# OT Mastery

## Treating Individuals with Limb Loss and Limb Reduction

**1. What is the best way to describe OT's role in limb deficiency?**

A. OTs can only cotreat with PTs to rehabilitate individuals with limb deficiencies
B. OTs are only qualified to assist patients in strengthening and compensatory strategies to assist with limb deficiencies; prosthetic fitting and training falls under the scope of PTs and prosthetists
C. OTs help individuals maintain their independence after limb loss, including but not limited to prosthetic training, ambulatory device training, and compensatory strategies
D. OTs can help connect individuals who have limb deficiencies with support services once they are in the community

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**2. What is an accurate description of a transfemoral amputation?**

A. A procedure that involves keeping the patella intact and shaving down some bone on the femur
B. A procedure that involves removing some or all of the thigh along with the knee, lower leg, and foot; also known as an above-knee amputation
C. A procedure that involves removing only 25% of the femur and everything below it
D. A procedure that involves removing everything below the femur

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**3. What is the most central reason cognition is part of an OT evaluation for patients with limb deficiencies?**

A. Cognition is not part of an OT evaluation for patients with limb deficiencies
B. Cognition is no more important for an OT evaluation with this population than it is for any other patient
C. Cognitive function is necessary for a patient to make an informed decision about getting a prosthetic, so it must be determined early on
D. Patients need to demonstrate sufficient memory, recall, and safety awareness in order to use a prosthetic or navigate their environment using a wheelchair or other ambulatory device

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**4. How do a patient's expectations about an amputation impact their ability to engage in treatment?**

A. Some patients may view an amputation as a way to improve a chronic condition, so they may feel relief afterwards and look forward to further rehabilitation; other patients who had emergency surgery to amputate limb portions after an accident may have difficulty adjusting and participating in therapy

B. Patients without any expectations are often the best to engage in therapy because they will be more open to education and training than other patients
C. Patients may feel that therapists need to do all the work to set up care for them and this will affect how actively they participate in their own care

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**5. What question is NOT an essential part of the prosthetic assessment for a patient with a lower body amputation?**

A. Will the patient's quality of life improve with a prosthetic?
B. Does the patient want to walk?
C. Is it medically and biomechanically realistic for the patient to walk?
D. Does the patient want to drive?

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**6. Which of the following is a contraindication for a prosthetic limb?**

A. Good standing tolerance
B. Lack of sweat response
C. Severe, unresolved phantom limb pain
D. Proper bone definition

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**7. Which of the following standardized assessments has NOT been tested and determined reliable for use with patients who have limb deficiencies?**

A. 9-Hole Peg Test (9HPT)
B. Activities-Specific Balance Confidence Scale (ABC Scale)
C. 6-minute Timed Walk Test (6MWT)
D. 2-minute Timed Walk Test (2MWT)

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**8. What risk factor places patients with limb deficiencies at an increased risk of falling?**

A. Being 60 years or older
B. Chronic joint pain
C. Decreased gait variability
D. Having an amputation below the level of the knee

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**9. What is NOT known to help with psychological adjustment to limb deficiency?**

A. Use of the medical model
B. Personality style
C. Age
D. Comorbidities

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**10. According to the evidence, what condition is commonly associated with poorer outcomes after amputation?**

A. Chronic obstructive pulmonary disease
B. Cerebrovascular accident
C. Congestive heart failure
D. Diabetes

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**11. What does the research say about adjustment to congenital limb deficiencies?**

A. Across the world, children with congenital lower limb deficiencies experience significantly impaired health-related quality of life and psychosocial functioning
B. Children with congenital upper limb deficiencies experience poorer health-related quality of life than children with congenital lower limb deficiencies
C. Children born with congenital upper limb deficiencies adjust to these conditions better than those with traumatic amputations
D. There are no differences in the physical or psychological function of children with congenital limb deficiencies compared to the function of their peers

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**12. What treatment model/frame of reference is NOT considered a helpful foundation for therapists treating those with limb deficiencies?**

A. Biomechanical Frame of Reference
B. Neurodynamic Frame of Reference
C. Humanistic Model of Therapy
D. Cognitive-Behavioral Frame of Reference

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**13. What should be key components of treatment during the first phase of rehab after an amputation?**

A. Cognitive retraining, psychological adjustment, vocational training
B. IADL function, leisure pursuits, driving
C. Scar massage, positioning to prevent contractures, edema management, compressive limb wraps
D. Safety training, balance interventions, postural control, self-positioning

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**14. A patient with a BKA is demonstrating good safety awareness and using a wheelchair after his operation. However, he has poor upper body strength. What type of transfer should the therapist trial with him?**

A. Hoyer lift
B. Slide board transfer
C. Stand-pivot transfer
D. Forwards-backwards transfer

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**15. A therapist just began treating a patient with an AKA specifically focused on preventing falls. What interventions can help with this goal?**

A. Balance training, postural support, symmetry of movement
B. TENS, social supports, change in discharge location
C. Referral to PT, use of a prosthetic, use of a caregiver-attended wheelchair
D. NMES, biofeedback, support groups

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**16. Based on their social supports and caregiver assistance, what is NOT an integral aspect of prosthetic training for a 10-year-old boy with a congenital limb deficiency?**

A. Tolerating a wearing schedule of up to 10 hours each day
B. Performing daily limb inspections and hygiene
C. Donning and doffing the prosthetic
D. Identifying parts of the prosthetic

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**17. A 6-year-old patient with congenital below-the-elbow limb loss is experiencing a lot of pain due to growth associated with her developmental stage. What is NOT an effective way for the OT to manage this pain?**

A. TENS
B. Ultrasound
C. Manual soft tissue massage
D. Compressive limb garments

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**18. Why might a patient need to learn to open the terminal device of their prosthetic limb halfway or less?**

A. The patient will not have the ability to adjust the terminal device of a prosthetic limb because this part of the device does not move
B. The patient should be able to do this to effectively control their terminal device in the event of an emergency
C. Some terminal attachments offer more precise grip or manipulation of certain objects, so the patient should be able to open the device to varying degrees to effectively mimic the range of motion of an actual limb
D. The patient may want to make terminal device adjustments based on their personal preference, and this allows them greater independence

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**19. An OT is making adaptive equipment recommendations for a 50-year-old individual with congenital bilateral below-the-shoulder limb loss. As she is getting older, some ADLs are getting more difficult but the patient still does not want any prosthetic limbs. What might the OT suggest?**

A. A bidet
B. Electric can opener
C. Foot care kit

D. Button hook

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**20. A therapist begins working with a patient who recently underwent a partial hand amputation. The holidays are approaching and the patient is particularly concerned about fulfilling some traditions, particularly sending out greeting cards and wrapping gifts. She is aware that she may need some help but wants to do as much as she can on her own. What pieces of equipment might the OT recommend?**

A. Bendable eating utensils; automatic card shuffler
B. Bladeless cutter; easy glide writer
C. Floor switch; footrest for desk
D. Electric hole punch; hands-free headset

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