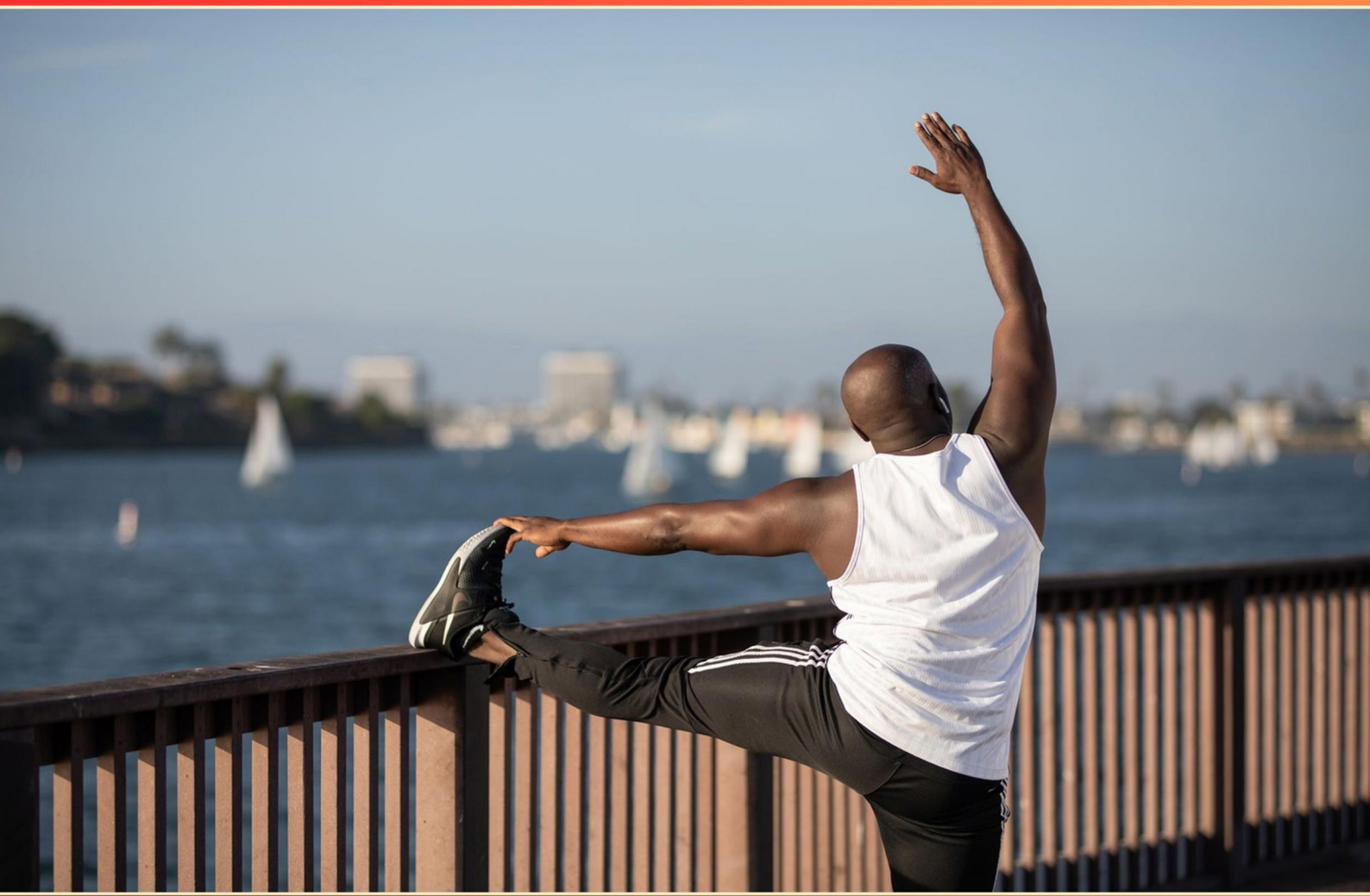
PHYSICAL THERAPY TREATMENT AND MANAGEMENT (PTTM) EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://pttm2.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Gold standard of joint ROM measurement; routine use not recommended due to health risks of repeated exposure to radiation and high costs of procedure

A. Universal Goniometer

B. Therabite

C. Inclinometer

D. Radiography

2. Which joint mobility grading scale is correctly matched?

A. 0 = Normal mobility; 6 = Slight increase in motion

B. 0 = Ankylosis/no detectable movement; 6 = Unstable joint

C. 1 = Normal mobility; 5 = Ankylosis

D. 2 = Considerable increase in motion; 4 = Slight limitation

3. Which tissue adaptation is most directly linked to improved lateral force transmission?

A. Increased fiber cross-sectional area

B. Increased tendon stiffness

C. Decreased myofilament density

D. Increased costameres and improved lateral force transmission

4. An irreversible contracture is BEST described as:

A. Temporary muscle tightness after exercise

B. Increased muscle length from stretching

C. Normal adaptation to strength training

D. Permanent loss of muscle extensibility that cannot be corrected through external means

5. Passive insufficiency is BEST described as:

A. A muscle's inability to contract when shortened

B. The inability of a multi-joint muscle to allow full ROM at all joints when fully lengthened

C. A joint capsule restriction preventing motion

D. A decrease in muscle strength due to fatigue

SAMPLE

6. Which statement best describes the primary purpose of ROM measurement in physical therapy?

A. Determining interventions and response to treatment

B. Scheduling appointments

C. Billing codes

D. Patient satisfaction

7. Which is NOT one of the standard muscle length result terms?

A. Limited length

B. Excessive length

C. Normal length

D. Tight

8. Which MMT grades require the patient to hold against external resistance?

A. Only grade 3

B. 0-1

C. 4-5

D. 2-3

9. Which palpation strategy is most effective for accurately identifying bony landmarks?

A. Applying firm, deep pressure quickly to reach the structure

B. Using visual observation to estimate landmark position

C. Using light pressure and gradually sinking into the targeted structure with graded force

D. Relying on patient feedback to locate landmarks instead of anatomy

10. What can be done to get the highest reliability in ROM measurements?

A. The extensibility of the muscle-tendon unit

B. Consistent testing positions, stabilize proximally, palpate landmarks

C. Muscle length testing

D. Using standardized goniometer calibration

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Gold standard of joint ROM measurement; routine use not recommended due to health risks of repeated exposure to radiation and high costs of procedure

A. Universal Goniometer

B. Therabite

C. Inclinometer

D. Radiography

Radiography provides the most precise, objective assessment of joint ROM because X-ray images reveal the bones and joint angles directly, allowing exact angular measurements that are not dependent on soft-tissue landmarks or clinician technique. This direct visualization makes it the gold standard for measuring ROM. Yet it isn't used routinely: repeated exposure to radiation and the higher cost mean clinicians rely on simpler tools like a universal goniometer or inclinometer for everyday assessments. Devices like the Therabite are designed for specific applications, such as measuring mouth opening at the TMJ, not general joint ROM, so they aren't the standard measure for most joints.

2. Which joint mobility grading scale is correctly matched?

A. 0 = Normal mobility; 6 = Slight increase in motion

B. 0 = Ankylosis/no detectable movement; 6 = Unstable joint

C. 1 = Normal mobility; 5 = Ankylosis

D. 2 = Considerable increase in motion; 4 = Slight limitation

Grading joint mobility uses a scale where the ends represent the extremes of movement. The lowest grade corresponds to ankylosis—no detectable movement—while the highest grade corresponds to instability, meaning the joint shows excessive or uncontrolled motion. This alignment fits the option that assigns 0 to ankylosis and 6 to an unstable joint, making it the best match. Other options misplace what the end points represent or pair normal motion with a low grade and ankylosis with a mid-range grade, which doesn't fit how the scale is interpreted in practice. This type grading helps track changes in joint laxity or stability over time and guides treatment decisions.

3. Which tissue adaptation is most directly linked to improved lateral force transmission?

A. Increased fiber cross-sectional area

B. Increased tendon stiffness

C. Decreased myofilament density

D. Increased costameres and improved lateral force transmission

Lateral force transmission relies on the connections that distribute force from contracting myofibrils across the sarcolemma into the surrounding extracellular matrix and neighboring fibers. Costameres are specialized linkages at the sarcolemma that connect the cytoskeleton and Z-discs to the membrane and ECM. When these costameric connections are enhanced, force can be spread laterally more efficiently between fibers and into the connective tissue, making the muscle better at handling forces across its width rather than just along its length to the tendon. This is why an adaptation that increases costameres and improves lateral force transmission is the most directly relevant to this question. Increasing fiber cross-sectional area raises overall force potential but doesn't specifically improve how force is transmitted sideways between fibers. Greater tendon stiffness mainly affects longitudinal transmission to the tendon, not the lateral spread within the muscle. Decreasing myofilament density would reduce, not improve, force production.

SAMPLE

4. An irreversible contracture is BEST described as:

A. Temporary muscle tightness after exercise

B. Increased muscle length from stretching

C. Normal adaptation to strength training

D. Permanent loss of muscle extensibility that cannot be corrected through external means

Irreversible contracture means a permanent shortening of the soft tissues around a joint that limits range of motion and cannot be restored with conventional external therapies like stretching. The key idea is that the tissue has lost its ability to lengthen and become extensible, usually due to fibrosis, scar tissue, or long-standing immobilization, so passive or active ROM cannot be fully recovered without more invasive intervention. This description is why the statement about a permanent loss of muscle extensibility that cannot be corrected through external means is the best fit. Other scenarios describe reversible or non-contracture adaptations—temporary tightness after exercise, gains in length from stretching that are not permanent, or normal adaptations to strength training—none of which capture a true, lasting loss of extensibility.

5. Passive insufficiency is BEST described as:

A. A muscle's inability to contract when shortened

B. The inability of a multi-joint muscle to allow full ROM at all joints when fully lengthened

C. A joint capsule restriction preventing motion

D. A decrease in muscle strength due to fatigue

Passive insufficiency occurs when a muscle that crosses more than one joint is lengthened across all the joints it spans to the point where it cannot lengthen enough to allow full range of motion at each joint. In this state, the muscle's passive tension limits movement, so you can't achieve full ROM at all the joints simultaneously. For example, the two-joint hamstrings cross the hip and knee; when the hip is flexed to lengthen the hamstrings, knee extension is limited by passive insufficiency. Similarly, the gastrocnemius can limit ankle dorsiflexion when the knee is extended because it's stretched across both joints. This is different from active insufficiency, which is about the muscle's inability to contract maximally when shortened at the joint it acts on; it's not about passive length. It's also not due to a joint capsule restriction or general fatigue.

6. Which statement best describes the primary purpose of ROM measurement in physical therapy?

A. Determining interventions and response to treatment

B. Scheduling appointments

C. Billing codes

D. Patient satisfaction

Measuring range of motion provides objective data about how far a joint can move, which is essential for planning care and tracking how well a treatment plan works. By establishing a baseline, clinicians can set functional goals and tailor interventions—such as stretching, joint mobilizations, or targeted exercises—and monitor changes over time to determine if progress is being made or if adjustments are needed. While patient satisfaction matters for overall care, ROM data mainly serve to guide treatment decisions and evaluate response, rather than scheduling visits, generating billing codes, or measuring satisfaction.

SAMPLE

7. Which is NOT one of the standard muscle length result terms?

A. Limited length

B. Excessive length

C. Normal length

D. Tight

Muscle length testing uses three standard results: normal length, limited length, and excessive length. These terms describe where the muscle lies relative to its expected resting length and how that length affects range of motion. The word "tight" isn't a formal category in this context because it's a subjective descriptor of feel or resistance rather than a defined length measurement. A muscle described as limited length is shortened and restricts movement; excessive length means it's lengthened beyond normal and may allow greater than typical ROM; normal length means the muscle length is within the expected range. Because "tight" doesn't specify a measurable length status, it isn't used as a standard muscle length result term.

8. Which MMT grades require the patient to hold against external resistance?

A. Only grade 3

B. 0-1

C. 4-5

D. 2-3

In manual muscle testing, the ability to hold or maintain the position while an external resistance is applied reflects higher levels of strength. Only when the muscle can sustain force against that applied resistance, not just move through the range, do you assign the higher grades. Those grades are the ones where the person demonstrates full ROM against gravity and can withstand external resistance. Specifically, grades 4 and 5 indicate strength strong enough to hold and move against increasing resistance (with 4: moderate resistance, 5: maximal resistance). Movement through the full range against gravity without added resistance corresponds to a lower grade, where resistance isn't challenged. So, the need to hold against external resistance marks the top end of the scale, which is why the correct choice is the higher pair of grades.

9. Which palpation strategy is most effective for accurately identifying bony landmarks?

A. Applying firm, deep pressure quickly to reach the structure

B. Using visual observation to estimate landmark position

C. Using light pressure and gradually sinking into the targeted structure with graded force

D. Relying on patient feedback to locate landmarks instead of anatomy

Palpation accuracy comes from feeling through soft tissue without distorting the bone. Start with light contact and gradually apply more pressure in a controlled, graded fashion until the underlying bony margins become distinct. This allows superficial tissues to yield and reveals true contours, giving a reliable endpoint for locating the landmark. Using firm, deep pressure quickly can push tissues aside in a way that obscures or distorts the bony edge. Visual observation cannot reveal the exact bone beneath the skin, and relying on patient feedback alone can be unreliable due to guarding, tenderness, or misperception. So, a graded approach with light pressure that progressively sinks into the tissue best identifies bony landmarks.

SAMPLE

10. What can be done to get the highest reliability in ROM measurements?

A. The extensibility of the muscle-tendon unit

B. Consistent testing positions, stabilize proximally, palpate landmarks

C. Muscle length testing

D. Using standardized goniometer calibration

Reliable ROM measurements come from minimizing variation in how the test is performed. Using the same testing position each time ensures the joint is measured in the same configuration, so changes reflect true differences rather than differences in limb angle or posture. Stabilizing the proximal segment prevents undesired movement of adjacent joints or body parts that could alter the measured angle. Palpating and identifying anatomical landmarks lets you align the goniometer consistently with the same bone axes, so the measurement reflects the same joint motion across trials and raters. Together, these practices reduce observer and positioning error, boosting reliability. While calibrating the goniometer is important for accuracy, without consistent position, stabilization, and landmark palpation, reliability still suffers from procedural variability. The other options describe factors related to tissue properties or broader muscle-length concepts, which don't directly address how to achieve consistent, repeatable measurements of joint ROM.

SAMPLE

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://pttm2.examzify.com

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

SAMPLE