

# 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
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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. Anosognosia
  - 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. 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**
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**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**
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**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**
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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 endarterectomy
  - B. Craniotomy and shunt placement
  - C. Endovascular coiling
  - D. Thrombectomy
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14. What assessment is stroke-specific?

- A. A-ONE
  - B. DASH
  - C. AMPS
  - D. BBS
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15. What assessment focuses only on the upper extremity?

- A. FMA
  - B. AMPS
  - C. A-ONE
  - D. DASH
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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**
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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. 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**
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**20. What does a TIA place a patient at risk for?**

- A. Another TIA**
  - B. Ischemic stroke**
  - C. Traumatic brain injury**
  - D. Aspiration**
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**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**
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**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**
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**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**
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**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**
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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 facilitate tone?**

- A. Slow rolling**
  - B. Maintained stretching**
  - C. Gentle stroking**
  - D. Fast brushing**
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**27. What frame of reference involves focusing on the ontogenic sequence to improve motor return?**

- A. NDT**
- B. Rood**
- C. PNF**

**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. 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**
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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. Universal cuff**
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