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39	A	B	C	D	E

PRACTICE QUESTIONS

American Physical Therapy Association (APTA)

CAC2Q2JJ

APTA Orthopaedic Physical Therapy MOSC

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Physical Therapy Association (APTA) CAC2Q2JJ , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, CAC2Q2JJ
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A patient presents with neck pain, unilateral upper extremity paresthesia in the C6 dermatome, and a positive Spurling's test. Which of the following examination findings would most strongly suggest cervical myelopathy rather than cervical radiculopathy?

- ☐ A A positive upper limb tension test (ULTT1)
- ☐ B Diminished biceps brachii reflex
- ☒ C A positive Hoffman's sign with lower extremity hyperreflexia
- ☐ D Reduced cervical rotation range of motion

ANSWER C

WHY Hoffman's sign combined with lower extremity hyperreflexia indicates an upper motor neuron lesion, which is the hallmark of cervical myelopathy (compression of the spinal cord). The other findings (positive ULTT1, diminished biceps reflex, reduced ROM) are consistent with cervical radiculopathy or mechanical neck pain but do not specifically indicate myelopathy.

QUESTION 2

SINGLE CHOICE

A patient with acute low back pain reports symptom centralization with repeated lumbar extension in standing. According to the McKenzie/mechanical diagnosis and therapy (MDT) framework, this patient is most likely classified into which category?

- ☐ A Postural syndrome
- ☐ B Dysfunction syndrome
- ☒ C Derangement syndrome with a directional preference for extension
- ☐ D Spinal stenosis syndrome

ANSWER C

WHY In the MDT framework, centralization of symptoms during repeated movements indicates a derangement. Because centralization occurred with extension, the patient demonstrates a directional preference for extension, which guides treatment toward repeated extension exercises and avoidance of flexion-based postures.

QUESTION 3

SINGLE CHOICE

For a patient with subacromial impingement syndrome and scapular downward rotation identified during examination, which initial intervention is most appropriate based on current evidence?

- ☐ A Restrict all overhead activity indefinitely and apply ultrasound for pain relief
- ☒ B Begin a progressive scapular stabilization and rotator cuff strengthening program while temporarily modifying aggravating activities
- ☐ C Refer immediately for subacromial corticosteroid injection without trial of conservative care
- ☐ D Prescribe only passive stretching of the posterior capsule

ANSWER B

WHY Current evidence supports exercise-based rehabilitation, including scapular stabilizer and rotator cuff strengthening, as first-line management for subacromial impingement. Activity modification is used short-term to reduce aggravation, but indefinite restriction is not indicated. Corticosteroid injection is reserved for cases that fail an adequate trial of conservative care. Isolated posterior capsule stretching does not address the primary muscle performance deficits.

QUESTION 4

SINGLE CHOICE

Which clinical test is most appropriate to assess the integrity of the posterior cruciate ligament (PCL)?

- ☐ A Anterior drawer test
- ☐ B Lachman test
- ☒ C Posterior drawer test
- ☐ D Pivot shift test

ANSWER C

WHY The posterior drawer test is the primary clinical test for assessing PCL integrity. With the knee flexed to 90°, posterior translation of the tibia relative to the femur indicates PCL insufficiency. The anterior drawer and Lachman tests assess the ACL, and the pivot shift test is also used to assess ACL insufficiency.

QUESTION 5

SINGLE CHOICE

Which patient-reported outcome measure is most appropriate to capture disability related to lower extremity function in a patient with knee osteoarthritis being tracked across an episode of care?

- ☐ A Disabilities of the Arm, Shoulder, and Hand (DASH)
- ☒ B Lower Extremity Functional Scale (LEFS)
- ☐ C Neck Disability Index (NDI)
- ☐ D Oswestry Disability Index (ODI)

ANSWER B

WHY The Lower Extremity Functional Scale (LEFS) is a region-specific, validated outcome measure for lower extremity musculoskeletal conditions, including knee osteoarthritis. The DASH addresses upper extremity function, the NDI measures neck-related disability, and the ODI measures low back-related disability.

QUESTION 6

SINGLE CHOICE

A young adult runner reports anterior groin pain that is reproduced with prolonged hip flexion and adduction, and pain with resisted hip flexion. Which condition is most likely contributing to this presentation?

- ☐ A Gluteus medius tendinopathy
- ☒ B Femoroacetabular impingement (FAI) with labral involvement
- ☐ C Trochanteric bursitis
- ☐ D Hamstring origin tendinopathy

ANSWER B

WHY Anterior groin pain reproduced with hip flexion and adduction (as in FADIR/impingement testing) and with resisted hip flexion is classic for femoroacetabular impingement, often with associated labral pathology. Gluteus medius tendinopathy and trochanteric bursitis typically produce lateral hip pain, and hamstring origin tendinopathy typically produces pain in the proximal posterior thigh/ischial region.

QUESTION 7

SINGLE CHOICE

Current clinical practice guidelines for acute low back pain recommend which of the following as part of initial management?

- ☐ A Prolonged bed rest to allow tissue healing
- ☐ B Routine use of lumbar traction in all patients
- ☒ C Staying active, education, and supervised exercise with manual therapy as needed
- ☐ D Immediate advanced imaging in the absence of red flags

ANSWER C

WHY Current clinical practice guidelines (e.g., from APTA and other professional bodies) recommend that patients with acute low back pain without red flags remain active, receive education about the favorable natural history, and participate in supervised exercise, with manual therapy (such as spinal mobilization or manipulation) considered as a component of care. Prolonged bed rest is not recommended, routine traction lacks consistent evidence, and advanced imaging is not indicated without red flags.

QUESTION 8

SINGLE CHOICE

A patient presents with left shoulder pain that has no clear mechanism of injury, is worse at rest, and is accompanied by intermittent chest discomfort and shortness of breath with exertion. The physical therapist's most appropriate initial action is to:

- ☐ A Begin rotator cuff strengthening and re-evaluate in two weeks
- ☐ B Apply moist heat and soft tissue mobilization to the shoulder
- ☒ C Refer the patient to a physician for further medical evaluation
- ☐ D Perform a glenohumeral injection under physician protocol

ANSWER C

WHY Left shoulder pain with associated chest discomfort and exertional dyspnea raises concern for cardiac referred pain, a potentially life-threatening condition. The physical therapist should refer the patient to a physician for medical evaluation rather than initiate musculoskeletal interventions. PTs do not perform glenohumeral injections.

QUESTION 9

MULTIPLE CHOICE

Following a lateral ankle sprain, which examination findings are most consistent with involvement of the anterior talofibular ligament (ATFL)? (Choose two.)

- ☒ **A** Positive anterior drawer test of the talus
- ☐ **B** Tenderness over the sinus tarsi
- ☒ **C** Pain and apprehension with inversion stress in plantarflexion
- ☐ **D** Positive Thompson test

ANSWER A • C

WHY The ATFL is the most commonly injured ligament in a lateral ankle sprain. It is stressed by anterior translation of the talus (anterior drawer test) and by inversion in plantarflexion (where pain, apprehension, or laxity indicates ATFL involvement). Sinus tarsi tenderness more often reflects subtalar joint injury, and the Thompson test assesses Achilles tendon integrity, not lateral ligament involvement.