

PHYSICAL THERAPY EVALUATION TOOL (PEAT) 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

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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.

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!

Questions

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- 1. A patient with left hemiparesis is being discharged and the therapist has been unable to obtain cooperation from the family to instruct them in transfers, bed mobility and safety precautions. The MOST appropriate action is to:**
 - A. Educate the patient so she can tell others how to assist her
 - B. Write a home program and give it to the family
 - C. Contact social services and arrange for a team and family meeting
 - D. Refer the patient for home care and document appropriate interventions

- 2. A patient presents with adhesive capsulitis of the shoulder joint. The ROM examination reveals restricted external rotation and abduction of the shoulder. The FIRST mobilization procedure that should be done for this patient is:**
 - A. Posterior glide
 - B. Distraction
 - C. Anterior glide
 - D. External rotation

- 3. An attorney seeks information about a patient undergoing rehabilitation after total knee surgery. The PT department should:**
 - A. Refer the attorney to the patient's insurance carrier.
 - B. Describe the patient's current status.
 - C. Require written authorization from the patient to release information.
 - D. Obtain verbal permission from the patient to release information.

- 4. A patient has right hemiparesis after traumatic brain injury. While standing, the patient cannot extend the hip when the knee is flexed, or flex the hip when the knee is extended. In which functional activity will this deficit be MOST evident?**
 - A. Shifting weight while standing
 - B. Walking sideways
 - C. Walking backward
 - D. Moving from sitting to standing

5. During therapy, a 5-year-old with a closed head injury becomes combative. Which technique is MOST effective to calm them?
- A. Providing brief moving touch to the face and turning on the patient's favorite musical tape
 - B. Removing the patient from the current treatment environment and placing the patient in a quiet setting
 - C. Maintaining touch to the shoulders and brightening the room by opening curtains
 - D. Wrapping the patient in a blanket and rocking the patient rapidly
6. Excessive femoral anteversion is associated with which combination of patellar and foot orientation?
- A. Inward patellae and toeing in
 - B. Outward patellae and toeing out
 - C. Normal patellae with toeing in
 - D. Lateral tibial torsion with toeing out
7. During cardiac rehabilitation, a patient on a bicycle ergometer shows ST segment depression of 2 mm. If no guidelines are provided, the physical therapist should:
- A. Terminate the session immediately
 - B. Reduce the resistance load
 - C. Instruct the patient to slow down
 - D. Direct the patient to continue as before
8. Which combination of neck movements best stretches the neck muscles in acute torticollis?
- A. Right rotation and right lateral flexion
 - B. Left rotation and left lateral flexion
 - C. Right rotation and left lateral flexion
 - D. Left rotation and right lateral flexion
9. For increasing shoulder flexion and medial rotation, which glide is most appropriate?
- A. Posterior
 - B. Anterior
 - C. Medial
 - D. Lateral

10. Which symptom helps distinguish reflex sympathetic dystrophy from raynaud's phenomenon?

- A. Hyperhidrosis
- B. Pallor
- C. Pain
- D. Numbness

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Answers

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

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Explanations

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1. A patient with left hemiparesis is being discharged and the therapist has been unable to obtain cooperation from the family to instruct them in transfers, bed mobility and safety precautions. The MOST appropriate action is to:

- A. Educate the patient so she can tell others how to assist her
- B. Write a home program and give it to the family
- C. Contact social services and arrange for a team and family meeting**
- D. Refer the patient for home care and document appropriate interventions

Coordinated discharge planning with the family is essential when there are barriers to instruction and safe home care. Bringing in social services to arrange a team and family meeting ensures all key players—therapy staff, nursing, social work, and the family—can jointly assess the home environment, caregiver burden, and available resources. This multidisciplinary discussion helps identify and address obstacles, finalize a safe plan for transfers, bed mobility, and safety precautions, and determine if in-home services or equipment are needed. Without this collaborative approach, instructions to the patient or a generic home program may not translate into safe, practical care at home, and a formal plan may fail to address the family's concerns or limitations. Therefore, initiating a team meeting with the family through social services is the most appropriate next step.

2. A patient presents with adhesive capsulitis of the shoulder joint. The ROM examination reveals restricted external rotation and abduction of the shoulder. The FIRST mobilization procedure that should be done for this patient is:

- A. Posterior glide
- B. Distraction**
- C. Anterior glide
- D. External rotation

Adhesive capsulitis creates a tight, inflamed glenohumeral joint where the capsule limits movement, with external rotation and abduction most restricted. The safest first mobilization is gentle joint distraction, which separates the joint surfaces, reduces compressive forces, and helps decrease pain and muscle guarding. This creates a more favorable environment for subsequent ROM gains. After the joint is unloaded and pain is better controlled, you can progress to targeted glides (for example, a posterior glide to improve external rotation and an inferior glide to assist abduction). Starting with distraction avoids stressing a guarded joint and sets the stage for effective later ROM work.

3. An attorney seeks information about a patient undergoing rehabilitation after total knee surgery. The PT department should:

A. Refer the attorney to the patient's insurance carrier.

B. Describe the patient's current status.

C. Require written authorization from the patient to release information.

D. Obtain verbal permission from the patient to release information.

Protecting patient confidentiality requires written authorization before sharing protected health information with outside parties such as an attorney. The HIPAA Privacy Rule allows disclosures to third parties only when the patient has provided explicit written consent that specifies what information can be shared, with whom, and for what purpose. Verbal permission isn't reliable enough to document exactly what's permitted, and describing current status or directing the attorney to the insurer would bypass the patient's control over their own information. In the absence of a legal mandate like a subpoena, the appropriate step is to obtain a written authorization from the patient to release the information.

4. A patient has right hemiparesis after traumatic brain injury. While standing, the patient cannot extend the hip when the knee is flexed, or flex the hip when the knee is extended. In which functional activity will this deficit be MOST evident?

A. Shifting weight while standing

B. Walking sideways

C. Walking backward

D. Moving from sitting to standing

This pattern tests how hip muscles function across different knee positions, because different muscles contribute to hip motions depending on whether the knee is flexed or extended. When the knee is flexed, extending the hip relies mainly on the gluteus maximus; when the knee is extended, flexing the hip relies more on the iliopsoas. If a patient cannot extend the hip with the knee flexed, that suggests weakness of the gluteus maximus on the involved side; if they cannot flex the hip with the knee extended, that points to weakness of the iliopsoas. Clinically, walking backward most clearly stresses both of these hip actions across changing knee positions. It demands hip flexion with the knee extended during swing and hip extension with the knee flexed during stance, making the deficit most evident in this task. The other activities—shifting weight in place, walking sideways, or standing to sitting—do not challenge this specific pattern of hip motion as directly.

5. During therapy, a 5-year-old with a closed head injury becomes combative. Which technique is MOST effective to calm them?

- A. Providing brief moving touch to the face and turning on the patient's favorite musical tape
- B. Removing the patient from the current treatment environment and placing the patient in a quiet setting**
- C. Maintaining touch to the shoulders and brightening the room by opening curtains
- D. Wrapping the patient in a blanket and rocking the patient rapidly

When a child with a closed head injury becomes combative during therapy, the immediate goal is to reduce sensory overload and promote safety. Moving the child to a quiet, low-stimulation setting lowers arousal levels, helping the nervous system settle and enabling clearer communication and cooperation for subsequent therapy steps. It provides a calm, predictable environment that supports self-regulation and is generally the most reliable way to de-escalate agitation in this situation. Tactile input, bright lighting, or rapid rocking can add sensory load and may worsen arousal in an acutely combative state, making it harder for the child to calm down and engage. A favorite music or soothing touch might help some in calmer moments, but in this context the quiet retreat directly targets the underlying arousal and safety concerns. Wrapping and rapid rocking, in particular, can feel overstimulating or unsafe for a child with a brain injury.

6. Excessive femoral anteversion is associated with which combination of patellar and foot orientation?

- A. Inward patellae and toeing in**
- B. Outward patellae and toeing out
- C. Normal patellae with toeing in
- D. Lateral tibial torsion with toeing out

Excessive femoral anteversion causes the femur to sit in more internal rotation. When the thigh rotates inward, the whole leg follows, so the feet point more toward the midline (toeing in). The patellae track with the femur, so as the femur is internally rotated, the patellae tend to orient inward as well. That combination—inwardly oriented patellae with toeing in—best matches the pattern produced by this condition. Toeing out or lateral torsion would reflect external rotation patterns, not the inward rotation seen with excessive femoral anteversion.

7. During cardiac rehabilitation, a patient on a bicycle ergometer shows ST segment depression of 2 mm. If no guidelines are provided, the physical therapist should:

- A. Terminate the session immediately
- B. Reduce the resistance load
- C. Instruct the patient to slow down
- D. Direct the patient to continue as before

ST segment changes during exercise reflect a mismatch between myocardial oxygen supply and demand. A 2 mm downward ST-segment depression is a clearly abnormal response and indicates possible subendocardial ischemia when the heart is stressed. In the absence of specific guidelines, the safest action is to terminate the exercise session immediately to prevent potential progression to angina, arrhythmia, or infarction. After stopping, reassess the patient's symptoms, monitor vitals, and allow the ECG to return toward baseline with rest. If symptoms persist, worsen, or ST segments remain abnormal, escalate to urgent medical evaluation. If the patient becomes asymptomatic and the ST segments normalize, activity can be reconsidered only under medical clearance and at a lower intensity.

8. Which combination of neck movements best stretches the neck muscles in acute torticollis?

- A. Right rotation and right lateral flexion
- B. Left rotation and left lateral flexion
- C. Right rotation and left lateral flexion
- D. Left rotation and right lateral flexion

Stretching a tight neck muscle like the sternocleidomastoid involves moving the head in the opposite direction of the muscle's usual action when it contracts. When one SCM contracts, it rotates the head to the opposite side and laterally flexes toward the same side. If the right SCM is tight in acute torticollis, the head is typically rotated away from the right and tilted toward the right. To lengthen the right SCM, you position the head into the opposite movements: rotate to the right and bend the head to the left. This places the right SCM on a stretch and helps reduce the spasm. That combination—right rotation with left lateral flexion—best accomplishes the stretch. The other options would not place the tight muscle on stretch in the same effective way and would either fail to lengthen the affected SCM or could place stretch on the opposite side unnecessarily.

9. For increasing shoulder flexion and medial rotation, which glide is most appropriate?

- A. Posterior
- B. Anterior
- C. Medial
- D. Lateral

A posterior glide of the humeral head is used to increase both shoulder flexion and internal (medial) rotation because it aligns with how the ball moves on the socket during these motions. The humeral head is convex and moves on the concave glenoid; for flexion, the head tends to roll forward (anteriorly). Applying a posterior glide provides the opposite translation, allowing the head to seat and move more freely within the socket, which enhances the amount of flexion you can achieve. Internal rotation is likewise facilitated by this posterior glide, as it helps the head navigate within the posterior portion of the joint and capsule, reducing restriction there. In contrast, other glides would target different directions of movement (e.g., anterior glide would more directly aid external rotation), so the posterior glide best addresses both requested motions.

10. Which symptom helps distinguish reflex sympathetic dystrophy from raynaud's phenomenon?

A. Hyperhidrosis

B. Pallor

C. Pain

D. Numbness

Autonomic signs help separate CRPS from Raynaud's. In CRPS, sympathetic dysfunction often leads to hyperhidrosis—excess sweating—in the affected limb, reflecting ongoing sympathetic overactivity along with swelling and temperature changes. This sweating is a distinctive autonomic feature of CRPS. By contrast, Raynaud's phenomenon is defined by episodic vasospasm causing color changes (pallor, cyanosis, and rubor) and cold sensitivity, with sweating not being a defining characteristic. Pain and numbness can appear in both conditions, so they don't reliably differentiate them. Pallor is more typical during Raynaud's attacks, whereas hyperhidrosis points toward CRPS.

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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://peat1.examzify.com>

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

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