

# OT Mastery

## Diabetes Management

**1. What is the main mechanism that leads someone to develop diabetes?**

- A. Consistently high blood glucose levels that lead to mood changes such as irritability
- B. Unstable blood glucose levels resulting from decreased insulin production from the pancreas
- C. The aging process leading to less cell replication in the pancreas
- D. An increase in fat cells surrounding the gallbladder, which produces insulin that regulates blood glucose levels

---

**2. What is NOT one of the reasons diabetes cases are going up in the United States?**

- A. Increased awareness leading to more testing and diagnoses
- B. Greater prevalence of obesity
- C. Poor mitigation strategies
- D. Poor diabetes management

---

**3. What less common form of diabetes is often mistaken for types 1 and 2 diabetes mellitus?**

- A. Maturity-onset diabetes of the young (MODY)
- B. Gestational diabetes
- C. Latent autoimmune diabetes in adults (LADA)
- D. Pancreatogenic diabetes

---

**4. What A1C range is indicative of diabetes mellitus?**

- A. 5.7% to 6.4%
- B. 6.5% or higher
- C. 5.2% to 5.7%
- D. 5.7% to 6.2%

---

**5. What is the chief similarity across diabetes types?**

- A. All types of diabetes require someone to receive insulin injections
- B. There is no form of diabetes that can be reversed
- C. All types of diabetes can be reversed with proper management
- D. Most forms of diabetes respond well to lifestyle changes as a form of self-management

---

**6. What is NOT considered a complication of diabetes?**

- A. Multiple sclerosis
- B. Sexual dysfunction
- C. Myocardial infarction
- D. Hearing loss

---

**7. What are the most common conditions that are comorbid with diabetes?**

- A. Alzheimer's disease and atherosclerosis
- B. Hypertension and ischemic heart disease
- C. Hypertension and coronary artery disease
- D. Parkinson's disease and coronary artery disease

---

**8. What occupational performance-related considerations should an OT be mindful of when treating someone with diabetes?**

- A. Increased frailty associated with diabetes disqualifies many patients from participating in rehab services
- B. The only mental health concerns someone with diabetes is at risk of is difficulty adjusting to a new diagnosis
- C. People with diabetes are likely to have limited exercise tolerance, but exercise is important for managing the condition so it should always be addressed in treatment plans
- D. Diabetes health education has no impact on someone's ability to manage their condition independently

---

**9. What is a direct effect of vascular changes in the body that result from diabetes?**

- A. Difficulty with self-management
- B. Postural instability
- C. Limited health education
- D. Decreased productivity in the home and at work

---

**10. What is the best summary of assistive devices OTs might recommend to those with diabetes?**

- A. Mobility aids, glucose monitors, apps to help with self-management, large-print materials, insulin pumps
- B. Wheelchairs, walkers, canes, power scooters, rollators
- C. Wheelchairs, walkers, glucose monitors
- D. Hospital beds, heart monitors, glucose monitors, stair lifts

---

**11. What types of exercise are most beneficial for those with diabetes and, therefore, should be included in OT intervention?**

- A. Resistance training and yoga
- B. Interval training and jogging

- C. Aerobic exercise and strength training
- D. Flexibility and balance exercises

---

**12. When educating patients with diabetes on exercise requirements, what threshold should therapists mention?**

- A. It is recommended that those with diabetes get at least 60 minutes of moderate to vigorous aerobic exercise each week
- B. It is recommended that those with diabetes get at least 150 minutes of moderate to vigorous aerobic exercise each week
- C. Vigorous aerobic activity is not recommended for those with diabetes, as it can exacerbate frailty. Any amount of moderate aerobic activity is encouraged for those with diabetes
- D. Any form of weight-bearing exercise is beneficial for those with diabetes

---

**13. What foods should OTs educate patients about eating to better manage diabetes, and why?**

- A. Low glycemic index foods, because they help stabilize blood glucose levels
- B. Lean poultry, because this is typically free of antibiotics and moderates hormone levels that control blood glucose
- C. High glycemic index foods, because they keep blood glucose levels from getting too high
- D. Foods that are high in omega-3 fatty acids, because this helps lubricate the joints for better movement

---

**14. What aspect of medication management is NOT important for people with diabetes?**

- A. Health literacy
- B. Medication adherence
- C. Formation of schedules, routines, and habits surrounding medication intake
- D. Reporting medication intake to their doctor each week

---

**15. What approaches have been proven effective in helping with mood management for people diagnosed with diabetes?**

- A. Dialectic behavioral therapy, mindfulness-based stress reduction, skills training
- B. Cognitive behavioral therapy, skills training, anger management
- C. Mindfulness-based stress reduction, acceptance and commitment therapy, resilience training
- D. Spiritual exploration, acceptance and commitment therapy, anger management

---

**16. What evidence-based tool has been explored to help people with diabetes adjust their daily tasks in an effort to conserve energy?**

- A. NASA's Task Load Index
- B. Sleep Hygiene Checklist

- C. MET levels
- D. Leisure Checklist

---

**17. How can sensory interventions help those with diabetes?**

- A. Using assistive devices to manage sensation loss in all diabetes cases
- B. Teaching individuals compensatory strategies to maintain safety in the midst of sensation loss and sensory reeducation/desensitization training to restore some sensory function in others
- C. Sensation restoration for all individuals with diabetes who have undergone traumatic amputations of the extremities
- D. Requesting help from others in order to avoid activities that may cause injury due to sensation loss

---

**18. What OT-based intervention type is effective in structuring treatment for patients who have chronic conditions, including diabetes?**

- A. Motivational interviewing
- B. DIRFloortime
- C. Acceptance and Commitment Therapy
- D. Lifestyle Redesign

---

**19. What are the aims of the REAL Diabetes Program?**

- A. Acceptance of one's condition as a pathway to improved mood management and more stable blood glucose levels
- B. Improved exercise tolerance and diet maintenance to assist with weight loss and mood management
- C. Improving glycemic control and quality-of-life through teaching resilience, empowerment, and active living strategies
- D. Increased medication adherence and symptom management through a personal accountability framework

---

**20. What does the research say about habit formation for individuals with diabetes?**

- A. Habit formation is not within OT's scope of practice
- B. OTs should use motivational concepts and occupation-based interventions to assist with habit formation surrounding self-management for diabetes
- C. Habit formation is highly individualized, which is why there is no research on the topic
- D. Habit formation is most effective when used to address medication management and physical activity, not self-care and nutrition

---

Visit us at <https://www.otmastery.com>