# 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

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**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

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**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

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**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)

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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

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

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**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

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**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

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**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

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**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

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**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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