### **OT Mastery**

#### **Preventing Medical Errors**

- 1. What medical event involves severe but temporary harm, irreversible patient harm, or patient death?
- A. Negligence-related adverse event
- B. Adverse event
- C. Ameliorable adverse event
- D. Sentinel event
- 2. Which of the following medical errors is NOT considered its own category?
- A. Patient falls
- B. Hospital-acquired infections
- C. Failure to obtain informed consent
- D. Equipment failure
- 3. What are some common causes of medical errors that occur in the rehabilitation field?
- A. Unreliable electronic health records, unrealistic insurance regulations, poor communication between providers
- B. Inadequate knowledge or training, time constraints, emotional exhaustion and other forms of stress
- C. Unrealistic insurance regulations, impact of medication side effects, burnout
- D. Poor communication between providers, burnout, lack of role clarity between OT and other rehab disciplines
- 4. What is considered the gold-standard process for determining the underlying source of a medical error?
- A. Root cause analysis (RCA)
- B. Venn Diagram
- C. The Five Whys Technique (FWT)
- D. Change Analysis (CA)
- 5. Which of the following is NOT a step in a Root Cause Analysis?
- A. Collecting data that pertains to the error
- B. Deferring to a supervisor's judgment in identifying and responding to a medical error
- C. Monitoring the plan's efficacy and making changes, where needed
- D. Suggesting and implementing solutions for the error

#### 6. When performing an RCA, what methods are NOT used to locate the root cause of a given medical error?

- A. 5 Whys Technique, Fault Tree Analysis, Forcefield Analysis, Is-Is Not Exercise
- B. PROACT RCA Method, Affinity Diagram, Circle map, Diagnostic Tree
- C. Change Analysis, Fishbone Diagram, Pareto chart, Failure Mode
- D. H&P, SOAP note, SBAR, SMART

# 7. When responding to medical errors, therapists must look for solutions that address the existing problem and prevent the same problem from occurring again. In the event of a patient fall that led to a hip fracture, what solutions cover both of these criteria?

- A. An education-based falls prevention program; disclosing the medical error to the patient and their family along with support and resources to assist in the rehabilitation process
- B. Increased supervision for OTAs when completing patient transfers; a program that allows OTRs to have more time to offer the aforementioned supervision
- C. A workflow that assists with efficient documentation of patient falls; easing of productivity standards to prevent falls that stem from time constraints
- D. Approaching patient falls from a systems lens rather than a personal lens; documenting patient falls more promptly after they occur

## 8. What technique may therapists use to monitor the efficacy of plans developed with the help of a Root Cause Analysis?

- A. Incident reports
- B. Narrative notes
- C. SMART goals
- D. SOAP notes

#### 9. What does the evidence say about Root Cause Analyses?

- A. They are effective for all steps in the medical error prevention and response process
- B. There is a major lack of evidence surrounding the use of Root Cause Analysis in rehabilitation fields
- C. They are effective for developing medical error responses but less so when helping identify contributing factors to medical errors
- D. They are effective in identifying root causes, but less so for implementing solutions so they should be paired with other tools to fully assist with medical error response

#### 10. According to research, what are some of the most effective ways to address medical errors in the rehabilitation field?

A. Error disclosure with patients, education-based approaches, remote patient monitoring, adherence to high patient standards

- B. Use of bioethical principles, human factor interventions, education-based approaches, error disclosure with patients, assertiveness training
- C. Goal setting, productivity requirement adjustment, targeted mentoring, distance learning
- D. Distance learning, human factor interventions, self-directed continuing education, error disclosure with patients

### 11. A home health therapist is treating a 31-year-old patient who has a pressure ulcer on his elbow. What modalities are contraindicated for this patient to receive on the elbow?

- A. Therapeutic ultrasound, electrical stimulation, iontophoresis
- B. Deep breathing, biofeedback, progressive muscle relaxation
- C. Self-care training, therapeutic exercise, therapeutic activities
- D. Self-care training, deep breathing, therapeutic exercises

#### 12. Poorly managed hypertension is NOT contraindicated with what modality?

- A. Soft tissue mobilization
- B. Self-care training
- C. Extracorporeal Shockwave Therapy (ESWT)
- D. Cryotherapy

### 13. When working with a 54-year-old woman who has osteoporosis, what therapeutic exercises would the OT be able to recommend?

- A. Use of the elliptical
- B. Treadmill
- C. Chest presses
- D. Abdominal crunches

## 14. When working with a 62-year-old male who has congestive heart failure, what therapeutic exercises would the OT be able to recommend?

- A. Planks
- B. Isometric muscle contractions
- C. Gentle stretching
- D. Push-ups

#### 15. What deficit is contraindicated with both cryotherapy and thermotherapy?

- A. Raynaud's phenomenon
- B. Sensory impairments
- C. Heat intolerance
- D. Cold intolerance

- 16. A therapist in a skilled nursing facility is treating a 55-year-old male who just underwent open heart surgery, has high blood pressure, and is taking blood thinners. What side effects might this patient exhibit that can impact the therapy process?
- A. Dizziness, fatigue, drowsiness, increased bleeding risk, bruising
- B. Dry mouth, dizziness, muscle weakness, constipation, trouble breathing
- C. Changes in blood pressure, mood swings, muscle weakness, fluid retention, increased appetite
- D. Fatigue, drowsiness, agitation, dry mouth, fainting
- 17. A therapist is treating a 19-year-old patient who just sustained a concussion while playing football. During what time frame should the patient participate in household/community activities only as tolerated?
- A. The first 0-7 days after injury
- B. The first 0-10 days after injury
- C. The first 0-3 days after injury
- D. The first 0-5 days after injury
- 18. A 59-year-old male is being seen by OT in a hospital after undergoing a hip arthroplasty using a posterior approach. What precaution does NOT apply to this patient?
- A. No pelvic bridging
- B. No hip internal rotation
- C. No hip flexion past 90°
- D. No hip adduction
- 19. At what point can a therapist tell their patient to discontinue wearing their sling after undergoing a reverse shoulder arthroplasty?
- A. A sling is not recommended for patients after this surgery
- B. Between 2 and 3 weeks after surgery
- C. Between 4 and 5 weeks after surgery
- D. Between 7 and 8 weeks after surgery
- 20. After undergoing rotator cuff repair surgery, when can a patient begin lifting objects as long as they are not heavier than 5 pounds?
- A. Phase II (6-10 weeks after surgery)
- B. Phase IV (18-22 weeks after surgery)
- C. Phase IV (15-18 weeks after surgery)
- D. Phase III (10-18 weeks after surgery)

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