Fundamental Orthopedic Management for the Physical Therapist Assistant 4th edition Manske Test Bank

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Chapter 02: The Role of the Physical Therapist Assistant in Physical Assessment

MULTIPLE CHOICE

1. Which health care provider is defined as "a technically educated health care provider who assists the physical therapist in the provision of select PT interventions?"
   a. Physical therapist assistant (PTA)
   b. Physical therapist (PT)
   c. Nursing assistant
   d. Medical doctor

   ANS: A
   This is the definition of the PTA as defined by the *Guide to Physical Therapy Practice* (2nd Ed.).

   REF: P. 14

2. Which of the following is the responsibility of the PT alone?
   a. Observation
   b. Assessment
   c. Examination
   d. Evaluation

   ANS: D
   Evaluation is the specific process reserved solely for the PT, in which clinical judgments are made from this base of data obtained during the examination.

   REF: P. 14

3. Which of the following statements is NOT included in the Clinical Performance Instrument (CPI) by the American Physical Therapy Association (APTA) related to the PTA's role?
   a. Participates in patient status judgments within the clinical environment based on the plan of care established by the PT.
   b. Obtains accurate information by performing selected data collection consistent with the plan of care established by the PT.
   c. Discusses the need for modifications to the plan of care established by the PT.
   d. Makes clinical judgments based on the assessment and examination of the patient.

   ANS: D
   It is the role of the PT to make clinical judgments based on the assessment and examination of the patient.

   REF: P. 14

4. In the *Normative Model of PTA Education* (2007), which of the following is NOT an expected performance theme?
   a. Interventions
   b. Communication
   c. Diagnosis
   d. Resource management

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ANS: C
Diagnosis is not one of the five PT performance expectation themes for PTA education. The five include interventions, communication, education, resource management, and career development.

REF: P. 15

5. Which of the following contains the cardinal signs of inflammation?
   a. Swelling, pallor, cool skin temperature
   b. Swelling, pain, redness, heat
   c. Fever, pain, redness, and warmth
   d. Pain, fever, cool skin temperature

   ANS: B
   The commonly accepted and normal cardinal signs and symptoms of inflammation are localized heat, redness, swelling, and pain (with a resultant loss of function in the injured area).

   REF: P. 15

6. How long does acute inflammation last, assuming the precipitating condition, agent, or event is removed?
   a. 12-24 hours
   b. 1-2 days
   c. 3-5 days
   d. 4-6 days

   ANS: D
   Under normal circumstances, signs of acute inflammation persist for 4-6 days, assuming the precipitating condition, agent, or event is removed.

   REF: P. 16

7. When is pain from acute inflammation felt by the patient during range of motion (ROM) exercises?
   a. Before tissue resistance (before “end” ROM)
   b. At the same time end ROM is reached
   c. After ROM exercises are over
   d. Never felt by the patient during ROM

   ANS: A
   Pain before tissue resistance felt before “end” ROM is an indication of acute inflammation. Pain at the same time end ROM is reached is an indication of a subacute inflammatory state. Pain reported as a stretching sensation at the limit of ROM is a sign of inflammation in the chronic state.

   REF: P. 16

8. Which of the following reports of pain is indicative of chronic inflammation?
   a. Pain reported before tissue resistance (before “end” ROM)
   b. Pain reported as a stretching sensation at the limit of ROM
   c. Pain reported at the same time ROM is reached

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d. Pain is not seen with chronic inflammation

ANS: B
Pain before tissue resistance felt before "end" ROM is an indication of acute inflammation. Pain at the same time end ROM is reached is an indication of a subacute inflammatory state. Pain reported as a "stretching sensation" at the limit of ROM is a sign of inflammation in the chronic state.

REF: P. 16

9. Your patient has an oral temperature of 101.6°F. Which other signs and symptoms will you look for in your patient assessment?
   a. General malaise and increased pulse
   b. Strong appetite and dry skin
   c. Decreased pulse and respirations
   d. Paleness in the affected joint

ANS: A
The clinical signs and symptoms of fever vary based on the underlying cause and stage; they might include general malaise, headache, increased pulse and respirations, general chills, shivering, piloerection, loss of appetite, pale skin, nausea, irritability, and restlessness.

REF: P. 16

10. Which is the most effective means of controlling the transmission of infectious agents?
    a. Isolating infected patients
    b. Hand washing by the caregiver and patient
    c. Disinfecting treatment areas routinely
    d. B and C

ANS: D
The importance of hand washing by the caregiver and patient cannot be overstated as an effective means of controlling the transmission of infectious agents. In addition, treatment areas should be properly cleaned and disinfected as a routine procedure.

REF: P. 16

11. Which of the following actions would be considered discretionary caution by the PTA when performing pool ROM exercises with a patient experiencing a fever of 102.8°F?
    a. Notify the PT and ask to omit the exercises until the fever resolves.
    b. Continue with the prescribed walking activities.
    c. Omit therapy during times the patient has a fever.
    d. Increase the walking exercises to help break or resolve the fever.

ANS: A
Discretionary caution is applied with any patient with a fever, because of stresses on the cardiopulmonary and immune systems and the possible further complications related to dehydration. The PTA should be familiar with specific exercise techniques contraindicated in the presence of diseases transmitted via water or air.

REF: P. 17

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12. Which type of redness indicates acute inflammation caused by a bacterial infection?
    a. Superficial tenderness or hardness of the area
    b. Red streaks
    c. Flushed cheeks
    d. None of the above

    ANS: B
    Red streaks might indicate an acute inflammation caused by a bacterial infection (strep, staph, or both). Superficial tenderness or hardness in an area may be a sign of superficial thrombophlebitis.

    REF: P. 18

13. What technique would you use to assess deep vein thrombosis (DVT)?
    a. Patient sits in a comfortable position and lifts knee to chest.
    b. Patient points toes toward the floor and reports any pain in the thigh area.
    c. Patient points toes upward (dorsiflex) for assessment of pain in the calf.
    d. Patient holds foot in neutral position and you squeeze the calf.

    ANS: C
    A commonly used quick assessment technique to rule out the presence of a DVT is the Homan sign. It is performed by gentle passive stretching of the ankle into full dorsiflexion and assessing for pain in the calf.

    REF: P. 18

14. What are the risk factors for DVT?
    a. Prolonged bed rest or prolonged air travel
    b. Varicose veins, fractures, and age under 60
    c. Oral contraceptive use and high cholesterol level
    d. Obesity and falling

    ANS: A
    Box 2-1. Risk factors for DVT. Prolonged bed rest and air travel are risk factors. Items listed that are not risk factors are age under 60, high cholesterol level, and falling.

    REF: P. 18

15. Which term is defined as the excessive pooling of fluid in the spaces between tissues (interstitial spaces)?
    a. Fracture
    b. Infection
    c. Edema
    d. Hemorrhage

    ANS: C
    Edema refers to excessive pooling of fluid in the spaces between tissues (interstitial spaces). The main consideration for the PTA is measurement of the edematous part or extremity.

    REF: P. 19

16. Which signs and symptoms would be seen with congestive heart failure (CHF)?

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a. Swelling in one ankle without a change in breathing or muscle strength
b. Swelling in both ankles with fatigue and shortness of breath
c. No swelling in either ankle, but fatigue and normal respirations
d. Weakness without a change in respirations

ANS: B
Bilateral pitting edema in the distal lower extremities is a common manifestation in CHF. Other signs include a decrease in tolerance to exercise (fatigue, shortness of breath, and muscle weakness). These symptoms need prompt consultation with the supervising PT.

REF: P. 19

17. Which of the following is the PTA's best response to a patient reporting new pain since the last therapy session?
a. "Well, some pain is to be expected after our therapy sessions"
b. "Really? I didn't think the last session was that difficult for you"
c. "That pain is normal and should be expected. Take your pain medication before and after our therapy sessions and you should feel better"
d. "Tell me about the pain, is it sharp or burning? When do you have the pain?"

ANS: D
The PTA's role in assessing pain is to gather data that present a clear picture of any change in pain since the last visit, and to elicit responses of the patient in terms of how interventions to date have affected pain, patterns of pain, and the characteristics of pain. All pain is considered "real" by the PTA and should be investigated and reported to the PT.

REF: P. 23

18. Which of the following are the signs and symptoms of a heart attack?
a. Pain or pressure under the breastbone, neck or jaw with pain in the left arm and shoulder
b. Indigestion and pain in the lower abdomen after exercise
c. Pain between the shoulder blades and the inside of the left or right arms
d. A and C

ANS: D
Figure 2-6. Early warning signs of a heart attack. Indigestion and pain in the lower abdomen are not warning signs of a heart attack.

REF: P. 24

19. What should a PTA do when a patient experiences "red flag" pain symptoms during therapy?
a. Call the doctor immediately and report the pain
b. Continue the therapy session using caution
c. Stop any intervention that could be contraindicated and report the findings to the PT
d. Ask the patient when he had his last pain medication and contact the nurse to deliver a pain medication

ANS: C

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The PTA must be keenly aware of pain that sends a “red flag” signal. The PTA should not proceed with any interventions or data collection techniques that are potentially contraindicated and should immediately report the findings to the supervising PT.

REF: P. 23

20. Which symptoms are exhibited during intermittent claudication?
    a. Bilateral pain in the calves or thighs described as cramping that goes away with rest
    b. Unilateral pain in one calf described as cramping that goes away after walking
    c. Bilateral pain in calves or thighs that goes away with walking
    d. Unilateral pain in buttocks or thighs that worsens when the patient rests

    ANS: A
    It is typically described as aching or cramping that is localized in the region affected by the impaired circulation (calves, thighs, buttocks bilaterally) and is rapidly improved after the aggravating activity is discontinued (such as after resting).

    REF: P. 23

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