

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>