

OT Mastery

Integrating Polyvagal Theory with OT Practice

1. In what way can the polyvagal theory be used to treat OT patients?

- A. Polyvagal theory can be used to treat OT patients who have experienced traumatic events in the last 3-6 months
 - B. Polyvagal theory should only be used alongside CBT to treat OT patients
 - C. Polyvagal theory can improve someone's motivation, emotional health, self-regulation, and social skills, all of which are skills or occupations OTs are qualified to address
 - D. Polyvagal does not have enough evidence to be used in OT practice in any degree
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2. What body system is discussed in large part by polyvagal theory?

- A. Autonomic Nervous System
 - B. Central Nervous System
 - C. Auxillary Nervous System
 - D. Peripheral Nervous System
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3. What are the three main principles of polyvagal theory?

- A. Mobilization, relaxation, and immobilization
 - B. Mobilization, remobilization, immobilization
 - C. Interoception, neuronal communication, and self-soothing strategies
 - D. Coregulation, neuroception, and the ANS hierarchy (branches)
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4. What is the meaning of the phylogenetic hierarchy, one of the assumptions within polyvagal theory?

- A. The more sophisticated parts of the autonomic nervous system operate based on reflexes while the primitive aspects are there as a back-up of sorts
 - B. More primitive parts of the autonomic nervous system activate through reflexes when more advanced aspects of the nervous system dysfunction
 - C. The primitive parts of the autonomic nervous system control the more sophisticated parts
 - D. The less evolved parts of the autonomic nervous system are no longer used because humans have developed more efficient processes to modulate the body's functions
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5. What statement is true about polyvagal theory?

- A. Socialization can serve as a neuromodulator for the body
- B. It states that all body processes operate using bottom-up mechanisms
- C. The end product from polyvagal processes is socialization

D. Gastrointestinal vagal tone is used as an indicator of well-being

6. Which of the following is NOT a therapeutic activity used to stimulate the vagus nerve?

- A. Chest-opening yoga poses
 - B. Praying
 - C. Cold water exposure
 - D. Linear vestibular motion
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7. What skill areas might OT address when using polyvagal theory to structure treatment?

- A. Window of tolerance, levels of alertness
 - B. Dialectical Behavior Therapy, Cognitive Behavioral Therapy, resilience building
 - C. Resilience building, social skills training, trigger identification, education about the body's stress responses
 - D. Therapeutic activities and therapeutic exercises based on vagus nerve stimulation
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8. What patient population is likely NOT a good fit for treatment based on the polyvagal theory?

- A. Those with early childhood attachment disorders
 - B. Orthopedic patients
 - C. Patients with a trauma history
 - D. Patients with Autism Spectrum Disorder, Sensory Processing Disorder, or mental health concerns
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9. What is a more widely accepted alternative to polyvagal theory?

- A. Psychophysiological coherence model
 - B. Resonance resilience model
 - C. Biopsychosocial framework
 - D. Visceral replacement theory
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10. Which of the following is NOT a criticism of polyvagal theory?

- A. The theory's concepts are too vague to be tested or proven
 - B. This theory offers too simplistic a view of the nervous system
 - C. There isn't enough empirical evidence supporting the efficacy of polyvagal theory
 - D. Using this theory doesn't allow rehab professionals to address skills
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