

OT Mastery

Palliative Rehabilitation for Occupational Therapists

1. What is the main difference between palliative care and hospice care?

- A. Hospice care and palliative care both offer non-curative comfort care for patients with life-limiting illnesses; the two terms are used to describe the same service
 - B. Hospice care is only provided in the home, while palliative care can be provided in a range of settings
 - C. Hospice care and palliative care both ease pain for individuals with life-limiting conditions, but hospice care does not intend to cure someone while palliative care may easily be paired with curative treatments
 - D. Hospice care is focused on the patient's spirituality and personal acceptance of a life-limiting condition, while palliative care is focused more on preserving someone's remaining abilities
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2. What is OT's defined role in palliative care?

- A. Addressing quality of life, advocacy/education, coping, symptom management, safety, and independence during the end-of-life period while preventing medical complications
 - B. Cotreat with all members of the interdisciplinary team to offer quality care that addresses all areas
 - C. Serving as a liaison to connect patients with community resources to help them move from one facility to another
 - D. Encouraging patients to move to less restrictive levels of care to encourage independence and quality of life
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3. How long might someone receive palliative care for?

- A. Palliative care cannot be provided for any longer than 9 months
 - B. Someone can receive palliative care for as long as they are living with a life-limiting condition
 - C. Palliative care cannot be provided for any longer than 1 year
 - D. Palliative care is only available to someone if their physician expects them to pass away within 6 months, so it has a maximum time of 6 months
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4. What is the best explanation as to why the occupational profile is especially crucial to the palliative care OT evaluation?

- A. The occupational profile need not be completed with this population, as palliative care patients can only benefit from standardized assessments
- B. The occupational profile helps therapists identify new skills for palliative care patients to learn, which is essential to keeping them active during the end-of-life phase
- C. The occupational profile helps connect all members of the interdisciplinary team as one

D. Palliative care treatment is perhaps the most patient-centered specialty area due to the nature of its work, so therapists must rely heavily on the occupational profile to ascertain their patients' needs, preferences, interests, and values to best improve or maintain their quality-of-life

5. Which of the following is NOT typically part of the palliative care treatment team?

- A. Billing specialist
 - B. Music therapist
 - C. Assistive technology professional
 - D. Chaplain
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6. How do CHAIH services fit into the palliative care specialty?

- A. CHAIH is just another term for palliative care services
 - B. Patients do not have access to any CHAIH services as part of palliative care
 - C. CHAIH services can be included in the palliative care treatment plan as much as a patient wants them to; they can supplement traditional services or not
 - D. Patients can access CHAIH along with any other services they want, but they must pay entirely out of pocket for them
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7. What is the second stage of palliative care treatment?

- A. When individuals become medically unstable, their care plan is adjusted to accommodate their needs and preferences
 - B. End-of-life care due to steady deterioration
 - C. Creating a care plan at a time when the patient is medically stable
 - D. Bereavement for the family
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8. What palliative care service delivery model involves specialists supporting complex decision-making for palliative care patients who require care planning and coordination?

- A. Liaison model
 - B. Consultation model
 - C. Pop-up model
 - D. Shared care model
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9. How does the trajectory model of palliative care service delivery operate?

- A. The trajectory model involves helping patients with simple or complex needs on an ongoing, long-term basis through family support and early intervention
- B. This model uses a combination of patient education with clinical support for primary care providers and educational outreach

C. It extends across primary, secondary, and tertiary care to offer specialist inreach and outreach

D. It involves collaborating to monitor patients and sharing pertinent information about their treatment to fulfill joint treatment responsibilities

10. According to the World Health Organization and other governing bodies, what method of service delivery is most ideal for palliative care?

A. Trajectory model

B. Team-based model

C. Shared care model

D. Integrated model

11. Research has looked at how and why individuals receiving palliative care services seek out PT and OT. Which of the following is not one of these leading reasons?

A. Lack of fulfillment

B. Fatigue

C. Chronic pain

D. Difficulty with ADLs and work

12. What is NOT a palliative care intervention most often addressed by OTs?

A. Hygiene

B. Functional mobility

C. Vocational training

D. Transfers

13. Education is essential within palliative care treatment settings. What type of education should an OT most likely provide?

A. Vocational training, reducing caregiver burden, emergency contact information

B. Energy conservation techniques, assistive device training, joint protection, role of OT in palliative care, purpose of palliative care

C. Productive leisure, importance of talk therapy, importance of spirituality during the end-of-life phase

D. Ceremonies to honor the dead in various cultures, emergency contact information, family bonding

14. How might an OT assist with environmental modifications for a patient receiving palliative care services in a long-term care facility?

A. Placing their call button further away from their bed to encourage more physical activity prior to requesting help

B. Encouraging the patient to move to a different room in the facility to allow for more comfort

- C. Adjusting the artificial and natural lighting in the room to allow for greater relaxation
 - D. Walking around their room more often to encourage blood flow
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15. What does the research say about equipment recommendations and palliative care?

- A. Individuals with advanced cancer were more likely to use adaptive equipment that assisted them in getting more rest and helping with positioning
 - B. Individuals receiving palliative care are more motivated to use equipment during the end-of-life phase if it does not pertain to their interests
 - C. Equipment is not appropriate for any palliative care patients
 - D. Individuals who are receiving palliative care and demonstrate the need for adaptive equipment often demonstrate high levels of ADL function
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16. What are the four Ps of energy conservation?

- A. Pleasant, participation, pacing, and planning
 - B. Peaceful, planning, portable, participation
 - C. Powerful, poised, posture, and pacing
 - D. Planning, pacing, prioritizing, and positioning
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17. What pain management interventions can an OT NOT assist with?

- A. Providing education regarding medication benefits and side effects
 - B. Providing PAMs to address pain as well as edema and motion
 - C. Offering prescription medications
 - D. Teaching patients relaxation strategies
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18. What topic would OTs not necessarily be qualified to offer education on when speaking to a patient's family and caregivers?

- A. Billing processes and insurance coverage
 - B. Transfer training
 - C. Assistive device use and care
 - D. Positioning schedules
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19. What does the research say about physical activity in palliative care?

- A. Physical activity is beneficial for nearly all patients with life-limiting conditions
 - B. Bedrest is recommended for nearly all patients receiving palliative care
 - C. Five 60-minute exercise sessions per week are recommended for most palliative care patients
 - D. Physical activity only serves to worsen fatigue in those with life-limiting conditions
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20. What relaxation techniques might someone receiving palliative care benefit from?

- A. Energy conservation techniques, joint protection, home safety
 - B. Progressive muscle relaxation, guided imagery, meditation, deep breathing
 - C. Prescription medications, virtual reality-based therapy
 - D. Energy conservation techniques, social interaction, distraction
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