

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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