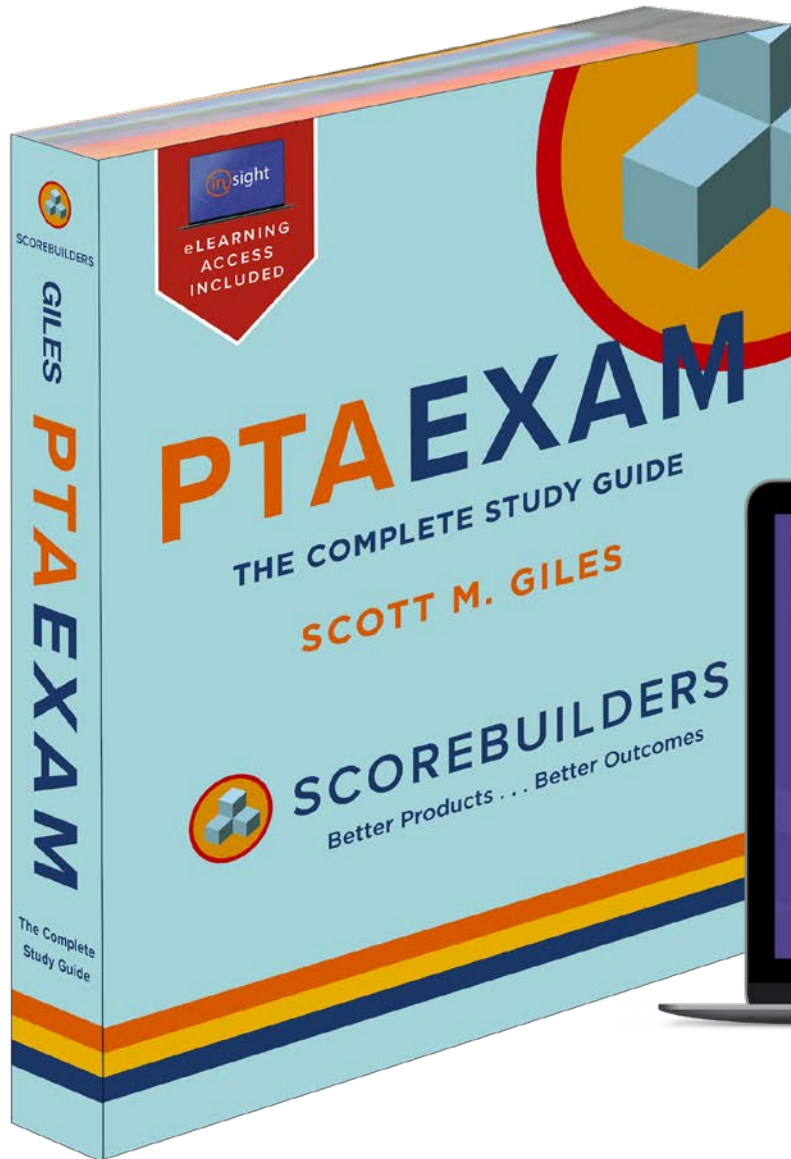
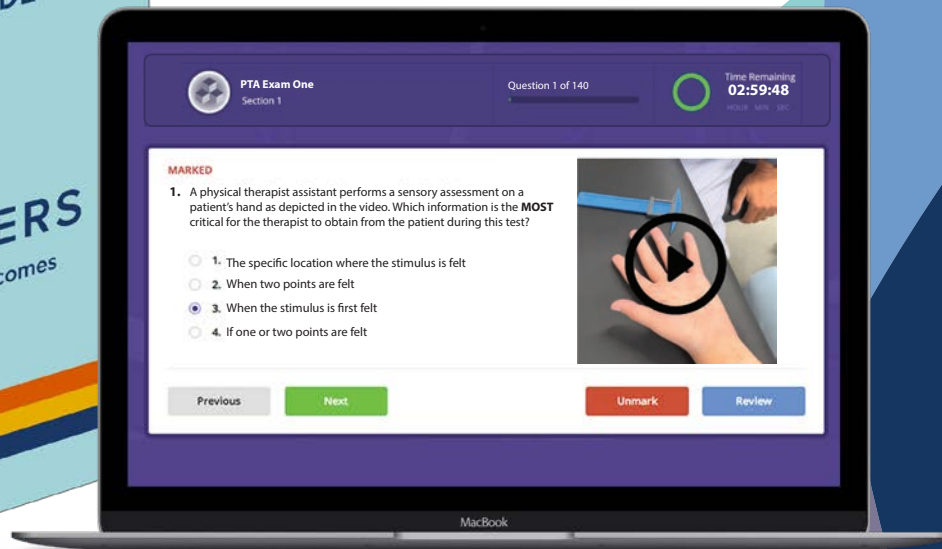


# PTAEXAM THE COMPLETE STUDY GUIDE

## VIEWBOOK

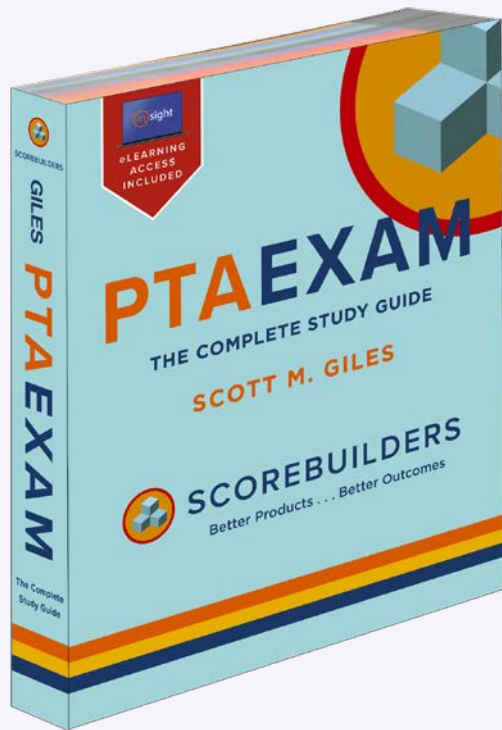


Updated  
for 2024  
NPTE-PTA  
Blueprint!



# The Gold Standard

Explore our viewbook to discover why Scorebuilders' **PTAEXAM: The Complete Study Guide** sets a new standard in review book excellence.



**PTAEXAM: The Complete Study Guide** is the most comprehensive resource available for the NPTE-PTA. The resource includes a **complete academic review** and the **most realistic sample exams** available.

**Author:** Scott Giles PT, DPT, MBA

**Pages:** 1000

**ISBN:** 978-1-890989-47-7

**Price:** \$89.00



The review book purchase includes access to **Insight**, which contains 420 clinically-oriented questions and detailed explanations of the correct and incorrect answers. Students have the ability to create custom exams and compare their results to other students in a variety of system and content outline areas.

# We're Ready for the 2024 Blueprint Change - Are You?

Scorebuilders has been hard at work to ensure you have the latest and greatest information for the NPTE-PTA!



## New Academic Content Additions

Neurological Rehabilitation

Pediatrics

Positioning expansion

Integumentary anatomy expansion

Telehealth

Long-COVID

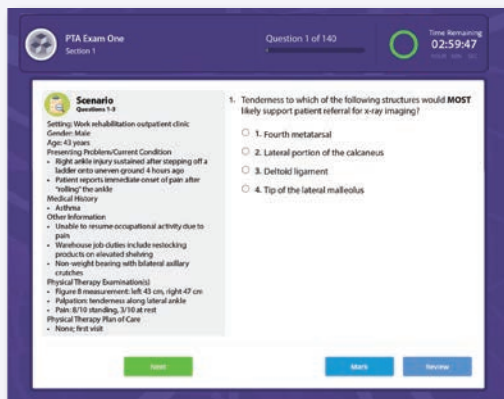
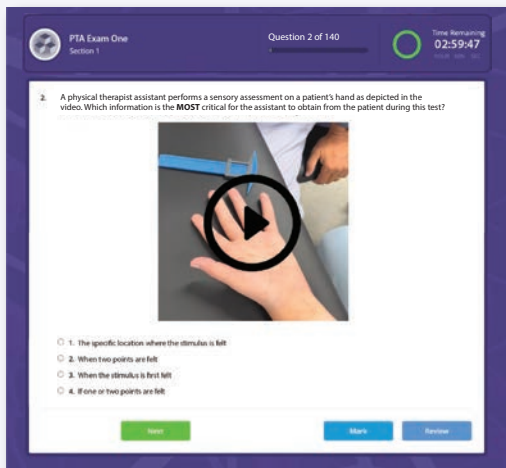
Plus much more!

## Video Questions

This type of question consists of traditional text with a short video that provides students with important information and contextual clues necessary to answer exam questions.

## Scenario Questions

This type of question consists of a standardized patient scenario that provides information on patient characteristics, pertinent medical history, and current symptoms. Students will be required to answer questions that rely on the specific information presented in the patient scenario.



# Content is King

702 Unit 2 | Academic Review

### Ambulation

#### Assistive Devices

Primary indications for using an assistive device during ambulation include:

- Decreased weight bearing on the lower extremities
- Muscle weakness of the trunk or lower extremities
- Decreased balance or impaired kinesthetic awareness
- Pain

#### Assistive Device Selection<sup>SM</sup>

##### Parallel Bars

Parallel bars provide maximum stability and security for a patient during the beginning stages of ambulation or standing. Proper fit includes bar height that allows for 20-25 degrees of elbow flexion while grasping on the bars approximately four to six inches in front of the body. A patient must progress out of the parallel bars as quickly as possible to increase mental mobility and decrease dependence on the parallel bars.

##### Walkers

A walker can be used with all levels of weight bearing. The walker has a significant base of support and offers good stability (Fig. 8-22). The walker should allow for 20-25 degrees of elbow flexion to ensure proper fit. The standard walker has many variations including rolling, fixed, reciprocal, folding, or adjustable walker with handles, upper extremity attachments and/or a seat platform. The walker is used with a three-point gait pattern.




Fig. 8-21: A standard walker.

Fig. 8-22: An adjustable walker.

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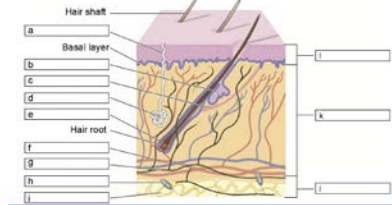
Other Systems | CHAPTER 7 673

### Other Systems Proficiencies

#### 1. Integumentary Anatomy

Select the appropriate term for each of the specified locations. Answers must be selected from the Word Bank and can be used only once.

Word Bank: adipose tissue, arrector pili muscle, blood supply, dermis, epidermis, hair follicle, nerve, nerve ending, sebaceous gland, subcutaneous (SC) tissue, sweat duct, sweat gland



#### 2. Ulcer Characteristics

Identify the type of ulcer that is most associated with the supplied description. Answers must be selected from the Word Bank and can be used more than once.

Word Bank: arterial, neuropathic, venous

Type of Ulcer	Color of Finding
a	ulcer located proximal to the medial malleolus
b	normal pedal pulse
c	leg elevation diminishes pain
d	absence of pain
e	evidence of increased edema
f	evidence of hair loss in tissue

SCOREBUILDERS

302 Unit 2 | Academic Review

### Sensory Stimulation Techniques

Facilitation	Inhibition
<ul style="list-style-type: none"> <li>Approximation (Fig. 5-10)</li> <li>Joint compression</li> <li>King</li> <li>Light touch</li> <li>Quick stretch</li> <li>Resistance</li> <li>Tapping</li> <li>Vibration</li> </ul>	<ul style="list-style-type: none"> <li>Deep pressure</li> <li>Prolonged stretch</li> <li>Warmth</li> <li>Prolonged cold</li> </ul>

#### PNF Diagonal Patterns – Upper Extremity

PNF Diagonal Pattern	Shoulder Initial Position	Verbal Command	Shoulder End Position
D1 Flexion (Figs. 5-32)	Extension, abduction, medial rotation	Close your hand and pull up and across your body	Flexion, adduction, lateral rotation
D1 Extension	Flexion, adduction, lateral rotation	Open your hand and push down and away from your body	Extension, abduction, medial rotation
D2 Flexion	Extension, adduction, medial rotation	Open your hand and pull up and away from your body	Flexion, abduction, lateral rotation
D2 Extension	Flexion, abduction, lateral rotation	Close your hand and pull down and across your body	Extension, adduction, medial rotation






Fig. 5-32: D1 PNF pattern of the upper extremity.

Fig. 5-33: D2 PNF pattern of the lower extremity.

SCOREBUILDERS

Safety and Protection; Professional Responsibilities; Research | CHAPTER 9 783

#### Lifting Guidelines<sup>SM</sup>

- Always attempt to increase your base of support
- Maintain a proper lumbar curve as you lift
- Flex your feet when lifting; do not tense your back to lift
- Maintain a slow and controlled speed while lifting
- Only lift an object as a last resort

#### Deep Squat Lift (Figs. 9-10, 9-11, 9-12)

- Begin with the hips below the level of the knees
- Assume a wide base of support
- Stabilize the object
- Grasp the object from each side or from beneath
- The trunk should remain vertical
- Maintain a lumbar lordosis and anterior pelvic tilt

#### One Leg Stance Lift

- Used for lifting light objects that can be lifted with one extremity
- Face the object in a target position
- Shift weight onto the forward extremity
- Flex the forward extremity and lower it to touch the object
- The lead leg flexes off the ground to counterbalance the shift in weight
- Maintain a neutral spine throughout the lift








Fig. 9-10: A patient begins a deep squat lift with the hips below the knees.

Fig. 9-11: The patient lifts the customer while maintaining the trunk in a vertical position.

Fig. 9-12: The patient completes the lift by achieving a fully erect position.








Fig. 9-13: The patient lifts the box onto the knee while maintaining normal lordosis.

Fig. 9-14: The patient gradually assumes a standing position.

Fig. 9-15: The patient completes the lift by having a fully erect position.

SCOREBUILDERS

**PTAEXAM: The Complete Study Guide's** academic review section is unparalleled in its breadth and depth. We don't try to teach students everything there is to know about physical therapy - only the information and strategies they will need to pass the examination.

### Abdominal Pain Quadrant and Potential Etiologies<sup>17,20</sup>

Left upper quadrant	Right upper quadrant	Left lower quadrant	Right lower quadrant
Gastric ulcer	Hepatomegaly	Perforated colon	Kidney stone
Perforated colon	Duodenal ulcer	Ileitis	Ureteral stone
Pneumonia	Cholecystitis	Sigmoid diverticulitis	Meckel diverticulum
Spleen injury	Pneumonia	Kidney stone	Appendicitis
Spleen rupture	Hepatitis	Ureteral stone	Cholecystitis
Aortic aneurysm	Biliary stones	Intestinal obstruction	Intestinal obstruction

#### Gastrointestinal System Terminology

**Adhesion:** Fibrous bands of tissue that bind together normally separate anatomic structures.

**Anastomosis:** Joining of two ducts, blood vessels or bowel segments to allow flow from one to the other. An anastomosis may be naturally occurring or may be created during embryonic development, surgery or by pathologic means.

**Ascites:** Fluid in the peritoneal cavity, usually causing abdominal swelling.

**Barium:** A substance that, when swallowed or given rectally as an enema, makes the upper gastrointestinal tract visible on x-ray.

**Biopsy:** Removal of a sample of tissue taken from the body for study, usually under a microscope.

**Colectomy:** The surgical removal of part or all of the colon.

**Colonoscopy:** Visual inspection of the interior of the colon with a flexible, lighted instrument inserted through the rectum.

**Colostomy:** The surgical creation of an opening from the colon through the abdominal wall.

**Constipation:** Infrequent or difficult passage of stool, secondary to an increase in the hardness of the stool.

**Diarrhea:** Abnormal frequency or volume of stool that often appears as a symptom of certain gastrointestinal pathologies.

### GOLD Cerebral Palsy

#### DIAGNOSIS

**What condition produces a patient's symptoms?**

Cerebral palsy (CP) is an umbrella term used to describe a group of non-progressive movement disorders that result from brain damage. CP is the most common cause of permanent disability in children.

**An injury was most likely sustained to which structure?**

There is a wide variety of neurological damage that can occur with injury. Autopsy reports have indicated lesions that include hemorrhage below the lining of the ventricles, damage to the central nervous system that caused neuropathy and anoxia, and hypoxia that caused encephalopathy. Hypoxic and ischemic injuries disrupt normal metabolism that results in global damage to the developing fetus. CP is classified by neurological dysfunction and extremity involvement. Spastic CP involves upper motor neuron damage; athetoid CP involves damage to the basal ganglia.


**What additional information should be obtained to confirm the diagnosis?**

Diagnosis of CP is regularly confirmed through an extensive neurological evaluation, patient observation, and patient history including developmental progress, and the presence of pathological reflexes. Differential diagnosis is performed to rule out other potential disorders.

#### EXAMINATION

**What history should be documented?**

Important areas to explore include past medical history, risk factors, maternal course of pregnancy, medications, family history, current characteristics, social history, and social support system.



Informative academic information assists students to review and relearn critical NPTE-PTA content.



Clinical application templates guide students through the patient/client management of commonly encountered medical diagnoses.



## SPOTLIGHT ON SAFETY



### SPOTLIGHT ON SAFETY CLINICAL RELEVANCE OF REFLEX TESTING<sup>28</sup>

**Deep tendon reflex (DTR)** testing can assist the therapist in determining the type of pathology that exists. Absent DTRs will indicate a lesion in the reflex arc itself. If absent reflexes accompany sensory loss in the distribution of the nerve that is supplying a particular reflex, the lesion is found within the afferent arc of the reflex and is located in either the nerve or dorsal horn. If an absent DTR accompanies paralysis, fasciculations or atrophy, the lesion is found within the efferent arc of the reflex and may include the efferent nerve, anterior horn cells or both.

**Peripheral neuropathy** is the most common etiology surrounding absent reflexes. Associated conditions can include diabetes, alcoholism, vitamin deficiencies such as pernicious anemia, certain cancers, and certain toxins (lead, arsenic, vincristine). Neuropathies will typically present with sensory, motor or mixed impairments and may affect all components of the reflex arc.

**Hyperactive DTRs** are found when there is interruption of the cortical supply to the lower motor neuron (secondary to upper motor neuron lesion). The interruption exists above the segment of the reflex arc, with other findings determining localization of the exact lesion. Assessment of the DTRs can provide information as to the level of lesion that exists within the central nervous system.

**Spotlight on Safety** provides students with critical safety information relevant to selected physical therapy topics.



## CONSIDER THIS



### CONSIDER THIS DOCUMENTATION OF RECORDED MEASURES<sup>3</sup>

Health care providers work in an integrated fashion to deliver patient care. The patient medical record is one of the primary ways that health care providers keep each other informed of current patient status and other relevant information. As a result, it is critical that health care providers document relevant information in the medical record in a timely and accurate manner. Failure to meet this standard potentially results in ineffective medical care and may jeopardize patient safety.

The results of goniometric measurements can be used to illustrate this point. Let's assume that a therapist reviews the medical record of a patient recovering from a motor vehicle accident, in which the patient sustained multiple lower extremity injuries. Upon reviewing the medical record, the therapist determines that in successive notes the patient's right knee range of motion was described as 10-105 degrees and 10-0-105 degrees.

Although the recorded measurements appear extremely similar, they are in fact very different. 10-105 degrees indicates that the patient's range of motion begins at 10 degrees of knee flexion and ends at 105 degrees of knee flexion (95 degrees of total available movement). Conversely, the use of "0" between the starting and ending values indicates the patient has 10 degrees of knee hyperextension and 105 degrees of knee flexion (115 degrees of total available movement).

**Consider This** offers students valuable information designed to increase flexibility with core academic content.



## PROFICIENCIES



### Musculoskeletal System Proficiencies

#### 3. Musculoskeletal Lower Extremity Anatomy II

Identify the appropriate term for each of the specified locations. Answers must be selected from the Word Bank and can be used only once.

**Word Bank:** abductor digiti minimi, abductor hallucis, flexor digitorum brevis, flexor hallucis brevis, lumbricals, quadratus plantae



**Proficiencies** provide students with an opportunity to determine their competency in a variety of academic areas.



## CHAPTER ESSENTIALS



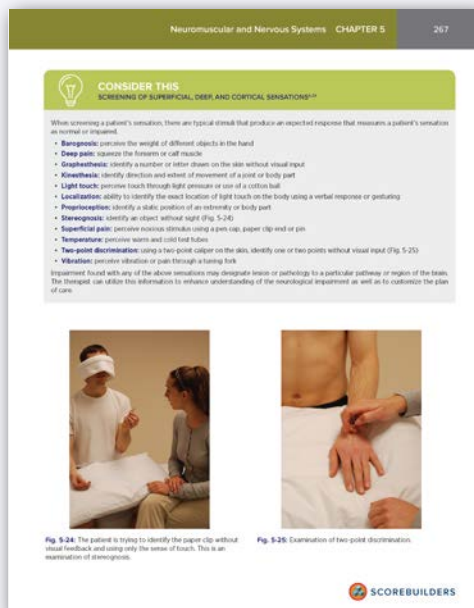
### Cardiovascular and Pulmonary Systems Essentials

- The components of the cardiac conduction system include the sinoatrial (SA) node, internodal tracts, atrioventricular (AV) node, common AV bundle or bundle of His, right and left bundle branches, and Purkinje fibers.
- Sympathetic nerves stimulate the heart to beat faster (chronotropic effect) and with greater force of contraction (inotropic effect). Parasympathetic nerves slow the heart rate (chronotropic effect) primarily through their influence on the SA node.
- The Valsalva maneuver produces increased intrathoracic pressure, increased central venous pressure, and decreased venous return and should be avoided, especially by patients with heart, blood vessel or lung disease.
- Pulmonary edema can be fatal if not treated. Seek immediate emergency medical assistance if the signs or symptoms of acute pulmonary edema develop including extreme shortness of breath or difficulty breathing, a feeling of suffocating or drowning, wheezing or gasping for breath, anxiety, restlessness or a sense of apprehension or a cough that produces frothy sputum tinged with blood.
- Arterial blood gases evaluate acid-base status (pH), ventilation (PaCO<sub>2</sub>), and oxygenation (PaO<sub>2</sub>). Mean arterial blood gas values in adults at sea level are: pH = 7.4; PaCO<sub>2</sub> = 40 mm Hg; PaO<sub>2</sub> = 97 mm Hg; HCO<sub>3</sub><sup>-</sup> = 24 mEq/L.
- A complete blood count (CBC) measures red blood cell count, total white blood cell count, white blood cell differential, platelets, hemoglobin, and hematocrit.

**Chapter Essentials** allow students to reinforce their mastery of critical academic content.

# Designed for Engaging Studying

Scorebuilders' products are known for their creative design and innovative features. Break free from traditional encyclopedic resources and feel the power of well conceived design.



Tables, charts, graphics, and text allow students to quickly assimilate essential academic content.

Our innovative design allows study sessions to be more productive and enjoyable.



# Test Drive the NPTE-PTA

**PTAEXAM: The Complete Study Guide** includes three full-length sample examinations (420 questions) delivered through our eLearning site, **Insight**.

## ▶ PTAEXAM ONE: QUESTION 134

A physical therapist assistant uses functional electrical stimulation as part of a treatment regimen designed to improve quadriceps strength. Which on:off time ratio would result in the MOST rapid onset of muscle fatigue?

1. 3:1
2. 1:4
3. 5:1
4. 1:6

### Question

Our questions are designed to replicate the style, format, and difficulty level of the questions on the NPTE-PTA. The questions are located within our eLearning site Insight.

The on:off time ratio is simply a method to show the relative duration of the on time versus the off time. The muscle contracts during the on time and relaxes during the off time. The greater the on time in relation to the off time, the more rapid the onset of muscle fatigue.

1. An on:off time ratio of 3:1 indicates that there is three seconds of on time for every one second of off time. This ratio would promote fatigue, however, it is not the best answer.
2. An on:off time ratio of 1:4 indicates that there is one second of on time for every four seconds of off time. This ratio has significantly greater rest periods and therefore fatigue would not tend to be a large factor.
3. **An on:off time ratio of 5:1 indicates that there is five seconds of on time for every one second of off time. This ratio would promote rapid fatigue given the extremely large on time in relation to the short off time.**
4. An on:off time ratio of 1:6 indicates that there is one second of on time for every six seconds of off time. This ratio has the greatest rest period and therefore fatigue would not tend to be a factor.

### General Statement

This section introduces relevant subject matter and offers related value added information.

### Explanation of the Correct and Incorrect Options

The explanations offer incredibly detailed information supporting why the correct answer is correct and why each incorrect answer is incorrect.

Correct Answer: 3 (Prentice p. 126)



### Correct Answer and Resource

This section provides the correct answer and the author name and page number that substantiates the correct answer. A bibliography provides complete information on each resource including the edition used.

### Video Explanation

Video explanations provide candidates with the opportunity to watch videos that compare and contrast good, better, and best options for select examination questions.



## Gold Standard

Our explanation of answers enhance student decision making when choosing between good, better, and best options.

Additional features such as test taking tips, level analysis, and academic focus areas help students to remediate identified academic deficiencies.

**System: Non-Systems**  
**Content Outline: Interventions**

### System and Content Outline Assignment


This section assigns a system and content outline category to each question allowing candidates to assess examination performance in unique areas.



**Level 2**

### Academic Focus Area

This feature immediately directs the user to critical pieces in the academic review section related to the particular subject matter.

 **Test Taking Tip:** It is possible for a candidate to eliminate two of the presented options without having any specific knowledge related to torticollis. The question indicates that the patient presents with marked lateral flexion of the neck to the right. Based on the that particular clinical finding it becomes apparent that the stretch would need to be in the opposite direction (i.e., to the left). Often when presented with information that is unfamiliar, candidates fail to recognize that they can still narrow down the presented options. It is critically important for candidates to use this valuable skill since it can significantly increase the probability of identifying the correct response.

### Test Taking Tip

This section offers unique Test Taking Tips, when possible, to assist candidates to use deductive reasoning strategies when academic knowledge alone is not adequate to correctly answer a question.



## Gold Standard

Scorebuilders' questions are thought-provoking, challenging questions designed to be consistent with the specifications and rigor of the NPTE-PTA blueprint.



**p. 123, 186-187**

### Level Analysis

This feature allows candidates to analyze their examination performance according to three different levels of questions.

**Level 1** - Questions require candidates to possess basic foundational academic knowledge.

**Level 2** - Questions require candidates to integrate numerous pieces of information or to apply knowledge in a given clinical scenario.

**Level 3** - Questions require candidates to systematically analyze and often interpret information to determine an appropriate course of action. The questions tend to have some degree of subjectivity and candidates are required to assign varying degrees of importance to different variables.





# A Technology Monster



Students purchasing our review book receive a unique registration code for our online eLearning site called **Insight**. This site offers students a state of the art testing platform with a sophisticated performance analysis section. Students have the ability to create custom exams and compare their results to other students in a variety of system and content outline areas.

After taking each of the examinations in Insight, candidates utilize the sophisticated performance analysis features to assess their examination performance. A brief description of some of the more prominent performance analysis features is presented.



## Gold Standard

Scorebuilders has made a massive investment in technology and uses this competitive advantage to provide students with the most realistic testing experience possible. Continuous innovation and commitment to technology widens the gap between Scorebuilders and all other licensing companies.

### Candidate Score

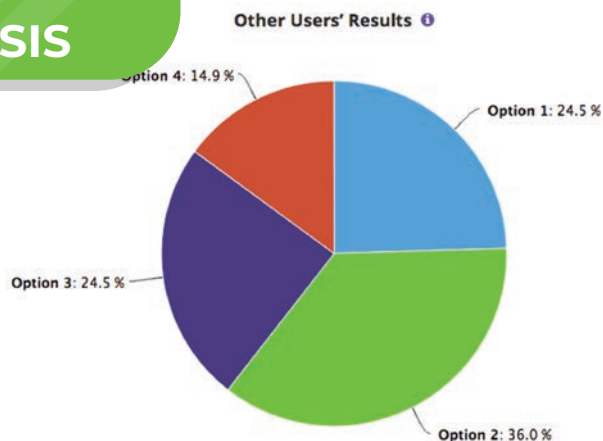
A candidate's score reflects the number of questions answered correctly for a given examination.

### Mean Score

The mean score allows candidates to compare their score to the average score of thousands of other candidates taking the same examination. The mean score accounts for the relative difficulty of the examination and is a critical piece of data for candidates when assessing examination performance.



## ITEM ANALYSIS

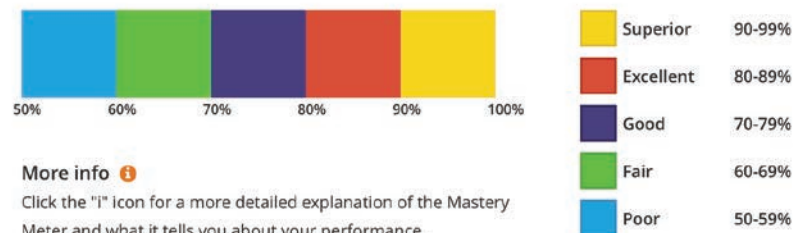


The **item analysis** feature allows candidates to identify the percentage of candidates answering the question correctly and the specific percentages of candidates selecting each of the four options. Candidates can utilize this information to critically evaluate their approach to answering questions and improve future decision making.

## MASTERY METER

### Mastery Meter

What do all those colors mean?



### More info

Click the "i" icon for a more detailed explanation of the Mastery Meter and what it tells you about your performance.

The **Mastery Meter** assigns candidates a level of mastery in each category based on the percentage of questions answered correctly. Candidates should strive to achieve a score of "Superior" or "Excellent" on the Mastery Meter in each category.

## SYSTEM AND CONTENT OUTLINE ANALYSES

	Number Correct	Total Questions	% Correct	Mastery Meter		
Musculoskeletal System	23	39	60%	Fair	i	Details
Neuromuscular and Nervous Systems	26	33	80%	Excellent	i	Details
Cardiovascular/Pulmonary and Lymphatic Systems	14	25	55%	Poor	i	Details
Other Systems	20	22	90%	Superior	i	Details
Non-Systems	22	31	70%	Good	i	Details

The **system and content outline analyses** offer candidates an immediate analysis of their performance in specific areas of the NPTE-PTA. Candidates can click on a given area and immediately review their performance in relation to the mean score of other users. They also have the ability to selectively review questions only within specific system and content outline areas.

## STUDY STACK



Our **Study Stack** feature allows candidates to tag specific questions that they would like to review at a later time. Candidates can easily add or remove questions from their Study Stack by simply clicking the bookmark icon. Review a created Study Stack in its entirety or by System area. Customization of remedial activities is a great way to boost examination scores!

# Jump Start your Academic Review



## Edition Guarantee!

We have always believed that sleep is overrated! As soon as we release a new edition of **PTAEXAM: The Complete Study Guide**, we immediately get to work on creating the next edition. Our eLearning site **Insight** includes an Edition Guarantee which delivers periodic updates to existing users of the current edition.

## Basecamp - Start Climbing!

We created an innovative learning tool, **Basecamp**, that provides students with an incredibly efficient complementary product to review academic content within **PTAEXAM: The Complete Study Guide**. The content is organized in five distinct Mountains (Musculoskeletal, Neuromuscular, Cardiopulmonary, Other Systems, and Non-Systems) and 120 Trails. Each trail has dedicated assignments, flash cards, videos, and exams. Collectively, **Basecamp** includes 6,000 content-driven questions. A \$25 off coupon for **Basecamp** is included within **Insight**.



# Class Orders and Volume Discounts

Take advantage of the opportunity to secure the most comprehensive review book available for the NPTE-PTA at savings of up to 20%. In addition, class orders include free shipping and handling within the continental United States.

1



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Share the product and discount information with your class. Let them know that by ordering as a class they can save big money and take an important step toward achieving their licensing goals.

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## RALLY THE TROOPS

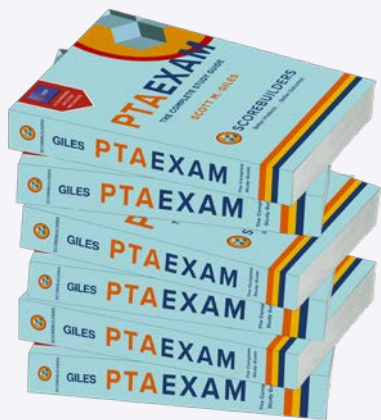
Establish a deadline for all orders to be submitted to the student organizer. Send a friendly reminder or two along the way since we are all human!

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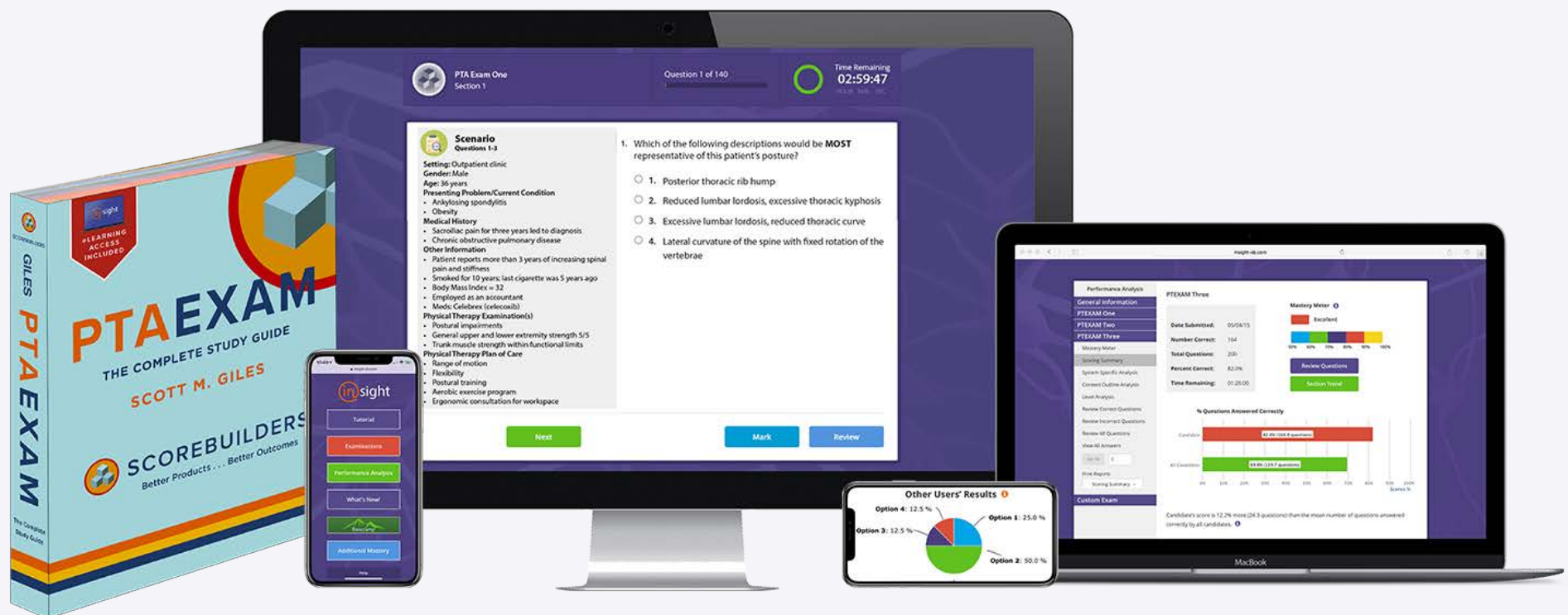
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