WATHIM

GCC exam prep

PRACTICE PACK

DHA | SCFHS | Qatar DHP

Occupational Therapist Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 625 questions · 3 papers

625	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Occupational Therapist Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

625	3	10	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 151 easier, 329 standard and 145 harder questions, marked on each one.

Neurological rehabilitation 96 · Paediatrics and developmental disabilities 96 · Hand and upper limb 96 · Physical rehabilitation 93 · Models of practice and theory 58 · Mental health 48 · Community services and assistive technology 48 · Occupational health and patient safety 30 · Evidence-based practice 30 · Ethics and professional practice 30

The exam you are sitting

DHA: DHA exam for occupational therapists (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
SCFHS: SCFHS occupational therapy licensing exam	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Qatar DHP: Qatar Prometric qualifying exam (DHP)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Oman Prometric exams (OMSB)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf occupational therapist licensing exams differ in length and scoring: the DHA exam (ORA5562) has 150 multiple choice questions in 3 hours with a 55% pass mark, the SCFHS exam has 150 questions in 3 hours with a 60% pass mark, and the Qatar DHP exam has 150 questions in 3 hours with a 50% cut score. No single percentage pass mark is set here; the 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions on core occupational therapy knowledge, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Neurological rehabilitation	**96**	15%
Paediatrics and developmental disabilities	**96**	15%
Hand and upper limb	**96**	15%
Physical rehabilitation	**93**	15%

Topic	Questions in this pack	Share
Models of practice and theory	**58**	9%
Mental health	**48**	8%
Community services and assistive technology	**48**	8%
Occupational health and patient safety	**30**	5%
Evidence-based practice	**30**	5%
Ethics and professional practice	**30**	5%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

> Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   445 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Occupational Therapist Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack

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Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	445 more questions by topic, with the answer under each, and the night-before list of the hardest questions

SAMPLE - wathim.com

Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

SAMPLE - wathim.com

OCCUPATIONAL THERAPIST EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Neurological rehabilitation HARD

A patient with severe left neglect is taught to scan, and in the clinic can locate all items on a table when cued. At home she still bumps into the left door frame. What is the most appropriate next step?

(A) Stop scanning training and fit the home with padded door frames and clear left-side routes, since the scanning has not carried over
(B) Remove the cueing entirely at once and test her again next week to encourage independence in all of her daily routines
(C) Grade the task by reducing external cues in practice and train scanning in real home routes with a carer
(D) Repeat the same clinic table scanning task many times until she scores perfectly on every trial in the therapy room

Q2 Neurological rehabilitation EASY

Which is the most appropriate position for the affected arm of a patient with a flaccid upper limb when seated in a wheelchair?

(A) Resting on the armrest with the hand and wrist hanging over its front edge
(B) Held in a sling at all times throughout the day
(C) Supported on a lap tray or pillows
(D) Held up on a pillow at shoulder height with the elbow extended

Q3 Neurological rehabilitation STANDARD

A patient is unable to recognise familiar faces, including his wife, though vision and speech are normal and he recognises her voice immediately. Which deficit is described?

(A) Anomia, a difficulty finding names for objects
(B) Apraxia, a difficulty performing movements on request
(C) Prosopagnosia, a visual agnosia for faces
(D) Hemianopia, loss of half of the visual field

Q4 Neurological rehabilitation STANDARD

A patient after stroke with left hemiparesis is being taught a stand-pivot transfer from bed to a wheelchair. To which side should the chair be placed?

(A) Close to the weaker side so that the weak leg becomes stronger by bearing all of the weight during the pivot
(B) Directly facing the bed so that he can step forward onto it in a straight line
(C) On the weaker side so that the weak hand can reach the armrest and push up
(D) Close to the patient's stronger side so that he can lead with and pivot on the stronger leg

SAMPLE - wathim.com

Q5 Neurological rehabilitation HARD

A patient after a right hemisphere stroke is described as impulsive, quick to start tasks, and unaware of how weak his left arm is. Which approach to ADL retraining is most appropriate?

(A) Explain his arm weakness in detail before each task and expect him to apply that knowledge on his own

(B) Use short, structured tasks with verbal and visual cues that slow him down and prompt a safety check before each step

(C) Let him set his own pace and correct any errors afterwards, since quick starts show good motivation

(D) Give minimal prompts so that errors occur and he discovers his weakness through failure

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	C	2	C	3	C	4	D	5	B

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **C Grade the task by reducing external cues in practice and train scanning in real home routes with a carer**

Cued performance in a quiet clinic does not guarantee carry-over to real environments, where distractors and movement raise attentional demands. The therapist should grade cues down progressively and practise in the actual setting with the carer trained to cue. Switching to environmental adaptation alone gives up on retraining and leaves her at risk wherever the home is not adapted. Removing all cues suddenly risks failure and injury. Repeating the same table task gives practice in an unchanging setting and does not address transfer, which is the real limitation.

Source: Radomski and Trombly Latham's Occupational Therapy for Physical Dysfunction

Q2 Answer: **C Supported on a lap tray or pillows**

A flaccid shoulder lacks the muscle tone that normally holds the humeral head in the joint, so gravity can pull it down and cause subluxation and pain. Supporting the arm on a tray or pillows keeps it aligned. Letting the hand hang over the armrest edge still leaves the arm unsupported and drags on the shoulder. A sling worn all day can encourage flexor posturing and adhesions. Holding the arm up at shoulder height with the elbow straight stresses the joint and is not a sustained resting position.

Source: Pedretti's Occupational Therapy: Practice Skills for Physical Dysfunction

Q3 Answer: **C Prosopagnosia, a visual agnosia for faces**

Prosopagnosia is a form of visual agnosia in which a person cannot recognise familiar faces despite intact visual acuity, while recognition through other senses such as the voice remains normal. Anomia is word-finding difficulty and would not be limited to faces. Apraxia is a disorder of purposeful movement. Hemianopia is a field defect and would not prevent face recognition within the intact field. Therapy teaches compensations such as using voice, hair, clothing and context cues.

Source: Willard and Spackman's Occupational Therapy

Q4 Answer: **D Close to the patient's stronger side so that he can lead with and pivot on the stronger leg**

Transfers are usually directed toward the stronger side so that the patient pivots on the stronger leg and uses the stronger arm to reach for the armrest. A chair on the weaker side relies on a weak leg and arm to take the load. A chair directly in front gives no pivot and needs steps he cannot safely take. Even if the weaker hand reaches the armrest it cannot push up reliably. The chair should be close, at a small angle to the bed, with brakes applied.

Source: Willard and Spackman's Occupational Therapy

Q5 Answer: **B Use short, structured tasks with verbal and visual cues that slow him down and prompt a safety check before each step**

Right hemisphere stroke often brings impulsivity, reduced safety awareness and poor insight, so the therapist structures the task, uses cues that slow the pace and builds in a safety check before each step. Explaining the weakness at length relies on insight he does not have and will not retain. Letting him set the pace and correcting afterwards allows unsafe actions to happen first. Minimal prompting so that errors occur exposes him to falls and injury. Concrete cueing and graded feedback within the task build awareness gradually.

Source: Willard and Spackman's Occupational Therapy

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	445 more questions by topic with the answer under each, and the night-before list
Total	625 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/occupational-therapist-practice**

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