

# OT Mastery

## Stroke Rehabilitation: An In-Depth Guide

**1. What is not one of the four types of stroke?**

- A. Ischemic stroke
  - B. Hemorrhagic stroke
  - C. Cerebral stroke
  - D. AVM
- 

**2. What is not considered a function of the frontal lobe?**

- A. Personality
  - B. Memory
  - C. Emotion control
  - D. Hearing
- 

**3. What part of the brain is responsible for processing sensory information?**

- A. Parietal
  - B. Occipital
  - C. Frontal
  - D. Temporal
- 

**4. If a person experiences an infarct in the secondary somesthetic area, what symptom might they have?**

- A. Aneurysm
  - B. Astereognosis
  - C. Apraxia
  - D. Anesthesia
- 

**5. A stroke in what part of the brain might cause impaired spinal reflexes?**

- A. Posterior Cerebral Artery
  - B. Internal Carotid Artery
  - C. Anterior Cerebral Artery
  - D. Middle Cerebral Artery
- 

**6. What is Dejerine–Roussy syndrome?**

- A. A hypertensive condition that causes someone to experience an increased risk of stroke
  - B. An acute vestibular impairment that results from a cerebellar stroke
  - C. Systemic inflammation that appears before a stroke as a warning sign
  - D. A chronic pain syndrome that often results from a thalamic stroke
- 

**7. What acronym is used to help remember stroke warning signs?**

- A. FAST
  - B. SPEECH
  - C. ARM
  - D. TIME
- 

**8. Why is early diagnosis so important for strokes?**

- A. This allows rehabilitation disciplines to begin treatment sooner, which improves functional outcomes
  - B. This confirms the location and severity of the stroke, so treatment can be provided more accurately and quickly
  - C. This increases neuroplasticity
  - D. This helps patient's healing abilities kick in sooner so they can begin recovering on their own
- 

**9. What type of imaging procedure is the gold standard for diagnosing stroke?**

- A. Standard MRI
  - B. Diffusion-weighted MRI
  - C. CT scan
  - D. PET scan
- 

**10. How can an fMRI help with stroke diagnosis?**

- A. This monitors minute changes in blood flow, so doctors can see the slow return of certain skills
  - B. This helps doctors confirm diagnoses after they predict them based on symptoms
  - C. This helps doctors see lobes light up as the patient recovers in real-time
  - D. This helps doctors learn where to complete surgery
- 

**11. What is endovascular coiling?**

- A. A medication that gradually shrinks abnormal blood vessels in the brain
  - B. A procedure that involves inserting a catheter to place a coil in the blood supply of the aneurysm to stop it from growing
  - C. A procedure that involves inserting a catheter to place glue in a spiral-shaped part of the brain
  - D. A procedure that involves surgically removing blocked blood vessels
-

**12. What is the difference between a craniotomy and craniectomy?**

- A. A craniectomy is performed for hemorrhagic strokes; a craniotomy is performed for ischemic strokes
  - B. A craniectomy involves removing a portion of the skull to access the brain; a craniotomy involves drilling small holes into the skull to access the brain
  - C. A craniectomy involves removing a portion of the skull to access the brain and replacing those bones; a craniotomy involves removing a portion of the skull to access the brain and not replacing the bones
  - D. A craniectomy is done to relieve pressure; a craniotomy is done to increase pressure and speed up healing
- 

**13. What procedure might be performed if a patient has hydrocephalus as a result of a stroke?**

- A. Carotid endarterectomy
  - B. Craniotomy and shunt placement
  - C. Endovascular coiling
  - D. Thrombectomy
- 

**14. What assessment is stroke-specific?**

- A. A-ONE
  - B. DASH
  - C. AMPS
  - D. BBS
- 

**15. What assessment focuses only on the upper extremity?**

- A. FMA
  - B. AMPS
  - C. A-ONE
  - D. DASH
- 

**16. What is the difference between validity and reliability?**

- A. Validity means there is evidence behind the test; reliability means it is too new to yield results
  - B. Validity is how accurate an assessment is; reliability is how consistent the test is
  - C. Validity shows that the test measures what it says it does; reliability shows the test is better than other similar tests
  - D. Validity speaks to how long the assessment has been used in practice; reliability refers to its accuracy
-

**17. If a patient is demonstrating mental health concerns after a stroke, what assessment might they benefit from?**

- A. ABC Scale
  - B. DLCT
  - C. SS-QOL
  - D. Activity Card Sort
- 

**18. What is considered the early chronic phase of stroke?**

- A. 10-12 weeks after the CVA occurs
  - B. 15 weeks after the CVA occurs
  - C. 12-24 weeks after the CVA occurs
  - D. 25-30 weeks after the CVA occurs
- 

**19. What is considered the acute phase of stroke?**

- A. 2 hours after the CVA occurs
  - B. 1 week after the CVA occurs
  - C. 2 weeks after the CVA occurs
  - D. 3 weeks after the CVA occurs
- 

**20. What does a TIA place a patient at risk for?**

- A. Another TIA
  - B. Ischemic stroke
  - C. Traumatic brain injury
  - D. Aspiration
- 

**21. What is a good recommendation for patients in the acute phase of stroke who need more support for a subluxed shoulder?**

- A. An abductor wedge
  - B. The GivMohr sling
  - C. A basic sling
  - D. Putting their hand in their pocket to prevent the arm from dangling
- 

**22. What is the appropriate positioning to prevent or manage shoulder subluxation?**

- A. Support the shoulder in abduction and the elbow in full extension
  - B. Place all UE joints in neutral
  - C. Support the shoulder in adduction and the elbow in 90 degrees of flexion
  - D. Add constraints that prevent the patient from using that arm
-

**23. What is a common stroke complication that rehabilitation professionals can help prevent in the acute phase?**

- A. Aspiration
  - B. Shoulder subluxation
  - C. Migraines
  - D. Autonomic dysreflexia
- 

**24. What is the most important aspect of the Compensatory Frame of Reference?**

- A. Training on and the use of assistive devices and adaptive equipment to enable improved occupational performance
  - B. Patients do not need to strengthen skills since they can have devices complete them
  - C. The use of strategies to get around completing certain ADLs
  - D. Fixing improper methods of completing activities by always giving reminders
- 

**25. What is part of the D2 elevation pattern in PNF?**

- A. Scapular retraction
  - B. Posterior elevation
  - C. Anterior elevation
  - D. Scapular depression
- 

**26. What Rood sensorimotor techniques can be used to facilitate tone?**

- A. Slow rolling
  - B. Maintained stretching
  - C. Gentle stroking
  - D. Fast brushing
- 

**27. What frame of reference involves focusing on the ontogenic sequence to improve motor return?**

- A. NDT
  - B. Rood
  - C. PNF
  - D. Brunnstrom
- 

**28. What form of biofeedback can be helpful for patients in the subacute or chronic phase of stroke?**

- A. ECG
  - B. EEG
  - C. EMG
  - D. Galvanic skin response
-

**29. What does the majority of the research say regarding stroke treatment modalities?**

- A. Do not combine any interventions, since this can have adverse effects
  - B. Outcomes are often better when a combination of evidence-based interventions are used
  - C. It's best to focus on one intervention to track its effectiveness
  - D. It's best to include acute FORs with other acute FORs
- 

**30. What piece of adaptive equipment is not used to help stroke patients self-feed?**

- A. Swivel spoon
  - B. Rocker knife
  - C. Power chair
  - D. Universal cuff
- 

Copyright © 2025 OT Mastery

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