# OT Mastery

## Pediatric Evaluation

**1. Which of the following is NOT an aspect of the pediatric evaluation?**

A. Chart reviews
B. Vocational testing
C. Observation
D. Standardized assessments

---

**2. What documentation might a therapist need to review as part of the pediatric evaluation?**

A. Parent notes, children's artwork, outdoor play projects
B. Academic assignments, parent notes
C. Writing samples only
D. Writing samples, medical records, IEP(s), teacher notes, and discliplinary reports

---

**3. What therapy approach is considered best when evaluating children with a younger developmental age?**

A. Bottom-up approach
B. Contextual approach
C. Top-down approach
D. Dynamic interactional approach

---

**4. Why might a therapist want to utilize a top-down approach when assessing a child?**

A. When they want to learn about a child's trauma response
B. When the child has developmental delays
C. When they want to look at a child's conscious though processes, intentional actions, and executive functioning
D. When the child is dysregulated, poorly processing their environment, or cannot be soothed

---

**5. Therapists must remain attuned to a child's response at all points during the evaluation. When assessing an infant, what sign does NOT traditionally indicate distress or discomfort?**

A. More than 2 postural adjustments per minute
B. Furrowed brows
C. Flushed face, particularly in the cheeks
D. Excessive crying

---

**6. Age-appropriate testing techniques are crucial. What are some age-appropriate techniques that can be used when evaluating a preschool-aged child?**

A. Gym equipment, testing the child's attachment to their parent(s), asking parents to bring objects from home
B. Storytelling, offering a variety of toys, utilizing familiar characters
C. Negative reinforcement, sensory experiences, chaining
D. Structure, frequent breaks, gross motor activities to test foundational skills

---

**7. What statement about the pediatric evaluation is NOT true?**

A. The therapist should speak to both the parent and the child during the evaluation
B. OTs should especially focus on transitions during the evaluation to teach children the structure sessions will follow
C. The therapist should always consider the parent's priorities and information over that of the child
D. Pediatric evaluations require informed consent from both parent and child

---

**8. If a therapist is performing an evaluation on a 10-year-old child with dwarfism who has fine motor delays, what accommodations should the therapist ensure are present?**

A. Offering to do the evaluation in standing positions
B. Postural adjustments to allow for them to comfortably sit at a desk while testing handwriting
C. Floor seating for all activities
D. Asking the child where they want to sit and following their lead for all subsequent activities

---

**9. What presenting concern may require the therapist to be highly flexible in order to accommodate a pediatric patient?**

A. History of trauma
B. Child’s size
C. Recent loss of privileges at home
D. Motivation

---

**10. Cultural sensitivity includes being mindful and accepting of which of the following traits?**

A. Behaviors
B. Relationships with peers
C. Empathy
D. Cultural and familial views on happiness, quality-of-life, health, and illness

---

**11. When looking at a child's participation, what factors does a therapist need to weigh?**

A. Personal and environmental factors that support and inhibit participation

B. Spiritual factors that support and inhibit participation
C. Rehabilitation factors that support and inhibit participation
D. Vocational factors that support and inhibit participation

---

**12. Therapists should ask what party about whether or not a child has participated in RTI?**

A. Parents
B. Teachers
C. Other OTs
D. PTs

---

**13. What aspects of the physical environment may support or inhibit a child's participation?**

A. Respect for authority figures
B. Stereotypes
C. Classroom arrangement
D. Timing of assignments

---

**14. What aspects of the cultural environment may support or inhibit a child's participation?**

A. Social norms
B. Following classroom or clinic rules
C. Sleep habits
D. The student's grade level

---

**15. What standardized assessment can help an OT form an occupational profile for a child?**

A. CTSIB
B. SCOPE
C. MOHO
D. PEDI

---

**16. Why might an early intervention therapist choose assessment tools that require minimal materials?**

A. To reduce the time spent documenting results
B. To accommodate the limited materials available in the child's home
C. To avoid involving the child's family
D. To eliminate the need for standardized assessments

---

**17. What is the difference between a norm-referenced assessment and a criterion-referenced assessment?**

A. Norm-referenced means a child's performance is compared to that of their peers who completed the same tasks; criterion-referenced focuses on details of all tasks included in a test
B. Norm-referenced means results are in the form of a fraction; criterion-referenced means results are in the form of a percentile rank
C. Norm-referenced tests focus on details of all tasks included in a test; criterion-referenced means a child's performance is compared to that of their peers who completed the same tasks
D. Norm-referenced means they are culturally sensitive and follow specific cultural norms; criterion-referenced means they must follow specific task instructions for completion

---

**18. If a standardized assessment for children is determined to be valid, but not reliable, what does this mean?**

A. There is significant research supporting the test's efficacy, but it has only been tested with one patient population
B. The test produces consistent results, but does not measure what it states it does
C. The test has been tested with more than five patient populations, but there is not a lot of research supporting its efficacy
D. The test measures what it states it does, but does not produce consistent results

---

**19. What aspect does a test NOT need to take into consideration in order to be culturally sensitive?**

A. Education level
B. Time to administer
C. Language
D. Sexual orientation

---

**20. What is NOT a method that can be used to informally test feeding skills?**

A. Looking for lip closure around eating utensils and cups
B. Inspecting the oral motor structures for abnormalities
C. Asking a child to write their favorite foods
D. Testing rooting and sucking reflexes

---

**21. What standardized assessments test muscle tone?**

A. Sensory Profile, Sensory Integration and Praxis Tests
B. Movement Assessment of Infants, Toddler and Infant Motor Evaluation
C. Gross Motor Function Measure, Bayley Scales of Infant and Toddler Development
D. Beery VMI, Assessment of Motor and Process Skills

---

**22. What is NOT an informal method of testing motor planning and praxis skills?**

A. Performing the Sensory Profile with parents and caregivers
B. Asking a child to maneuver through an obstacle course

C. Asking a child to complete a multi-step task such as building a visual model or preparing a simple meal
D. Asking a child to play with the same object in various ways

---

**23. Which standardized assessment does NOT primarily measure communication and socialization?**

A. Pediatric Evaluation of Disability Inventory
B. Miller Assessment for Preschoolers
C. Vineland Adaptive Behavior Scales
D. Bayley Scales of Infant and Toddler Development

---

**24. Which of the following is considered a gross motor assessment?**

A. Miller Function and Participation Scales (MFUN)
B. Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI)
C. Test of Visual Motor Skills (TVMS)
D. Erhardt Developmental Prehension Assessment (EDPA)

---

**25. Which of the following assessments can be used with children over the age of 5?**

A. DAYC-2
B. AIMS
C. BINS
D. DP-4

---

**26. What assessment involves a specific focus on a child's hand function?**

A. ELAP
B. EDPA
C. ECI
D. DOTCA-Ch

---

**27. What assessment looks at cognition, self-care, and mobility?**

A. ETCH
B. WeeFIM
C. EASI
D. GMFM

---

**28. What is the intention of the Pediatric Glasgow Coma Scale?**

A. To measure cognitive performance in young children
B. To measure alertness while children perform ADLs

C. To measure level of consciousness in young children in hospital-based and emergency settings
D. To measure level of arousal during schooltime

---

**29. How many standardized assessments can be used during the pediatric evaluation process?**

A. No more than 1
B. As many as a therapist wants and a child can tolerate
C. No more than 2
D. No more than 3

---

**30. Does a therapist need to use the same assessment methods during the re-evaluation and evaluation?**

A. Informal methods must be the same, but standardized assessments can change
B. No, a therapist can use different standardized assessments each time
C. Ideally, yes, since this is what helps therapists measure progress
D. Yes, always

---

Copyright © 2026 OT Mastery

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