OT Mastery

Stroke Rehabilitation: An In-Depth Guide

1. Which type of stroke is caused by a blockage in a blood vessel within the brain rather than a rupture of a blood vessel?

A. Hemorrhagic stroke
B. Arteriovenous malformation (AVM)
C. Ischemic stroke
D. All of the above

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

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

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

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

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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

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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

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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

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

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

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8. Which of the following is a key reason therapists educate at-risk individuals and their caregivers about stroke warning signs?

A. To guarantee that strokes will not occur
B. To enable faster recognition and treatment, minimizing long-term damage
C. To reduce the cost of rehabilitation equipment
D. To ensure the patient completes all therapy exercises

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9. Which imaging method is currently considered the most effective for diagnosing ischemic strokes within 12 hours of symptom onset?

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

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10. What type of imaging is primarily used to monitor a stroke patient's long-term recovery and changes in brain activity, rather than for initial diagnosis?

A. Functional MRI (fMRI)
B. CT scan
C. Diffusion-weighted MRI
D. Traditional X-ray

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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

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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

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

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

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14. What assessment is a stroke-specific OT evaluation?

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

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15. Which assessment is used to measure upper extremity function in individuals with a range of orthopedic conditions?

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

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16. Based on the DASH assessment for upper extremity function, what is the primary difference between validity and reliability?

A. Validity refers to the consistency of results over time, while reliability refers to whether the test measures what it is intended to measure.

B. Validity refers to whether the test measures what it is intended to measure, while reliability refers to the consistency of results over time.
C. Validity refers to patient self-reporting, while reliability refers to therapist observation.
D. Validity refers to the total score, while reliability refers to the number of items on the test.

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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

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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

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19. When planning stroke rehabilitation, why is it important for therapists to consider the patient's phase of recovery?

A. The phase determines which diagnostic imaging should be used.
B. The phase dictates the patient's ability to understand instructions.
C. The phase helps guide positioning, exercise selection, and use of frames of reference to maximize recovery.
D. The phase only affects long-term discharge planning.

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20. What condition is a patient at increased risk of after experiencing a TIA?

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

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21. Which of the following strategies is most appropriate for preventing shoulder subluxation in a stroke patient with flaccid upper limbs?

A. Applying a sling designed for patients with high flexor tone
B. Using a GivMohr sling to support the hand
C. Keeping the shoulder unsupported while performing passive range of motion
D. Placing the elbow fully extended without pillow support

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22. Which positioning strategy helps prevent shoulder subluxation in a patient with flaccid upper limbs?

A. Letting the arm hang unsupported to encourage natural alignment
B. Using a sling designed for patients with spasticity
C. Placing pillows in the patient's lap and on the armrest with the elbow at 90 degrees
D. Keeping the elbow fully extended without support

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23. What is a primary reason for careful positioning during the acute phase of stroke rehabilitation?

A. To improve cognitive function immediately
B. To prevent shoulder subluxation and contractures while minimizing pain
C. To increase aerobic endurance
D. To strengthen the affected limb through active exercise

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24. Which scenario best illustrates the use of the Compensatory Frame of Reference in stroke rehabilitation?

A. A patient who has undergone extensive rehabilitation but still needs strategies to complete basic activities
B. A patient in the acute phase of stroke, focusing on preventing contractures
C. A patient with minor deficits who can regain full function through strengthening exercises
D. A patient working on improving aerobic endurance post-stroke

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

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

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

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

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27. What approach involves focusing on the ontogenic developmental sequence to improve motor return?

A. NDT
B. Rood

C. PNF
D. Brunnstrom

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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

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29. Which combination of therapies has been shown to improve ankle dorsiflexion and static balance in individuals with chronic stroke?

A. Kinesiotape alone
B. PNF combined with kinesiotape on the foot
C. PNF alone
D. Virtual reality alone

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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. Electric can openers

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