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38	☐ A	☒ B	☐ C	☐ D	☐ E
39	☐ A	☐ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

American Physical Therapy Association (APTA)

HRX6U6YG

Specialist Certification Examination in Pelvic and Women's
Health Physical Therapy

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Physical Therapy Association (APTA) **HRX6U6YG**, 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, **HRX6U6YG**
- 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 with pelvic floor dysfunction presents with shortness of breath and a sensation of incomplete emptying of the rectum during defecation attempts. Which of the following is the most likely contributing muscular or fascial impairment based on the integrated pelvic floor and respiratory/interoceptive model?

- ☐ A Isolated overactivity of the pubococcygeus without diaphragmatic involvement
- ☐ B Dysfunction of the deep fibers of the external anal sphincter only
- ☒ C Inability of the pelvic floor to eccentrically lengthen through full excursion of the thoracoabdominal diaphragm
- ☐ D Restricted mobility of the sacroiliac joint limiting gluteus maximus activation

ANSWER C

WHY Contemporary pelvic floor practice recognizes the thoracoabdominal diaphragm and pelvic floor as a coordinated pressure system. A pelvic floor that cannot eccentrically lengthen, often tied to diaphragmatic excursion deficits, contributes to symptoms such as incomplete emptying of the rectum and dyssynergia. Options A, B, and D describe localized muscle or joint impairments that do not adequately explain the respiratory and evacuation components described.

QUESTION 2

SINGLE CHOICE

Which clinical presentation is most consistent with vulvodynia, provoked subtype, as defined by current consensus terminology?

- ☐ A Persistent dull vulvar aching lasting more than three months with no identifiable trigger
- ☒ B Burning and stinging of the vestibule provoked by light touch or attempted vaginal penetration, lasting seconds to minutes and relieved between events
- ☐ C Cyclical vulvar pain that coincides with menses and is associated with oral contraceptive use
- ☐ D Throbbing vulvar pain with elevated white blood cell count and purulent discharge

ANSWER B

WHY Vulvodynia is vulvar pain without an identifiable cause that persists for at least three months. The provoked subtype is characterized by pain triggered by contact (e.g., intercourse, tampon insertion, light touch) at the vestibule. Option A describes generalized unprovoked vulvodynia. Option C describes hormonally mediated vestibulodynia features that are not the classic provoked pattern. Option D suggests an infectious process, not vulvodynia.

QUESTION 3

SINGLE CHOICE

The levator ani muscle group attaches anteriorly to which bony landmark?

- ☐ A Ischial tuberosities
- ☒ B Posterior aspect of the pubic bone near the midline
- ☐ C Tip of the coccyx
- ☐ D Inner surface of the obturator membrane

ANSWER B

WHY The levator ani group (pubovaginalis, puborectalis, pubococcygeus, and iliococcygeus) has an anterior attachment on the posterior surface of the pubic bone near the midline. The ischial tuberosity is the attachment for the external anal sphincter and deep perineal muscles, not the levator ani. The coccyx is a posterior attachment, not anterior. The obturator internus attaches to the obturator membrane.

QUESTION 4

SINGLE CHOICE

For a patient with stress urinary incontinence following a radical prostatectomy, which pelvic floor muscle training (PFMT) dosing parameter is most supported by current pelvic health literature?

- ☐ A Maximal voluntary contractions sustained for 1 second, 100 repetitions daily, performed only in supine
- ☐ B High-intensity, low-repetition bursts using Valsalva to strengthen the pelvic floor quickly
- ☒ C Moderately intense, sustained submaximal to near-maximal contractions (3 seconds hold/6 seconds rest), progressed over 8–12 weeks, with adherence and functional integration emphasized
- ☐ D Kegel contractions performed only at maximum effort once weekly in the clinic

ANSWER C

WHY Evidence-based PFMT for post-prostatectomy stress urinary incontinence emphasizes sufficiently intense contractions with appropriate rest, progression, and adherence over several weeks, integrated into functional tasks. Options A and D describe inappropriate dosing and frequency. Option B describes Valsalva effort, which recruits the abdominal wall bearing down rather than the pelvic floor lifting and is contraindicated as a strengthening strategy.

QUESTION 5

MULTIPLE CHOICE

Which of the following are appropriate components of a pelvic floor external and internal physical examination? (Choose two.)

- ☒ **A** Observation of skin integrity and perineal movement during breath, cough, and effort
- ☒ **B** Palpation of the pubococcygeus, puborectalis, obturator internus, and external anal sphincter for tone, tenderness, and ability to contract and relax
- ☐ **C** Continuous cardiac telemetry throughout the entire internal examination regardless of patient history
- ☐ **D** Mandatory rectovaginal examination as a first-line screening for all obstetric patients

ANSWER A • B

WHY Standard pelvic floor examination includes external observation of skin integrity and movement with breath/cough/effort, and internal palpation for tone, tenderness, and motor control of key muscles (pubococcygeus, puborectalis, obturator internus, external anal sphincter). Continuous cardiac telemetry is not a routine requirement of a pelvic floor examination. A rectovaginal examination is not a mandated first-line screen for all obstetric patients and is performed only when clinically indicated.

QUESTION 6

SINGLE CHOICE

A physical therapist is reviewing the medication list of a patient referred for urinary urgency and frequency. Which medication class is most commonly associated with worsening urgency and incontinence as a known side effect?

- ☒ **A** Loop diuretics
- ☐ **B** Topical vaginal estrogen
- ☐ **C** Tricyclic antidepressants used at night
- ☐ **D** Calcium channel blockers

ANSWER A

WHY Loop diuretics increase urine production and can worsen urgency, frequency, and urge incontinence, particularly in older adults. Topical vaginal estrogen is used to improve urogenital tissue health in genitourinary syndrome of menopause. Tricyclic antidepressants may have anticholinergic effects that reduce urgency. Calcium channel blockers can cause constipation but are not commonly associated with worsening urinary urgency.

QUESTION 7

SINGLE CHOICE

A pregnant patient at 32 weeks gestation reports new-onset left lower extremity swelling, calf pain, and a sensation of heaviness. Which action by the pelvic health physical therapist is most appropriate?

- ☐ A Begin weekly manual therapy to the left calf and progress to deep calf massage
- ☒ B Refer to the obstetric provider for urgent evaluation to rule out deep vein thrombosis before initiating manual therapy or exercise
- ☐ C Apply a sequential compression device and continue the current exercise program
- ☐ D Initiate pelvic floor muscle training because pregnancy is the most likely cause of these findings

ANSWER B

WHY Pregnancy is a hypercoagulable state, and unilateral lower extremity swelling, calf pain, and heaviness are red flags that warrant urgent medical evaluation for deep vein thrombosis. Deep calf massage is contraindicated in suspected DVT due to risk of embolic events. While compression devices are part of DVT management, they are initiated after medical evaluation. Pelvic floor training does not address these symptoms.

QUESTION 8

SINGLE CHOICE

Which documentation element is essential when billing for a pelvic floor initial evaluation under typical payer requirements for physical therapy services?

- ☐ A A daily exercise log signed by the patient
- ☒ B A detailed problem list including functional deficits, standardized outcome measures, and a plan of care with frequency, duration, and goals
- ☐ C A narrative that focuses exclusively on the patient's self-reported pain rating
- ☐ D A single re-evaluation note at discharge with no interim documentation

ANSWER B

WHY Payer documentation for an initial evaluation of a pelvic floor patient must include functional deficits, objective findings, standardized outcome measures, a problem list, and a plan of care that specifies frequency, duration, anticipated goals, and projected discharge plan. A daily exercise log is not required. Pain rating alone is insufficient. Single discharge-only documentation does not meet ongoing medical necessity requirements.

QUESTION 9

MULTIPLE CHOICE

Which of the following innervate components of the pelvic floor? (Choose two.)

- ☒ A Pudendal nerve (S2–S4) to the external urethral and anal sphincters and perineal muscles
- ☐ B Vagus nerve supplying the levator ani
- ☒ C Nerves to levator ani (S3–S5) directly innervating the levator ani muscle group
- ☐ D Phrenic nerve innervating the pelvic floor

ANSWER A - C

WHY The pudendal nerve (S2–S4) provides somatic innervation to the external urethral sphincter, external anal sphincter, and the perineal muscles. The levator ani receives direct somatic innervation from nerves to levator ani arising from S3–S5. The vagus nerve does not innervate pelvic floor structures in the adult. The phrenic nerve innervates the thoracoabdominal diaphragm, not the pelvic floor.