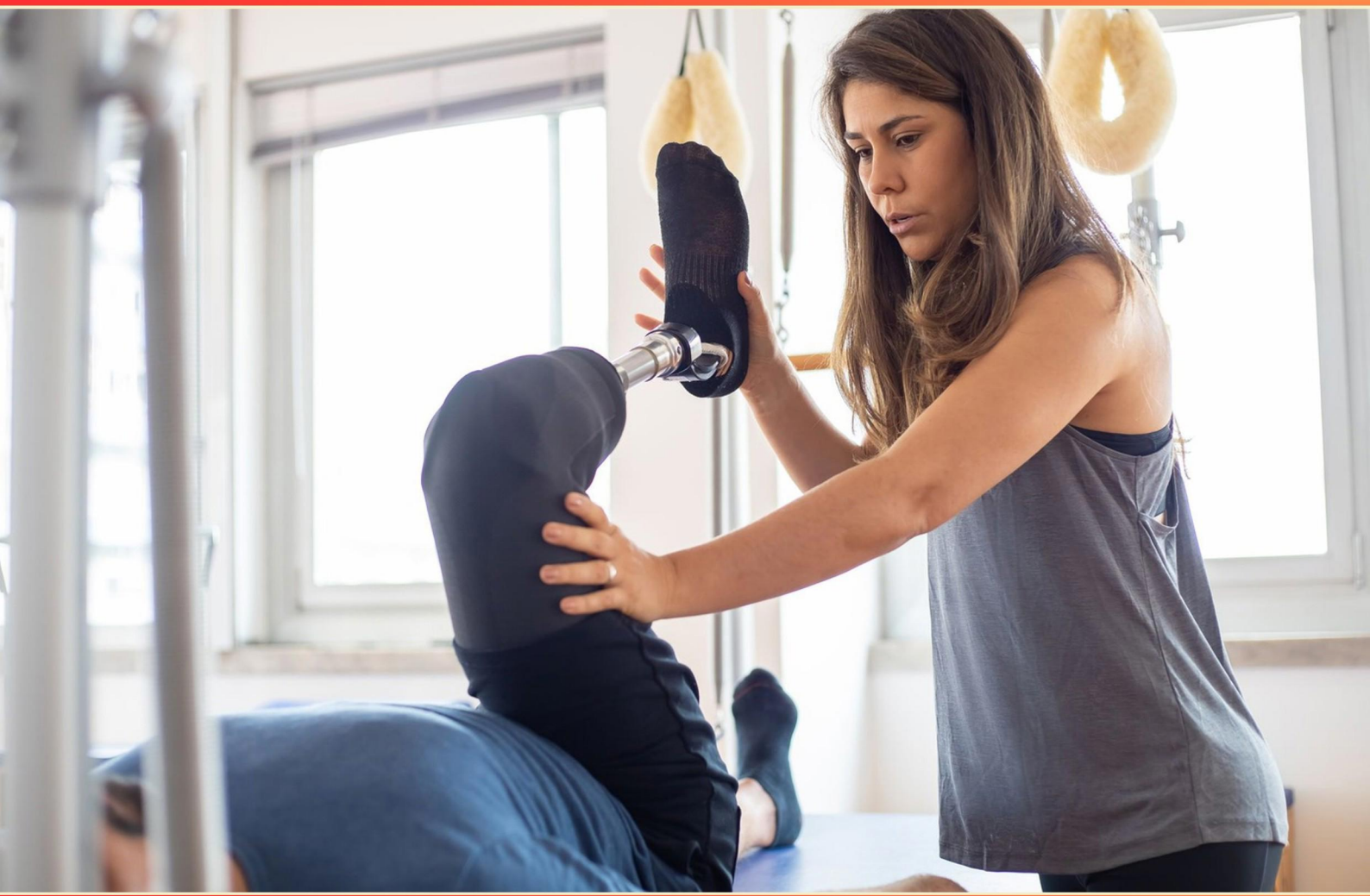
PHYSICAL REHABILITATION PRACTICE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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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. Phase 3 content is described as what?

A. Inpatient hospital-based program

B. Supervised outpatient

C. Community-based independent exercise

D. Education only program

2. What is the occupational therapy role in interstitial cystitis?

A. Provide behavioral strategies to manage urinary symptoms.

B. Schedule urodynamic testing.

C. Prescribe medications.

D. Reduce complications of urinary urgency and incontinence, lifestyle support in managing symptoms and removing irritants.

3. End-stage renal disease is best defined as which condition?

A. Acute kidney injury

B. Chronic renal failure

C. Kidney stones

D. Acute liver failure

4. In patients with spinal cord injury and neurogenic bladder, what autonomic complication should be monitored?

A. Orthostatic hypotension

B. Autonomic dysreflexia

C. Seizures

D. Hypoglycemia

5. Which statement about grief coping is true?

A. Grief follows a linear path

B. Grief resolves quickly

C. The stages are always experienced in order

D. People often move between stages and may get stuck in the first four stages

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6. Orthopnea is best described as which of the following?

A. Shortness of breath that worsens when standing

B. Shortness of breath that worsens when lying flat

C. Shortness of breath that improves with exercise

D. Chest pain when coughing

7. When occupational therapy evaluates a patient with cardiac disorders, which factor is specifically considered?

A. Premorbid status and living situation

B. Hair color

C. Favorite flavor

D. Eye color

8. Abdominal aortic aneurysm (AAA) is defined as which of the following?

A. Local dilation of the aorta due to weakening of the walls

B. Inflammation of the venous system

C. Dilation of the pulmonary artery

D. Aneurysm of the renal artery

9. TENS administration includes an effect on endorphins described as?

A. Endorphin release stimulation to muscle contraction level encourages release of natural endorphins

B. Inhibits endorphin production

C. Blocks endorphin receptors

D. Causes permanent endorphin depletion

10. In acute care standing, which activity is described under mobility?

A. Ambulation, navigating the environment

B. Facilitation of weight shift during standing and/or transfer

C. Grooming

D. Leaving the room for axs if able

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Answers

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

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Explanations

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1. Phase 3 content is described as what?

A. Inpatient hospital-based program

B. Supervised outpatient

C. Community-based independent exercise

D. Education only program

Phase 3 is about continuing rehabilitation by exercising in the community with independence. After the more structured, therapist-guided phases, the goal shifts to performing the prescribed exercise program on your own or with minimal supervision, integrating activity into everyday life and real-world settings. This might involve a home exercise routine, gym sessions, or community fitness activities, with progression of intensity, frequency, and duration tailored to sustain gains in strength, endurance, and function. The key emphasis is autonomy and the ability to maintain and apply improvements outside of clinic or hospital walls, rather than relying on ongoing direct supervision. Inpatient hospital-based programs and supervised outpatient care belong to earlier phases where activities are closely guided by clinicians. An education-only program lacks the active, ongoing exercise component needed to preserve functional improvements.

2. What is the occupational therapy role in interstitial cystitis?

A. Provide behavioral strategies to manage urinary symptoms.

B. Schedule urodynamic testing.

C. Prescribe medications.

D. Reduce complications of urinary urgency and incontinence, lifestyle support in managing symptoms and removing irritants.

Focusing on how symptoms affect daily life and participation is the central idea. Occupational therapy helps people manage interstitial cystitis by reducing the impact of urinary urgency and pelvic pain on everyday activities, planning daily routines around bathroom needs, and modifying the environment to minimize triggers. It also includes education on bladder-friendly lifestyle changes and avoiding irritants that can worsen symptoms, all aimed at preserving independence and quality of life. Medication management and testing scheduling fall outside OT scope, handled by physicians, while broader behavioral strategies are part of OT but best understood in the context of reducing symptom burden through daily-life adaptations and lifestyle modifications.

3. End-stage renal disease is best defined as which condition?

A. Acute kidney injury

B. Chronic renal failure

C. Kidney stones

D. Acute liver failure

End-stage renal disease is the final, irreversible phase of chronic kidney disease, where kidney function falls to a critically low level (often defined as a glomerular filtration rate around 15 mL/min/1.73 m^2 or less) and ongoing renal replacement therapy, such as dialysis or transplantation, is required to sustain life. This distinguishes it from acute kidney injury, which is a sudden, potentially reversible decline in function; from kidney stones, which are a localized obstruction; and from acute liver failure, which involves the liver rather than the kidneys. So the description that best fits is the progressed, end-stage stage of chronic kidney disease needing dialysis or transplant.

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4. In patients with spinal cord injury and neurogenic bladder, what autonomic complication should be monitored?

A. Orthostatic hypotension

B. Autonomic dysreflexia

C. Seizures

D. Hypoglycemia

When working with spinal cord injury and neurogenic bladder, the most important autonomic issue to monitor is autonomic dysreflexia. This reflex happens when a noxious stimulus below the level of the injury, commonly bladder distension or urinary retention, triggers an uncontrolled sympathetic response. Because supraspinal control is lost, the body below the injury constricts blood vessels, causing a sudden and potentially dangerous rise in blood pressure. The result can be a pounding headache, sweating or flushing above the level of injury, nasal congestion, and sometimes vision changes or bradycardia. It is a medical emergency because if the high blood pressure persists, it can lead to stroke, seizures, or other serious complications. In the context of a neurogenic bladder, bladder issues are a frequent trigger, so monitoring for these signs and acting quickly to relieve the bladder is essential. Start by sitting the patient up to help lower blood pressure, check and relieve any bladder outlet obstruction—ensure the catheter is patent and draining, and remove tight clothing or anything constrictive. If the blood pressure remains elevated after these steps, follow the established treatment protocol for autonomic dysreflexia, which may include medications and further medical evaluation. Orthostatic hypotension, while common in SCI, is not the reflexive, acute emergency that autonomic dysreflexia represents. Seizures and hypoglycemia are not primarily tied to the autonomic dysreflexia process in the setting of neurogenic bladder.

5. Which statement about grief coping is true?

A. Grief follows a linear path

B. Grief resolves quickly

C. The stages are always experienced in order

D. People often move between stages and may get stuck in the first four stages

Grief coping unfolds in a dynamic, non-linear way. Emotions tied to loss don't follow a fixed staircase with a predictable order. People often move back and forth between feelings like numbness, anger, guilt, sadness, and moments of not thinking about it at all, and they may find themselves getting "stuck" in earlier emotions for periods of time. This variability is normal and reflects the individual nature of grieving. Because of that, the idea that the stages must be experienced in a strict sequence isn't accurate. The more accurate view is that coping with loss involves shifting feelings over time, with progress showing up as gradual adaptation and the ability to live with the loss, rather than completing a preset order of stages.

6. Orthopnea is best described as which of the following?

A. Shortness of breath that worsens when standing

B. Shortness of breath that worsens when lying flat

C. Shortness of breath that improves with exercise

D. Chest pain when coughing

Orthopnea is the shortness of breath that worsens when lying flat. When a person lies down, more blood returns to the heart, increasing the pressure in the pulmonary vessels and causing fluid to push into the lungs, which makes breathing feel harder. Sitting up or standing reduces venous return and allows the lungs and chest to expand more easily, relieving the symptoms. In rehab, recognizing orthopnea helps identify heart-related dyspnea rather than a purely lung or muscular issue. The other patterns don't fit because dyspnea that worsens with standing describes a different positional effect, dyspnea that improves with exercise isn't characteristic of orthopnea, and chest pain with coughing is a separate symptom not defined by body position.

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7. When occupational therapy evaluates a patient with cardiac disorders, which factor is specifically considered?

A. Premorbid status and living situation

B. Hair color

C. Favorite flavor

D. Eye color

When evaluating a patient with cardiac disorders, the focus is on how the illness affects daily function by comparing current abilities to the person's baseline and considering their home context. Premorbid status tells us what the patient could do before the cardiac issue—their typical endurance, activities, occupations, and routines—so we can set realistic goals, tailor exercise and energy-conservation strategies, and plan appropriate pacing. The living situation matters because safety at home, available support, stairs, equipment needs, and caregiver involvement directly influence discharge planning, home-modification needs, and how rehabilitation will be carried out. Together, these factors guide what is feasible and safe in therapy sessions and at home. Details like hair color, favorite flavor, or eye color don't inform functional capacity, safety, or rehabilitation planning and therefore aren't relevant to the evaluation in this context.

8. Abdominal aortic aneurysm (AAA) is defined as which of the following?

A. Local dilation of the aorta due to weakening of the walls

B. Inflammation of the venous system

C. Dilation of the pulmonary artery

D. Aneurysm of the renal artery

An aneurysm is a localized dilation of an artery due to weakening of the vessel wall, and when this occurs in the abdominal portion of the aorta it is called an abdominal aortic aneurysm. This definition fits because the condition describes a specific segment of the aorta that has bulged outward from wall weakening, rather than a general enlargement of a vessel or a non-arterial process. The other options point to different problems: inflammation of veins is a venous condition, dilation of the pulmonary artery is a pulmonary artery aneurysm, and aneurysm of the renal artery refers to a renal artery aneurysm, none of which describe the abdominal aorta.

9. TENS administration includes an effect on endorphins described as?

A. Endorphin release stimulation to muscle contraction level encourages release of natural endorphins

B. Inhibits endorphin production

C. Blocks endorphin receptors

D. Causes permanent endorphin depletion

TENS can produce pain relief by engaging the body's own opioid system. When low-frequency, motor-level stimulation is used, it can trigger the release of endogenous endorphins in the central nervous system. This natural endorphin release provides analgesia that can outlast the treatment itself, which is why this approach is described as encouraging the body's own endorphins. The other ideas don't fit because TENS doesn't inhibit endorphin production, block endorphin receptors, or cause permanent depletion of endorphins. Instead, it can activate and utilize the endogenous opioid system to reduce pain, especially with lower-frequency, muscle-activating stimulation.

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10. In acute care standing, which activity is described under mobility?

A. Ambulation, navigating the environment

B. Facilitation of weight shift during standing and/or transfer

C. Grooming

D. Leaving the room for axs if able

Mobility in acute care means moving through the environment. Ambulation, the act of walking and navigating the space, best fits this category because it directly involves getting from one location to another and adapting to the surrounding environment (doors, hallways, obstacles). The other items describe different aspects: weight shifting during standing or transferring is a component of how you initiate and control movement, but not the act of moving through space itself; grooming is a self-care task that doesn't require moving around; and leaving the room, while related to functional independence, is not as direct a description of moving about as ambulation and environment navigation.

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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://physicalrehab.examzify.com

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

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