

# Medical Tests

## FSBPT-NPTE-PTA

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## Question: 1

Which of the following options BEST describes the flow of lymph through the body?

- A. Lymphatic capillaries->lymphatic vessels->large lymphatic ducts->subclavian veins
- B. Arteries->lymphatic capillaries->large lymphatic duct->right lymphatic duct->subclavian veins
- C. Large lymphatic duct->lymphatic vessels->lymphatic capillaries
- D. Veins->lymphatic vessels->lymphatic capillaries->large lymphatic duct

**Answer: A**

Explanation:

Lymph collects waste from the interstitial spaces of the body. It then travels through the lymphatic capillaries, into larger lymphatic vessels and through lymph nodes. After filtration in the lymph nodes, it eventually drains into one of two large lymphatic ducts, which carry it to the subclavian veins.

## Question: 2

Which the following is a component of the lower GI tract?

- A. Ileum
- B. Jejunum
- C. Duodenum
- D. Cecum

**Answer: D**

Explanation:

The cecum, along with the colon and rectum, is part of the lower gastrointestinal tract. The primary functions of the lower gastrointestinal tract are the absorption of water and electrolytes, and the storage and elimination of waste.

The middle gastrointestinal system consists of the small intestine (duodenum, jejunum, and ileum). The majority of digestion and absorption occurs here.

The upper gastrointestinal system includes the mouth, esophagus, and stomach. It is responsible for the ingestion and the initial digestion of food.

## Question: 3

When measuring for a cane, what is the appropriate degree of elbow flexion for a patient?

- A. 25-30 degrees

- B. 20-25 degrees
- C. 5-10 degrees
- D. 20-30 degrees

**Answer: D**

Explanation:

Assistive devices, including canes, should be measured to fit the patient's height and arm length. To achieve this, the clinician should measure from point six inches to the side of the toes to the ulnar styloid or wrist crease. In checking for accuracy, measure that the patient achieves 20-30 degrees of elbow flexion when standing and holding the assistive device appropriately.

#### Question: 4

Which component of the endocrine system controls the release of 1,25-dihydroxy-vitamin D?

- A. Parathyroid glands
- B. Kidney
- C. Pancreatic islet cells
- D. Thyroid

**Answer: B**

Explanation:

The endocrine system relays hormones that regulate many bodily functions. The kidneys perform several essential tasks, including controlling the release of 1,25-dihydroxy-vitamin D, filtering waste from blood, and controlling the body's pH level.

The pancreatic islet cells control the release of insulin, glucagons, and somatostatin. The parathyroid glands control the release of parathyroid hormone. The thyroid controls the release of triiodothyronine and thyroxine, and thyroid C cells control the release of calcitonin.

#### Question: 5

When performing electrical stimulation (ES), which type of muscle response is noted in denervated muscle?

- A. Asynchronous or vermicular
- B. Brief muscle twitch
- C. There is no contraction
- D. Tetanic

**Answer: A**

Explanation:

When experiencing electrical stimulation (ES), denervated muscles exhibit asynchronous or vermicular (worm-like) responses.

A low-frequency pulse (1-10 pulses/second) produces a brief muscle twitch or contraction with each stimulus. Progressively increasing the pulse frequency produces tetanic contractions, in which individual twitches are not discernible.

### Question: 6

Which of the following describes the condition in which the stomach protrudes upward through the diaphragm?

- A. Peptic ulcer disease
- B. Gastritis
- C. Inflammatory bowel disease
- D. Hiatal hernia

**Answer: D**

Explanation:

A hiatal hernia is a protrusion of the stomach upward through the diaphragm. It can be congenital or acquired. Symptoms include heartburn, and are initially treated similarly to GERD. If conservative treatment is ineffective, hiatal hernias can be corrected surgically.

Gastritis is acute, or chronic, inflammation of the stomach mucosa. Peptic ulcer disease is a condition of ulcerative lesions that occur in the upper GI tract in areas exposed to acid-pepsin secretions. Inflammatory bowel disease refers to Crohn's disease and ulcerative colitis, both of which result in inflammation of the bowel.

### Question: 7

Which type of peripheral nerve injury involves two or more nerves without a clear pattern of polyneuropathy?

- A. Bilateral mononeuropathy
- B. Mononeuropathy multiplex
- C. Plexopathy
- D. Radiculopathy

**Answer: B**

Explanation:

Mononeuropathy multiplex is a peripheral nerve injury involving two or more nerves without a clear pattern of polyneuropathy. For example, a patient with mononeuropathy multiplex might present with bilateral carpal tunnel syndrome, left cubital tunnel syndrome, and right tarsal tunnel syndrome.

Plexopathy is a peripheral nerve injury with the involvement of the brachial or lumbosacral plexus. Radiculopathy is a peripheral nerve injury that involves the nerve root(s). "Bilateral mononeuropathy" is not a commonly used term.

## Question: 8

A physical therapist assistant is performing passive range of motion exercises for shoulder mobility in a patient who has impingement. This patient has known gastroesophageal reflux disease (GERD) and is being seen after lunch.

What is the MOST appropriate positioning for shoulder passive range of motion for this patient?

- A. Seated in a chair
- B. Supine
- C. Side-lying
- D. Prone

**Answer: A**

Explanation:

A patient with gastroesophageal reflux disease (GERD) would be most comfortable sitting in a chair, not lying down, when being seen after eating lunch.

For people who have GERD, certain positions can aggravate heartburn symptoms. Lying down or bending over after eating, in particular, can make reflux symptoms worse, and so prone, side-lying, and supine positions would not be appropriate.

## Question: 9

The PTA is treating a patient who recently suffered a superficial partial thickness burn. What can the physical therapist assistant expect to see in this patient?

- A. White, gray, or black appearance, dry surface, edema, eschar, little pain
- B. Red or white appearance, edema, and broken blisters
- C. Blisters, inflammation, and pain
- D. Bright pink or red with weeping blisters

**Answer: C**

Explanation:

A superficial partial thickness burn is a second-degree burn. The skin layers affected include the epidermis and upper layers of the dermis. It is characterized by blisters, inflammation, and severe pain. Healing typically occurs in 7-21 days. The various types of burns are classified as follows, based on the depth and severity of the injury:

- An epidermal (first-degree) burn is a burn that only damages the epidermal skin layer, leaving a pink/red appearance but no blistering.
- A superficial partial-thickness (second-degree) burn is a burn that damages the epidermis and the upper layers of the dermis skin layer. These injuries are painful and appear bright pink or red with weeping blisters on a moist surface.
- A deep partial-thickness (second-degree) burn is a burn that severely damages the epidermis and dermis, and causes damage to the sweat glands, hair follicles, and nerve endings. These burns present

with a mixed red or waxy white appearance, broken blisters, and marked edema. They are sensitive to pressure but insensitive to light touch.

- A full-thickness (third-degree) burn is a burn that completely destroys the epidermis, dermis, subcutaneous tissues, and sometimes muscle. Full-thickness burns present as white, charred, tan, or black. These injuries are characterized by a dry, parchment-like surface and little pain due to destroyed nerve endings.
- A subdermal (fourth-degree) burn is a burn that completely destroys the epidermis and dermis skin layer and damages subcutaneous tissues and muscle. These burns have a charred appearance, and may lead to necrosis.

### Question: 10

Feldenkrais is a manual manipulation technique that targets the patient's soft tissues. Which of the following options is TRUE of Feldenkrais?

- A. It includes voluntary contraction in a precisely controlled direction, at varying levels of intensity, against an applied counterforce.
- B. It enhances collagen formation and reorganization.
- C. It initiates an acute inflammatory response.
- D. It facilitates the development of normal movement patterns.

**Answer: D**

Explanation:

Feldenkrais is intended to facilitate the development of normal movement patterns. In this technique, the practitioner uses supportive, gentle movements to create a sense of safety and to maintain contact while introducing new movement possibilities in small increments.

Instrument-assisted techniques enhance collagen formation and reorganization. Transverse friction massage initiates an acute inflammatory response. Muscle energy techniques include voluntary contraction in a precisely controlled direction, at varying levels of intensity, against an applied counterforce.

### Question: 11

What is MOST LIKELY indicated by a rubbery end-feel?

- A. Muscle spasm
- B. Soft tissue fibrosis
- C. Edema
- D. Soft tissue approximation

**Answer: A**

Explanation:

A rubbery end-feel is pathological, and indicates muscle spasm.

A boggy end-feel indicates edema. A firm end-feel with decreased elasticity indicates fibrosis of soft tissues. A soft end-feel is normal for joints with soft tissue approximation.

## Question: 12

"Dizziness" means different things to different patients. When examining a patient with a suspected vestibular disorder, it is important to ask specific questions in order to determine the cause of their symptoms.

What is a physical therapist trying to ascertain by asking whether a patient feels lightheaded?

- A. Whether the patient has vertigo
- B. Whether the patient has presyncope
- C. None of these
- D. Whether the patient has dysequilibrium

**Answer: C**

Explanation:

Lightheadedness is nonspecific and difficult to diagnose. It may be caused by panic attacks or hyperventilation during attacks of various types of dizziness.

In order to ascertain whether the patient has vertigo, the therapist should ask if they feel like the room is spinning. In order to ascertain whether the patient has dysequilibrium, the therapist should ask if they feel unsteady. In order to ascertain whether the patient has presyncope, the therapist should ask if they feel like they might faint.

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