OT Mastery

Fundamentals for Skilled Nursing

1. What type of patients can be admitted to skilled nursing facilities and receive insurance coverage for their stay?

A. Patients who have more than 2 chronic health conditions that need management
B. Patients in the community who are experiencing severe medical problems that home health care cannot address
C. Patients who have a doctor's note that excuses them from work and other obligations
D. Patients who have a qualifying 3-day hospital stay and need continued skilled nursing and/or rehabilitation or do not have a safe discharge plan

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2. What is medical necessity specific to skilled nursing facilities?

A. A patient's demonstrated need for 24 hours of daily supervision
B. A letter that insurance companies require from a patient's doctor that allows SNFs to receive reimbursement for services provided
C. A clinical justification that shows patients have a need for skilled nursing services, rehabilitation, and monitoring from a physician that cannot be reasonably provided at a lower level of care (home health or outpatient)
D. A patient's demonstrated need for 5 hours of daily therapy

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3. What is NOT considered a prevalent pre-existing condition for SNF patients receiving care for acute health concerns?

A. Cancer
B. Carpal tunnel syndrome
C. Diabetes mellitus
D. Osteoporosis

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4. What is the most common condition shared by patients receiving care in a SNF outside of their presenting problem?

A. Hypertension
B. Depression
C. Osteogenesis imperfecta
D. Posttraumatic stress disorder

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5. CDC research compiled a list of the most common presenting conditions that SNF patients have. What is NOT in the top 5 diagnoses?

A. Complications related to chronic conditions
B. Burns
C. Amputations
D. Spinal cord injury

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6. What is the difference between patients in long-term care settings and skilled nursing facilities?

A. Long-term care facilities cost far more than skilled nursing facilities and LTCs place restrictions on how long patients can reside there
B. Long-term care settings are an umbrella category of facilities where patients receive as much assistance with ADLs and IADLs as they need but do not need or get skilled care; SNFs offer a combination of skilled nursing care and skilled rehab for those who need to recover from acute illnesses or exacerbations of chronic conditions
C. Skilled nursing facilities and long-term care facilities have the same offerings but are provided in separate buildings
D. Skilled nursing facilities are accredited by the state department of health to offer skilled care from medical providers while long-term care facilities are provided by lay staff only

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7. What is considered best practice for group therapy in skilled nursing facilities, both according to PDPM and therapy guidelines?

A. Not completing any group therapy in SNFs because it's considered unethical
B. Grouping no more than three patients together to address the same goals while completing different activities
C. Grouping two to six patients together to complete the same or similar tasks but addressing different goals
D. Only having OTs and not OTAs supervise group therapy because of their training

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8. Good hand hygiene is an important aspect of infection control. What principle regarding hand hygiene is NOT correct?

A. Clean your hands with soap and water for at least 20 seconds when they are visibly soiled.
B. It's preferable to use hand dryers or allow your hands to air dry rather than paper towels to dry your hands off after washing.
C. Use an alcohol-based hand rub or hand wipe to clean hands when they are not visibly soiled.
D. After washing hands, use paper towels or another barrier to turn faucets off to avoid recontamination.

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9. What educational measures should therapists use to encourage infection control within patients at their skilled nursing facility?

A. Emphasize the importance of healthy foods, fluids, vaccines, grooming, oral care, covering one's coughs/sneezes, and patient hand hygiene before meals and after bathroom use.
B. Ensure skilled nursing facility administrators are the only ones imparting education about infection control.

C. Tell patients that vaccines don't work and are not as important as hand hygiene for preventing the spread of disease.
D. Ask patients to show them how they wash their hands and tell them their technique will be graded.

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10. A newly graduated OT is struggling to meet productivity standards at her SNF job. She also often finds herself forgetting what patients she has already seen and which ones she hasn't worked with yet. What steps might this therapist take to improve her ability to meet productivity standards?

A. Hire a personal assistant to help her with scheduling
B. Try to work in a setting that does not have productivity standards, such as a school
C. Make an effort to improve her time management and organization skills at work by using virtual reminders, calendars, and schedules
D. Ask her supervisor to put her on light duty so she doesn't have as much difficulty

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11. An OT is finding himself having lower back pain after working in a SNF for less than 1 month. He recently became aware that he may be using improper lifting techniques when handling patients. What protocol should he follow to ensure he does not injure himself while lifting dependent patients?

A. Use a gait belt tightened one notch tighter than it normally would be placed to ensure the patient does not slip through the equipment.
B. OT is not a labor intensive field, so this therapist should only use equipment to avoid exerting any physical effort at all.
C. Always ask nursing assistants and physical therapists to move patients prior to and during therapy sessions.
D. Place his hands around the patient's back, clasp his hands together, and bring the patient in toward him while lifting with the knees and keeping the back straight.

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12. When working with a patient who recently suffered a stroke, what type of interventions should a SNF therapist implement first?

A. Positioning, stretching, and active-assisted exercises
B. Short-term memory, safety, and community mobility
C. Feeding/swallowing, positioning, and caregiver education
D. Medication management, visual scanning, and cognitive retraining

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13. A patient suffered an extensive stroke 3 days ago. He has a completely flaccid left arm with no sensation or notable movement. What is this patient most at risk of in the early stages of treatment?

A. Dementia
B. Shoulder subluxation
C. Shoulder and elbow contractures

D. Behavioral concerns

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14. What is NOT considered a common, evidence-based intervention strategy for stroke?

A. Activity modifications
B. Mirror therapy
C. Visual scanning training
D. Vocational training

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15. What is an example of a cognitive strategy for stroke patients that is supported by research?

A. Mirror therapy
B. Constraint-induced movement therapy
C. Mental practice
D. Sensory re-education

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16. Recommending, adjusting, and training patients on durable medical equipment is a big part of an OT's job in a skilled nursing facility. What type of DME may be prescribed for a patient who is struggling with bed mobility after undergoing a bilateral below-the-knee amputation?

A. Hospital bed
B. 3-in-1 commode
C. Raised toilet seat
D. Reacher

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17. What is one of several common movement precautions for someone receiving rehab in a SNF after a hip replacement?

A. Do not bend the hip at all until the doctor clears you
B. Do not cross the legs
C. Log roll after the 6-week mark
D. Only twist the lower body when moving, not the upper body

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18. What diagnosis-specific assessment tool may be appropriate for a non-ambulatory patient who recently sustained a stroke?

A. Functional Reach Test
B. Brief Cognitive Rating Scale
C. Chedoke Arm and Hand Activity Inventory
D. Montreal Cognitive Assessment

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19. Which of the following assessment measures are prioritized in SNFs because they are simplistic yet effective and can be applied to patients regardless of their specific diagnosis?

A. Chedoke Arm and Hand Activity Inventory, Semmes-Weinstein Monofilaments, and Wolf Motor Function Test
B. MMT, ROM, and FIM scale
C. MoCA, SLUMS, Brief Cognitive Rating Scale
D. Executive Function Performance Test, Kohlman Evaluation of Living Skills

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20. A patient is about to be discharged from a SNF after recovering from an exacerbation of COPD. His main therapy goals included upper body strength and endurance. His direct roommate and someone else down the hall from him also have similar goals but they are just at the start of their plans of care. What type of treatment would these patients be appropriate for?

A. Co-treatment
B. Group treatment
C. Individual treatment
D. Concurrent treatment

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