## **Exam Prep**

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### OTA Review

This section is the complete review consisting of 552 terms and questions.

The left column contains the term/question and the right column contains the definition/answer. Fold the page in half down the middle or cover the answers/definitions as you study.

Review this material for 2 weeks taking note of topics you feel weak in. Then fill out your study schedule in the next section focusing on those weak areas.



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2 1/2 years?	-Unbuttons large buttons -Assists in putting on socks
A 15 year-old with arthrogryposis undergoes serial casting of the right wrist with weekly cast changes. After four weeks upon cast removal the therapist notes both a small open area 1/4cm. by 1/4cm. and a red rash over the ulnar styloid. The therapist's best response is to?	-refer the individual to the physician to dx the Finding
According to Mosey what are the major types of activity groups?	-Evaluation group -Thematic group -Topical group -Task-oriented group -Developmental group -Instrumental group
According to the OT code of ethics what is defined as autonomy?	Respect patient rights including confidentiality.
According to the OT code of ethics what is defined as beneficence?	Concern for the safety and well-being of the recipients of OT services.

According to the OT code of ethics what is defined as duty?	Maintain credentials and continually learn craft
According to the OT code of ethics what is defined as fidelity?	Treat colleagues and other professionals with respect fairness and integrity.
According to the OT code of ethics what is defined as nonmaleficence?	Ensure recipient's safety and do no harm.
According to the OT code of ethics what is defined as procedural justice?	Comply with laws
According to the OT code of ethics what is defined as veracity?	Providing accurate information when representing the profession (don't lie)

After swallowing a pureed substance you notice the individual has a wet gurgling voice. What might this indicate?	Possible aspiration. A videoflouroscopy is often times needed to determine is this is the case.
At what age is a child I in toileting?	4 to 5 years
At what Ranchos level are patients aware of the month and year?	Level VI
At what Ranchos level can an individual perform self care with minimal assist?	Level VI
At what Ranchos level can a patient follow a schedule but get confused by changes in the routine?	Level VI

At what Ranchos level can a patient pay attention for up to 30 minutes?	Level VI
At what Ranchos level is an individual ready for vocational and/or driving training?	Level VIII
At what Ranchos level is a patient independent in self care but continues to need supervision because of safety awareness and judgment?	Level VII
At what Ranchos Los Amigos level do individuals begin to begin to remember events before the accident better than their daily routine?	Level V. At this level patients also confabulate in order to fill in gaps in memory
At what Ranchos Los Amigos level do individuals begin to engage in simple routine activities such as self feeding and dressing?	Level IV

At what Ranchos Los Amigos level do individuals begin to follow simple directions like "Squeeze my hand?	" or "Look at me"?, Level III
At what Ranchos Los Amigos level do individuals begin to recognize family and friends?	Level III
At what SCI level can a person use a universal cuff?	C6
Brachial Plexus injury?	- Types are Traumautic and Obstetric - Traumatic (Road Traffic Injuries/falling a motorcycle) - signs * a weakness in the arm * diminished reflexes * corresponding sensory deficits
By what age does an infant sit erect and unsupported for several minutes?	*corresponding sensory deficits  By 8 to 9 months an infant can sit erect  and  unsupported.

Can OT Assistants be activities directors in skilled nursing facilities?	Yes and they can also supervise OT aids
Can someone with receptive aphasia participate in sensory testing?	Individuals with this disorder cannot comprehend spoken or written words or symbols. Individuals cannot understand verbal directions or respond to sensory stimuli.
A five year-old with moderate spastic cerebral palsy works on ambulation with a walker in physical therapy. The OT evaluation reveals problems in lower extremity dressing transitional skills self-feeding and grasp and release skills. To facilitate the child's goal of ambulation the occupational therapist elects to work on:	-donning and doffing shoes and socks in bench sitting with one leg externally rotated and placed on the opposite knee: encourages dynamic trunk balance LE external rotation and dissociation
Give examples of IADLs?	-Care of pets -Care of others -Child rearing -Communication devices -Financial management -Meal preparation and cleanup
How are cold packs most effectively placed?	In an elevated position

How does a person with hemiplegia donn a button-up shirt?	-Put shirt on lap with inside up and collar towards the chest (upside down) -Position sleeve opening on affected side -With normal hand place involved hand into sleeve -Put normal arm into other sleeve and bring arm out to 180 degrees of abduction -With normal hand pull shirt over head and it will be positioned correctly in order to button
How does a person with hemiplegia doff a pullover shirt?	-First gather up shirt from top back with unafected hand -Lean forward duck head and pull gathered back fabric over head -Remove first from normal arm then affected
How does a patient with a recent total knee replacement sleep?	Patient should on unoperated unaffected side
How are oppositional defiant disorder and conduct disorder treated?	OT intervention focuses on development and improvement of self-esteem/self-efficacy. A focus is placed on developing the skills needed for ADL's social leisure and school behaviors
How are eating disorders treated?	Activities to promote a reality based body image education and management of nutrition and activities to improve communication skills and self-expression

How does a person with hemiplegia donn a pullover shirt?	-Lay shirt on lap -With normal hand roll up bottom edge of shirt until you reach sleeve of affected arm -Position sleeve opening as large as possible and use normal hand to place affected hand into sleeve opening -Pull shirt past elbow and insert normal arm into sleeve -Complete putting on shirt
How do you measure a wheelchair armrest?	From the buttocks to the bent elbow add one inch
How do you measure footrest height?	-From the bottom of the heel to the popliteal fossa when individual is in 90 degrees of knee flexion -Subtract two inches for floor clearance
How do you measure seat depth?	From the buttocks to the popliteal fossa (behind the knee) subtract one to two inches
How do you treat anesthesia?	-Anesthesia is complete loss off sensation -Precautionary techniques -Compensatory techniques

How do you treat spinal cord patients with anesthesia?	-Pressure relief equipment -Changing position throughout the day using timer -Inspect skin with mirrors
How is adhesive capsulitis (frozen shoulder) treated?	-Pain management (heat cryotherapy TENS myofascial release) -PROM stretching -Strengthening exercises/activities What are the weight-bearing restrictions for hip arthroplasty?, -No weight bearing -Toe touch (10% on the affected and 90% on the unaffected) -Partial weight bearing (50%) -Weight bearing as tolerated -Full weight bearing
How is a wheelchair seat measured?	-Across the widest point of the hips of thighs -Add half an inch to one inch on each side
How is desensitization done?	-Grade stimulus from soft to hard to rough -Grade force of application from touch to: rub->tap->prolonged Ex: -rub: pet cat fingerpaint sandcastles -tap: juggle cotton balls ping pong balls or tennis balls -prolonged: flour rice beans macaroni -Compensation- Ex: padding objects
How is Rett's syndrome treated?	Treatment may involve adaptations to maintain the integrity of the skin such as dynamic elbow splints that inhibit a hand to mouth pattern by limiting full elbow flexion

How is sensory retraining done?	-Sensory Retraining- learn the meaning of new sensation 1. vigorous generalized cutaneous stimulation (Ex: rub affected area briskly with terrycloth) 2. cognitive cueing (Ex: OT & pt. discuss stimuli) 3. feedback (Ex: visual feedback) -Compensatory Techniques: visual thermometers
How is the Glasgow Coma Scale interpreted?	3-8: Severe injury (In a coma) 9-12: Moderate injury 13-15: Mild or no injury
How is ulnar nerve palsy splinted?	Splint to prevent MCP hyperextension of the ring
How is wheelchair back height measured?	-From the bottom of the buttocks to the top of the shoulder -Subtract four to three inches depending on trunk control and UE strength -Head rest may be required if no trunk control Present
How much should a ramp be graded?	Maximum slope of 1 foot of ramp per every inch of rise in height

How should sensation testing be conducted in a peripheral nerve injury?	-Tested distal to proximal -Vision occluded -Test uninvolved side first
How should sensation testing be conducted in a spinal cord injury?	-Tested proximal to distal -Vision occluded -Test uninvolved side first
How tall should a door threshold be for wheelchair accessibility?	1/2" and should be bevelled should be removed if possible.
If active ROM is less that passive ROM what does that indicate?	Muscle weakness
In a cooperative level what is the role of the therapist?	-The therapist intervenes to promote cohesiveness and group problem-solving

In a mature group level what is the role of the therapist?	To act as a member of the group
In an activity group of an inpatient unit how should activities be done?	On an inpatient unit activities should be structred easily completed in one session and provide a concrete result to reinforce reality
In an acute care psychiatric setting which group treatment is the most appropriate for individuals with disorganized psychosis?	Directive group treatment: a highly structured approach used in acute care for minimally functional individuals.
An individual diagnosed with bipolar disorder of the manic type begins an OT activity group. For the first experience in the group setting the therapist should suggest:	A structured project w/ easily-completed steps to increase self-esteem (i.e.: making a leather wrist band w/client's name)

An individual functions at level five according to the Allen Cognitive Test. The highest level task that the individual can perform is to:

-Carry out a task with three familiar steps and one new step

An individual pands stan by stan
An individual needs step-by-step
instruction to
perform self care. What Ranchos level
are they at?

#### Level V

An individual with schizophrenia continues to experience periods of hallucinations after two changes in medications. During the OT project group the individual begins to actively hallucinate. The COTA should:

-Redirect attention back to the project and reinforce all misinterpretations of enviromental noises and events use a calm tone focus on reality

In infant development which comes first: bilaterality or unilaterality?

\_\_\_\_\_ precedes unilaterality in infant development

In mental health planning for discharge involves evaluating what?

Occupational performance

integration in the neonatal period?

-Tactile proprioceptive and vestibular input needed for body scheme -Vestibular defines arousal level -Visual system develops as infant responds to faces and items placed 10" from face

integration in the six to twelve month period?	-Fine motor and motor planning develop due to refinement of tactile and proprioceptive senses -Midline skills and crossing midline -Primitive self-feeding
Is a person who is considered a risk to themselves or others eligible for ADA protection?	No. The person must be able to perform the job task safely without risk of harming patients.
Is a shower chair considered a DME?	Adaptive equipment is not covered under Medicare as a DME. Items not included are shower chairs reachers hand-held showers.
Of Broca's and Wernicke's which is expressive and which is receptive aphasia?	-Broca's: Expressive Aphasia -Wernicke's: Receptive Aphasia
Several adolescents with behavior problems attend an after-school program in a mental health outpatient program. They work at an egocentric-cooperative level in a group dealing with issues related to peer pressure. The participants would be most likely to:	Focus on the group tasks rather than the feelings of the participants.

Should you pass a Level II fieldwork student if they are functioning below the minimal entry level?

Students functioning below entry level should be failed.

-Sometimes requires joint replacement surgery
What is ankylosis?

-Fixation or fusion of a joint often in an abnormal position
-Usually results from destruction of articular cartilage as in RA

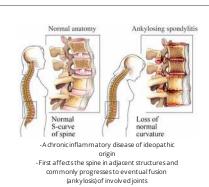
Ten members of the community resource group are not working well together and show decreased levels of trust. The COTA's goal is to enhance the level of cohesiveness in the group. The best choice for the COTA is to:

Verbally reinforce the goals and purposes of the group.

-Used during functional activities What is a cock up splint?

This splint supports the user's wrist in 10° to 20° of extension to prevent contracture but allows digits to function such as in a case involving a flaccid wrist

What ankylosing spondylitis?



What are cluster A personality disorders?	Cluster 8 personality disorders  Antisocial  Antisocial  Diregular for any dealism of high nood disorders and substance community, impulsivity, runders frights of others, criminally, impulsivity, runders friends: munt be 28 18 years old and base helsers of conduct disorder before agr 15 Conduct disorder if c 18 years old.  Borderline  Unstale mood and interpersonal relationships impulsivity, sufferment and relationships impulsivity, sufferment and personal relationships impulsivity, sufferment and personal relationships impulsivity, sufferment and relationships deformen enchannels  Histrionic  Execusive emotionality and exhibability, attention resking, secusibly prosecutive, overly concerned with appearance.  Narcinstite  Canadionity, series of entitlement, lack empuly demands the "best" and reacts to criticism with age.  Paranoid schizoid schizotpal (odd/pecculiar behavior)
What are cluster B personality disorders?	Antisocial borderline histrionic narcissistic (dramatic/implusive)
What are cluster C personality disorders?	Avoidant dependent obsessive compulsive (anxiety/fear)
What are common cardiac precautions?	-Don't push and pull with UEs -Don't lift weights -Perform transfers using mostly LE strength -Don't lean below level of the heart -Don't raise both arms at same time
What are components of a biomechanical activity analysis?	-What is the activity? -Positioning -Precautions -Steps -Repetition -ROM required -Minimal muscle strength required -Type of contraction -Appropriate for short term or long term goal

#### What are corrective splints?



Corrective splints are static splints used to:
- maintain improvement obtained through therapy
- correct soft tissue contractures

What are games?

- 7-12 years
-Rules competition
-Friends become important for validation

What are hip precautions for posterolateral hip arthroplasty?

-No hip flexion more than 90
-No hip internal rotation
-No hip adduction (No crossing legs or feet)

What are IADLs?

- Finances
- Medications
- Transportation
- Uses the phone
- Cooks
- Cleans
- Laundry
- Shops

Activities that are oriented toward interacting w/the environment and that are generally optional

What are intention tremors?



Occurs during voluntary movement. Intensified at the termination of the movement and often associated with MS.

What are intervention strategies for aphasia?	-Decrease external auditory stimuli -Give individual increase response time -Use concise sentences -Use visual cues and gestures
What are intervention strategies for body neglect?	Provide bilateral activities guide the affected side through the activity and increase sensory stimulation to the affected side
What are intervention strategies for ideational apraxia?	Provide step-by-step instructions and hand over hand guiding
What are intervention strategies for perseveration?	Bring the perseveration to a conscious level and train the person to inhibit the behavior
What are intervention strategies for sequencing and organization deficits?	-Use external cues such as written directions and daily planners -Use graded tasks that increase in complexity in terms of number of steps required

What are intervention strategies for spatial neglect?

-Provide graded scanning activities
-Use external cues such as colored
markers and
written directions

What are orthosis?



Orthosis are permanent devices that replace or substitute for loss of muscle function

What are precautions of neuroleptic medications?

Power tools and sharp instruments should be avoided and sun exposure should be limited.

What are Process Skills (Practice Framework)?

-energy
-knowledge
-temporal organization (time)
-organizing space & objects

What are protective splints?



Protective splints are static splints used to:
- immobilize a joint or limb following trauma are fracture and some post-surgical conditions

#### What are resting tremors?



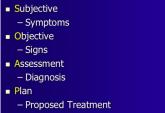
Occurs at rest and subsides when voluntary movement is attempted.

Seen in Parkinson's disease.

What are seral static splints?

Serial static splints hold the tissue in end range until it adaps to its new length to increase ROM and maintain improvement obtained

What are SOAP notes?



-Subjective -Objective -Assessment -Plan

What are static progressive splints?



Static progressive splints apply low-load prolonged stress at the end range to soft tissue through static positioning to increase ROM and

What are supportive splints?



Supportive splints are static splints used to:
- relieve pain
- position and maintain join alignment

What are symptoms of Rett's syndrome?



Characterized by repetitive movements of licking biting and slapping of one's hands

What are the 4 basic steps of program development?

-Needs assessment-Program planning-Program implementation-Program evaluation

What are the behavioral characteristics of damage to the hypothalamus?

The hypothalamus regulates bodily functions such as thirst hunger body temperature emotion and circadian rhythm. Damage can result in:
-Uncontrolled eating or drinking
-Mood alteration

-Sleep disorder

What are the behavioral characteristics of damage to the limbic system?

Plays integral part in the expression of emotion.

Damage can affect:
-Emotional behavior

What are the behavioral characteristics of damage to the reticular formation?

The reticular formation is in the core of the brainstem. Contains fibers en route to and from the brain. Damage to the reticular activitating system results in:

-Sleeping longer periods at a time

What are the behavioral charcteristics of damage to the cerebellum?	The cerebellum regulates balance and posture. Damage can cause problems with: -Fine motor control -Coordination
What are the behavioral charcteristics of damage to the thalamus?	-Communications relay station for all sensory information -Damage can alter states of arousal memory defect speech deficits apathy and disorientation
What are the brain behavioral characteristics of damage to the frontal lobe?	The frontal lobes order information and sort out stimuli. Damage to the frontal lobe affects: -Concentration and attention -Abstract thinking -Concept formation -Foresight -Problem solving -Broca's Aphasia
What are the brain behavioral characteristics of damage to the parietal lobe?	Contains reception areas for touch and body position. Damage includes deficits in: -Sense of touch proproception temperature and pain -Disorganization -Distorted self perception
What are the brain behavioral characteristics of occipital lobe damage?	Occipital lobe contains visual reception areas. Damage can result in: -Anopsia/quadrantanopsia -Object recognition and visual scanning deficits

What are the brain behavioral characteristics of temporal lobe damage?	Temporal lobes contain auditory reception and visual processing areas. Damage to temporal lobes may affect: -Sound discrimination -Voice Recognition -Language and Comprehension -Auditory and visual memory storage -Wernicke's Aphasia
What are the characteristics of bipolar disorder type l?	-Full manic episodes -Promiscuity
What are the characteristics of bipolar disorder type II?	-Hypomanic -Depressed -Symptoms not severe
What are the characteristics of paranoid personality disorder?	-Feelings of being threatened or persecuted -Indiv is withdrawn suspicious -Have dillusions/hallucinations
What are the charateristics of individuals with oppositional defiant disorder?	Impulse contral attention span and short-term Memory

What are the classic signs and symptoms of osteoarthritis?	-Diffused pain -In cases of advanced OA pain may be severe enough to wake individual -Synovial inflammation -Capsular distention places pressure on nerve endings -Muscle spasms around affected joint -Pain and tenderness in peri-articular structures -Mild to mod joint stiffness
What are the clinical signs of a high- level median nerve injury?	-Loss of wrist flexion -Loss of thumb flexion palmar abduction and opposition -Loss of active pronation
What are the clinical signs of a high- level ulnar nerve lesion?	-Hyperextension of the MCP ring and small finger (Bishop's hand) -Absent hypothenar and interossei -Wrist flexion abnormal
What are the clinical signs of a high radial nerve injury?	-Wrist drop -Thumb in palmar abduction
What are the clinical signs of a low (distal) radial nerve injury?	-Occurs at or below level of wrist -Incomplete extension of fingers and thumb MCP -PIP and DIP can be extended

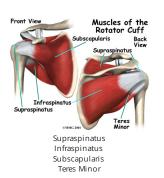
What are the clinical signs of a low-level median nerve injury?	-Flattened thenar eminence -Loss of thumb flexion palmar abduction and Opposition
What are the clinical signs of a low level (posterior interosseus/deep branch of radial nerve)injury?	-Wrist extension is normal -Sensation is normal -Posterior interosseus branch of radial nerve innervates only muscles not sensory -Loss of finger and thumb extension
What are the clinical signs of a low-level ulnar nerve lesion?	-Clawing of the MCP ring and small finger (Bishop's hand) -Flexion of the PIP and DIP of the small finger -Wrist flexion normal
What are the common splinting precautions?	-Preexisting skin problems -Bony prominences -Friction -Pressure spots
What are the components of a goal?	-Person -Behavior -Condition -Criterion -Function

What are the components of motor development?	-Crossing midline -Laterality -Bilateral integration -Fine coordination and dexterity -Visual-motor integration -Oral-motor control
What are the deformaties related to rheumatoid arthritis?	-Swan neck -Boutonniere Deformity -Zig-Zag Deformity
What are the different types of cerebral palsy?	-Spastic CP -Athetoid CP -Flaccid CP -Ataxic CP
What are the dressing skill milestones at 1 year?	-Cooperates with dressing -Pulls off shoes and socks
What are the dressing skill milestones at 2 year?	-Helps pull down pants What are the dressing skill milestones at 2½

What are the dressing skill milestones at 3 1/2 years?	-Works snaps or hooks in front
What are the dressing skill milestones at 3 years?	-Puts on shirt w/ Min A -Zips and unzips -Pulls down pants I -Buttons large buttons
What are the dressing skill milestones at 4 year?	-Removes pullover l -Laces shoes -Identifies front and back
What are the dressing skill milestones at 5 years?	-Ties and unties knots -Dresses I
What are the four types of mental health service delivery?	-Traditional -Partnership -Supportive -Seperatist

What are the general considerations of splinting?	- Comfort - Function - Cosmesis - Patient acceptance and compliance - Patient education - Tratment plan integration
What are the hip precautions for an anterolateral hip arthroplasty?	-No hip extension -No hip external rotation -No hip adduction (No crossing legs or feet)
What are the main goals of work hardening?	To return the individual to work. Focus on pain management and proper body mechanics is key.
What are the methods used to treat hypersensitivity such as burns amputations PNS injuries etc?	-Desensitization -Compensation (Such as testing hot water with other hand)
What are the methods used to treat hyposensitivity?	-Sensory retraining -Compensation (Such as testing hot water with the other hand padding objects)

# What are the muscles of the rotator cuff?



What are the normal ROM limits for pronation and supination?

0-80/90 degrees

What are the normal ROM limits of cervical flexion extension and lateral flexion?

0-45 degrees

What are the normal ROM limits of cervical rotation?

0-60 degrees

What are the normal ROM limits of elbow extension?

0 degrees

What are the normal ROM limits of elbow flexion?	0-140 degrees
What are the normal ROM limits of horizontal abduction?	0-40 degrees
What are the normal ROM limits of horizontal adduction?	0-130 degrees
What are the normal ROM limits of lateral flexion of the spine?	0-40 degrees
What are the normal ROM limits of rotation of the spine?	0-45 degrees

What are the normal ROM limits of shoulder abduction?	0-170 degrees
What are the normal ROM limits of shoulder adduction?	0 degrees
What are the normal ROM limits of shoulder extension?	0-60 degrees
What are the normal ROM limits of shoulder external rotation?	0-90 degrees in shd abduction 0-80 degrees in shd adduction
What are the normal ROM limits of shoulder flexion?	0-170 degrees

What are the normal ROM limits of shoulder internal rotation?	0-70 degrees in shd abduction 0-60 degrees in shd adduction
What are the normal ROM limits of thoracic and lumbar spine extension?	0-30 degrees
What are the normal ROM limits of thoracic and lumbar spine flexion?	0-80 degrees
What are the objectives of dynamics splints?	<ul> <li>prevent progressive deforming changes as a result of muscle imbalance</li> <li>substitute for or assist lost or weakened muscles</li> <li>increase ROM</li> <li>minimize formation of adhesions</li> </ul>
What are the objectives of static splinting?	The main purporse of splinting is to help the individual perfom ADLs through: - positioning and maintaining alignment - protecting or supporting or immobilizing - inhibiting tone by positioning the extremity in a reflex inhibiting position

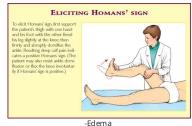
What are the precautions for total knee	
replacements?	

- -No internal or external rotation of the knee (via twisting the foot)
- -No forced flexion
- -Prevent flexion contractures by extending

What are the psychiatric symptoms of head trauma?

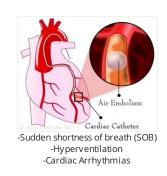
-Psychosis -Disturbances of mood -Personality changes -Agitated/withdrawn

What are the signs of a Deep Venous **Thrombosis** (DVT)?



-Increased venous pattern -Pain and tendemous -Low-grade idiopathic fever

What are the signs of a pulmonary embolism?



What are the stages of group development?

- 1) Origin phase
- 2) Orientation phase
- 3 )Intermediate phase
- 4) Conflict phase
- 5) Cohesion phase
- 6) Maturation phase
- 7) Termination phase

What are the steps in an activity analysis?	1) Break down componens of activity 2) Determine performance components 3) Assess therapeutic value of activity
What are the steps in determining reasonable accomodation?	-Job analysis -Disability-related limitations -Identify potential accomodations -Select and implement
What are the styles of group leadership?	-Directive -Facilitative -Advisory
What are the subtests of the Glasgow Coma Scale?	-Eye opening (E) -Best Motor Response (M) -Best Verbal Response (V) -Minimum score of 1 in each subtest = 3 -Maximum score is 15 E+M+V=3-15
What are the subtypes of schizophrenia?	-Paranoid type -Disorganized type -Catatonic type -Undifferentiated type -Residual type

What are the treatment goals for osteoarthritis?	-Address patient's pain and inflammation -Splinting -Increase functional (not optimal) ROM -Increase functional mobility and independence in ADLs -Education on joint protection techniques
What are the two types of chorea?	-Tardive dyskinesia -Huntington's disease
What are the types of approaches used in program evaluation?	-Continuous quality improvement (CQI): limitations and problems used to improve quality -Utilization review: reviews use of resources in facility -Peer review -Professional review organization -Risk management
What are the warning signs of inflammatory arthritis?	-Swelling in one or more joints -Early AM stiffness lasting more than one hour -Recurring pain or tenderness in any joint -Inability to move the joint -Redness and warmth in the joint -Unexplained weight loss fever or weakness
What behavior would a child with poor modulation of tactile input display?	Children with autism often are unpredictable both craving and avoiding sensory stimuli at various times.

What can an individual accomplish at Allen's Cognitive Level 1?	Automatic actions
What can an individual accomplish at Allen's Cognitive Level 2?	Aware of large objects an can accomplish very simpl tasks
What can an individual accomplish at Allen's Cognitive Level 3?	-Patients use hands for simple repetitive tasks -Unlkely to produce consistent end product
What can an individual accomplish at Allen's Cognitive Level 4?	-Patients are able to copy demonstrated directions (ie - visual and verbal cues) presented one step at a time -Individuals can copy a sample plan to follow Directions
What can an individual accomplish at Allen's Cognitive Level 5?	-Patients perform tasks involving three familiar steps and one new one -New learning occurs at this level

What can an individual accomplish at	
Allen's	
Cognitive Level 6?	

-Patients can anticipate errors and plan ways to avoid them -Can follow written directions -Operate at normal capacity

What can someone with an IQ range below 25 accomplish? What classification of MR is this?

Profound Retardation:

- -Need caregiver assistance for basic survival skills
- -Often have neuromuscular orthopedic or behavioral deficits

What can someone with an IQ range of 25-39 accomplish? What classification of MR is this?

Severe Retardation:

- -Learns to communicate through gestures and some words
- -Trained in basic health habits
- -Require supervised living or group home

What can someone with an IQ range of 40-54 accomplish? What classification of MR is this?

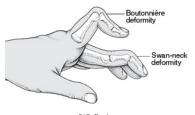
Moderate MR: 40-54:

- -Can communicate & get vocational training
- -Can only do unskilled or semi-skilled work in sheltered workshops
- -Can handle routine daily functions
- -Can only learn up to a second-grade level
- -Require supervised living or group home

What can someone with an IQ range of 55-69 accomplish? What classification of MR is this?

Mild retardation:
-Social/verbal skills to 6th grade level
-Able to take care of self

## What characterizes a Boutonniere's deformity?



-PIP flexion
-DIP hyperextension
(Memory hint-Push your finger into the table in order to replicate this)

What characterizes a Swan-Neck deformity?



What characterizes athetoid CP with spasticity?

- -Tone fluctuates from normal to high
- -Proximal stability
- -Proximal spasticity
- -Distal athetosis (slow writhing continuous and involuntary mvmt of the extremities)

What characterizes athetoid CP with tonic spasms?

-Unpredictable tone
 -Changes from low to very high
 -All flexion or all extension

What characterizes choreoathetosis CP?

-Constant fluctuation from low to high tone
-No cocontraction
-Jerky involuntary movement
-More proximal than distal

What characterizes dementia?	-Patient is cooperative but frustrated -Onset is insidious -Cognition is prominently impaired -Symptoms worsen as day progresses
What characterizes flaccid CP?	-Markedly low tone -Seen at birth or toddler -Later classified as spastic athetoid or ataxic
What characterizes mild spastic CP?	-Has normal tone at rest -Tone increases with effort and movement
What characterizes moderate spastic CP?	-Near normal tone at rest -Tone increases with excitement movement emotion and speech -More distal than proximal
What characterizes pure athetoid CP?	-Tone fluctuates from low to normal -No or little spasticity -No coactivation

Characterized by: -Severe increased tone -Flexion and extension cocontraction -High tone always -More proximal than distal
Zero (Z): No muscle contraction can be seen or Felt
Trace (T): Contraction can be felt or seen underneath the skin but there is no motion
Poor Plus (P+): -Part moves through incomplete range of motion (less than 50%) against gravity -OR through complete range of motion with gravity decreased against slight resistance
Poor (P): Part moves through complete range of motion with gravity eliminated

What does a manual muscle test of (2-) indicate?	Poor Minus (P-): Individual is only able to move joint through incomplete range of motion with gravity eliminated
What does a manual muscle test of (3+) indicate?	Fair plus (F+): Part moves through complete range of motion against gravity and slight resistance
What does a manual muscle test of (3-) indicate?	Fair minus (F-): Part moves through incomplete range of motion (more than 50%) against gravity
What does a manual muscle test of (3) indicate?	Fair (F): Part moves through complete range of motion against gravity
What does a manual muscle test of (4) indicate?	Good (G): Part moves through complete range of motion against gravity and moderate resistance

What does a manual muscle test of (5) indicate?	Normal (N): Part moves through complete range of motion against gravity and full resistance
What does Medicare Part A cover?	-Pays for hospital inpatient SNF home health and hospice care -Requires annual deductible fees -Automatically provided by all cover in Social Security system that meet criteria
What does Title 4 of the ADA address?	Telecommunications for hearing and speech Impaired
What domains are included in the Practice Framework?	1) Performance Areas 2) Performance Skills 3) Performance Patterns 4) Context 5) Activty demands 6) Client Factors
What elbow exercises are needed for an individual with spinal cord injury?	-Engage triceps in activity to prevent flexion contractures -Elbow extension is needed for transfers and weight shifting

What falls under the umbrella of Pervasive Development Disorders (PDD)?	-Autism -Asperger's Syndrome -Rett's Syndrome -PDD not otherwise specified (Usually when autism is suspected but not proven)
What food consistency is most difficult to swallow?	Foods that have liquid and solid consistencies are hardest to chew and swallow.
What functional activity can a person at Allen's Cognitive Level II do?	Poor imitation of posture
What functional activity can a person at Allen's Cognitive Level III do?	Sand wood
What functional activity can a person at Allen's Cognitive Level IV do?	Matching colors of clothing

What functional activity can a person at Allen's Cognitive Level V do?	Understand cause and effect
What functionality does a person with C1-C3 SCI have?	-Individuals required using a respirator -Individuals might have limited head and neck movement -Able to use "sip and puff" wheelchair -Completely dependent in ADLs and transfers
What functionality does a person with C4 SCI have?	-Person has full mobility of the head and neck -Able to breathe independently with low stamina -Complete body paralysis below neck -Possibility of autonomic dysreflexia -"Sip and puff" wheelchair required -Completely dependent in ADLs and transfers
What functionality does a person with C5 SCI have?	-Good elbow flexion in order to self feed (with a mobile arm support) -Supination available -No finger or wrist movement -Breathes independently with low stamina -Electric wheelchair may be used with hand Control
What functionality does a person with C6 SCI have?	-Complete paralysis of legs and torsoAble to extend wrist and flex the elbowIndependent in transfers from toilet to wheelchairAble to reach forwardBenefits from splint to promote wrist tenodesisAble to do some ADLs such as shaving and dressing upper bodyAssistance may be required to dress lower bodyNeeds assistance to transfer from bed to

wheelchair.

What functionality does a person with C7 SCI have?	-Elbow extension available -Wrist flexion available -Finger extension available -Mod I feeding -Dress Mod I to min assist -Bathing & Grooming Mod I -Toileting Mod I -Transfers Independent
What functionality does a person with C8-T1 SCI have?	-Full UE control including fine coordination and grasp -ADLs mobility and communication are Mod I
What functionality does a person with L4 SCI have?	-Hip flexion and knee extension -Independent in all activities plus ambulation -Bowel and bladder control is not voluntary
What functionality does a person with T6 SCI have?	-Increased endurance -Larger respiratory reserve -Pectoral girdle stabilized for heavy lifting -ADLs Independent (No assistive devices) -Uses braces with great difficulty for ambulation
What functionality does a person with T12 SCI have?	-Improved endurance and trunk controlADLs and IADLs and independent -Mobility: Ambulates with long leg braces and crutches -Uses wheelchair for energy conservation

What group format is most appropriate for eating and adjustment disorders?	Psychoeducation groups
What immobilizing splint is used for radial nerve palsy?	Volar or dorsal 15-30 degrees of wrist extension
What immobilizing splint is used for reflex sympathetic dystrophy (CRPS)?	-Volar in extension as tolerated -Circumferential wrist might be used to avoid Edema
What immobilizing splint is used for rheumatoid arthritis?	-Volar in extension up to 30 degrees based on the person's comfort level -Ulnar drift close to neutral during early stages
What immobilizing splint is used for tendinitis/tenosynovitis?	Volar or dorsal 20-30 degrees of wrist extension

# What immobilizing splint is used for wrist fracture?



-Volar dorsal or circumferential.
-Maximum passive extension up to 30 degrees.

What is a advisory leadership style (groups)?

-Therapist functions as a resource

- -Members set the agenda and structure
- -Members have a high skill level
- -Used in mature groups
- -Goal: Have members understand and self-direct the process

What is a blocking splint used for?



Used to isolate tendon and joint range of motion

What is a Bouchard's node?



Osteophyte formation on the PIP

What is a bunny hop pattern?

A bunny hop pattern is a result of symmetric tonic neck reflex utilization in order to elicit movement at the hips and elbows for mobility.

What is a C-bar splint used for?



-Used to maintain webspace

What is AC MRDD?

Accredidation Council for Services for Mentally Retarded and Developmentally Disabled

What is a Colles' fracture?



Fracture to the distal radius

What is a conduct disorder?

Dx of Antisocial v Conduct Disorder

given must be at least 18 y/o and have had a history of some symptoms of Conduct Disorder before age 15.

Conduct D/O can be given, but only if the

Conduct disorders often involve aggression toward people or animals and property destruction

What is a cooperative group?

- -Facilitative leadership
- -Goal is to acquire skills
- -Not focused on completing task
- -Feeling expression encouraged
- -Therapist acts as advisor

What is a deep partial-thickness burn?



-Deep second degree burn
-Involves epidermis and the dermis
-Mottled areas of red and white eschar (dead tissue
that sloughs off of healthy skin)
- May be painful
-Hypertrophic scarring and contractures
- May need skin grafting

What is a developmental group?

A continuum of groups consisting of parallel project egocentric cooperative cooperative and mature

What is a developmental group?

(Type of activity group)

-Purpose is to develop interaction skills for parallel project egocentric cooperative

cooperative mature groups

What is a developmental project group?

-Has a directive leader

-Focus is on group interaction

-Individuals work on initiation sharing short-term

tasks (ie - collage) and working with two people

What is adhesive capsulitis?



-Painful condition caused by immobility and disuse
-Condition lends itself to formation of fibrous tissue inside joint capsule

What is adiadochokinesis?	The inability to perform rapid alternating movements such as pronation/supination.
What is a directive leadership style (groups)?	-Therapist is responsible for planning and structuring -Members have limited cognitive social and verbal skills -Used in parallel and project group levels -Goal: Task accomplishment
What is a facilitative leadership style (groups)?	-Therapist shares responsibility with the members -Members' skill level is moderate -Used in egocentric cooperative or cooperative groups -Goal: Skill acquisition through experience
What is affect?	The observable component of emotion
What is a FIM level of "Maximal Assistance" or level 2?	The person puts forth less than 50% of the effort necessary to do a task but at least 25%

What is a FIM level of "Minimal Contact Assistance" or level 4?	The person puts forth 75% or more of the effort necessary to do a task and requires no more help than touching.
What is a FIM level of "Moderate Assistance" or level 3?	The person puts forth between 50% and 75% of the effort necessary to do a task and requires no more than helping or touching.
What is a FIM level of "Modified Independence" or level 6?	No helper is needed and the person needs an assistive device. This score can also be obtained when no help is needed but the person takes considerable time to do a task or may complete the task in an unsafe manner.
What is a FIM level of "Supervision or setup" or level 5?	The person only needs someone to standby and cue or coax him/her (without physical contact) so that he/she can do a task.
What is a FIM level of "Total Assistance" or level 1?	The person puts forth less than 25% of the effort necessary to do a task.

What is a FIM level of "Total independence" or level 7?

No helper is needed and the person performs the task safely within a reasonable amount of time and without assistive devices aids or changes. What FIMS score would be given to a person who needs a helper to set up items or assistive devices?, A score of "5" or "Supervision or setup" can be obtained if a helper is needed to set up items or assistive devices for the person.

What is a first-degree burn?



-Superficial burn involving the epidermis -Caused by sunburn and minor flash injuries -No edema no blisters

What is a full-thickness burn?



What is a GAF scale of 0?

0: Not enough information available to provide GAF.

What is a GAF scale of 91 - 100?

91-100: Superior functioning in a wide range of activities life's problems never seem to get out of hand. No symptoms.

#### What is agnosia?



Agnosia is a category of defects where the patient lacks recognition of familiar object as perceived by the senses. This could involve all the senses and manifests with problems in body scheme such as somatognosia and anosognosia.

What is agraphia (a.k.a. dysgraphia)?

The inability to write

What is a Heberden's node?

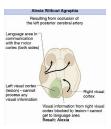


Osteophyte formation in the DIP

What is a Laissez-Faire leadership style?

Laissez-Faire is a "hands off" approach. Goals are not stated the purpose is not clear members are not discouraged or encouraged. This is for a high-functioning group.

What is alexia?



Inability to understand written language

-Therapist acts as equal group member What is a mature group? -Advisory type of leadership -Goal is for members to self direct -Requires end product and time limit What is an appropriate approach to take Provide enjoyable activities in a safe and with a accepting child with behavioral problems? Environment -Describes community factors and populations at What is a Needs Assessment? risk -Target population demographics functional levels disorders -Facilitative leadership What is an egocentric-cooperative -Focuses on acquiring skill group? -Not focus on task completion -Long-term tasks (ie-mosaics) What is a neuroma?

A \_\_\_\_\_is an unorganized mass of nerve fibers resulting from a laceration (either surgical or amputation in which the nerve regrows in unorganized bundles. Results in sharp radiating pain.

What is an evalutation group?	(Type of activity group) -Purpose is to assess skills and limitations regarding group interaction -For indiv's who lack group interaction skills -The therapist does not participate or intervene (only acts as observer)
What is an instrumental group?	(Type of activity group) -Purpose is to help functioning at highest level and meet mental health needs -Intended for individuals who have an ability to change or progress -Therapist acts as supporter and is unconditional -Activities focus on maintaining function
What is an instrumental group?	-To help members function at their highest possible level Goal: prevent regression maintain function and meet mental health needs Type of member: high functioning
What is an intervention strategy for motor/ideomotor apraxia?	Provide hand over hand tactile- kinesthetic input and utilize visual cues
What is an opponens splint?	-May be short or long -Supports the thumb in a position of abduction and Opposition

	1
What is anosognosia?	ANOSOGNOSIA  Inability to recognize or acknowledge deficits or impairments (e.g., hemiplegia); Anton's Syndrome (denial of cortical blindness)  More often associated with injury to the right cerebral hemisphere  May be associated with hemispatial agnosia (hemineglect)  Anosognosia: Transient severe form of neglect. Patient does not recognize the presence or severity of his paralysis.
What is another name for reflex sympathetic dystrophy?	Complex regional pain syndrome.
What is anterior cord syndrome?	Often associated with a lesion causing variable loss of motor and sensation function. Proprioception preserved.
What is anterograde amnesia?	Inability to remember ongoing events after the incidence of trauma or the onset of the disease that caused the amnesia but able to remember incidents that happened before the incident
What is antisocial personality disorder?	-Must be at least 18 years or older -Engage in illegal activity -Unemployed aggressive impulsive irresponsible -Lack of remorse

-Has a directive leader What is a parallel group? -Focuses on task completion -No interaction -Indiv's are low level -Work on trust awareness comfort What is a postural or orthostatic hypotension? -Common in T6 and above injuries -Light headedness dizziness and/or fainting when moving from reclined to upright position -Patient must recline quickly What is apraxia? Loss of the ability to execute or carry out learned (familiar) movements despite having the desire and the physical ability to perform the movements A program evaluation is the compilation What is a program evaluation? of the intervention results for a population of individuals. -Undue hardship in relation to What is a reasonable accomodation? company's assets -Applies to companies with 15+

employees

#### What is a resting hand splint used for?



-RA Burns Dupuyten's and RSD -Supports the hand and wrist joint so that they heal

What is Arnold-Chiari Syndrome?



-Cerebellum and medulla oblongata slip through foramen magnum of skull -Typically results from spina bifida

What is a rotator cuff tear?



-Often requires surgical repair
-Tear to the supraspinatus tendon
-Surgery not usually performed unless more than
50% of the muscle is torn

What is Arthrogryposis?



Arthrogryposis or arthrogryposis multiplex congenita comprises nonprogressive conditions characterized by multiple joint contractures found

What is Asperger's Syndrome?

Has similar characteristics to autism.

Sometimes
referred to as high functioning autism.

What is astereognosis?



#### The inability to identify objects through touch

What is a superficial partial-thickness burn?



What is a symmetric tonic neck reflex?



When an infant's neck is extended the elbows extend and the hips flex. When the head is lowered the elbows flex and the hips extend.

What is a task-oriented group?

(Type of activity group)

- -The purpose is to increase awareness of needs values ideas feelings behaviors
- -Intended for indiv's with disfunction in cognition and social-emotional areas (psych or physical trauma)
- -Used for substance abuse
- -Therapist is initially active and provides structure
- -Activities create an end product

What is ataxia?



\_\_\_\_\_ describes a lack of coordination while performing voluntary movements. It may appear as clumsiness inaccuracy or instability.

What is ataxic CP?	-Ranges from near normal to normal -Increased tone usually involves lower extremity flexion -Most functional form of CP
What is a thematic group?	(Type of activity group) -Purpose is to acquire knowledge and skills to perform a specific activity -For indiv's who have minimal interaction skills -Therapist selects structures and grades activities -Therapist acts as advisor -Activities directly relate to skills (ie-cooking group parallel group)
What is a topical group?	(Type of activity group) -Purpose is to discuss activities engaged outside of group -For individuals who share similar problems in functioning (ie-egocentric cooperative level) -Therapist acts as a role model and shares leadership -Activities include verbal discussion and roleplay
What is auditory agnosia?	Cognitive Function  • Object Recognition ((1)) (2): inability to recognize a sensory stimulus in the setting of normal primary sensation  • Types: (3): cannot describe function of object visually, but can do so if placed on the hand and explored by touch. (4): vaulable to "recognize object by touch. (5): cannot distinguish verbal from non-verbal stimuli  Inability to recognize sounds words and non-words.
What is a utilization review?	Process of analyzing the provision of services to promote the most economical delivery service

Symptoms include: -Impairments of social interaction social communication social behavior What is autism? -Inability to relate to others -Echolalia -Flat affect and poor eye contact -Aversion to physical contact -Ritualistic and repetitve behaviors -Intolerance to changes in routine What is autocratic leadership? The leader exerts complete control. -Social discomfort -Avoidance of interpersonal What is avoidance personality disorder? relationships is common -Fear of disapproval What is a Volkmann's contracture? A fracture of the distal end of the humerus that interferes with blood supply of the forearm What is Axis III in the DSM-IV? General medical conditions





MR & personality disorders

What is Axis I in the DSM-IV?

Axis	Category	Examples
1	Clinical psychiatric disorders	Mood disorders, anxiety disorders, substance at
II	Personality and development disorders	Borderline personality disorder, mental retardati
III	Medical conditions	Encephalopathy, neoplasm, HIV
IV	Psychosocial stresses	Support structures, social environment, occupati
V	Global assessment of functioning	(100-point scale that describes how well the pa

Clinical disorders/psych diagnoses

What is Axis IV in the DSM-IV?



Psychosocial & environmental problems

What is Axis V in the DSM-IV?

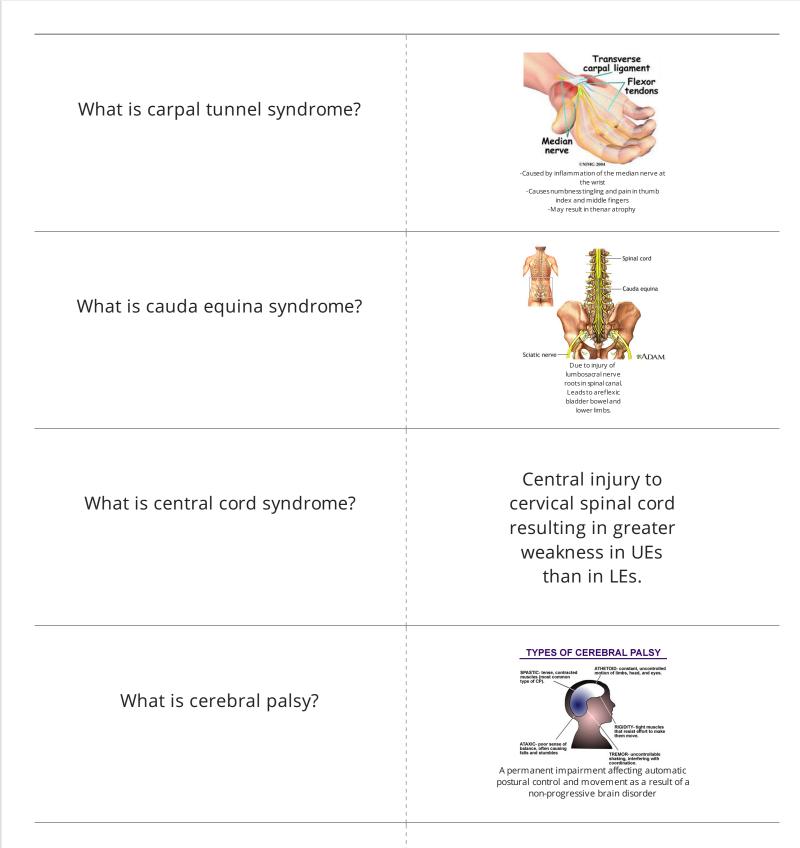


**GAF Score** 

What is ballism?

Rare symptom that is produced by continuous abrupt contractions of the axial and proximal musculature of the extremity.

-Impulsive -Mood instability What is borderline personality disorder? -Inappropriate affect -Suicidal ideations -Self mutilation -Fear of abandonment What is bradykinesia? Bradykinesia means "slow movement." What is Broca's Aphasia? -Characterized by frontal lobe damage resulting in speech apraxia and agrammaticism -The individual has good auditory comprehension but reading and writing are severely affected What is Brown-Sequard syndrome? of the cord resulting in ipsilateral motor loss and contralateral loss of sensitivity to pain and temp. What is bursitis and tendonitis of the -Affects the shoulder when the bursa shoulder and synovial sheaths become inflamed from overuse complex?



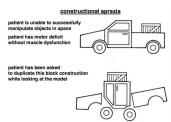




Irregular purposeless involuntary quick jerky and dysrhythmic movements of variable distribution.

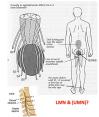
What is choreoathetosis?	is a movement of intermediate speed fluctuating between the quick flitting movements of chorea and the slower writhing movements of athetosis.
What is close OT supervision?	Reporting once per day
What is "close supervision" defined as?	Close supervision is defined as "daily direct contact at the site of work"
What is conceptual age of a fetus?	Age of fetus or newborn in weeks since conception
What is conduct disorder?	A disregard for the rights of others leading to aggression towards people and animals destruction of property deceitfulness theft or serious violation of rules

What is constructional apraxia?



Unable to produce designs in 2 or three dimensions by copying drawing or constructing.

What is conus medullaris syndrome?



Assoc. with injury to the sacral cord and lumbar nerve roots. Patients present with areflexic bladder bowel and lower limbs. Sacral segments sometimes show preserved reflexes.

What is cover under Medicare Part B?

-Covers hospital outpatient physician and other professional services including OT -Consider supplemental -Must be purchased as a monthly premium

What is creative play?

-4 - 7 years-Child participates in cooperative peer groups

What is cubital tunnel syndrome?



-Compression or entrapment of the ulnar nerve as it courses around the medial epicondyle of the elbow -Cubital is behind the "funny bone" -Numbness and tingling in the ring and small Fingers

What is defined as therapeutic use of self?	The therapist's conscious planned interaction with the individual family members significant others and/or caregivers
What is delirium?	A disoriented reaction with restlessness and confusion that may be associated with fear and hallucinations
What is delirium?	-Impairment of consciousness with global cognitive impairments -Lability -Hallucinations
What is dementia?	-Commonly seen in Alzheimer's head trauma Parkinson's and Huntington's -Multiple cognitive deficit including memory loss and impaired consciousness What psychiatric symptoms can be present in Huntington's Psychotic Features
What is democratic leadership?	This style can be a problem-solving style. Group members feel safe to express views thoughts and feelings.

What is dependent personality disorder?	-Most common personality disorder -Individuals believe they can not survive without relationships -Desire to win approval and avoid abandonment -Submissive -Difficulty making decisions -Fear of being alone
What is De Quervain's Syndrome?	-Tendonitis of the first dorsal compartment near the anatomical snuffbox -Caused by overuse of the thumb -Tested with finklestein's
What is disorganized type schizophrenia?	Primitive disinhibited and disorganized behavior
What is Duchenne's Muscular Dystrophy?	- Progressive disorder in which weakness occurs in all voluntary muscles induding the heart - With Duchenne's individuals rarely survive beyond early 20s - Focus on energy conservation breathing techniques I in ADLs maintaining/increasing ROM
What is Durable Medical Equipment (DME)?	ltems that can withstand repeated use such as a wheelchair medical bed and walkers.

### Velum Pharyngeal wall (soft palate) What is dysarthria? Tongue Explosive or slurred speech caused by incoordination of muscles involved in speech. DYSGRAPHIA EXAMPLE BY A DYSLEXIC STUDENT - Grade 4 Wear More got home, she went What is dysgraphia? to from to xink. She out out her pens and paper and sot at herdest. Inability to print or write Dysmetria Might Contribute to "Intention Tremor" What is dysmetria? Dysmetria is the inability to estimate the ROM necessary to meet the target. Evident when the individual tries to touch the nose. **IDEOMOTOR DYSPRAXIA** What is dyspraxia? May perform these movements spontaneously, but not on command · Associated with dominant (left) hemisphere lesions Difficulty in planning new motor tasks What is dystonia?

\_\_\_\_\_ is a neurologic movement disorder characterized by sustained muscle contractions usually producing twisting and repetitive movements or abnormal postures or positions.

What is echopraxia?

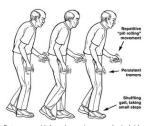


The meaningless imitation of another

What is exploratory play?

-0 to 2 years
-play experience develops body scheme
-child explores properties and effects of
actions

What is extrapyramidal syndrome?



Extrapyramidal syndrome is a neurological side effect of anti-psychotic medication that mimics the effects of Parkinson's disease. This can cause rigidity bradykinesia cogwheel and leadpipe rigidity loss of postural mechanisms and a resting pill-rolling tremor.

What is functional skill training?

Focuses on mastery of a specific task.
Requires
client to repeatedly practice the
substeps of a task
with the # of cues for each task
gradually faded
out.

What is general OT supervision?

Once a month

What is gestational age of a fetus?



Age of fetus or newborn in weeks from first day of mother's last normal menstrual period

What is Guillain-Barre syndrome?



An autoimmune disease in which the peripheral nerves become inflammed. Results in numbness and paralysis in the legs upper body and face. Level of independence depends on extent of paralysis.

What is heterotrophic ossification?



-Abnormal deposition of osseous material in the hip knee elbow and shoulder -Symptoms indude: heat pain swelling decreased ROM and fever -Usually appears 1-4 months post traumaticinjury such as TVA

What is histrionic personality disorder?

Characterized by colorful dramatic extroverted behavior in excitable emotional persons. Inability to maintain deep long-lasting attachments with accompanying flamboyant presentation is often characteristic

What is histrionic personality disorder?

- -Theatrical
- -Center of attention
- -Extreme emotionality
- -Approval seeking
- -Low frustration tolerance
- -Unable to delay gratification

# What is Huntington's Chorea?



- Huntington's Disease (HD) is a fatal autosomal dominant CAG trinucleotide expansion condition that begins usually in the 4th to 5th decade of life and is characterized by
- behavioral changes (depression and psychosis), chorea, and dementia.

  Gross examination of the brain reveals atrophy of the caudate nucleus and dilatation of
- cases.
   There are also neuronal intranuclear inclusions containing huntingtin, the protein encoded by HTT (Huntingtin gene)
- encoded by HTT (Huntingtin genie).
  The expanded CAG repeat is unstable and may increase in size in successive generations. This causes the disease to appear at a younger age and more severe form, a

Characterized by choreiform movements and progressive intellectual deterioration

What is Huntington's Disease?

The classic signs of HD include the development of chorea-or involuntary rapid irregular jerky movements that may affect the face arms legs or trunk-as well as the gradual loss of thought processing and acquired intellectual abilities (dementia).

What is ideational apraxia?

#### Ideational Apraxia

- Trouble sequencing the parts of a particular action, such as sending a letter.
- The usual cause is an underlying neurodegenerative disorder causing dementia or vascular disease affecting the frontal lobes.

The disability of carrying out complex sequential motor acts. Caused by a disruption of the conception rather than execution. (Loss of tool function knowledge)

What is identification?

Taking on the character of another person

What is ideomotor apraxia?

### Ideomotor Apraxia

- This type of apraxia is more dramatic when testing in the absence of an actual tool and without demonstration from the examiner
- Lesions in
  - the corpus callosum (typically from stroke in the anterior cerebral artery distribution) disconnecting the right motor cortex from input about the planned motor program that is generated in the left hemisphere
  - the posterior left hemisphere, affecting storage of movement memories in the left inferior parietal lobe
  - the supplemental motor area, which is connected with the parietal lobe and the primary motor cortex, will cause inability to translate the movement memories into a motor program

Inability to imitate gestures or perform a purposeful motor task on command even though the patient is able to fully understand the idea or concept of a task. This often associated with left hemisphere damage.

What is included in Performance Skills (Practice Framework)?	-Motor Skills -Process Skills -Communication/Interaction Skills
What is included in the Activity Demands of the Practice Framework?	-Objects used and their properties -Space Demands -Social Demands -Sequencing and Timing -Required Actions -Required Body Functions -Required Body Structures
What is included in the Client Factors of the Practice Framework?	-Body Function -Body Structure
What is included in the Context of the Practice Framework?	-Cultural -Physical (Environment) -Social -Personal(socioeconomic age) -Spiritual -Temporal -Virtual
What is included in the Performance Areas of Occupation (Practice Framework)?	-ADLs -IADLs -Education -Work -Play -Leisure -Social Participation

What is included in the Performance Patterns (Practice Framework)?	-Habits -Routines -Roles
What is intrinsic plus grasp?	Characterized by: -All the MPs in flexion -DIPs and PIPs full extension -Thumb in opposition to MF & RF (ie-holding a plate)
What is lateral epicondylitis?	-AKA Tennis Elbow -Insertion point of the extensor carpi radialis brevis becomes inflammed -If left untreated can tear requiring surgical repair
What is level five of meal preparation?	Two hot meals Example: Chicken and mashed potatoes
What is level four of meal preparation?	Hot one dish meals Example: Macaroni and cheese

What is level one of meal preparation?	Very simple Example: Pouring glass of OJ
What is level three of meal preparation?	Soups frozen dinners hot beverages
What is level two of meal preparation?	Preparing simple step meals Example: Peanut butter jelly and instant pudding
What is medial epicondylitis?	-AKA Golfer's Elbow -Caused by forceful and repeated flexion of the wrist and fingers
What is minimal OT supervision?	As needed

# What is narcissistic personality disorder?

-Grandiosity
-Attention seeking
-Lack of empathy
-Egomaniac with inferiority complex

What is nystagmus?



Involuntary movement of the eyeballs in an up/down back/forth motion. Interferes with head control.

What is obsessive-compulsive personality disorder?

**Obsessive Compulsive PD** 

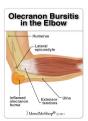
• Each day at exactly 8am. Daniel arrives at the campus library where he is a graduate student. On his way, he always stops at the 7-Eleven for coffee and the New York Times. From 8 to 915 am her conganizes the files he needs for the day. From 10am to noon, he attends class or reads journal articles while highlighting relevant passages. Then he takes his paper bag lunch (always a turkey sandwich) and goes to the cafeforiat eat by himself in the same corner every day. From 1 pm to 5pm he attends class and makes a "to 60 list" for the

-Potentially most disabling -Perfectionistic -Rigid -Ritualistic behavior

What is occupational performance?

Ability to carry out ADLs. Evaluation looks at activity demands client factors and environment.

What is olecranon bursitis?



-When the olecrenon bursa of the elbow becomes inflammed due to contact pressure or overuse

What is oppositional defiant disorder?

# Negativistic hostile and defined behaviors that result in functional impairment

What is oral apraxia?



Difficulty in forming and organizing intelligable words though the musculature required to do so is in tact. Differs from disarthria because no muscles are affected and speech is not slurred.

What is osteoarthritis?



-Non-inflammatory
-Cartilage destruction
-Progressive
-Usually occurs due to old age

What is parasthesia?



Sensation of tingling itching numbness or burning caused by sustained nerve pressure or reduced blood flow.

What is Pes Valgus?



Pes Valgus (Pronated Foot)

What is pes varus?	Club foot (Supinated foot)
What is Program Evaluation?	-Systematic review and analysis of care provided to determine if care is at an acceptable level of quality
What is Program Implementation?	-Initiates program according to time table and steps set forth in the program plan -Promote program to ensure it reaches target Population
What is Program Planning?	-Defines focus for a program based on needs assessment results
What is projection?	Blaming others for one's behaviors

# What is pronator teres syndrome?



- numbness in median nerve distribution
- entrapment (compression or pinching) of the
median nerve at or about the level of the elbow
- Symptoms: median nerve compressed at or just
above the elbow results in weakness of the
pronator teres musde
- Median nerve entrapment at the elbow is a rare

 Median nerve entrapment at the elbow is a rar more commonly seen in children

What is prosopagnosia?



Face blindness. Inability to identify an individual by their face.

What is pulled elbow syndrome?



common injury in children under five years
 dislocation of the elbow by a sudden jerk
 upwards of the arm

What is Ranchos Los Amigos Cognitive
Scale
Level I?

NO RESPONSE
Person does not respond to sounds
sights touch or
movement.

What is Ranchos Los Amigos Cognitive Scale Level II?

## **GENERALIZED RESPONSE**

- -Begins to respond to sounds sights touch or movement
- -May open eyes but does not focus on anything in paricular
- -Respond slowly inconsistently or after a delay
- -Responses may include chewing sweating breathing faster increased BP etc.

What is Ranchos Los Amigos Cognitive Scale Level III?	LOCALIZED RESPONSE -Patients begin to move their eyes and look at specific people and objects -Turn heads in the direction of loud voices of noise -Can follow simple commands such as "Squeeze my hand"
What is Ranchos Los Amigos Cognitive Scale Level V?	CONFUSED AND INAPPROPRIATE -Patient is confused and does not make sense in conversations but may be able to follow simple directions -May get upset when stressed but agitation is no longer a major problem -Frustration as elements of memory may return
What is Ranchos Los Amigos Cognitive Scale Level VI?	CONFUSED BUT APPROPRIATE -Speech makes sense -Able to perform self care -Poor initiation and termination in activities -Learning difficult
What is Ranchos Los Amigos Cognitive Scale Level VII?	AUTOMATIC APPROPRIATE -Patients are usually coherent -ADLs independent -Difficulty remembering recent events and discussions -Difficulty with calculations problem solving judgment -Aware of deficits
What is Ranchos Los Amigos Cognitive Scale Level VIII?	PURPOSEFUL AND APPROPRIATE -Patients are independent and can process new information -Able to remember distant and recent events and can figure out complex and simple problems

What is Ranchos Los Amigos Coma Scale Level IV?	CONFUSED AND AGITATED -Patient is confused and agitated about where they are and what is hapening in the surrounding -At the slightest provocation patient may become restless agressive or verbally abusive
What is rationalization?	Making excuses for behaviors that are considered Unacceptable
What is reality orientation?	Awareness of date and time
What is reflex sympathetic dystrophy?	is caused by trauma post-surgical inflammation infection or laceration to an extremity. Characterized by pain edema shiny skin blotchy skin and excessive sweating or dryness.
What is reliability?	Establishes the consistency of the evaluation

What is retrograde amnesia?	Inability to remember events that occurred before the incidence of trauma or the onset of the disease that caused the amnesia
What is rotation?	A type of in-hand manipulation that is displayed when an individual turns a nut on a bol
What is rotator cuff tendonitis?	-Acute painful condition affecting the supraspinatus and sometimes infraspinatus tendons -Pain with external rotation and mid-range Abduction
What is routine OT supervision?	Reporting every two weeks
What is schizoid personality disorder?	Individuals who display a lifelong pattern of social withdrawal. Marked by this cover with human interaction in conversion and bland constricted affect. Often seen by others as eccentric isolated or lonely

What is schizoid personality disorder?	-Characteristics are limited emotional range -Absense or indifference to social activity -Withdrawn -Self absorbed
What is schizotypal disorder?	Schizotypal PD  * Mr. S is 35 years old and chronically unemployed. He was referred by a physician because of a vitamin deficiency. This was thought to have developed expected to the property of the propert
What is somatognosia?	Lack of awareness of one's body parts.
What is spina bifida with meningocele?	Protrusion of a sac through the spine containing CSF and meninges, does NOT include spinal cord
What is spina bifida with myelomeningocele?	Protrusion of a sac through the spine containing  CSF and spinal cord/nerve roots

What is spinal shock?	Transient physiological reaction to depression of the cord below the SCI level. Associated loss of sensorimotor function and flaccid paralysis. Flaccid paralysis symptoms last several days.
What is stage four of OT treatment?	Occupations. The highest stage of treatment continuum engages the patient in natural occupations in their living environment and the community. Not all patients can achieve this stage.
What is stage three of OT intervention?	Purposeful activities: Evaulate performance areas. Have inherent autonomous goals and are relevant and meaningful to the patient such as ADLs IADLs etc. Used to evaluate facilitate restore or maintain a person's ability to function in life roles
What is sundowning?	Occurs in the late afternoon and at night in older individuals. Characterized by drowsiness
What is symbolic play?	-2 to 4 years -Play helps to formulate test classify and refine Ideas

# What is tardive dyskinesia?



Tardive dyskinesia is a neurological syndrome caused by the long-term use of neuroleptic drugs. Tardive dyskinesia is characterized by repetitive involuntary purposeless movements. Features of the disorder may indude grimacing tongue protrusion lip smacking puckering and pursing and rapid eye blinking, Involuntary movements of the fingers may appear as though the individual is

What is the Assessment component of a SOAP note?

-Involves professional judgment

- -Provides opportunity for OT to draw conlcusions from S and O
- -Inconsistencies between patient's complaints and the objective findings can be discussed
- -Comments can be made regarding patient's progress in therapy (ie Pt. refused to participate in tx.)
- -Reasoning for information not obtained can be listed (ie too much pain to complete session)

What is the best way to obtain detailed information about an individual's job requirements?

By examing a job analysis. A job analysis is a detailed description of the physical sensory and psych demands of a job.

What is the comprehensive occupational therapy evaluation (COTE)?

Evaluates general interpersonal and task behaviors pertenent to OT

What is the development of sensorimotor integration in the first six months?

-Infant movement patters progress from reflexive

to voluntary and goal directed

- -Vestibular proprioceptive and visual integrate for postural control
- -Visual and tactile systems become integrated to lay foundation for eye-hand coordination What is the development of sensorimotor

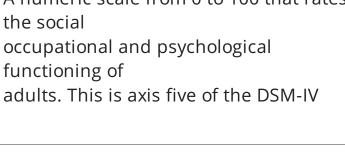
What is the development of sensorimotor integration in the prenatal period?	1) responds to tactile stimuli 2) reflex development What is the development of sensorimotor
What is the diagnostic criteria for a major depressive episode?	A two-week period of depressed mood or loss of interest or pleasure
What is the diagnostic criteria for dysthymic disorder?	More than two years depressed for most of the day.
What is the diagnostic criteria for major depressive disorder?	Must present with either depressed mood or loss of interest or pleasure. Can be a single episode.
What is the difference between a hallucination and a dillusion?	-During hallucinations indiv's sense (see hear etc) a non-existent external stimulus and with a compelling sense of their reality -Dillusions are misinterpretations of external Stimuli

What is the difference between Medicare Part A and B?	-Inpatient Part A requires service for a minimum of 5 days per week -Part B covers 3 days of outpatient
What is the difference between oral apraxia and dysarthria?	Dysarthria is a neuromotor disorder affecting the muscles of the face whereas oral apraxia (such as Broca's aphasia )is purely neurological.
What is the difference between rheumatoid and osteoarthritis?	-RA is an inflammatory systemic autoimmune disorder -OA is regionalized to specific joints and can be caused by trauma overuse and old age
What is the fifth component of a goal?	Function: Similar to behavior but justifies the reason for treatment. (ie - to open a door use a computer etc)
	Person: The person who will do the behavior What is the second component of a goal?,

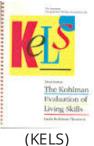
What is the second component of a goal?,
What is the first component of a goal?
Behavior: What the individual is expected to perform.
-Must be observable measurable and functional
Behavior

What is the first level of OT intervention?	Adjunctive methods. These are preliminary to the use of purposeful activities and may include exercise facilitation and inhibition techniques positioning sensory stim PAMs and splints.  -OTs evaluate performance components (innate abilities)
What is the fourth component of a goal?	Criterion: Standard the client must meetHow well they must perform in order to achieve goal/objectiveHas to be quatifiable (number or responses degree of ROM length of time amount of assistance provided etc.)
What is the functional position of the hand?	-Wrist 20 to 30° of extension -MCPs 45° flexion -IPs 20 to 30° of flexion -Thumb in palmar abduction
What is the functional position of the hand?	-Wrist: 30 degrees in extension -Phalanges: Slight flexion -Thumb: Opposed to index finger
What is the GAF scale?	The Global Assessment of Functioning (GAF) scale is a numeric scale (0 through 100) used in mental health to rate the social occupational and psychological functioning of adults. (DSM-IV)

What is the Glasgow Coma Scale? and duration of impaired consciousness and coma. -Used by clinicians to gauge deterioration or improvement at the emergent and acute stages of brain damage or lesions. A numeric scale from 0 to 100 that rates What is the global assessment of the social functioning scale functioning of (GAF)?



What is the Kohlman Evaluation of Living Skills?



Assesses basic living skills using interview and Test

What is the main goal during the acute phase in mental health?

Stabilization

What is the main goal during the chronic phase of mental health?

-Focus on compensatory techniques and environmental adaptations

What is the main goal during the rehab phase of mental health?	-Functional activities -Performance components
What is the main goal during the subacute phase in mental health?	-Enabling activities -Performance components
What is the minimum doorway width for a wheelchair?	32"
What is the National Alliance for the Mentally Ill?	Provides support groups open to clients & families with a focus on education and support for mental illness.
What is the Objective component of a SOAP note?	-Result of the therapist's objective measurements or observations -IE: ROM MMT FIMs evaluate speed of transfers and the movement of each body part and assistance required

What is the optimum number of members for a counseling group?	No more than eight members.
What is the optimum number of members for a therapy group?	Five to six.
What is the "partnership" type of mental health service delivery?	-Clients are informed that they are partners in the service -The distinction between professionals and clients remain clearly defined
What is the Plan component of a SOAP note?	<ul> <li>- The Plan states the frequency of treatment (per day or week)</li> <li>- Tx plan LTG &amp; STG</li> <li>- Discharge plan</li> <li>- Referral to other disciplines</li> <li>- DME &amp; AE needed to order</li> <li>- Plans for further assessment</li> </ul>
What is the position of deformity?	-Wrist flexion -MCP hyperextension -IP joints flexed -Thumbs adducted

What is the post-traumatic amnesia classification tool?	A classification tool used by clinicians to assess the severity of injury.
What is the protocol for a contrast bath?	-Begin in warm water for 10 minutes -Move hand to cold water for 1 minute then back to warm for four minutes -Continue for 15 to 30 minutes and end in warm water -In severe case of edema end in cold water for 1 Minute
What is the purpose/focus of a (developmental) cooperative group?	-Enables members to engage in group activity to facilitate expression -Members' cognitive level: Medium -Leadership style: facilitative Goal: acquire skills
What is the purpose/focus of a (developmental) egocentric-cooperative group?	-Enables members to select and implete a long-range activity (i.e.: grout with tiles drying) -Requires group interaction -Members' cognitive level: Medium -Leadership style: facilitative Goal: acquire skills
What is the purpose/focus of a (developmental) mature group?	-Enable members to assume all functional socio-emotional and task roles within a group -Members' cognitive level: high -Leadership: advisory -Goal: help members self-direct

What is the purpose/focus of a (developmental) parallel group?	-To enable members to perform individual activities in the presence of others -Leadership: directive -Members' cognitive level: low
What is the purpose/focus of a (developmental) project group?	-To develop the ability to perform a shared short-term activity in a cooperative manner -Members' cognitive level: low -Leadership: directive -Goal: group interaction
What is the purpose/focus of a task- oriented group?	-To increase clients' awareness of their needs values ideas feelings and behaviors as they engage in a group task -Members' primary dysfunction is cognitive and socioemotional due to psychological or physical trauma
What is the purpose/focus of a therapeutic group?	-Assist members in acquiring the knowledge skills and/or attitudes needed to perform a specific activity -Members must have interaction skills equal to a parallel group skill level
What is the purpose/focus of a topical group?	-Discuss activities outside of group -Members must be at an egocentric- cooperative group skill level -Therapist shares leadership and acts as role model

What is the purpose of an evaluation group?	-Assess client's skills assets and limitations regarding group interaction
What is the rehabilitation model?	The rehabilitation model goal is to help the patient learn to work arond or compensate for physical cognitive or perceptual limitations.
What is the remotivation approach?	-Using memories from pictures and music to remotivate patients
What is the role of OT in the ADA?	-Prepare clients for disclosure -Identify qualifications -Focus treatment to identify limitations -Educate client -Advocate and educate employer/public
What is the SEC?	Standards and Ethics Commission: a component of AOTA responsible for the code of ethics and standards of practice of the profession

What is the second stage of OT intervention?

Enabling activities. May not yet be considered purposeful activities but are steps toward performance of purposeful activities.
-Performance components and areas (Dressing using adaptive equipment)

What is the "separist" type of mental health service delivery?

-Ex-patients provide the support and run the service -Non-patients and professionals are excluded

What is the splint for radial nerve palsy?



-Dynamic dorsal splint for wrist extension MCP extension and thumb extension

What is the standard height of a wheelchair seat?

18". Toilets are typically 15" and should be raised to accommodate transfers.

What is the Subjective component of a SOAP note?

-What a patient or significant other states -What the patient or significant other states about

their medical history emotions lifestyle home situation

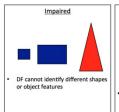
- -Patient-stated goals "I want to work again"
- -Complaints
- -Patient's assessment of treatment

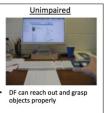
What is the "supportive" type of mental health service delivery?	Professionals are excluded except in external roles
What is the third component of a goal?	Condition: The environmental situation in which the behavior is performed (when where what in what manner) -Focus on what most affects function (ie - if a child cannot sit "in sitting" would be the condition
What is the "traditional" type of mental health service delivery?	-Professionals provide the service -Clients receive the service
What is the Tunnel of Guyon?	Guyon's Canal Syndrome (Handleber Palay)  Turned of Syndrome Nerve  Turned of Syndrome Nerve  -Similar to CTS  -Ulnar nerve becomes entrapped between the hook of the hamate and the pisiform bones
What is the underlying premise of PNF technique?	Uses functional patterns of stretching in order to elicit proprioceptive awareness of one's body parts

What is Tinel's sign?	-Tapping skin over damaged peripheral nerve to
What is Title 1 of the ADA?	Addresses reasonable accomodation and employment discrimination
What is Title 2 of the ADA?	Addresses public services constructed buildings state and local gov't business
What is Title 3 of the ADA?	-Public accomodations -Accessible design
What is trigger finger?	-Caused by a nodule or thickening of the flexor tendons of the finger or thumb as they pass through the digital pulleys -Hinders gliding motion resulting in catching or "triggering" during flx/ext

What is underlying premise of Bobath (NDT) technique?	-Normal movement (ie - weight bearing)
What is underlying premise of Rood technique?	Facilitory/inhibitory
What is undifferentiated type schizophrenia?	Used to classify individuals who do not fit clearly into another subcategory of schizophrenia
What is Valgus Stress Symdrome?	<ul> <li>valgus overload or overstress injury to the medial elbow</li> <li>occurs as a result of repetitive throwing motions</li> </ul>
What is validity?	Determines if the tool measures what it is intended to measure

What is visual agnosia?





Lack of ability to recognize common objects and demonstrate their use in an activity.

What is visual-spacial agnosia?

Affects perception of spatial relationship between objects or between objects and self.

What is Wernicke's Aphasia?



-Characterized by temporal lobe damage resulting in impaired auditory comprehension and feedback -Have fluent well-articulated paraphasic speech (word substitution errors)

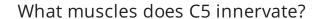
What methods are used to analyze an activity?

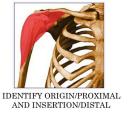
- 1) Specify exact activity
- 2) Idenitify procedures materials and tools
- 3) Analyze standard performance of activity
- 4) Use AOTA uniform terminology
- 5) Select frame of reference

What muscle is affected in an axillary nerve injury?



The serratus anterior muscle





C5: Shoulder abduction extension and external rotation, some elbow flexion and supination

What muscles does C6 innervate?



IDENTIFY ORIGIN/ PROXIMAL AND INSERTION/ DISTAL

C6: Forearm pronation and supination some wrist Extension

What muscles does C7 innervate?



IDENTIFY ORIGIN/PROXIMAL AND INSERTION/DISTAL

C7: Consistently supplies the latissimus dorsi. Elbow extension wrist flexion finger extension

What muscles does C8 innervate?



IDENTIFY ORIGIN/ PROXIMAL AND INSERTION/ DISTAL

C8: Finger extensors finger flexors hand Intrinsic

What muscles does T1 innervate?



IDENTIFY ORIGIN/ PROXIMAL AND INSERTION/ DISTAL

T1: Hand intrinsic

What persons are eligible for medicare coverage?

-65 years or older
-Permanent kidney failure
-Black lung disease
-Persons on SS program for 24 months

What postural stability must an individual demonstrate before being able to use a mobile arm support?

Lateral trunk stability

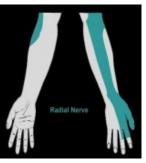
What psychiatric symptoms are present in brain tumors?

-Hallucinations
-Depression
-Psychosis
-Personality changes

What psychiatric symptoms are present in epilepsy?

-Psychosis (hallucinations)
-Fear and anxiety

What sensory region does the radial nerve innervate on the hand?



Radial Nerve

What should an OT do during the active rehabilitation phase of a spinal cord injury?	-Increase upright tolerance (Teach pressure relief methods) -AROM/PROM -Contracture prevention -Promote tenodesis -ADL/Equipment needs -Strengthening/graded activities -Bowel/bladder training -Assess need for DMEs -Caregiver education -Home evaluation
What should an OT do during the acute phase of a spinal cord injury?	-The spine is immobilized with a halo brace of body jacket -No flexion extension or rotary movements of the spine and neck -Positioning -Hand splinting -Active and active-assisted exercises -PROM of joints -Neuromuscular reeducation for wrist and elbows if indicated -Begin discharge planning
What should an OT do during the acute phase of therapeutic management in a nerve injury?	Early post-injury/surgery phase focuses on: -Healing and prevention -Immobilization Post-immobilization focuses on: -Increasing ROM -Enhancing function through splints and assistive devices -Patient education
What should an OT do during the chronic phase of therapeutic management in a nerve injury?	-No further reinnervation -Patient has significant deficits -Focus is on compensatory skills
What should an OT do during the extended rehabilitation phase of a spinal cord injury?	-Driving -Leisure activities -Prevocational assessment -Home modifications -Community reentry -Technology use

What should an OT do during the recovery phase of therapeutic management in a nerve injury?	This defines the period of reinnervation. Focus is on: -Motor retraining -Sensory reeducation -Desensitization
What should a typical anxiety disorder OT intervention focus on?	OT interventions with anxiety disorders such as panic disorder OCD and PTSD should utilize skills training and cognitive behavioral approaches as well as teaching relaxation and stress management skills
What should a typical substance abuse OT intervention focus on?	Intervention should focus on developing skills for a substance-free lifestyle. This includes interpersonal relationships socialization and vocation. Assistance with practical services such as obtaining Social Security housing and food stamps should also be a focus
What shoulder exercises are needed for an individual with spinal cord injury?	Focus on promoting proximal stability by engaged: -Shoulder depressors (lower traps latissimus dorsi and pectoralis minor) -Work shoulder flexors abductors and extensors
What should you do if you have questions about potential ethical violations that could cause harm?	Call the State Regulatory Board (SRB).  NBCOT  and AOTA should be contacted if offender falls under their licensing jurisdiction

What splint is used for a 5-year old child with spastic quad CP how shows bilateral thum-in-palm deformities?	A neoprene hand-based splint w/thumbs in Opposition
What splint is used for a carpal tunnel release surgery?	Volar splint with the wrist in a neutral or slightly extended wrist position
What splint is used for median nerve compression (CTS)?	Dorsal volar or ulnar gutter splint
What splint is used for median nerve palsy?	Splint to position the thumb in palmar abduction and opposition
What splint is used to subtitute for loss of intrinsic plus grasp?	-Use figure eight or dynamic flexion splint -Loss of intrinsic plus is associated with median and ulnar nerve dysfunction

What stage is initiated by looking at and reaching for food?	The oral preparatory phase.
What type of group structure would be most appropriate for individuals with substance abuse?	A task group is appropriate for substance abuse disorders.
What type of spina bifida presents with the most symptoms?	SB with a myelomeningocele results in sensory and motor deficits below the level of the lesion and may result in paralysis
What type of splint would be crafted for someone with a C6-C7 spinal cord injury?	A tenodesis splint

What type of splint would be crafted for someone with swan neck?



Silver rings or buttonhole splint

What type of split would be crafted for a brachial plexus injury?	A flail arm splint
What type of split would be crafted for a combined median/ulnar nerve injury?	A figure of eight splint or dynamic MCP flexion Splint
What type of split would be crafted for a median nerve injury?	An opponens splint or C-Bar splint
What type of split would be crafted for an ulnar nerve injury?	A dynamic/static splint to position MPs in flexion
What type of split would be crafted for someone with a Boutenniere deformity?	Silver rings or dynamic PIP extension splints

What type of split would be crafted for someone with a flexor tendon injury?	Kleinert or Duran dorsal protection splint
What type of split would be crafted for someone with arthritis?	A functional splint or safe splints depending on Stage
What type of split would be crafted for someone with CMC arthritis?	A hand-based thumb splint
What type of split would be crafted for someone with flaccidity?	A resting splint
What type of split would be crafted for someone with spasticity?	A spasticity splint or a cone splint

What type of split would be crafted for
someone
with the skiers thumb injury?

A hand-based thumb splint

What would you do if you had ten people assigned to your group?

Divide them into two subgroups.

What wrist exercises are needed for an individual with spinal cord injury?

-Wrist extension
-Focus on maximizing tenodesis with
ROM of
finger flexion with wrist extension and
ROM of

finger extension with wrist flexion

When are thumb immobilization splints used?



When does hand dominance begin to develop?

Hand dominance begins to develop at 3 to 6 years and is not fully defined until 6 years

When does stiffness occur in rheumatoid and osteoarthritis?	-Rheumatoid: Morning stiffness lasts longer than one hour -Osteo: Morning stiffness lasts less than one hour but stiffness returns after overuse at end of day
When is a thumb spica used?	-Immobilizes the thumb while allowing other digits freedom to move -A long thumb spica splint also immobilizes the wrist -Immobilizes 1st CMC and sometimes 1st MP and IP -Hand based (short opponens splint)
When is the intrinsic plus splinting position used?	-For individuals with burns and traumatic hand Injuries
When should continuous reinforcement be utilized?	When teaching new skills.
When should intermittant reinforcement be utilized?	When maintaining a behavior.

When should isometric exercises be avoided?	-Cardiac patients -Burns -Rheumatoid arthritis -Casts
When should sensory testing be avoided?	-Receptive aphasia -Atrophic (aptropy) skin
Which joint do you assess first?	Always check uninvolved joint first to establish a baseline.
Which sensations return FIRST following a nerve injury?	Pain and temperature
Which side should a person with a recent hip replacement sleep on?	On the operated side to prevent accidental crossing of leg (adduction)

Who should you report client/patient abuse to?	Immediate supervisor
You have a patient who is unable to step off of a curb or watch for cars. What Ranchos level are they at?	Level VI

### STUDY SCHEDULE

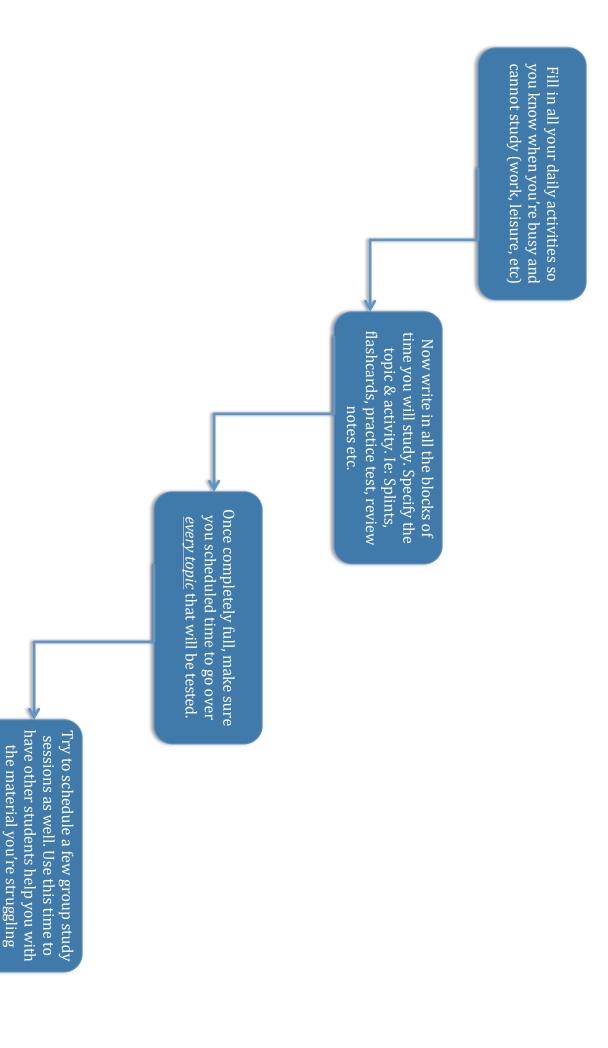
We recommend studying for <u>at least</u> 6 weeks prior to your testing date. However this will vary from person to person, some may need 8-10 weeks.

A good practice is spending 2 weeks on the study material and questions in this guide and taking note of any topics you feel weak in. Then fill out the 6 week calendar and focus your study time one your weakest topics.

During this 6 weeks we recommend using any of the AOTA, NBCOT, or TherapyEd NBCOT Exam prep courses.

Today is the best day to start preparing ©





### I YEEKW

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### Exam FAQs

We've compiled the most frequently asked questions regarding the exam.

We answered the administrative questions and we then surveyed professionals to get answers from a group of students who passed the exam about the exam prep questions.



### **NBCOT Exam FAQs**

### Q: What is the cost of the exam?

A: The application fee is \$500 online or \$540 mailed in. There is also a \$40 fee for score transfers plus a \$45 confirmation fee.

Q: How long is the exam?

A: The time allotted is 4 hours

Q: What can/can't I bring into the testing room?

A: You can bring:

- Earplugs (not headphones)
- Medical devices (insulin pump, hearing aid, etc)

### You **cannot** bring:

- Electronics
- Paper notebooks or books
- Head covering such as a hat or hood

### Q: Where do I schedule my exam?

A: Submit an online application at nbcot.org or mail one in. Then send in your college transcript and fieldwork verification to NBCOT. You will then be issued an Authorization to Test (ATT) letter. At this point you may schedule your exam through Prometric at www.prometric.com choosing the closest testing center to your location.

### Q: What happens if I fail?

A: Test takers must wait 45 days from the failed exam date before they may test again. There is a 15 day wait period after your last test before you may re-apply. You then restart the process of paying the fee and being issued an ATT letter. You may retake the test as many times as needed to pass.



For updates to this guide and more exam prep material, visit: occupational-therapy-assistant.org/prep

Q: What are the pass rates for the NBCOT?

A: NBCOT OTR Exam = 78% / COTA Exam = 86%

Q: Will questions be asked one at a time?

A: Yes

Q: Are you able to mark questions and go back to them?

A: Yes, you can revisit questions and change your answers.

Q: After you answer a question, making your selection, are you able to go back and change your answer selection?

A: Yes, you can change your answers

Q: If you could give one piece of advice to a student preparing for the NBCOT, what would it be?

A: Read the question and all of the answer choices. You should usually be able to eliminate 2 of the 4 answers. Then reread the question and select from the remaining two answers.

Q: Describe your testing environment in detail.

A: Typical exam room with rows of computers set up in cubicles dividing them. You're able to wear headphones to cancel outside noise. You'll be in a room with folks taking a variety of exams such as the SAT and ACT. There are about 30 people in a test room.

Q: What items are students allowed to bring into the exam room?

A: Exam takers will be given blank paper and pen. You're not allowed to bring water but you are allowed to take bathroom breaks (although they use up your test time). You will be given access to a locker for bags, purses, sweatshirts etc., it will be right outside the exam room.



### Q: How many questions does the exam have?

A: The OTR exam has 170 Multiple Choice questions and 3 clinical simulation questions. The COTA exam has 200 multiple choice questions.

### Q: Can I take breaks?

A: Yes but they take up your time limit.

### Q: Can I make notes during the exam?

A: The testing center will provide pencil and paper or a marker and dry erase board for you to take notes

### Q: How do I obtain my test score?

A: NBCOT scores exams twice monthly. Wait about 1-3 days after your exam and you will be able to check online to see if you passed or failed, just visit this webpage. 4-6 weeks after you test date you will be mailed an official score report. In order to have the score report sent to your state licensing board, you must fill out an Official Score Transfer Request during the application process or right after you take the test.

### Q: Is there a list of books or study material used to create the exam?

A: The NBCOT maintains a list of the top 10 textbooks used to create both the OTR and COTA exams. They create an in depth report every so often that lists the textbook names and how much of the exam was created from them as well as which parts of the exam were created from each book. You can find the most recent updated reports for both the OTR and COTA exam here.

### Q: Which mnemonics or charts were most helpful when studying for the NBCOT?

A: Charts and handouts on topics like Moro, STNR, ATNR, and Babinski were extremely helpful. Also, charts of common splints were extremely helpful. Try creating a page for each splint with an image and description of it that includes the splint name and use. Also make sure to review Ranchos, Glasgow, MMT, Brunnstrum, Coma Scale, and ROM norms/scales.



### Q: Do you have any tips for the multiple choice questions?

A: Practice your clinical reasoning skills. You need to be able to read a treatment scenario and choose the best option. Most of the time two of the multiple choice answers will clearly be wrong and you can immediately eliminate them. Then you are down to just two options.

### Q: Is there a tutorial to show you how to take the exam?

A: You can watch a tutorial before your exam time begins that will teach you how to proceed with the exam.

### Q: Do you have any other advice at all that may be helpful to students preparing for the NBCOT?

A: The best advice is to take practice exams repeatedly. Take one early just to gauge where you are. Then go back and repeatedly take practice tests focusing on the study areas that you get wrong. Also, don't forget to go over the basics, they are important and should be embedded in your memory to help with the many types of questions you will see. Make sure you know your norms, scales, common splints, reflexes, as well as diagnoses contraindications. Study alone, but also participate in study groups. Quiz each other and discuss why the right answer is right.



### **Exam Tips**

We compiled the best tips we've heard from folks who passed the exam in regards to preparing for, studying for, and passing the exam.

Everything from study tips to dressing comfortable for the exam will be covered here.



### **NBCOT Exam Tips**

### PICK YOUR RESOURCES

As soon as possible you want to start gathering your study resources for the NBCOT exam. There are tons of paid and free options for study materials and you don't want to get bogged down with trying to study too many. Try a few of the free resources to get a feel for the study material and to see what is missing from them that you may need to purchase separately.

Once you have your resources chosen, you can lay out a schedule for exactly how you're going to go about studying. Such as how much time you will dedicate to each topic and question type.

### SCHEDULE YOUR EXAM (RIGHT AFTER GRADUATION)

Scheduling your exam is really important. It creates a deadline which will help you to buckle down on your study schedule and get prepared. Also, the sooner you schedule it after graduation the more momentum you will have going in. The material you've learned will be fresh and you won't build up anxiety by waiting for a long period of time after graduation to sit for the exam.

### CREATE A STUDY SCHEDULE (6 WEEKS MINIMUM)

As mentioned above, as soon as you have your study resources chosen, schedule the exam and create an attack plan for how you are going to consume all of the study resources you chose.

Everyone is different but we surveyed some professionals to see what they recommended for studying and everyone said at least 6-8 weeks of studying was necessary with at least 2 – 4 hours of studying per day. Of course these metrics will vary, but this should provide a good starting point.

### TAKE PRACTICE TESTS

Good job, I know you are already working on this. Remember, you were freaking out about the NBCOT exam searching for NBCOT practice tests when you found this post.

Practice tests are an essential part of NBCOT exam prep as they provide insight into the test format, types of multiple choice questions, and example clinical simulation questions. After taking a few practice tests you will have developed a good pace for getting through the exam and you will have a good feel for the questioning which will increase your confidence.



For updates to this guide and more exam prep material, visit: occupational-therapy-assistant.org/prep

### **ESSENTIAL TOPICS**

We surveyed past test takers to see what topics appeared most often on the NBCOT exam. We put together this short list of the most common testing topics that you should definitely be well versed on before taking the NBCOT:

- Glascow Coma Scale
- Types of reflexes
- Ranchos Los Amigos scale
- Developmental milestones
- SCI levels (specifically know which motor function is available at each sci level)
- AOTA ethical standards (For example, you should be familiar with non-maleficence, beneficence, and social iustice etc.)
- types of groups for mental health
- Medical conditions (most of the conditions you see in the study guides will be on the exam)

### **NIGHT BEFORE EXAM**

Believe it or not, the night before your NBCOT exam is not best spent cramming. At this point, you should try to relax and spend your time preparing for exam day. The night before should be spent getting everything ready that you'll need the next day. Here is what you'll need on test day:

- 2 forms of ID
- ATT Letter
- Print out of your appointment confirmation
- Comfy outfit
- Healthy breakfast (eat carbs and protein for the best and most sustained energy)

Although some review the night before can be helpful, don't study too hard. At this point you really do know most of the information that you will be able to know before the exam. It is wise to spend some time reviewing what you know but studying new material or material you don't know this late will not help you.

You're time will be better spent doing something relaxing to rest your mind and relieve some stress so that you sleep well (try to get 8hrs) and go into the exam fresh. Take a walk, run a bubble bath, watch re-runs of your favorite funny show, call your sibling... whatever your cup of tea is, make a cup.



### **EXAM DAY TIPS**

The best advice for exam day is pretty simple. Keep in mind that the clinical simulation questions will come first and then you will take the multiple choice section. Here are some helpful tips for exam day.

- Dress comfortable
- Eat a healthy breakfast
- Don't drink too much fluid before the exam (or you will waste time scanning in and out to go pee)
- Save time by using the 10 minute break in between clinical simulation and multipl choice to use the restroom
- Try spending about 1 minute on each multiple choice question, then you should have about 30 minutes to review your answers

