

PHYSICAL THERAPY EVALUATION TOOL (PEAT) 4 PRACTICE EXAM (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.

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. Erb's Palsy involves which nerve roots?**
 - A. C8-T1
 - B. C5-C6
 - C. C7-C8
 - D. T1-T2
- 2. Which principle governs progressive resistance training in PT?**
 - A. Reversibility
 - B. Specificity
 - C. Overload principle with gradual progression and monitoring for pain
 - D. Detraining
- 3. Which sign would indicate possible cauda equina syndrome and require urgent referral?**
 - A. Dull sensation in the thigh
 - B. Intermittent claudication
 - C. Saddle anesthesia
 - D. Local ankle swelling
- 4. What does a Paired T test compare?**
 - A. Compares difference between 2 matched samples
 - B. Compares difference between 2 independent samples
 - C. Compare 2 or more treatment groups while controlling the effects of variables
 - D. Relationship between 2 variables
- 5. In PT outcome studies, which statement best describes a large effect size?**
 - A. It indicates a substantial magnitude of treatment effect
 - B. It indicates the sample size is large
 - C. It indicates $p < 0.05$ in all cases
 - D. It indicates no clinical relevance
- 6. What is the purpose of the systems review in physical therapy evaluation?**
 - A. To identify psychosocial factors
 - B. To screen for non-musculoskeletal pathology and determine referral needs
 - C. To assess ROM only
 - D. To measure strength

7. How do inter-rater reliability and test-retest reliability differ?

- A. Inter-rater reliability is consistency between different examiners; test-retest reliability is consistency over time with the same examiner.
- B. Inter-rater reliability is consistency across time with the same examiner; test-retest is across different examiners.
- C. Inter-rater reliability measures validity; test-retest measures responsiveness.
- D. Inter-rater reliability is about internal consistency; test-retest is about floor effects.

8. Cluster Headache is more prevalent in which gender?

- A. Equal
- B. Female
- C. Male
- D. Unknown

9. Which headache type is characterized by tightness or pressure across the forehead and is often associated with stress?

- A. Migraine
- B. Cluster Headache
- C. Cervicogenic Headache
- D. Tension Headache

10. In ROODS approach, how are fast and slow stimuli used?

- A. Slow = inhibit -> decreases tone
- B. Fast/quick = facilitate -> increases tone
- C. No change
- D. Alternate stimulation

Answers

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

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Explanations

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1. Erb's Palsy involves which nerve roots?

- A. C8-T1
- B. C5-C6**
- C. C7-C8
- D. T1-T2

Erb's Palsy results from injury to the upper part of the brachial plexus, specifically the nerve roots C5 and C6. These roots feed the major shoulder and elbow flexors and rotators (such as deltoid, supraspinatus, infraspinatus, biceps, and brachialis). When C5-C6 are affected, there is weakness of shoulder abduction and external rotation, along with elbow flexion and forearm supination—producing the classic waiter's tip position: the arm adducted and internally rotated with the elbow extended and forearm pronated. This pattern distinguishes it from injuries of lower roots (C8-T1), which would impair hand and finger function (Klumpke palsy) rather than the proximal arm muscles.

2. Which principle governs progressive resistance training in PT?

- A. Reversibility
- B. Specificity
- C. Overload principle with gradual progression and monitoring for pain**
- D. Detraining

In progressive resistance training, the key idea is overload: you must gradually increase the demands placed on the muscle to drive strength and endurance gains. This is done by slowly elevating resistance, volume, or intensity, giving the body time to adapt. Monitoring pain is essential because it helps you keep progression within safe limits—if pain appears or worsens, the load or technique should be adjusted and recovery emphasized. This combination ensures the stimulus is sufficient to provoke adaptation without causing injury. Other principles describe related ideas but not how to progress training. Reversibility and detraining explain what happens when training stops, and specificity explains that adaptations depend on the exact stimulus used. They don't directly govern how to implement safe, gradual progression with ongoing monitoring of pain, which is why the overload principle with gradual progression and pain monitoring is the best fit.

3. Which sign would indicate possible cauda equina syndrome and require urgent referral?

- A. Dull sensation in the thigh
- B. Intermittent claudication
- C. Saddle anesthesia**
- D. Local ankle swelling

Cauda equina syndrome is a neurologic emergency caused by compression of the sacral nerve roots, which can disrupt sensation in the perineal region. Saddle anesthesia, or numbness in the area that would contact a saddle (the perineum, buttocks, and inner thighs), directly reflects involvement of the S2–S5 nerve roots and is a hallmark of this condition. It often accompanies or precedes bowel or bladder dysfunction, and together they signal a urgent need for rapid imaging and specialist evaluation to prevent irreversible deficits. The other signs don't indicate CES: dull thigh sensation isn't specific to the saddle region; intermittent claudication points to vascular claudication rather than neural compression; and local ankle swelling suggests edema or a vascular/soft tissue issue rather than cauda equina involvement.

4. What does a Paired T test compare?

- A. Compares difference between 2 matched samples**
- B. Compares difference between 2 independent samples
- C. Compare 2 or more treatment groups while controlling the effects of variables
- D. Relationship between 2 variables

A paired t test compares the means of two related measurements to see if there is a significant average difference between them. The key idea is that the two samples are linked: you measure the same subjects twice (before and after), or you measure matched pairs, so the analysis focuses on the differences within each pair. By analyzing these difference scores, you control for inter-subject variability and increase the power to detect a real change. This is different from comparing two independent groups, which uses an independent samples t test. It's also not intended for analyzing more than two groups or for examining the relationship between two variables, which would involve ANOVA, regression, or correlation.

5. In PT outcome studies, which statement best describes a large effect size?

- A. It indicates a substantial magnitude of treatment effect**
- B. It indicates the sample size is large
- C. It indicates $p < 0.05$ in all cases
- D. It indicates no clinical relevance

Effect size in PT outcome studies measures how big the treatment effect is, independent of how many participants were studied. A large effect size means the observed change or difference due to the intervention is substantial, indicating a meaningful impact on patient function or pain. This emphasis on magnitude helps clinicians judge practical importance beyond just statistical significance. Remember that p-values and sample size influence whether a result is statistically significant, but do not by themselves tell you how large the effect is. So a large effect size best describes a substantial treatment effect, whereas a large sample size alone does not imply a large effect, and a $p < 0.05$ result does not guarantee the effect is large. Clinical relevance often aligns with a large effect size, though it isn't guaranteed in every case.

6. What is the purpose of the systems review in physical therapy evaluation?

- A. To identify psychosocial factors
- B. To screen for non-musculoskeletal pathology and determine referral needs**
- C. To assess ROM only
- D. To measure strength

The systems review is a quick screen to detect potential non-musculoskeletal pathology and to determine if referral to another health professional is needed. This part of the evaluation looks across major body systems (cardiopulmonary, integumentary, neuromuscular, endocrine/metabolic, etc.) and overall health signs to catch red flags that suggest the problem may not be purely musculoskeletal. If any abnormal vitals, unexplained symptoms, or systemic indicators are found, it signals that further medical evaluation or a referral is warranted before proceeding with PT interventions, ensuring safety and appropriate care. The other options focus on specific musculoskeletal measurements—range of motion or strength—which are distinct tests of the MS system and do not fulfill the broad screening purpose of the systems review. While psychosocial factors and other elements may be considered in a comprehensive assessment, the primary aim of the systems review is identifying non-musculoskeletal pathology and guiding referral decisions.

7. How do inter-rater reliability and test-retest reliability differ?

- A. Inter-rater reliability is consistency between different examiners; test-retest reliability is consistency over time with the same examiner.**
- B. Inter-rater reliability is consistency across time with the same examiner; test-retest is across different examiners.
- C. Inter-rater reliability measures validity; test-retest measures responsiveness.
- D. Inter-rater reliability is about internal consistency; test-retest is about floor effects.

Reliability types differ in what they assess: inter-rater reliability measures how consistently different examiners score the same subject, while test-retest reliability measures how consistent the scores are across time when the same examiner administers the test again. Inter-rater reliability focuses on agreement among raters, so if multiple clinicians score the same performance and obtain similar results, that indicates high inter-rater reliability. Test-retest reliability checks stability over time, so administering the same test to the same person on separate occasions should yield similar scores if no real change occurred. This matches the idea that consistency across different examiners is inter-rater reliability and consistency over time with the same examiner is test-retest reliability. The other options mix in concepts like validity, responsiveness, internal consistency, or floor effects, which describe different properties of a measurement tool, not what these reliability types assess.

8. Cluster Headache is more prevalent in which gender?

- A. Equal
- B. Female
- C. Male**
- D. Unknown

Cluster headaches show a clear gender predilection toward men. Epidemiology consistently reports that men are affected more often than women, with male-to-female ratios commonly around 2:1 to 3:1 and onset usually in young to middle adulthood. This strong, well-established pattern makes men the correct answer. The other options don't fit because the condition is not equally common across genders, is not more prevalent in females, and is not generally reported as unknown in prevalence.

9. Which headache type is characterized by tightness or pressure across the forehead and is often associated with stress?

- A. Migraine
- B. Cluster Headache
- C. Cervicogenic Headache
- D. Tension Headache**

The situation tests recognizing a tension-type headache, which is defined by a band-like tightness or pressure around the head, often described across the forehead. This presentation is classically linked to stress and muscle tension in the muscles of the scalp, neck, and shoulders. Clinically, tension headaches tend to be mild to moderate in intensity, usually affect both sides of the head, and are not associated with the pulsating quality, nausea, vomiting, or significant photophobia/phonophobia that characterizes migraines. They also generally do not feature the severe, unilateral, eye-centered pain and autonomic symptoms seen in cluster headaches, nor do they arise from cervical spine issues in the same way as cervicogenic headaches, which are typically worsened by neck movement and accompanied by neck pain. So the forehead-tightness plus stress association best aligns with tension-type headache, guiding a management focus on reducing muscle tension, improving posture, and stress-reduction strategies.

10. In ROODS approach, how are fast and slow stimuli used?

- A. Slow = inhibit -> decreases tone
- B. Fast/quick = facilitate -> increases tone**
- C. No change
- D. Alternate stimulation

In ROODS, sensory input is used to modulate muscle tone by speed of stimulation: fast, quick stimuli facilitate motor responses and raise tone, while slow, prolonged stimuli inhibit and lower tone. The idea behind the chosen statement is that rapid, brief cues (like quick tapping or brushing) drive facilitation, helping initiate and sustain movement by increasing tone. The opposing approach uses slow stimulation to produce inhibition and tone reduction. So, recognizing that fast stimuli are used to facilitate (increase tone) explains the mechanism highlighted in the correct choice.

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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://peat4.examzify.com>

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

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