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PRACTICE QUESTIONS

American Physical Therapy Association (APTA)

UKNE2EH6

Specialist Certification Examination In Pediatric Physical Therapy

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

Before you begin

What this is

9 practice questions for American Physical Therapy Association (APTA) `UKNE2EH6`, 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, `UKNE2EH6`
- 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 MULTIPLE CHOICE

Which of the following are appropriate components of a comprehensive examination for an infant born at 28 weeks gestation now at 4 months corrected age? (Choose two.)

A **Test of Infant Motor Performance (TIMP)**

B Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)

C **Alberta Infant Motor Scale (AIMS)**

D Peabody Developmental Motor Scales, Second Edition (PDMS-2)

ANSWER **A · C**

WHY The TIMP and AIMS are both validated for use with infants from birth through the early months of life and are appropriate for a 4-month corrected-age infant born preterm. The BOT-2 is normed for children 4 years and older, and the PDMS-2, while usable in infancy, is generally selected when a fuller developmental profile is needed rather than as a first-line infant motor performance measure at this corrected age.

QUESTION 2 MULTIPLE CHOICE

Which of the following intervention strategies are evidence-supported for promoting early sitting balance in infants 6-9 months of age? (Choose two.)

A **Practice of reaching for toys outside the base of support while seated**

B Passive restraint in a seating device for prolonged postural support

C **Handling techniques that promote activation of trunk muscles during transitions**

D Static positioning on a flat surface with no environmental variability

ANSWER **A · C**

WHY Reaching outside the base of support challenges postural control and is a well-supported activity for developing sitting balance. Handling that activates trunk musculature during transitions (e.g., caregiver-guided movement) is consistent with motor learning and neurodevelopmental approaches. Passive restraint and static positioning limit active postural adjustments and are not evidence-supported as primary interventions for developing sitting control.

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QUESTION 3 SINGLE CHOICE

According to the APTA's Guide to Physical Therapist Practice, the physical therapist's responsibility for a patient with an established medical diagnosis typically begins with which element of patient management?

A Intervention

B Examination

C Diagnosis

D Outcomes

ANSWER B

WHY In the Guide to Physical Therapist Practice, patient management begins with the Examination, which is followed by the Evaluation, Diagnosis, Prognosis (including Plan of Care), Intervention, and Outcomes. Even when a medical diagnosis is already established, the physical therapist conducts an examination to determine the movement-related diagnoses and need for intervention.

QUESTION 4 SINGLE CHOICE

Independent ambulation typically emerges in typically developing children between what age range?

A 8 to 10 months

B 10 to 14 months

C 12 to 18 months

D 18 to 24 months

ANSWER C

WHY Independent ambulation typically emerges between approximately 12 and 18 months of age in children without developmental concerns. Walking before 10 months or after 18 months warrants further examination for delays or neuromuscular involvement.

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QUESTION 5 SINGLE CHOICE

Which standardized assessment tool is most appropriate for examining gross motor skills in a 5-year-old child with suspected motor delays?

A Peabody Developmental Motor Scales, Second Edition (PDMS-2)

B **Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)**

C Test of Infant Motor Performance (TIMP)

D Alberta Infant Motor Scale (AIMS)

ANSWER B

WHY The BOT-2 is normed for children ages 4 through 21 and is appropriate for examining gross and fine motor proficiency in a 5-year-old. The PDMS-2 is typically used with younger children, while the TIMP and AIMS are designed for infants and would not be appropriate for a 5-year-old.

QUESTION 6 SINGLE CHOICE

In cerebral palsy, spasticity is classified according to the body distribution of involvement. Which distribution affects one entire side of the body?

A Diplegia

B Quadriplegia

C **Hemiplegia**

D Monoplegia

ANSWER C

WHY Hemiplegia refers to involvement of one side of the body (upper and lower extremity on the same side). Diplegia involves primarily the lower extremities, quadriplegia involves all four extremities and trunk, and monoplegia refers to involvement of a single limb.

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QUESTION 7 SINGLE CHOICE

Constraint-induced movement therapy (CIMT) for children with hemiplegic cerebral palsy is most appropriate for which clinical goal?

A Reducing spasticity in the lower extremities

B Improving upper extremity function of the more affected limb

C Increasing respiratory capacity

D Addressing visual-perceptual deficits

ANSWER B

WHY CIMT involves restraining the less-affected upper extremity while providing intensive, structured practice with the more affected upper extremity. It is intended to improve upper extremity function on the more affected side in children with hemiplegic cerebral palsy and similar unilateral impairments.

QUESTION 8 SINGLE CHOICE

Which of the following best describes the principle of family-centered care in pediatric physical therapy?

A The therapist directs all decisions about the child's care based on clinical expertise.

B The family is recognized as the constant in the child's life and collaborates with professionals in care decisions.

C Services are delivered primarily in clinical settings to ensure consistent technique.

D Family involvement is limited to receiving home program instructions.

ANSWER B

WHY Family-centered care is grounded in the recognition that the family is the constant in the child's life. Practitioners collaborate with the family, respect their expertise about their child, and support the family's role in decision-making. The other options describe provider-directed, setting-restricted, or limited-involvement models inconsistent with family-centered care.

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QUESTION 9 SINGLE CHOICE

Which postural deviation is characterized by an increase in the normal thoracic kyphotic curve, increased forward shoulder positioning, and a forward head?

A Sway-back posture

B Kypholordotic posture

C Flat-back posture

D Lordotic posture

ANSWER B

WHY A kypholordotic posture involves an exaggerated thoracic kyphosis with a compensatory increase in lumbar lordosis, forward shoulders, and forward head. Sway-back and flat-back postures involve different compensatory alignment patterns, and a lordotic posture primarily reflects excessive anterior pelvic tilt and lumbar lordosis without the thoracic component.

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