Supplemental Materials for the Physical Therapist Practice Examination and Assessment Tool

(PT PEAT)

for the

Physical Therapist National Physical Therapy Examination

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Preface

The thought of taking the National Physical Therapy Examination (NPTE) strikes panic into the hearts of most graduating physical therapy students. The obvious question that most students ask is, “Why is this exam necessary?” Most feel that successful graduation from an accredited program is all that should be required to obtain licensure. However, the Federation of State Boards of Physical Therapy and its member jurisdictions require the successful completion of the NPTE before licensure can be granted. The primary purpose of the NPTE is to help ensure public protection. The NPTE is only one measure of public protection. Graduation from a physical therapy program is another. It is the combination of entry-level education and successful completion of the NPTE that provides the public with the best possible protection!

The NPTE is not designed to be another examination testing what you were supposed to have learned in your physical therapy program. It is designed to see if the candidate can demonstrate the knowledge required to perform entry-level decision making skills necessary to practice in a safe manner. The NPTE does not attempt to test every skill that you learned or all of the facts you may have memorized during your entry-level education. The NPTE is based on an analysis of current physical therapist practice. That means that the content of the NPTE is based upon the skills and the knowledge to perform those skills that were decided upon by a large sample of practicing physical therapists. Those specific skills, as stated in the examination content outline, are the minimum required for entry-level practice. It is assumed that students graduating from accredited programs will possess more knowledge than what is listed in the outline!

As a graduating physical therapy student, you should be confident in both your abilities and your decision to enter a challenging and rewarding career. You should view the NPTE as another challenging, yet rewarding accomplishment that is part of your career. We know you have worked hard to get to this point. On behalf of all the practicing therapists, committee members and Federation staff members who play a part in the NPTE, we wish you the best of luck on the examination and in your career!

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Acknowledgments

The *Practice Examination & Assessment Tool* is the product of the work of many people. The efforts of the physical therapists who developed the Practice Examination are gratefully acknowledged. Acknowledgment and appreciation are also extended to the Federation staff who contributed content to some of the chapters and who reviewed and commented on the draft of the entire book.

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Introduction

The publication of the *Practice Examination & Assessment Tool (PEAT)* marks an important milestone in the National Physical Therapy Examination (NPTE) program. The Federation of State Boards of Physical Therapy (FSBPT), which develops, maintains, and administers the NPTE, is publishing this guide in response to requests for accurate, detailed information about the design and content of the examination.

This guide has been developed specifically for you, the candidate for the Physical Therapist licensure examination. With the PEAT, you will be able to see questions that are similar to those on the actual examination, along with the reasoning behind each question. You will also see the detailed structure of the examination and will receive advice on preparing for it.

There are two major parts of the PEAT. The first part is this book, which provides information on the examination and advice on how to use the Practice Examination in your review. The second part is a Practice Examination that you will access on the Internet. The Practice Examination will allow you to simulate the experience of taking the actual examination and will provide you with information to assist you in preparing for it.

THE CANDIDATE HANDBOOK

Chapter 1 provides you with advice on studying for the examination. Chapter 2 continues on this theme with practical, specific advice on tasks to do before the examination day and how to answer questions once you are taking the examination.

Chapter 3 presents a detailed description of the Examination Blueprint that forms the foundation for the examination. This blueprint affects decisions made at every step in the question and examination development process. It is crucial to understanding the range of content that appears on the examination. The chapter also gives advice on how to use the information from the blueprint in your review process.

Chapter 4 discusses how to use the Practice Examination in studying for the actual examination. It describes the experience you will have in using the Practice Examination on the Internet. It also gives advice on how to analyze your responses to the sample questions.

Finally, Chapter 5 summarizes all the references cited in the Practice Examination questions. It is divided into two parts. The first part lists the reference for each individual question on the Practice Examination. The second part summarizes all the references from the first part. This should make it easier for you to identify additional content sources for your review. However, you should NOT treat this as a "recommended" list. There are other texts that you can use as well. Further, the questions on the actual examination may use texts not listed here.

THE PRACTICE EXAMINATION ON THE INTERNET

The Practice Examination is the heart of the PEAT process. The contents of this part of the guide are available only on the Internet.

Introduction

In the first part of the Internet component of the guide, you will take a 200-item Practice Examination that will help you to assess your own level of content knowledge. This version of the examination closely replicates the "look and feel" of the real examination at the testing center. Using this, you can reproduce on your computer the experience of taking the real examination.

All of the questions on PEAT were written by experienced NPTE item writers. To be sure that they were accurate and represented current knowledge, all of the questions were reviewed by physical therapists who had experience on one or more of the examination development committees (see the Acknowledgments for a list of item writers and reviewers). These individuals revised the questions when necessary, wrote new questions, wrote the rationales, and validated the references for the questions.

You must complete the Practice Examination before you can proceed to the next part of the Internet component. We have done this intentionally so that you can get an accurate assessment of your current level of knowledge and identify specific content topics you may need to study. Once you complete the Practice Examination, the website will provide you with a report of what questions you answered right or wrong.

After you receive your performance report, you will have access to the other component of the Internet portion of PEAT. This consists of the same 200 questions. Next, you will have access to a second 200-item Practice Examination. Upon completion of the second examination, you will, again, receive a performance report followed by the correct answer and the rationale for the right and the wrong answers.

FSBPT would appreciate receiving comments from users about this guide -- whether if you found it helpful or have ideas on how it could be improved. Send your comments by mail, fax, or e-mail, as follows:

- Mail comments to:

  Federation of State Boards of Physical Therapy
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- Fax comments to **1-703-739-9421**
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Chapter 1

Studying for the Examination

PREMISE OF THE EXAMINATION

Questions on the Physical Therapist licensure examination are written for entry-level Physical Therapists and encompass the knowledge that candidates obtain during entry-level education. You are not expected to have expertise in specialty areas when you take the examination, and the questions are not written with that intent. The questions are written to test your entry-level knowledge of both the didactic course work and the clinical experiences you were exposed to during your entry-level training. Therefore, keep in mind that the examination will have questions relating to both didactic (theory) and clinical experiences (application).

REVIEWING FOR THE EXAMINATION

In reviewing for the Physical Therapist licensure examination, remember that the questions are written in a global fashion, i.e., the questions are not from one curriculum or one textbook, and that the item writers are physical therapists from a variety of practice settings and geographical areas. Therefore, the terminology used may be slightly different from what you were exposed to in your specific course work. However, the terminology used is consistent with language commonly used in physical therapy textbooks and the *Guide to Physical Therapist Practice* (APTA, 2001). The following are sources of information that you should seek out for review.

Didactic course work. Review those areas of your didactic work that you feel you have forgotten or that you did not utilize on your clinical experiences. Keep in mind that the examination questions will be application questions rather than rote memory questions. You will need to apply your knowledge rather than simply list or recall information.

Clinical experiences. The application of knowledge through your clinical experiences cannot be overemphasized in reviewing for the NPTE. The majority of questions will require that you apply knowledge and utilize critical thinking skills to correctly answer the question. Candidates sometimes feel that the questions do not have one ***obvious*** answer. That assumption is correct. The answer to the question will not always be as obvious as simply listing a fact. Because entry-level physical therapists are expected to make judgments, and because every clinical situation does not always have an obvious solution, the questions will require that you thoroughly read the question and then think through each of the responses to select the one **BEST** answer or the one answer that is **MOST** likely appropriate for that clinical scenario. This type of decision making is similar to that which is done on a daily basis in the clinic. Therefore, you should be prepared to apply your clinical knowledge in addition to applying your didactic knowledge. Clinical experiences are an important component in preparing for the examination.

Examination Blueprint. You are encouraged to read through the Examination Blueprint and the bulleted lists of tasks that follow each of the major categories. (See Chapter 3). Item writers write questions based on this blueprint, and the examination development committees construct the examination according to its requirements. Therefore, a thorough review of the Examination Blueprint is an essential part of your preparation for the examination.

You should find that most of the topics were covered in your entry-level education. However, if they were not, you will need to spend extra time reviewing those areas. To review for those areas, go back to the course notes or textbooks you used in your entry-level program. Although this review guide gives references, they are not the only references used to construct the examination items. Using materials that are familiar to you will probably be of the most benefit. However, if you feel that the topic was not adequately covered in your entry-level program, you should seek out other sources of information. Also notice that most of the tasks in the blueprint are application tasks, rather than theory. That is, most of the Examination questions will require knowledge of applications and not basic theory. However, a solid theoretical foundation is essential. Preparing yourself for application items will be of great benefit to you.

Guide to Physical Therapist Practice. You were probably introduced to the *Guide to Physical Therapist Practice* during your entry-level education. You should look through the sections of the Guide that cover the four preferred practice patterns. A review of the sections on examination, evaluation/diagnosis/prognosis, intervention, outcomes, and prevention/risk factor reduction will be helpful.

You may find it useful to review the goals and the specific interventions to achieve those goals, especially for those practice patterns where you feel the least prepared. For example, if you feel that you are not adequately prepared in the area of wound care, you may find it useful to review the integumentary chapter. If you review the PEAT and find you are unfamiliar with specific interventions such as debridement, then go back to textbooks and or course notes and review that area. PEAT can be a very useful tool to help direct your review sessions.

Organizing review sessions. You will need to set aside some specific times for review. Because it encompasses an entire entry-level curriculum, the scope of the examination is too broad to review for in a few hours. Use tools such as the Examination Blueprint and the *Guide to Physical Therapist Practice* to direct your studies to those areas where you feel the least prepared. Once you recognize those areas, then go back to your course notes and textbooks to do specific review.

Chapter 2

Test-Taking Strategies

Finally! After a lot of study and hard work, the time has come to take the Physical Therapist licensure examination. It marks one of the most important steps in beginning your professional life as a Physical Therapist.

To succeed, you need to know the content that is covered on the examination. The previous chapter gave you some advice on studying for the examination. But just as important as knowing the content is believing in yourself and preparing psychologically for the examination. This chapter gives you some advice on how to take the examination.

BEFORE THE EXAMINATION

A little planning in the weeks and days prior to the examination can help you feel more confident and prevent problems on the day of the examination. Here is some advice on what to do before you go to the testing center.

Planning ahead. If you must drive some distance to the test center, plan ahead for your trip and know exactly how you will get there. Examination day is not the time to figure out where the test center is located, especially if you are not familiar with its location.

Call ahead to the center to get directions, and then confirm them on a map. Allow yourself plenty of time to get there. If you can, visit the site a few days before you are scheduled to take the test. This may help you identify difficulties in travel and make your trip easier and more relaxed when the actual examination day comes. You will also need to consider how and where you will park and whether you will need to bring money for a parking fee.

How to dress. Plan to wear clothing that is comfortable for the weather. The temperature in the testing center is controlled, but what is too warm for one person may be too cool for another. Therefore, it is a good idea to wear layers of clothing that you can add or remove as needed.

What to bring. On the day before the examination, set up the materials you will need to take with you. These include your required pieces of identification and your authorization-to-test letter, as well as your car keys, map, and so on. Do not plan to take books, papers, notes, calculators, or scratch paper. You will not be allowed to take these into the testing room.

The NPTE is a 5-hour timed examination. You will get a 15-minute break at the end of the 2nd section of your examination. It may be a good idea to bring a snack and drink with you to the testing center, as it is unlikely that you will have enough time to take a lunch break in the middle of your examination.

The night before. It is important to come to the testing center feeling physically and mentally confident.

Get a good night's sleep the night before. Rest or do something pleasurable, but don't party or stay up late. Avoid alcohol and overeating. A brief content review is fine, but the night before the examination is not the time to do intensive late-night cramming. You want to take the examination feeling refreshed and at the top of your form.

Finally, if you are taking the examination in the morning, don't forget to set your alarm the night before so that you will wake up in time and not have to rush.

THE DAY OF THE EXAMINATION

Arriving at the testing center. Try to arrive early. This will also give you time for a washroom break before you go into the testing room. The admissions and identification process will also take a little time. Follow the instructions of the test center personnel. You will not be allowed to bring personal items into the testing room. Handbags and other personal items will be secured by the test center administrators and returned to you when you leave.

Plan your time. In taking the examination, plan your time. There are 250 questions on the examination, consisting of 200 scored items and 50 pretest questions that do not count toward your score. You will find that you can answer some questions quickly, while others will take longer to analyze. Do not rush. The testing time is generous, and you should have ample time to complete the examination.

During the test, you will be able to skip over a difficult question and come back to it before starting the next section of the examination. The NPTE will be administered in five 50-question sections. You can go back and change your answer to an earlier question within a particular section. Once you have completed a section and started working on the next one, you will not be able to review and change answers to questions in the earlier sections.

ANSWERING THE QUESTIONS

Types of questions. Each question consists of two parts: the stem and the options. The stem is the question or the introductory statement that states the question to be answered or the problem to be solved. The stem may be written as a question or as an incomplete statement. For example, this is a question:

Question

While ascending stairs, an older adult patient leans forward with increased hip flexion. Which of the following muscles are being used to the **BEST** advantage with this forward posture?

1. Rectus femoris
2. Tensor fasciae latae
3. Gluteus maximus
4. Lumbar paraspinal

Questions end with a question mark. The choices, or options, are usually terms or words or, occasionally, complete sentences. In this example, the four choices are all names of muscles.

This is an example of an incomplete statement:

Incomplete statement

In physical therapy program planning for geriatric patients, an important age-related change that should be taken into consideration is:

1. the inability to learn new motor tasks.
2. decreased pain sensation.
3. decreased motivation.
4. the inability to select alternative movement strategies.

In this case, the examination item is an incomplete statement or sentence, indicated by the fact that it breaks with a colon at the end. Each of the four options completes the sentence.

For all examination items, there are always four options, only one of which, called the *key*, is correct. The other three are incorrect.

How to answer questions. Once you have started the examination, you will want to have a strategy for answering the questions. The list that follows describes some approaches for this.

1. Read each question carefully and make sure you understand what it is asking. The stem of the question is posing the problem that you are being asked to solve.

2. Pay particular attention to words such as *first*, *primary*, *most*, *least*, and *best*. To draw your attention to them, these words will be capitalized and in boldface print.

3. In reading the stem, try not to jump to conclusions. Take the question on its own terms. You should be able to figure out the answer with the information given in the stem. Some candidates make the mistake of reading too much into a question or making assumptions that go outside the question.

4. Do not view the question as having too little data. The information in the stem, along with your own memory and reasoning, should be sufficient to answer the question. Granted, in dealing with a real patient, you would have access to much more information. You might want to know the patient's age, height, weight, and so on, but these are not given in the question. Take the question as it is. What is the correct answer based on just the facts in the stem?

5. After you have read the stem, try to answer the question before you look at the options. This will help you get your thinking started in the right direction. When you have decided on an answer, then look at the options.

6. Read all the options all the way through. You do not want to stop reading after the second choice, thinking you have found the right answer, and thereby ignore a later choice that would have answered the question even more precisely.

7. Answer those questions first that you are sure about. If you do not know the answer to a question, or cannot identify a response that corresponds to your own answer to the question, skip over it and go on

to the next question. Once you have answered all the questions in a particular section you can answer easily, go back to the ones you were uncertain about. The computer will keep track of which items you have not answered so you can go back to these.

8. Monitor your progress throughout the testing time. Consider how many questions you have left to answer in the amount of time you have left. Try to work at an even pace. Do not spend too much time on difficult questions at the expense of leaving easier ones unanswered. You have 5 hours to answer 250 questions.

GUESSING STRATEGIES

The advantage of guessing. Inevitably, there will be some questions you cannot answer. After all, no one has ever answered every question on the NPTE correctly. Even if you can eliminate some of the options in a question as being wrong, you still may not be able to choose among those that are left. That raises the issue of guessing.

It is to your advantage to answer every question. There is no penalty for guessing. Therefore, if you don't know the answer to an item, make the best guess you can, rather than leaving the question unanswered.

Eliminate clearly wrong answers. The best strategy to use in guessing is to eliminate any choices you know, or are reasonably sure, to be wrong. One research study that examined questions from several national certification and licensure examinations (not including the NPTE) found that about 80% of all questions had at least one response that nearly all candidates could identify as being incorrect.

Eliminating one or more choices is important because it improves your chances of selecting the right answer from among the remaining options. If all four options of a multiple-choice question are equally attractive, then your chance of guessing the correct answer is one in four or 25%. However, if you can eliminate one of the four options because you know it is clearly wrong, your odds of guessing the correct answer rises to 1 in 3 or about 33%. And if you can definitely eliminate two of the four choices, then your odds of guessing correctly improve to 50-50.

Chapter 3

Using the Examination Blueprint in Your Review

This chapter contains a detailed version of the Examination Blueprint that forms the basis for the Physical Therapist licensure examination. This version includes a listing of content areas and systems. It also includes specific knowledge that will be tested within each content topic.

An examination blueprint (sometimes also called an examination content outline or table of specifications) defines the content domain of an examination, i.e., it describes the knowledge and skills to be covered by an examination. It also specifies the number of questions on the examination that are devoted to particular knowledge and skill topics.

The current blueprint is based on a job analysis of practicing physical therapists that was completed in 2006. As part of this study, a work activities questionnaire was sent to entry level physical therapists to determine what they did in practice. The questionnaire listed 216 tasks that could be performed by physical therapists. A different questionnaire listing 208 knowledges pertinent to the practice of entry-level physical therapists was sent to experienced physical therapists. Respondents rated each task on the work activities questionnaire on two scales: *Frequency*, i.e., how often the physical therapist performed the task, and *Importance for safe patient care*, i.e., how important it is for the physical therapist to complete the task in order to provide safe patient care. For the knowledges questionnaire, respondents rated the *Importance* of each piece of knowledge listed. Both statistical analyses and the judgments of subject matter experts were used to translate the survey results into the blueprint you see here.

UNDERSTANDING THE ITEM DISTRIBUTION

Table 3-1 shows the content areas and their respective item distribution of the examination. This is the number of questions on each topic and subtopic that will appear on the examination. When a new examination question is written by an item writer, it is assigned a classification under a content area in the blueprint. (This is explained more below.)

When the examination is assembled by the examination committee, the committee must select examination questions in strict accordance with the item distribution. For example, if the distribution specifies that a topic should have 12 questions, then there will be exactly 12 questions on that content topic in the actual examination.

It is important to control the numbers of examination items to ensure that the content of the examination is parallel from year to year. This means that the examination will not include 10 questions on Topic A one year and 30 questions the next year. Ensuring that the numbers of items are parallel from one year to the next allows us to interpret candidate scores in the same way for each examination form and ensures that examination scores mean the same from year to year and from candidate to candidate. Much like the NPTE, the Practice Examinations are constructed according to this item distribution.

This content outline covers important entry-level knowledge areas that are reasonably tested using well-constructed multiple-choice questions; some important areas are excluded because they cannot be adequately assessed in a multiple-choice format or are situation-specific. For the NPTE as well as the Practice Examination, feedback on candidates' performance will be provided for each knowledge area shown in boldface type, as stated in the marginal rows and columns in the table. The information in gray type reflects relative weights within knowledge areas.

UNDERSTANDING THE EXAMINATION BLUEPRINT

Table 3-2 presents the detailed Exam Blueprint descriptions for the Physical Therapist licensure examination.

Content classifications. The content topics are arranged in a table form to designate the various combinations of content areas and systems. This gives us an easy way to refer to the content tested by an examination item. The individual cells in the content outline table are called the questions' *content classifications*.

Every question on the examination has one, and only one, content classification. This classification designates the content knowledge that the question is designed to test. When the examination committee assembles the examination form, they use the classification to meet the specifications of the item distribution. You will find this classification scheme to be a valuable piece of information in studying for the examination.

Take the following question as an example:

Which of the following is **NOT** a contraindication or precaution to the use of ultrasound?

1. Pacemaker
2. Malignancy
3. Skeletal immaturity
4. Capsulitis

This question deals with ultrasound. In the Examination Blueprint, this item would be classified under "therapeutic modalities."

One of the pieces of information provided for each question in the Practice Examination is its content classification in the Examination Blueprint. This information will be important to you in planning your review. For example, if you answered the above question incorrectly, then you might want to pay closer attention to therapeutic modalities in reviewing for the NPTE.

TABLE 3-1

PHYSICAL THERAPIST LICENSURE EXAMINATION BLUEPRINT AND ITEM DISTRIBUTION

	# Items	Cardiac, Vascular, & Pulmonary Systems (11.5%)	Musculo-skeletal System (18.0%)	Neuromuscular & Nervous Systems (17.0%)	Integu-mentary System (7%)	Other Systems (16.0%)			
						Metabolic & Endocrine	Gastro-intestinal	Genito-urinary	Multi-System
Clinical Application of Foundational Sciences (14.5%)	**29**	5	6	6	3	2	1	1	5
Examination (13.0%)	**26**	4	9	9	3	1	0	0	0
Foundations for Evaluation, Differential Diagnosis, & Prognosis (23.5%)	**47**	7	10	9	3	3	2	2	11
Interventions (18.5%)	**37**	7	11	10	5	2	1	1	0
		23	**36**	**34**	**14**	**32**			
Equipment & Devices; Therapeutic Modalities (11.0%)	**22**								
Equipment & Devices 10									
Therapeutic Modalities 12									
Safety & Professional Roles; Teaching/Learning; Research (19.5%)	**39**								
Safety, Protection, & Professional Roles 15									
Teaching & Learning 11									
Research & Evidence-Based Practice 13									
Total	**200**								

TABLE 3-2

PHYSICAL THERAPIST
LICENSURE EXAMINATION
DETAILED EXAMINATION BLUEPRINT DESCRIPTIONS

Cardiac, Vascular, & Pulmonary Systems

Clinical Application of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding the involvement of the cardiac, vascular, and pulmonary systems in the treatment of patients/clients across the lifespan.

- Anatomy, physiology, and pathophysiology of the cardiac, vascular, and pulmonary systems
- Anatomy, physiology, and pathophysiology of the lymphatic system
- Pharmacology as related to the cardiovascular/pulmonary system
- Physiological response to environmental factors and characteristics (e.g., air temperature, humidity, water temperature, water depth, buoyancy, altitude)
- Effects of activity and exercise on the cardiovascular/pulmonary system (including the physiological response of the cardiovascular/pulmonary system to various types of test/measures and interventions)

Examination: This category refers to awareness of the types and applications of cardiac, vascular, and pulmonary systems tests and measures and their relevance to information collected from the history and systems review. The category includes the reaction of the cardiac, vascular, and pulmonary systems to tests and measures, and the mechanics of body movement as related to the cardiac, vascular, and pulmonary systems. Information covered in these areas supports appropriate and effective patient/client management across the lifespan.

- Appropriate types of cardiovascular/pulmonary system tests/measures and their applications
- Movement analysis as related to the cardiovascular/pulmonary system (e.g., rib cage excursion)

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the interpretation of knowledge about the diseases and conditions of cardiac, vascular, and pulmonary systems in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan.

- Diseases/conditions of the cardiac, vascular, and pulmonary systems
- Diseases/conditions of the lymphatic system
- Differential diagnoses related to pathologies of the cardiac, vascular, and pulmonary systems
- Differential diagnoses related to pathologies of the lymphatic system
- Diseases or conditions of the cardiac, vascular, and pulmonary systems in order to make effective treatment decisions
- Diseases or conditions of the lymphatic system in order to make effective treatment decisions
- Diagnostic imaging of the cardiovascular/pulmonary system
- Medical management of the cardiovascular/pulmonary system (e.g., surgical procedures, medical tests)

Interventions: This category refers to the cardiac, vascular, and pulmonary systems interventions (including types, applications, responses, and potential complications) as well as the impact on the cardiac, vascular, and pulmonary systems of interventions performed on other systems in order to support patient/client management across the lifespan.

- Appropriate types of cardiovascular/pulmonary system interventions and their applications

- Secondary effects or complications from interventions on cardiovascular/pulmonary system
- Secondary effects or complications on cardiovascular/pulmonary system from interventions used on other systems

Musculoskeletal System

Clinical Application of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding musculoskeletal system involvement in the treatment of patients/clients across the lifespan.

- Anatomy, physiology, and pathophysiology of the muscular and skeletal systems
- Pharmacology as related to the musculoskeletal system
- Physiological response to environmental factors and characteristics (e.g., air temperature, humidity, water temperature, water depth, buoyancy, altitude)
- Effects of activity and exercise on the musculoskeletal system
- Joint structure
- Joint functionality and mobility

Examination: This category refers to the types and applications of musculoskeletal system tests and measures and their relevance to information collected during history and systems review. The category also includes the reaction of the musculoskeletal system to tests and measures, and the mechanics of body movement as related to the musculoskeletal system. Information covered in these areas supports appropriate and effective patient/client management across the lifespan.

- Appropriate types of musculoskeletal system tests/measures and their applications
- Physiological response of the musculoskeletal system to various types of tests/measures
- Movement analysis including application of kinesiology/kinematics as related to the musculoskeletal system (e.g., gait analysis)

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the diseases and conditions of musculoskeletal system in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan.

- Diseases/conditions of the muscular and skeletal systems
- Diseases/conditions of the connective tissue
- Differential diagnoses related to pathologies of the muscular and skeletal systems
- Differential diagnoses related to pathologies of the connective tissue
- Diseases or conditions of the muscular and skeletal systems in order to make effective treatment decisions
- Diseases or conditions of the connective tissue in order to make effective treatment decisions
- Diagnostic imaging of the musculoskeletal system
- Medical management of the musculoskeletal system (e.g., surgical procedures, medical tests)

Interventions: This category refers to the features (e.g., types, applications, responses, and potential complications) of musculoskeletal system interventions as well as the impact on the musculoskeletal system of interventions performed on other systems in order to support patient/client management across the lifespan.

- Appropriate types of musculoskeletal system interventions and their applications
- Physiological response of the musculoskeletal system to various types of interventions
- Secondary effects or complications from interventions on musculoskeletal system
- Secondary effects or complications on musculoskeletal system from interventions used on other systems

Neuromuscular & Nervous Systems

Clinical Application of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding neuromuscular/nervous system involvement in the treatment of patients/clients across the lifespan.

- Anatomy, physiology, and pathophysiology of the neuromuscular system
- Anatomy, physiology, and pathophysiology of the nervous system (CNS, PNS, ANS)
- Pharmacology as related to the neuromuscular/nervous system
- Physiological response to environmental factors and characteristics (e.g., air temperature, humidity, water temperature, water depth, buoyancy, altitude)
- Effects of activity and exercise as related to the neuromuscular/nervous system
- Motor control as related to the neuromuscular/nervous system
- Motor learning as related to the neuromuscular/nervous system
- Neurological functioning (e.g., cognition, affect, arousal, memory)

Examination: This category refers to awareness of the types and applications of neuromuscular/nervous system tests and measures and their relevance to information collected during history and systems review. The category also includes the reaction of the neuromuscular/nervous system to tests and measures, and the mechanics of body movement as related to the neuromuscular/nervous system. Information covered in these areas supports appropriate and effective patient/client management across the lifespan.

- Appropriate types of neuromuscular/nervous system tests/measures and their applications
- Physiological response of the neuromuscular/nervous system to various types of test/measures
- Movement analysis including application of kinesiology/kinematics as related to the neuromuscular/nervous system (e.g., gait analysis, balance assessment)

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the diseases and conditions of neuromuscular/nervous system in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan.

- Diseases/conditions of the nervous system (CNS, PNS, ANS)
- Differential diagnoses related to pathologies of the nervous system (CNS, PNS, ANS)
- Diseases or conditions of the nervous system (CNS, PNS, ANS) in order to make effective treatment decisions
- Diagnostic imaging of the neuromuscular/nervous system
- Medical management of the neuromuscular/nervous system (e.g., surgical procedures, medical tests)

Interventions: This category refers to the features (e.g., types, applications, responses, and potential complications) of neuromuscular/nervous system interventions as well as the impact on the neuromuscular/nervous system of interventions performed on other systems in order to support patient/client management across the lifespan.

- Appropriate types of neuromuscular/nervous system interventions and their applications
- Physiological response of the neuromuscular/nervous system to various types of interventions
- Secondary effects or complications from interventions on neuromuscular/nervous system
- Secondary effects or complications on neuromuscular/nervous system from interventions used on other systems
- Motor control as related to neuromuscular/nervous system interventions
- Motor learning as related to neuromuscular/nervous system interventions

Integumentary System

Clinical Application of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding integumentary system involvement in the treatment of patients/clients across the lifespan.

- Anatomy, physiology, and pathophysiology of the integumentary system
- Pharmacology as related to the integumentary system
- Physiological response to environmental factors and characteristics (e.g., air temperature, humidity, water temperature, water depth, buoyancy, altitude)
- Effects of activity and exercise on the integumentary system

Examination: This category refers to awareness of the types and applications of integumentary system tests and measures and their relevance to information collected during history and systems review. The category also includes the reaction of the integumentary system to tests and measures. Information covered in these areas supports appropriate and effective patient/client management across the lifespan.

- Appropriate types of integumentary system tests/measures and their applications
- Physiological response of the integumentary system to various types of tests/measures
- Movement analysis as related to the integumentary system (e.g., friction, shear, pressure, and scar).

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the diseases and conditions of integumentary system in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan.

- Diseases/conditions of the integumentary system
- Differential diagnoses related to pathologies of the integumentary system
- Diseases or conditions of the integumentary system in order to make effective treatment decisions
- Medical management of the integumentary system (e.g., surgical procedures, medical tests)

Interventions: This category refers to the features (e.g., types, applications, responses, and potential complications) of integumentary system interventions as well as the impact on the integumentary system of interventions performed on other systems in order to support patient/client management across the lifespan.

- Appropriate types of integumentary system interventions and their applications
- Physiological response of the integumentary system to various types of interventions
- Secondary effects or complications from interventions on integumentary system
- Secondary effects or complications on integumentary system from interventions used on other systems
- Wound management techniques (e.g., selective debridement, nonselective debridement, dressings, topical agents)

Metabolic & Endocrine Systems

Clinical Application of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding metabolic and endocrine systems' involvement in the treatment of patients/clients across the lifespan.

- Anatomy of the endocrine system
- Physiology and pathophysiology of the metabolic and endocrine systems
- Pharmacology as related to the metabolic and endocrine systems
- Physiological response to environmental factors and characteristics (e.g., air temperature, humidity, water temperature, water depth, buoyancy, altitude)
- Effects of activity and exercise on the metabolic and endocrine systems

Examination: This category refers to awareness of the types and applications of metabolic and endocrine tests and measures and their relevance to information collected during history and systems review. The category also includes the reaction of the metabolic and endocrine systems to tests and measures. Information covered in these areas supports appropriate and effective patient/client management across the lifespan.

- Appropriate types of metabolic and endocrine systems tests/measures and their applications
- Physiological response of the metabolic and endocrine systems to various types of tests/measures

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the diseases and conditions of metabolic and endocrine systems in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan.

- Diseases/conditions of the metabolic and endocrine systems
- Differential diagnoses related to pathologies of the metabolic and endocrine systems
- Diseases or conditions of the metabolic and endocrine systems in order to make effective treatment decisions
- Medical management of the metabolic and endocrine systems (e.g., surgical procedures, medical tests)

Interventions: This category refers to the features (e.g., types, applications, responses, and potential complications) of metabolic and endocrine systems interventions as well as the impact on the metabolic and endocrine systems of interventions performed on other systems in order to support patient/client management across the lifespan.

- Appropriate types of metabolic and endocrine systems interventions and their applications
- Physiological response of the metabolic and endocrine systems to various types of interventions
- Secondary effects or complications from interventions on metabolic and endocrine systems
- Secondary effects or complications on metabolic and endocrine systems from interventions used on other systems

Gastrointestinal System

Clinical Application of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding gastrointestinal system involvement in the treatment of patients/clients across the lifespan.

- Anatomy, physiology, and pathophysiology of the gastrointestinal system
- Effects of activity and exercise on the gastrointestinal system

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the interpretation of knowledge of diseases and conditions of gastrointestinal system in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan.

- Diseases/conditions of the gastrointestinal system
- Diseases or conditions of the gastrointestinal system in order to make effective treatment decisions

Interventions: This category refers to the features (e.g., types, applications, responses, and potential complications) of gastrointestinal system interventions and their relevance to information collected during history and systems review and examination. It also includes the impact on the gastrointestinal system of interventions performed on other systems in order to support patient/client management across the lifespan.

- Appropriate types of gastrointestinal system interventions and their applications (e.g., positioning for reflux, positioning for bowel programs)
- Physiological response of the gastrointestinal system to various types of interventions
- Secondary effects or complications from interventions on gastrointestinal system
- Secondary effects or complications on gastrointestinal system from interventions used on other systems

Genitourinary System

Clinical Application of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding genitourinary system involvement in the treatment of patients/clients across the lifespan.

- Anatomy, physiology, and pathophysiology of the genitourinary system
- Effects of activity and exercise on the genitourinary system
- Motor control as related to the genitourinary system
- Motor learning as related to the genitourinary system

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the diseases and conditions of genitourinary system in order to ensure the appropriate and effective patient/client treatment and management decisions across the lifespan.

- Diseases/conditions of the genitourinary system
- Diseases or conditions of the genitourinary system in order to make effective treatment decisions

Interventions: This category refers to the features (e.g., types, applications, and potential complications) of genitourinary system interventions as well as the impact on the genitourinary system of interventions performed on other systems in order to support patient/client management across the lifespan.

- Appropriate types of genitourinary system interventions and their applications (e.g., positioning for bladder programs, biofeedback, pelvic floor retraining)
- Secondary effects or complications from interventions on genitourinary system
- Secondary effects or complications on genitourinary system from interventions used on other systems

Multi-System

Clinical Applications of Foundational Sciences: This category refers to the essential scientific principles that serve as the foundation for understanding multi-system involvement in the treatment of patients/clients across the lifespan.

- Normal interrelationships among multiple systems
- Polypharmacy as it relates to multi-system involvement
- Physiological response to environmental factors and characteristics (e.g., air temperature, humidity, water temperature, water depth, buoyancy, altitude)

Foundations for Evaluation, Differential Diagnosis and Prognosis: This category refers to the interpretation of knowledge of multiple system involvement in order to ensure the appropriate and effective patient/client treatment and management decisions.

- Diseases/conditions affecting multiple systems (e.g., cancer, pregnancy, morbid obesity)
- Differential diagnoses related to pathologies of multi-system involvement
- Diseases or conditions of multiple systems in order to make effective patient/client management decisions
- Medical management of multiple systems (e.g., surgical procedures, medical tests, diagnostic imaging)
- Impact of co-morbidities/co-existing conditions on patient/client management (e.g., diabetes and hypertension; obesity and arthritis; hip fracture and dementia)
- Psychological and psychiatric conditions that impact patient/client management (e.g., depression, schizophrenia)

Equipment & Devices

This category refers to the different types of equipment and devices, use requirements and/or contextual determinants, as well as any other influencing factors involved in the selection and application of equipment and devices in order to support patient/client treatment and management decisions across the lifespan.

- Assistive and adaptive devices
- Prosthetic devices
- Orthotic devices
- Protective devices
- Supportive devices
- Gravity-assisted devices
- Bariatric equipment and devices

Therapeutic Modalities

This category refers to the underlying principles for the use of therapeutic modalities as well as the justification for the selection and use of the variety of types of therapeutic modalities employed to support patient/client treatment and management decisions across the lifespan.

- Indications, contraindications, and precautions of therapeutic modalities
- Physical agents (e.g., athermal agents, cryotherapy, hydrotherapy, light agents, sound agents, thermotherapy)
- Mechanical modalities (e.g., compression therapies, mechanical motion devices, traction devices)
- Electrotherapeutic delivery of medications (e.g., iontophoresis)
- Electrical stimulation (e.g., Functional Electrical Stimulation (FES), High Voltage Pulsed Current (HVPC), Neuromuscular Electrical Stimulation (NES), TENS)

Safety, Protection, & Professional Roles

This category refers to the critical issues involved in patient/client safety and protection and the responsibilities of healthcare providers to ensure that patient/client management and healthcare decisions take place in a secure and trustworthy environment.

- Factors influencing patient/client safety (e.g., fall risk, use of restraints, use of equipment, environmental factors)
- Emergency preparedness (e.g., CPR, first aid, disaster response)
- Proper body mechanics
- Injury prevention
- Infection control procedures (e.g., standard/universal precautions)
- Legal obligations for reporting abuse and neglect
- Patient/client rights (e.g., ADA, IDEA, HIPAA)
- Human resource legal issues (e.g., OSHA, sexual harassment)
- Standards of documentation
- Risk guidelines (e.g., documentation, policies and procedures, incident reports)
- Roles and responsibilities of other healthcare professionals and support staff

Teaching & Learning

This category refers to the principles and theories of teaching and learning required to create a learning environment in which information is effectively communicated to patients/clients to ensure that they receive appropriate instruction designed to support patient/client management decisions.

- Teaching and learning strategies, theories, and techniques (e.g., cognitive, motor, models of education)
- Health behavior change models
- Communication skills

Research & Evidence-Based Practice

This category refers to the application of measurement principles and research methodology to make reasoned and appropriate assessment and interpretation of information sources and practice research to support patient/client management decisions fundamental to evidence-based practice.

- Research design and interpretation (e.g., qualitative, quantitative)
- Measurement science (e.g., reliability, validity, common statistical methods)
- Outcome measures (e.g., suitability, applications)
- Data collection techniques (e.g., surveys, direct observation)
- Hierarchy of evidence (e.g., randomized control, case studies, anecdotal observation)

Chapter 4

Using the Practice Examination in Your Review

This chapter describes the Practice Examination and explains how you can use it to assess your performance and use the results from individual questions to help in your review.

ABOUT THE PRACTICE EXAMINATION

The Practice Examination is available only through the PEAT Internet Web site. Instructions for accessing and using the review guide were sent to you in a separate document, and they are available on the Web site as well.

The Practice Examination is intended to reproduce the "look and feel" of the real computer-based examination that you will take at a testing center. After you have completed the Practice Examination, you will receive a performance report that shows the number of questions you answered correctly in each of three content groupings: by category, by system, and by intervention. The reports will tell you if your answer to each question was right or wrong.

You must complete the Practice Examination before you will be granted access to the performance report materials. This will give you a more accurate assessment of your content knowledge than you would get by looking at the answers immediately after you complete each question.

You will be able to access the following information for each question:

- The correct answer;
- The item's content classification in the Examination Blueprint, i.e., the knowledge or skill that the item tests ("category"), along with your answers to questions as they are grouped by system.
- A rationale (or explanation) of why the right answer is right; and
- A reference from the professional literature that supports the rationale.

DIFFERENCES BETWEEN THE ACTUAL EXAMINATION AND THE PRACTICE EXAMINATION

The questions on the Practice Examination have been constructed to be similar in style and content to those you will encounter on the actual examination. However, it is important to remember that the Practice Examination also from differs the actual examination you will take. ***There are no pretest questions on the Practice Examination.*** The actual examination includes 50 pretest questions that are placed on the examination in order to determine whether they perform well enough to be included as scored questions on future examination forms. Therefore, each candidate actually answers 250 questions, but only 200 questions count toward his/her score. Because this Practice Examination is for review purposes only, there are no pretest questions.

Questions on the Practice Examination are written by experienced NPTE item writers and reviewed by physical therapists who have served on various NPTE committees. Although the Practice Examination contains items that are similar to those on the NPTE, it does not include any items that are on the current examination forms. The Practice Examination includes a variety of items that mirror the item and content distributions on the actual examination.

TIMING ISSUES

The Practice Examination allows you up to 4 hours to finish the examination. You should make every effort to answer all 200 questions in the 4-hour time period you are given. If you leave any questions unanswered, they will be counted as incorrect on your performance report.

You do not need to complete the Practice Examination in a single 4-hour period. When you take the real examination, you must complete it during one scheduled testing session. However, in designing the Practice Examination, we realized that some people would not be able to set aside 4 hours at one time. Therefore, you may stop at any point and leave the Internet site. When you sign on to the site again, you will be taken to the last question that you answered and you may continue answering questions from that point.

The time you have remaining is displayed in the upper right corner of the screen. However, the computer program counts only the time you actually spend reading and responding to the questions. The program does not count the time involved in loading the pages. This was done so that you will not be penalized if your Internet connection is slow. Therefore, a slow connection might result in the real time you spend answering the questions being longer than 4 hours.

Be warned, however. As long as you have the Practice Examination on the monitor, the computer clock will keep ticking away. This means that if you go away from the computer without quitting the examination, the clock will keep running down. If you run out of time, any questions you leave unanswered will be counted as incorrect.

AN IMPORTANT CAUTION

Your performance on the Practice Examination does NOT predict if you will pass the actual examination. The Practice Examination is intended only to help you identify content you may need to study and to give you some idea of what taking the actual examination will be like. There is no “passing score,” and you cannot pass or fail the Practice Examination. Further, the number of practice questions you get right or wrong may have no relation to the number you get right or wrong on the actual examination.

USING THE PERFORMANCE REPORT

After you complete the Practice Examination for the first time, you will receive a performance report in three parts:

Part 1: Report by Category.
This report is based on the content outline for the examination. Every question on the examination is in a

content outline category.

Part 2: Report by System.
This report provides information on how you did on questions related to the four main diagnostic categories or systems (Cardiac, Vascular, and Pulmonary; Musculoskeletal, Neuromuscular, and Nervous; and Integumentary) and on questions related to other systems. Not all questions on the examination are related to these diagnostic categories. If you need to know something about a diagnosis in order to answer the question, then it is included in one of these categories. You may go back and forth among the reports by clicking on the report categories at the top of your screen.

The reports will show which questions you got right and wrong. You can then click on the question to view the individual question and the correct answer. You can also obtain a Rationale and a Reference for each question.

You can use this information to identify content topics that you may need to focus on in your review. If you had incorrect answers to many of the questions in a given topic, that fact is a clue that you may need to study more in that content area. For example, if there are 37 practice questions on the topic of *Interventions*, and if you answered only 20 questions correctly, you would want to study some of the topics listed under topic *Interventions* in the Examination Blueprint.

Of course, you will need to know what questions are in each of the content topics so you can refer to their rationales and references for further study. For this reason, we have provided Table 4-2 and 4-3, which shows the numbers of the questions in each content topic. This will help you to identify specific questions that deal with any topic that you want to study.

Once you have studied the content in your weaker areas, we suggest you take the Practice Examination a second time. Remember to study *content areas* rather than simply learning the answers to these specific questions. These exact questions will not appear on the actual examination, but these content areas will all be covered by multiple questions on the actual examination.

Navigating through the reports. You will be able to see the answer that you gave to each of the 200 practice questions, whether your answer was right or wrong, and the detailed content classification for that question.

You may go through all the questions in numerical order by clicking on the “Next” and “Previous” buttons. You may go directly to a specific question by clicking on the item number in the item listing. You may go to a specific question by using the “Go to” button. And you have the option of viewing only those questions to which you gave incorrect answers.

The correct answer is shown along with the text of each question. You can read the rationale and reference for each question by clicking on the indicated buttons. Chapter 5 contains a list showing the reference for each item; as well as an alphabetical list of all the references cited. This was done so you would not have to write down individual item references by hand.

Of course, you will want to review your performance on individual practice questions. One way to do this is to look at each question that you got wrong and try to analyze why you selected the wrong option. Some of the paragraphs below may help you do this.

IMPORTANT TIP: Don't forget to look at the ones you got right, too. You may not have known the correct answer and simply made a good guess, or you might have answered the question correctly, but for the wrong reason. That is the benefit of the reading the rationale for each question. It shows you the reasoning behind each question. That can help you in developing reasoning skills that you can use on the actual examination.

ANALYZING WHY YOU ANSWERED THE WAY YOU DID

The results from the Practice Examination can help you identify content topics that you need to study for the examination. However, the results can also help you analyze your own test-taking skills. Each time you get a wrong answer on the Practice Examination, you should look at it as an opportunity to identify why you got the answer wrong. Knowing why you got the question wrong and what to do about it is the first step to avoiding that mistake in the future.

In general, there are four broad categories of mistakes that candidates make when they get a question wrong:

1. Inadequate knowledge. Not knowing the facts, concepts, and principles in the content area is the most obvious reason for answering incorrectly. It is the principal reason that we developed the Practice Examination. Analyzing your answers can help you identify weaknesses in your content knowledge.

2. Adding data to the question. A common error is to read too much data into a question. Sometimes, candidates feel that the question does not contain enough information to answer a question and will try to imagine more details than the question asks. As was noted in a previous chapter, take each question on its own terms. In dealing with a real patient, you would have a lot of information about the patient's age, gender, work, and other important details. Questions are rarely that detailed, nor do they need to be in order to be answered correctly.

3. Not identifying all the relevant information in the question. Usually, information in a question is not included just to make it more detailed or realistic. It is usually there in order to make a candidate reason through to a particular distinction between the right answer and one or more of the wrong answers. Missing a detail or failing to identify one or more key words can cause you to select a wrong answer or at least make two answers seem equally correct.

4. Failing to see priorities. Frequently, questions will ask the candidate to select the *most*, *first*, *best*, or *initial* response to a situation or to identify priorities in assessment or treatment. You must be careful to notice these key words. To help you, we have placed such words in all caps and boldface type, **LIKE THIS.** Typically, in such questions, all of the options are possibly correct, under some circumstances. For example, with clinical scenarios, the wrong answers (or techniques) might be performed in some situations, but for **this** situation, they are not the *first*, *most*, *best*, etc., of the choices given. Only the correct answer is. You should get a better feel for how to reason through such questions by reading the rationales.

You are allowed one more attempt at the examination. Follow the instructions on the Web site for doing this.

TABLE 4-1

NUMBER OF QUESTIONS IN EACH TOPIC ON THE ACTUAL AND PRACTICE EXAMINATIONS

Domains of Practice (Organized by Content Areas)	On Actual Exam	Practice Form A	Practice Form B
Clinical Application of Foundational Sciences	**29**	**29**	**29**
Cardiac, Vascular & Pulmonary Systems		5	5
Musculoskeletal System		6	6
Neuromuscular & Nervous Systems		6	6
Integumentary System		4	4
Metabolic & Endocrine Systems		2	2
Gastrointestinal System		1	1
Genitourinary System		1	1
Multi-System		4	4
Examination	**26**	**26**	**26**
Cardiac, Vascular, & Pulmonary Systems		4	4
Musculoskeletal System		9	9
Neuromuscular & Nervous Systems		9	9
Integumentary System		3	3
Metabolic & Endocrine Systems		1	1
Foundations for Evaluation, Differential Diagnosis, & Prognosis	**47**	**47**	**47**
Cardiac, Vascular, & Pulmonary Systems		7	7
Musculoskeletal System		10	10
Neuromuscular & Nervous Systems		9	9

Domains of Practice (Organized by Content Areas)	On Actual Exam	Practice Form A	Practice Form B
Foundations for Evaluation, Differential Diagnosis, & Prognosis	**47**	**47**	**47**
Integumentary System		3	3
Metabolic & Endocrine Systems		3	3
Gastrointestinal System		2	2
Genitourinary System		2	2
Multi-System		11	11
Interventions	**37**	**37**	**37**
Cardiac, Vascular, & Pulmonary Systems		7	7
Musculoskeletal System		11	11
Neuromuscular & Nervous Systems		10	10
Integumentary System		4	4
Metabolic & Endocrine Systems		3	3
Gastrointestinal System		1	1
Genitourinary System		1	1
Equipment & Devices; Therapeutic Modalities	**22**	**22**	**22**
Equipment & Devices		10	10
Therapeutic Modalities		12	12
Safety, Protection, & Professional Roles; Teaching & Learning; Research & Evidence-Based Practice	**39**	**39**	**39**
Safety, Protection, & Professional Roles		15	15
Teaching & Learning		11	11
Research & Evidence-Based Practice		13	13

Domains of Practice (Organized by Systems)	On Actual Exam	Practice Form A	Practice Form B
Cardiac, Vascular & Pulmonary Systems	**23**	**23**	**23**
Musculoskeletal System	**36**	**36**	**36**
Neuromuscular & Nervous Systems	**34**	**34**	**34**
Integumentary System	**14**	**14**	**14**
Other Systems	**32**	**32**	**32**
Metabolic & Endocrine Systems		9	9
Gastrointestinal System		4	4
Genitourinary System		4	4
Multi-System		15	15

TABLE 4-2

PRACTICE EXAMINATION – FORM A
ITEMS ARRANGED BY CONTENT TOPICS

Domains of Practice	Item Numbers
Clinical Application of Foundational Sciences	
Cardiac, Vascular & Pulmonary Systems	1, 109, 148, 179, 180
Musculoskeletal System	34, 61, 90, 112, 120, 160
Neuromuscular & Nervous Systems	4, 74, 102, 173, 197, 200
Integumentary System	41, 64, 177, 186
Metabolic & Endocrine Systems	37, 184
Gastrointestinal System	15
Genitourinary System	182
Multi-System	36, 88, 137, 144
Examination	
Cardiac, Vascular, & Pulmonary Systems	46, 52, 56, 176
Musculoskeletal System	11, 23, 49, 62, 98, 99, 111, 147, 171
Neuromuscular & Nervous Systems	5, 12, 16, 91, 92, 100, 150, 167, 199
Integumentary System	13, 122, 134
Metabolic & Endocrine Systems	114
Foundations for Evaluation, Differential Diagnosis, & Prognosis	
Cardiac, Vascular, & Pulmonary Systems	27, 45, 125, 129, 132, 143, 170
Musculoskeletal System	32, 58, 76, 86, 96, 118, 130, 146, 158, 198
Neuromuscular & Nervous Systems	2, 6, 54, 72, 117, 126, 140, 162, 166
Integumentary System	19, 135, 138

Domains of Practice	Item Numbers
Foundations for Evaluation, Differential Diagnosis, & Prognosis	
Metabolic & Endocrine Systems	59, 82, 155
Gastrointestinal System	3, 66
Genitourinary System	68, 110
Multi-System	28, 42, 101, 106, 119, 121, 131, 136, 178, 183, 193
Interventions	
Cardiac, Vascular, & Pulmonary Systems	18, 60, 80, 93, 94, 165, 190
Musculoskeletal System	20, 67, 73, 81, 83, 107, 156, 163, 168, 174, 188
Neuromuscular & Nervous Systems	14, 51, 69, 124, 127, 141, 145, 185, 194, 195
Integumentary System	7, 31, 38, 63
Metabolic & Endocrine Systems	44, 157, 169
Gastrointestinal System	40
Genitourinary System	10
Equipment & Devices; Therapeutic Modalities	
Equipment & Devices	22, 35, 39, 55, 65, 87, 105, 113, 149, 151
Therapeutic Modalities	8, 9, 43, 75, 79, 97, 108, 128, 152, 161, 189, 192
Safety, Protection, & Professional Roles; Teaching & Learning; Research & Evidence-Based Practice	
Safety, Protection, & Professional Roles	17, 29, 33, 47, 53, 77, 84, 89, 103, 123, 133, 142, 172, 181, 196
Teaching & Learning	21, 26, 48, 57, 85, 95, 115, 154, 159, 175, 191
Research & Evidence-Based Practice	24, 25, 30, 50, 70, 71, 78, 104, 116, 139, 153, 164, 187

TABLE 4-3

PRACTICE EXAMINATION – FORM B
ITEMS ARRANGED BY CONTENT TOPICS

Domains of Practice	Item Numbers
Clinical Application of Foundational Sciences	
Cardiac, Vascular & Pulmonary Systems	3, 87, 127, 145, 156
Musculoskeletal System	29, 41, 45, 72, 132, 147
Neuromuscular & Nervous Systems	60, 135, 174, 183, 185, 189
Integumentary System	26, 94, 95, 125
Metabolic & Endocrine Systems	89, 152
Gastrointestinal System	52
Genitourinary System	170
Multi-System	5, 98, 137, 197
Examination	
Cardiac, Vascular, & Pulmonary Systems	23, 42, 115, 176
Musculoskeletal System	31, 46, 48, 59, 74, 80, 101, 139, 180
Neuromuscular & Nervous Systems	14, 24, 25, 54, 102, 140, 148, 179, 193
Integumentary System	19, 71, 161
Metabolic & Endocrine Systems	149
Foundations for Evaluation, Differential Diagnosis, & Prognosis	
Cardiac, Vascular, & Pulmonary Systems	17, 43, 55, 69, 130, 144, 187
Musculoskeletal System	4, 44, 86, 97, 116, 117, 120, 162, 173, 195
Neuromuscular & Nervous Systems	1, 68, 76, 81, 92, 106, 142, 153, 159
Integumentary System	84, 88, 146

Domains of Practice	Item Numbers
Foundations for Evaluation, Differential Diagnosis, & Prognosis	
Metabolic & Endocrine Systems	10, 111, 157
Gastrointestinal System	6, 99
Genitourinary System	11, 119
Multi-System	33, 51, 65, 77, 83, 121, 124, 158, 165, 190, 196
Interventions	
Cardiac, Vascular, & Pulmonary Systems	12, 13, 49, 50, 112, 177, 184
Musculoskeletal System	8, 57, 75, 105, 109, 110, 118, 138, 154, 160, 186
Neuromuscular & Nervous Systems	18, 27, 39, 61, 67, 91, 136, 150, 166, 191
Integumentary System	53, 163, 171, 198
Metabolic & Endocrine Systems	28, 56, 107
Gastrointestinal System	40
Genitourinary System	32
Equipment & Devices; Therapeutic Modalities	
Equipment & Devices	37, 38, 58, 62, 73, 79, 114, 122, 143, 151
Therapeutic Modalities	9, 21, 30, 47, 63, 93, 103, 134, 167, 172, 175, 182
Safety, Protection, & Professional Roles; Teaching & Learning; Research & Evidence-Based Practice	
Safety, Protection, & Professional Roles	15, 34, 78, 85, 104, 126, 128, 155, 164, 169, 178, 188, 192, 199, 200
Teaching & Learning	7, 16, 20, 35, 66, 96, 100, 108, 129, 141, 168
Research & Evidence-Based Practice	2, 22, 36, 64, 70, 82, 90, 113, 123, 131, 133, 181, 194

Chapter 5

References

For each of the Practice Examination questions, there is a reference from the professional literature that validates the answer to that specific question. This chapter presents these references in two ways.

The first lists the reference (or references) for each individual Practice Examination question. This includes specific page numbers that you may consult to verify the accuracy of the answer for the question.

The second is a summary of all the references that were cited in the Practice Examination. More details about each of these listings are given in their respective sections of this chapter.

AN IMPORTANT CAUTION

Although these lists may be helpful in studying for the examination, they should **NOT** be treated as lists of "recommended" references. Further, they list only those references that were used for the Practice Examinations and do not necessarily represent references used in the actual examination questions.

INDIVIDUAL ITEM REFERENCES

Each question on the Practice Examination has one or more references that validate the correctness of the answer to that question. When reviewing questions on the computer, you can access the reference for a given question by clicking on the reference button for that item.

The list that follows provides you with each of these references in order by question. This means that you do not have to write down an interesting reference by hand. You can simply check off the references you are interested in for further study.

In reviewing this list, please note that a few questions have more than one reference.

Practice Examination - Form A

Reference List

1 Paz JC, West MP. Acute Care Handbook for Physical Therapists. 2nd ed. Butterworth-Heinemann. 2002: 62-69

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Practice Examination - Form B

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