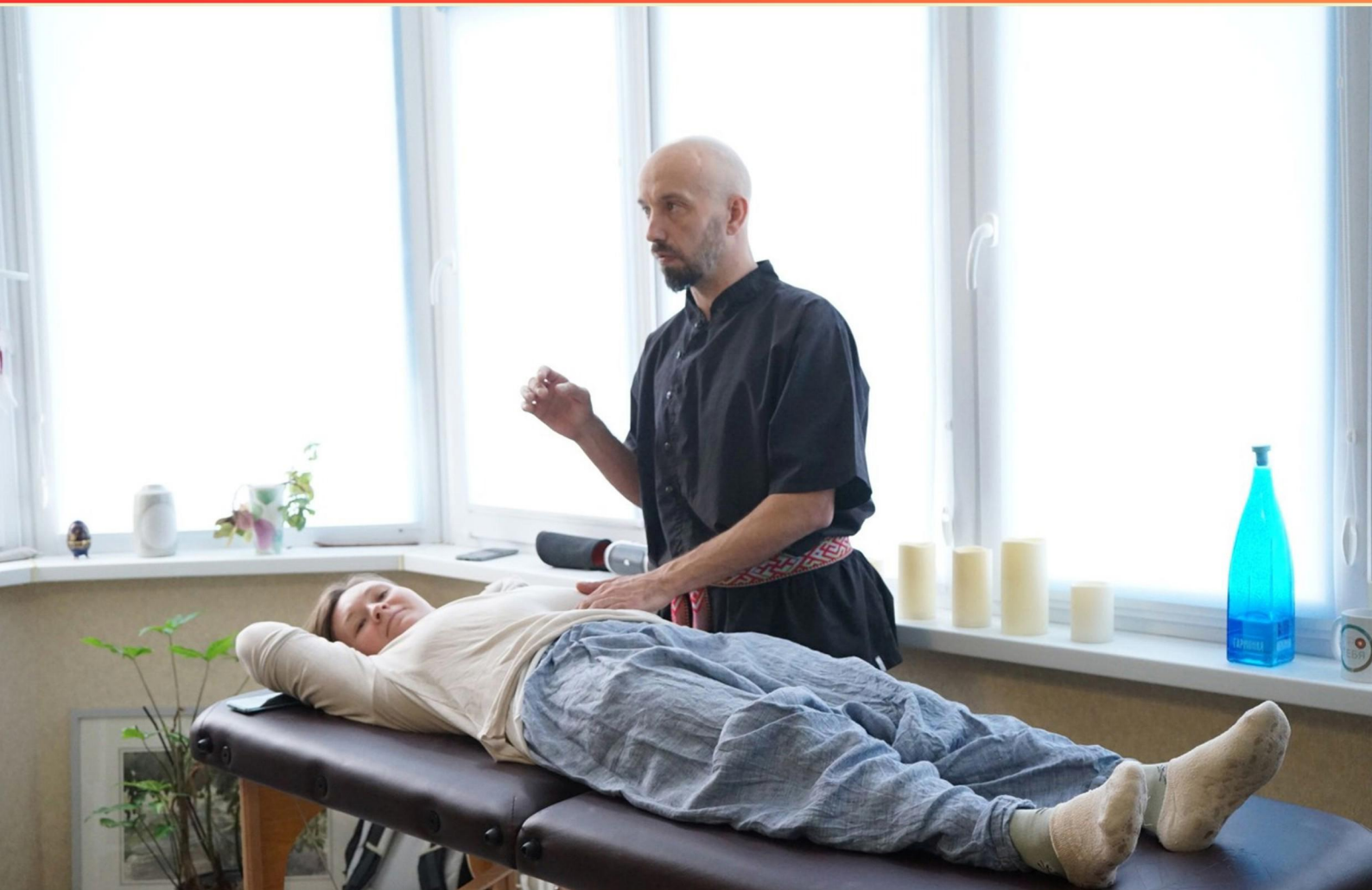


PHYSICAL THERAPY EVALUATION TOOL (PEAT) 2 PRACTICE EXAM (SAMPLE)

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.

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. Which technique is most appropriate for a patient with low postural tone to improve trunk stability?**
 - A. Slow regular rocking while sitting on a treatment bolster
 - B. Continuous pressure to the skin overlying the back muscles
 - C. Low-frequency vibration to the back muscles
 - D. Joint approximation applied through the shoulders to the trunk
- 2. Which test would best measure motor recovery after a stroke, distinct from balance assessment?**
 - A. Romberg Test
 - B. Berg Balance Scale
 - C. Fugl-Meyer Assessment
 - D. Barthel Index
- 3. Which of the following is a commonly observed sign in Complex Regional Pain Syndrome affecting the hand and wrist?**
 - A. Edema
 - B. Hyperhidrosis
 - C. Color changes
 - D. Pain
- 4. For a patient with chronic lateral epicondylitis, which home program is MOST appropriate?**
 - A. Performing exercises for wrist strength and stretching
 - B. Using a forearm cuff to increase loading on the extensor tendons
 - C. Administering iontophoresis with dexamethasone (Decadron) and lidocaine (Xylocaine)
 - D. Doing friction massage of the brachioradialis tendon
- 5. After a fall on the outstretched hand with tenderness between the tendons of APL and EPL, which structure is most likely injured?**
 - A. Lunate
 - B. Capitate
 - C. Trapezium
 - D. Scaphoid

6. A patient with a recent ankle injury reports anterior ankle pain during walking. When seated, the therapist grasps the heel and, with the foot neutral, applies a lateral rotation force. Pain is reproduced, but not with inversion/eversion tests. The most likely injury is?
- A. Syndesmosis sprain
 - B. Calcaneocuboid sprain
 - C. 5th metatarsal fracture
 - D. Tibial stress fracture
7. In chronic obstructive pulmonary disease management, the primary purpose of pursed-lip breathing is to:
- A. Help prevent the collapse of pulmonary airways during exhalation thereby reducing air trapping.
 - B. Decrease the removal of carbon dioxide during ventilation.
 - C. Increase the residual volume of respiration so that more oxygen is available for body metabolism.
 - D. Stimulate further mobilization of mucous secretions to higher air passages where they can be expectorated.
8. Which lower-extremity proprioceptive neuromuscular facilitation pattern is most appropriate for strengthening the tibialis posterior?
- A. Hip extension, abduction, and medial (internal) rotation, with ankle plantarflexion and eversion
 - B. Hip flexion, adduction, and lateral (external) rotation, with ankle dorsiflexion and inversion
 - C. Hip extension, adduction, and lateral (external) rotation, with ankle plantarflexion and inversion
 - D. Hip flexion, abduction, and medial (internal) rotation, with ankle dorsiflexion and eversion
9. During ascending stairs, an elderly patient leans forward with increased hip flexion. Which muscle is being used to best advantage with this forward posture?
- A. rectus femoris
 - B. tensor fascia latae
 - C. gluteus maximus
 - D. erector spinae

10. A patient 2 days after knee arthroplasty shows ECG changes during gait training. What is the best action for the physical therapist to take at this time?

- A. Continue gait training.
- B. Stop gait training and notify the nurse.
- C. Stop gait training and allow the patient to sit down and rest.
- D. Continue gait training with standing rest breaks.

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Answers

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

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Explanations

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1. Which technique is most appropriate for a patient with low postural tone to improve trunk stability?

- A. Slow regular rocking while sitting on a treatment bolster
- B. Continuous pressure to the skin overlying the back muscles
- C. Low-frequency vibration to the back muscles

D. Joint approximation applied through the shoulders to the trunk

When postural stability is lacking, the goal is to evoke automatic activation of the trunk muscles through meaningful proprioceptive input that mimics handling and load on the spine. Applying joint approximation through the shoulders to the trunk delivers a direct, proximal cue that increases sensory feedback from the shoulder girdle and spinal joints, promoting co-contraction of the deep stabilizers (like the transversus abdominis and multifidus) and increasing intra-abdominal pressure. This creates a more rigid, controlled trunk and better resistance to perturbations, which is essential for improving stability. Other techniques offer sensory or relaxation effects but don't provide the same targeted facilitation of trunk stabilizers. Slow rocking can aid comfort or gentle sensory input but doesn't reliably recruit the spinal stabilizers needed for stability. Continuous skin pressure over the back is more superficial and lacks joint input to drive the necessary muscular co-contraction. Low-frequency vibration can alter tone temporarily but isn't as effective at developing sustained trunk stability through coordinated muscle activation.

2. Which test would best measure motor recovery after a stroke, distinct from balance assessment?

- A. Romberg Test
- B. Berg Balance Scale
- C. Fugl-Meyer Assessment**
- D. Barthel Index

The main idea here is to use an instrument that directly quantifies motor impairment and its recovery after a stroke, rather than something that only looks at balance or overall function. The Fugl-Meyer Assessment is designed for this purpose. It separately scores upper and lower extremity motor function, examining voluntary movement, reflex activity, synergy patterns, and coordination. Its items provide a detailed, standardized measure of motor impairment and are sensitive to changes over time, making it ideal for tracking recovery and response to therapy after a stroke. In contrast, a Romberg Test mainly checks static balance with eyes closed and doesn't quantify motor impairment. The Berg Balance Scale evaluates functional balance tasks, which relates to balance performance but not the underlying motor impairment level. The Barthel Index measures independence in daily activities, reflecting overall function and endurance but not specifically motor recovery. So for isolating and tracking motor recovery after a stroke, the Fugl-Meyer Assessment is the best fit.

3. Which of the following is a commonly observed sign in Complex Regional Pain Syndrome affecting the hand and wrist?

- A. Edema
- B. Hyperhidrosis**
- C. Color changes
- D. Pain

Autonomic dysfunction in CRPS drives sudomotor changes in the affected hand and wrist. Hyperhidrosis, or excessive sweating, arises when the sympathetic nervous system that controls sweat glands becomes dysregulated. This autonomic sign is commonly observed in CRPS affecting the hand and wrist, reflecting the ongoing sympathetic involvement in the condition. Other signs like edema, color changes, and pain can also appear, but the presence of increased sweating specifically highlights the altered sudomotor function characteristic of the syndrome.

4. For a patient with chronic lateral epicondylitis, which home program is MOST appropriate?

- A. Performing exercises for wrist strength and stretching**
- B. Using a forearm cuff to increase loading on the extensor tendons
- C. Administering iontophoresis with dexamethasone (Decadron) and lidocaine (Xylocaine)
- D. Doing friction massage of the brachioradialis tendon

Chronic lateral epicondylitis responds best to a home program that gradually loads the wrist extensors through strengthening and stretching. This approach helps remodel the degenerative tendon tissue and increases its capacity to handle stress during daily activities. Stretching keeps the tendon length-balanced and reduces excessive tension, while progressive strengthening—starting with light resistance and advancing—improves the tendon's strength and endurance, particularly of the extensor muscles near the elbow. Increasing loading with a forearm cuff would raise tendon stress and likely worsen symptoms in a chronic phase, making it unsuitable for a home program. Iontophoresis with steroids is a pharmacologic treatment administered in a clinical or facility setting and does not provide a structured exercise plan. Friction massage of the brachioradialis tendon is a manual therapy technique typically performed by a clinician for symptom relief, not a patient-directed home regimen that builds tendon resilience. So, focusing on a patient-led program of wrist extensor stretches and progressive strengthening best aligns with promoting healing and functional improvement.

5. After a fall on the outstretched hand with tenderness between the tendons of APL and EPL, which structure is most likely injured?

- A. Lunate
- B. Capitate
- C. Trapezium
- D. Scaphoid**

Tenderness in the anatomical snuffbox after a fall on an outstretched hand points to a scaphoid fracture. The snuffbox is the hollow on the radial (thumb) side of the wrist bounded medially by the extensor pollicis longus tendon and laterally by the tendons of abductor pollicis longus and extensor pollicis brevis; the scaphoid lies in this space. Because the scaphoid bears load during extension and has a tenuous blood supply, fractures here are classic after FOOSH and require careful evaluation to prevent complications like nonunion or avascular necrosis. While other carpal bones can fracture with similar injuries, tenderness specifically in this region most strongly implicates the scaphoid. Imaging may be inconclusive initially, so clinicians often repeat X-rays or immobilize if suspicion remains high.

6. A patient with a recent ankle injury reports anterior ankle pain during walking. When seated, the therapist grasps the heel and, with the foot neutral, applies a lateral rotation force. Pain is reproduced, but not with inversion/eversion tests. The most likely injury is?

- A. Syndesmosis sprain
- B. Calcaneocuboid sprain
- C. 5th metatarsal fracture
- D. Tibial stress fracture**

The key idea here is that reproducing pain with a force that loads the tibia itself points toward a bone injury rather than a ligament sprain. Grasping the heel and turning the hindfoot laterally while the foot is in neutral subjects the distal tibia to torsional stress. If this maneuver reproduces pain at the anterior ankle, it suggests a tibial stress reaction or fracture in the distal tibia rather than instability of ankle ligaments, which would typically show positive findings with inversion/eversion tests or a different provocative maneuver. In this scenario, the pain is activity-related and located anteriorly, and ligament tests (inversion/eversion) are negative, making a bone stress injury of the tibia the most likely diagnosis. A syndesmosis sprain would more likely show tenderness at the distal tibiofibular joint and a positive external rotation-testing maneuver; a calcaneocuboid sprain would present with lateral hindfoot symptoms and joint specific tests; a 5th metatarsal fracture would localize tenderness to the base or shaft of the 5th metatarsal rather than the tibia.

7. In chronic obstructive pulmonary disease management, the primary purpose of pursed-lip breathing is to:

- A. Help prevent the collapse of pulmonary airways during exhalation thereby reducing air trapping.**
- B. Decrease the removal of carbon dioxide during ventilation.
- C. Increase the residual volume of respiration so that more oxygen is available for body metabolism.
- D. Stimulate further mobilization of mucous secretions to higher air passages where they can be expectorated.

Pursed-lip breathing mainly aims to keep the smaller airways from collapsing during exhalation and to reduce air trapping in COPD. By exhaling through tightly pressed lips, a slight back pressure is created in the airways, which slows and prolongs expiration. This helps prevent dynamic hyperinflation, makes breathing feel easier, and improves gas exchange overall. It's not designed to increase mucus clearance or to intentionally reduce carbon dioxide removal; those are addressed by other techniques. It also doesn't increase residual volume; improving airway stability and reducing air trapping is the goal, not increasing lung volumes.

8. Which lower-extremity proprioceptive neuromuscular facilitation pattern is most appropriate for strengthening the tibialis posterior?

- A. Hip extension, abduction, and medial (internal) rotation, with ankle plantarflexion and eversion
- B. Hip flexion, adduction, and lateral (external) rotation, with ankle dorsiflexion and inversion
- C. Hip extension, adduction, and lateral (external) rotation, with ankle plantarflexion and inversion**
- D. Hip flexion, abduction, and medial (internal) rotation, with ankle dorsiflexion and eversion

In this pattern, the distal component ends with ankle plantarflexion and inversion, which are exactly the actions of the tibialis posterior. The proximal portion should begin with hip extension, adduction, and external rotation, positioning the limb along a diagonal that allows the foot to move into plantarflexion and inversion smoothly. This alignment biases the tibialis posterior to act as the primary inverter and plantarflexor of the foot, making the strengthening effect most effective. Other options emphasize dorsiflexion or eversion, which recruit the tibialis anterior or everters instead, reducing the emphasis on tibialis posterior.

9. During ascending stairs, an elderly patient leans forward with increased hip flexion. Which muscle is being used to best advantage with this forward posture?

- A. rectus femoris
- B. tensor fascia latae
- C. gluteus maximus**
- D. erector spinae

When climbing stairs, you need to extend the hip to lift your body onto the next step. Leaning forward places the hip in more flexion, which makes the gluteus maximus especially effective at producing hip extension from that position. Its length-tension relationship is favorable for generating the push-off torque needed to propel you upward. The rectus femoris is a hip flexor, so it isn't the primary driver in this posture. The tensor fascia latae mainly assists hip flexion and abduction and isn't the main extensor. The erector spinae helps maintain trunk posture, but does not provide the powerful hip extension needed for ascent.

10. A patient 2 days after knee arthroplasty shows ECG changes during gait training. What is the best action for the physical therapist to take at this time?

- A. Continue gait training.
- B. Stop gait training and notify the nurse.**
- C. Stop gait training and allow the patient to sit down and rest.
- D. Continue gait training with standing rest breaks.

When a patient who is in the early postoperative period shows ECG changes during activity, this signals possible cardiac distress and requires immediate action. Stop the gait training right away to prevent further cardiac strain, move the patient to a safe position, and quickly notify the nurse or physician for urgent medical evaluation. Continuing exercise could worsen a potential ischemic event or trigger an arrhythmia, so escalation to the medical team is the appropriate step. The PT's priority is safety and timely medical assessment, not progression of activity in the face of concerning ECG findings.

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://peat2.examzify.com>

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

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