TEACHING AND LEARNING (T+L) AND FUNDAMENTALS OF PHYSICAL THERAPY (PT) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://tlfundofpt.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 9
Explanations 11
Next Steps 17

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. In outcome testing, what is the difference between independent and dependent measures, with PT examples?

A. Independent measures are measured by the patient; dependent measures by the therapist

B. Independent variable is the treatment; dependent variable is the outcome measured (e.g., ROM, pain, function)

C. Independent measures are not related to treatment; dependent measures are always objective

D. Independent and dependent measures are interchangeable in PT studies

2. Why is cultural competence important in PT practice and education, and what is a practical teaching strategy to develop it?

A. It improves communication, adherence, outcomes; strategy: include patient diversity case discussions and reflective activities.

B. It has no effect on prognosis.

C. It is not necessary in PT education.

D. It should be taught only in clinical settings.

3. What is a practical example of applying UDL in PT education?

A. Providing multiple means of representation (text, video, diagrams) and options for demonstration.

B. Limiting content to lectures only.

C. Testing exclusively with written exams.

D. Assigning the same task to all learners without adaptation.

4. Which of the following statements best describes the aim of primary prevention?

A. Prevent disease before it occurs.

B. Prevent worsening after disease onset.

C. Manage an ongoing condition.

D. Restore function after injury.

SAMPLE

5. What is the purpose of curriculum mapping in PT programs, and how does it support accreditation standards?

A. To align learning outcomes with assessments and experiences; ensures coverage of required domains and coherence with standards.

B. To create decorative charts for administrative staff.

C. To track faculty vacation days.

D. To list equipment available in the lab.

6. Which statement best describes the overall structure of the physical examination in PT practice?

A. It consists of a System Review and Test and Measures, both objective

B. It is entirely subjective

C. It relies only on imaging studies

D. It excludes patient history

7. Which component emphasizes daily tasks and social interactions?

A. Social

B. Biological

C. Psychological

D. Personal

8. Which statement best describes the use of ROM, MMT, and functional strength testing?

A. ROM measures joint range; MMT tests muscle strength; Functional tests assess real-world tasks; use ROM for mobility limitations, MMT for strength deficits, functional tests for participation goals

B. ROM measures pain levels; MMT tests endurance; Functional tests assess gait speed only

C. ROM tests muscle strength; MMT measures joint range; Functional tests measure reflexes

D. ROM assesses functional tasks; MMT assesses participation; Functional tests measure tissue healing

SAMPLE

9. Which statement reflects the Biopsychosocial model's view of recovery?

A. Two patients with similar impairments may recover at different rates due to factors beyond body

B. Recovery depends solely on lesion healing

C. Pain is irrelevant to recovery

D. Social factors alone determine recovery

10. In PT planning, why is goal-oriented care important?

A. It focuses on achieving standardized outcomes only

B. It delays progress by complicating plans

C. It aligns treatment with patient-specific goals and functional outcomes

D. It is only relevant for pediatric patients

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In outcome testing, what is the difference between independent and dependent measures, with PT examples?

A. Independent measures are measured by the patient; dependent measures by the therapist

B. Independent variable is the treatment; dependent variable is the outcome measured (e.g., ROM, pain, function)

C. Independent measures are not related to treatment; dependent measures are always objective

D. Independent and dependent measures are interchangeable in PT studies

In outcome testing, you're looking at what you change and what you observe as a result. The thing you manipulate is the independent variable — the treatment or intervention you apply. The thing you measure afterward is the dependent variable — the outcome that changes in response to the treatment. In physical therapy, common outcomes include range of motion, pain, and functional ability. For example, if you're comparing two different rehab approaches for a knee issue, the rehab approach itself is the independent variable. The outcomes you track—knee ROM in degrees, pain level on a scale, and a functional measure like a walk test—are the dependent variables, because they depend on which treatment the patient received. Even in a study where you vary the dose or intensity of an exercise program, that dose is the independent variable, and the resulting changes in ROM, strength, gait speed, or functional scores are the dependent variables. That's why the other statements aren't correct: the distinction isn't about who measures the outcome, independent variables aren't unrelated to treatment, dependent measures aren't necessarily objective (pain scales are subjective but valid outcomes), and independent and dependent measures aren't interchangeable.

2. Why is cultural competence important in PT practice and education, and what is a practical teaching strategy to develop it?

A. It improves communication, adherence, outcomes; strategy: include patient diversity case discussions and reflective activities.

B. It has no effect on prognosis.

C. It is not necessary in PT education.

D. It should be taught only in clinical settings.

Cultural competence in PT practice is essential because effective communication and trust with patients from diverse backgrounds directly influence how well patients understand, engage with, and adhere to treatment plans, which in turn affects outcomes. PTs routinely work with people who differ in language, beliefs about health and disability, health literacy, and social or economic barriers. When care respects these factors, patients participate more fully in exercises, adopt recommended activities, and feel empowered to collaborate on goals, leading to better function and satisfaction. A practical teaching strategy to develop this skill is to integrate patient diversity case discussions and reflective activities throughout the curriculum. Use cases that vary in language needs, health beliefs, cultural norms about pain and activity, family involvement, and access barriers. Have students identify potential barriers, practice culturally sensitive communication, and set goals collaboratively with the patient's context in mind. Include simulated patient encounters with diverse backgrounds and structured reflection with feedback, so students build this competence in both classroom and clinical experiences and continue refining it over time. Other statements misstate the impact or scope: cultural competence influences prognosis and care effectiveness, it should be taught beyond just clinical settings, and it belongs in the whole curriculum, not only in practice.

SAMPLE

3. What is a practical example of applying UDL in PT education?

A. Providing multiple means of representation (text, video, diagrams) and options for demonstration.

B. Limiting content to lectures only.

C. Testing exclusively with written exams.

D. Assigning the same task to all learners without adaptation.

Universal Design for Learning in physical therapy education is about offering content in multiple formats and allowing different ways to demonstrate understanding. In practice, this means presenting material through text, video, and diagrams while also giving learners several options to show what they've learned—such as hands-on skill demonstrations, oral explanations, or written reports. This approach fits PT education because students bring diverse backgrounds, abilities, and learning preferences. Some may grasp anatomy better through visuals, others through step-by-step demonstrations, and others through discussion. Providing varied representations and demonstrations reduces barriers, supports accessibility, and helps every student demonstrate competence in practical, real-world PT tasks. Limiting content to lectures, relying solely on written exams, or assigning the same task to everyone without adaptation all miss these flexible pathways. They constrain how students access information and how they express mastery, which is why they aren't aligned with applying UDL in PT education.

4. Which of the following statements best describes the aim of primary prevention?

A. Prevent disease before it occurs.

B. Prevent worsening after disease onset.

C. Manage an ongoing condition.

D. Restore function after injury.

Primary prevention focuses on stopping disease from starting in the first place by removing risk factors and promoting protective health behaviors. That's why the statement about preventing disease before it occurs fits best: it targets preventing the incidence of disease rather than responding after it has appeared. The other ideas describe actions once disease or injury is already present—preventing things from getting worse after illness begins, managing an ongoing condition, or restoring function after injury. Those are about dealing with disease or damage that has already occurred rather than preventing it in the first place.

5. What is the purpose of curriculum mapping in PT programs, and how does it support accreditation standards?

A. To align learning outcomes with assessments and experiences; ensures coverage of required domains and coherence with standards.

B. To create decorative charts for administrative staff.

C. To track faculty vacation days.

D. To list equipment available in the lab.

Curriculum mapping shows how every learning outcome is taught and measured across the whole PT program, tying together courses, labs, experiences, and assessments. Accreditation standards require graduates to demonstrate specific competencies across domains like patient care, professionalism, communication, ethics, and evidence-based practice. A curriculum map makes it clear where each outcome is addressed and how it is assessed, ensuring those domains are covered coherently throughout the curriculum. It also helps identify gaps or overlaps and provides the documentation accreditation bodies need to verify the program is meeting standards and continually improving. The other options focus on tasks unrelated to teaching and assessment or on resource inventory, which don't support demonstrating alignment with standards.

SAMPLE

6. Which statement best describes the overall structure of the physical examination in PT practice?

A. It consists of a System Review and Test and Measures, both objective

B. It is entirely subjective

C. It relies only on imaging studies

D. It excludes patient history

The physical examination in physical therapy is built around collecting objective information through two integrate parts: a system review and tests and measures. The system review is a quick screen of the major body systems and overall function to spot potential red flags and establish a baseline. Tests and measures involve standardized, observable assessments of movement, strength, range of motion, neuromuscular function, balance, endurance, and functional tasks. Together they provide reproducible data that guide diagnosis, treatment planning, and progress tracking. Imaging studies can be helpful, but they don't replace the clinical evaluation or the data gathered from these objective assessments. The process isn't purely subjective, because it relies on measurable findings obtained through structured tests. Patient history is not excluded; it's gathered and integrated with the objective data to form a complete picture of the patient's condition.

7. Which component emphasizes daily tasks and social interactions?

A. Social

B. Biological

C. Psychological

D. Personal

The social component focuses on how people participate in daily life and interact with others. It covers everyday activities, communication, relationships, and community involvement—all the ways weengage with others and function in social settings. The other domains target different areas: biological is about physical health and body systems, psychological about thoughts, emotions, and mental processes, and personal about individual values and motivations. Because daily tasks and social interactions hinge on social participation and functioning within communities, this is the best fit.

SAMPLE

8. Which statement best describes the use of ROM, MMT, and functional strength testing?

A. ROM measures joint range; MMT tests muscle strength; Functional tests assess real-world tasks; use ROM for mobility limitations, MMT for strength deficits, functional tests for participation goals

B. ROM measures pain levels; MMT tests endurance; Functional tests assess gait speed only

C. ROM tests muscle strength; MMT measures joint range; Functional tests measure reflexes

D. ROM assesses functional tasks; MMT assesses participation; Functional tests measure tissue healing

The assessment using these tests is about matching what each tool actually measures to how you use it in planning treatment. Range of motion measures how much a joint can move, reflecting mobility and restrictions from stiffness, capsular issues, or contractures. Manual muscle testing assesses how strong a muscle or muscle group is by applying resistance and watching for the patient's ability to hold against it. Functional strength testing looks at how well those strength and mobility abilities translate into real-world tasks and everyday activities, informing goals at the participation level. This combination is why the best statement is the one that assigns ROM to mobility limitations, MMT to strength deficits, and functional tests to real-world task performance and participation goals. The other options mix up what each test measures—pain levels, endurance, reflexes, or tissue healing—so they don't accurately reflect the purpose of each assessment tool.

9. Which statement reflects the Biopsychosocial model's view of recovery?

A. Two patients with similar impairments may recover at different rates due to factors beyond body

B. Recovery depends solely on lesion healing

C. Pain is irrelevant to recovery

D. Social factors alone determine recovery

The Biopsychosocial model views recovery as shaped by an interaction of biological, psychological, and social factors, so people with similar impairments can progress at different rates depending on non-body influences. Factors such as mood, beliefs about healing, coping strategies, fear or avoidance of movement, motivation, and stress can affect engagement with therapy, adherence to exercises, and how pain and function change over time. Social context—support from family, access to care, transportation, finances—also plays a crucial role in facilitating or hindering recovery. Together, these elements explain why two patients with similar impairments might recover at different speeds. Other statements imply a single-domain perspective (either biology alone, pain being irrelevant, or social factors alone), which doesn't fit how recovery is understood in this model.

SAMPLE

10. In PT planning, why is goal-oriented care important?

A. It focuses on achieving standardized outcomes only

B. It delays progress by complicating plans

C. It aligns treatment with patient-specific goals and functional outcomes

D. It is only relevant for pediatric patients

Goal-oriented care in PT planning means starting with the patient's own targets—what they want to do and be able to do in daily life—and building the plan around achieving those tasks. When every activity, exercise, and progression is tied to a specific, patient-relevant goal, progress becomes visible and meaningful, which boosts motivation and engagement. It helps clinicians select the most relevant interventions and outcome measures, and it provides a clear framework to adjust therapy as the patient improves or encounters challenges. While standardized outcomes are useful, they don't capture what matters most to the individual if used alone. This approach isn't limited to any one age group; it applies across adults, older adults, and children alike.

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://tlfundofpt.examzify.com

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

SAMPLE