OT Mastery

Reflexes and Evidence-Based Practice

1. How are reflexes defined?

A. Planned responses that someone intentionally produces to protect themselves
B. Planned responses that someone intentionally produces to better relate to their environment
C. Involuntary, unplanned actions that someone engages in to better relate to their environment
D. Involuntary, unplanned actions that are elicited due to a certain stimulus

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2. What location in the body does NOT generate reflexes?

A. The lungs
B. Spinal cord
C. Midbrain
D. Brain stem

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3. What is the main difference between afferent and efferent neurons?

A. Afferent neurons are located in muscles and efferent neurons are located in organs
B. Afferent neurons are only found in the brain and efferent neurons are only found in the spinal cord
C. Afferent neurons control sensory information and efferent neurons control motor information
D. Afferent neurons control motor information and efferent neurons control sensory information

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4. What is the purpose of an equilibrium reflex?

A. To connect the brain's reflexes with the spinal cord's reflexes
B. This type of reflex provides high level bodily adjustment in response to a disrupted center of gravity
C. To ensure that all reflexes in the body have an equal response time
D. To regulate all bodily functions in accordance with one another

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5. What reflex does NOT integrate until after the 6 month mark of a child's life?

A. Palmar grasp
B. Walking reflex
C. STNR
D. ATNR

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6. What is an example of a lifelong reflex?

A. Neck-on-body righting reflex
B. Swimming reflex
C. Startle reflex
D. Sucking reflex

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7. What is considered a potential cause of retained reflexes?

A. Crawling too often instead of walking
B. Getting too much tummy time during infancy
C. Walking later than one's peers
D. Exposure to harmful toxins

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8. What retained reflexes have NOT been linked with ADHD symptoms?

A. Moro
B. STNR
C. Landau
D. ATNR

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9. What condition is NOT linked with a retained rooting reflex?

A. Chronic toothaches
B. Autoimmune diseases
C. Hormone imbalances
D. Thyroid conditions

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10. What retained reflex can cause a person to experience poor muscle tone, impaired hand-eye coordination, poor seated/standing posture, W-sitting, and an unusual arm swing while walking?

A. Rooting reflex
B. TLR
C. Moro
D. STNR

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11. What is AOTA's stance on reflex integration therapy?

A. There is no evidence as to the effectiveness of reflex integration therapy for any purpose
B. Therapists who are trained in reflex integration therapy can provide the treatment as part of OT sessions if a patient presents with functional deficits related to the retained reflex; however, therapists must carefully appraise the evidence they use to guide their treatment
C. Therapists are prohibited from providing reflex integration therapy under the guise of OT, since it is outside their scope of practice

D. AOTA has not taken any stance on reflex integration therapy

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12. The starfish exercise can be used to help integrate what two reflexes?

A. Palmar reflex and rooting reflex
B. Moro reflex and Galant reflex
C. ATNR and STNR
D. Landau reflex and TLR

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13. A therapist is using a graded prone-on-elbows position to help integrate a patient's retained TLR. The patient has been successful holding the position with the support of a bolster cushion. How should the therapist upgrade this exercise as the patient progresses?

A. Eliminate the bolster cushion and other supportive materials
B. There is no way to further upgrade this exercise
C. Have the patient complete the same exercise seated instead
D. Add a second bolster cushion for additional support

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14. If a parent is instructed by their child's therapist to practice cat and cow poses at home, what retained reflex might this home program aim to address?

A. Landau reflex
B. Moro reflex
C. STNR
D. Galant reflex

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15. A therapist is providing a child with hand-over-hand assistance for palmar reflex integration exercises. Is this beneficial?

A. Yes, this is acceptable but only for the first week of therapy sessions.
B. Yes, this is acceptable but therapists should be sure to write goals that help the patient progress beyond this level of assistance.
C. No, this will not give the child the opportunity to learn the new exercise on their own.
D. No, this will teach children to rely on others to correct their movements and will not help with long-term reflex integration.

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16. What strategies can a therapist use to help a patient learn reflex integration techniques?

A. In-person demonstrations only
B. Videos only
C. Pictures only
D. A multi-modal approach based on the patient's strengths is most ideal

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17. A therapist has a patient squeeze a resistance ball or therapy putty in their palm, extend their fingers to relax, and then touch each finger to the thumb in sequence. What reflex integration exercise is this patient practicing?

A. Rooting reflex
B. Palmar reflex
C. STNR
D. Spinal galant

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18. A therapist is providing vertical and horizontal cheek strokes to a patient who demonstrates poor verbal articulation and difficulty swallowing. This patient likely has retained what reflex?

A. Gag reflex
B. Moro reflex
C. Rooting reflex
D. Sucking reflex

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19. A child who has no functional limitations begins to experience signs of a thyroid condition and potential hormonal imbalances. Would this child qualify for OT services focused on reflex integration therapy?

A. Yes, this child can receive OT services focused on their emergent thyroid condition.
B. No, this child should not be recommended for OT services.
C. Yes, this child can receive OT services for reflex integration therapy but they will need to pay out-of-pocket for the care.
D. No, this child should not receive any OT services at all, since this is not within OT's scope of practice.

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20. An adolescent patient presents with hypermobile joints, motion sickness, poor endurance for gross motor tasks, and balance impairments following a stroke. What reflex might be inhibiting this patient's function?

A. Body-on-body righting reflex
B. ATNR
C. TLR
D. STNR

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