

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>