OT Mastery

An Occupational Therapy's Role to Seating and Positioning

- 1. Which of the following is NOT within an occupational therapist's scope of practice related to seating and positioning?
- A. Writing a prescription
- B. Completing a wheelchair evaluation
- C. Recommending types of mobility devices
- D. Making home modifications
- 2. What is one of the main goals of an occupational therapist recommending a mobility device?
- A. Improving endurance
- B. Increasing range of motion
- C. Compensating for poor strength
- D. Enhancing functional performance
- 3. Which of the following principles should always be followed when taking measurements for wheelchairs?
- A. All lower body joints should be symmetrical at 90-90-90 degrees
- B. Patients always need specialized cushions to prevent pressure ulcers
- C. Wheelchair options must be carefully assessed and determined safe before a recommendation is made
- D. In order to qualify for a wheelchair, patients must be able to reposition themselves
- 4. What diagnosis may not qualify someone to receive a wheelchair?
- A. Multiple sclerosis
- B. Muscular dystrophy
- C. Stroke
- D. All of the above
- 5. What wheelchair feature does not offer shock absorption?
- A. Casters
- B. Tires
- C. Back support
- D. None of the above

6. How does a therapist choose the right size wheels for a wheelchair?

- A. Go with the standard ones that come with the chair
- B. Select ones that allow the patient a 30 degree elbow bend when propelling
- C. Choose the ones with the best shock absorption
- D. Pick them based on diagnosis

7. What is not part of a wheelchair evaluation?

- A. Mat assessment
- B. Reflex testing
- C. Family evaluation
- D. Skin integrity

8. How long is pediatric seating equipment expected to last?

- A. 2 years
- B. 3 years
- C. 1 year
- D. 4 years

9. Which of the following is a positioning tool that can be used in the schools?

- A. Wobble chair
- B. T-stool
- C. Standing desk
- D. All of the above

10. What is an important consideration when using bathing chairs for children?

- A. Don't take them to the beach
- B. Never leave a child unsupervised in this chair
- C. Follow supplier recommendations when cleaning the chair
- D. Get a new one each year to prevent infections

11. What might make a child appropriate for a tub chair?

- A. Epilepsy
- B. Poor postural control
- C. Autonomic dysreflexia
- D. All of the above

12. What population may benefit from anti-tippers on their wheelchair?
A. Epilepsy B. Stroke C. Brain injury
D. All of the above
13. Which of the following is NOT a measurement that a therapist takes during a wheelchair evaluation?
A. Elbow to fingertip
B. Base of seat to top of headC. Foot length
D. Superior angle of the scapula
14. What is not necessary to include in the wheelchair evaluation?
A. Simulation
B. Psychosocial testingC. Home assessment
D. Equipment trial
15. What is not an aspect of functional movement that is assessed during a wheelchair evaluation
A. Ability to interact with the wheelchair
B. Trunk stability C. Upper extremity use
D. Shifting weight
16. What are the most important aspects of vision that should be intact for independent wheelchair users?
A. Visual fields
B. Depth perceptionC. Object discrimination
D. All of the above
17. During a mat assessment, what position should you test the patient's motion and strength in?
A. Supine
B. Seated
C. Prone

18. Which of the following is NOT a reason that poorly integrated reflexes impacts wheelchair use?

- A. They can make posture asymmetrical
- B. They can impact motor control
- C. They can impact breathing
- D. They can affect personal safety

19. What is NOT a way that patient goals impact the evaluation process?

- A. A device can be chosen solely based on patient preference
- B. Patients can provide some feedback to inform the new choice
- C. Patients can report likes and dislikes about their current device
- D. Patients can report how their current chair performs at home and outside

20. Which of the following is a piece of relevant history when doing a wheelchair evaluation?

- A. History of seizures
- B. Prior level of function
- C. Dental surgeries
- D. Hospitals they've visited

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