

# RPFT<sup>Q&As</sup>

Registry Examination for Advanced Pulmonary Function Technologists

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#### **QUESTION 1**

Prior to performing a multiple-breath U2 washout test, a pulmonary function technologist is unable to zero the H2 gas analyzer. Which of the following may be responsible?

- A. Inadequate vacuum
- B. Exhausted fuel cell
- C. Chopper motor failure
- D. Condensation of water

Correct Answer: D

#### **QUESTION 2**

A comparison of two techniques for measuring Rawis shown below:

Subject	R <sub>aw</sub> Panting (cm H <sub>2</sub> O/L/sec)	R <sub>aw</sub> Quiet Breathing (cm H <sub>2</sub> O/L/sec)
1	0.8	2.1
2	2.4	3.2

Which of the following should a pulmonary function technologist conclude?

- A. Subject 1 panted too forcefully.
- B. The system was calibrated for quiet breathing.
- C. Subjects 1 and 2 both have reactive airways.
- D. Results are consistent with the two methodologies.

Correct Answer: D

#### **QUESTION 3**

The following test results are available for a 35-year-old subject who is applying for disability: These findings are consistent with

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% Predicted		<b>Blood Gas Values</b>	
VC	60%	pН	7.42
FRC	65%	PaCO <sub>2</sub>	36 torr
FEV <sub>1</sub>	70%	PaO <sub>2</sub>	65 torr
FVC	60%	HCO <sub>3</sub>	23 mEq/L
MVV	88%	BE	-1 mEq/L
		Hb	14 g/dL

- A. A paralyzed hemidiaphragm
- B. Occupational asthma
- C. Pulmonary fibrosis
- D. Poor effort

Correct Answer: A

#### **QUESTION 4**

During a bronchial provocation study, a patient has the following spirometric values after a 0.25 mg/mL dose of methacholine:

	Baseline	Observed
FVC (L)	5.0	4.9
FEV <sub>1</sub> (L)	4.0	3.7
FEF <sub>max</sub> (L/sec)	9.0	5.0

Based on these results, a pulmonary function technologist should

- A. Instruct the patient to blow out longer and repeat the effort.
- B. Stop the test and immediately administer a bronchodilaior.
- C. Instruct the patient to blow out harder and repeat the effort.
- D. Reduce the concentration of methacholine on the next trial.

Correct Answer: A

#### **QUESTION 5**

Which of the following problems may be identified by using an isothermal lung analog to perform quality control on a body plethysmograph?

1.

Improperly calibrated mouth pressure transducer



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2.

Obstructed or perforated pneumotachometer

3.

Increase in mechanical resistance

4.

Malfunctioning box pressure transducer

A. 3 and 4 only

B. 2 and 3 only

C. 1 and 4 only

D. 1 and 2 only

Correct Answer: C

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