# **Student Exam Competency Evaluation**

# Treatment Strategies in the Acute Care of Stroke Survivors

Print the letter of the correct answer on the enclosed answer sheet.

#### 1. The medical management of the acute stroke survivor must focus on:

- a. diagnosing & minimizing the progression of the stroke
- b. treating secondary complications
- c. identifying the cause to prevent recurrent strokes
- d. all of the above

## 2. Which of the following is not one of the SAFE guidelines?

- a. Sharpen your observation skills
- b. Acquire necessary handling skills
- c. Formulate a discharge plan
- d. Enhance the environment

# 3. The patient's medical chart should be reviewed prior to each therapy session.

- a. true
- b. false

# 4. The International Classification of Functioning, Disability and Health (ICF) was officially accepted by which organization in 2001?

- a. the Center for Disease Control
- b. the World Health Organization
- c. the International Red Cross
- d. none of the above

## 5. The ICF is important because it is used in hospitals for

- a. documentation
- b. diagnostic codes
- c. reimbursement
- d. all of the above

# 6. The assessment of ROM, motor function and sensation belongs to which component of the ICF model?

- a. health condition
- b. activities
- c. body functions and body structures
- d. environmental factors

# 7. The assessment of bed mobility, self-care and communication belongs to which component of the ICF model?

- a. health condition
- b. body functions and body structures
- c. activities
- d. environmental factors

#### 8. Which of the following is not one of the six elements in the continuum of acute care?

- a. review medical information
- b. observe the family and home environment
- c. assess body functions and structures
- d. intervention

# 9. Where should the call light for the nurse be placed during your treatment session?

- a. within your reach
- b. within reach of the patient
- c. on the bedside table
- d. on the wall

# A decrease in your patient's cognitive function or level of confusion could be an indication of

- a. a lack in family support
- b. poor nutrition
- c. a change in the patient's medical status
- d. none of the above

#### 11. Raising the height of the bed when treating your patient bedside

- a. improves eye contact with your patient
- b. provides poor body mechanics
- c. allows family members to observe
- d. none of the above

# 12. During the assessment of body functions and structures, begin with the less involved side to

- a. determine a baseline and help the patient understand your commands
- b. observe visual field deficits
- c. practice your handling skills before moving to the involved side
- d. all of the above

# 13. When should oral hygiene take place?

- a. in the morning, preceding meals and medications
- b. after each meal
- c. before going to sleep at night
- d. all of the above

# 14. Which of the following is not a factor in determining a plan of intervention?

- a. patient's medical condition
- b. environment stimulation
- c. urgent discharge planning
- d. time restrictions

#### 15. "Intervention with intention" means:

- a. make the most of every minute during therapeutic intervention.
- b. document each action taken during intervention.
- c. intend to treat with respect.
- d. require family teaching.

# 16. During assessment and intervention of the stroke survivor in the acute care setting allow enough time to

- a. prepare the environment
- b. perform therapeutic tasks
- c. return the patient to a safe position
- d. all of the above

# 17. Mary's medical history includes which of the following?

- a. bilateral hip replacements
- b. pulmonary emboli
- c. spinal stenosis
- d. none of the above

## 18. Which techniques can be used to increase a patient's level of alertness?

- a. vibration with tactile stimulation
- b. raise the head of the bed and apply a cool washcloth to the face
- c. lower the bed and apply deep pressure to the sternum
- d. all of the above

# 19. When sitting at the edge of the bed, how much of the patient's femur should be supported on the bed?

- a. all
- b. one half
- c. two thirds
- d. none

# 20. Make sure your patient has a solid base of support (through both feet) while sitting at the edge of the bed.

- a. true
- b. false

# 21. When a patient reaches toward her involved side for a hairbrush, it helps to

- a. initiate visual tracking toward the involved side
- b. broaden the patient's base of support, requiring less trunk control
- c. focus on self-care activities
- d. encourage sit to stand

# 22. How much assistance was required for Ellanora to scoot to the edge of the bed?

- a. maximum assistance
- b. moderate assistance
- c. minimal assistance
- d. no assistance required

## 23. Which of the following considerations help determine whether to proceed with a transfer?

- a. patient's ability to follow commands
- b. lower extremity movement
- c. pain, distress or other medical issues
- d. all of the above.

# 24. Where did Ben exhibit pain during the assessment of passive ROM?

- a. forearm supination
- b. ankle dorsiflexion
- c. scapular protraction
- d. knee extension

# 25. Which of the following is not a symptom of orthostatic hypotension?

- a. tremors
- b. clammy
- c. dizzy
- d. pale

#### 26. During upper and lower extremity dressing, always start with

- a. the involved side
- b. the hospital gown and robe
- c. the less involved side
- d. none of the above

# 27. At the end of a treatment session,

- a. dim the overhead lights
- b. disconnect unnecessary monitors or lines
- c. return all equipment to the original position
- d. check the patient's vital signs

# 28. How can a nonfunctional upper extremity be incorporated into a task?

- a. use guiding, weightbearing and bilateral
- b. use tactile stimulation, joint approximation, weightbearing
- c. use guiding, quick stretch, deep pressure
- d. use an overhead sling or Swedish arm support

# 29. When is Passive Handling appropriate?

- a. when the patient experiences extreme pain
- b. when the patient is able to participate in only a portion of the task
- c. when family member want to help
- d. when stroke survivors are depressed

#### 30. In order to improve awareness of the involved side, the therapist should

- a. gently turn the patient's head toward the involved side
- b. during bed mobility, roll the patient toward the involved side
- c. sit or stand on the involved side
- d. all of the above

# 31. Before initiating patient treatment you should always

- a. read the medical chart, get patient consent and wash your hands
- b. speak with the nurse and monitor the patient's vital signs
- c. read the patient's wrist band and ask the family for consent
- d. all of the above

# 32. Which of the following equipment in the ICU can be disconnected during therapy?

- a. the ventilator
- b. the ventriculostomy
- c. the EKG telemetry monitor
- d. none of the above

# 33. The ventilator is connected to the patient through

- a. the tube inserted into the thorasic wall
- b. the tonsil-tip suction catheter
- c. the sequential compression device
- d. the endotrachial tube in the mouth or tracheostomy in the throat

## 34. The ventriculostomy is a drain for

- a. cardiopulmonary precautions
- b. pneumonia
- c. cerebrospinal fluid
- d. none of the above

# 35. The oxygen saturation level of a patient, measured by the pulse oximeter, is best when it stays above 92 during therapy

- a. true
- b. false

# 36. Why should a chair be prepared before transferring the patient from bed?

- a. To eliminate the need for a Hoyer lift.
- b. To encourage the patient to transfer.
- c. To provide warmth, comfort and protection against incontinence.
- d. To facilitate scooting to the edge of the chair.

# **Student Exam Competency Evaluation Answer Sheet**

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# Name

Mark the correct letter for each question, next to the test question number. There is only one answer per question.

1	15	29
2	16	30
3	17	31
4	18	32
5	19	33
6	20	34
7	21	35
8	22	36
9	23	
10	24	
11	25	
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