Up-to-date Questions and Answers from authentic resources to improve knowledge and pass the exam at very first attempt. ----- Guaranteed.

NTNCB CNT MCQs
NTNCB CNT Exam Questions
NTNCB CNT Practice Test
NTNCB CNT TestPrep
NTNCB CNT Study Guide

killexams.com

NTNCB

CNT

Neonatal Therapy National Certification

ORDER FULL VERSION

https://killexams.com/pass4sure/exam-detail/CNT

Question: 1224

TIMP at 35 weeks PMA scores 45th percentile in a 28-week infant with IVH grade II, but HINE motor subscore reveals poor spontaneous antigravity. Interpreting serial neuromotor data, what predicts highest CP risk?

A. TIMP percentile stability
B. Age-appropriate posture
C. Normal reflexes
D. HINE low motor bilaterality

Answer: D
Explanation: HINE low motor bilaterality at 3-4 months corrected strongly predicts cerebral palsy via impaired antigravity and symmetry, outperforming global scores in NICU follow-up for at-risk preterm infants.

Question: 1225

A late preterm infant at 35 weeks postmenstrual age, post-treatment for hyperbilirubinemia, exhibits poor self-regulation during bathing, with rapid escalation from quiet alert to crying and desaturation when the face is washed first. The father, eager to participate, asks for guidance on supporting the infant's calm state. Which bathing modification best promotes neuromotor stability and state regulation while involving the parent?

A. Use warmer water temperature (39°C) and rapid full-body immersion to override initial distress through thermal comfort.
B. Begin with shampooing the head while the infant remains fully swaddled, then transition to full immersion without facial cleansing to avoid aversive responses.
C. Clean the face gently with plain water using a soft cloth prior to any unwrapping, then proceed with swaddle bathing by unwrapping one limb at a time, maintaining flexed containment and inviting the father to provide gentle voice cues.
D. Perform the bath with the infant in side-lying on a padded surface without swaddling to encourage active movement for self-regulation.

Answer: C
Explanation: Cleaning the face gently with plain water using a soft cloth prior to any unwrapping, then proceeding with swaddle bathing by unwrapping one limb at a time, maintaining flexed containment and inviting the father to provide gentle voice cues optimally supports state regulation and neuromotor stability by minimizing disorganization from facial stimulation, preserving boundaries that mimic intrauterine containment, and integrating parental participation to strengthen interaction.

Question: 1226

What is the primary goal of providing psychological support to families in the NICU as part of neonatal therapy?

A. To ensure the parents never feel sad or stressed
B. To replace the role of the social worker or psychologist
C. To make the parents follow all medical advice without question
D. To foster parental resilience and help them develop the skills to care for their infant independently

Answer: D
Explanation: The goal of psychological support within neonatal therapy is to empower parents, build their confidence, and foster a healthy parent-infant relationship. By supporting their emotional well-being, the therapist helps parents become more resilient and effective caregivers, which is essential for the infant's long-term developmental outcomes.

Question: 1227

A 34-week infant is struggling with attention and interaction. Every time the mother tries to make eye contact and talk, the infant looks away and begins to hiccup. What is the most appropriate clinical advice for the mother?

A. Use a brightly colored rattle to track the infant's gaze
B. Continue talking louder to get the infant's attention
C. Use a "unimodal" approach, such as looking at the infant without talking
D. Stop all interaction and let the infant sleep for the next four hours

Answer: C
Explanation: Preterm infants often cannot process multiple sensory inputs (visual and auditory) simultaneously—a phenomenon known as sensory "competition" or "overload." Hiccups and gaze aversion are signs of autonomic stress. Advising the mother to use a "unimodal" approach (just looking or just talking, but not both) reduces the processing demand on the infant's brain, allowing the infant to maintain a quiet alert state and engage in a brief, successful social interaction.

Question: 1228

Using the Dynamic Systems Theory as a framework, a neonatal therapist is evaluating the motor development of a 3-month-old corrected age infant born at 28 weeks gestation. The therapist observes that

the infant can reach for a toy in supine but cannot yet roll. How should the therapist interpret the emergence of reaching in this context?

A. A result of a pre-programmed genetic blueprint for motor milestones
B. A single-system maturation of the primary motor cortex
C. The inhibition of primitive reflexes allowing for volitional movement
D. An emergent property resulting from the interaction of the infant, the task, and the environment

Answer: D
Explanation: Dynamic Systems Theory posits that motor skills are not hard-wired but emerge from the nonlinear interaction of multiple subsystems, including the biomechanical, neurological, and environmental constraints. Reaching occurs when the infant's physical strength, visual perception, and the environmental opportunity (the toy) align to allow the movement to emerge as a functional solution.

Question: 1229

For a 30-week infant with mild retinopathy and sensory processing sensitivities, now at discharge planning stage, parents voice concerns about overstimulation in the home environment with siblings. What synthesized recommendation supports transition?

A. Recommend professional in-home therapy immediately upon discharge
B. Advise complete sensory isolation at home
C. Pre-discharge sessions teaching environmental modifications, sibling interaction guidelines based on infant cues, and creation of a low-stimulation daily schedule with family input
D. Focus only on medical follow-up without environmental guidance

Answer: C
Explanation: Pre-discharge sessions teaching environmental modifications, sibling interaction guidelines based on infant cues, and creation of a low-stimulation daily schedule with family input. This strategy reasons through visual and sensory vulnerabilities with the realities of home family dynamics, empowering parents with practical tools to maintain neuroprotective care post-NICU.

Question: 1230

Parents of a 29-week gestational age infant now at 37 weeks postmenstrual age with evolving retinopathy of prematurity express frustration that their infant seems "uninterested" in play during kangaroo care, turning away from faces and objects. The infant demonstrates brief visual fixation but fatigues quickly. What therapist-guided strategy most effectively facilitates parent-infant interaction and supports attainment of age-appropriate exploratory skills?

A. Shift focus to prone positioning on the parent's chest for motor exploration, delaying visual and social play until better head control is achieved.
B. Coach parents to initiate short, responsive interactions by mirroring the infant's subtle cues (such as eye widening or stilling), using one high-contrast object at a time at 8-12 inches, pausing when the infant averts gaze to allow recovery.
C. Encourage parents to introduce multiple brightly colored toys simultaneously in close proximity to stimulate sustained attention and reaching.
D. Recommend increasing kangaroo care duration to over 2 hours daily with constant verbal stimulation to build interaction endurance.

Answer: B
Explanation: Coaching parents to initiate short, responsive interactions by mirroring the infant's subtle cues (such as eye widening or stilling), using one high-contrast object at a time at 8-12 inches, pausing when the infant averts gaze to allow recovery best assists attainment of developmental skills through guided exploration by respecting the infant's attentional limits and communication signals, thereby enhancing sensitive parent-infant synchrony and preventing overload in a vulnerable visual system.

Question: 1231

A parent of a 33-week postmenstrual age infant requests to perform the next bath independently after observation. The infant has a history of desaturations with handling. The neonatal therapist must ensure safety and regulation. What preparation and support best facilitates state regulation and neuromotor stability during parent-led bathing?

A. Review infant cues for stress and regulation beforehand, provide hands-on coaching for swaddled immersion technique with facilitated tucking, and remain available for real-time support
B. Recommend delaying parent involvement until the infant is closer to discharge
C. Instruct the parent to use cool water to stimulate arousal
D. Allow independent bathing with minimal guidance to build parent confidence quickly

Answer: A
Explanation: Pre-bath education on cues, coaching in swaddled immersion with containment for stability, and ongoing support during the procedure promote self-regulation, minimize stress, and build parental competence in a family-centered way.

Question: 1232

A 34-week PMA infant who has been medically stable is being prepared for their first tub bath. During the initial immersion into the warm water, the infant exhibits trunk extension, finger splaying, and a change in skin color to a mottled appearance. How should the therapist adjust the intervention to support neuromotor stability?

A. Performing the bath in the side-lying position while providing vigorous tactile stimulation
B. Maintaining the infant in a swaddled position using a thin blanket during the immersion
C. Removing the infant immediately and placing them under a radiant warmer
D. Increasing the water temperature to 102°F to promote muscle relaxation

Answer: B
Explanation: Swaddled bathing is a research-supported technique that minimizes the physiological and behavioral stress associated with neonatal hygiene. By keeping the infant snugly wrapped in a thin cloth during the immersion and washing process, the therapist provides consistent tactile and proprioceptive support, which reduces the incidence of disorganized motor movements and autonomic instability.

Question: 1233

Therapist assesses 33-week infant post-peripheral arterial line placement showing unilateral arm coolness and weak grasp. Anatomic-physiologic priority guides documentation. Which vessel compromise predominates?

A. Brachial artery vasospasm
B. Median nerve compression
C. Ulnar collateral insufficiency
D. Radial artery thrombosis

Answer: D
Explanation: Radial artery thrombosis from arterial line creates distal perfusion deficit manifesting as asymmetric grasp patterns requiring therapist monitoring during upper extremity interventions.

Question: 1234

A preterm infant born at 29 weeks is now 35 weeks corrected age. During a pre-feeding assessment, the infant is able to maintain a rhythmic non-nutritive suck on a pacifier for 1 minute at a rate of 2 sucks per second. What does this indicate about the infant's readiness for oral feeding?

A. The infant still lacks the endurance for any nutritive trials
B. Readiness to attempt nutritive feeding with a standard nipple
C. High risk for aspiration due to a fast sucking rate
D. The infant's neural oscillators for sucking are well-developed

Answer: D
Explanation: A non-nutritive suck rate of approximately 2 sucks per second is the developmental norm and

indicates that the central pattern generators for sucking in the brainstem are maturing appropriately.

Question: 1235

A hypotonic 25-week infant shows minimal response to light touch but improves flexor tone with sustained pressure on soles during handling. Parents ask how to contribute. What positive touch technique facilitates neuromotor support?

A. Light stroking or massage to increase arousal
B. Vigorous rubbing to stimulate tone
C. Avoiding touch entirely due to fragility
D. Gentle, sustained positive touch with palmar/plantar pressure in flexed contained positions, guiding parents to provide "hand hugs" during stable periods

Answer: D
Explanation: Sustained positive touch with pressure points elicits adaptive responses, supports tone development through active grasping/plantar flexion, and safely involves parents in providing comforting, developmentally beneficial contact.

Question: 1236

In the context of the "Prechtl General Movement Assessment," at what post-term age are "fidgety movements" typically expected to emerge in a healthy infant?

A. 20 to 24 weeks post-term
B. 1 to 2 weeks post-term
C. 3 to 5 weeks post-term
D. 9 to 15 weeks post-term

Answer: D
Explanation: Fidgety movements are small, circular, elegant movements of the neck, trunk, and limbs that occur in all directions. They emerge during the "fidgety period," which is typically between 9 and 15 weeks of post-term age (approx. 3 to 4 months). The absence of these movements during this window is a highly sensitive predictor of later neurodevelopmental disability, specifically cerebral palsy.

Question: 1237

A full-term infant with congenital diaphragmatic hernia repair on day of life 5 exhibits during neonatal therapy screening persistent tachypnea with increased work of breathing during minimal handling,

asymmetric chest wall movement, and parental distress over perceived pain during routine cares despite adequate analgesia. Critical synthesis of respiratory status and family observations leads to which treatment planning adjustment?

A. High-frequency chest wall oscillation combined with daily therapy
B. Low-frequency, short-duration positioning and gentle containment sessions with immediate parent coaching on distinguishing respiratory distress cues from pain behaviors
C. Deferral pending repeat imaging
D. Aggressive mobilization to expand lung volumes

Answer: B
Explanation: Low-frequency, short-duration positioning and gentle containment sessions with immediate parent coaching on distinguishing respiratory distress cues from pain behaviors minimize additional respiratory demand in a fragile postoperative infant, facilitate symmetric chest expansion through supported alignment, and alleviate parental distress by building their observational skills and confidence, thereby strengthening family involvement and reducing the emotional strain associated with witnessing infant vulnerability.

Question: 1238

A 31-week infant with retinopathy of prematurity and history of sepsis demonstrates visual tracking delays, tactile defensiveness, and parents who are hesitant to provide multimodal stimulation fearing overstimulation. Synthesizing sensory processing data and family protective instincts, what is the optimal therapy approach?

A. Four times per week graded sensory integration sessions with protected visual input, tactile normalization activities, and collaborative parent education on balanced stimulation timing based on infant cues
B. High-intensity visual stimulation protocols to accelerate tracking
C. Sensory deprivation until discharge to protect developing systems
D. Standardized sensory profile testing in isolation from family

Answer: A
Explanation: Four times per week graded sensory integration sessions with protected visual input, tactile normalization activities, and collaborative parent education on balanced stimulation timing based on infant cues. This plan reasons through the risks of sensory processing alterations in prematurity and sepsis while addressing parental concerns, fostering evidence-based neuroprotection and family confidence in supporting the infant's sensory development.

Question: 1239

An extremely preterm infant born at 25 weeks, now 37 weeks postmenstrual age with a tracheostomy in place, demonstrates strong non-nutritive sucking on a pacifier but inconsistent coordination during initial oral feeding trials with expressed breast milk via slow-flow nipple. The bilingual parents express cultural preferences for breastfeeding and concern about long-term feeding challenges impacting family routines at home. What intervention optimally integrates cultural sensitivity with skill development?

A. Provide written materials in the parents' primary language on general feeding development without hands-on guided practice.
B. Prioritize bottle feeding training with specialized tracheostomy-safe nipples as the sole oral method due to perceived breastfeeding complexity with airway support.
C. Collaborate with the family to adapt breastfeeding positioning around the tracheostomy using supportive rolls for head and trunk alignment, guiding parents in recognizing swallow cues and providing positive reinforcement for coordinated efforts to enhance attachment while preparing for home transition.
D. Defer all oral feeding advancement until tracheostomy decannulation to simplify coordination requirements.

Answer: C
Explanation: Collaborating with the family to adapt breastfeeding positioning around the tracheostomy using supportive rolls for head and trunk alignment, guiding parents in recognizing swallow cues and providing positive reinforcement for coordinated efforts to enhance attachment while preparing for home transition optimally integrates family-centered care by respecting cultural preferences, educates for parental independence in early parenting skills through transition to home, facilitates bonding and attachment, offers psychological support, and supports oral-sensory-motor development and transition to oral feeding in a safe, individualized manner.

Question: 1240

A 34-week infant is experiencing "reflux" after feedings, which is causing autonomic instability (tachycardia). Which environmental/positioning modification is best to support regulation?

A. Placing the infant in a prone position without any supervision
B. Laying the infant flat on their back immediately after a feeding
C. Sitting the infant in a hard plastic "infant seat" for 2 hours
D. Placing the infant in a left side-lying position with the head of the bed elevated

Answer: D
Explanation: For infants with gastroesophageal reflux, positioning on the left side with the head of the bed elevated (30 degrees) is an evidence-based intervention. This position uses gravity to keep the stomach contents below the esophagus and places the stomach in a way that minimizes the opening of the lower esophageal sphincter. This reduces reflux episodes and the associated autonomic stress, supporting better state regulation after meals.

Question: 1241

A 35-week infant with congenital heart disease awaiting surgery exhibits poor weight gain, oral feeding refusal, and autonomic lability linked to handling. Applying theory to cardiac neurodevelopment, what assessment yields actionable insights?

A. Integrated evaluation of feeding readiness through synactive subsystems observation during supported oral attempts and parental participation to address energy conservation and cue responsiveness
B. Surgical delay recommendation
C. Cardiac monitoring data review only
D. Nutrition consult isolated

Answer: A
Explanation: Integrated evaluation of feeding readiness through synactive subsystems observation during supported oral attempts and parental participation to address energy conservation and cue responsiveness identifies how cardiac workload affects state and motor organization, enabling strategies that improve intake and reduce failure-to-thrive risks while supporting attachment.

Question: 1242

In the NICU family unit of a neonate with trisomy 21 and transient tachypnea of the newborn (TTN) at 37 weeks PMA, parents report strained sibling relationships due to 4-week stay. Evidence-based family-centered intervention prioritizes what to counteract NICU impact?

A. Individual therapy sessions excluding family input
B. Guided family co-regulation techniques during bay visits
C. Post-discharge group therapy for parents only
D. Standardized developmental screening without family goals

Answer: B
Explanation: Guided family co-regulation techniques, such as responsive cueing during skin-to-skin, mitigate NICU-induced family strain per 2025 Family Relations study, improving parental efficacy and sibling integration through shared neurobehavioral state modulation.

Question: 1243

A 26-week gestational age infant with maternal history of multiple psychosocial risks including substance use and domestic violence shows during pain assessment blunted facial responses but significant heart rate

increases and oxygen desaturations during heelstick. Musculoskeletal findings include generalized hypotonia with poor antigravity movement. States of arousal are predominantly sleep with rare alert periods. Interpreting these results, what synthesis addresses potential under-recognition of pain?

A. Maternal substance use and chronic stress contributing to altered pain expression through neurobehavioral impacts and possible withdrawal or growth effects, necessitating multimodal physiologic monitoring and individualized comfort bundles beyond behavioral cues
B. Psychosocial risks irrelevant to pain
C. Hypotonia protective against pain
D. Blunted responses indicate no pain

Answer: A
Explanation: Maternal substance use and chronic stress contributing to altered pain expression through neurobehavioral impacts and possible withdrawal or growth effects, necessitating multimodal physiologic monitoring and individualized comfort bundles beyond behavioral cues addresses under-recognition because high-risk psychosocial environments and exposures can blunt typical behavioral pain indicators while physiologic instability persists.

KILLEXAMS.COM

Killexams.com is a leading online platform specializing in high-quality certification exam preparation. Offering a robust suite of tools, including MCQs, practice tests, and advanced test engines, Killexams.com empowers candidates to excel in their certification exams. Discover the key features that make Killexams.com the go-to choice for exam success.

Exam Questions Based on Current Exam Objectives

Killexams.com provides exam questions aligned with the latest official exam objectives and latest syllabus. Our content is reviewed and updated regularly to reflect recent changes announced by certification vendors. By studying these questions, candidates will become cover the structure, difficulty level, and topic coverage of the actual exam, helping them prepare more effectively and efficiently.

Comprehensive Exam MCQs (PDF Format)

Killexams.com offers multiple-choice questions (MCQs) in easy-to-read PDF format, covering all major domains of the exam. Each PDF contains a structured collection of questions and verified answers designed to support focused study. These MCQs help candidates reinforce key concepts, identify knowledge gaps, and improve exam readiness through consistent practice.

Realistic Practice Tests (Online & Desktop)

To support hands-on preparation, Killexams.com provides practice tests through both an Online Test Engine and a Desktop Exam Simulator. These tools are designed to simulate a real exam environment, allowing candidates to practice under exam-like conditions. Performance tracking, test history, and result analysis help users evaluate their progress and focus on areas that need improvement.

Risk-Free Purchase Policy

Killexams.com follows a transparent and customer-friendly purchase policy. If users are not satisfied with the study materials, they may request assistance or a refund in accordance with our published terms and conditions. This policy reflects our commitment to customer satisfaction, fairness, and confidence in our preparation resources.

Regularly Updated Content

Our question bank is reviewed and updated on an ongoing basis to stay aligned with the latest exam outlines and vendor updates. This ensures candidates are studying relevant material and preparing with content that reflects current exam expectations, helping them stay confident and well-prepared.