WATHIM

GCC exam prep

PRACTICE PACK

DHA | SCFHS | Qatar DHP | Bahrain NHRA | Oman OMSB

Physiotherapist 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 · 700 questions · 3 papers

700	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

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

700	3	25	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: 133 easier, 422 standard and 145 harder questions, marked on each one.

- Neurological physiotherapy 66
- Cardiopulmonary physiotherapy 56
- Musculoskeletal physiotherapy 46
- Electrotherapy and physical agents 43
- Therapeutic exercise 41
- Anatomy 41
- Sports physiotherapy 35
- Paediatric physiotherapy 32
- Physiology and exercise physiology 31
- Kinesiology and biomechanics 26
- Patient assessment and clinical reasoning 26
- Orthopaedic and postoperative rehabilitation 24
- Geriatric physiotherapy 24
- Gait and assistive devices 22
- Professional practice and ethics 21
- Evidence-based practice and statistics 21
- Pain science and management 19
- Patient safety and infection control 18
- Ergonomics and occupational health 18
- Women's health physiotherapy 17
- Integumentary physiotherapy and wound care 17
- Rheumatology and medical conditions 17
- Amputee care, prosthetics and orthotics 15
- Health promotion and community rehabilitation 13
- Hydrotherapy 11

The exam you are sitting

DHA: DHA exam for physiotherapists (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
DHCC: DHCC licensing exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar Prometric qualifying exam (DHP)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Bahrain NHRA: NHRA licensure exam	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 physiotherapist licensing exams differ in length and scoring: the DHA exam is a computer test at Prometric with 150 multiple choice questions in 3 hours and a 50% pass mark (DHA CBT guideline, September 2026), and the Oman exam has 100 questions in 2 hours 30 minutes with a 55% pass mark. 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 physiotherapy knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint.

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.

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Topic coverage

Topic	Questions in this pack	Share
Neurological physiotherapy	**66**	9%
Cardiopulmonary physiotherapy	**56**	8%
Musculoskeletal physiotherapy	**46**	7%
Electrotherapy and physical agents	**43**	6%
Therapeutic exercise	**41**	6%
Anatomy	**41**	6%
Sports physiotherapy	**35**	5%
Paediatric physiotherapy	**32**	5%
Physiology and exercise physiology	**31**	4%
Kinesiology and biomechanics	**26**	4%
Patient assessment and clinical reasoning	**26**	4%
Orthopaedic and postoperative rehabilitation	**24**	3%
Geriatric physiotherapy	**24**	3%
Gait and assistive devices	**22**	3%
Professional practice and ethics	**21**	3%
Evidence-based practice and statistics	**21**	3%
Pain science and management	**19**	3%
Patient safety and infection control	**18**	3%
Ergonomics and occupational health	**18**	3%
Women's health physiotherapy	**17**	2%
Integumentary physiotherapy and wound care	**17**	2%
Rheumatology and medical conditions	**17**	2%
Amputee care, prosthetics and orthotics	**15**	2%
Health promotion and community rehabilitation	**13**	2%
Hydrotherapy	**11**	2%

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.

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> 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**
   520 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 - Physiotherapist 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
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	520 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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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)

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PHYSIOTHERAPIST EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Musculoskeletal physiotherapy STANDARD

A 28-year-old runner has locking episodes of the knee and pain at the medial joint line after twisting. During the McMurray test the examiner flexes the knee fully, then extends it while rotating the tibia, and a palpable click with medial joint line pain is felt. What does a positive result indicate?

(A) A patellar tracking disorder
(B) A posterolateral corner injury
(C) A meniscal tear
(D) Iliotibial band friction syndrome

Q2 Musculoskeletal physiotherapy EASY

A 52-year-old man with lumbar pain reports numbness around his anus and genitals, difficulty starting to pass urine and bilateral leg weakness that began today. He asks whether treatment can wait until his next routine appointment. What is the most appropriate action?

(A) Arrange a routine GP review this week and teach him neural mobilisation exercises
(B) Complete a full lumbar mobilisation session first and refer if symptoms persist at the next visit
(C) Arrange same-day emergency medical referral for urgent imaging and assessment
(D) Request an outpatient lumbar MRI to be done within the next two weeks

Q3 Neurological physiotherapy EASY

A patient reaches for a cup and the hand shakes more as it nears the target. Which sign is this?

(A) Intention tremor
(B) Resting tremor
(C) Asterixis
(D) Dysdiadochokinesia

Q4 Neurological physiotherapy HARD

A patient with progressive ascending weakness and absent reflexes after a recent infection is admitted with suspected Guillain-Barre syndrome. Which concern is most important for the physiotherapist to monitor during the progressive phase?

(A) Rising spasticity in the lower limbs with brisk reflexes and clonus
(B) Early loss of cognitive function
(C) Falling vital capacity with difficulty clearing secretions
(D) Rapid return of tendon reflexes

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Q5 Neurological physiotherapy HARD

A 70-year-old falls forward after a hyperextension neck injury. Arm weakness is greater than leg weakness, and there is urinary retention. Which syndrome is most likely?

(A) Anterior cord syndrome
(B) Central cord syndrome
(C) Brown-Sequard syndrome
(D) Posterior cord syndrome

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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	A	4	C	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 A meniscal tear**

A palpable or audible click with joint line pain during rotation with flexion and extension suggests a meniscal tear, particularly with a history of twisting and mechanical locking. Patellar tracking disorders produce anterior pain and positive patellar tests. Posterolateral corner injury shows increased external rotation and varus laxity. Iliotibial band friction gives lateral pain near 30 degrees of flexion with a positive Noble compression test.

Source: Magee's Orthopedic Physical Assessment

Q2 Answer: **C Arrange same-day emergency medical referral for urgent imaging and assessment**

Saddle anaesthesia, difficulty starting urination and progressive bilateral leg weakness are red flags for cauda equina syndrome, a surgical emergency needing same-day imaging and decompression. Delay risks permanent bladder, bowel and sexual dysfunction. A routine review, an outpatient scan in two weeks, or treating first and referring later all delay decompression, and manual techniques may worsen compression. The physiotherapist's role is to recognise the pattern, not to treat, and to escalate urgently.

Source: Magee's Orthopedic Physical Assessment

Q3 Answer: **A Intention tremor**

Intention tremor increases in amplitude as a voluntary movement approaches its target and is a classic sign of cerebellar disease. Resting tremor is present at rest and is typical of Parkinson disease. Asterixis is a brief flapping loss of posture. Dysdiadochokinesia is impaired rapid alternating movement, such as pronation and supination, and is a separate cerebellar sign. The sign is checked with the finger-to-nose test, and the therapist should look for overshooting of the target, known as dysmetria, as well.

Source: Umphred's Neurological Rehabilitation

Q4 Answer: **C Falling vital capacity with difficulty clearing secretions**

Guillain-Barre syndrome is an acute demyelinating polyneuropathy in which weakness can ascend to the respiratory muscles, so declining vital capacity and a weak cough are the most urgent risks and need monitoring and early escalation. Spasticity and cognitive loss are not features of a lower motor neurone process. Reflexes are lost, not returning, during progression, and their return appears much later in recovery.

Source: O'Sullivan and Schmitz, Physical Rehabilitation

Q5 Answer: **B Central cord syndrome**

Central cord syndrome typically follows hyperextension injury in an older person with cervical spondylosis. The medial corticospinal fibres to the arms are more affected than the leg fibres, giving greater upper limb weakness with variable bladder dysfunction. Anterior cord syndrome loses motor and pain and temperature sensation but spares position sense. Brown-Sequard is a hemisection. Posterior cord syndrome loses position and vibration sense.

Source: O'Sullivan and Schmitz, Physical Rehabilitation

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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	520 more questions by topic with the answer under each, and the night-before list
Total	700 original questions, every one answered and sourced

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

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