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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

American Physical Therapy Association (APTA)

PW8VTVCR

Specialist Certification Examination In Wound Management
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) PW8VTVCR , 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, PW8VTVCR
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

Which wound classification system is most appropriate for documenting the extent of tissue destruction based on percentage of body surface area (BSA) involvement, commonly used in burn injury assessment?

- ☐ A Wagner-Meggitt classification
- ☐ B Parkland formula classification
- ☒ C Rule of Nines
- ☐ D University of Texas classification

ANSWER C

WHY The Rule of Nines is the standard tool for estimating the percentage of body surface area involved in burn injuries in adults, dividing the body into regions each representing approximately 9% (or multiples thereof). The Wagner-Meggitt and University of Texas classifications are used for diabetic foot ulcers and pressure injuries, respectively, and Parkland formula is a fluid resuscitation calculation, not a BSA classification.

QUESTION 2

SINGLE CHOICE

A patient with a venous insufficiency ulcer presents with significant lower extremity edema. Which intervention is the MOST appropriate to include in the physical therapy plan of care to promote wound healing?

- ☐ A Application of a heating pad to increase local circulation
- ☒ B Compression therapy combined with elevation of the lower extremities
- ☐ C Whirlpool therapy at 40°C to promote granulation tissue formation
- ☐ D High-voltage electrical stimulation to enhance fibroblast activity

ANSWER B

WHY Venous insufficiency ulcers result from venous hypertension and edema. Compression therapy (e.g., multilayer compression bandaging) combined with leg elevation is the standard of care to reduce edema, improve venous return, and promote healing. Heat, whirlpool at high temperatures, and electrical stimulation do not address the underlying pathophysiology of venous insufficiency and may even be harmful.

QUESTION 3

SINGLE CHOICE

During which phase of wound healing does fibroblast proliferation and collagen deposition primarily occur?

- ☐ A Hemostasis phase
- ☐ B Inflammatory phase
- ☒ C Proliferative phase
- ☐ D Remodeling phase

ANSWER C

WHY The proliferative phase is characterized by fibroblast proliferation, collagen synthesis, angiogenesis, granulation tissue formation, and epithelialization. Hemostasis involves clot formation, the inflammatory phase involves neutrophil and macrophage activity to clear debris and bacteria, and the remodeling phase involves collagen reorganization and maturation.

QUESTION 4

SINGLE CHOICE

Which of the following is the PRIMARY risk factor for the development of a diabetic foot ulcer?

- ☐ A Peripheral arterial disease alone
- ☒ B Loss of protective sensation (neuropathy) combined with foot deformity
- ☐ C Intermittent claudication without tissue loss
- ☐ D Venous insufficiency with skin discoloration

ANSWER B

WHY The primary pathophysiology of diabetic foot ulcers involves peripheral neuropathy (loss of protective sensation) combined with biomechanical foot deformities that create high-pressure areas prone to breakdown. While peripheral arterial disease is an important comorbidity that affects healing, the combination of neuropathy and deformity is the primary driver of ulceration in this population.

QUESTION 5

SINGLE CHOICE

Which type of wound dressing is MOST appropriate for a wound with moderate exudate that requires maintaining a moist environment while absorbing excess fluid?

- ☐ A Wet-to-dry gauze
- ☐ B Hydrocolloid dressing
- ☒ C Foam dressing
- ☐ D Transparent film dressing

ANSWER C

WHY Foam dressings are highly absorbent and maintain a moist environment, making them appropriate for wounds with moderate to heavy exudate. Hydrocolloids are better for light to moderate exudate, transparent film is for superficial wounds with minimal exudate, and wet-to-dry gauze is considered a non-selective debridement method that disrupts granulation tissue upon removal and is not best practice for routine wound management.

QUESTION 6

SINGLE CHOICE

Which method of debridement is CONTRAINDICATED in a wound with dry, stable eschar on the heel of a patient with adequate perfusion?

- ☐ A Autolytic debridement
- ☐ B Sharp surgical debridement
- ☐ C Enzymatic debridement with collagenase
- ☒ D Mechanical debridement with wet-to-dry dressings

ANSWER D

WHY Wet-to-dry mechanical debridement is a non-selective method that damages healthy granulation tissue and is considered an outdated practice. For a stable, dry eschar on the heel with adequate perfusion (no signs of infection), it is generally recommended to leave the eschar intact as a natural biological cover. Sharp debridement, autolytic, and enzymatic methods are more selective and appropriate options if debridement is indicated.

QUESTION 7

SINGLE CHOICE

When staging a pressure injury, which stage BEST describes a pressure injury with full-thickness tissue loss in which adipose (fat) is visible, but bone, tendon, or muscle are NOT exposed?

- ☐ A Stage 1
- ☒ B Stage 3
- ☐ C Stage 4
- ☐ D Unstageable

ANSWER B

WHY According to the National Pressure Injury Advisory Panel (NPIAP) staging system, Stage 3 pressure injuries involve full-thickness tissue loss with visible adipose (fat) tissue, but bone, tendon, or muscle are not exposed. Stage 4 involves exposed bone, tendon, or muscle; Stage 1 is non-blanchable erythema of intact skin; and Unstageable involves obscured full-thickness tissue loss due to slough or eschar.

QUESTION 8

SINGLE CHOICE

A patient with a chronic wound has laboratory values indicating a serum albumin of 2.0 g/dL. Which condition does this MOST likely indicate that would impair wound healing?

- ☐ A Hyperglycemia
- ☒ B Protein-calorie malnutrition
- ☐ C Iron-deficiency anemia
- ☐ D Hypercoagulable state

ANSWER B

WHY A serum albumin level of 2.0 g/dL is significantly below the normal range (3.5–5.0 g/dL) and indicates protein-calorie malnutrition, which impairs wound healing by limiting amino acid availability for collagen synthesis, fibroblast proliferation, and immune function. While hyperglycemia, anemia, and hypercoagulable states can also impair healing, low albumin specifically reflects malnutrition.

QUESTION 9

MULTIPLE CHOICE

Which of the following interventions are appropriate to include in a physical therapy plan of care for a patient with a chronic wound? (Choose two.)

- ☒ **A** Compression therapy for venous insufficiency ulcers
- ☐ **B** Offloading for diabetic foot ulcers
- ☐ **C** Application of heat directly over an ischemic limb
- ☒ **D** Positioning to relieve pressure on bony prominences
- ☐ **E** Aggressive sharp debridement of stable, dry eschar without signs of infection

ANSWER A - D

WHY Compression therapy is the standard of care for venous insufficiency ulcers to reduce edema and improve venous return, and positioning to relieve pressure on bony prominences is critical for preventing and treating pressure injuries. Heat application to an ischemic limb is contraindicated due to risk of burns and increased metabolic demand. Offloading is appropriate for diabetic foot ulcers, but the question requires selection of two answers and sharp debridement of stable, dry eschar without infection is generally contraindicated.