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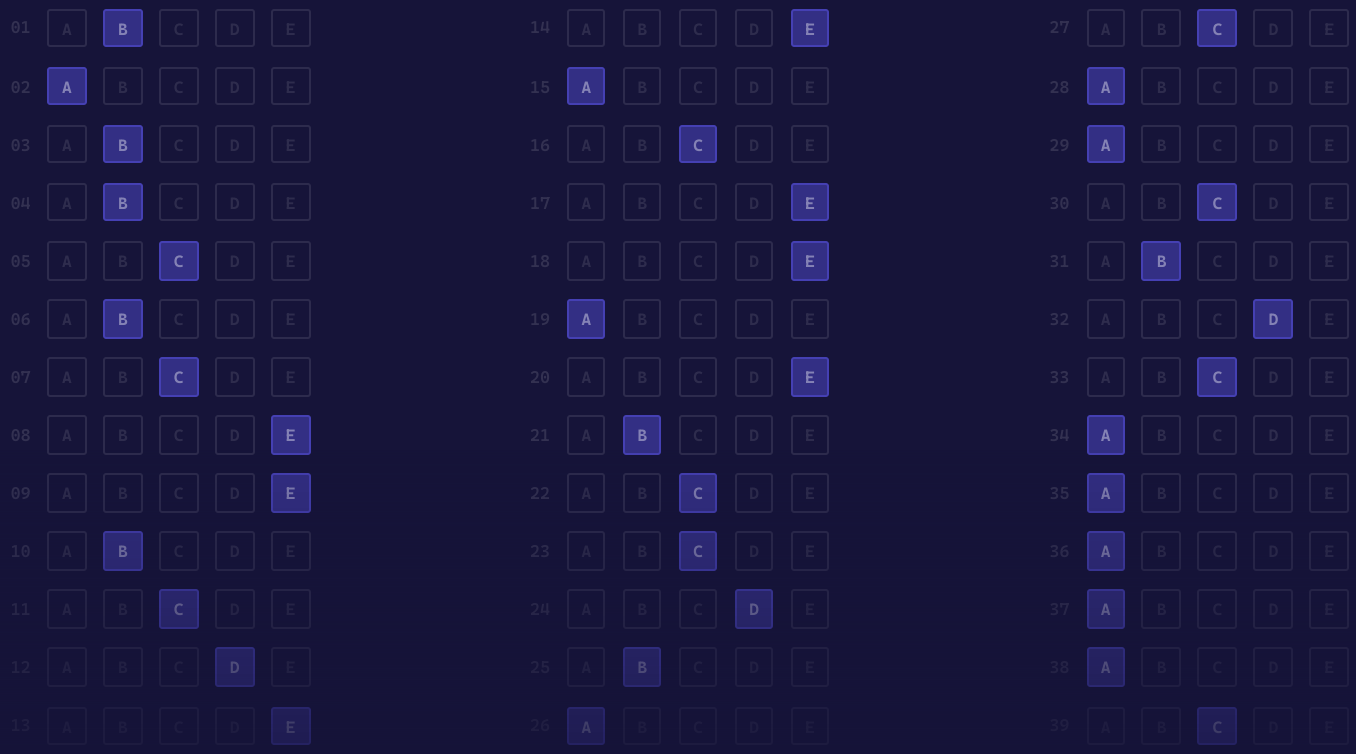

PRACTICE QUESTIONS

American Physical Therapy Association (APTA)

DLPT2TNL

Specialist Certification Examination In Neurologic Physical Therapy Accommodations

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Physical Therapy Association (APTA) `DLPT2TNL`, 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, `DLPT2TNL`
- the question number
- the email address on your order

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

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QUESTION 1 SINGLE CHOICE

A physical therapist is conducting an initial examination of a patient referred for left-sided hemiparesis following a recent right middle cerebral artery stroke. Which component of the patient history most directly informs the therapist's selection of outcome measures and prognosis for locomotor recovery?

A Patient's handedness prior to the stroke

B Time since onset of stroke and initial severity of impairment

C Patient's occupation prior to the stroke

D Family history of cardiovascular disease

ANSWER B

WHY Time since onset and initial severity (e.g., stroke severity scales, presence of neglect, degree of motor impairment early after stroke) are the strongest, evidence-based predictors of locomotor and functional recovery after stroke and directly guide selection of appropriate outcome measures (e.g., Berg Balance Scale, 6-minute walk test) and prognosis. Handedness, prior occupation, and family history, while relevant in a complete history, do not directly determine locomotor prognosis.

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QUESTION 2 SINGLE CHOICE

During examination of a patient with Parkinson disease, the therapist wishes to assess postural control in response to an external perturbation. Which of the following best describes the patient's automatic postural response when the therapist delivers a quick posterior push at the pelvis while the patient stands with feet shoulder-width apart?

A Hip strategy with dorsiflexion at the ankle

B Ankle strategy with gastrocnemius activation

C Hip strategy with activation of anterior tibialis and quadriceps

D No automatic postural response is expected in Parkinson disease

ANSWER C

WHY A posterior perturbation at the pelvis displaces the center of mass forward relative to the base of support, requiring a hip strategy. Automatic responses include activation of the anterior tibialis (to pull the tibia forward) and quadriceps (to extend the knees and pull the trunk forward over the base of support). Patients with Parkinson disease still generate automatic postural responses, although they may be slowed or scaled inappropriately, particularly when performing a concurrent cognitive task.

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QUESTION 3 SINGLE CHOICE

A patient with an incomplete spinal cord injury at C6 (AIS C) is 8 weeks post-injury. The therapist is establishing a prognosis for upper extremity functional recovery. Which statement best reflects the current evidence-based prognosis for this patient?

A Full recovery of intrinsic hand function is expected within 6 months

B Upper extremity recovery plateaus by 4 weeks post-injury

C Most motor recovery occurs within the first 6 months, with functional gains in wrist extension and grip possible

D No meaningful upper extremity recovery is expected at C6

ANSWER C

WHY The majority of motor recovery after incomplete spinal cord injury occurs within the first 6 months, with continued but slower gains up to 12–18 months. Patients with C6 AIS C injuries typically recover wrist extension and can develop tenodesis grip, with functional use of the hand for grasp and release. Full intrinsic hand function is not expected, and recovery does not plateau at 4 weeks. Prognosis is not hopeless at C6; meaningful functional gains are realistic and guide intervention.

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QUESTION 4 SINGLE CHOICE

A patient with multiple sclerosis (EDSS 5.5) reports increased fatigue limiting household ambulation. Which intervention strategy is most appropriate to include as a primary component of the plan of care?

A Continuous high-intensity treadmill training at 80% VO2 max

B Energy conservation techniques and task-specific training with rest breaks

C Strict bed rest to reduce fatigue

D Resistance training to muscle fatigue each session

ANSWER B

WHY Fatigue is one of the most common and disabling symptoms in multiple sclerosis and is worsened by heat, prolonged activity, and high-intensity continuous exercise. Evidence supports energy conservation strategies, activity pacing, cooling strategies, and task-specific training with scheduled rest breaks to improve participation and reduce fatigue impact. High-intensity continuous training, training to muscle fatigue, and bed rest are not appropriate primary strategies for managing MS-related fatigue.

QUESTION 5 SINGLE CHOICE

A therapist is designing a reaching task for a patient recovering from stroke. Which practice schedule best promotes transfer of motor learning to functional reaching in daily activities?

A Blocked practice of identical reaching movements for 200 repetitions

B Random practice of varied reaching tasks with feedback faded over time

C Massed practice of the same target reached as quickly as possible

D Mental rehearsal without physical practice

ANSWER B

WHY Motor learning principles and current evidence for stroke rehabilitation support random (variable) practice of meaningful, varied tasks with faded feedback as the most effective approach for promoting transfer and retention of motor skills. Blocked and massed practice improve immediate performance but produce inferior retention and transfer compared with variable/random practice. Mental rehearsal can be an adjunct but is not a substitute for task-specific physical practice.

QUESTION 6 SINGLE CHOICE

The Fugl-Meyer Assessment is most appropriate for which of the following purposes in neurologic physical therapy practice?

A Quantifying community walking speed after stroke

B **Measuring impairment-level motor recovery of the upper and lower extremities after stroke**

C Diagnosing the presence of cerebellar ataxia

D Assessing the risk of falls in Parkinson disease

ANSWER B

WHY The Fugl-Meyer Assessment is a stroke-specific, impairment-based measure that quantifies motor recovery of the upper and lower extremities (and also sensation, balance, and joint range) on a 0–2 ordinal scale. It is widely used as a measure of motor recovery and is not designed to measure community walking speed, diagnose cerebellar ataxia, or assess fall risk in Parkinson disease. The 10-meter walk test and 6-minute walk test are used for walking speed/endurance, and the Mini-BESTest or Berg Balance Scale are commonly used for fall risk.

QUESTION 7 SINGLE CHOICE

Which neural structure is primarily responsible for the regulation of muscle tone via descending influence on spinal interneurons and alpha motor neurons?

A Cerebellar vermis

B Primary motor cortex (Brodmann area 4)

C **Reticulospinal and vestibulospinal tracts**

D Dorsal column–medial lemniscal pathway

ANSWER C

WHY Muscle tone is heavily influenced by descending brainstem pathways—the reticulospinal (particularly the medial reticulospinal tract, which is generally inhibitory, and the pontine reticulospinal, which is facilitatory) and vestibulospinal tracts—which modulate spinal interneurons and alpha motor neurons. The dorsal column–medial lemniscal pathway is a sensory pathway and does not regulate tone. The primary motor cortex drives voluntary movement via the corticospinal tract but is not the primary regulator of tone; the cerebellar vermis is involved in postural control and coordination of axial muscles.

QUESTION 8 SINGLE CHOICE

A patient with incomplete spinal cord injury (T10, AIS D) is working on upright mobility. Which intervention is most appropriate to address orthostatic hypotension during initial upright activity?

A **Application of an abdominal binder and graduated compression stockings, with slow progression of upright tilt**

B Maximum-effort resisted leg press in supine

C High-velocity passive stretching of the hamstrings

D Cryotherapy to the lower extremities

ANSWER **A**

WHY Orthostatic hypotension is common after spinal cord injury due to loss of sympathetic outflow below the lesion, impaired vasomotor control, and loss of the skeletal muscle pump. Best-practice management includes an abdominal binder, graduated compression stockings, adequate hydration, slow progressive tilt-table or standing programs, and pharmacological consultation when indicated. Maximum-effort supine resistance training, hamstring stretching, and cryotherapy do not address the underlying venous pooling that drives orthostatic hypotension in this population.

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QUESTION 9 SINGLE CHOICE

A patient with Parkinson disease demonstrates difficulty initiating gait when given a verbal cue to "walk." Which motor learning/control concept best explains this finding and guides the therapist's choice of intervention?

A Automatic motor programs are intact but degraded by dual-task interference, so the therapist should progress to dual-task training

B The basal ganglia–supplemental motor area loop supporting internally generated movement is impaired, so external cueing (visual or auditory) should be used to facilitate gait initiation

C Deficits are due to weakness of the antigravity lower-extremity muscles, so resistive strengthening should precede gait training

D The deficit reflects cerebellar dysmetria, so the therapist should focus on accuracy of foot placement rather than cueing

ANSWER B

WHY Parkinson disease affects the basal ganglia, which via the supplemental motor area normally supports internally generated (self-initiated) movement. When this loop is impaired, patients rely on external cues (visual lines on the floor, auditory metronome, attentional strategies) to initiate and maintain gait. Option A misattributes the problem to dual-tasking, which is a separate (though real) issue in PD. Option C describes a weakness-based model that does not fit hypokinetic gait initiation. Option D describes cerebellar ataxia, which is not the primary pathophysiology of idiopathic Parkinson disease.

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