

***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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## *Introduction*

The Federation of State Boards of Physical Therapy (FSBPT®), which develops, maintains, and administers the Physical Therapist National Physical Therapy Examination (NPTE-PT®), is publishing this guide in response to requests for accurate, detailed information about the design and content of the *Practice Examination & Assessment Tool (PEAT®)*.

This guide has been developed specifically for you, the candidate for the NPTE-PT. With the PEAT, you will be able to see questions that are from retired forms of the NPTE-PT and other questions 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 supplemental material, which provides information on the examination and advice on how to use the Practice Examination in your review. The second part consists of the PEAT Examinations. The examinations will allow you to simulate the experience of taking the NPTE-PT and will provide you with information to assist you in preparing for it.

### **THE PEAT SUPPLEMENTAL MATERIALS**

Chapter 1 provides you with advice on studying for the NPTE-PT. 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 Test Content Outline that forms the foundation for the examination. This blueprint 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 Test Content Outline in your review process.

Chapter 4 discusses how to use the Practice Examination in studying for the NPTE-PT. 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 describes the use of references for PEAT and NPTE items, including a link to information on how FSBPT determines appropriate references.

## **THE PRACTICE EXAMINATIONS**

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

PEAT was designed to closely replicate the “look and feel” of the NPTE-PT at the testing center. You will have access to two 225-item Practice Examination forms that will help you to assess your own level of content knowledge. One of the practice forms is from a retired NPTE-PT form. The other practice form contains items written specifically for PEAT by experienced NPTE-PT item writers. Using these examinations, you can reproduce on your computer the experience of taking the real NPTE-PT.

You must complete the Practice Examination before you can proceed to the Study Mode of PEAT. 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, you will have access to a PEAT Performance Feedback Report, which will summarize your performance on PEAT.

After you complete the examination, you will have access to Item Review Mode within PEAT. This consists of the same 225 questions. However, for each question, we have provided the correct answer, a rationale explaining why the right answer is right and the wrong answers are wrong, and one or more references that deal with the topic and support the item and its rationale. Upon completion of the second PEAT form, you will, again, receive a Performance Feedback Report and have access to Study Mode.

FSBPT would appreciate receiving comments from users about this guide -- whether 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:  
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# Chapter 1

## Studying for the Examination

### PREMISE OF THE EXAMINATION

Questions on the NPTE-PT 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 coursework 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 coursework (theory) and clinical experiences (application).

### REVIEWING FOR THE EXAMINATION

In reviewing for the NPTE-PT, 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 coursework. However, the terminology used is consistent with language commonly used in physical therapy textbooks. You should take the following into consideration as you plan your review.

**Didactic coursework.** Review those areas of your didactic work that you feel you have forgotten or that you did not utilize in your clinical experiences. Keep in mind that the examination questions will be application questions rather than memory recall 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-PT. 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 a 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.

**Test Content Outline.** You are encouraged to read through the Test Content Outline 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 Test Content Outline should be 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. 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, such as course notes or textbooks used in your entry-level program. 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. 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. 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. The 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 Candidate Handbook and the Test Content Outline to direct your studies to those areas where you feel the least prepared. Once you recognize those areas, 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 NPTE-PT. 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 the directions 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 examination. 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.

Take some time a few days before the examination to familiarize yourself with the examination delivery interface, so you can make the best use of your time and use all the tools available in the software. The interface is similar, but not identical, to that of PEAT. There is a free demonstration examination on the FSBPT website with practice questions: <https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/National-Exam-NPTE/Prepare-for-Exam/NPTE-Demo-Exam>.

**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 and will not be allowed to access them on breaks.

The NPTE-PT is a 5-hour timed examination. You will get a 15-minute break at the end of the second 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 do not 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, cell phones, and other personal items must be secured prior to entering the testing room and retrieved when you leave.

***Plan your time.*** Before taking the examination, plan your time. There are 225 questions on the examination, consisting of 180 scored items and 45 pretest questions that do not count toward your score. You will not know which items are scored questions and which items are pretest questions. 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 mark and skip over difficult questions and come back to the skipped questions before starting the next section of the examination. The NPTE-PT will be administered in five 45-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.*** The NPTE-PT uses four-option multiple-choice 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. This is an example of a question:

While ascending stairs, a 67-year-old patient leans forward with increased hip flexion. Which of the

following muscles is 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:

When planning a physical therapy program 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 options 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 always 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. After you have decided on an answer, then look at the options.
6. Read all of 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 will have 5 hours to answer 225 questions.

#### GUESSING STRATEGIES

***The advantage of guessing.*** Inevitably, there will be some questions you cannot answer. 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 leave 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. 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 rise to one in three, or about 33%. And if you can definitely eliminate two of the four choices, then your odds of guessing correctly improve to 50%.

## Chapter 3

### *Using the Test Content Outline in Your Review*

This chapter contains a detailed version of the Test Content Outline that forms the basis for the NPTE-PT. This version includes a listing of content areas and systems. It also includes specific knowledge that will be tested within each content topic.

A test content outline (sometimes also called an examination blueprint 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 Test Content Outline is based on a job analysis of practicing physical therapists that was completed in 2022. As part of this study, a work activities questionnaire was sent to entry-level physical therapists to determine what work activities they performed in practice. The questionnaire listed 245 tasks that could be performed by 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. A different questionnaire listing 156 knowledge and skill requirements pertinent to the practice of entry-level physical therapists was sent to experienced physical therapists. For the knowledge and skill requirements 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 Test Content Outline you see here.

#### **UNDERSTANDING THE ITEM DISTRIBUTION**

When the Examination Development Committee assembles the examination, the committee must select examination questions in strict accordance with the item distribution (See Table 3-1 and Table 3-2). For example, if the distribution specifies that a topic should have 12–14 questions, then there will be at least 12 and no more than 14 questions on that content topic in the actual examination.

It is important to control the number of examination items in each content area to ensure that the content of the examination is parallel from year to year. This 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-PT, the PEAT forms are constructed according to this item distribution.

### UNDERSTANDING THE TEST CONTENT OUTLINE

**Content classifications.** The content topics are arranged in a table format to designate the various combinations of content areas and systems (See Table 3-1). This gives us an easy way to refer to the content tested by an examination item. The individual cells in the content outline table contain the range of items in that *content classification*.

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 modalities would be **MOST** appropriate to utilize to decrease pain in a patient who has a demand cardiac pacemaker?

1. Ultrasound
2. Transcutaneous electrical nerve stimulation
3. Interferential current electrical stimulation
4. Ice pack

This question deals with types of modalities. In the Test Content Outline, 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 Test Content Outline. 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-PT.

Table 3-2 presents the detailed Test Content Outline descriptions for the NPTE-PT.

Table 3-1

**NPTE-PT Test Content Outline, effective January 2024**

*This test is designed to measure whether an examinee has the knowledge required of entry-level physical therapist practitioners. The focus is on the **clinical application** of knowledge, concepts, and principles necessary for the provision of **safe and effective patient care**. Provision of safe patient care includes consideration of current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventative physical therapy services.*

NUMBER OF ITEMS (RANGE)				
BODY SYSTEM	Physical Therapy Examination	Foundations for Evaluation, Differential Diagnosis, & Prognosis	Interventions	TOTAL PER SYSTEM
Cardiovascular & Pulmonary Systems	7-8	7-9	8-10	22-27
Musculoskeletal System	14-18	15-18	15-18	44-54
Neuromuscular & Nervous Systems	13-16	13-16	13-16	39-48
Integumentary System	2-3	3-4	3-4	8-11
Metabolic & Endocrine Systems	–	2-3	2-3	4-6
Gastrointestinal System	1-2	1-2	1-2	3-6
Genitourinary System	0-1	1-2	1-2	2-5
Lymphatic System	1-2	1-2	2-3	4-7
System Interactions	–	8-10		8-10
<b>TOTAL ACROSS SYSTEMS</b>	<b>38-50</b>	<b>51-66</b>	<b>45-58</b>	
<b>NONSYSTEM</b>				<b>TOTAL PER NONSYSTEM</b>
Equipment, Devices, & Technologies				5-6
Therapeutic Modalities				4-6
Safety & Protection				5-7
Professional Responsibilities				4-5
Research & Evidence-Based Practice				3-5
<b>TOTAL</b>				<b>180</b>

Note that this blueprint covers important entry-level knowledge areas that are reasonably tested using well-constructed multiple-choice items; some important areas are excluded because they cannot be adequately assessed in a multiple-choice format, are better assessed through other elements of the licensing process, are not specific to the scope of practice of physical therapists, or assess standards that might vary substantially across situations or practice locations. In addition, some important knowledge areas that are not linked to specific body systems and are not explicitly mentioned in the content outline (e.g., communication skills, teaching and learning techniques) are encompassed by multiple knowledge areas that are included in the content outline and are represented in test content to a greater extent than is apparent from this outline.

**Table 3-2**  
**PHYSICAL THERAPIST**  
**LICENSURE EXAMINATION**  
**DETAILED EXAMINATION BLUEPRINT DESCRIPTIONS**

**CARDIOVASCULAR & PULMONARY SYSTEMS**

**Physical Therapy Examination.** This category refers to knowledge of the types and applications of cardiovascular & pulmonary systems tests/measures, including outcome measures, according to current best evidence, and their relevance to information collected from the history and systems review. The category includes the reaction of the cardiovascular & pulmonary systems to tests/measures and the mechanics of body movement as related to the cardiovascular & pulmonary systems. Information covered in these areas supports appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Cardiovascular & pulmonary systems tests/measures, including outcome measures, and their applications according to current best evidence
- Anatomy and physiology of the cardiovascular & pulmonary systems as related to tests/measures
- Movement analysis as related to the cardiovascular & pulmonary systems (e.g., rib cage excursion, breathing pattern)

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the cardiovascular & pulmonary systems according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Cardiovascular & pulmonary systems diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the cardiovascular & pulmonary systems (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- The impact of pharmacology used to treat the cardiovascular & pulmonary system on physical therapy management
- Differential diagnoses related to diseases/conditions of the cardiovascular & pulmonary systems

**Interventions.** This category refers to cardiovascular & pulmonary systems interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the cardiovascular & pulmonary systems of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Cardiovascular & pulmonary systems physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence
- Anatomy and physiology of the cardiovascular & pulmonary systems as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the cardiovascular & pulmonary systems from physical therapy interventions

- Adverse effects or complications on the cardiovascular & pulmonary systems from physical therapy interventions used on other systems

### **MUSCULOSKELETAL SYSTEM**

**Physical Therapy Examination.** This category refers to knowledge of the types and applications of musculoskeletal system tests/measures, including outcome measures, according to current best evidence, and their relevance to information collected from the history and systems review. The category includes the reaction of the musculoskeletal system to tests/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 for rehabilitation, health promotion, and performance across the lifespan.

- Musculoskeletal system tests/measures, including outcome measures, and their applications according to current best evidence
- Anatomy and physiology of the musculoskeletal system as related to tests/measures
- Movement analysis as related to the musculoskeletal system
- Joint biomechanics and their applications

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the musculoskeletal system according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Musculoskeletal system diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the musculoskeletal system (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- The impact of pharmacology used to treat the musculoskeletal system on physical therapy management
- Differential diagnoses related to diseases/conditions of the musculoskeletal system
- The impact of regenerative medicine (e.g., platelet rich plasma, stem cells) on physical therapy prognosis and interventions related to musculoskeletal diseases/conditions
- Connective tissue diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Differential diagnoses related to diseases/conditions of the connective tissue

**Interventions.** This category refers to musculoskeletal system interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the musculoskeletal system of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Musculoskeletal system physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence
- Anatomy and physiology of the musculoskeletal system as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the musculoskeletal system from physical therapy interventions

- Adverse effects or complications on the musculoskeletal system from physical therapy interventions used on other systems

### **NEUROMUSCULAR & NERVOUS SYSTEMS**

**Physical Therapy Examination.** This category refers to knowledge of the types and applications of neuromuscular & nervous systems tests/measures, including outcome measures, according to current best evidence, and their relevance to information collected from the history and systems review. The category includes the reaction of the neuromuscular & nervous systems to tests/measures and the mechanics of body movement as related to the neuromuscular & nervous systems. Information covered in these areas supports appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Neuromuscular & nervous systems tests/measures, including outcome measures, and their applications according to current best evidence
- Anatomy and physiology of the neuromuscular & nervous systems as related to tests/measures
- Movement analysis as related to the neuromuscular & nervous systems

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the neuromuscular & nervous systems according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Neuromuscular & nervous systems (CNS, PNS, ANS) diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the neuromuscular & nervous systems (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- The impact of pharmacology used to treat the neuromuscular and nervous systems on physical therapy management
- Differential diagnoses related to diseases/conditions of the neuromuscular & nervous systems (CNS, PNS, ANS)
- The impact of regenerative medicine (e.g., platelet rich plasma, stem cells) on physical therapy prognosis and interventions related to the neuromuscular and nervous systems

**Interventions.** This category refers to neuromuscular & nervous systems interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the neuromuscular & nervous systems of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Neuromuscular & nervous systems physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence
- Anatomy and physiology of the neuromuscular & nervous systems as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the neuromuscular & nervous systems from physical therapy interventions
- Adverse effects or complications on the neuromuscular & nervous systems from physical therapy interventions used on other systems
- Motor control as related to neuromuscular & nervous systems physical therapy interventions

- Motor learning as related to neuromuscular & nervous systems physical therapy interventions

### **INTEGUMENTARY SYSTEM**

**Physical Therapy Examination.** This category refers to knowledge of the types and applications of integumentary system tests/measures, including outcome measures, according to current best evidence, and their relevance to information collected from the history and systems review. The category includes the reaction of the integumentary system to tests/measures and the mechanics of body movement as related to the integumentary system. Information covered in these areas supports appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Integumentary system tests/measures, including outcome measures, and their applications according to current best evidence
- Anatomy and physiology of the integumentary system as related to tests/measures
- Movement analysis as related to the integumentary system (e.g., friction, shear, pressure, and scar mobility)

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the integumentary system according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Integumentary system diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the integumentary system (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- The impact of pharmacology used to treat the integumentary system on physical therapy management
- Differential diagnoses related to diseases/conditions of the integumentary system

**Interventions.** This category refers to integumentary system interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the integumentary system of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Integumentary system physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence
- Anatomy and physiology of the integumentary system as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the integumentary system from physical therapy and medical/surgical interventions
- Adverse effects or complications on the integumentary system from physical therapy interventions used on other systems

### **METABOLIC & ENDOCRINE SYSTEMS**

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the metabolic & endocrine systems according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Metabolic & endocrine systems diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the metabolic & endocrine systems (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- The impact of pharmacology used to treat the metabolic and endocrine systems on physical therapy management
- Differential diagnoses related to diseases/conditions of the metabolic & endocrine systems

**Interventions.** This category refers to metabolic & endocrine systems interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the metabolic & endocrine systems of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Metabolic & endocrine systems physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence
- Anatomy and physiology of the metabolic & endocrine systems as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the metabolic & endocrine systems from physical therapy interventions
- Adverse effects or complications on the metabolic & endocrine systems from physical therapy interventions used on other systems

## **GASTROINTESTINAL SYSTEM**

**Physical Therapy Examination.** This category refers to knowledge of the types and applications of gastrointestinal system tests/measures, including outcome measures, according to current best evidence, and their relevance to information collected from the history and systems review. The category includes the reaction of the gastrointestinal system to tests/measures and the mechanics of body movement as related to the gastrointestinal system. Information covered in these areas supports appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Gastrointestinal system tests/measures, including outcome measures, and their applications according to current best evidence (e.g., bowel dysfunction impact questionnaires, Murphy test, Rovsing test, McBurney point sign)
- Anatomy and physiology of the gastrointestinal system as related to tests/measures
- Movement analysis as related to the gastrointestinal system (e.g., effects of muscular tension or trigger points, positioning for bowel movement)

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the gastrointestinal system according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Gastrointestinal system diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the gastrointestinal system (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- The impact of pharmacology used to treat the gastrointestinal system on physical therapy management
- Differential diagnoses related to diseases/conditions of the gastrointestinal system

**Interventions.** This category refers to gastrointestinal system interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the gastrointestinal system of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Gastrointestinal system physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence (e.g., positioning for reflux prevention, bowel programs)
- Anatomy and physiology of the gastrointestinal system as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the gastrointestinal system from physical therapy interventions
- Adverse effects or complications on the gastrointestinal system from physical therapy interventions used on other systems

## **GENITOURINARY SYSTEM**

**Physical Therapy Examination.** This category refers to knowledge of the types and applications of genitourinary system tests/measures, including outcome measures, according to current best evidence, and their relevance to information collected from the history and systems review. The category includes the reaction of the genitourinary system to tests/measures and the mechanics of body movement as related to the genitourinary system. Information covered in these areas supports appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Genitourinary system tests/measures, including outcome measures, and their applications according to current best evidence
- Anatomy and physiology of the genitourinary system as related to tests/measures

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the genitourinary system according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Genitourinary system diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the genitourinary system (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- The impact of pharmacology used to treat the genitourinary system on physical therapy management

- Differential diagnoses related to diseases/conditions of the genitourinary system

**Interventions.** This category refers to genitourinary system interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the genitourinary system of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Genitourinary system physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence (e.g., bladder programs, biofeedback, pelvic floor retraining)
- Anatomy and physiology of the genitourinary system as related to physical therapy interventions, daily activities, and environmental factors
- Adverse effects or complications on the genitourinary system from physical therapy interventions
- Adverse effects or complications on the genitourinary system from physical therapy interventions used on other systems

## **LYMPHATIC SYSTEM**

**Physical Therapy Examination.** This category refers to knowledge of the types and applications of lymphatic system tests/measures, including outcome measures, according to current best evidence, and their relevance to information collected from the history and systems review. The category includes the reaction of the lymphatic system to tests/measures and the mechanics of body movement as related to the lymphatic system. Information covered in these areas supports appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Lymphatic system tests/measures, including outcome measures, and their applications according to current best evidence
- Anatomy and physiology of the lymphatic system as related to tests/measures
- Movement analysis as related to the lymphatic system (e.g., compensatory movement, extremity range of motion)

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions of the lymphatic system according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Lymphatic system diseases/conditions and their pathophysiology to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of the lymphatic system (e.g., diagnostic imaging, laboratory test values, other medical tests, surgical procedures)
- Differential diagnoses related to diseases/conditions of the lymphatic system

**Interventions.** This category refers to lymphatic system interventions (including types, applications, responses, and potential complications), according to current best evidence, as well as the impact on the lymphatic system of interventions performed on other systems in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Lymphatic system physical therapy interventions and their applications for rehabilitation, health promotion, and performance according to current best evidence
- Anatomy and physiology of the lymphatic system as related to interventions, daily activities, and environmental factors
- Adverse effects or complications on the lymphatic system from physical therapy interventions
- Adverse effects or complications on the lymphatic system from physical therapy interventions used on other systems

### **SYSTEM INTERACTIONS**

**Foundations for Evaluation, Differential Diagnosis, & Prognosis.** This category refers to the interpretation of knowledge about diseases/conditions involving system interactions according to current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Diseases/conditions where the primary impact is on more than one system (e.g., cancer, multitrauma, sarcoidosis, autoimmune disorders, pregnancy) to establish and carry out a plan of care, including prognosis
- Nonpharmacological medical management of multiple systems (e.g., diagnostic imaging, other medical tests, surgical procedures)
- The impact of pharmacology used to treat multiple systems, including polypharmacy, on physical therapy management
- Differential diagnoses related to diseases/conditions where the primary impact is on more than one system
- Impact of comorbidities/coexisting conditions on patient/client management (e.g., diabetes and hypertension; obesity and arthritis; dementia and hip fracture)
- Psychological and psychiatric conditions that impact patient/client management (e.g., grief, depression, schizophrenia)
- Dimensions of pain (acute or persistent) that impact patient/client management (e.g., psychological, social, physiological, neurological, mechanical)

### **EQUIPMENT, DEVICES, & TECHNOLOGIES**

This category refers to the different types of equipment, devices, & technologies, use requirements, and/or contextual determinants, as well as any other influencing factors involved in the selection and application of equipment, devices, & technologies, including consideration of current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Applications and adjustments, indications, contraindications, and precautions of assistive and adaptive devices/technologies (e.g., walkers, wheelchairs, adaptive seating systems and positioning devices, mechanical lifts)
- Applications and adjustments, indications, contraindications, and precautions of prosthetic devices/technologies (e.g., lower-extremity and upper-extremity prostheses, microprocessor-controlled prosthetic devices)
- Applications and adjustments, indications, contraindications, and precautions of protective, supportive, and orthotic devices/technologies (e.g., braces, helmets, taping, compression garments, serial casts, shoe inserts, splints)

## **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 various types of therapeutic modalities, including consideration of current best evidence, in order to support appropriate and effective patient/client management for rehabilitation, health promotion, and performance across the lifespan.

- Applications, indications, contraindications, and precautions of thermal modalities
- Applications, indications, contraindications, and precautions of iontophoresis
- Applications, indications, contraindications, and precautions of electrotherapy modalities, excluding iontophoresis (e.g., neuromuscular electrical stimulation (NMES), transcutaneous electrical nerve stimulation (TENS), functional electrical stimulation (FES), interferential therapy, high-voltage pulsed current)
- Applications, indications, contraindications, and precautions of ultrasound modalities, excluding phonophoresis
- Applications, indications, contraindications, and precautions of mechanical modalities (e.g., mechanical motion devices, traction devices)
- Applications, indications, contraindications, and precautions of biofeedback
- Applications, indications, contraindications, and precautions of intermittent compression

## **SAFETY & PROTECTION**

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

- Factors influencing safety and injury prevention (e.g., safe patient handling, fall prevention, equipment maintenance, environmental safety)
- Function, implications, and related precautions of intravenous lines, tubes, catheters, monitoring devices, and mechanical ventilators/oxygen delivery devices
- Emergency preparedness (e.g., CPR, first aid, disaster response)
- Infection control procedures (e.g., standard/universal precautions, isolation techniques, sterile technique)
- Signs/symptoms of physical, sexual, and psychological abuse and neglect

## **PROFESSIONAL RESPONSIBILITIES**

This category refers to the responsibilities of health-care providers to ensure that patient/client management and health-care decisions take place in a trustworthy environment.

- Standards of documentation
- Patient/client rights (e.g., ADA, IDEA, HIPAA, patient bill of rights)
- Human resource legal issues (e.g., OSHA, sexual harassment)
- Roles and responsibilities of the physical therapist, physical therapist assistant, other health-care professionals, and support staff
- Standards of professional ethics

- Standards of billing, coding, and reimbursement
- Obligations for reporting illegal, unethical, or unprofessional behaviors (e.g., fraud, abuse, neglect)
- State and federal laws, rules, regulations, and industry standards set by state and accrediting bodies (e.g., state licensing entities, Joint Commission, CARF, CMS)
- Risk management and quality assurance (e.g., policies and procedures, incident reports, peer chart review)
- Cultural factors and/or characteristics that affect patient/client management (e.g., language differences, disability, ethnicity, customs, demographics, religion)
- Socioeconomic factors that affect patient/client management
- Applications and utilization of health information technology (e.g., electronic medical records)
- The provision and utilization of telehealth (i.e., the use of telecommunication technologies to provide health care information and services)

### **RESEARCH & EVIDENCE-BASED PRACTICE**

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

- Research methodology and interpretation (e.g., qualitative, quantitative, levels of evidence)
- Data collection techniques (e.g., surveys, direct observation)
- Measurement science (e.g., reliability, validity)
- Techniques for accessing evidence (e.g., peer-reviewed publications, scientific proceedings, guidelines, clinical prediction rules)
- Statistics (e.g., t-test, chi-square, correlation coefficient, ANOVA, likelihood ratio, effect size, confidence interval)

## 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 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 PEAT Performance Feedback Report that shows the number of questions you answered correctly in three content groupings: by category, by system, and by section.

You must complete the Practice Examination before you will be granted access to the Study Mode of PEAT. 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;
- Your answer to question;
- A rationale (or explanation) of why each option is correct or incorrect; and
- One or more references from the professional literature that support the rationale.

#### **TIMING ISSUES**

The Practice Examination allows you up to 5 hours to finish the examination. You should make every effort to answer all 225 questions in the 5-hour time period you are given. If you leave any questions unanswered, they will be counted as incorrect on your performance report. If you anticipate you may have a timing accommodation on the NPTE-PT, PEAT will allow you to simulate that accommodation.

You do not need to complete the Practice Examination in a single 5-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 5 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 5 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**

#### ***A passing score on PEAT does not mean you will pass the NPTE-PT.***

For the scores to be most valid, we recommend taking PEAT:

- In one sitting,
- In a space with minimal distractions,
- With few breaks,
- Timed as you expect to be timed on the NPTE-PT, and
- Without referencing study materials or other resources.

You should also place more faith in the scores from the PEAT form that is a retired NPTE-PT form, since these scores are calculated the same way as they were when administered operationally.

#### **USING THE PEAT PERFORMANCE FEEDBACK REPORT**

After you complete the Practice Examination for the first time, you will receive a PEAT Performance Feedback Report which contains three parts:

#### ***Part 1: Scores by Professional Activities.***

This report is based on the content outline for the examination. Every question on the examination is in a content outline category. Activities include: Physical Therapy Examination, Foundations for Evaluation, Differential Diagnosis, & Prognosis, Interventions, and Nonsystem Activities.

#### ***Part 2: Scores by Body System.***

This report provides information on how you did on questions related to the body systems: Cardiovascular & Pulmonary Systems, Musculoskeletal System, Neuromuscular & Nervous Systems, Integumentary System & Lymphatic System, and Other Systems (which includes Metabolic & Endocrine Systems, Gastrointestinal System, Genitourinary System, and System Interactions). 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.

#### ***Part 3: Scores by Section.***

This table displays performance in sections 1–5 and may help you determine if you lost concentration or experienced fatigue during the test. Scores by section should be interpreted with some caution, since

difficulty by section may vary slightly, but big differences between sections might suggest that your concentration or energy levels varied during the test.

### USING THE STUDY MODE

Study Mode will show which questions you got right and which questions you got wrong. You can then click on a question to view the individual question and the correct answer. You can also obtain rationales and references 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 56 practice questions on the topic of *Interventions*, and if you answered only 20 questions correctly, you may want to study some of the topics listed under topic *Interventions* in the Test Content Outline.

Remember to study *content areas* rather than simply learning the answers to the specific questions on PEAT. These exact questions will not appear on the NPTE-PT, but these content areas will all be covered by multiple questions on the NPTE-PT. Once you have studied the content in your weaker areas, we suggest you take the second PEAT form.

**Navigating through Study Mode.** You will be able to see the answer that you gave to each of the 250 practice questions, whether your answer was right or wrong, and the detailed content classification for each question.

You may go through all the questions in numerical order by clicking on the question number on the left hand side of Study Mode. The number refers to the section and the sequence within the section. For example, Question 2.40 refers to the 40<sup>th</sup> question in section 2. You may go directly to a specific question by clicking on the item number in the item listing. You may determine the order in which the items are displayed in Study Mode by selecting from the filters in the upper left corner. For example, 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 rationales and references for each question by clicking on the indicated buttons. Chapter 5 contains a list of the most frequently cited references.

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 questions 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 reading the rationales for each question. They show 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 PEAT forms can help you identify content topics that you need to study for the NPTE-PT. 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, or 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, sex, work, and other important details. Questions on the examination 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 **FIRST, BEST, INITIAL, or MOST** appropriate 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 capital letters and boldface type. 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.

## *Chapter 5*

### *References*

#### **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 in Study Mode, you can access the references for a given question by clicking on the reference button for that item. The references for the specific question will also include the page number to help make your review more efficient. This chapter summarizes the references that were most frequently cited on the PEAT items.

In August of 2020, FSBPT sent a survey to accredited PT and PTA education programs in the United States. The purpose of the survey is to ensure that the reference library maintained by FSBPT, which is used in the development of the PEAT and National Physical Therapy Examination (NPTE), reflects textbooks currently in use in PT and PTA education programs. To learn more about the textbook survey, please click here: [https://www.fsbpt.org/Portals/0/documents/educators/2020\\_Textbook\\_Survey\\_Report.pdf](https://www.fsbpt.org/Portals/0/documents/educators/2020_Textbook_Survey_Report.pdf). Although the list of textbooks in the survey report may be helpful in studying for the examination, it should **NOT** be treated as a list of “recommended” references.