PHYSICAL THERAPY AIDE TRAINING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1
Table of Contents 2
Introduction 3
How to Use This Guide 4
Questions 5
Answers 8
Explanations 10
Next Steps 15

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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. Where would you start to perform resisted dorsiflexion?

A. Lie on the floor with your back flat; anchor the elastic band in a door, knot on the other side; tension on the band; pull the toes back toward the ceiling.

B. Stand on one leg and balance.

C. Sit with feet over the edge and invert.

D. Stand with heels raised.

2. In the forearm pronation exercise, which movement is described first?

A. The weight is lowered toward the inside of the body.

B. The weight is lifted toward the outside of the body.

C. The forearm is rotated without moving the weight.

D. The weight is held static.

3. LAT amb stands for which gait pattern?

A. Lateral ambulation

B. Linear ambulation

C. Low ambulation

D. Lateral stepping

4. What does the term Retro mean?

A. Arm Bike

B. Extension

C. Backward, behind

D. Flexion

5. What is the key technique cue in box squats?

A. Bend knees quickly to touch floor

B. Pivot from the hips and hit the box as you sit back

C. Keep chest collapsed

D. Stand tall with knees locked

6. Which statement describes the doorway stretch-low position?

A. Arm up on the door frame and shoulder level.

B. Arm across the chest with the elbow bent.

C. Arm extended toward the ceiling along the door frame.

D. Arm downward on the door frame and lean in.

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7. Which description defines High Knee SLS?

A. Single leg stance with the opposite knee raised to hip level.

B. Isometric arch lift.

C. High knee SLS: stand on one leg and bring the opposite knee to hip level.

D. Resisted dorsiflexion.

8. In IFC, which configuration describes four electrodes used to create crossing currents?

A. Bipolar montage

B. Monopolar montage

C. Quadripolar montage

D. Dipolar montage

9. Which option describes the finger ladder exercise?

A. Patient uses a ladder to perform grip-strength tasks.

B. Patient moves up notches of ladder with fingers regaining fine motor movement of the fingers.

C. Patient climbs a ladder with the entire hand to strengthen grip.

D. Patient uses ladder to practice wrist flexion.

10. Which cue best describes the mini squats?

A. Stand at table or windowsill and keep knees straight

B. Stand with back flat and no knee bend

C. Stand at table or windowsill with arms overhead

D. Stand at table or windowsill; stick butt out like you are going to sit in a chair and slightly bend knees

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Answers

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

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Explanations

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1. Where would you start to perform resisted dorsiflexion?

A. Lie on the floor with your back flat; anchor the elastic band in a door, knot on the other side; tension on the band; pull the toes back toward the ceiling.

B. Stand on one leg and balance.

C. Sit with feet over the edge and invert.

D. Stand with heels raised.

Resisted dorsiflexion is about moving the foot upward against a stable resistance. Starting lying on your back with the knee unlocked provides a solid, low-risk position that keeps the ankle free to move without needing to balance or stabilize the whole body. Anchoring the elastic band in a door and tying a knot on the other side creates a fixed, secure point so the resistance stays consistent as you lift the toes toward the ceiling. This setup targets the dorsiflexors, mainly the tibialis anterior, while keeping other joints and muscles from compensating. The other choices don't produce dorsiflexion against resistance: standing on one leg emphasizes balance or stance; positioning the feet over the edge to invert focuses on inversion, not dorsiflexion; standing with heels raised targets plantarflexion.

2. In the forearm pronation exercise, which movement is described first?

A. The weight is lowered toward the inside of the body.

B. The weight is lifted toward the outside of the body.

C. The forearm is rotated without moving the weight.

D. The weight is held static.

When you start a forearm pronation exercise, the initial action is the weight moving toward the inside of the body as the forearm begins to rotate. This inward movement sets up the rotation and allows the palm to begin turning downward as the pronator muscles engage. Lifting the weight toward the outside would be moving into an outward direction (supination), not the first step in pronation. Rotating the forearm without moving the weight describes turning the forearm in place, which isn't illustrating the initial movement of the exercise, and holding the weight statically shows no movement at all. So the first described action—the weight lowering toward the midline—best captures the start of the pronation sequence.

3. LAT amb stands for which gait pattern?

A. Lateral ambulation

B. Linear ambulation

C. Low ambulation

D. Lateral stepping

Lat amb stands for lateral ambulation, a gait pattern in which movement occurs to the side rather than straight ahead. This describes walking or stepping sideways, often used to train or assess lateral weight shifting, hip abductor strength, and balance. It's the best answer because the abbreviation LAT clearly maps to "lateral ambulation." Other phrases describe different concepts (forward/linear walking, nonstandard terms) and don't match the abbreviation. In practice, you might see this noted when a patient is practicing side-stepping or side-to-side walking to improve stability.

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4. What does the term Retro mean?

A. Arm Bike

B. Extension

C. Backward, behind

D. Flexion

Retro- indicates backward or behind. In anatomy and physical therapy, it's used to describe movements or positions that go toward the back relative to the normal position (for example, retroflexion or retroversion). That makes it the best fit for describing backward or behind, whereas extension and flexion describe specific directions of bending or straightening, not the backward orientation. The term here points to backward, behind.

5. What is the key technique cue in box squats?

A. Bend knees quickly to touch floor

B. Pivot from the hips and hit the box as you sit back

C. Keep chest collapsed

D. Stand tall with knees locked

In a box squat, the movement should start with a hip hinge and a sit-back to the box, not a knee-dominant drop. The cue to pivot from the hips and hit the box as you sit back trains that sequencing: initiate the descent by moving the hips back first, keeping the chest up and the spine neutral, so you load the glutes and hamstrings as you approach the box. Touching the box gently and pausing helps you hit a consistent depth and prevents bouncing, then you drive through the heels to stand up, extending the hips first and the knees second. This approach reduces knee shear by prioritizing hip movement and posterior chain engagement, promotes better torso position, and gives you a clear depth target. Other cues would pull the movement toward dropping the knees first, slumping the chest, or standing with the knees locked, which compromises form and loading.

6. Which statement describes the doorway stretch-low position?

A. Arm up on the door frame and shoulder level.

B. Arm across the chest with the elbow bent.

C. Arm extended toward the ceiling along the door frame.

D. Arm downward on the door frame and lean in.

Doorway stretches lengthen the chest and front shoulder by placing the arm on the door frame and allowing the torso to move into the doorway. The low position specifically means the arm is placed lower on the frame (closer to hip level) and you lean in to deepen the stretch, targeting the lower part of the chest and the front shoulder. So, describing the doorway stretch in the low position fits: the arm is downward on the door frame and you lean in. The other options describe higher placements or different orientations (arm up at shoulder level, arm extended overhead, or a cross-chest position), which do not match the low-position setup.

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7. Which description defines High Knee SLS?

A. Single leg stance with the opposite knee raised to hip level.

B. Isometric arch lift.

C. High knee SLS: stand on one leg and bring the opposite knee to hip level.

D. Resisted dorsiflexion.

High knee single-leg stance is performed by standing on one leg while actively lifting the opposite knee up to hip level. This combination challenges balance and stability while engaging the hip flexors, core, and stance leg to maintain control. The description that defines this exercise is the one that states stand on one leg and bring the opposite knee to hip level, explicitly naming High Knee SLS. That wording links the exact movement to the exercise name, making the definition clear and unambiguous. Other options describe different motions (like an arch lift or resisted dorsiflexion) or describe the movement without naming the High Knee SLS, so they don't precisely define the exercise in the same way. To perform it well, keep the pelvis level, maintain an upright torso, and lift the knee with controlled tempo to hip level.

8. In IFC, which configuration describes four electrodes used to create crossing currents?

A. Bipolar montage

B. Monopolar montage

C. Quadripolar montage

D. Dipolar montage

In IFC, crossing currents are created by using four electrodes arranged as two separate electrode pairs. Placing two pairs allows each pair to carry its own current, and where those currents intersect in the tissue, they interfere to produce a localized beat frequency that stimulates deeper structures. This four-electrode setup is called a quadripolar montage, because four pads enable two distinct current fields to cross inside the body. You'll see this approach contrasted with a bipolar montage, which uses only two electrodes for a single current path and doesn't form crossing fields; a monopolar montage uses one active electrode with a distant return, also not generating crossing currents; and a dipolar montage refers to a two-electrode setup similar to bipolar, without the crossing effect.

9. Which option describes the finger ladder exercise?

A. Patient uses a ladder to perform grip-strength tasks.

B. Patient moves up notches of ladder with fingers regaining fine motor movement of the fingers.

C. Patient climbs a ladder with the entire hand to strengthen grip.

D. Patient uses ladder to practice wrist flexion.

Finger ladder exercises focus on fine motor control and dexterity of the individual fingers by moving along a ladder with notches. The description that matches is having the patient use their fingers to ascend the notches, aiming to rebuild precise finger movements and coordination. This targets digit independence and coordination, not gross grip or wrist motion. It's a common hand-therapy tool after injuries or surgeries to re-educate refined finger movements. The other options describe activities aimed at broader grip strength, using the whole hand, or wrist flexion, which don't train the isolated finger dexterity that a finger ladder is designed to improve.

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10. Which cue best describes the mini squats?

A. Stand at table or windowsill and keep knees straight

B. Stand with back flat and no knee bend

C. Stand at table or windowsill with arms overhead

D. Stand at table or windowsill; stick butt out like you are going to sit in a chair and slightly bend knees

Mini squats rely on a hip hinge with a light knee bend, keeping the spine neutral and the chest up. The best cue, "stick your butt out like you're going to sit in a chair and slightly bend the knees," directly prompts that hip-dushing back action and a small knee bend. It helps engage the glutes and hamstrings while preserving proper alignment and staying over the heels, which protects the knees during the movement. Besides, other cues don't reflect the squat pattern. Keeping knees straight eliminates knee flexion, so there's no squat. Standing with a flat back and no knee bend also misses the essential knee bend. Arm position doesn't address how the legs move and can disrupt balance. So the cue that emphasizes a backward hips action with a light knee bend is the one that best describes a mini squat.

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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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