OT Mastery

Cognitive Rehabilitation: Current Evidence-Based Practices

1. What is OT's role in cognitive rehabilitation?

A. OTs can only address cognitive concerns through remediation programs that help patients build cognitive skills
B. OTs do not address cognition as part of their scope of practice
C. OTs assist individuals in remediating or compensating for cognitive deficits in an effort to improve functional performance
D. OTs work the same as psychologists do to teach people positive coping skills that allow for better mood regulation

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2. What is the difference between cognitive rehabilitation and cognitive behavioral therapy?

A. Cognitive rehabilitation only takes place in inpatient facilities such as hospitals and SNFs while CBT is only provided in outpatient clinics
B. Cognitive rehabilitation involves functional treatment focused on a range of executive functions to improve performance while CBT addresses behaviors and habit by modifying negative feelings and thought patterns
C. Cognitive rehabilitation involves compensatory techniques to make people perform better only at work, while CBT involves remediation training to improve performance in a range of occupational areas
D. Cognitive rehabilitation and CBT are the same and both focus on changing someone's behaviors for the better

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3. What does the evidence say about how computer-assisted cognitive rehabilitation compares to other cognitive rehabilitation approaches?

A. It is outdated and has been phased out of current practice in favor of virtual reality
B. It works well for memory deficits but has no evidence supporting its use for attention deficits
C. It is only appropriate for pediatric populations, such as those with ADHD
D. In head-to-head comparisons, it has outperformed both virtual reality-based and traditional cognitive rehabilitation programs

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4. What is the main difference between compensatory and remediatory approaches for CRT?

A. Compensatory CRT can only be provided by PTs and SLPs while OTs are the only professionals qualified to offer remediatory CRT
B. Compensatory CRT involves using assistive tech and strategies to make up for continued cognitive deficits that cannot be improved upon while remediatory approaches involve skill

building to strengthen someone's cognitive skills
C. Compensatory CRT and remediatory CRT can never be used together because these approaches are based on someone's prognosis; someone who will not improve needs compensatory strategies while those who have rehab potential need remediation
D. Compensatory CRT is used to address attention while remediatory CRT is used to assist with memory concerns

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5. What is NOT an example of a component of CRT?

A. A therapist provides a patient's family with information about their condition and how to modify their home for success
B. A therapist trains a patient in the use of assistive devices to help with their cognitive deficits
C. A therapist gives a patient the number of a psychologist who can help with CRT
D. A therapist takes a patient into their local grocery store to implement the strategies they learned in a place where they would typically go

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6. According to research, what is NOT one of the most commonly used OT standardized assessments for cognitive concerns?

A. BaFPE-TOA
B. COPM
C. MMSE
D. MOCA

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7. What is an example of a standardized assessment that is not primarily designed for cognitive but does incorporate aspects of executive function?

A. Short Blessed Test
B. FIM
C. Multiple Errands Test
D. Trail-Making Test

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8. A therapist just began treating a patient with a TBI for cognitive concerns. What does research not mention as to an important component of treatment?

A. Functional mobility
B. Errorless learning training
C. Meta-cognitive strategies
D. Guidance regarding appropriate social strategies

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9. A hospital-based therapist begins working with a patient who experienced a severe TBI 3 days ago. The therapist has looked toward AOTA's guidelines in terms of strong evidence to guide treatment planning. What is considered a strong-to-moderate evidence TBI intervention according to AOTA?

A. Computer-assisted cognitive rehabilitation
B. Language training
C. Sensory integration therapy
D. Vision therapy

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10. What does evidence say is the role of caregiver support for cognitive rehabilitation?

A. Caregiver support is important at the start and end of the plan of care to ensure for success
B. Caregiver education is an essential component of cognitive rehabilitation in order to ensure for optimal outcomes and skill transfer
C. Caregiver education is only recommended for patients who are non-verbal or have learning difficulties that complicate adherence to their plan of care
D. Caregiver education is most important for children, since family and caregivers must reinforce everything therapists train children on

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11. A patient who has just been diagnosed with Parkinson's disease is referred to a specialist OT for cognitive rehab. PD patients with what deficits are most likely to benefit from cognitive rehab?

A. Visual-spatial deficits
B. Praxis concerns
C. Memory impairments
D. Poor mental organization

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12. A therapist has a particular interest in assistive technology and virtual reality to assist with cognition, but is concerned there might not be enough evidence to justify its use in treatment sessions. How do virtual reality-based cognitive rehab programs compare to traditional cognitive rehab programs?

A. Virtual reality-based programs are considered superior to traditional cognitive rehab programs but not computer-assisted programs
B. Virtual reality-based programs are considered less effective than traditional programs
C. Virtual reality-based programs are equally as effective as traditional programs as long as they incorporate functional application
D. There is not enough evidence to determine the efficacy of virtual reality-based cognitive rehab programs, so they should not be used in practice until this changes

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13. Therapists may want to rely more heavily on cognitive rehab programs focused on certain skills due to the research behind it. There is the strongest research to support cognitive rehabilitation for what cognitive skill?

A. Insight
B. Attention
C. Memory
D. Safety awareness

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14. How might assistive technology help an 80-year-old OT patient with moderate dementia?

A. This patient can use AT to communicate more easily with her friends and family
B. AT can be used to make the house safer and more accessible for this patient to age in place
C. AT can be used to improve this patient's ability to drive
D. This patient can use AT to improve their work performance

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15. Assistive technology is NOT proven to help with what aspect of dementia care?

A. Therapeutic intervention
B. Sustaining daily life
C. Companionship
D. Remote monitoring, security, safety

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16. A therapist just began using EEG-based neurofeedback with a patient who has cognitive concerns, specifically related to memory and attention. What should the OT keep in mind about this modality?

A. This modality requires specialized training so a therapist should collaborate with a different discipline to use this modality in practice
B. EEG-based neurofeedback is outdated and not reliable for OTs to use
C. There is no evidence for the use of this modality for this purpose, so insurance will likely not cover these OT services
D. Research only supports the efficacy of this type of neurofeedback for short-term gains and not long-term gains

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17. What is the recommended therapy frequency for patietns with TBI to begin seeing improvements?

A. 8-10 sessions provided at a rate of 2 visits per week
B. 10-12 sessions provided at a rate of 2-4 visits per week
C. 18-24 sessions provided at a rate of 3 visits per week
D. 10-15 sessions provided at a rate of 5 visits per week

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18. Is there evidence to support joint cognitive and physical rehabilitation programs?

A. Yes; simultaneous interventions are known to cause improvements, but there is little evidence supporting the benefit of exergaming
B. No; there is no evidence in this area so it's not possible to tell
C. Yes; simultaneous interventions are known to cause improvements and exergaming has particularly strong evidence
D. No; there is evidence covering these two areas but it is not strong in its favor

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19. A therapist using virtual reality to assist in TBI cognitive rehabilitation should focus on what skill?

A. Impulsivity
B. Attention
C. Memory
D. Organization

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20. Programs that addressed attention were most effective when combined with what crucial aspect?

A. Caregiver training
B. Skill transfer
C. Computer-assisted programming
D. Virtual reality

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