



Practice Review Tool Sample Questions

The PRT is delivered in scenarios with a series of multiple-choice questions that you must answer regarding that scenario. Each scenario describes a general practice issue that you could encounter in a general physical therapy practice setting.

This is an unfolding scenario-based assessment. During the live PRT you will not be able to move forward until you have answered a question. Once you've answered a question, you will not be able to return to that question.

Scenario 1

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

Which of the following medications would **MOST** likely be prescribed to the patient for the lower extremity symptoms?

- A. Cilostazol (Pletal)
- B. Naprosyn (Naproxen)
- C. Atenolol (Tenormin)
- D. Isosorbide mononitrate (Imdur)

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

Which of the following tests and measures would be **BEST** to perform to assess the patient's lower extremity vascular status?

- A. Ankle-brachial index
- B. Blood pressure
- C. Auscultation for abnormal heart sounds
- D. Capillary nail refill test

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

Which of the following results from measurement of the ankle-brachial index would explain the patient's lower extremity symptoms?

- A. 0.70
- B. 0.95
- C. 1.00
- D. 1.20

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

Positive results from which of the following tests performed during an examination would support a positive result from the ankle-brachial index test for the patient?

- A. Rubor of dependency
- B. Mediate percussion of the chest
- C. Jugular vein distention
- D. Pulse oximetry

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

Which of the following diagnoses would **BEST** describe the patient's symptoms after obtaining positive results from rubor of dependency and ankle-brachial index tests?

- A. Peripheral arterial disease
- B. Spinal stenosis
- C. Piriformis syndrome
- D. Venous insufficiency

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

Which of the following interventions with the goal of decreasing symptoms would be **BEST** to initiate for the patient's report of lower extremity pain?

- A. Treadmill walking
- B. Prone press-ups
- C. Water aerobics
- D. Resistive Training

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

When measuring the ankle-brachial index for this patient, the probe should be placed over which of the following locations?

- A. Brachial artery and posterior tibial artery
- B. Carotid artery and saphenous vein
- C. Femoral artery and posterior tibial artery
- D. Radial artery and saphenous vein

Scenario 1

Gender: Male

Age: 77

Presenting Problem/Current Condition:

- Patient reports intermittent and variable lower extremity pain starting at the buttocks and the posterior calf (pain in the right side greater than in left).
- The lower extremity pain began gradually, and patient denies any incident.

Past Medical History:

- Diagnosis of chronic pulmonary disease (emphysema) in 2001.
- Patient stopped smoking in 2001 after 50 years of smoking cigarettes (60 pack-years).
- Mild heart attack in 1999 with subsequent revascularization
- Back surgery in 1975; L4-L5 segments were fused.
- Currently taking medications for hypertension and high cholesterol.

Other Information:

- Patient is a retired auto mechanic.
- Married
- Lives in two-story home with bedroom and bath on first floor.

Physical Therapy Examination:

- No pain while sitting or lying down (0/10).
- Pain worsens while walking (7/10).

Which of the following stages of behavior change does the patient represent when he indicates he will do anything suggested by the physical therapist to decrease the pain and let him return to fishing as a leisure activity?

- A. Contemplation
- B. Pre-contemplation
- C. Maintenance
- D. Action

Scenario 2

Scenario 2

Gender: Female

Age: 35

Presenting Problem/Current Condition:

- Patient had a complete lesion at the C7 neurologic level as a result of a motor vehicle accident 1 month ago.
- The fracture site was unstable and required an anterior fusion and use of a halo vest.

Past Medical History:

- Average height and weight.
- Postoperative course has gone well, with no significant medical complications.
- Currently participating in a comprehensive rehabilitation program that includes 2 hours daily of physical therapy.
- The halo vest will be removed in 3 weeks.

Other Information:

- Patient has a sedentary lifestyle.
- She works full-time as a sales clerk.
- She cares for her 3 year old child as a single parent.

What is the key functional muscle group for the C7 neurological level?

- A. Finger flexors
- B. Wrist flexors
- C. Elbow extensors
- D. Wrist extensors

Scenario 2

Gender: Female

Age: 35

Presenting Problem/Current Condition:

- Patient had a complete lesion at the C7 neurologic level as a result of a motor vehicle accident 1 month ago.
- The fracture site was unstable and required an anterior fusion and use of a halo vest.

Past Medical History:

- Average height and weight.
- Postoperative course has gone well, with no significant medical complications.
- Currently participating in a comprehensive rehabilitation program that includes 2 hours daily of physical therapy.
- The halo vest will be removed in 3 weeks.

Other Information:

- Patient has a sedentary lifestyle.
- She works full-time as a sales clerk.
- She cares for her 3 year old child as a single parent.

Which of the following wheelchair modification options would be the **MOST** appropriate to promote her functional independence?

- A. Removable footrests and desk arms, plastic-coated rims
- B. Removable brake extensions and headrest, grade aids
- C. Pneumatic tires, oblique projection rims, quick-release wheels
- D. Crutch holders, foam cushion, anti-tip devices

Scenario 2

Gender: Female

Age: 35

Presenting Problem/Current Condition:

- Patient had a complete lesion at the C7 neurologic level as a result of a motor vehicle accident 1 month ago.
- The fracture site was unstable and required an anterior fusion and use of a halo vest.

Past Medical History:

- Average height and weight.
- Postoperative course has gone well, with no significant medical complications.
- Currently participating in a comprehensive rehabilitation program that includes 2 hours daily of physical therapy.
- The halo vest will be removed in 3 weeks.

Other Information:

- Patient has a sedentary lifestyle.
- She works full-time as a sales clerk.
- She cares for her 3 year old child as a single parent.

Which of the following functional outcomes would be the **MOST** appropriate long term (6 weeks) goal for transfers?

- A. Independence in level surface and floor transfers using assistive devices
- B. Independence in level surface transfers and floor transfers with minimal to moderate assist
- C. Minimal assist for level surface and floor transfers using assistive devices
- D. Minimal assist for level surface and floor transfers with minimal to moderate assist

Scenario 2

Gender: Female

Age: 35

Presenting Problem/Current Condition:

- Patient had a complete lesion at the C7 neurologic level as a result of a motor vehicle accident 1 month ago.
- The fracture site was unstable and required an anterior fusion and use of a halo vest.

Past Medical History:

- Average height and weight.
- Postoperative course has gone well, with no significant medical complications.
- Currently participating in a comprehensive rehabilitation program that includes 2 hours daily of physical therapy.
- The halo vest will be removed in 3 weeks.

Other Information:

- Patient has a sedentary lifestyle.
- She works full-time as a sales clerk.
- She cares for her 3 year old child as a single parent.

Which of the following techniques would be **MOST** appropriate for wheelchair pressure relief in the early stages of her rehabilitation?

- A. Use of armrests for push-up
- B. Forward lean with forearm with wrist hooked on back of chair
- C. Use of wrist extensors to push hips forward in chair
- D. Maintained wheelie position

Scenario 2

Gender: Female

Age: 35

Presenting Problem/Current Condition:

- Patient had a complete lesion at the C7 neurologic level as a result of a motor vehicle accident 1 month ago.
- The fracture site was unstable and required an anterior fusion and use of a halo vest.

Past Medical History:

- Average height and weight.
- Postoperative course has gone well, with no significant medical complications.
- Currently participating in a comprehensive rehabilitation program that includes 2 hours daily of physical therapy.
- The halo vest will be removed in 3 weeks.

Other Information:

- Patient has a sedentary lifestyle.
- She works full-time as a sales clerk.
- She cares for her 3 year old child as a single parent.

During the initial examination swelling, erythema, and warmth are noted in her posterior knee joint. Which of the following conditions would **MOST** likely be present?

- A. Thrombophlebitis
- B. Heterotopic ossification
- C. Semitendinosus tendonitis
- D. Autonomic dysreflexia

Scenario 2

Gender: Female

Age: 35

Presenting Problem/Current Condition:

- Patient had a complete lesion at the C7 neurologic level as a result of a motor vehicle accident 1 month ago.
- The fracture site was unstable and required an anterior fusion and use of a halo vest.

Past Medical History:

- Average height and weight.
- Postoperative course has gone well, with no significant medical complications.
- Currently participating in a comprehensive rehabilitation program that includes 2 hours daily of physical therapy.
- The halo vest will be removed in 3 weeks.

Other Information:

- Patient has a sedentary lifestyle.
- She works full-time as a sales clerk.
- She cares for her 3 year old child as a single parent.

Which of the following procedures would **BEST** confirm the diagnosis of thrombophlebitis?

- A. Fibrinogen scanning
- B. Arteriography
- C. Prothrombin time
- D. Axillary body temperature

Scenario 2

Gender: Female

Age: 35

Presenting Problem/Current Condition:

- Patient had a complete lesion at the C7 neurologic level as a result of a motor vehicle accident 1 month ago.
- The fracture site was unstable and required an anterior fusion and use of a halo vest.

Past Medical History:

- Average height and weight.
- Postoperative course has gone well, with no significant medical complications.
- Currently participating in a comprehensive rehabilitation program that includes 2 hours daily of physical therapy.
- The halo vest will be removed in 3 weeks.

Other Information:

- Patient has a sedentary lifestyle.
- She works full-time as a sales clerk.
- She cares for her 3 year old child as a single parent.

Which of the following interventions would be **MOST** appropriate?

- A. Transfer the patient holding the bottom edge of the halo vest
- B. Initiate sitting balance activities after the halo vest is removed
- C. Instruct the patient to lift the wheelchair independently into her car
- D. Avoid stretching finger flexors with wrist extended

Scenario 3

Scenario 3

Gender: Female

Age: 68

Presenting Problem/Current Condition:

- Admitted to the hospital yesterday directly from her follow-up doctor's office visit regarding a recent exacerbation of colitis.
- Physical therapy orders received this morning to evaluate and treat to increase activity.

Past Medical History:

- Medical diagnosis of chronic obstructive pulmonary disease
- Right mastectomy
- Hypertension
- Osteoarthritis
- Diabetes mellitus
- Uses a cane to get around (past few months) due to right knee pain
- Shortness of breath with walking

Other Information:

- Native American
- Lives in a mobile home with step-daughter
- Heavy smoker

Review of the medical record indicates that the patient was hospitalized do to shallow breathing, high fever, coughing, and reports of chest pain. This is a classic presentation of:

- A. Pneumonia
- B. Diabetic coma
- C. Pulmonary embolism
- D. Chronic obstructive pulmonary disease

Scenario 3

Gender: Female

Age: 68

Presenting Problem/Current Condition:

- Admitted to the hospital yesterday directly from her follow-up doctor's office visit regarding a recent exacerbation of colitis.
- Physical therapy orders received this morning to evaluate and treat to increase activity.

Past Medical History:

- Medical diagnosis of chronic obstructive pulmonary disease
- Right mastectomy
- Hypertension
- Osteoarthritis
- Diabetes mellitus
- Uses a cane to get around (past few months) due to right knee pain
- Shortness of breath with walking

Other Information:

- Native American
- Lives in a mobile home with step-daughter
- Heavy smoker

Which of the following medications should be prescribed and must be carefully monitored for possible deleterious side effects regarding comorbidities of diabetes mellitus and hypertension?

- A. Glucocorticoid (Prednisone)
- B. Diuretic (Lasix)
- C. Docusate (Colace)
- D. Sertraline (Zoloft)

Scenario 3

Gender: Female

Age: 68

Presenting Problem/Current Condition:

- Admitted to the hospital yesterday directly from her follow-up doctor's office visit regarding a recent exacerbation of colitis.
- Physical therapy orders received this morning to evaluate and treat to increase activity.

Past Medical History:

- Medical diagnosis of chronic obstructive pulmonary disease
- Right mastectomy
- Hypertension
- Osteoarthritis
- Diabetes mellitus
- Uses a cane to get around (past few months) due to right knee pain
- Shortness of breath with walking

Other Information:

- Native American
- Lives in a mobile home with step-daughter
- Heavy smoker

Examination at bedside reveals the following details:

- Hypertrophy of secondary muscles of inspiration in a flexed habitual posture.
- Spontaneous breathing supine in bed, receiving 2 L of supplemental oxygen via nasal cannula.
- Vital signs: blood pressure of 120/90, respiratory rate of 22 breaths per minute, heart rate of 80 bpm.
- Functional mobility included bed mobility and transfer to sitting on edge of bed with minimal assistance and frequent verbal cues to slow down and for sequencing.

Upon completion of the physical examination, the patient's vital signs in sitting are blood pressure of 118/90, respiratory rate of 34 breaths per minute, heart rate of 95 bpm. This response is referred to as:

- A. Dyspnea on exertion
- B. Orthostatic hypotension
- C. Lethargy
- D. Cachexis

Scenario 3

Gender: Female

Age: 68

Presenting Problem/Current Condition:

- Admitted to the hospital yesterday directly from her follow-up doctor's office visit regarding a recent exacerbation of colitis.
- Physical therapy orders received this morning to evaluate and treat to increase activity.

Past Medical History:

- Medical diagnosis of chronic obstructive pulmonary disease
- Right mastectomy
- Hypertension
- Osteoarthritis
- Diabetes mellitus
- Uses a cane to get around (past few months) due to right knee pain
- Shortness of breath with walking

Other Information:

- Native American
- Lives in a mobile home with step-daughter
- Heavy smoker

Who is the **MOST** appropriate person to provide the next physical therapy session to the patient?

- A. The physical therapist, having weighed all delegation considerations
- B. The physical therapist assistant, since the initial evaluation, treatment, goals, and plan of care have been established
- C. The physical therapy aide who is a 2nd year physical therapy student, since there aren't enough therapists
- D. No one, the patient will be discharged and physical therapy will not help her condition