

01	☒ A	☐ B	☐ C	☐ D	☐ E
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36	☐ A	☐ B	☐ C	☒ D	☐ E
37	☐ A	☐ B	☐ C	☐ D	☒ E
38	☐ A	☐ B	☐ C	☒ D	☐ E
39	☐ A	☒ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

American Physical Therapy Association (APTA)

WZ9828XD

Specialist Certification Examination In Orthopaedic Physical
Therapy Accommodations

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Physical Therapy Association (APTA) WZ9828XD , 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, WZ9828XD
- 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 reports lateral elbow pain that is reproduced with resisted wrist extension and resisted middle finger extension. Which of the following diagnoses is most consistent with these findings?

- ☐ A Medial epicondylalgia
- ☒ B Lateral epicondylalgia
- ☐ C Radial tunnel syndrome
- ☐ D Posterior interosseous neuropathy

ANSWER B

WHY Resisted wrist extension and resisted third-digit extension both load the extensor carpi radialis brevis and extensor digitorum communis origins at the lateral epicondyle, which is the hallmark clinical pattern of lateral epicondylalgia. Medial epicondylalgia involves the flexor/pronator origin on the medial side. Radial tunnel syndrome and posterior interosseous neuropathy can produce lateral forearm pain but are not provoked by resisted wrist and finger extension in this consistent pattern.

QUESTION 2

SINGLE CHOICE

After a knee meniscectomy, which intervention principle is most appropriate during the early postoperative (acute) phase?

- ☐ A Begin aggressive closed-kinetic-chain squats to full depth
- ☐ B Avoid active knee extension in order to protect the meniscal repair
- ☐ C Progress to plyometric training
- ☒ D Initiate early weight bearing as tolerated and emphasize quadriceps activation with limited compressive loading

ANSWER D

WHY Following a partial meniscectomy, contemporary orthopaedic physical therapy practice supports early weight bearing as tolerated, restoration of quadriceps activation, and progression of loading in a graded manner without excessive tibiofemoral compression. Full-depth squats and plyometrics are advanced-phase interventions, and avoiding active knee extension is not supported as a routine precaution after meniscectomy.

QUESTION 3

SINGLE CHOICE

A patient with low back pain reports a recent unintended weight loss of 15 pounds, night pain that awakens them from sleep, and a history of cancer. Which of the following is the most appropriate initial clinical action?

- ☐ A Begin lumbar stabilization exercises and re-evaluate in two weeks
- ☐ B Apply ice, electrical stimulation, and progress to mechanical traction
- ☒ C Refer the patient back to the physician for further medical workup
- ☐ D Order advanced imaging such as MRI of the lumbar spine

ANSWER C

WHY The cluster of constitutional red-flag findings (unexplained weight loss, night pain, cancer history) suggests possible visceral or oncologic involvement. The appropriate action by a physical therapist is to refer the patient back to the physician for medical evaluation rather than initiate musculoskeletal interventions or self-order imaging.

QUESTION 4

MULTIPLE CHOICE

Which of the following are elements consistent with evidence-based practice as defined within orthopaedic physical therapy? (Choose two.)

- ☒ A Best available research evidence
- ☒ B Patient values and circumstances
- ☐ C Clinician preference based on prior training alone
- ☐ D Clinical expertise

ANSWER A • B

WHY Evidence-based practice integrates three components: best available research evidence, clinical expertise, and patient values and circumstances. Clinician preference in isolation, without integration of evidence or patient context, is not an element of evidence-based practice.

QUESTION 5

SINGLE CHOICE

Which special test is most appropriate to assess for glenohumeral impingement involving the supraspinatus tendon?

- ☐ A Speed's test
- ☐ B Yergason's test
- ☒ C Empty can (Jobe) test
- ☐ D Anterior slide test

ANSWER C

WHY The empty can, or Jobe, test is performed with the shoulder elevated to 90 degrees in the scapular plane and internally rotated; resistance applied against elevation specifically loads the supraspinatus and is used to assess for subacromial impingement and supraspinatus involvement. Speed's and Yergason's tests target the biceps/labrum, and the anterior slide test targets the superior labrum.

QUESTION 6

SINGLE CHOICE

A patient presents with cervical pain following a motor vehicle accident. Which examination cluster is most associated with identifying patients likely to benefit from cervical manipulation?

- ☒ A Positive distraction test, negative Spurling's test, and greater than 30 degrees of cervical rotation to the ipsilateral side
- ☐ B Positive Spurling's test, negative distraction test, and limited rotation
- ☐ C Positive upper limb tension test A and negative vertebral artery test
- ☐ D Positive sharp-Purser test and hyperreflexia of the upper extremities

ANSWER A

WHY The clinical prediction rule described in the literature for identifying patients likely to respond to cervical thrust manipulation includes: positive distraction test, negative Spurling's test, symptoms less than 30 days, no symptoms distal to the shoulder, Fear-Avoidance Beliefs Questionnaire work subscale score less than 12, and at least one cervical rotation greater than 50 degrees. The option referencing greater than 30 degrees is the simplified rotation criterion most often cited, and the combination with a positive distraction and negative Spurling's test best matches the published rule.

QUESTION 7

MULTIPLE CHOICE

Which of the following are appropriate components of a comprehensive nonoperative management program for a patient with knee osteoarthritis? (Choose two.)

- ☒ **A** Quadriceps strengthening and lower-extremity neuromuscular exercise
- ☒ **B** Weight management counseling and patient education on activity pacing
- ☐ **C** Bed rest for two weeks to unload the joint
- ☐ **D** High-dose corticosteroid injection as a first-line intervention

ANSWER A • B

WHY Clinical practice guidelines for knee osteoarthritis consistently recommend exercise (including quadriceps strengthening and neuromuscular training) along with weight management and patient education on activity modification. Prolonged bed rest is contraindicated because it worsens muscle weakness and joint stiffness, and high-dose corticosteroid injections are not a first-line conservative intervention.

QUESTION 8

SINGLE CHOICE

A patient with shoulder pain demonstrates a positive drop arm test and significant weakness with resisted abduction, with the arm held at approximately 90 degrees. These findings are most suggestive of which condition?

- ☐ **A** Adhesive capsulitis
- ☐ **B** Acromioclavicular joint sprain
- ☒ **C** Full-thickness rotator cuff tear involving the supraspinatus
- ☐ **D** Biceps tendinopathy

ANSWER C

WHY The drop arm test is classically associated with a significant supraspinatus tear: the patient cannot control the arm as it is lowered from an abducted position. Marked weakness with resisted abduction in the scapular plane, combined with a positive drop arm test, suggests a full-thickness rotator cuff tear rather than adhesive capsulitis, AC joint pathology, or biceps tendinopathy.

QUESTION 9

SINGLE CHOICE

When critically appraising a research study, which statistical measure is most appropriate to express the magnitude of treatment effect beyond chance?

- ☐ A p-value
- ☒ B Effect size
- ☐ C Confidence interval width alone
- ☐ D Standard error of the mean

ANSWER B

WHY Effect size quantifies the magnitude of a treatment effect and is independent of sample size, allowing the clinician to judge the clinical importance of an intervention. The p-value indicates whether the result is statistically different from chance but does not convey effect magnitude. Confidence intervals convey precision and may include effect size information, but the magnitude itself is reported as the effect size. Standard error of the mean describes variability of a sample mean, not treatment effect magnitude.