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39	A	B	C	D	E

PRACTICE QUESTIONS

Rehabilitation Engineering And Assistive Technology Society (RESNA)

SMS

Seating and Mobility Specialist

EDITION

Demo

QUESTIONS

9

ISSUED

September 3, 2026

Before you begin

What this is

9 practice questions for Rehabilitation Engineering And Assistive Technology Society (RESNA) **SMS**, 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, **SMS**
- 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 seating and mobility specialist is beginning an evaluation for a client who uses a manual wheelchair. Which component of the assessment is most appropriately obtained FIRST in the evaluation process?

- ☐ A A pressure mapping session to identify high-risk areas on the seating surface
- ☒ B A mat assessment to determine the client's postural alignment and range of motion
- ☐ C A simulation of the proposed wheelchair in the home environment
- ☐ D A funding eligibility verification with the client's payer source

ANSWER B

WHY The mat assessment is performed early because it establishes the client's postural alignment, range of motion, and flexibility without the influence of the existing seating. Pressure mapping, simulation, and funding verification occur later in the process once baseline postural needs are understood.

QUESTION 2

SINGLE CHOICE

A client presents with a fixed posterior pelvic tilt and a resulting thoracic kyphosis that is non-reducible. Which seating approach is most appropriate?

- ☐ A Force the pelvis into a neutral tilt using aggressive anterior pelvic belts and a firm planar seat
- ☒ B Provide a contoured seat that accommodates the fixed posterior tilt while supporting the trunk in its current alignment
- ☐ C Use a sling back and sling seat to maximize skin protection at the sacrum
- ☐ D Position the client in a posterior tilt to reduce pressure on the ischial tuberosities

ANSWER B

WHY When a deformity is non-reducible, the goal is to accommodate, not correct, the posture. A contoured seat that respects the fixed posterior pelvic tilt supports the client's actual alignment without forcing correction, which would create shear, pressure, and discomfort.

QUESTION 3

SINGLE CHOICE

Which wheelchair frame measurement is taken from the front of the backrest post to the rear of the backrest post and influences the user's ability to grip the handrims?

- ☐ A Seat depth
- ☐ B Seat width
- ☐ C Camber angle
- ☒ D Camber is not measured here; this describes axle position relative to the seat

ANSWER D

WHY Axle position (often described relative to the seat reference or frame) is the relevant measurement that affects rear wheel access, handrim grip, and tipping stability. Seat depth and seat width do not describe this dimension, and camber refers to the angle of the wheel itself.

QUESTION 4

SINGLE CHOICE

Which statement best describes the relationship between pressure, shear, and skin integrity in a wheelchair-seated client?

- ☐ A Shear forces reduce capillary closing pressure and therefore always improve tissue perfusion
- ☒ B Prolonged pressure above capillary closing pressure combined with shear is a primary contributor to pressure injury development
- ☐ C Pressure injuries only develop in the presence of moisture; shear is not a contributing factor
- ☐ D Reducing pressure alone eliminates shear-related tissue deformation

ANSWER B

WHY Tissue tolerance is influenced by pressure magnitude and duration, shear, moisture, and microclimate. Sustained loading above capillary closing pressure, combined with shear-induced deformation, is well established as a primary mechanism of pressure injury development.

QUESTION 5

SINGLE CHOICE

A client has limited upper extremity endurance and propulsion efficiency. Which manual wheelchair configuration change is MOST likely to reduce the energy required for self-propulsion?

- ☐ A Adding standard 24-inch wheels with minimal camber
- ☒ B Positioning the rear axle more anteriorly relative to the seat
- ☐ C Increasing the seat-to-floor height significantly above the standard
- ☐ D Switching to a heavier, folding cross-brace frame

ANSWER B

WHY Placing the rear axle more anteriorly relative to the user's shoulder reduces the rolling resistance and improves handrim access, decreasing the energy required for each stroke. Increasing seat-to-floor height, adding camber, and using heavier folding frames generally increase rolling resistance or weight.

QUESTION 6

SINGLE CHOICE

Which factor should be assessed FIRST when determining whether a client is a candidate for a power wheelchair with electronic drive controls?

- ☐ A Available funding through third-party payers
- ☒ B The client's cognitive, perceptual, and motor ability to safely operate the device
- ☐ C The brand of electronics preferred by the prescribing clinician
- ☐ D The number of available seating functions on the chair

ANSWER B

WHY A power mobility evaluation begins with determining whether the client can safely and effectively operate the controls. Cognitive, perceptual, visual, and motor abilities must be assessed before specific drive controls, electronics, or seating functions are selected. Funding and brand decisions follow clinical justification.

QUESTION 7

SINGLE CHOICE

A client demonstrates frequent forward sliding in the wheelchair. Which intervention addresses the underlying cause of sacral sitting rather than only the symptom?

- ☐ A Adding a pelvic belt that is applied at 45 degrees to the seat
- ☐ B Adding a chest strap across the sternum
- ☐ C Increasing the cushion thickness to provide more immersion
- ☒ D Reorienting the seating system to support the pelvis in neutral with appropriate thigh-to-trunk angle

ANSWER D

WHY Sacral sitting is typically driven by a posterior pelvic tilt often linked to hamstring tightness, seat depth, back angle, or thoracic posture. Achieving pelvic neutrality by addressing thigh-to-trunk angle and overall seating geometry addresses the cause, whereas belts and chest straps at the wrong angle can only restrain the symptom and may increase pressure or shear.

QUESTION 8

SINGLE CHOICE

When documenting a seating and mobility recommendation, which element is MOST critical to justify medical necessity to a payer source?

- ☐ A A list of all available products from multiple manufacturers
- ☒ B A detailed narrative linking the client's functional limitations and diagnosis to the specific features of the recommended equipment
- ☐ C A copy of the client's marketing preferences for wheelchair color and accessories
- ☐ D A generic template letter with no client-specific information

ANSWER B

WHY Payers require clinical documentation that clearly links the client's diagnosis, functional limitations, and goals to the specific features and configurations of the recommended equipment. This functional-justification narrative establishes medical necessity; generic templates and unrelated information do not.

QUESTION 9

MULTIPLE CHOICE

Which of the following are recognized contributors to pressure injury risk in a wheelchair-seated client? (Choose two.)

- ☒ **A** Sustained pressure exceeding capillary closing pressure over bony prominences
- ☐ **B** Use of a properly contoured cushion matched to the client's postural needs
- ☒ **C** Exposure of skin to prolonged moisture and elevated temperature
- ☐ **D** Maintaining the seat-to-back angle at 90 degrees with no tilt or recline capability

ANSWER A • C

WHY Pressure above capillary closing pressure over bony prominences and exposure to moisture and heat (poor microclimate) are both well-recognized intrinsic and extrinsic risk factors for pressure injuries. A properly contoured cushion reduces risk rather than contributing to it, and seat-to-back angle alone is not itself a pressure risk factor.