



1

Casey Unverzagt

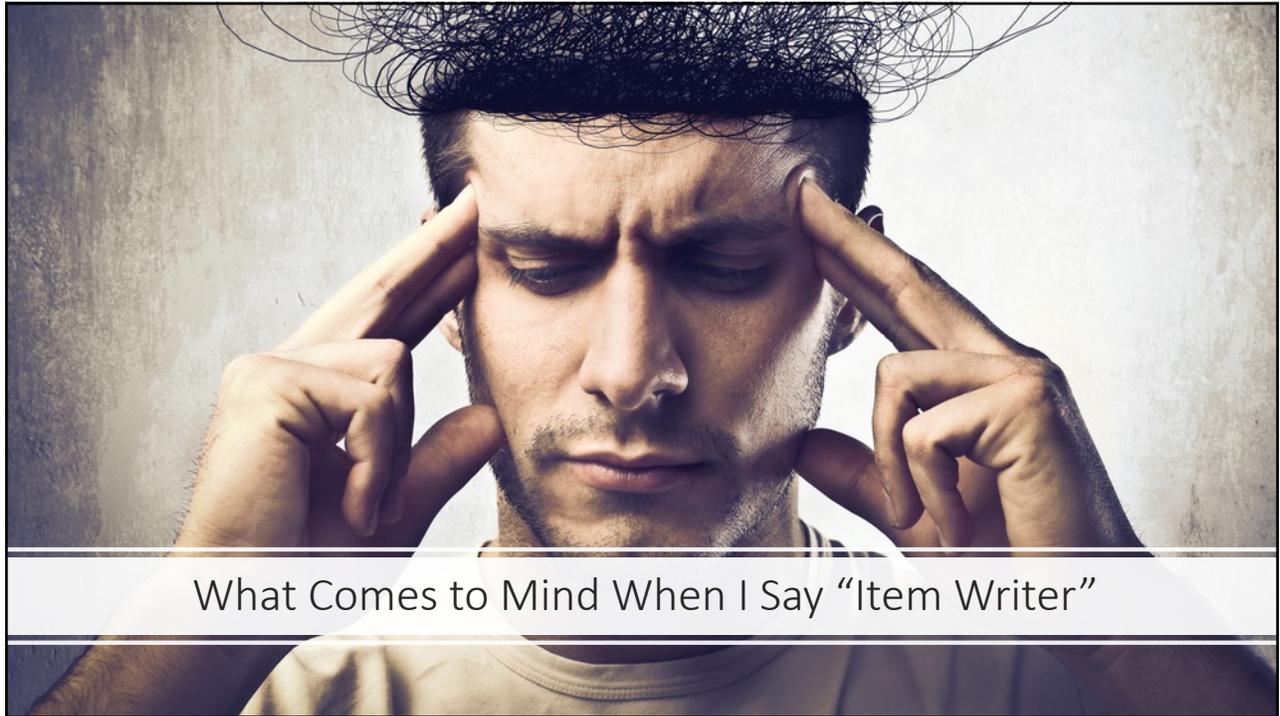
Board Certified in Orthopaedics & Sports (OCS/SCS)

Fellow American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT)

Certified Strength & Conditioning Specialist (CSCS)



2



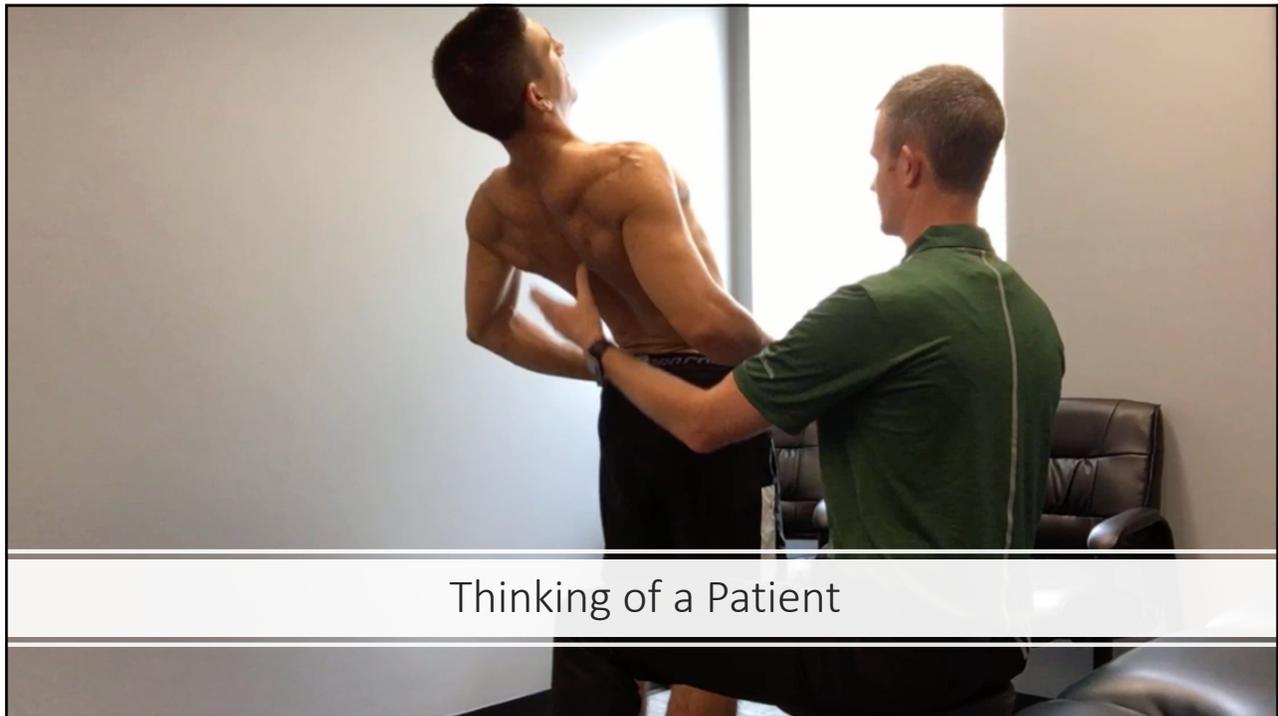
What Comes to Mind When I Say "Item Writer"

3



Actually
Nice People

4



5

A Few Points of Clarification

- NPTE-style questions
- NPTE-duration
- Evaluating me is strongly encouraged
- I am not a videographer
- Not showing the entire session

6

QUESTION 1

The patient presents to you believing that he has piriformis syndrome. Which of the following signs or symptoms is MOST consistent with this pathology?

1. Traumatic mechanism of injury
2. Weakness of the gluteus maximus
3. Pain in the buttocks
4. Stiff and limited accessory lateral glide of the femur on the acetabulum

7

QUESTION 1

The patient presents to you believing that he has piriformis syndrome. Which of the following signs or symptoms is MOST consistent with this pathology?

1. Traumatic mechanism of injury
2. Weakness of the gluteus maximus
3. Pain in the buttocks
4. Stiff and limited accessory lateral glide of the femur on the acetabulum

8

QUESTION 2

Based on the patient's complaint, which of the following diagnoses is LEAST likely?

1. Acetabular labral tear
2. Trochanteric bursitis
3. Gluteus minimus tendonopathy
4. Lumbar radiculopathy

9

QUESTION 2

Based on the patient's complaint, which of the following diagnoses is LEAST likely?

- 1. Acetabular labral tear**
2. Trochanteric bursitis
3. Gluteus minimus tendonopathy
4. Lumbar radiculopathy

10

QUESTION 3

Which of the following structures or diagnoses is LEAST likely to refer pain to the groin region?

1. Iliotibial band
2. Pubic symphysis
3. Hip joint
4. L2 nerve root

11

QUESTION 3

Which of the following structures or diagnoses is LEAST likely to refer pain to the groin region?

- 1. Iliotibial band**
2. Pubic symphysis
3. Hip joint
4. L2 nerve root

12

QUESTION 4

If this patient was 8-years-old (which he clearly isn't) and he presented to physical therapy reporting the same symptoms (inability to bear weight through the hip one morning and for no good reason), which of the following options should be highest on your hypothesis list?

1. Fracture
2. Juvenile rheumatoid arthritis
3. Transient synovitis
4. Neoplasm

13

QUESTION 4

If this patient was 8-years-old (which he clearly isn't) and he presented to physical therapy reporting the same symptoms (inability to bear weight through the hip one morning and for no good reason), which of the following options should be highest on your hypothesis list?

1. Fracture
2. Juvenile rheumatoid arthritis
3. **Transient synovitis**
4. Neoplasm

14

QUESTION 5

The patient is complaining of a sharp, shooting pain. The nature of this pain is most consistent with what source?

1. Degenerative
2. Neurologic
3. Cardiovascular
4. Neoplastic

15

QUESTION 5

The patient is complaining of a sharp, shooting pain. The nature of this pain is most consistent with what source?

1. Degenerative
2. **Neurologic**
3. Cardiovascular
4. Neoplastic

16

QUESTION 6

The patient reports that until recently, he has been able to train, lift and run. According to the ICF, how are these activities best categorized for this individual?

1. Body structures/functions
2. Activity limitation
3. Participation restriction
4. Impairment

17

QUESTION 6

The patient reports that until recently, he has been able to train, lift and run. According to the ICF, how are these activities best categorized for this individual?

1. Body structures/functions
2. **Activity limitation**
3. Participation restriction
4. Impairment

18

QUESTION 7

It became clearer later in the patient's care that his friendships and social engagements revolved around events such as the Spartan race and half marathons. According to the ICF, how would these activities be best categorized for this individual?

1. Body structures/functions
2. Activity limitation
3. Participation restriction
4. Impairment

19

QUESTION 7

It became clearer later in the patient's care that his friendships and social engagements revolved around events such as the Spartan race and half marathons. According to the ICF, how would these activities be best categorized for this individual?

1. Body structures/functions
2. Activity limitation
3. **Participation restriction**
4. Impairment

20

QUESTION 8

The physical therapist starts inquiring about 24-hour pain behavior. If the patient complains of pain first thing in the morning that eases within 30 minutes, what does this suggest?

1. Tendon-related impairment
2. Neoplasm
3. Muscle performance-related impairment
4. Articular-related impairment

21

QUESTION 8

The physical therapist starts inquiring about 24-hour pain behavior. If the patient complains of pain first thing in the morning that eases within 30 minutes, what does this suggest?

1. Tendon-related impairment
2. Neoplasm
3. Muscle performance-related impairment
4. **Articular-related impairment**

22

QUESTION 9

Granted this fellow is not taking any medications. However, if he was, long-term use of which of the following medications would increase your suspicion of articular cartilage issues?

1. Prednisone
2. Hydroxychloroquine
3. Fluoroquinolones
4. Lasix

23

QUESTION 9

Granted this fellow is not taking any medications. However, if he was, long-term use of which of the following medications would increase your suspicion of articular cartilage issues?

1. **Prednisone**
2. Hydroxychloroquine
3. Fluoroquinolones
4. Lasix

24

QUESTION 10

The physical therapist is inquiring about possible red flags. While no red flags were identified, which of the following signs or symptoms would have been the MOST concerning if the patient reported it?

1. Unexplained weight loss
2. Pain when trying to get to sleep
3. Bilateral paresthesia
4. Erectile dysfunction

25

QUESTION 10

The physical therapist is inquiring about possible red flags. While no red flags were identified, which of the following signs or symptoms would have been the MOST concerning if the patient reported it?

- 1. Unexplained weight loss**
2. Pain when trying to get to sleep
3. Bilateral paresthesia
4. Erectile dysfunction

26

QUESTION 11

With regards to difficulties associated with urination, which of the following reports is the MOST common in individuals with cauda equina?

1. Difficulty starting urination
2. Difficulty stopping urination
3. Incomplete voiding
4. Urinary retention

27

QUESTION 11

With regards to difficulties associated with urination, which of the following reports is the MOST common in individuals with cauda equina?

1. Difficulty starting urination
2. Difficulty stopping urination
3. Incomplete voiding
4. **Urinary retention**

28

QUESTION 12

The patient reported that once his pain is brought on, it can last for most of the day. Based on the patient's severity and irritability, how should this inform your clinical examination?

1. His irritability is moderate-to-high and thus the clinical exam may be limited
2. His irritability is moderate-to-high and thus the clinical exam can be conducted without significant caution
3. His irritability is low and thus the clinical exam may be limited
4. His irritability is low and thus the clinical exam can be conducted without significant caution

29

QUESTION 12

The patient reported that once his pain is brought on, it can last for most of the day. Based on the patient's severity and irritability, how should this inform your clinical examination?

1. **His irritability is moderate-to-high and thus the clinical exam may be limited**
2. His irritability is moderate-to-high and thus the clinical exam can be conducted without significant caution
3. His irritability is low and thus the clinical exam may be limited
4. His irritability is low and thus the clinical exam can be conducted without significant caution

30

QUESTION 13

Based on the information shared from the patient in the last clip, which of the following outcome measures is most appropriate?

1. Lower extremity functional scale (LEFS)
2. International knee documentation committee (IKDC)
3. Tampa kinesiphobia scale (TKS)
4. Anterior cruciate ligament – Return to sport after injury (ACL-RSI)

31

QUESTION 13

Based on the information shared from the patient in the last clip, which of the following outcome measures is most appropriate?

1. Lower extremity functional scale (LEFS)
2. International knee documentation committee (IKDC)
3. Tampa kinesiphobia scale (TKS)
4. Anterior cruciate ligament – Return to sport after injury (ACL-RSI)

32

QUESTION 14

The physical therapist asks the patient to squeeze the therapist's shoe with his feet prior to performing lumbar AROM measurements. What is the most likely rationale for asking this of the patient?

1. To improve inter and intra-rater reliability between sessions
2. To improve validity of the test
3. To improve the generalizability of the findings
4. To reduce the amount of dural tension placed on the lower extremity

33

QUESTION 14

The physical therapist asks the patient to squeeze the therapist's shoe with his feet prior to performing lumbar AROM measurements. What is the most likely rationale for asking this of the patient?

- 1. To improve inter and intra-rater reliability between sessions**
2. To improve validity of the test
3. To improve the generalizability of the findings
4. To reduce the amount of dural tension placed on the lower extremity

34

QUESTION 15

The physical therapist asks the patient to perform right side bending. What is the associated axis of this movement?

1. X axis
2. Medial/lateral axis
3. Anterior/posterior axis
4. Y axis

35

QUESTION 15

The physical therapist asks the patient to perform right side bending. What is the associated axis of this movement?

1. X axis
2. Medial/lateral axis
3. Anterior/posterior axis
4. Y axis

36

QUESTION 16

The physical therapist performs overpressures into right and left sidebending. Which of the following is typically contraindicated when considering overpressures?

1. When the patient reports pain with PROM
2. When the patient reports pain with AROM
3. When the patient has very low pain irritability
4. When the patient has very low pain severity

37

QUESTION 16

The physical therapist performs overpressures into right and left sidebending. Which of the following is typically contraindicated when considering overpressures?

1. When the patient reports pain with PROM
2. **When the patient reports pain with AROM**
3. When the patient has very low pain irritability
4. When the patient has very low pain severity

38

QUESTION 17

Which myotome is the physical therapist assessing?

1. L3
2. L4
3. L5
4. S1

39

QUESTION 17

Which myotome is the physical therapist assessing?

1. L3
2. L4
3. L5
4. **S1**

40

QUESTION 18

This particular patient did not present with any marked abnormalities with postural observation. However, if the patient presented with a tuft of hair along his sacral base, which of the following conditions should be considered?

1. Spina bifida occulta
2. Legg-Calve-Perthes
3. Slipped capital femoral epiphysis
4. Neurofibromatosis

41

QUESTION 18

This particular patient did not present with any marked abnormalities with postural observation. However, if the patient presented with a tuft of hair along his sacral base, which of the following conditions should be considered?

1. **Spina bifida occulta**
2. Legg-Calve-Perthes
3. Slipped capital femoral epiphysis
4. Neurofibromatosis

42

QUESTION 19

How should you grade this patient's patellar tendon reflex?

1. absent
2. 1+
3. 2+
4. 3+

43

QUESTION 19

How should you grade this patient's patellar tendon reflex?

1. absent
2. 1+
3. 2+
4. **3+**

44

QUESTION 20

If weakness was found about the great toe (which it wasn't), what other muscle could be assessed with the same myotomal input?

1. Ankle everters
2. Gluteus medius
3. Tibial anterior
4. Tibialis posterior

45

QUESTION 20

If weakness was found about the great toe (which it wasn't), what other muscle could be assessed with the same myotomal input?

1. Ankle everters
2. **Gluteus medius**
3. Tibial anterior
4. Tibialis posterior

46

QUESTION 21

Which of the following is the best question to ask when performing neurodynamic testing of the lower quarter?

1. Does this hurt?
2. Any pain with that?
3. Does this change your symptoms?
4. Are you okay?

47

QUESTION 21

Which of the following is the best question to ask when performing neurodynamic testing of the lower quarter?

1. Does this hurt?
2. Any pain with that?
3. **Does this change your symptoms?**
4. Are you okay?

48

QUESTION 22

What type of motion is the physical therapist assessing?

1. Arthrokinematic motion
2. Osteokinematic motion
3. Accessory motion
4. Conjunct motion

49

QUESTION 22

What type of motion is the physical therapist assessing?

1. Arthrokinematic motion
2. **Osteokinematic motion**
3. Accessory motion
4. Conjunct motion

50

QUESTION 23

The physical therapist performs a FADIR test. Which of the following options describes a positive FADIR test?

1. Reproduction of the patient's familiar symptoms
2. Pain in the lateral hip
3. Pain in the groin
4. Limited internal rotation ROM

51

QUESTION 23

The physical therapist performs a FADIR test. Which of the following options describes a positive FADIR test?

- 1. Reproduction of the patient's familiar symptoms**
2. Pain in the lateral hip
3. Pain in the groin
4. Limited internal rotation ROM

52

QUESTION 24

Based on FABER and FADIR testing on the right and left sides, which of the following statements is true?

1. There is a high likelihood that the patient's pain is stemming from the hip joint
2. There is a low likelihood that the patient's pain is stemming from the hip joint
3. There is a high likelihood that the patient's pain is extraarticular
4. There is a high likelihood that the patient's pain is muscular in nature

53

QUESTION 24

Based on FABER and FADIR testing on the right and left sides, which of the following statements is true?

- 1. There is a high likelihood that the patient's pain is stemming from the hip joint**
2. There is a low likelihood that the patient's pain is stemming from the hip joint
3. There is a high likelihood that the patient's pain is extraarticular
4. There is a high likelihood that the patient's pain is muscular in nature

54

QUESTION 25

What nerve innervates the muscle being tested?

1. Inferior gluteal nerve
2. Super gluteal nerve
3. Sciatic nerve
4. Femoral nerve

55

QUESTION 25

What nerve innervates the muscle being tested?

1. Inferior gluteal nerve
2. **Super gluteal nerve**
3. Sciatic nerve
4. Femoral nerve

56

QUESTION 26

As the physical therapist performs passive intervertebral testing of the lumbar spine, in which direction should the vector change as he moves closer to sacrum?

1. The vector of force should move more inferiorly
2. The vector of force should move more caudally
3. The vector of force should move more straight anteriorly
4. The vector of force should move more lateral

57

QUESTION 26

As the physical therapist performs passive intervertebral testing of the lumbar spine, in which direction should the vector change as he moves closer to sacrum?

1. **The vector of force should move more inferiorly**
2. The vector of force should move more caudally
3. The vector of force should move more straight anteriorly
4. The vector of force should move more lateral

58

QUESTION 27

The physical therapist performs passive intervertebral testing of the lumbar spine. If the patient reports no reproduction of symptoms with either central or unilateral posterior-anterior accessory glides, what implication should this have on the working hypothesis?

1. The lumbar spine should be ruled down as a contributing factor
2. The lumbar spine should be ruled up as a contributing factor
3. The lumbar spine should be ruled out as a contributing factor
4. The lumbar spine should be ruled in as a contributing factor

59

QUESTION 27

The physical therapist performs passive intervertebral testing of the lumbar spine. If the patient reports no reproduction of symptoms with either central or unilateral posterior-anterior accessory glides, what implication should this have on the working hypothesis?

- 1. The lumbar spine should be ruled down as a contributing factor**
2. The lumbar spine should be ruled up as a contributing factor
3. The lumbar spine should be ruled out as a contributing factor
4. The lumbar spine should be ruled in as a contributing factor

60

QUESTION 28

The patient describes a decrease in pain from foam rolling his iliotibial band and lateral hip musculature. Which of the following best describes the mechanism of action associated with foam rolling?

1. Foam rolling helps to break down scar tissues
2. Foam rolling helps to lengthen muscle
3. Foam rolling helps to ramp down the nervous system
4. Foam rolling is simply a placebo effect

61

QUESTION 28

The patient describes a decrease in pain from foam rolling his iliotibial band and lateral hip musculature. Which of the following best describes the mechanism of action associated with foam rolling?

1. Foam rolling helps to break down scar tissues
2. Foam rolling helps to lengthen muscle
3. **Foam rolling helps to ramp down the nervous system**
4. Foam rolling is simply a placebo effect

62

QUESTION 29

When assessing for hip internal ROM in prone, where should the therapist direct his/her gaze?

1. Ipsilateral pelvis
2. Contralateral pelvis
3. Ipsilateral ankle
4. Contralateral ankle

63

QUESTION 29

When assessing for hip internal ROM in prone, where should the therapist direct his/her gaze?

1. Ipsilateral pelvis
2. **Contralateral pelvis**
3. Ipsilateral ankle
4. Contralateral ankle

64

QUESTION 30

Which of the following impairments can NOT be determined from a Thomas test?

1. Tightness of the hip flexor
2. Tightness of the quadriceps
3. Tightness of the tensor fascia latae
4. Tightness of the iliotibial band

65

QUESTION 30

Which of the following impairments can NOT be determined from a Thomas test?

1. Tightness of the hip flexor
2. Tightness of the quadriceps
3. Tightness of the tensor fascia latae
4. **Tightness of the iliotibial band**

66

QUESTION 31

Which of the following options is considered ABNORMAL with respects to gait mechanics?

1. Gait speed of 1.46 m/s
2. Step rate 1.8 steps/sec
3. Step length 0.77 m
4. Foot clearance 30 mm

67

QUESTION 31

Which of the following options is considered ABNORMAL with respects to gait mechanics?

1. Gait speed of 1.46 m/s
2. Step rate 1.8 steps/sec
3. Step length 0.77 m
4. **Foot clearance 30 mm**

68

QUESTION 32

The patient describes problems when returning from a deep squat. If this was a plyometric activity, which phase of the movement does he describe the most dysfunction with?

1. Concentric
2. Eccentric
3. Amortization
4. Pre-stretch

69

QUESTION 32

The patient describes problems when returning from a deep squat. If this was a plyometric activity, which phase of the movement does he describe the most dysfunction with?

1. Concentric
2. Eccentric
3. **Amortization**
4. Pre-stretch

70



Treatment Day 1

- Lateral mobilizations
- Supine posterolateral mobilization
- Self-mobilizations (HEP)
- Glute medius strengthening (HEP)

71



We Did It!

72



SPOTLIGHT *Series*

Thanks for Tuning In!

Visit our website www.scorebuilders.com for more information
on all of our products.

