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Occupational Therapy

FIFTH EDITION

Examination Review Guide

F.A. DAVIS

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Content Project Manager: Julie Chase *Director of Content Development:* George Lang *Design and Illustration Manager:* Carolyn O'Brien As new scientific information becomes available through basic and clinical research, recommended treatments and drug therapies undergo changes. The author(s) and publisher have done everything possible to make this book accurate, up to date, and in accord with accepted standards at the time of publication. The author(s), editors, and publisher are not responsible for errors or omissions or for consequences from application of the book, and make no warranty, expressed or implied, in regard to the contents of the book. Any practice described in this book should be applied by the reader in accordance with professional standards of care used in regard to the unique circumstances that may apply in each situation.

Preface

The purpose of this workbook is to provide occupational therapy students with a general review of occupational therapy practice and study tools to use while preparing to take the National Board for Certification in Occupational Therapy (NBCOT) examination. It also serves as an excellent review for occupational therapists reentering the field or changing areas of practice. This workbook's format encourages users to synthesize knowledge and become comfortable with the multiple-choice format of the NBCOT certification examination.

New to this edition is Davis Edge, a robust online quizzing platform with an additional 1,015 questions. Davis Edge includes all the question formats you will encounter in the exam—Clinical Simulation Tests (CSTs) and three-and four-option single response multiple-choice items. The most valuable features of Davis Edge are: A Comprehensive Exam Builder; the option to take a timed exam; the Create a Quiz feature that allows you to focus your study on specific domains or practice areas; and a student dashboard that tracks your performance and progress over time.

Use the scratch-off code inside the front cover of this workbook to access Davis Edge via fadavis.com. You will be asked to create an account (if you do not already have one).

The questions in the certification exam are designed to require the reader to call upon their knowledge of OT practice and to *apply* that knowledge to realistic practice situations. Questions in this book have been designed to simulate that style and provide a review of the material simultaneously. The reader will find that questions do not test basic knowledge alone, but require application of that knowledge to move through a reasoning process that leads to the *best* answer. While the majority of questions in the *Occupational Therapy Exam Review Guide* have been written in a style that simulates the exam, some have been written to maximize the review of important content areas.

The textbooks cited as references for answers are those most commonly required for purchase by students in occupational therapy education programs across the United States. Students can often access these books through their own occupational therapy libraries.

Please keep in mind that this workbook is *not:*

- a comprehensive guide to practicing as an occupational therapist,
- intended to replicate the NBCOT exam or any of the questions on the NBCOT exam, or • a tool that offers the student any guarantee of passing the NBCOT exam.

This workbook and accompanying Davis Edge digital resources *are designed to:*

- provide a general review of occupational therapy practice concepts and approaches; • help readers identify the strengths and weaknesses in their application of knowledge to practice of occupational therapy; • acquaint the reader with the format of questions used on the examination; • provide the reader with opportunities to practice taking computerized exams; • help the reader organize and set priorities for study time; and
- provide the reader with a reference list from which further study may be pursued.

The Authors

Mary Muhlenhaupt, OTD, OTR/L, FAOTA, is an Associate Professor at Thomas Jefferson University in Philadelphia, Pennsylvania, where she teaches foundational occupational therapy content as well as pediatric and program development coursework. She is a faculty member in the University's Interprofessional Education program that provides shared coursework completed by students across all health profession programs offered. In addition to chairing and serving on college and university committees, she is the Occupational Therapy Faculty Advisor to the Student Occupational Therapy Association and other Department initiatives and groups. Her work at Thomas Jefferson University also includes the direction for a program of professional development for administrators and providers representing multiple disciplines in the infant/toddler early intervention system in Philadelphia County. Dr. Muhlenhaupt's occupational therapy career, sustained over more than 44 years, includes practice in hospital, school, preschool, infant-toddler, and private practice settings. She has authored several American Occupational Therapy Association (AOTA) publications related to pediatric topics, as well as specific chapters and other publications about pediatric occupational therapy practice. Her recent work focuses on collaborative goal-setting practices to enhance children's engagement in the therapy process. Her service to the profession includes terms as Chairperson and as Education/Research Liaison for AOTA's School System Special Interest Section, along with a 3-year term as a member of the AOTA Board of Directors. Additionally, she has served in numerous leadership roles in local and state positions in the New York State Occupational Therapy Association, and as the President of both the New York and Pennsylvania State Occupational Therapy Associations.

Jenny Martínez, OTD, OTR/L, BCG, is an Associate Professor at Thomas Jefferson University in Philadelphia, Pennsylvania. Dr. Martínez's expertise centers on bridging the gap between science, policy, and practice with the goal of improving quality of care and diminishing systemic health disparities. Specifically, she is interested in stakeholder engagement, population-based approaches, as well as culturally sensitive care for older adults and historically marginalized communities. To this end, Dr. Martínez has investigated topics such as language discordance within a rehabilitation episode of care, lifestyle interventions for Latino communities, best rehabilitation practices for older adults with a hip fracture, and care for nursing home residents with neurocognitive disorders.

Dr. Martínez has taught courses on a range of topics including evidence-based practice, research methods, gerontology, clinical evaluation, and communication with Spanish-speaking clients. Dr. Martínez's clinical experience spans acute, post-acute, and community-based settings with a focus on adults across the life continuum. Dr. Martínez holds an American Occupational Therapy Association (AOTA) board certification in gerontology and has served the profession in various leadership roles, including past chairperson of AOTA's Gerontology Special Interest Section and as a member of the Bylaws, Policies, and Procedures Committee.

Rebekah "Bekah" Mack, MOT, OTR/L, is a Psychiatric Occupational Therapist II at The Johns Hopkins Hospital in Baltimore, Maryland. Bekah received her master's degree in Occupational Therapy from The University of Findlay. Her past clinical experience includes working in adult physical rehabilitation, community mental health, and forensic mental health. Bekah currently practices psychosocial occupational therapy in three settings: inpatient, partial day hospital program, and outpatient. Her special interests include advocating for the role of occupational therapy in the treatment of eating disorders, facilitating the transition of young adults to adulthood, supervising students in fieldwork rotations, and research. In her free time, Bekah enjoys spending time outdoors and riding her horse.

Caryn Reichlin Johnson, MS, OTR/L, FAOTA, served as the Academic Fieldwork Coordinator and an Associate Professor in the Occupational Therapy Program at Thomas Jefferson University in Philadelphia, Pennsylvania, where she taught since 1983. She has held faculty positions in both OT and OTA programs, and Caryn received her bachelor's degree in Occupational Therapy from Tufts University and an advanced master's degree in Occupational Therapy from Thomas Jefferson University. In addition, she maintained a clinical practice, specializing in aquatic rehabilitation. Past clinical experience includes working in the areas of adult physical rehabilitation and community mental health. Caryn has held leadership positions at the local, state, and national levels; co-authored the American Occupational Therapy Association (AOTA)

Fieldwork Educator Certificate Program curriculum; and has published and presented extensively. Special interests include developing fieldwork opportunities in emerging practice settings, the collaborative fieldwork model, and the development of professional behaviors in OT and OTA students. In her free time, Caryn works with a wide variety of craft media.

Tina DeAngelis, EdD, OTR/L, is the Director of the Center City and East Falls Occupational Therapy Doctorate (OTD) programs, and an Associate Professor in the Occupational Therapy Department at Thomas Jefferson University in Philadelphia, Pennsylvania. She received her associate's degree in Occupational Therapy from Harcum College in 1987, her bachelor's degree in Occupational Therapy from College Misericordia in 1992, and her advanced master's degree in Occupational Therapy from Thomas Jefferson University in 1997. She later completed her educational doctorate degree (EdD) in Higher Education Leadership at Widener University in 2006. Her dissertation research focused on the entry-level doctorate degree and its impact on the future of the profession. Dr. DeAngelis has practiced in the field of occupational therapy for more than 33 years, in the areas of burn care, trauma, orthopedics, hands, neurological conditions, dementia, and mental health, and in practice settings ranging from state hospitals and general rehabilitation to home care. She is currently a doctoral capstone faculty mentor at three separate non-profit community-based organizations focused on the needs of people, groups, and communities with emotional and physical needs, those who are unhoused, and/or have a serious mental illness (SMI) in the Philadelphia area. Dr. DeAngelis currently serves as the American Occupational Therapy Association (AOTA) chairperson for the Commission on Education (COE).

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We would like to recognize the efforts of those educators and practitioners from across the country who painstakingly reviewed, contributed to, critiqued, and validated every question to ensure accuracy and appropriateness. Furthermore, we are forever grateful to all educators in our profession. It is your time, energy, expertise, and tireless commitment to students everywhere that paves the way for the transition from student to entry-level practitioner through the rite of passage that is the NBCOT exam. On behalf of the whole occupational therapy community and future practitioners, *thank you.*

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Contents

Preparing for the Examination

WHAT IS THE NBCOT EXAMINATION?

The National Board for Certification in Occupational Therapy (NBCOT®) examination is designed to identify those candidates who demonstrate entry-level competence for occupational therapy practice. Examinations are given for both certified occupational therapy assistant (COTA®) and registered occupational therapist (OTR®) candidates. These differ according to the knowledge and skill levels associated with each practitioner's roles and responsibilities. Once you have successfully completed the OTR examination, you are certified as an occupational therapist (OT).

Passing the NBCOT examination is the culmination of academic and fieldwork study. The exam requires you to read questions that pose practice situations and then apply your knowledge of occupational therapy and/or synthesize bits of knowledge to select correct responses. Questions on the certification exam are carefully constructed to test your:

- ability to understand what the question is asking.
- command of background and foundational knowledge, knowledge of occupational therapy, and the skills and practices performed by occupational therapists.
- clinical reasoning skills and competence to prioritize the most significant issue(s) presented in the question.
- ability to apply knowledge to practice situations and implement evidence-based and occupation-based interventions and actions.

WHO CAN TAKE THE CERTIFICATION EXAMINATION?

The NBCOT oversees the certification process and confirms the candidates' eligibility to sit for the exam. U.S.-educated candidates must have graduated from an Accreditation Council for Occupational Therapy Education (ACOTE®)-accredited entry-level occupational therapy education program and successfully completed required fieldwork. Internationally educated candidates must apply through the Occupational Therapy Eligibility Determination Process and, once approved, apply to take the NBCOT exam. The examination is offered throughout the year at thousands of online testing centers across the United States and internationally. Online practice exams are available from NBCOT for those who are registered to sit for the exam. More information is available at https://www.nbcot.org/Students/get-certified.

APPLYING TO TAKE THE NBCOT EXAMINATION

As you begin to think about taking the exam, visit the NBCOT website and create your personal "MyNBCOT account." Review the information about completing the application (you can submit online or through postal mail), as well as the forms you will need to submit, along with information to help you prepare for the exam. You need to review the most current information about these important topics:

- Certification Exam Handbook
- Application process (including how long it is valid)
- Scheduling the exam (including a calendar of score release dates)
- School codes
- Requesting reasonable accommodations
- Fees
- Confirmation of eligibility to take the exam
- Cancellation, rescheduling, and consequences of lateness or no-show
- Retaking the exam, if necessary

Applicants need to ensure their college or university registrar submits an official transcript or Interim Degree Verification Form (IDVF). Background check results are required, along with responses to character questions concerning any felony records; court disciplinary actions; license, certification, registration suspension or revocation; and academic integrity violations and disciplinary actions. If any character question is answered affirmatively, the applicant is required to submit additional documentation that NBCOT reviews to determine the applicant's eligibility to sit for the examination. Because the application process is continually updated, it is best to carefully read all of the information available at www.nbcot.org for the most current instructions, requirements, and submissions timelines.

It is recommended that you investigate requirements for licensure as an occupational therapist in the state(s) or jurisdiction in which you intend to practice, at the same time that you apply to take the NBCOT examination. Learn what information is necessary for licensure and when the application(s) should be submitted. Generally, these applications require a notarized copy of transcripts from your occupational therapy program, letters of reference, a picture identification, and more. All states including the District of Columbia, Guam, and Puerto Rico require a copy of your score report, and you can request that NBCOT send this to the licensing agency of the state(s) or jurisdiction in which you apply for licensure. An additional fee is assessed for each score report you request after your first state or jurisdiction.

Depending on state or jurisdiction licensure and the requirements of your initial employer, you may be able to work as an occupational therapist (under supervision from a licensed OT) on a temporary permit until your exam results are posted.

NOTE: NBCOT has reported evidence that students who take the exam within 3 months after they complete academic program requirements do better than students who wait longer than 3 months to take the exam. Target your NBCOT exam test date within 3 months of your completion of coursework (including your level II fieldwork). Use this guidebook to develop your study plan so you are well prepared for this test date!

NBCOT (2020a) recommends several steps to avoid the most common problems experienced when applying to take the exam:

- Do not set up more than one MyNBCOT account, as doing so will cause delays and lead to additional fees.
- If the name on your Authorization to Test (ATT) letter does not match the names on your primary and secondary IDs needed for entry to testing on the day of the exam, you will not be allowed to take the exam.
- If your NBCOT exam application does not indicate a state/jurisdiction to which your score report should be sent, or you fail to confirm to your state licensure board that you are registered for the exam, your license may be delayed.
- Do not change your name and/or email address during the application process as this may cause confusion.
- Transcripts that do not come directly from your institution's registrar or are incomplete will not be accepted.

HOW IS THE EXAM DEVELOPED AND HOW IS IT PRESENTED?

NBCOT collects information about current professional practice from recent OT and occupational therapy assistant (OTA) graduates and publishes a new Exam Blueprint about every 5 years. The NBCOT 2017 Practice Analysis of the Occupational Therapist Registered (NBCOT, 2018a) identified four domains of occupational therapy practice that describe what occupational therapists do. Since 2019, exam questions reflected this distribution among the four domains:

- 25% Evaluation and Assessment
- 23% Analysis and Interpretation
- 37% Intervention Management
- 15% Competency and Practice Management

OTR examination questions are developed by occupational therapist subject matter experts who represent diverse geography, cultures, and practice settings across the United States. Questions are further reviewed by other subject matter experts, validated, and then field-tested for inclusion in the NBCOT exam item bank.

Every time the examination is given, a new set of questions is drawn from the item bank (separate banks for the OT and OTA examinations). Every question on the examination has only one correct answer. While

some exam questions are easier than others, each has the same weight in scoring.

Multiple-Choice Questions

The certification examination is composed of 170 multiple-choice questions with either three or four response options. No combination or K questions are used (K questions can include more than one answer option, such as “A and B” or “all of the above.”) Questions are designed as brief practice scenarios and require the candidate to decide what the therapist should do based on application of occupational therapy knowledge.

Clinical Simulation Tests

Three Clinical Simulation Tests (CSTs) provide scenarios that have greater depth to them. A CST typically begins with a short opening paragraph containing information about a client in a typical occupational therapy clinical situation. Several sections follow that address relevant concerns the OT needs to consider during evaluation, planning, and intervention phases of OT services. Each section provides more information, with a list of action-based options the OT may pursue. Some of these actions are correct choices the therapist should take; others are incorrect choices. For each, you will mark “Yes” or “No” to confirm whether you would take the specific action. Once you make your selection, you cannot change it. With each “Yes” you select, further information is provided that indicates the results of that action. You can use the feedback to guide future decisions. Once a section of answers is submitted, you cannot go back to change anything. One point is awarded for each correct “Yes” and “No” option you select. No points are awarded for any incorrect options selected.

NOTE: Students tend to like the CST problems and do well on them, because they require the same type of thinking and reasoning they grew accustomed to during their fieldwork experiences.

Candidates have 4 hours to complete the exam and every question should be answered. Before your time ends, return to any questions you did not answer in your initial review and mark your best guess as the correct response. Raw scores of correct answers are statistically converted to a “scaled score,” which ranges from 300 to 600 points. A scaled score of 450 or higher is required to pass the examination. This scaled score does not reflect how many questions the candidate got right or wrong. The national pass rate for first-time test takers varies from year to year and ranged from 71% to 73% during the years 2017–2019 (NBCOT, 2020b).

DOMAINS AND CONTENT AREAS

Each domain in the Exam Blueprint includes related tasks and knowledge areas in which the entry-level occupational therapy practitioner should be competent. You will note repetition between the domains, such as the importance of being client-centered and upholding an occupation-based focus. This recurrence reflects concepts that are emphasized throughout occupational therapy practice. These knowledge areas are also summarized in the Personal Study Plan tables on pages 6 to 7.

Domain 1—Evaluation and Assessment

“Acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process” (NBCOT, 2018b, p. 2). These questions apply to skills and tasks related to collecting and analyzing evaluation and reevaluation data, such as:

- Interviewing
- Observation
- Developing an occupational profile
- Screening and chart/record review
- Applying theory and evidence to the selection of screening and assessment tools • Administering and scoring commonly used screening and assessment tools (standardized and nonstandardized) • Documenting results

Domain 2—Analysis and Interpretation

"Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process" (NBCOT, 2018b, p. 4). These questions apply to the ability to design interventions based on evaluation/assessment/screening results, as well as patient/client responses to intervention, and will address skills and tasks such as:

- Analyzing and interpreting assessment results
- Collaborating with the individual and relevant others to develop client-centered goals and interventions, taking into consideration the client's condition, context, and priorities • Utilizing data from the assessment process to develop an intervention plan, monitor progress, and reassess the plan • Utilizing evidence and best practice to guide clinical decision making • Determining program development and client advocacy needs
- Selecting/designing goal-related interventions that establish or restore function, adapt, or modify tasks or the environment, or prevent negative outcomes • Selecting appropriate service delivery methods
- Determining frequency and duration of treatment
- Selecting appropriate environments and contexts
- Appropriately identifying and referring clients to other team members/health professionals • Documenting treatment/intervention plans and goals

Domain 3—Intervention Management

"Select intervention for managing a client-centered plan throughout the occupational therapy process" (NBCOT, 2018b, p. 7). These questions apply to tasks and skills related to using clinical reasoning to select and provide intervention to the individuals or groups and/or caregivers, and will address areas such as:

- Applying, adapting, and grading intervention activities/techniques that support participation in occupations based on sensory, cognitive, perceptual, motor, and psychosocial needs, skills, and abilities • Using remedial, compensatory, and prevention strategies to maximize occupational performance • Providing intervention within optimal environments and times • Adapting the environment to maximize participation
- Selecting and/or adapting/grading therapeutic equipment, tools, objects, and assistive technology • Acquiring and teaching safe use of therapeutic equipment, tools, objects, durable medical equipment, and assistive technology • Leading groups to enhance social, developmental, and cognitive skills • Seating and positioning, transfers, and mobility
- Feeding and eating
- Selecting and using interventions to support occupation such as exercise, use of orthoses, and physical agent modalities • Educating about wellness, health promotion, and prevention (i.e., stress management, ergonomics, falls prevention) • Providing prevocational and vocational interventions
- Instructing in home programs
- Recommending equipment, strategies, and services
- Monitoring response to intervention
- Modifying the treatment plan as needed
- Assisting transition by recommending postintervention services
- Discharge planning and documentation

Domain 4—Competency and Practice Management

"Manage professional activities of self and others as guided by evidence, regulatory compliance, and standards of practice to promote quality care" (NBCOT, 2018b, p. 11). Questions in this section apply to tasks and skills related to management, service delivery, and professional practice, and will address areas such as:

- Coordinating a variety of services
- Documenting services according to regulatory and funding guidelines
- Understanding and complying with regulations, laws, reimbursement requirements, policies, and procedures, HIPAA, and the American Occupational Therapy Association (AOTA) Code of Ethics • Analyzing and interpreting research and applying it to practice
- Maintaining professional practice standards in the areas of:
  - Supervision
  - Licensure
  - Recertification

- Documentation
- Professional development activities
- Service competency
- Promoting occupational therapy

- Interpreting and appropriately applying management concepts such as:
  - Safety and risk management
  - Continuous quality improvement
  - Program evaluation and outcome measures
  - Scope of practice and practice standards

HOW TO USE THE OCCUPATIONAL THERAPY EXAM REVIEW GUIDE

This book has four sample exams. The first three exams have 170 multiple-choice questions that simulate the actual NBCOT examination by asking application-oriented questions in a three-and four-option, multiple-choice format. Questions in the first three exams are organized to allow candidates to assess their performance in each of the four domains. The 200 questions in the fourth exam are grouped by content areas (Children and Youth, Mental Health, Rehabilitation and Disability, and Competency and Practice Management), allowing candidates to assess their knowledge with various age groups and diagnostic categories across different practice settings.

A complete rationale for all responses to every question follows each examination in this book. To optimize your exam (and career) preparation and studying, the detailed rationale explains the correct response and discusses why the other response options are wrong. Thus, each question-and-answer rationale unit provides you with a mini-lesson on several relevant concepts. Rationales are all linked to a specific reference and include supporting excerpts and page numbers from the sources. A complete bibliography is located at the end of this book. Methods and tools to identify your learning strengths and needs, set priorities, and organize a study plan are included in this book.

HOW TO USE THE DAVIS EDGE ONLINE TESTING WEBSITE

The Occupational Therapy Examination Review Guide Davis Edge Online Testing Website includes more than 1000 additional questions. This online platform offers practice with all of the question formats you will encounter in the exam—three-and four-option single response multiple-choice and Clinical Simulation Tests (CSTs). Davis Edge offers you a particular advantage in preparing for the NBCOT exam. The flexibility of question selections offered by Davis Edge allows you to target the high-priority areas you identify in your study plan. Taking both the full-length exams or practice quizzes with targeted topics can be very useful in measuring the effectiveness of your review, as well as building your confidence.

Davis Edge is available to you at any time during the process of reviewing this book, or when you have completed your review (available at www.fadavis.com using the access code included inside the front cover of this book). The most valuable features of Davis Edge are a Comprehensive Exam Builder, targeted practice via Create a Quiz, and your Student Success Center Dashboard for monitoring performance metrics and progress over time.

Comprehensive Exam Builder

Use the “Comprehensive Exam Builder” in Davis Edge to create practice exams that simulate the NBCOT experience. The Exam Builder will generate exams that will include 170 multiple-choice questions (a mix of 3-and 4-option single response items) and three Clinical Simulation Tests (CSTs). The mix of questions in each examination covers the range of entry-level occupational therapy practice, thus providing a general review of professional practice. Davis Edge will automatically select questions according to the 2017 NBCOT Exam Blueprint percentages:

- Evaluation and Assessment (25% of questions)
- Analysis and Interpretation (23% of questions)
- Intervention Management (37% of questions)
- Competency and Practice Management (15% of questions)

Use the optional timer in the Exam Builder to simulate a timed exam. These exams enable you to evaluate how well you have retained information as you implement your study plan.

Create Quizzes

Customize your study with the “Create Quiz” feature in Davis Edge and build your own practice quizzes. You may choose questions that reflect exam domains (Evaluation and Assessment, Analysis and Interpretation, Intervention Management, or Competency and Practice Management). Practice questions can be filtered according to the content areas of children and youth, health and wellness, mental health, productive aging, rehabilitation and disability, work, and industry.

Davis Edge gives you three primary filtering options to choose from to create a practice quiz:

- Domain
- Practice Area
- Diagnostic Category

After you select a primary filter, the respective dropdown menu will appear that allows you to choose one or more Domains, Practice Areas, or Diagnostic Categories for your Quiz.

Track Your Progress and View Metrics in the Student Success Center

The Student Success Center dashboard will be your home base for tracking your progress and learning over time. Your scores to the Quizzes and Practice Exams that you complete will be stored here. Our metrics will help you identify the Domains and content areas for your further study.

If you are using Davis Edge in a course led by an Instructor, your scores and metrics on these Assignments will be stored here as well.

WHERE TO BEGIN

Viewed as one task, preparing to take the examination can seem overwhelming. Breaking the process into smaller parts makes it easier to manage. The first step is to identify your strengths and weaknesses. The Personal Study Plan tables (pages 6 to 7) can help you through this process. Once you have completed this step, create your study plan and follow through with implementation. The final step is to take the practice examinations and review your results. Use this data to adjust your study plan as indicated. It may be helpful to review the test-taking tips occasionally (see pages 8 to 10).

You can also use Davis Edge to monitor progress on your study plan. Your scores and other data are tracked and stored in Davis Edge as you complete practice exams and quizzes in the online platform. The student dashboard displays useful metrics about your performance in the Domains, Practice Areas, and Diagnostic Categories, thus making it a helpful tool for determining whether and how to adjust your study plan.

DEVELOPING YOUR PERSONAL STUDY PLAN

The question most frequently asked by occupational therapy students preparing for the examination is, “How do I start?” The Occupational Therapy Examination Review Guide is designed to be a primary source for exam preparation. It will help you pull all your educational preparation together and organize your study time. It will also promote your comfort with multiple-choice questions and Clinical Simulation Tests. All students preparing for the examination should have their coursework at their fingertips, including books, notes, and handouts. Once you have assembled the information you have accumulated over the years, the question arises, “What’s next?”

One way to use this book is to develop a study plan based on your performance on the simulation examinations. Start by taking simulation Examination 1 and recording how many correct answers you score in each Domain. After completing simulation Examinations 2 and 3, record the number of your correct answers for each Domain. This will further indicate areas that you still need to review. Now that you have set your priorities for studying, set target dates for completing your review of each area or subject. For instance, you may choose to work on Domain 1 (Evaluation and Assessment) during the month of January.

Another individual may choose to review evaluation concepts during the first week of January, Analysis and Interpretation (Domain 2) during the second week of January, and so forth. Design your study plan to meet your own individual needs. Set target dates that are realistic and attainable.

The easiest part of this task will be defining the time frame in which to study specific topics. The tougher challenge will be implementing and completing the examination review plan.

Table 1 PERSONAL STUDY PLAN: Evaluation and Assessment Domain

Examination 1 Correct Questions Score: ____/41 = _____%	Examination 2 Correct Questions Score: ____/43 = _____%	Examination 3 Correct Questions Score: ____/40 = _____%

Background knowledge to review

• Pathological conditions and resulting diagnoses, disabilities, injuries, and conditions; ways they affect development and performance of occupations • Influence of contextual factors (such as physical and social environments) in relation to how people perform occupations • Normal and abnormal human development in sensorimotor, neuromusculoskeletal, and cognitive and psychosocial domains • Progression of skill development in performance of activities of daily living (ADL), play, leisure, work, and productive activities • Impact of disability and injury on the individual's roles and occupational performance • Interview and observation techniques

• Knowing a range of types of assessments that are suitable for a variety of needs • Selecting assessments that are client-centered and appropriate to obtain relevant evaluation findings • Methods of performing and scoring screenings, and standardized and nonstandardized assessments • Clinical reasoning used in interpreting evaluation results for intervention, including knowledge of likely outcomes

Table 2 PERSONAL STUDY PLAN: Analysis and Interpretation Domain

Examination 1 Correct Questions Score: ____/43 = _____%	Examination 2 Correct Questions Score: ____/38 = _____%	Examination 3 Correct Questions Score: ____/39 = _____%

Background knowledge to review

• Elements of an intervention plan

• Construction of long-and short-term goals based on effective OT interventions and methods for anticipated outcomes • Issues related to developing client-centered, culturally-appropriate intervention plans collaboratively, using appropriate communication skills • Models of practice, theories, and frames of reference underlying intervention • Principles of clinical reasoning for selection of intervention approaches to achieve goals • Range of intervention methods for various pathological conditions and resulting diagnoses, disabilities, injuries, and conditions • Selection of occupation-based interventions

• Impact of environments on performance

• Timing factors in intervention planning; estimating how long therapy should continue and how frequently therapy should occur to reach goals in relation to discharge process • Prioritizing goals based on occupational profile

• Documenting intervention plans

Table 3 PERSONAL STUDY PLAN: Intervention Management		
Examination 1 Correct Questions Score: ____/73 = _____%	**Examination 2 Correct Questions Score: ____/66 = _____%**	**Examination 3 Correct Questions Score: ____/66 = _____%**

Background knowledge to review

- Elements of an intervention plan
- Therapeutic use of self
- Principles of client-centered intervention, collaborative strategies, and culturally-sensitive care • The impact of various physical, cognitive, and psychosocial disabilities on development and occupational performance • The influence of environmental factors on development and occupational performance • The use of activity analysis in implementing and grading interventions • Frames of reference, theories, and evidence used to guide and select interventions and related occupation-based activities and environment-based interventions • Specific approaches and techniques to enhance motor and sensory skills, such as use of orthoses and orthotics, therapeutic exercise programs and manual techniques, sensory reeducation, desensitization and sensory processing techniques, motor learning, and neurodevelopmental approaches • Specific approaches and techniques to enhance process and cognitive skills such as cognitive rehabilitation techniques, training techniques and methods of assisting and cuing, compensatory methods used in dementia such as task breakdown, Allen's cognitive disabilities approach, perceptual rehabilitation techniques, and others • Specific approaches and techniques to enhance social/communication skills and psychosocial performance, such as strategies for dealing with behavioral issues; interventions that address living and coping skills, and stress management; prevocational exploration; symptom management and relapse prevention • Interventions for limitations in areas of occupational performance in ADL, work, education, play, leisure, and social participation • Principles and application of compensatory strategies, including the selection, use, and adaptation of assistive technologies, assistive and adaptive devices, environmental modification, and assistance from others • Activity and environmental adaptation principles and methods
- Typical and atypical reactions that can be expected in response to intervention methods • Clinical problem-solving related to individual client/patient response to intervention, assessment of progress, and methods to adjust intervention • Training, teaching, and educational methods for use with adults and children of varying developmental and cognitive abilities, and for caregivers and supervisory personnel

Table 4 PERSONAL STUDY PLAN: Competency and Practice Management		
Examination 1 Correct Questions Score: ____/23 = _____%	**Examination 2 Correct Questions Score: ____/23 = _____%**	**Examination 3 Correct Questions Score: ____/25 = _____%**

Background knowledge to review

- Collaboration methods and strategies for service management
- Knowledge of practice scope for OT and OTA
- Role of OT practitioners and other disciplines that work in teams
- Use and coordination of supplies, equipment, and time
- Cultural awareness and responsiveness concepts
- Application of relevant guidelines, standards, regulations, and laws that guide and regulate professional practice • Application of OT Code of Ethics to practice situations
- Safety issues in occupational therapy services and how to manage related liabilities • Methods to effectively supervise staff

ADDITIONAL INFORMATION ABOUT THE EXAM

Basing the Certification Exam on the Practice Analysis ensures that exam questions accurately test the candidate's knowledge of frames of reference, evaluation, and intervention methods that are currently used within the practice of occupational therapy. Data from the 2017 Practice Analysis indicates the most frequently reported responses by therapists in certain categories (see the list of categories that follows). These should be carefully reviewed as you prepare to take the NBCOT examination. Rare or uncommon conditions are not likely to appear on the exam.

TEST-TAKING TIPS

Tip 1

Visit the NBCOT website periodically. You can access the vital information about the exam on the NBCOT website **(www.nbcot.org).** It is essential that you read the information thoroughly and more than once—you'll pick up something new each time. This website has the most current information regarding testing, score release dates, and locations, and is updated frequently. The site also details how the exam is developed and scored.

Tip 2

Be prepared. The more prepared you are prior to the examination, the more comfortable you will feel as you complete your test. Preparation includes studying the knowledge base of occupational therapy, getting a good night's sleep, and arriving prepared to take the exam. Items such as headphones, scrap paper, pencils, and pens are typically available at the test site. Test candidates are permitted to use approved earplugs and reading glasses during the exam but are not permitted to bring snacks, cell phones, or any electronic devices into the exam room. All of your personal belongings will go into an assigned locker before you take the exam. Although the exam is computerized, candidates do not necessarily need to have good computer skills. However, we have learned from NBCOT that students tend to do better if they complete the tutorial offered at the beginning of the exam. When your studying is done, most of your preparation is complete. When asked to identify the single most important element in preparing for the examination, one graduating class of students all agreed the answer was getting a good night's sleep. It is also a good idea to have directions to the test center location ready prior to your departure date. Remember to bring along two forms of personal identification, one being a government-issued photo identification. Also, plan to arrive at the test site at least 30 minutes before the examination. Doing so will give you time to register, use the restroom, and become acclimated to your surroundings.

Most Frequently Seen Diagnoses

Neurological disorders
Cerebral vascular accident/stroke
Neurocognitive disorder/dementia
Traumatic brain injury
Cerebral palsy
Parkinson disease
Peripheral neuropathy
Low vision
Spinal cord injury
Developmental disorders
Developmental delay
Sensory processing/sensory integrative disorder
Intellectual disability
Learning disorder
Visual processing deficit
Congenital anomalies
Musculoskeletal/Orthopedic disorders
Fractures
Joint replacements
Osteoarthritis
Amputations—upper or lower extremity
Cardiopulmonary disorders
Chronic obstructive pulmonary disease
Congestive heart failure
Pneumonia
Myocardial infarction
Psychosocial dysfunction
Anxiety disorders
Autism spectrum disorders
Behavior disorders
Attention deficit-hyperactivity disorders (ADHD)
Mood disorders
Substance abuse
Schizophrenia
General medical disorders
General deconditioning/debilitation
Diabetes
Cancer
Bariatric
Rheumatoid arthritis
Trauma/polytrauma
Open wounds/pressure ulcers

Tip 3

Prepare your body as well as your mind! Eating a well-balanced breakfast can actually help your performance on the examination. A breakfast high in carbohydrates and low in fat will increase your energy and not produce a sluggish feeling. Avoid caffeine, because it will ultimately leave you tired and drowsy in the middle of the examination. Dress appropriately, as you will not be allowed to put on or take off clothing once you enter the exam room. It is also important to be emotionally prepared for the exam. If you need to relax, try slow, deep breathing as well as sitting upright during the exam. Try to decrease any anxiety you might have by reminding yourself that you arrived at this day as a result of your hard work (passing coursework and fieldwork). Completing this exam is one of the last steps you must take on the road to beginning your career as an occupational therapy practitioner!

Tip 4

Pace yourself. The test is to be completed within 4 hours. Within this time frame, you have to answer 170 multiple-choice questions and three clinical simulation tests. Begin by familiarizing yourself with the computer test program and reading all of the instructions carefully. One technique for pacing the

examination is to divide the test into four sections. You should not spend more than 30 minutes on the clinical simulation questions. Then you will have about 1 minute to spend on each of the remaining 170 questions. It is not uncommon for people to slow down toward the end of a long exam like this, so it may help you to try to work more quickly at the beginning. Remember to complete the tutorials—they do not count against your time. Understanding the format of the test and budgeting your time will help you work through the questions more efficiently and within the allotted time. Another pacing technique is to use the clock provided by the computer test program. At the end of every few pages of questions, briefly glance at the time to maintain a sense of your pace. If questions remain incomplete within the last 10 minutes of the examination, select one letter and fill in all of the remaining questions with that letter. *Remember, there is no penalty for guessing—yet there is for leaving questions unanswered!* If you find the computer test program clock too distracting, you have the option to turn it off. It is also important to remain calm if others complete the exam before you do. You do not need to leave the testing room until you have used all of the allotted examination time. If for any reason you experience problems during the exam, remain calm—a test center administrator will be available to assist you.

Tip 5

1. ***Use key techniques to help select the correct answer.*** Follow your instincts when answering questions. The first answer you choose is usually the correct one. Change an answer only if you later realize that an alternate response is absolutely correct.
2. ***Ask, "what is this question about?" before looking at the response options.*** Try to decipher what the question is asking by identifying key terms in the question. Do not let peripheral information distract you. Do not "read into" the question by adding your own perspectives.
3. ***Once you know what the question asks, anticipate the answer.*** After you have a sense of the correct answer, look at the response options to locate your projection. Be sure to consider all the options to verify that your anticipated answer is the correct response.
4. ***Use logical reasoning.*** A commonly used technique is the process of deduction—eliminating answers that are incorrect. Doing this allows you to concentrate on the remaining options.

As you complete the questions on the exam, remember these techniques and practice using them when you have difficulty answering a question.

Tip 6

There are no trick questions. Questions are designed to test entry-level, not advanced, knowledge and reasoning. Be careful not to read more information into the questions than is provided. Most questions will have two responses that appear viable, while two appear not correct. Many questions will ask for the "FIRST" action the therapist should take or the "BEST" or "MOST appropriate" choice. Make sure to note the qualifiers to help you determine the correct answer. Also, remember that all NBCOT test questions are in randomized order. Do not look for patterns in the answers.

Tip 7

Use the Davis Edge Online Testing Website to your advantage. Collect useful performance data and scores as you complete each practice exam and quiz. Then monitor these metrics on your student dashboard and use this data to adjust your study plan and to focus your study where it's needed. Remember also that Davis Edge provides practice with both the CST and multiple-choice questions.

The online practice examinations available from NBCOT are similar to those on our Davis Edge practice examinations. And, as stated previously (please refer to How to Use the Davis Edge Online Testing Website, pages 4 to 5), you can select questions from specific practice areas, such as children and youth, health and wellness, mental health, productive aging, rehabilitation and disability, work and industry, or from specific domains, i.e., Evaluation and Assessment, Analysis and Interpretation, Intervention Management, and Competency and Practice Management.

WHAT YOU NEED TO DO IN THE 2 WEEKS BEFORE YOUR NBCOT EXAMINATION DATE

Use this checklist to help you prepare for your exam day:

[✓] At least 2 weeks in advance, double-check the date and time on your admission notice.

[✓] One week in advance, be sure you know where you are going, how to get there, and, if driving, where you will be able to park.

[✓] The day before your test, confirm your travel plan so that you arrive at the test site at least 30 minutes ahead of your scheduled start time.

[✓] The day before your test, ensure your admission notice is in the bag or folder you will bring to the test site.

[✓] The day before your test, ensure that your two forms of identification (one government-issued photo ID with signature, such as driver's license or passport, and ID with signature, such as a credit card or student ID card) both have the same name as the one listed on the exam admission notice. Put them in the bag or folder you will bring to the test site.

The test area is divided into individual sections much like cubicles in a library. You will be in a room with other people, and a testing center administrator and video surveillance cameras will monitor the exam. You may bring your own earplugs (without wires or strings attached). Headphones are provided by the facility to minimize distractions. Food and drinks, dictionaries, cell phones, and other similar items are not permitted in the testing area. Lockers are provided for all items in your possession that are not permitted in the testing area.

You have 4 hours to take the test, and no breaks are included. If you need to take a break, you may leave the testing room to use the bathroom, stretch, get a drink, etc., but remember that the clock keeps ticking. A tutorial is offered at the beginning of the exam process. Be sure to take advantage of this. Taking the tutorials does not count against your allotted test time.

NOTE: NBCOT reports that students who complete the tutorials do better on the exam.

WHAT HAPPENS AFTER THE NBCOT EXAMINATION?

NBCOT posts a schedule of score release dates (subject to change) on its website (www.nbcot.org) and scores are released to the individual's online account created when they applied to take the exam. A score of 450 or higher is required to pass the certification examination. A congratulatory letter, certificate, wallet card, and other information about your certification is mailed within 4 to 6 weeks.

Despite all of your thoughtful preparation and study, you may experience unique or unusual circumstances that affect your performance on test day. NBCOT has established a complaint process that pertains to these situations. If you experience difficulty with the testing conditions, wish to contest the content of any question, or have any other grievances about your experience taking the exam, you can submit your concerns using the General Complaints Form (see www.nbcot.org for specific requirements).

Candidates who fail the examination and wish to retake it must pay the fee again and retake the entire examination. There is no limit on how many times an individual may take the exam, although there is a waiting period following a failure. In addition, failing the exam may affect employment status, and employers must be notified. Those who wish to appeal their results may submit an appeal to NBCOT following the procedure outlined on the NBCOT website.

References

National Board for Certification in Occupational Therapy. (2021). Certification exam handbook. [PDF file]. Retrieved from https://www.nbcot.org/Students/get-certified#Eligibility

National Board for Certification in Occupational Therapy. (2020). Summary of certification activities. Retrieved from https://www.nbcot.org/en/Public/About-NBCOT

National Board for Certification in Occupational Therapy. (2018a). Practice analysis of the Occupational Therapist Registered: Executive summary [PDF file]. Retrieved from https://www.nbcot.org

National Board for Certification in Occupational Therapy. (2018b). Content outline for the OTR examination [PDF file]. Retrieved from https://www.nbcot.org

Simulation Examination 1

Directions: Circle the correct answer to the following questions. When you have completed this examination, check your answers against the key with rationales in the section that follows. As you will see, an explanation is given for each answer along with a reference for further study. The book author is listed as well as the chapter author (when applicable). See the bibliography for complete references. Study the areas in which your comprehension was low then test yourself again by taking Simulation Examination 2.

EVALUATION AND ASSESSMENT

1. An OT is preparing to evaluate a toddler who has upper extremity orthopedic concerns and difficulty with self-feeding while at childcare. How will the OT MOST likely obtain initial assessment data?

A. Measurement tools that assess visual-motor skills.
B. Dynamometer and pinch meter readings.
C. Observation of the child during eating activities in the childcare center.

2. During an initial evaluation, the OT suspects that a child has somatodyspraxia. In what area should the OT focus the evaluation?

A. Ability to print or write.
B. Reading competency.
C. Math calculations.
D. New motor task planning.

3. An OT working in a long-term care facility needs to evaluate the long-term memory of a resident. Which is BEST for evaluating memory of personally experienced events (declarative memory)?

A. Show the person a series of objects and ask them to recall the objects within 60 seconds.
B. Ask the individual how they spent the New Year's holiday.
C. Have the individual state the place, date, and time.
D. Ask the client to remember to bring a specific item to the next therapy session.

4. The OT has been invited to participate in the school district's screening program for parents and children in the kindergarten year. Which is the MOST appropriate to include in the OT's plan?

A. Group administration of the Beery Developmental Test of Visual Motor Integration.
B. Parent-completed checklist of the child's selfcare and drawing/writing skills.
C. OT observation of children in group free-play setting located in registration area.

5. Which factors does a school-based OT consider when selecting a frame of reference to guide a second-grade student's evaluation, analysis/interpretation, and intervention?

A. Teacher's understanding of OT roles and past experiences with OTs.
B. Availability of assessments in the school and space used for OT services.
C. Parent priorities, student's Occupational Profile, observation during recess.
D. State education law, school curriculum, focus of classroom teaching.

6. An OT is working with an individual with schizophrenia who is in the process of preparing to move from a state hospital to a group home. During a baking group, the client becomes agitated and leaves the room when another client uses the electric hand mixer to mix the cake batter, and again when two clients begin to argue loudly about which type of icing to use. How would the OT BEST describe the behavior?

A. Low registration.
B. Sensory avoiding.
C. Sensation seeking.

7. During a selfcare evaluation of a young man who recently sustained a brain injury, the OT instructs the individual to comb his hair immediately after he washes his face. The individual washes his face quickly, but then the therapist must give him several reminders to comb his hair. The OT is MOST likely to identify this as a deficit in what area?

A. Working memory.
B. Judgment.
C. Hearing.
D. Abstraction.

8. A supermarket employee with obsessive-compulsive disorder (OCD) takes an hour to stock 24 soup cans on the shelf because once he has placed the cans on the shelf, he removes them and starts over, stating that "all the labels were not lined up exactly in the same direction." Which method would MOST effectively evaluate this individual's work performance?

A. On-site observation of performance skills.
B. Formal cognitive assessment.
C. Verbal interview focusing on the requirements of the job.
D. Task evaluation using a "clean" medium such as a puzzle.

9. An OT has been working with an individual who is recovering from a traumatic brain injury (TBI). A standard pivot transfer has been successfully demonstrated in the gym. The MOST appropriate way to assess generalization of this new learning would be to have the patient perform which activity?

A. Identify potential hazards in the patient's bathroom at home that could make transferring unsafe.
B. Select an appropriate tub bench and nonskid mat for the patient's bathroom at home.
C. Attempt a standard pivot transfer from wheelchair to bed in the patient's hospital room.

10. An OT is working with an individual with depression who is cognitively intact but demonstrating difficulty carrying out selfcare and other ADL tasks. The OT, who has no advanced certifications, would like to identify a standardized assessment to measure ADL performance. Which is the MOST appropriate tool for this purpose?

A. Bay Area Functional Performance Evaluation.
B. Routine Task Inventory-Expanded.
C. Kohlman Evaluation of Living Skills.
D. Assessment of Motor and Process Skills.

11. An OT is conducting a perceptual function screening with an individual who has had a CVA. Which informal screening activity would the therapist ask the individual to perform to identify the presence of agnosia?

A. Demonstrate common gestures such as waving.
B. Name objects through touch only.
C. Identify or demonstrate the use of common household objects.

12. An individual with an L4 spinal cord injury wishes to become independent in driving an automobile. The MOST appropriate piece of adaptive equipment to evaluate for this individual is: A. a palmar cuff for the steering wheel.

B. a spinner knob on the steering wheel.
C. pedal extensions for acceleration and braking.
D. hand controls for acceleration and braking.

13. What is the MOST important aspect of administering and scoring a standardized test?

A. Judgment to determine how best to administer the test.
B. Previous experience as a way to gauge test results.
C. Adherence to specific instructions for administration and scoring.
D. Practice in administering the test items.

1

4. During an initial interview, parents describe their child as having difficulty communicating and interacting with others. The OT observes him repeatedly gazing upward and scanning the ceiling or quickly patting his hip. The behaviors described are MOST likely to be associated with what disorder?

A. Attention deficit-hyperactivity disorder.
B. Major depression.
C. Obsessive-compulsive disorder.
D. Autism spectrum disorder.

1

5. A toddler with spina bifida has been referred for assessment. When collecting the initial data during an interview with the child's parent, what should the OT focus on PRIMARILY?

A. The parent's concerns and goals for the child.
B. The child's medical management.
C. Equipment needs and resources.

1

6. When evaluating an individual with coronary artery disease for controllable risk factors, what is MOST important for the OT to include as part of the assessment?

A. Determine the individual's age and gender.
B. Assess the individual's lifestyle and dietary habits.
C. Observe the individual for obesity and cholesterol levels.
D. Determine whether the individual has a family history of heart disease.

1

7. The OT has been working with an individual with deficits in the area of executive functioning postsurgery. When the OT asks about scheduling therapy appointments after discharge and transportation to the outpatient clinic, the client is unable to identify how to obtain the clinic's phone number or where to park. When the OT points out these missing areas, the client appears perplexed, then laughs it off, stating that someone else would be calling to schedule appointments and providing transportation. Attempting to subtly hint about cognitive deficits is no longer working, and the OT is concerned because, despite repeated efforts, the individual is not retaining safety precautions. This patient's behavior indicates a problem in what area?

A. Denial.
B. Self-awareness.
C. Emotional regulation.
D. Sequencing.

1

8. An OT is evaluating two-point discrimination in an individual who sustained a median nerve injury. What is the BEST way to administer this test?

A. Apply the stimuli beginning at the little finger and progress toward the thumb.
B. Start with the thumb area first, then progress toward the little finger.
C. Present stimuli in an organized pattern to improve reliability during retesting.
D. Allow the individual unlimited time to respond.

1

9. An OT is initiating an evaluation of a preschool child diagnosed with autism spectrum disorder. What is the OT MOST likely to include in the evaluation process?

A. One-to-one interview with the child.
B. Observation of the child in a social, gross motor, and self-feeding task.
C. The Peabody Developmental Motor Scales-2.
D. Assessment of the child's performance skills while outside on the playground.

2

0. A high school teacher diagnosed with a right hemisphere CVA is given a paper with letters of the alphabet displayed in random order across the page and is instructed to cross out every "M." The individual misses half of the "M"s in a random pattern. What type of deficit would cause such a response?

A. A left visual field cut.
B. A right visual field cut.
C. Functional illiteracy.
D. Selective attention.

2

1. A college student with a history of substance abuse has been admitted to the hospital following an accidental overdose at a party. He states his goal is to return to school as soon as possible so that his GPA does not drop below a 3.0. What is the MOST important area for the OT evaluation to focus on?

A. Leisure skills.
B. Activities of daily living.
C. Academic/study skills.
D. Family education.

2

2. What are the MOST important items to assess when evaluating motor control after a traumatic injury?

A. Developmental factors and primitive reflexes.
B. Muscle tone, postural tone, reflexes, and coordination.
C. Blood pressure, heart rate, endurance, and confusion.
D. Self-concept and self-awareness.

2

3. A new parent recently returned to work and reports difficulty concentrating during the day because of thoughts about the baby. When at home, the individual feels distracted by thoughts about work. What should the OT pursue during further evaluation?

A. Parenting skills.
B. Attention span.
C. Assertiveness.
D. Role performance.

2

4. An OT is beginning to work with individuals in recovery in a community-based program. The OT needs an evaluation tool that can be administered in less than 20 minutes, identifies occupational performance limitations, can be used to establish goals based on client priorities, and measure outcomes. Which is the BEST tool for this purpose?

A. Occupational Performance History Interview-II (OPHI-II).
B. Role Checklist.
C. Canadian Occupational Performance Measure (COPM).
D. Occupational Self-Assessment (OSA).

2

5. While making brownies during an evaluation session, an individual is able to obtain all the supplies from the cabinet and check the oven temperature periodically. However, when the TV is turned on halfway through the activity, she becomes involved with the program and burns the brownies. This individual is showing signs of a deficit in which area?

A. Orientation.
B. Working memory.
C. Procedural memory.
D. Inhibitory control.

2

6. In preparation for an annual Individualized Family Service Plan (IFSP) meeting, the OT is developing ideas for intervention to develop a child's fine motor performance for independent play participation. To match the principles of Part C Early Intervention programs, what would be the OT's BEST recommendation?

A. Family encouragement of the child to engage in play with toys he has at home, without concern for normal development.
B. A periodic reassessment using the Peabody Developmental Motor Scales, 2nd edition, fine motor subtest to measure progress in fine motor skill achievement.
C. A home visit, during which the OT will identify and encourage opportunities for fine motor practice within the family's preferred routines.

2

7. An adolescent with a history of shoplifting and gang violence has been hospitalized with a diagnosis of conduct disorder. During a task group, what are the MOST important performance skills for the OT to evaluate?

A. Perceptual-motor performance.

B. Leisure and vocational interests.
C. Attention span and social interaction skills.

2

8. An OT is evaluating an individual who has undergone a total hip replacement to determine awareness and adherence to hip precautions prior to discharge. What can the OT conclude when the individual is observed leaning forward and stopping at 90 degrees of hip flexion to use the long-handled shoehorn while donning shoes?

A. Demonstrates independence with precautions.
B. Requires verbal cuing to observe precautions.
C. Needs a longer assistive device.
D. Demonstrates cognitive deficits.

2

9. A client sustained a hand injury months ago while at work. The individual is now diagnosed with complex regional pain syndrome and is experiencing pain that interferes with work and selfcare. Which would be the best pain management modality option to discuss with the client?

A. Hot packs.
B. Cold packs.
C. Fluidotherapy.
D. Transcutaneous electrical nerve stimulation.

3

0. A child has considerable difficulty with problem solving when playing with interlocking blocks, becomes frustrated, and gives up easily. An OT would MOST likely suspect a problem in what area?

A. Sensorimotor play.
B. Pretend play.
C. Constructional play.

3

1. An OT is completing an initial evaluation of a toddler with Down syndrome. The parent raised concerns about the length of time it takes for the child to eat, along with frequent coughing/choking while drinking liquids. What should the OT recommend?

A. Use a thin straw to limit the amount of liquid in each sip.
B. Switch to thicker liquids such as nectar or yogurt drinks.
C. Referral for a swallowing evaluation.

3

2. An individual with borderline personality disorder has been referred to occupational therapy. Which is MOST important to evaluate?

A. Activities of daily living (ADLs).
B. Instrumental ADLs.
C. Interpersonal skills.
D. Sensorimotor skills.

3

3. An OT performing a motor skills evaluation observes that a 9-year-old child is awkward at many gross motor tasks. Though able to skip rope forward, the child is unable to skip rope backward, even after several attempts. This information would lead the therapist to be particularly observant for which additional signs?

A. Delayed reflex integration.
B. Inadequate bilateral integration.
C. Somatodyspraxia.
D. General incoordination.

3

4. A preteen with spastic cerebral palsy needs to use a computer for classroom work. Prior to evaluating computer needs, what should the OT learn about FIRST?

A. The student's and family's goals for use of the device.
B. The family's ability to afford a computer and its upgrades.
C. Computer learning programs to facilitate the student's participation in the classroom.

3

5. An OT needs to complete a performance analysis of job skills for a client who has been participating in therapy services to return to community-based employment. Which method is MOST

LIKELY a part of the evaluation process?

A. Assessment of Motor and Process Skills (AMPS).
B. Activity analysis of tasks required in targeted position.
C. Nonstandardized performance analysis.
D. Review and rating of resume developed by client.

3

6. An OT completing an environmental evaluation notes that the office of an individual using a wheelchair has a doorway clear width of 28 inches. According to ADA guidelines, which recommendation is the MOST appropriate to facilitate clear passage of the wheelchair through the doorway?

A. The doorway needs to be expanded to have a minimum clear width of 32 inches.
B. The client needs to obtain a wheelchair narrower than 28 inches.
C. The doorway width needs to be expanded to have a minimum clear width of 45 inches.
D. The doorway width is satisfactory and needs no modification.

3

7. The OT is completing a predischarge evaluation after the client's 3 months of outpatient OT following a hand injury. The individual has not been able to work for 3 months and is unable to perform all the job requirements as a truck driver. Which should the OT recommend at discharge?

A. A home exercise program.
B. Home health OT.
C. Work hardening.

3

8. An older woman has been hospitalized with a diagnosis of major depressive disorder following an overdose of sleeping pills. In obtaining an occupational profile, the OT discovers the patient has knitted and crocheted and enjoyed cooking. What activity should the OT practitioner recommend FIRST to achieve the goal of increasing a sense of confidence?

A. Crocheting a sweater for her teenage granddaughter.
B. Making spaghetti and garlic bread for her husband.
C. Knitting a small hat for her newborn grandson.
D. Planning meals for the week in anticipation of discharge.

3

9. A child demonstrates aggressive and disruptive behavior in school as a result of sensory hyperreactivity. Which suggestion would be MOST useful to discuss with the teacher in preparation for an upcoming class bus trip to the zoo?

A. Review the bus rules with the child and apply consequences consistently.
B. Seat the child at the front of the bus and use earmuffs to dampen noise.
C. Have the child monitor classmates as "bus patrol" and report behavior.

4

0. As the school team meets to develop the IEP for a third-grade student with autism spectrum disorder, the OT helps to project longer-term academic and functional performance outcomes for the student in middle school and high school. What is the MOST significant benefit of this approach for program planning?

A. Assurance that services will be available for the student in future years.
B. Likelihood for optimal progress toward relevant post-high school goals.
C. Current services that focus on steps to achieve targeted long-range outcomes.
D. Avoidance of unnecessary duplication of services from year to year.

4

1. A preschooler is having difficulty performing tasks requiring eye-hand coordination and the OT wants to evaluate visual tracking skills. Which activity should the OT use FIRST to evaluate tracking skills?

A. Tossing and catching a water balloon.
B. Catching and bursting soap bubbles.
C. Throwing and catching a beach ball.
D. Playing softball.

ANALYSIS AND INTERPRETATION

4

2. A homemaker with weak grip strength wishes to prepare a muffin mix but cannot open the bag. Which would the OT MOST likely recommend?

A. A hand-powered mixer.
B. Looped handle scissors.
C. An electric knife.

4

3. An individual's family wants to build a ramp to the primary entrance of the home. What is the maximum slope that the OT should recommend to the family?

A. 1 inch of ramp for every foot of rise in height.
B. 1 foot of ramp for every inch of rise in height.
C. 10 inches of ramp for every 2 inches in height.

4

4. In establishing long-term goals for an individual with complete T4 paraplegia in a rehabilitation setting, the OT would MOST likely predict that the patient will attain what level of independence with bathing, dressing, and transfers?

A. Complete independence with selfcare and modified independence with transfers.
B. Independence with selfcare and minimal assistance with transfers.
C. Minimal assistance with selfcare and moderate assistance with transfers.
D. Dependence with both selfcare and transfers.

4

5. When planning acute treatment for a patient who has recently experienced a traumatic amputation of his right upper extremity at the below-elbow level, which area of patient education would the OT address FIRST?

A. Teaching to put on and take off a prosthesis.
B. Training in residual limb wrapping.
C. Practicing grasp and prehension functions.
D. Simulation to resume vocational activities.

4

6. An OT is working with an individual who is experiencing a manic episode and is highly excitable. Given that this individual has expressed interest in all kinds of craft activities, which type of craft activity would the OT be MOST likely to select to provide external structure for the client?

A. Doing a detailed needlepoint project requiring fine stitches.
B. Using clay to shape an object of one's choice.
C. Doing a watercolor paint-by-numbers project.
D. Finishing a prefabricated wood birdhouse from a kit.

4

7. An OT in the hospital outpatient department meets with the parents of a 7-year-old boy with developmental coordination disorder (DCD). The OT believes his performance challenges his participation in school and brings this up. What is the MOST appropriate way for the OT to address the parents?

A. Request permission to send progress reports to the school district.
B. Ask the parents for permission to call the school district's OT to learn about the IEP referral process.
C. Suggest that the school district pay for the child's outpatient therapy, as it likely relates to his school performance.
D. Ask whether the school district has addressed his coordination difficulties and, if not, discuss further whether the parents wish to raise this issue with the child's teacher.

4

8. An individual with complete C4 tetraplegia is able to independently use a mouth stick to strike keys on a computer keyboard for 3 minutes. To upgrade this activity, the OT practitioner should: A. provide a heavier mouth stick.
B. have the individual work at the keyboard for 5 minutes.
C. progress the individual to a typing device that inserts into a wrist support.
D. teach the individual how to correctly instruct a caregiver in use of the keyboard.

4

9. An individual who is considered modified independent for functional mobility consistently leaves their cane in another room. When asked where the cane is, the client replies, "Oh, that cane—it's just so ugly." Which action is MOST appropriate to take?

A. Discuss issues related to self-concept with the individual.

B. Evaluate the individual's short-term memory.
C. Assess the individual's long-term memory.

5

0. What is the PRIMARY goal for providing a hand orthosis to a child with active juvenile rheumatoid arthritis?

A. Inhibit hypertonus.
B. Increase range of motion.
C. Prevent deformity.
D. Correct deformity.

5

1. Which action should the OT practitioner instruct a patient to perform FIRST when initiating a safe wheelchair transfer?

A. Have the patient scoot forward to the front of the seat.
B. Position foot plates in the up position.
C. Swing away the leg rests.
D. Lock the brakes.

5

2. An OT is treating a child with autism spectrum disorder. To maximize the child's benefit from intervention using Ayres Sensory Integration®, what does the therapist need to ensure?

A. Sensory strategies are provided to enable the child to process proprioceptive and tactile stimuli.
B. Only one option for activity is available at a time, to encourage focus.
C. Active participation and self-direction in activities matched to identified needs.

5

3. An individual with ALS and mild dysphagia becomes extremely fatigued at meals. Which is the FIRST intervention the OT should consider recommending?

A. Speaking with the physician about tube feedings.
B. Sitting in a semireclined position during meals.
C. Eating six small meals a day.
D. Substituting pureed foods for liquids.

5

4. An OT has developed a work conditioning program for individuals who were previously homeless and exhibit generally decreased endurance. What is the FIRST part of a work conditioning program?

A. Work activities adapted to the level of their ability.
B. Exercise and limited work task simulation.
C. Work tasks specific to the jobs they will be getting.
D. A full day of on-the-job training.

5

5. A sales executive being treated for anxiety is participating in OT to develop time management skills. Which would be the expected outcome for the individual?

A. To control anxiety when arriving late for a meeting.
B. To take responsibility when late with reports.
C. To cope with feelings of inadequacy when missing a deadline.
D. To eliminate late arrival to work.

5

6. An individual has been instructed to place towels, one at a time, on a high shelf to improve shoulder function. The individual is able to easily place 10 towels. Which modification would MOST effectively improve endurance in the shoulder flexors?

A. Place the towels on a higher shelf.
B. Increase the number of towels from 10 to 20.
C. Place the towels on a lower shelf.
D. Add a 1-pound weight to each arm.

5

7. The OT is planning intervention for a 10-year-old child with learning disabilities and significant difficulties accomplishing writing and drawing tasks, secondary to perceptual-motor dysfunction. When selecting a service delivery approach, which is the BEST choice?

A. Consultation with the classroom teacher so the student stays in the least restrictive environment.
B. 1:1 intervention from the OT to focus on the student's skill development before middle school.

C. Intervention from the OT in a small group with other students having similar needs.
D. A combination of service delivery models so that the OT can address student, teacher, and task needs.

5

8. A person with a long history of Parkinson disease is experiencing considerable fatigue during the day. The BEST way to enable the individual to maintain their level of function is to teach them how to: A. work through the fatigue.
B. perform desired activities in a simplified manner to conserve energy.
C. employ pursed-lip breathing.
D. eliminate activities or reduce activity level as much as possible.

5

9. A child with behavioral problems has difficulty with peer interactions. The OT's intervention plan is MOST likely based on which approach?
A. Provide small group occupation-based activities in an authoritarian environment with clear expectations.
B. Provide small group occupation-based activities that encourage exploration and interaction.
C. Provide small group occupation-based activities with rules to define acceptable play guidelines.

6

0. An OT is developing a measurement plan to track changes in social participation of several students with autism spectrum disorder. Which is the MOST likely measurement strategy the OT selects?
A. School Function Assessment.
B. Documentation of change in narrative progress notes.
C. Photographs taken over a 2-month period during recess.
D. Goal Attainment Scaling.

6

1. An individual with Guillain-Barré acute syndrome demonstrates poor to fair strength throughout the upper extremities. Which is the most appropriate approach for the OT to use when planning treatment for the EARLY stages?
A. Gentle, nonresistive activities.
B. Progressive resistive exercise.
C. Fine motor activities.

6

2. An OT is preparing for a meeting with a third-grade student's teacher, to discuss recommendations to help the student successfully complete math and language arts seat work, despite difficulty accurately understanding spatial relations. Which strategies are MOST helpful in this situation?
A. Predraw response boxes on a worksheet for the student to write answers to math problems; mark the left side of each line with a green dot.
B. A consistent order for seat work tasks; an assignment pad that lists each task and includes a check box to mark once the student completes the work.
C. Move the student's seat to reduce glare on the desktop; provide a desktop carrel to block objects in student's peripheral vision.
D. Have the student form letters with clay and in a sand tray; have the student paint letters and numbers on a large sheet of paper taped to the desktop.

6

3. A child with cerebral palsy and limited postural stability is developmentally ready for toileting. Which element of the treatment plan should be considered FIRST?
A. Training in management of fasteners.
B. Utilization of foot supports.
C. Provision of a seat belt.
D. Training in climbing onto the toilet.

6

4. The mother of a 3-year-old with spastic quadriplegia wants her son to walk independently around the house. The child is not yet ready to achieve this goal; however, his mobility would be helpful to the mother, who is finding her child difficult to lift. What is the BEST way to assist using a family-centered approach?
A. Support and work on the parent's goal as she has stated it.
B. Suggest an alternate goal of improving sitting balance for playing.
C. Propose a modified goal that still meets the parent's needs.

6

5. Following radiation therapy for breast cancer, an individual develops lymphedema in the right (dominant) upper extremity. She is experiencing functional deficits and is referred to occupational therapy. Treatment to reduce the swelling will begin with: A. change of dominance training.

B. RUE exercise using isometric contractions.

C. fitting of compression garments.

D. a heat modality, such as warm compresses.

6

6. An OT is planning intervention with a young teenager following second-degree skin burns on her hands and face. What other tool would add important information to what the therapist has already learned from the medical record, and evaluation of the child's physical and sensory function and ADL performance?

A. School record, including past grades and extracurricular activities.

B. Canadian Occupational Performance Measure (COPM).

C. Jacob's Prevocational Assessment (JPVA).

D. Ranchos Los Amigos Levels of Cognitive Functioning.

6

7. An OT practitioner is designing a stress management series using a cognitive-behavioral treatment approach for individuals who have chronic fatigue syndrome. What should the FIRST module in the series include?

A. Teaching time management techniques.

B. Identifying thoughts and beliefs that contribute to negative feelings.

C. Providing aerobic exercise.

D. Teaching how to perform progressive resistive exercise.

6

8. An OT is designing a series of group sessions for adolescents with eating disorders. What is the long-term goal for the group?

A. Develop healthy eating behaviors and meal preparation skills.

B. Improve school performance.

C. Develop independence in menu planning and awareness of portion size.

6

9. An individual with a complete high-level tetraplegia spinal cord injury is returning home. Which type of adaptive technology would the individual MOST likely require to ensure safety in the home?

A. A simple electronic aid to daily living (EADL).

B. A second-generation EADL device with speakerphone.

C. A remote control power door opener.

D. An electric page turner.

7

0. What should an OT do to promote playfulness and self-expression in a young child with mild intellectual disability?

A. Model imagination and use playful facial expressions and voice.

B. Ask the child to demonstrate his favorite things to do during playtime.

C. Provide activities with a means of release, such as leather tooling.

7

1. As the OT plans intervention for a parent with a mild intellectual disability who has returned home from the NICU with her daughter who was born 6 weeks prematurely, the therapist considers ways to help this mother develop positive parenting skills during feeding and dressing activities. Which is MOST likely going to help this parent?

A. Provide handouts that picture the sequence of steps required to prepare formula and launder clothes in the washing machine.

B. Encourage problem-solving about how she will respond when the baby is fussy during feeding and diaper changes.

C. Consult with the service coordinator to ensure that caretaking supports are available for the mother.

7

2. An OT is working with a woman with Alzheimer disease who demonstrates mild to moderate decline. She lives with her husband, who works during the day. The OT should initially focus

intervention on which area?

A. Ability to chew and swallow.
B. Kitchen safety.
C. Anger management.
D. Recognition of family members.

7

3. When providing caregiver training to the spouse of an individual diagnosed with early-stage Alzheimer disease, the OT will MOST likely need to instruct the caregiver in strategies to compensate for what deficits?

A. Short-term memory.
B. Fine and gross motor skills.
C. Social skills.
D. Dressing skills.

7

4. To develop the MOST relevant goals for a student's school-based occupational therapy program, what should the OT focus on?

A. The teacher's perspective about why the student struggles in the classroom.
B. The student's ability to access and participate in the curriculum.
C. The family's priorities for their child.
D. Areas of delay identified in the occupational therapy evaluation.

7

5. An OT practitioner is planning a meal preparation activity for an individual to practice memory skills. What is the most appropriate activity to use FIRST in addressing sequencing skills?

A. Folding a basket of clothes.
B. Planning a meal.
C. Baking cookies following a recipe.

7

6. An OT practitioner is working with an individual in a work conditioning program. What is the FIRST step to achieving the program objective of preventing re-injury?

A. Performing a prework screening.
B. Learning proper body mechanics.
C. Participating in work hardening.
D. Engaging in vocational counseling.

INTERVENTION MANAGEMENT

7

7. An OT is planning a group program in an acute care psychiatry setting for severely mentally ill individuals who display disorganized thinking and difficulty functioning in many areas. What is the MOST appropriate type of group to use with these patients?

A. Activity.
B. Psychoeducational.
C. Directive.

7

8. An OT is concerned about a child's ability to control posture and balance while completing morning hair care. What modification would be an appropriate consideration?

A. Teach easy-to-do hair styles that do not require hair clips.
B. Have the child sit rather than stand while brushing hair.
C. Modify brush handles so they require less grasp effort.

7

9. While working with an outpatient with arthritis, the OT observes PIP joint hyperextension and DIP joint flexion in the digits. The OT will MOST LIKELY document this as a: A. Boutonniere deformity.

B. Mallet finger deformity.
C. Swan neck deformity.

8

0. An OT is helping the parents of a 4-year-old with autism spectrum disorder to identify strategies to support grooming and hygiene. They are focused on ways to overcome difficulties during toothbrushing routines. What should the OT recommend?

A. Advise that many children with autism spectrum disorder outgrow difficulties with toothbrushing.

B. Identify and trial several different strategies, such as various toothpaste flavors, use of an electric toothbrush, pictures to show steps.

C. Give the child a choice between brushing his teeth and another, less-preferred activity.

D. Vary the schedule so the child does not begin to associate negative activities with bedtime.

8

1. The goal for an individual in the later stages of Parkinson disease is to dress independently. The BEST adaptation to compensate for this person's physical deficits would be: A. hook and loop closures on front-opening clothing.

B. large buttons on front-opening clothing.

C. larger clothing slipped on over the head with no fasteners.

D. stretchy fabric clothing with tie closures in the back.

8

2. A patient with poor visual acuity is about to be discharged after completing a rehabilitation program following a total hip replacement. The MOST appropriate environmental adaptation to ensure that the individual can go up and down stairs safely is: A. installing a stair glide.

B. mounting handrails on both sides of the steps.

C. marking the end of each step with high-contrast tape.

D. instructing the patient to take only one step at a time when going up or down.

8

3. A 7-year-old child with limited pincer grasp wants to zip their own pants in school because they get embarrassed when they have to ask their teacher for assistance after using the bathroom. Which should the OT recommend the child try FIRST?

A. Large key ring.

B. Oversized fasteners.

C. Colored zippers.

8

4. An elderly individual who was hospitalized for a right CVA with left upper extremity flaccidity and decreased sensation is beginning to experience sensory return in the left upper extremity. What intervention strategies should now be included in the treatment plan?

A. Applying a stimulus to the involved extremity, such as rubbing or stroking.

B. Using hot mitts to avoid burns.

C. Testing bathwater with the uninvolved extremity.

8

5. A client arrives to exercise group wearing traditional garments consistent with religious practices that cover the body from head to toe, restricting movement while exercising. The OT observes the individual's discomfort and is concerned about participation, but also wants the client to be comfortable in an environment that is obviously culturally different for them. What is the BEST action for the OT to take, demonstrating cultural competence in this situation?

A. When the opportunity arises, discreetly explain to them that dressing more appropriately for the group will allow for better participation.

B. Comment on the beauty of the clothes, asking for affirmation from the rest of the group.

C. Gently suggest that next time the client wear loose-fitting clothing that will be comfortable to exercise in.

D. Ask the individual if there are cultural guidelines for how to dress for exercise group.

8

6. An OT is running a group for women with eating disorders. The activity is to create a gift box with a message inside about what they appreciate about another individual in the group. After accidentally tearing the side of her gift box, one client looks very distressed and stops participating. Which response is BEST for the OT to enable the client to continue working on her goal of self-acceptance?

A. Set up a time to work with her one-on-one.

B. Take the box, make the necessary repairs, and encourage her to continue writing her message.

C. Discuss the symbolism of how we all experience breaking and healing.

D. Bring her the supplies to start over again and leave out the message part of the activity.

8

7. An OT has been asked to design a health promotion group for individuals with cognitive impairment functioning at a parallel task group level. What is the MOST appropriate activity for the OT to use?

A. Planning a dinner party.

B. A Weight Watchers® support group.

C. A therapist-led aerobics class.

8

8. The OT is treating a child with an above-elbow amputation who is experiencing hypersensitivity of the residual limb. The therapist would MOST likely perform which intervention in the preprosthetic phase of treatment?

A. Engage the child in play activities that strengthen bilateral upper extremities.

B. Include activities to increase the range of motion in the shoulder on the affected side.

C. Encourage play activities that incorporate tapping, application of textures, and weightbearing to the residual limb.

D. Practice dressing activities that include putting on and taking off the UE prosthesis.

8

9. An OT is assessing an individual with dysphagia. Which should the OT address FIRST?

A. Jaw pain and tooth-grinding habits.

B. Cranial nerve function assessment.

C. Mental status, oral structures, and motor control of head.

D. Muscle length control via finger-to-nose tests.

9

0. A flight attendant with a low back injury is participating in a work-hardening program. The individual can successfully simulate distributing magazines to all passengers in a plane using proper body mechanics. To upgrade the program gradually, what should the OT NEXT request that the individual simulate?

A. Serving from the beverage cart.

B. Issuing blankets and pillows.

C. Distributing magazines to half of the passengers.

D. Putting luggage in the overhead compartments.

9

1. An OT is fabricating an orthosis for an individual who presents with a low ulnar nerve injury lesion. The orthosis MOST appropriate for this individual is one that includes which components?

A. Prevents hyperextension of the PIP joints and allows PIP flexion.

B. Prevents hyperextension of the MCP joints and allows MCP flexion.

C. Allows hyperextension of the MCP joints and prevents MCP flexion.

9

2. An OT is seeing an individual with Stage IV cancer for palliative care. What will the emphasis of intervention be for this individual?

A. Emphasizing quality of life and engagement in meaningful activity.

B. Improving strength and endurance and managing pain.

C. Maximizing independence in perineal activities.

D. Dealing with the psychological issues associated with preparing for death.

9

3. An elderly individual who ambulates with a walker in the home states they do not like sponge baths and would prefer to resume taking showers but is afraid of falling. What should the therapist do FIRST?

A. Suggest bathtub bathing instead of showering.

B. Encourage the client to purchase a shower chair.

C. Demonstrate how using a shower chair improves safety.

D. Explain that therapy will boost their confidence level when showering.

9

4. An OT is treating a restaurant worker with pain resulting from a cumulative trauma disorder. The OT suggested using elastic taping to decrease pain in the upper extremity while working. In addition to decreasing pain, this type of taping can also: A. decrease inflammation and edema.

B. increase muscle fatigue.

C. limit range-of-motion.

D. desensitizing the upper extremity.

9

5. An OT has provided a cup with a cutout area at the rim to a 6-year-old child with dysphagia. What is the BEST way to explain the purpose of the cutout in the cup to the family?

A. Slow the drinking process.
B. Allow the chin to remain tucked when drinking.
C. Allow the caregiver to control the flow of liquid.

9

6. A 6-year-old received OT for dressing skill development and is now independent. At discharge, what is the BEST advice for the OT to give the child's parents to maintain the child's independence in dressing at home?

A. Give assistance when the child asks for it to provide a successful experience.
B. Provide praise for completed dressing; do not help the child get dressed.
C. Supply oversized clothing with hook and loop closures and large snaps.

9

7. Which leisure activity BEST suits a sixth-grade student with juvenile rheumatoid arthritis to help them maintain range of motion?

A. Swimming.
B. Basketball.
C. Soccer.
D. Aerobics.

9

8. The OT has determined that progressive muscle relaxation training would benefit an individual who has anxiety and a limited attention span. What is the FIRST step in the training program?

A. Make a fist, and then gradually relax it.
B. Focus on a rhythmic, repetitive word.
C. Walk until an increased heart rate is achieved.

9

9. An OT is working with an individual with amyotrophic lateral sclerosis who developed a sacral decubitus and has recently become too weak to turn himself in bed. What should the OT plan to do NEXT in regard to client/caregiver instruction?

A. Begin a strengthening program.
B. Suggest that the client and caregiver begin a wheelchair education program.
C. Teach the caregiver how to position the client safely.
D. Provide an environmental control unit to the client.

1

00. A hospital-based OT is working on discharge plans for a 2-year-old child with paraplegic spina bifida who has just started using a power wheelchair. Which community resource recommendation is the MOST critical for this child?

A. Social service agency.
B. Wheelchair equipment vendor.
C. Family physician.
D. Early intervention program.

1

01. A client presents with chronic, poststroke upper extremity edema of the right arm and hand. Which would the OT most likely suggest to manage the edema?

A. Manual edema mobilization.
B. Hot pack applications.
C. Paraffin treatments.

1

02. An individual with left upper extremity flaccidity is observed sitting at a table in his wheelchair at lunchtime with his left arm dangling over the side. The FIRST positioning strategy the OT should introduce to the individual is: A. positioning the UE on the tabletop surface with Dycem®.
B. repositioning the arm back on to the wheelchair armrest.
C. using an arm sling.
D. attaching a lap tray.

1

03. An OT is discharging a 4-year-old child with cerebral palsy from a rehabilitation setting to home. What are the MOST appropriate instructions for the OT to provide to the family for maintaining correct jaw control while feeding the child from the side?

A. Jaw opening and closing are controlled with your index and middle fingers; place your thumb on the child's cheek.

B. Jaw opening and closing are controlled with your index and middle fingers; place your thumb on the child's larynx for stability.

C. Jaw opening and closing are controlled with the palm of your hand on the child's jaw, cupping it gently.

D. Jaw opening and closing are controlled with your index and middle fingers; place your thumb on the child's ear for stability.

1

04. Individuals in a mental health clubhouse program are participating in a social skills training group focused on learning skills for meeting someone for the first time. The participants have completed the step in which they performed the role-play as it most recently occurred, without trying to use the most effective social skills. What is the NEXT action the OT should take when using a responsive social skills training protocol?

A. Give a homework assignment focusing on meeting someone for the first time.

B. Provide positive and constructive feedback about performance in the role-play.

C. Discuss how to carry out strategies when meeting someone for the first time.

D. Run the role-play again, this time using effective social skills for the same situation.

1

05. The BEST way for an individual with hemiparesis and mild perceptual deficits to button a shirt is to:

A. button all the buttons before putting the shirt on.

B. get the shirt all the way on, then line up the buttons and holes, and begin buttoning from the top.

C. get the shirt all the way on, then line up the buttons and holes, and begin buttoning from the bottom.

D. use a buttonhook with a built-up handle.

1

06. An OT practitioner wants to provide functional activities as part of an individual's hand rehabilitation program. Which activities are appropriate?

A. Active and range-of-motion techniques.

B. Crafts, games, and selfcare tasks.

C. Cone stacking, pegs, and pulleys.

D. Mild, moderate, and resistive Thera-Band exercises.

1

07. The OT is observing a worker with an intellectual disability perform a packaging task requiring assembly of a game box by placing first a pad of paper, then a pencil, then a plastic game piece into a box. The OT realizes the client is having difficulty utilizing the correct assembly sequence. The OT decides that backward chaining would be the most effective technique for training this worker. How can the OT BEST introduce this technique?

A. Instruct the worker to reverse the packaging sequence, placing the plastic game piece in first.

B. Prompt the worker to use the correct sequence with each item, then gradually eliminating prompts beginning with elimination of the prompt for the plastic piece.

C. Have the worker master the first step, putting the pad into the game package, then passing the package on to another worker to insert the pencil and the plastic piece.

D. Demonstrate and repeating the correct sequence before each of the worker's attempts to package all three items.

1

08. The OT is working with the parents of a 4-year-old child who demonstrates a strong tonic bite reflex when eating. What type of utensils will the OT MOST likely recommend to the child's parents?

A. Weighted universal grips.

B. Curved utensils.

C. Swivel utensils.

D. Rubber-coated spoons.

1

09. Participants from a partial hospitalization program are taking an outing into the community. One program member complains of shortness of breath. The OT practitioner measures a heart rate

at 128 bpm (this individual's typical resting HR = 100), and blood pressure is 230/180 mm Hg. What is the MOST appropriate action for the OT to take?

A. Continue the community reentry outing, watching to see if additional symptoms emerge.
B. Immediately return the rest of the clients to the day program.
C. Help the patient lie down and wait until his vital signs return to normal.
D. Activate the emergency response by calling 911.

1

10. Which activity would BEST represent an expected outcome for an individual who completes a fatigue management program?

A. Getting dressed without reaching exhaustion.
B. Lifting heavy cookware without pain.
C. Doing handicrafts without damaging his or her joints.
D. Dusting and vacuuming more quickly.

1

11. An OT is working with an individual who is status post RUE shoulder replacement. The client is right-hand dominant and an avid woodworker. Currently, limited RUE ROM prevents participation in woodworking, which requires at least 120 degrees of shoulder flexion. The OT and the patient collaboratively develop a plan that incorporates woodworking to increase RUE ROM. After establishing the "just right challenge" at 40 degrees of shoulder flexion to sand the pieces of a wood project, how should the OT progress the patient to achieve his goal?

A. Progress them to the use of power tools to sand the wood pieces.
B. Apply increasingly heavier wrist weights during sanding and staining activities.
C. Provide them with tasks that require bilateral coordination.
D. Involve them in sanding and staining increasingly larger pieces.

1

12. The OT has been working with a group of individuals with co-occurring mental illness and substance abuse in a clubhouse model for several months. The group is functioning at a mature level. Which is the BEST role for the OT to assume in this group?

A. A peer in the group.
B. A group leader.
C. A group advisor.

1

13. A man with arthritis in his hands is attending outpatient OT to learn joint protection techniques. He wants to continue his hobby of needlepoint, which he does every day during his train commute to and from work. What advice should the OT give him regarding his hobby?

A. Provide him with needlepoint designs that have a low level of complexity.
B. Teach him to take breaks frequently when doing needlepoint and to respect pain.
C. Encourage him to take up a different hobby that does not require him to hold small items, such as a needle.

1

14. A child with developmental delay in a kindergarten class has just developed the strength and stability in their right hand to hold scissors properly and make snips in paper. Which activity would help the child to develop the next level of scissor skills?

A. Cut cloth and cardboard.
B. Cut along curved lines.
C. Cut along straight lines to cut out a triangle.
D. Cut the paper in two following a straight line.

1

15. The OT fitted a 6-year-old child with an adapted seat to use during mealtime and other tabletop activities at home. What information is MOST appropriate to convey to the parents?

A. Use the seat as the child is willing.
B. Bring the seat in for each weekly therapy session.
C. Bring the seat in for reevaluation in 4 to 6 months.

1

16. A woman preparing for discharge following a brief inpatient hospitalization for depression describes to the OT the type of services she would like to be involved in postdischarge. She is interested in structuring her day around work but does not feel she is ready for paid employment. She enjoys being in the company of others and does not feel she will need the support of professional mental health providers. Which setting best meets her criteria?

A. Transitional employment.
B. The clubhouse model.
C. Partial hospitalization.

1

17. During a task group, an individual diagnosed with borderline personality disorder tells one group member that their project "looks like it was made by a little kid" and tells another group member that their project "looks stupid" and tosses the project across the room. Which is the BEST approach for the OT to take with the person who is displaying this behavior?

A. Ban the individual from group activities until her behavior improves.
B. Tell the individual how disappointed you are in her behavior.
C. Work with the individual on appropriate communication skills.

1

18. When instructing the parents of a toddler in the use and care of a hand orthosis, on which instruction should the OT place the MOST emphasis?

A. Checking for irritation and pressure problems.
B. Avoiding excessive heat exposure.
C. Cleansing the orthosis regularly.
D. Adhering strictly to the wearing schedule.

1

19. A 14-year-old child with cerebral palsy demonstrates fair sitting stability and good head control with fluctuating lower extremity extensor tone. What positioning device would the OT MOST likely use during feeding?

A. Prone stander with lateral trunk supports.
B. Rifton child's chair with footrest and padded abductor post.
C. Caregiver's lap, with one arm stabilizing his trunk.
D. Beanbag chair for full sitting support.

1

20. An OT is preparing to do a parachute activity as part of a sensory integration program. Because several of the patients in the group are taking antipsychotic medications, the OT should be alert for which possible side effect that could occur as a result of this activity?

A. Orthostatic hypotension.
B. Photosensitivity.
C. Excessive thirst.

1

21. A very confused long-term care facility resident is frequently found in the rooms of other residents in the middle of the night. Which environmental adaptation would MOST effectively prevent wandering?

A. Apply wrist restraints after the client has fallen asleep.
B. Keep hallways clear of obstructions to prevent injury.
C. Install an alarm on the client's door.
D. Move the individual's room close to the nurses' station.

1

22. An OT has been hired by a community residence for women with mental health issues as a consultant to address the problem of low motivation and low activity levels in the areas of activities of daily living and instrumental activities of daily living. What approach is MOST appropriate?

A. Provide occupational therapy treatment to increase occupational performance in the areas identified.
B. Develop a plan with staff to change the social environment to one that will enhance motivation and activity levels.
C. Design a range of living skills groups so that every resident will be included.

1

23. An OT is working with a 6-year-old child who occasionally drops their utensils when eating because of a slight decrease in hand range of motion/grasp limitation. Which piece of equipment would the OT MOST likely recommend FIRST?

A. Swivel utensils.
B. Pediatric universal holders.
C. Foam tubing around the utensils.
D. Weighted utensils.

1

24. During an infant's OT session, the mother reports she has observed that her baby has difficulty with swallowing and frequently chokes. To reduce the risk of aspiration and facilitate swallowing, the OT should recommend the infant's head be in which position?

A. Neutral position.
B. Slightly flexed.
C. Slightly extended.

1

25. A 60-year-old auto mechanic with diabetes and impaired sensation in the residual lower limb has been referred to OT for prosthetic training following an above-knee amputation. The FIRST item the OT practitioner should address is: A. skin inspection.
B. nail trimming.
C. retirement planning.
D. returning to work.

1

26. The OT and client have agreed on a baking activity to work on decision-making skills, but when the time comes, the individual is reluctant to participate. Which approach is MOST appropriate?

A. Premeasure all the dry and liquid ingredients.
B. Use a recipe with no more than three steps.
C. Offer a choice of slice-and-bake cookies or a cake mix.

1

27. A client who presents with little to no active range of motion in the left shoulder after a CVA requires the OT to perform passive range of motion. How should the OT proceed?

A. Teach the client to utilize a wall-mounted shoulder wheel.
B. Move the shoulder joint through its full range of motion.
C. Use an overhead pulley system.

1

28. An individual with bipolar disorder demonstrates frequent verbal outbursts and has been referred to occupational therapy to work on developing social skills. When using a Dialectical Behavior Therapy approach, what is the MOST appropriate format to use?

A. Individual treatment sessions in a quiet place such as the individual's room.
B. A group format following a specified protocol.
C. Individual treatment sessions that allow for flexibility within each session.
D. A group format that alternates leadership opportunities between group members.

1

29. An OT is applying Proprioceptive Neuromuscular Facilitation (PNF) techniques for weight shifting during an activity that requires an individual to use the right hand to remove groceries from a bag on the floor to the right. The MOST benefit would be gained from this activity by then placing the groceries: A. on the counter directly in front.
B. on the counter to the left side.
C. in the upper cabinet to the right side.
D. in the upper cabinet to the left side.

1

30. A student is learning to activate a switch for a communications device. Although the switch is mounted on the wheelchair tray, the student continues to have difficulty operating it because of excessive muscle tone. Despite practicing for extended periods of time, the student is not making any progress. What should the OT do NEXT?

A. Reposition the switch to facilitate easy access and adjust further as needed.
B. Passively stretch the student's upper extremity to increase range of motion.
C. Use a brightly colored switch to increase visibility.
D. Use systematic behavioral reinforcement through shaping.

1

31. To develop a preschool child's letter recognition skills, what would the OT MOST likely encourage the child to do?

A. Use flashcards with bright colors.
B. Form letters out of clay.
C. Match cut-out letters to a sample.

1

32. To improve written communication, an OT practitioner would be MOST likely to recommend a large keyboard to enhance computer access when an individual: A. has limited upper extremity range of motion, but adequate fine coordination.

B. fatigues rapidly when reaching for the keys.

C. uses only one hand to access the keyboard.

D. has good upper extremity range of motion, but difficulty accessing small targets.

1

33. An older adult day-care facility has contracted an OT practitioner to develop programming for its clients at risk for falls. The BEST type of program to provide regular group physical activity and enhance balance would be: A. safe-transfer training.

B. walking.

C. tai chi.

D. gardening.

1

34. In order for an individual sitting in a wheelchair to achieve maximal postural positioning, the OT should position the individual's pelvis in what position?

A. Moderate posterior tilt.

B. Neutral.

C. Slight anterior tilt.

1

35. An OT is working in a sheltered workshop with adults with intellectual disabilities functioning at Allen's Cognitive Level 4. The upcoming job requires an assembly-line approach. Which is the BEST method for introducing an assembly activity to this population?

A. Provide simple, repetitive tasks.

B. Visually and verbally demonstrate a two-or three-step activity.

C. Provide one-step directions and samples for individuals to duplicate.

D. Provide written directions for individuals to follow.

1

36. What would an OT who is fitting a first-grade child for a desk and chair recommend to promote optimal hand function during classroom seat work?

A. Placing the writing surface at a level slightly below the child's elbow.

B. Providing a wrist weight for writing activities.

C. Placing the writing surface at a level slightly above the child's elbow.

D. Stabilizing the child's trunk against the seat back.

1

37. A 9-year-old boy with intellectual disabilities has received occupational therapy to become independent in dressing and feeding. He is now dressing himself and is ready for discharge. What is the BEST approach for the OT to take when developing home program recommendations?

A. Schedule a session with his parent to demonstrate specific therapeutic strategies for their use.

B. Discuss daily routines with his parent and explain how they can reinforce independence within those routines.

C. Recommend his parent purchase oversized clothing with hook and loop closures and large snaps.

D. Advise his parent to give him verbal prompts when he is dressing and help with closures only.

1

38. When the OT implements intervention to support a child with neuromotor disorder to increase their participation in home and community activities, what approach should be the PRIMARY focus?

A. Securing assistive technology devices that promote participation in everyday activity, followed by training to develop their competent use of the AT.

B. Developmental approaches that maximize skill development and prevent further range-of-motion limitations.

C. Assurance that a peer buddy is available in all contexts and settings to provide assistance with unanticipated needs.

D. Knowing the child and family's priorities, modifying contexts to promote participation, enhancing performance, and educating the family.

1

39. An individual with cognitive deficits exhibits little transfer of skills from one activity to the next. Which intervention would be BEST to assist this individual in performing the steps of doing laundry?

A. Performing memory drills of the steps involved in doing a laundry activity.
B. Placing serial pictures of a laundry activity in sequence.
C. Consulting a checklist of steps while doing laundry in context.

1

40. A young child with developmental delay has just learned to sit independently on the floor. To facilitate the NEXT step toward refining postural reactions in sitting, what should the OT encourage the child to do?

A. Reach to grab toys held 18 inches away from the child's torso while sitting.
B. Maintain sitting balance on a scooter while being pulled.
C. Bounce on a ball with a handle without falling off.
D. Maintain floor-sitting position with the therapist providing pelvic support.

1

41. The teacher notes that a student with quadriplegia frequently slumps to the side when sitting in a wheelchair. What would the OT MOST likely recommend to enable the child to maintain optimal wheelchair positioning for seat work?

A. A reclining wheelchair.
B. An arm trough.
C. Lateral trunk supports.
D. Lateral pelvic supports.

1

42. An OT working with a group of children who have behavioral challenges is planning activities to develop their play patterns and interaction skills. Which activity will MOST effectively address this aim?

A. Have children paint pictures during "free time."
B. Organize a game of soccer during recess with the group of children.
C. Recommend the teacher include additional "game" software in the classroom library.
D. Suggest the teacher include age-appropriate jigsaw puzzles in the classroom's game center.

1

43. The OT has completed an evaluation on an individual with serious and persistent mental illness observed during a music therapy group. The individual actively engaged with other group members and was able to problem solve with other group members when they were asked to select their instruments. It was clear the individual was interested in participating in a performance scheduled for a week later. However, some assistance was needed to sustain appropriate social interaction and for setting limits. Which group level would BEST enable social participation for this individual?

A. Parallel.
B. Associative.
C. Cooperative.
D. Mature.

1

44. An individual diagnosed with chronic obstructive pulmonary disease is participating in a pulmonary rehabilitation program. Which will the OT MOST likely recommend?

A. Perform pursed-lip breathing when doing activities.
B. Use a long-handled sponge while in the shower.
C. Take hot showers to reduce congestion.
D. Avoid air-conditioned rooms during warm months.

1

45. An OT is fabricating a resting hand orthotic device for an individual with extremely fragile skin. Which areas will the OT have to inspect MOST carefully for signs of skin breakdown?

A. Metacarpal heads, pisiform, and trapezium.
B. Volar PIP joints, medial fifth digit, and thumb MP joint.
C. Ulnar styloid, distal head of radius, and thumb CMC joint.

1

46. A first-grade child has difficulty with mature pincer grasp and handwriting. The MOST appropriate activity the outpatient OT would recommend to the parent to complete at home would be: A. crayon drawing on sandpaper.
B. copying shapes from the blackboard.
C. rolling out clay with a rolling pin.

D. making rubber band bracelets.

1

47. Which are the MOST appropriate interventions for the OT to plan in treating a person following a total knee replacement?

A. Using range-of-motion and strengthening activities for the upper extremities.
B. Providing range-of-motion and strengthening activities for the lower extremities.
C. Providing ADL training in the use of adaptive techniques for lower extremity dressing and transfers.
D. Observation and assessment of homemaking activities.

COMPETENCY AND PRACTICE MANAGEMENT

1

48. Prevention of cumulative trauma disorders (CTDs) in the workplace is the primary focus of an OT working as an industry consultant. What suggestions should the OT make that would have the greatest impact to reduce the risk of CTD in an industry in which there is heavy keyboard use?

A. Teach employees to identify the early symptoms.
B. Educate employees about ergonomic adaptations.
C. Provide inexpensive resting orthoses to employees.

1

49. The OT who provides information and resources that are helpful to the family of a young child with multiple disabilities MOST likely includes what type of information?

A. Updates about their child's developmental age according to standardized test results.
B. Explanation of how occupational therapy services differ from those provided by other team members.
C. Suggestions for activities in which the parents can engage with their child to help the child practice developing skills.
D. Reports of the child's behavior during therapist-implemented interventions.

1

50. An OT researcher would like to strengthen a study related to a constraint-induced movement (CIMT) protocol. The research committee recommended learning more about experimental design, as their current methodology is quasi-experimental. One of the PRIMARY differences between an experimental design and a quasi-experimental design relates to: A. dependent variable(s).
B. control group.
C. manipulation.
D. randomization.

1

51. An OT received this information: ADL evaluation and treatment following right CVA: Three times a week for 1 month. Signed, L. Martelli, MD. What is this?

A. Referral.
B. Screening.
C. Goal plan.
D. Treatment plan.

1

52. An OT is anticipating a client's discharge to a less restrictive residential setting in the community, where the individual will live with other adults and support staff. What should the OT ensure is successfully completed before the client is discharged?

A. Follow-up appointments are scheduled with community-based health care providers who will monitor the client's health status.
B. Referrals to other supports and services needed for the client's successful community mobility.
C. Meeting with the support staff to review and practice the physical assistance the client needs during daily selfcare activities.

1

53. An OT is working with their first level I fieldwork student. What should the focus of this experience be?

A. Facilitate the student's clinical reasoning.
B. Enable the student to learn OT Code of Ethics.
C. Assist the student to understand client needs.

1

54. An OT practitioner wishes to assess outcomes for life skills training services provided to individuals at a shelter for women who experienced domestic violence. Which is the MOST comprehensive method to obtain this information?

A. Final evaluation of each client involved.
B. Client satisfaction survey.
C. Effect evaluation.
D. Utilization review.

1

55. An OTA frequently administers the Allen Cognitive Level Test and then discusses it with the supervising OT. Which MOST accurately describes the OT's role during these discussions?

A. Determine the OTA's service competency.
B. Collect data on the patient's performance.
C. Interpret the results based on data collected.
D. Develop the treatment plan.

1

56. An instructor from a local nursing school has asked an OT to speak about occupational therapy to a class of first-year nursing students. The practitioner feels uncertain about giving the lecture because of a lack of resources. What is the MOST appropriate action to take?

A. Recommend that the nursing course instructor call AOTA and obtain information to share.
B. Decline to do the lecture but send information to the instructor.
C. Accept the invitation and use the AOTA website to obtain resources to share.

1

57. When an OT selects a standardized test to assess a child, what can the OT assume about the test?

A. It is valid.
B. It has normative data.
C. It has a standard format.

1

58. An OT has been hired as a program manager to develop a community-based program for individuals with severe and persistent mental illness. What is the FIRST step in the process that the OT must complete?

A. Program planning.
B. Program implementation.
C. Needs assessment.
D. Program evaluation.

1

59. While preparing a presentation for a professional conference, an OT planned to copy and distribute an article but realizes the name of the author is missing. Which is the MOST appropriate action for the OT to take?

A. Distribute the handout and apologize for not having the author's name.
B. Show the handout with an overhead projector and apologize for not having the author's name.
C. Use the handout only as a resource while developing the presentation.

1

60. What is the NEXT step for an OT to follow after initial evaluation of a 1-year-old child requiring early intervention services?

A. Independently develop an IEP.
B. Collaboratively develop an IEP.
C. Independently develop an IFSP.
D. Collaboratively develop an IFSP.

1

61. Which is the BEST example of the plan section of a discharge summary when using the SOAP note format?

A. The patient reports intentions to continue to practice proper body mechanics at work.
B. The patient demonstrates independence in performing the home exercise program.
C. The patient expressed a desire to return to work but does not yet demonstrate the capacity for the required sitting tolerance.
D. The OT recommends the use of lumbar support and regular performance of the home program.

1

62. A rehabilitation manager is attempting to find a way to have financial success in the department while ensuring patient satisfaction. Which is MOST likely to be implemented to assess patient flow, develop critical pathways, and cut costs?

A. Quality improvement.
B. Peer review teams.
C. Cost accounting.
D. Cross training.

1

63. Which BEST depicts the recommended service approach when the IEP team has included occupational therapy services to support the student's participation in the school curriculum?

A. The OT engages the student in activities outside of the classroom to avoid distraction from peers.
B. The OT works with the student in the back of the classroom when all students are completing seat work.
C. The OT arranges to work with the student in the classroom during after-school hours, when other students are not present.
D. The OT recommends strategies that promote the student's participation and are easily embedded within curriculum activities and routine.

1

64. An OT has been working with an individual with schizophrenia who has been living in a homeless shelter. The individual has been consistent about taking medication and his symptoms are currently well controlled. The individual has expressed an interest in renting an apartment in the community, where he can have responsibility for his own meals and housekeeping, develop social and leisure activities, and still receive necessary social and rehabilitation services. Which type of housing should the OT recommend in order to BEST meet this individual's preferences?

A. Partial hospitalization.
B. Assisted living.
C. Custodial housing.
D. Supportive housing.

1

65. An OT completing a home assessment has recommended a hospital bed, lightweight wheelchair, bedside commode, reachers, long-handled sponge, and hand-held shower. The family states they can only afford the items that can be billed to Medicare as Durable Medical Equipment. What can the OT order?

A. All of the recommended equipment.
B. Only the reacher and long-handled sponge.
C. Only the commode and hand-held shower.
D. The lightweight wheelchair, bedside commode, and hospital bed.

1

66. The administrator of a long-term care facility asks the OT who works there to help develop a job description so they may hire a second OT. What would an OT job description MOST likely contain?

A. Previously established mutual goals, quality of patient care, achievement of predicted outcomes, and evidence of relationship building.
B. A summary of primary and secondary job functions, references, and physical exertion requirements.
C. Organizational relationships, personality characteristics, and accomplishments desired in a candidate.
D. Job title, employer's expectations, productivity expectations, and how performance will be measured.

1

67. An OT is considering the use of an electronic documentation system within a private practice setting. Some of the advantages to electronic health records are increased legibility, speed of documentation, and improved organization. What are the disadvantages of such a system?

A. Issues related to storage capacity.
B. Retrieval of information.
C. Confidentiality and security.

1

68. A hand therapy research group is attempting to determine whether the experiment caused a change in the dependent variable in a study that used orthoses as the OT intervention in relation to contracture prevention, or whether issues related to the actual passage of time and/or accuracy of

the tool used to measure the contractures were responsible for the results. The research group is looking at: A. study biases.

B. external validity.

C. internal validity.

1

69. A school-age child with fine motor skill difficulties is ready for discharge from outpatient OT services. What is the MOST important information to include in the discharge summary that will go to his school?

A. The child's interests and hobbies.

B. The child's writing, dressing, and self-feeding performance.

C. The child's academic achievement.

D. Recommendations for the child to return to the clinic for follow-up services.

1

70. An OT is offered a job upon completion of fieldwork and accepts the position even though they have not yet applied for their license. The employer wants them to start working immediately. What is the BEST action for this therapist to take under the circumstances?

A. Schedule an immediate start date and send for a license, hoping it will arrive in time.

B. Confide in the rehabilitation director and follow recommendations to start as scheduled.

C. Ask whether the company can delay the start date until their license arrives.

Answers for Simulation Examination 1

1. (C) Observation of the child during eating activities in the childcare center. Through observation of the child during childcare meals (answer C), the OT can collect information about the child's participation and performance. Naturalistic observation is a method of ecologic assessment, which "gathers information, typically through observation, in the typical or natural setting in which an activity occurs…. the best measure of performance will occur in a natural setting" (p. 273). Answers A and B are all appropriate choices after the child is old enough for these assessments. See Reference: O'Brien & Kuhaneck. (2020). Shepherd, J. & Ivey, C.: Assessment and treatment of activities of daily living, sleep, rest, and sexuality.

2. (D) New motor task planning. Answer D is correct. Somatodyspraxia is "difficulty perceiving somatosensory information from the body and integrating it with information from the tactile system … visual information … auditory information … that allows someone to conceptualize, plan, and organize motor actions and interactions" (p. 107). Inability to print or write (answer A) is termed "dysgraphia." The term "dyslexia" (answer B) means dysfunction in reading. Inability to perform mathematics (answer C) is known as "dyscalculia." See Reference: Kramer, Hinojosa, & Howe. (2020). Roley, S. S., Schaaf, R. C., & Baltazar-Mori. A.: Ayres Sensory Integration® frame of reference.

3. (B) Ask the individual how they spent the New Year's holiday. "Declarative memory is an aspect of long term memory that includes conscious memory for events, knowledge or facts" (p. 925). It is commonly assessed through verbal interviews and informal testing such as asking a question about an individual's recall of personal events (answer B). Working memory refers to the temporary storage of information while one is working with it or attending to it (answer A). Knowing the date, place, and time is indicative of orientation (answer C). "Prospective memory involves the ability to remember intentions or activities that will be required in the future" (answer D) (p. 925). See Reference: Schell & Gillen. (2019). Toglia, J. P., Golisz, K. M., & Goverover, Y.: Cognition, perception, and occupational performance.

4. (B) Parent-completed checklist of child's selfcare and drawing/writing skills. "Occupational therapists conduct screenings to determine whether a child would benefit from a more comprehensive evaluation" (p. 183). Answer B offers an efficient way to gather information about global markers of the child's performance. The OT can set criteria for cut-off ratings that signify a referral for evaluation. Answer A, Beery Test, is an evaluative tool that has a targeted focus and does not represent a screening tool. Answer C, observing groups of children, is not recommended as it is not efficient with large groups of children, and is not a typical and natural setting for the children who do not know each other or the setting. See Reference: Schell & Gillen. (2019). Cahill, S.: Evaluation, interpretation, and goal writing.

5. (D). State education law, school curriculum, focus of classroom teaching. "Multiple factors within and outside … education systems shape them and help to define … the variety, quality and cost of services provided" (p. 69). Education law and regulations help define the scope of school-based OT, while curriculum and focus of teaching represent the education program that the school-based OT supports. "To design programs that are valid and relevant … occupational therapists learn about specific environmental and contextual variables of the service system … and use this information as they consider frames of

reference to guide their evaluation and intervention" (p. 70). Answer A is incorrect as teacher's experience and knowledge are important for the OT to understand as they influence the collaborative process. Available assessments and space (answer B) is incorrect, as these are factors the OT needs knowledge of before initiating the evaluation. However, they do not guide frame of reference selection. Answer C is incorrect as these are findings gathered during the evaluation. Kramer, Hinojosa, & Howe. (2020). Muhlenhaupt, M.: Contextual influence on pediatric practice.

6. **(B) Sensory avoiding.** The individual's actions are indicative of sensory avoiding behavior, characterized by a low threshold to stimuli perceived as noxious, followed by an active response such as leaving the room. Individuals with sensory avoiding behavior may "become distressed in situations in which they cannot control the environment" and "do well in low stimulus situations or settings that others find dull" (p. 335). An individual with low registration (answer A) or sensory seeking behavior (answer C) would not have difficulty with the auditory stimulation caused by the roar of the mixer or loud voices. See Reference: Brown, Stoffel, & Muñoz. (2019). Brown, C., Steffen-Sanchez, P., & Nicholson, R.: Sensory processing.

7. **(A) Working memory.** "Working memory involves holding information in mind and mentally working with it (i.e., working with information no longer perceptually present) … Working memory skills enable remembering details that otherwise require further attention if impairment exists" (p. 928). This individual's inability to comb his hair without reminders suggests a deficit in working memory (answer A). Judgment (answer B), the ability to make realistic and safe decisions based on available environmental information, would not be needed for this task. Because the person performed the first request, hearing (answer C) would seem to be intact. Abstraction (answer D) is the ability to extrapolate information from an idea to generalize to another situation and would not be needed to follow this direction. See Reference: Schell & Gillen. (2019). Toglia, J. P., Golisz, K. M., & Goverover, Y.: Cognition, perception, and occupational performance.

8. **(A) On-site observation of performance skills.** Individuals with obsessive-compulsive disorder (OCD) often experience difficulties with work. Observation in a situational context (answer A) is "likely to be most useful in fully understanding a person's occupational performance" and is "the preferred approach in vocational rehabilitation" (p. 862). There is nothing to suggest the individual has a cognitive deficit or a need for cognitive assessment (answer B). An interview (answer C) is most useful for assessing an individual's readiness for work, occupational development, and interests. Task evaluation with a "clean" medium (answer D) may be indicated for individuals with OCD of the washing type. However, this individual has OCD of the checking type. See Reference: Brown, Stoffel, & Muñoz. (2019). Fossey, E.: Work as occupation.

9. **(C) Attempt a standard pivot transfer from wheelchair to bed in the patient's hospital room.** Giving the individual a functional task, then changing it, and observing the response will tell the therapist how well the individual can transfer learning to new situations. "Transfer of learning, or generalization of skill, is seen when the learner is able to spontaneously perform the task in different environments" (p. 94). If the individual cannot perform the activity when it is changed slightly, then there may be difficulty transferring learning. If the patient can perform the activity with many changes and in a different setting, it suggests a greater aptitude for transfer of learning to new situations. Neither of the other answers assesses the ability to transfer learning. See Reference: Pendleton & Schultz-Krohn. (2018). Richardson, P. & McLaughlin, R.: Teaching activities in occupational therapy.

10. **(C) Kohlman Evaluation of Living Skills.** The Kohlman Evaluation of Living Skills (answer C) includes a "combination of interview and performance-based items" (p. 790) to obtain information about "a person's accuracy in completing a series of living skills including selfcare, safety and health, money management, community mobility and telephone, employment, and leisure participation" (p. 792). The Assessment of Motor and Process Skills (answer D) assesses an individual's motor and process skills during performance of important daily living activities. In order to administer the AMPS, one must have special training, so the OT could not begin using it immediately. The Routine Task Inventory (answer B) uses observation to assess 14 different areas of ADL and is based on the cognitive disabilities model, which would not be appropriate for this client. The Bay Area Functional Performance Evaluation (answer A) was designed to measure performance skills such as memory, organization, attention span, test completion, motivation, and frustration tolerance. It also includes a social interaction scale that assesses verbal and nonverbal social interaction behaviors. Although it can help the OT develop conclusions about ADL performance, it is not actually an ADL evaluation tool. See Reference: Brown, Stoffel, & Muñoz. (2019). Schwartz, J. K. & Brown, C.: Activities of daily living and instrumental activities of daily living.

11. **(C) Identify or demonstrate the use of common household objects.** Answer C is correct because visual "[a]gnosia is assessed by asking the individual to identify five common objects by sight…. If

the client is unable to name four of the five objects, visual agnosia may be indicated" (p. 634). Asking the individual to demonstrate common gestures such as waving (answer A) is a technique to screen for apraxia or the inability to perform purposeful movement on command. Answer B, asking the individual to identify objects through touch only, would be used to evaluate stereognosis, which is the ability to identify an object by manipulating it with the fingers without seeing it. See Reference: Pendleton & Schultz-Krohn. (2018). Phipps, S.: Evaluation and intervention for perception dysfunction.

12. (D) hand controls for acceleration and braking. An L4 spinal cord injury would result in paraplegia. "Hand controls can be used when the lower extremities are not functional for operating foot pedals" (p. 276). Hand controls use hand motions to control the accelerator and brake mechanisms, eliminating the need for any lower extremity function. The palmar cuff and spinner knob (answers A and B) are steering options for individuals who need to steer single-handedly. They allow constant contact with the steering wheel. Pedal extensions (answer C) can be installed on the accelerator and brake pedal for individuals with limited lower extremity reach. See Reference: Pendleton & Schultz-Krohn. (2018). Bolding, D., Hughes, C. A., Tipton-Burton, M., & Verran, A.: Mobility.

13. (C) Adherence to specific instructions for administration and scoring. Answer C is correct. "A test that has been standardized has uniform procedures for administration and scoring. This means the examiners must follow the user manual to administer the test" (p. 158). Following these instructions assures the highest level of reliability and validity possible. Subjective judgment (answer A) and previous experience (answer B) may be factors in the administration of nonstandardized tests, which depend on the skill and judgment of the OT administering them, but not in the administration and scoring of standardized tests. Although practice in administering a test (answer D) can help to develop competence in the use of the test, it would not influence how to administer and score the test. See Reference: O'Brien & Kuhaneck. (2020). Chang, M. C. & Richardson, P. K.: Use of standardized tests in pediatric practice.

14. (D) Autism spectrum disorder. The child described in this question demonstrates behaviors associated with autism, or ASD, which "is characterized by impairments in social communication and interactions, and includes restricted or repetitive behavior, interests, or activities" (p. 729). Children with attention deficit-hyperactivity disorder (ADHD) (answer A) display behaviors of "decreased attention, hyperactivity, and impulsivity" (p. 729). Children with major depression (answer B) display "persistent sadness, hopelessness, and a loss of interest in activities" (p. 730). Children with obsessive-compulsive disorder (answer C) "perseverate and repeat behaviors or thoughts that interfere with their ability to participate in desired occupations" (p. 730), such as repeated hand washing. See Reference: O'Brien & Kuhaneck. (2020). Ratcliff, K., Fingerhut, P., & O'Brien, J.: Mental health conditions.

15. (A) Parent's concerns and goals for the child. The caregiver's concerns and goals (answer A) is correct. "The therapist's initial interview reflects an interest not only in the child's behavior but also in the family's concerns with managing those behaviors. These first interactions demonstrate that an equal partnership is desired and encourage a give and take of information" (p. 68). The child's medical management (answer B) and equipment needs (answer C) are important issues as well, but can be addressed at a later time. See Reference: O'Brien & Kuhaneck. (2020). Jaffe, L., Cosper, S., & Fabrizi, S.: Working with families.

16. (B) Assess the individual's lifestyle and dietary habits. Controllable risk factors include smoking, cholesterol level, hypertension, sedentary lifestyle, obesity, diabetes, and psychological stress. OT practitioners have expertise in working with individuals to address goals associated with lifestyle performance and dietary habits (answer B) that can help to prevent heart disease. "Emphasis should also be placed on managing controllable risk factors, such as smoking, hyperlipidemia, HTN, sedentary lifestyle, and obesity" (p. 846). Whereas obesity can be observed, cholesterol levels cannot (answer C). Age, gender, and family history (answers A and D) are all uncontrollable risk factors associated with heart disease. See Reference: Dirette & Gutman. (2021). Hobbs, M.: Cardiac and pulmonary diseases.

17. (B) Self-awareness. Problems that contribute to deficits in self-awareness (answer B) include not recognizing errors, inability to use feedback, and false beliefs about capabilities. Whereas an individual who lacks self-awareness may be "perplexed and surprised or confused when given feedback regarding limitations," an individual who is in denial (answer A) may "demonstrate resistance or anger when given feedback regarding [his] limitations" (p. 68). Deficits in the area of emotional regulation (answer C) may be characterized by uncontrolled anger, laughter, or crying. Deficits in the area of sequencing (answer D) may be characterized by difficulty planning or enacting the steps of an activity. See Reference: Gillen (2009). Self-awareness and insight: Foundations for intervention.

18. (A) Apply the stimuli beginning at the little finger and progress toward the thumb. "Sensory testing reliability is optimized by following common procedures. The purpose of these procedures is to

eliminate therapist cues and environmental/sensory distractions to ensure that patient responses accurately reflect sensory capabilities." … "Choosing an environment with minimal distractions." … "Developing a system for patient response, either verbal or nonverbal." … "Demonstrating the test on the unaffected limb to ensure understanding of directions and elicitation of the correct response." … "occluding patient vision either by having patients close their eyes or hold a file to block vision." … "Applying stimuli at uneven intervals or inserting times when no stimulus is given" (p. 182). The general guidelines for sensation testing are that an individual's vision should be occluded, the stimuli should be randomly applied with intermingled false stimuli (opposite of answer C), a practice trial should be performed before the test, and the unaffected side or area should be tested before the affected side or area (opposite of answer B). With a median nerve injury, the ulnar side of the hand is the uninvolved side and should be tested first. Also, the tested individual should be given a specified amount of time in which to respond; therefore, answer D is incorrect. See Reference: Dirette & Gutman. (2021). Ciro, C. & Doucet, B. M.: Sensory assessment and intervention.

19. (B) Observation of the child in a social, gross motor, and self-feeding task. Answer B, observation of the child's social play, motor processes, and self-feeding skills, is correct. Recommended practices suggest that "occupational therapists conduct observations of clients with an ASD before selecting and administering formal assessment tools because of the wealth of knowledge that is gained through the observation process" (p. 290). Answer A, relying on a one-on-one interview, would not be the most valuable choice, as communication difficulties are a core feature of ASDs. It would be more helpful to combine an interview of the child in conjunction with a parent-teacher interview. Answer C, the Peabody Developmental Motor Scales-2, may be something the therapist administers based on recommendations following review of observation data. Answer D, observation of the child on the playground, is something the OT might consider, but a more comprehensive picture can be drawn from a combined observation of the child's social, motor, and feeding skills. See Reference: Kuhaneck & Watling. (2010). Watling, R.: Occupational therapy evaluation for individuals with an autism spectrum disorder.

20. (D) Selective attention. Selective attention is "the cognitive ability to maintain focus on one stimulus despite distractions" (p. 148). Having an individual cross out a specific letter (M) every time she sees it, then observing her randomly missing the letter in no apparent pattern is an example of impaired selective attention (answer D). Because the errors were random does not reflect a visual field cut. A visual field cut (answers A and B) is evidenced by missed letters appearing close together in one area, on either the left or right side of the page. Illiteracy (answer C) is unlikely because the individual is a high school teacher. See Reference: Dirette & Gutman. (2021). Dirette, D. P. & McCormack, G. L.: Cognitive assessment.

21. (A) Leisure skills. In this situation, the college student appears to be having more difficulty with healthy use of leisure time (answer A) than with academic skills (answer C). "An individual with a substance use problem may construct his or her daily occupational patterns around securing and using the substance … If treatment is to be successful, the individual must find new ways to use the time previously devoted to the substance" (p. 336). ADL/IADLs are not the primary concern here, so answer B is incorrect. Family education (answer D) is an important element; however, it would not be a focus of evaluation. See Reference: Bonder. (2015). Substance-related and addictive disorders.

22. (B) Muscle tone, postural tone, reflexes, and coordination. "Observing movement during occupational performance is a way to assess motor control. Then after occupational performance has been evaluated, it may be necessary to evaluate the specific components that underlie motor control. These components include muscle tone, postural tone and the postural mechanism, reflexes, selective movement, and coordination" (p. 447; answer B). Answer C, evaluation of vital signs, endurance, and confusion, is associated with evaluation of cardiopulmonary function. Answer D, assessment of self-concept and self-awareness, is related to the psychological impact of trauma. Answer A, developmental factors, pertains to an individual's life experiences and how those experiences relate to coping with the musculoskeletal disorder. See Reference: Pendleton & Schultz-Krohn. (2018). Preston, L. A.: Evaluation of motor control.

23. (D) Role performance. Role performance (answer D) involves identifying, maintaining, and balancing functions one assumes or acquires in society. Changes in important roles may result in "feelings of anger, frustration, apprehension, confusion, boredom, and fear…. Occupational therapists help people to construct or reconstruct their roles when they have experienced a lack of engagement in desired roles or an unexpected/undesired loss or change in roles" (p. 214). This individual is having difficulty balancing the roles of worker and mother and is feeling stressed and conflicted. This stress may result in difficulty maintaining attention (answer B); however, the larger issue is related to role performance/identification. Evaluation by an OT could include assessment of parenting and assertiveness skills (answers A and C) to determine whether these are areas of need, and if so, interventions could be designed to address these

areas to support successful role performance. However, these have not been identified as areas of need. See Reference: Schell & Gillen. (2019). Matuska, K. & Barrett, K.: Patterns of occupation.

24. (D) Occupational Self-Assessment (OSA). The OSA measures "self-perceived competence of performance, value attributed to occupational performance, and environmental situations" (p. 62). It takes 10 to 15 minutes to administer the checklist and 15 to 20 minutes to ask questions and "set priorities for intervention" (p. 62). The COPM measures "a person's perceived problems in selfcare, work, and leisure; the person quantitatively rates perceived occupational performance and satisfaction with performance" (p. 60). The COPM also measure outcomes, while the Occupational Performance History Interview-II (OPHI-II) and the Role Checklist do not. However, the COPM takes more than 20 minutes to administer. See Reference: Brown, Stoffel, & Muñoz. (2019). Donoso Brown, E. V., Muñoz, J. A., & Pan, A.-W.: Person-centered evaluation.

25. (D) Inhibitory control. This executive function "includes self-control and interference control (selective attention and cognitive attention). Examples include resisting distractions when finding specific items in a closet" (p. 928). Orientation (answer A) is the "ability to understand the self and the relationships between the self and the past and present environment" (p. 916). Working memory (answer B), another executive function, "involves holding information in mind and mentally working with it" (p. 928). Declarative memory (answer C) involves the ability to remember how to perform an activity or procedure without conscious awareness. See Reference: Schell & Gillen. (2019). Toglia, J. P., Golisz, K. M., & Goverover, Y.: Cognition, perception, and occupational performance.

26. (C) Home visit, during which OT will identify and encourage opportunities for fine motor practice within the family's preferred routines. Answer C is correct as it reflects use of "natural environments." "Ecocultural theory suggests that working within the culture of the family, and by extension within the natural environments of children, supports the development of meaningful and sustainable routines" (p. 53). Answer A is vague and does not help the parent identify toys most matched to the child's specific fine motor skill needs. Answer B is incorrect as it describes an evaluation, rather than intervention approach. See Reference: Lane & Bundy. (2012). Morrison, C.D.: Early intervention.

27. (C) Attention span and social interaction skills. "Conduct disorder is characterized by long standing behavior that violates the rights of others and of social norms … The symptoms of conduct disorder fall into four categories: aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules…. To be diagnosed with conduct disorder, the disturbance in the individual's behavior must cause clinically significant impairment in social, academic, and/or occupational functioning" (pp. 144–145). When working with this population, the OT typically addresses the areas of attention span, impulse control, age-appropriate social role performance, and social skills (answer C). Children with developmental delays typically require intervention for perceptual-motor skills (answer A). Although leisure and vocational interests (answer B) may be relevant to the adolescent population, the issues of attention span and social interaction would be more significant for an individual with conduct disorder. See Reference: Brown, Stoeffel, & Muñoz. (2019). Gonyea, J. S. & Kopeck, V.: Disruptive, impulse control and conduct disorders.

28. (A) Demonstrates independence with precautions. Precautions following total hip replacement include no hip flexion past 90 degrees, no internal rotation, and no adduction past the midline. "The client is instructed to avoid hip flexion beyond 90°, adduction, and internal rotation" (p. 869). Flexing the hip to 90 degrees (answer A) is acceptable. Individuals with poor short-term memory, impulsivity, or poor judgment may require verbal cuing (answers B and D) to remember hip precautions. A longer shoehorn (answer C) may be necessary for an individual who is not able to put on shoes safely with the shorter shoehorn. See Reference: Dirette & Gutman. (2021). Maher, C. & Mendonca, R. J.: Orthopedic conditions.

29. (D) Transcutaneous electrical nerve stimulation. "The intervention technique TENS is thought to stimulate both the afferent A nerve fibers in the high-frequency mode and the release of morphine-like neural hormones, (enkephalins) in the low-frequency mode. Its efficacy as an intervention for pain control is well documented in medical literature" (answer D; pp. 994–995). Answers A, B, and C may assist more with joint stiffness and cumulative trauma disorders, but not necessarily for the pain experienced with complex regional pain syndrome. See Reference: Pendleton & Schultz-Krohn. (2018). Walsh, J. M. & Chee, N.: Hand and upper extremity injuries.

30. (C) Constructional play. Answer C is correct. Constructive play is described as "manipulation of objects to construct or to 'create' something" (p. 416). Sensorimotor play (answer A) is sensory exploration and is "characterized by practice and repetition" (p. 416). Pretend play (answer B) involves manipulating people and objects "to create situations; … objects take on new purposes" (p. 417). See Reference: Parham & Fazio. (2008). Lane, S. & Mistrett, S.: Facilitating play in early intervention.

31. (C) Referral for a swallowing evaluation. Coughing and choking on liquids, prolonged mealtimes, and the presence of a neuromotor condition are all indicators that suggest a need for a swallowing evaluation for this child (p. 220). The OT should make this recommendation and offer to help the parent follow through to schedule the evaluation. Using a thin straw (answer A) is a strategy to reduce the liquid the child needs to swallow with each sip and thickening liquids (answer B) is a strategy to change the food consistency so it is easier for the child to manage in their mouth and safely swallow. However, neither of these interventions should be recommended for this child without the results of a swallowing evaluation. See Reference: O'Brien & Kuhaneck. (2020). Korth, K. & Maune, N. C.: Assessment and treatment of feeding, eating, and swallowing.

32. (C) Interpersonal skills. "The most notable and significant feature of these disorders is the negative effect on interpersonal relationships" (p. 170). Specific personality disorder categories indicate that there is some variation among the types of relationships that are impacted. For example, authority relationships seem particularly dysfunctional in those with antisocial personality disorders, and difficulty in establishing relationships is linked to avoidant personality disorders. ADLs and IADLs (answers A and B) are often problems for individuals with mood and thought disorders. Sensorimotor deficits (answer D) are more likely to be observed in individuals with schizophrenia. See Reference: Brown, Stoffel, & Muñoz. (2019). Doughty, K. & Brown, C.: Personality disorders.

33. (C) Somatodyspraxia. Answer C is correct. Somatodyspraxia is "difficulty learning new motor skills, planning new motor actions, and generalizing motor plans" (p. 114). Children with dyspraxia often learn tasks such as jumping rope with great difficulty, effort, and considerable practice. However, when the task is altered, such as in this case by asking the child to skip backward, the child is unable to adapt the task for a long period. Answer A is incorrect because there is no description to suggest reflex activity affects posture and movement. Answer B is incorrect because the child coordinates the two sides of his body to skip rope forward. Answer D also is incorrect because general incoordination would likely affect performance during both forward and backward rope jumping. See Reference: Kramer, Hinojosa, & Howe. (2020). Roley, S. S., Schaaf, R. C., & Baltazar-Mori. A.: Ayres Sensory Integration® frame of reference.

34. (A) The student's and family's goals for use of the device. Answer A is correct. "The basic technology and routines of the person are essential to evaluate when conducting the occupational profile. Identify the person's main occupation-based goals and priorities" (p. 554). Although answers B and C do address other relevant factors regarding computer use, they need to be considered in relation to the overall goals the assistive technology is intended to achieve. See Reference: Dirette & Gutman. (2021). Lindstrom, D. K. & Masselink.: Assistive technology.

35. (C) Nonstandardized performance analysis. An "occupational therapist can implement an informal evaluation of performance skills based on the observation of performance of any daily like task. The only requirements are that the occupational therapist and the person observed must have a clear idea of what the person plans to do" (p. 343). Answer A is incorrect as the AMPS looks at activities of daily living and not work performance. Answers B and D do not provide information about performance skills that are the focus of this question. See Reference: Schell & Gillen. (2019). Fisher, A. G. & Griswold, L. A.: Performance skills.

36. (A) The doorway width needs to be expanded to have a minimum clear width of 32 inches. According to the ADA accessibility guidelines, a doorway needs to be "a minimum of 32 inches wide" (p. 390; answer A). In an environmental evaluation process, according to ADA guidelines, the doorway rather than the individual's wheelchair (answer B) needs to be adapted. See Reference: Pendleton & Schulz-Krohn. (2018). Kornblau, B. L.: Americans with Disabilities Act and related laws that promote participation in work, leisure, and activities of daily living.

37. (C) Work hardening. "Work hardening refers to formal, multidisciplinary programs for rehabilitating an injured worker … the program typically consists of work simulation … with the goal of return to work at either full or modified duty" (p. 344). Work-hardening programs (answer C) are designed to include and/or simulate job-related tasks that gradually progress the individual to obtain the skills that meet the actual demands of a job. Continuing to perform a home exercise program (answer A) would probably not enable the individual to return to the workforce after a 3-month absence. Home health OT (answer B) is only appropriate for individuals who are unable to leave their homes to attend outpatient occupational therapy. See Reference: Pendleton & Schultz-Krohn. (2018). Ha, D. H., Page, J. J., & Wietlisbach, C. M.: Work evaluation and work programs.

38. (C) Knitting a small hat for her newborn grandson. "Structured activities provide improved functional performance, self-control, and personal safety" (p. 352). In addition, decision-making should be kept to a minimum. All of the choices are client-centered and could contribute to a sense of self-esteem and

a positive outlook toward the future; however, the small, knitted hat (answer C) is the simplest and most short-term activity listed. It will not require new learning and the outcome is very predictable, making it the most appropriate activity at this point in her hospitalization. All of the other activities could be appropriate as the patient's symptoms lessen and she gets closer to discharge. See reference: Brown, Stoffel, & Muñoz. (2019). Haertl, K.: Coping and resilience.

39. (B) Seat the child at the front of the bus and use earmuffs to dampen noise. Answer B is correct as it reduces sensory stimulation present on the bus ride. "The child who is hyperreactive is overwhelmed by ordinary sensory input and reacts strongly to it, often with anxiety and activation of the sympathetic nervous system" (p. 521). When seated at the front of the bus, the child will experience less jostling by peers, resulting in less tactile and visual stimulation. The earphones will reduce auditory overload. Answers A and C are behavioral management techniques that do not take the child's sensory hyperreactivity into account. See Reference: O'Brien & Kuhaneck. (2020). Parham, L. D. & Mailloux, Z.: Sensory integration.

40. (C) Current services that focus on steps to achieve targeted long-range outcomes. Answer C, related to designing the current service plan, is correct. "Projecting outcomes … provides clarity about what might be appropriate or inappropriate for current intervention plans" (p. 143). Whereas IDEA requires that transition planning be included in the IEP by the student's 16th birthday, earlier planning sets expectations and guides the team toward that vision. Answers A and B are incorrect, as targeting future outcomes does not ensure services are available or goals are achieved. Service duplication (answer D) is avoided by effective collaboration and consideration of services in the student's IEP and not through targeting future outcomes, so this response is incorrect. See Reference: Dunn. (2011). Dunn, W.: Developing intervention plans that reflect best practice.

41. (B) Catching and bursting soap bubbles. This activity involves visually tracking a slow-moving target and requires minimal fine motor precision to accomplish a successful "hit," which is good to start with when evaluating the child's visual tracking. Answers A, C, and D also require visual tracking and eye-hand coordination, and they involve faster-moving targets that require immediate, more precise movement. These activities may be selected to increase the challenge once the OT sees the child is successful at the soap bubble activity. See Reference: O'Brien & Kuhaneck. (2019). Scheiman, M.: Vision impairment.

42. (B) Looped handle scissors. To open a plastic muffin mix bag, the OT would most likely recommend that the homemaker use looped handle scissors (answer B). This device would be much safer than the use of an electric knife, answer C, while compensating for the limited grip strength. Answer A, using a hand-powered mixer, does not address how the homemaker will open the muffin bag. See Reference: Dirette & Gutman. (2021). Hildebrand, M. W.: Restoring home, work, and recreation roles.

43. (B) 1 foot of ramp for every inch of rise in height. "The Americans with Disabilities Accessibility (ADA) guidelines state that any change in level over one-half inch (1.27 cm) should be ramped and that ramps should be 5 degrees or less. For every 1 inch (2.54 cm) of rise (height), the ramp must have 12 inches (30.48) of length (1:12 slope)" (p. 650). Thus, a foot of ramp for every inch of rise in height would be the maximum amount of incline to allow for independent and safe navigation by an individual using a wheelchair (answer B). Answers A and C would all make extremely short and steep ramps, which would be either unsuitable or unsafe for an individual independently entering or exiting a home. See Reference: Dirette & Gutman. (2021). Perr, A.: Restoring transfers and functional mobility.

44. (A) Complete independence with selfcare and modified independence with transfers. An individual with T4 paraplegia will have sufficient trunk balance, upper extremity strength, and coordination to complete selfcare and transfers independently to moderately independently. Common functional goals for persons with T2-T12 injury includes "independent with selfcare…. Independent with all bed mobility and transfers, with or without use of equipment" (p. 919t). Individuals with high cervical injuries are likely to be dependent in selfcare and transfers (answer D). Individuals with low cervical and high thoracic injuries require assistance with transfers and some selfcare (answers B and C). See Reference: Pendleton & Schultz-Krohn. (2018). Bashar, J. & Hughes, C. A.: Spinal cord injury.

45. (B) Training in residual limb wrapping. "Once the surgical wound has begun to heal, some form of specialized postsurgical dressing will be used to help prevent swelling and to shape the residual limb for ease of future prosthesis use. Both elastic bandages and shrinkers can be used early after surgery" (p. 1108). Training in how to put on and take off the prosthesis (answer A), and activities to improve grasp and prehension (answer C), come later (postacutely) in the intervention process when the prosthesis has been selected, prescribed, and fitted. Training to resume vocational activities (answer D) also would normally occur later in the rehabilitation process after the patient has mastered the basics of prosthetic use. See Reference: Pendleton & Schulz-Krohn. (2018). Glover, J. S. & Cook, C. L.: Amputations and prosthetics.

46. (D) Finishing a prefabricated wood birdhouse from a kit. Mania is "a condition in which the individual responds in an eager, exuberant, and even joyful manner, regardless of the environmental reality; the dysfunction resulting from the manic state is usually caused by the associated features of poor judgment and impulsivity" (p. 7). A person experiencing a manic episode is likely to exhibit high energy levels, short attention span, poor frustration tolerance, difficulty delaying gratification, and difficulty making decisions. Finishing a prefabricated wood birdhouse (answer D) would be the most appropriate activity because it is a short-term, concrete, predictable activity with a few steps that provides high likelihood of success. It also can be carried with the person if they need to get up and move around during the activity. A needlepoint project (answer A) would likely require too much attention to detail for the client to be successful. Making a clay object (answer B) uses an unpredictable material and requires creative decisions, both of which are qualities that should be avoided. Watercolor painting (answer C) would not be a good choice because it is an unfocused activity involving artistic skill performance that could lead to frustration. See Reference: MacRae, A. (2019): MacRae, A.: Philosophical worldviews of mental health.

47. (D) Ask whether the school district has addressed his coordination difficulties and, if not, discuss further whether the parents wish to raise this issue with his teacher. Answer D is correct, as the OT raises the issues and provides the opportunity for the parent to learn about the OT's concerns and make decisions about the next steps. This response encourages further communication that is fundamental in best practice approaches (p. 86). Answers A, B, and C are incorrect as they do not respect the collaborative team process embraced in contemporary occupational therapy. Clinic-based OT programs and school-based OT services address different needs presented by families and their children. As they have "different purposes, … there is ample possibility for either conflict or fractionation of services…. Therapists who work with the same children and families from different agencies need to prioritize families' needs and find ways to communicate in a collaborative way" (p. 85). See Reference: Dunn. (2011). Dunn, W.: Structure of best practice programs.

48. (B) have the individual work at the keyboard for 5 minutes. The most appropriate way to progress this individual is to increase the time tolerated working on the computer (answer B). Grading this activity may be achieved by "by increasing repetitions or duration" (p. 33). A heavier mouth stick (answer A) would make the task more difficult than it already is and yield no benefit. An individual with C4 tetraplegia would not have the potential to use a typing device that inserts into a wrist support (answer C). Teaching the individual how to correctly instruct a caregiver in use of the keyboard (answer D) would be downgrading the activity. See Reference: Dirette & Gutman. (2021). Grabanski, J. L. & Janssen, S. L.: Occupational selection, analysis, gradation, and adaptation.

49. (A) Discuss issues related to self-concept with the individual. This individual has demonstrated competence in using the cane but does not seem to desire to use it (answer A). Her response most likely indicates her discomfort with the cane that is related to how it looks or, more likely, how it makes her look. The image of a woman with a cane may not be consistent with her self-concept. Discussion about how she feels about using the cane may enable the individual to integrate it more successfully into her self-concept. "People who acquire disability share the common experience of feelings of shame and inferiority, along with avoidance of being identified as a person with a disability" (p. 74). Memory and time management (answers B and C) appear to be intact, as indicated by her ability to arrive for therapy on time each day. See Reference: Pendleton & Schultz-Krohn. (2018). Burnett, S. E.: Personal and social contexts of disability: Implications for occupational therapists.

50. (C) Prevent deformity. "Using orthotics in cases in which joint mobility is limited can help prevent deformity" (p. 713). Hypertonus (answer A) is not a characteristic of this condition. Owing to the active nature of the child's condition, increasing range of motion (answer B) may be contraindicated. The correction of deformity (answer D) also may be contraindicated with this child owing to the active nature of the disease. See Reference: O'Brien & Kuhaneck. (2020). Dorich, J. M. & Harpster, K.: Pediatric hand therapy.

51. (D) Lock the brakes. Once the wheelchair is positioned in proximity to the transfer target, locking the brakes is the next step (p. 248). Brakes are locked to stabilize the wheelchair. Answers A, B, and C involve movements that could cause loss of balance or wheelchair movement unless the brakes are locked. See Reference: Pendleton & Schulz-Krohn. (2018). Bolding, D., Hughes, C. A., Tipton-Burton, M., & Verran, A.: Mobility.

52. (C) Active participation and self-direction in activities matched to identified needs. Answer C is correct. When providing intervention based on Ayres Sensory Integration® the therapist follows guiding principles that include: "Collaborate with the child to create fun and challenging activities" (p. 36), and "The more inner-directed a child's activities are, the greater the potential for the activities to improve the neural

organization" (p. 36). Answers A and B are incorrect, as they create an intervention context that is counter to essential characteristics of Ayres Sensory Integration®. See Reference: O'Brien & Kuhaneck. (2020). O'Brien, J. & Kuhaneck, H.: Using occupational therapy models and frames of reference with children and youth.

53. (C) Eating six small meals a day. An individual with ALS who becomes fatigued eating three full meals a day should attempt eating six smaller meals a day before resorting to tube feedings or pureed diets (answers A and D). Eating regular food is usually more enjoyable, and therefore is likely to enhance the quality of life. An upright position is optimal when feeding individuals with dysphagia. A semireclined position (answer B) can make swallowing more difficult or dangerous. See Reference: Pendleton & Schultz-Krohn. (2018). Schultz-Krohn, W., Foti, D., & Glogoski, C.: Degenerative diseases of the central nervous system.

54. (B) Exercise and limited work task simulation. "Work conditioning is an approach to restore the performance of a worker recovering from injury or illness; the focus is on restoring the musculoskeletal and cardiovascular systems and promoting safe work performance…. typically performed using work simulation 3 to 5 days per week, 2 to 4 hours per day" (p. 795). Nonspecific job-simulating work tasks such as carrying, pushing, and pulling are appropriate examples of work conditioning that will improve skills needed for a variety of physical labor jobs and also increase physical endurance. Job-specific work tasks (answer C) are tasks that relate to developing skills to prepare for a determined job and are representative of a work-hardening program. Performing adapted work activities (answer A) is an example of work hardening that is implemented after the clients achieve work conditioning goals. On-the-job training (answer D) would also occur after a work conditioning program has been completed. See Reference: Schell & Gillen. (2019). Dorsey, J., Ehrenfried, H., Finch, D., & Jaegers, L.A.: Work.

55. (D) To eliminate late arrival to work. Given the goal for this individual's participation in OT is to address time management, the expected outcome would be to eliminate late arrival to work (answer D). The focus of time management training is to provide individuals with strategies to manage their time appropriately so that they are able to live successful and productive lives. "The way in which people use their time reflects their roles, routines, and habits and is an important indicator of their overall occupational engagement" (p. 443). Answers A, B, and C are ways of coping with being late, not strategies for the time management goal of being on time. See Reference: Brown, Stoffel, & Muñoz. (2019). Scanlan, J. N.: Time use and habits.

56. (B) Increase the number of towels from 10 to 20. "Muscle endurance is the ability of the muscle to tolerate activity over time, work for prolonged periods, and resist fatigue … the exercises are performed in a relatively low load, high-repetition regimen" (p. 721). Placing towels on a higher shelf (answer A) would help to increase range of motion. Placing towels on a lower shelf (answer C) decreases the difficulty of the activity and does not lengthen the period of time needed to improve endurance by providing more repetitions. The arm could be strengthened by adding a 1-pound weight (answer D), but that would not increase the repetitions needed to improve endurance. See Reference: Pendleton & Schultz-Krohn. (2018). Walter, J. R. & Winston, K.: Therapeutic occupations and modalities.

57. (D) A combination of service delivery models so that the OT can address student, teacher, and task needs. Answer D is correct. As the aim of pediatric OT services is to "increase the child's participation in important childhood occupations, … [therapists] often choose multiple ways of delivering services for any one child" (p. 605). Service delivery in the schools relies on multiple models to meet students' needs across activities and routines. For example, an OT may work together with the student in the classroom during seat work, work with the teacher to modify ways that math worksheets are set so that the student receives needed visual cues and supports, and co-lead groups with the teacher during art class. Answers A, B, and C are incorrect as they each offer only one service delivery model, therefore limiting the OT's ability to support the student in various ways, according to different needs that arise across instructional settings. See Reference: Lane & Bundy. (2012). Bundy, A.: Reflections of pediatric practice.

58. (B) perform desired activities in a simplified manner to conserve energy. One method used to extend an individual's occupational performance as Parkinson disease progresses is to introduce task simplification (p. 896). This allows conservation of energy, which can then be expended on desired activities (answer B). In a person with long-standing Parkinson disease, encouragement to "work through" fatigue (answer A) would further deplete available energy. Using pursed-lip breathing is recommended for individuals with pulmonary diagnoses such as COPD (answer C). Recommendations to decrease activity level as much as possible (answer D) also would be detrimental to maintaining occupational performance levels. See Reference: Pendleton & Schultz-Krohn. (2018). Schultz-Krohn, W., Foti, D., & Glogoski, C.: Degenerative diseases of the central nervous system.

59. (B) Provide small group occupation-based activities that encourage exploration and interaction. Answer B is correct, as recommended approaches point out that "[e]ven when the therapist wants to teach a specific task … after initial practice of the skill, the opportunity to use the skill by exploring and playing will enhance skill development." … "A child learns and immediately applies strategies for emotional regulation as well as specific social skills for participating actively in a peer group activity. Over time, regular positive peer interaction within the context of shared occupation will support the development of friendship. Activity groups operate under the premise that children are intrinsically interested in play and peer acceptance" (p. 484). It is unlikely that the child will initiate and develop social interaction in an environment that inhibits independence, interaction, and exploration (answers A and C). Reference: Kramer, Hinojosa, & Howe. (2020). Olson, L. J.: A frame of reference for enhancing social participation.

60. (D) Goal Attainment Scaling. Answer D is correct. Goal Attainment Scaling "can be effective for both developing and measuring progress toward social skills goals" (p. 336). These can be highly individualized and used systematically to measure progress over time. Narrative notes (answer B) represent the therapist's report of activities and outcomes and are not a systematic measurement approach. Photographs (answer C) may contribute to measuring changes; however, because they represent a moment in time, the quality and extent of students' social interaction is not captured. The School Function Assessment (answer A) does include items that measure aspects of social function; however, it is not a comprehensive assessment, and it may not include items that reflect priority areas for each student. See Reference: Kuhaneck & Watling. (2010). Hilton, C. L.: Social skills for children with an autism spectrum disorder.

61. (A) Gentle, nonresistive activities. During the initial phase of treatment for the individual with Guillain-Barré acute syndrome, "problematic client factors are addressed … these may include providing daily passive ROM, positioning, and splinting to prevent contracture and deformity and to protect weak muscles" (p. 933). This should be followed by gentle, nonresistive activities and light ADL, as tolerated. Resistive exercises and activities (answer B) should be implemented after strength begins to improve. Activities within later treatment sessions should alternate between gross and fine motor activities (unlike answer C which is only fine motor activities) and resistive and nonresistive types to avoid fatigue. See Reference: Pendleton, H. M., & Schultz-Krohn., W. (2018). George, A. H.: Disorders of the motor unit.

62. (A). Predraw response boxes on a worksheet for the student to write answers to math problems; marking the left side of each line with a green dot. Answer A is correct as "(a)daptations … with instructional materials that can be helpful in developing an understanding of spatial relations are: using graph paper for math examples and placing visual cues on paper to indicate where a child should start" (p. 348). Answer B is incorrect as consistent experiences and a checklist on an assignment pad are strategies to promote memory. Answer C is incorrect as these strategies reduce glare and promote visual attention. Forming letters in clay and painting numbers and letters on paper (answer D) are alternate activities (not classroom seat work tasks) that reinforce letter and number recognition and formation. Kramer, Hinojosa, & Howe. (2020). Schneck, C. M.: A frame of reference for visual perception.

63. (B) Utilization of foot supports. Adequate foot support is the practitioner's first concern so that the child feels secure and "when the toilet seats are low enough that the feet rest firmly on the floor, the abdominal muscles that aid in defecation effectively fulfill their function" (p. 290). Answer A is incorrect because management of fasteners requires hand skills that depend on stable posture and balance. Answer C is incorrect because provision of a seat belt may not be necessary if foot support (or back support) is provided. Answer D is incorrect because climbing onto the toilet independently may be developed later (as occurs in the normal developmental progression). See Reference: O'Brien & Kuhaneck. (2020). Shepherd, J. & Ivey, C: Assessment and treatment of activities of daily living, sleep, rest, and sexuality.

64. (C) Propose a modified goal that still meets the parent's needs. Developing an alternate goal that meets the family's needs (answer C) is correct. This way, "[t]herapists can help empower parents to make their own decisions, thereby increasing their sense of self control" (p. 51). Proposing a modified goal of functional mobility with an adaptive mobility device would best address both the parent's need for decreased carrying and the child's need to improve functional mobility within the environment. Agreeing to work on a goal that is likely unachievable in the near future (answer A) would not meet the child's needs for developmentally appropriate intervention. Answer B, offering an alternative goal, is not responsive to the concerns identified by the family. See Reference: O'Brien & Kuhaneck. (2020). Jaffe, L., Cosper, S., & Fabrizi, S.: Working with families.

65. (C) fitting of compression garments. Lymphedema results in swelling that can be painful and stigmatizing. "Treatment approaches for lymphedema include compression garments and lymphedema wrapping techniques" (p. 1140). Manual lymphatic therapy/massage can also help to lessen the swelling.

Change of dominance (answer A) is not usually necessary for individuals with lymphedema. Neither isometric exercise (answer B) nor heat modalities (answer D) would be useful. See Reference: Pendleton & Schultz-Krohn. (2018). Braveman, B., Muñoz, L. A., Hughes, J. K., & Nicholson, J.: Cancer and oncology rehabilitation.

66. (B) Canadian Occupational Performance Measure (COPM). The Canadian Occupational Performance Measure (answer B) allows the OT to gather information concerning the teen's perception about the importance of various daily occupations, together with her rating of satisfaction with current levels of performance. Following burn injury, the "child is an invaluable source of information" (p. 576). The COPM also establishes a baseline that can be referenced over time to contribute to the plan to document intervention outcomes. Answer A is incorrect, as this information is not a priority to help the OT plan intervention early in the course of burn recovery. Answers C and D suggest other potential assessments, yet these are incorrect as neither provides important information for planning at this stage in the rehabilitation process. See Reference: Lane & Bundy. (2012). Tomcheck, S. & Aberli, L.: Multitraumatic injuries.

67. (B) Identifying thoughts and beliefs that contribute to negative feelings. Guided self-assessment (answer B) of each individual's stressors and stress reactions is the first step in a stress management program. "CBT helps people identify negative thought patterns and develop skills to manage them" (p. 107). "CBT [also] aims to work with individuals to examine their problematic attitudes, beliefs, and consequent symptoms in order to develop effective coping strategies" (p. 123). Time management techniques (answer A), which help individuals schedule, prioritize, and develop appropriate attitudes about daily task requirements, may comprise one of the following sessions. Aerobic exercise (answer C) is an appropriate method for reducing stress in individuals with CFS, but care should be taken in designing a program that will not lead to overexertion. Progressive resistive exercises (answer D) involve systematic tensing and relaxing of muscles and are not appropriate for individuals with hypertension, cardiac disease, upper motor neuron lesions, or spasticity. See Reference: Schell & Gillen. (2019). Appendix I: Resources and evidence for common conditions addressed in OT.

68. (A) Develop healthy eating behaviors and meal preparation skills. "Occupational therapy practitioners can motivate and enable adults and older adolescents with eating disorders to shop for, cook, and eat self-prepared meals that enable safe (or safer) weight maintenance" (p.162). "Occupational therapy practitioners can also provide support and graded exposure to promote the preparation and eating of food previously avoided" (p. 162). Although academic performance can be affected (answer B), it is of secondary importance because it does not result in the same level of risk to the individual as dangerous eating behaviors. Menu planning and awareness of portion size (answer C) along with food shopping, cooking, and eating at a normal speed are all aspects of healthy eating and meal preparation. See Reference: Brown, Stoffel, & Muñoz. (2019). Lock, L. C. & Pepin, G.: Eating disorders.

69. (B) A second-generation EADL device with speakerphone. "Second generation EADL (Electronic Aids to Daily Living) systems [answer B] use various remote control technologies to remotely switch power to electrical devices in the environment. These strategies include the use of ultrasonic pulses (e.g., TASH Ultra 4), infrared light (e.g., infrared remote control), and electrical signals propagated through the electrical circuitry of the home (e.g., X-10). All these switching technologies remain in use, and some are used for much more elaborate control systems" (pp. 418–419). "Because the target consumers for an EADL will often have severe restrictions in mobility, the manufacturers of many of these systems believe that a significant portion of the customer's day will be spent in bed; therefore, they include some sort of control system for standard hospital beds…. Many EADL systems include a speakerphone, which allows the user to originate and answer telephone calls by using the electronics of the EADL as the telephone" (p. 420). The simplest EADL (answer A) does allow independence in operating appliances, lights, and so on through the use of switches or voice control, but would not be a necessity for safety. A remote-control power door opener that would allow a caretaker to enter would be useless if the individual is unable to call for assistance. An electric page turner (answer D) is useless without the ability to call for someone to position or replace reading material. See Reference: Pendleton & Schultz-Krohn. (2018). Anson, D.: Assistive technology.

70. (A) Model imagination and use playful facial expressions and voice. "Occupational therapists ensure that therapy is fun if the aim is to improve play … (the OT) expresses a play attitude through speech, body language, and facial expressions … May need to specifically model how to play in a specific way, trying to get the child to imitate or join" (p. 256). Asking the child to demonstrate favorite play (answer B) may provide insight into the child's current play, yet this approach does not help to expand the child's current play behavior to become more playful. Answer C, leather tooling, requires a structure and focus on

sequential steps and these generally do not promote imagination, pleasure, and playfulness. See Reference: O'Brien & Kuhaneck. (2020). Tanta, K. J. & Kuhaneck, H.: Assessment and treatment of play.

71. (B) Encourage problem-solving about how she will respond when the baby is fussy during feeding and diaper changes. Answer B, helping the parent problem-solve, is correct. "Professionals helping parents may need to address problem-solving skills essential for parenting. Everyday care for children requires constant problem-solving" (p. 51). Answer A does not include problem-solving by the parent and "[w]hen others direct parents, they become more dependent" (p. 51). Answer C is incorrect, as there is no evidence in this question that the parent needs additional support for her own caretaking. See Reference: O'Brien & Kuhaneck. (2020). Jaffe, L., Cosper, S., & Fabrizi, S.: Working with families.

72. (B) Kitchen safety. Short-term memory loss is one of the earliest symptoms of Alzheimer disease. This individual would demonstrate moderate memory loss, decreased concentration, and difficulty with problem solving. Intervention would focus on analyzing and adapting "meaningful leisure, home management, and other productive activities so as to allow the client to safely participate and exert initiation, independence, and control" (p. 881). Because her husband is still working, this individual may want to continue preparing meals. Kitchen safety issues (answer B), such as remembering to turn off the stove, would be the most important of the options listed to evaluate. The awareness of declining abilities may be very frustrating for some individuals, leading to anger, social withdrawal, and depression. There may be a need for anger management strategies (answer C), but this issue is a secondary concern to safety. Difficulty with motor abilities develop as the disease progresses, and the ability to chew and swallow (answer A) may need to be evaluated in the later stages. Difficulty or inability to recognize family members (answer D) would also develop in the later stages of the disease. See Reference: Pendleton & Schultz-Krohn. (2018). Schultz-Krohn, W., Foti, D., & Glogoski, C.: Degenerative diseases of the central nervous system.

73. (A) Short-term memory. The earliest symptoms of Alzheimer disease involve mild memory deficits (answer A). "Individuals with mild AD experience short term memory loss, inability to concentrate and learn new and/or complex material, and mild language impairment" (p. 3). The onset of most dementias is slow and progressive. Sensorimotor abilities used in functional activities, such as dressing (answer D), tend to follow. Motor skills (answer B) become involved in the later stages, and changes can be seen in tone, reaction time, movement time, and gait. Superficial social abilities (answer C) are often preserved until the last stages of dementia and may often hide the earlier cognitive changes. See Reference: Schell & Gillen. (2019). Appendix 1: Resources and evidence for common conditions addressed in OT.

74. (B) The student's ability to access and participate in the curriculum. Answer B is correct. Promoting the student's participation in activities and routines within the curriculum so they are able to benefit from education is a priority for OTs working in the education system. School-based OTs work together with other team members to develop "measurable annual goals designed to enable the student to participate and make progress in the general education curriculum" (p. 637). The development of the Individualized Education Program (IEP) is designed so that "all team members contribute to goal development" (p. 636). One person's perspective is not intended to drive the process, so answers A and C are incorrect. The IEP process includes steps to learn about the teacher's perspective and the family's priorities for their child and these become part of the data the team uses in its decision-making. Answer D is incorrect as the difficulties established in the occupational therapy evaluation are not the only basis for developing the student's IEP goals. See Reference: O'Brien & Kuhaneck. (2020). Cahill, S. M. & Bazyk, S.: School-based occupational therapy.

75. (C) Baking cookies following a recipe. Baking cookies (answer C) is a well-delineated meal preparation activity that requires memory. "Working memory involves holding information in mind and mentally working with it (i.e., working with information no longer perceptually present). Examples include keeping track of what has already been done in a multistep cooking task and remembering which medication or pill was just taken" (p. 928). This function will be addressed when following a recipe to make a batch of cookies. Folding a basket of clothes (answer A) does not challenge memory to the extent the cookie task does. Planning a meal (answer B) involves a great deal of memory and organization and would not be an appropriate choice for an initial activity to address goals related to working memory. See Reference: Schell & Gillen. (2019). Toglia, J. P., Golisz, K. M., & Goverover, Y.: Cognition, perception, and occupational performance.

76. (B) Learning proper body mechanics. Learning proper body mechanics, answer B (along with achieving a good fitness level), is one of the first steps to reducing the risk of re-injury in a work conditioning program (p. 628). Answer C, work hardening, is appropriate to implement after the physical demands of the job's specific tasks are achieved. Answer D, engaging in vocational counseling, is appropriate after it is

determined that a client cannot return to the same job or employer. Answer A, a prework screening, is typically completed by the practitioner before the employer offers the new employee a job. See Reference: Pendleton & Schultz-Krohn. (2018). Hildebrand, M. W.: Restoring home, work, and recreation roles.

77. (C) Directive. "As a director, the OT defines a group, selects activities, and structures the group in ways that he or she knows to be therapeutically appropriate for a specific group of clients" (p. 13). "Directive leadership is absolutely necessary for lower-functioning clients who do not have the cognitive capabilities to make decisions or solve problems" (p. 14). Activity groups (answer A) require a higher level of task behavior and ability to engage in occupation to enable skill development. Psychoeducational groups (answer B), which are based on cognitive-behavioral theory and focus on teaching information and techniques, require a level of learning capacity that may be impaired during acute mental illness. See Reference: Cole. (2018). Groups leadership: Cole's seven steps.

78. (B) Have the child sit rather than stand while brushing hair. This is an example of modifying the interaction between the child and the context to enhance performance. "Children who have problems with posture and movement often lack sufficient control to assume or maintain stable postures during ADL tasks and thus benefit from adaptive positioning. Adaptive positioning may include using different positions" (p. 282). Teaching the child alternate hair styles and reducing hair accessories (answer A) may be considered if hair care remains difficult, even in a supportive seated position. Adapting brush handles (answer C) may be appropriate if limited grip was a primary challenge; however, this option does not address the focal concern of posture and balance challenges. See Reference: O'Brien & Kuhaneck. (2020). Shepherd, J. & Ivey, C.: Assessment and treatment of activities of daily living, sleep, rest, and sexuality.

79. (C) Swan neck deformity. "A swan neck deformity is characterized by hyperextension of the PIP joint and flexion of the DIP joint" (p. 954; answer C). Answer A, "boutonnière deformity is characterized by flexion of the PIP joint and hyperextension of the DIP joint" (p. 954). Answer B, mallet deformity, is characterized by DIP joint flexion and loss of active extension (p. 955t). See Reference: Pendleton, H & Schultz-Krohn. (2018). Deshaies, L.: Arthritis.

80. (B) Identify and trial several different strategies, such as various toothpaste flavors, use of electric toothbrush, pictures to show steps. Answer B is correct. "Selfcare can be challenging for children with ASD due to sensory, motor, and cognitive issues; however, these children can learn to become independent with the assistance of visual schedules, skills acquisition and learning techniques, and modifying the tasks and environment to support their performance" (p. 500). With this understanding, a systematic trial and assessment of specific strategies is the best option. Answer A is inappropriate as it does not provide the parent with support for current concerns. Answers C and D are incorrect as they do not establish clear expectations for desired behavior, nor do they represent the consistency that benefits many students with autism. See Reference: Lane & Bundy. (2012). Rodger, S. & Ziviani, S.: Autism spectrum disorders.

81. (A) hook and loop closures on front-opening clothing. Parkinson disease has five stages. Stage 1 includes "unilateral symptoms, no or minimal functional implications, usually a resting tremor" (p. 797). In stage 2, "midline or bilateral symptom involvement, no balance difficulty, mild problems with trunk mobility and postural reflexes" arise (p. 797). Stage 3 is characterized by "postural instability, mild-to-moderate functional disability" (p. 797). Difficulty with manipulation and dexterity emerges in stage 4, as disability increases. Hook and loop closures on front-opening clothing (answer A) would require the least amount of dexterity, which becomes increasingly difficult for individuals in stage 4. Large buttons on front-opening clothing (answer B) might be easier than smaller buttons, but would still require more manipulation than Velcro® closures. Clothing slipped on over the head with no fasteners (answer C) would eliminate the need for dexterity, but having to raise the arms would be problematic because of the rigidity and stiffness of the limbs that typically accompany Parkinson disease. Although clothing that stretches freely is easier to put on than tightly constructed clothing, the need to tie the closures in the back of the garment (answer D) would be difficult for a person with upper extremity rigidity. See Reference: Dirette & Gutman. (2021). Forwell, S. J., Hugos, L. L., & Ghahari, S.: Neurodegenerative diseases.

82. (C) marking the end of each step with high-contrast tape. Difficulty in seeing contrast and color are two forms of decreased visual acuity that cannot be addressed by corrective lenses. "Changing the background color to contrast with an object can help the client see objects more clearly…. Application of this technique can be as simple as using a black cup for milk and a white cup for coffee" (p. 601). Two effective environmental adaptations to these deficits are increasing background contrast and illumination. Using tape or paint to make the edge of each step contrast sharply with the rest of the step is an inexpensive way to adapt the environment. Installing a stair glide or handrails (answers A and B) are more costly adaptations that do not address the problems of decreased visual acuity. Instructing the patient to

take only one step at a time (answer D) may cause the individual to be unnecessarily slow and does not address the problems of decreased visual acuity. See Reference: Pendleton & Schultz-Krohn. (2018). Warren, M.: Evaluation and treatment of visual deficits after brain injury.

83. (A) Large key ring. "Occupational therapists can suggest methods to modify the demands of the activity" (p. 294) and answer A is an example. A large key ring attached to the zipper pull is an adaptation to enable a child with limited grasp to hold and move the zipper. Answer B, oversized fasteners, would not address the child's need to become independent in zipping, unless all of the zippers were removed from the child's pants and replaced with fasteners. Colored zippers, answer C, would be most helpful for a child with visual discrimination problems. See Reference: O'Brien & Kuhaneck. (2020). Shepherd, J. & Ivey, C.: Assessment and treatment of activities of daily living, sleep, rest, and sexuality.

84. (A) Applying a stimulus to the involved extremity, such as rubbing or stroking. When sensation begins to return, it is appropriate to incorporate sensory reeducation. Stimulating the involved extremity by rubbing or stroking (to provide tactile input) or through weightbearing activities (to provide proprioceptive input) are examples of sensory reeducation activities. Whereas answers B and C are compensatory strategies to protect the client from further injury, the question implies a neuro-educational approach to how the OT should initiate return of the affected extremity. See Reference: Pendleton, H. M., & Schultz-Krohn., W. (2018). Abrams, M. R. & Ivy, C. C.: Evaluation of sensation and intervention for sensory dysfunction.

85. (D) Ask the individual if there are cultural guidelines for how to dress for exercise group. Muñoz and Blaskowitz describe several components necessary for effective, culturally responsive interaction skills. For example, in the area of communication, it is important to identify whether an individual needs an interpreter. In the area of cultural sanctions and restrictions, it is important to identify issues related to gender, touch, and expression of emotions, and to obtain information from the individual concerning their thoughts and feelings about these areas. "The goal is to solicit detailed information in a non-threatening manner and with an intentional culturally relevant perspective" (p. 530). Competence in this area could be demonstrated by asking the individual if there are guidelines for how women can dress for exercise group in her culture (answer D). Singling this person out to comment on their clothing (answer B) could be embarrassing to her. Making suggestions about how to dress (answers A and C) without first obtaining culturally relevant information is not a culturally sensitive approach. See Reference: Brown, Stoffel, & Muñoz. (2019). Muñoz, J. P. & Blaskowitz, M.: Sociocultural perspectives in mental health practice.

86. (C) Discuss the symbolism of how we all experience breaking and healing. Individuals with eating disorders share several common characteristics: "1. overvaluation of weight, shape and their control; 2. mood intolerance; 3. core low self-esteem; 4. perfectionism; 5. interpersonal problems" (p. 160). Occupational therapy intervention, utilizing craft activities in particular, can promote self-esteem, self-confidence, and tolerance of imperfection. The OT must be supportive and empathetic and help the individual allow herself to make mistakes (answer C). Self-efficacy is related to self-esteem, and thus it is crucial to encourage the client to continue on after encountering an obstacle (p. 314). Working with her one-on-one (answer A) would remove her from the group type of intervention that is so important for this population. Repairing the box (answer B) does not reflect empathy nor does it support the woman's self-efficacy, sending the wrong message. Downgrading the activity by removing the message (answer D) would remove a key element of the activity. See Reference: Brown, Stoffel, & Muñoz. (2019). Lock, L. C. & Pepin, G.: Eating disorders.

87. (C) A therapist-led aerobics class. "Parallel occupations are those occupations in which individuals may share the same physical context, such as standing in a grocery line. The individuals are involved in their own occupations and do not share an interaction" (p. 765). An aerobics class would provide the opportunity for each client to work individually, without the need to interact with others, while providing an opportunity for sharing and social interaction if desired. These individuals would not be ready for the higher levels of interaction required by planning a dinner party (answer A) or participating in a support group (answer B). See Reference: Brown, Stoeffel, & Muñoz. (2019). Pizur-Barnekow, K. & Pickens, N. D.: Introduction to occupation and co-occupation.

88. (C) Encourage play activities that incorporate tapping, application of textures, and weightbearing to the residual limb. Answer C is correct. "Desensitization of the residual limb can be accomplished through percussion (tapping, rubbing, and vibration) with and without desensitization media and progressive loading against various surfaces" (p. 930). Answers A and B will not affect hypersensitivity, and answer D is incorrect because the child is in the preprosthetic phase and does not yet have access to the prosthesis. See Reference: Dirette & Gutman. (2021). Walters, L. S.: Amputations and prosthetics.

89. (C) Mental status, oral structures, and motor control of head. "The clinician notes the patient's insight into his or her dysphagia and observes head, neck trunk, and limb control and endurance for being out of bed at mealtimes" (p. 370). A dysphagia evaluation usually consists of assessing a client's mental status; oral motor structure; and head, trunk, and extremity motor functions (answer C). Answer A is most related to an evaluation of TMJ. Answer B, a cranial nerve function assessment, would typically be performed by a physiatrist or neurologist. Answer D, muscle length control or dysmetria (a result of overshooting or pointing past an object), is typically not included in the assessment of dysphagia. See Reference: Dirette & Gutman. (2021). Avery, W.: Swallowing and eating assessment and intervention.

90. (A) Serving from the beverage cart. "Job demands vary considerably. Many employers now have health and safety staff to assess workstations, educate employees about body mechanics, and determine whether modifications can be made. In many cases, however, it is up to the individual worker to modify his or her work situation. Many improvements can be made by simply using correct lifting techniques, using the proper equipment for the job, pacing the activity, and asking for help" (pp. 1045–1046). When distributing magazines, the flight attendant uses negligible reaching, bending, pushing, or pulling movements. Serving from the beverage cart involves pushing and pulling on a horizontal plane, and somewhat more resistive reaching and bending than that required to distribute magazines (answer A is correct). Blankets and pillows (answer B) are lightweight like magazines and would not be considered an upgrade. Distributing magazines to half of the passengers (answer C) would be downgrading the activity. Putting luggage into the overhead compartments (answer D) would be the final step in the work hardening process, because it involves the most weight and the riskiest back position. See Reference: Pendleton & Schultz-Krohn. (2018). Simpon, A. U.: Low back pain.

91. (B) Prevents hyperextension of the MCP joints and allows MCP flexion. "Laceration of the ulnar nerve at the wrist, a low ulnar lesion, results in loss of most of the hand intrinsics … The ring and small fingers present a 'claw hand' deformity, a position of MP hyperextension and PIP flexion associated with muscle imbalance in ulnar-innervated structures" (p. 900). The primary purpose of an ulnar nerve orthosis is to support the hand secondary to ulnar intrinsic muscle paralysis or weakness. This orthosis also allows for MCP flexion. Answers A and C are inappropriate techniques for fabricating an ulnar nerve orthosis. See Reference: Dirette & Gutman. (2021). Amini, D.: Hand impairments.

92. (A) Emphasizing quality of life and engagement in meaningful activity. "The palliative approach focuses on providing clients with relief from the symptoms, pain and stress of a serious illness…. The goal is to improve quality of life [answer A] for both the client and their family" (p. 427). Hospice care, unlike palliative care, is carried out only in the last weeks or months of life; therefore, a focus of hospice care is on the dying process (answer D). Goals related to strength and endurance (answer B) and maximizing independence (answer C) are consistent with a rehabilitation approach, but not a palliative approach. See Reference: Schell & Gillen. (2019). Gillen, G.: Occupational therapy interventions for individuals.

93. (C) Demonstrate how using a shower chair improves safety. Educating the client is the first response the OT should make (answer C). By describing and demonstrating the shower chair and how it makes showering safer, the therapist is conveying the concept that occupational performance is based on the interaction of performance contexts (physical environment) and performance components (the confidence to execute tasks safely). The therapist would then inquire about the client's desire to purchase a shower chair (answer B). Getting into a bathtub is even more dangerous than getting into the shower (answer A), so this is not a viable option. Answer D, explaining that the therapy will increase the client's confidence level, is a subjective belief of the therapist that may not be embraced by the client because of their very valid fear of falling. See Reference: Dirette & Gutman. (2021). Oss, T. V., Sanders, M. J., & Hewitt, P.: Environmental assessment and modification: Home, work, and community.

94. (A) decrease inflammation and edema. The "goals and concepts of elastic taping include … reducing inflammation and edema by stimulating the lymphatic system" (answer A; p. 996). Taping does not increase muscle fatigue (answer B); rather, its goals include "normalizing muscle tone by reducing overstretching and overcontraction of muscles … Improving ROM by relieving pain" (p. 996). Therefore, answer C, limit range-of-motion is incorrect. Answer D, taping to desensitize the upper extremity, is not a primary function of elastic taping. See Reference: Pendleton & Schultz-Krohn. (2018). Walsh, J. M. & Chee, N.: Hand and upper extremity injuries.

95. (B) Allow the chin to remain tucked when drinking. Answer B is correct. The cutout area surrounds the child's nose, so the liquid goes into the child's mouth without extending the neck. Tucking the chin toward the chest is "recommended when the child has delayed swallow initiation" (p. 227). Methods the caregiver can use to control or slow the rate of liquid intake (answers A and C) include using a drinking spout with a small opening, pinching a straw, or using a vacuum feeding cup with a control button. See

Reference: O'Brien & Kuhaneck. (2020). Korth, K. & Maune, N. C.: Assessment and treatment of feeding, eating, and swallowing.

96. (B) Provide praise for completed dressing; do not help the child get dressed. Answer B is correct. "The social environment, family and other caregivers … provide encouragement and support ADL independence. They also shape expectations regarding the child's ADL occupations" (p. 270). To help a child maintain independence, it also is important to be aware of social, cultural, and physical routines/expectations. Since the child has achieved dressing independence, assistance (answer A) or clothing adaptations (answer C), are not needed. In fact, assisting now may cause the child to lose independence and regress to relying on their parents again. See Reference: O'Brien & Kuhaneck. (2020). Shepherd, J. & Ivey, C.: Assessment and treatment of activities of daily living, sleep, rest, and sexuality.

97. (A) Swimming. Swimming (answer A) is correct, as it provides active movement through wide ranges of motion with minimal impact on the joints. The sports in answers B, C, and D involve bouncing, jumping, and kicking, which place additional stress on the joints and would be contraindicated (p. 689). See Reference: O'Brien & Kuhaneck. (2020). Dudgeon, B. J.: Hospital and pediatric rehabilitation services.

98. (A) Make a fist, and then gradually relax it. Progressive muscle relaxation (PMR) is one of several methods OTs use for relaxation training. Making a fist and relaxing it (answer A) is an example of PMR, which is optimal for this individual because of his short attention span. When teaching PMR, the OT instructs clients "to focus on specific muscle groups, tighten them, and then slowly relax, thus affecting the autonomic nervous system and decreasing arousal" (p. 355). The remaining answers represent different types of relaxation training. Meditation may take many months to learn and involves focusing on a word or phrase (answer B) to reduce stress. Walking to increase the heart rate is an example of aerobic exercise (answer C), which can reduce pain and relieve stress and involves repetitive contractions of the large muscles of the arms and legs. See Reference: Brown, Stoeffel, & Muñoz. (2019). Haertl, K.: Coping and resilience.

99. (C) Teach the caregiver how to position the client safely. "The progressive nature of ALS necessitates that rehabilitation be compensatory, focusing on adapting to disability and preventing secondary complications…. As function declines, mobility and selfcare become increasingly difficult…. The therapist helps the caregiver-client team to optimize safety and positioning, perform safe transfers, and maintain skin integrity" (p. 802; answer C). Answer A (strengthening program) and B (wheelchair education) would most likely have occurred at this point in the disease process and would not address the issue of transferring and decubiti, whereas answer D (providing an environmental control unit) also would not address the ability to transfer and decubitus prevention. See Reference: Dirette & Gutman. (2021). Forwell, S. J., Hugos, L. L., & Ghahari, S.: Neurodegenerative diseases.

100. (B) Wheelchair equipment vendor. Although any of these community resources may be helpful to a family and child with a significant physical disability, answer B is correct because of the possible breakdown of this already-purchased piece of equipment. "The wheelchair seating and mobility assessment team includes the client, caregivers, clinicians (occupational and/or physical therapists), and the equipment supplier" (p. 513). Part of the OT's responsibility in fitting a wheelchair is to ensure the consumer's satisfaction, and access to assistance for repairs and refinements contributes to this outcome. The OT needs to consider this possible problem and provide local support for a solution. Therefore, although answers A, C, and D may serve as resources for other needs of the child, only a specialist in wheelchair equipment would be able to solve mechanical problems that arise. See Reference: Dirette & Gutman. (2021). Lange, M. L.: Wheelchair and seating selection.

101. (A) Manual edema mobilization. "Manual edema mobilization [answer A] is a method of edema reduction based on methods to activate the lymphatic system. These methods include the principles of manual lymphedema treatment (MLT) massage, medical compression bandaging, exercise, and external compression adapted to meet the specific needs of sub-acute and chronic postsurgical and poststroke upper extremity edema. The goals are to stimulate the initial lymphatics to absorb excess fluid and large molecules from the interstitium and to move this lymph centrally" (p. 991). Answers B and C, hot packs and paraffin, can assist with soft tissue and joint mobility as well as pain, but are often contraindicated in cases in which edema is present because the direct heat source increases blood flow to the area and subsequently increases edema. See Reference: Pendleton & Schultz-Krohn. (2018). Walsh, J. M. & Chee, N.: Hand and upper extremity injuries.

102. (A) positioning the upper extremity on the tabletop surface with Dycem®. "Flaccidity stemming from upper motor neuron dysfunction (e.g., a client recovering from spinal or cerebral shock caused by acute CNS insult or injury) is treated with facilitation techniques…. The arm can be passively positioned as normally as possible during ADL tasks to provide sensory and proprioceptive feedback. When

the client is eating, have him or her place the affected arm on the dining room table, resting on top of a piece of Dycem®" (p. 464). This positioning technique (answer A) would keep the individual's arm in a safe and appropriate position. A lap tray (answer D) would provide support but is more restrictive than placing the hand on a surface with Dycem®, which should be attempted first. The fact that the individual's arm was seen dangling by the side of the wheelchair indicates that the wheelchair armrest alone (answer B) is inadequate. Answer C, an arm sling, would provide support for his arm, but would immobilize it in adduction and internal rotation. Current literature supports the use of slings only when necessary, such as during ambulation when a flaccid upper extremity may sublux or cause loss of balance. See Reference: Pendleton & Schultz-Krohn. (2018). Preston, L. A.: Evaluation of motor control.

103. (A) Jaw opening and closing are controlled with your index and middle fingers; place your thumb on the child's cheek. The correct position of the adult's hand for jaw control when the child is fed from the side is described in answer A. "Providing jaw support while sitting beside the child with the arm around the back of the child's neck may allow the occupational therapist to provide additional stability for the child to maintain adequate head alignment" (p. 230). Answers B and D are incorrect because the thumb should be placed on the child's cheek to provide joint stability. Answer C is incorrect because controlling the child's jaw movement with the adult's whole hand provides less control of the child's jaw than the recommended method. If the child is fed from the front, the adult's thumb is placed on the chin, with middle finger under the chin to control opening and closing of the jaw. The index finger then rests on the side of the child's face to provide stability. See Reference: O'Brien & Kuhaneck. (2020). Korth, K. & Maune, N. C.: Assessment and treatment of feeding, eating, and swallowing.

104. (B) Provide positive and constructive feedback about performance in the role-play. Once the problem-solving sequence has been completed, the social skills training sequence moves on to the role-play. After initially performing the role-play as the situation most recently occurred, without trying to implement the most effective social skills, the OT should provide positive and constructive feedback (answer B). This is then followed up with a second role-play in which the participants practice using more effective social skills (answer D). After more feedback, the OT provides a real-life homework assignment (answer A) and closes the session by summarizing the skills covered in the session. Discussion of how to carry out the solution in a social interaction (answer C) would have occurred earlier, during the problem-solving sequence (p. 414). See Reference: Brown, Stoffel, & Muñoz. (2019). Brown, C. & Tully, S.: Communication and social skills.

105. (C) get the shirt all the way on, then line up the buttons and holes, and begin buttoning from the bottom. It is easier to see the buttons and buttonholes at the bottom of the shirt (answer C) than at the top (answer B; p. 206). Therefore, beginning to button from the bottom is more likely to result in success for the individual with motor or visual-perceptual deficits. Buttoning first (answer A) may result in ripping off the buttons as the shirt is pulled over the head. A buttonhook with a built-up handle (answer D) would be more helpful for an individual with finger weakness or incoordination (e.g., quadriplegia). See Reference: Pendleton & Schultz-Krohn. (2018). Koketsu, J. S.: Activities of daily living.

106. (B) Crafts, games, and selfcare tasks. "Purposeful and occupation-based activities are an integral part of rehabilitation of the hand. Such activities include crafts, games, dexterity activities, ADLs, and work samples. Several studies have shown that clients are more likely to choose occupationally embedded exercise and that they performed better using this type of exercise than with rote exercise" (p. 998). Crafts, games, and selfcare tasks can best be described as purposeful and occupation-based activities that should be a component of hand rehabilitation (answer B). Answers A, C, and D are all considered to be adjunctive activities that may be implemented as a precursor to functional activities. See Reference: Pendleton & Schultz-Krohn. (2018). Walsh, J. M. & Chee, N.: Hand and upper extremity injuries.

107. (B) Prompting the worker to use the correct sequence with each item, then gradually eliminating prompts beginning with elimination of the prompt for the plastic piece. Backward chaining is "used to teach multistep tasks; in this approach the therapist shows or prompts all of the steps of the task. On the next trial, all of these steps except for the last one is demonstrated or prompted and the person being taught this skill must demonstrate it. After each trial prompts are withdrawn and that technique progresses until all of the steps are learned" (p. 230). Answers A, C, and D are not examples of backward chaining. See Reference: Gillen. (2009). Managing memory deficits to optimize function.

108. (D) Rubber-coated spoons. "A rubber-coated or dense plastic spoon may be used as an alternative to a metal spoon for a child who bites down on the utensil" (p. 225). This allows the parent and/or child to remove the utensil more easily from the child's mouth. Rubber-coated spoons provide a smoother surface than that of a regular stainless-steel utensil. Answers A, B, and C would not be recommended for a child with a strong tonic reflex, but would be for other children whose feeding/eating is impacted by

incoordination, tremors, and apraxia. See Reference: O'Brien & Kuhaneck. (2020). Korth, K. & Maune, N. C.: Assessment and treatment of feeding, eating, and swallowing.

109. (D) Activate the emergency response by calling 911. The OT practitioner should be knowledgeable about situations that may be potentially dangerous for patients, including appropriate ranges for heart rate and blood pressure. "General signs and symptoms that an individual may be having a cardiac event include blood pressure fall of 20 mm Hg or more or heart rate is 20 beats per minute or more over resting heart rate" (p. 390). This person's heart rate is a warning sign and immediate medical services are necessary. Answers A, B, and C do not recognize the seriousness of the situation and could delay the necessary medical attention. See Reference: Schell & Gillen. (2019). Appendix I: Resources and evidence for common conditions addressed in OT.

110. (A) Getting dressed without reaching exhaustion. "Fatigue management, a more contemporary term for energy conservation, is aimed toward saving and expending energy wisely" (p. 966). Energy conservation techniques may often result in slower, not faster, performance (answer D). Using proper body mechanics may enable an individual with back pain to lift heavy cookware without pain (answer B). Using joint protection techniques may prevent further joint damage to arthritic hands when the patient is doing handicrafts (answer C). See Reference: Pendleton & Schultz-Krohn. (2018). Deshaies, L.: Arthritis.

111. (D) Involve them in sanding and staining increasingly larger pieces. This individual's goal is to increase ROM so he can return to work. In woodworking, "the larger the project, the greater the movement required" (p. 163). Progression to power tools (answer A) would not necessarily promote greater ROM but might involve increasing the cognitive complexity of the task. Wrist weights (answer B) would be used to promote strengthening. Bilateral activities (answer C) could be useful for some individuals with coordination or perceptual deficits. See Reference: Tubbs & Drake. (2017). Traditional occupational therapy crafts.

112. (A) A peer in the group. "A mature group is heterogeneous in composition and is characterized by members taking those task and social-emotional roles that are required for adequate group functioning…. the therapist interacts as a co-equal group member" (p. 434). The OT would function as a leader (answer B) in parallel, project, and egocentric-cooperative level groups. The OT would function as an advisor (answer C) in a cooperative level group. See Reference: Cole. (2018). Mosey, A. C.: Appendix B. The concept and use of developmental groups.

113. (B) Teach him to take breaks frequently when doing needlepoint and to respect pain. When doing needlepoint, individuals with arthritis should "minimize long periods of static holding. Maintaining a static grasp for an extended period of time can damage an inflamed joint…. Those with arthritis who desire to participate in needlework should be instructed to take frequent rest breaks and to respect pain [answer B]" (p. 181). Designs with a lower level of complexity (answer A) could benefit an individual with cognitive deficits. A different hobby (answer C) might be better for his joints in theory, but working with him to find ways that he can continue the hobby that he values is a more client-centered option. See Reference: Tubbs & Drake. (2017). Needlework.

114. (D) Cut the paper in two following a straight line. "The first cutting skill, observed at 3 years, is snipping with alternating full-finger extension and flexion" (p. 106). The ability to cut heavier materials such as cardboard and cloth (answer A) develops last in the sequence of scissor skills. The ability to cut along curved lines (answer B) develops after the ability to cut a straight line. The ability to cut along straight lines with enough control to cut out a triangle (answer C) develops after the ability to cut a single straight line and before the ability to cut a curved line. See Reference: O'Brien & Kuhaneck. (2020). Smet, N., Lucas, C. B., Parham, D., & Mailloux, Z.: Occupational therapy view of child development.

115. (C) Bring the seat in for reevaluation in 4 to 6 months. Answer C is correct, as "once a child receives a seating mobility system, the therapist reevaluates its fit and function every 4 to 6 months to accommodate postural, developmental, and physiologic changes" (p. 461). Answer A is incorrect, as a well-fitting seating system that enhances function should be regularly used to enhance the child's participation in everyday activities. Weekly adjustment (answer B) is usually not necessary and transporting the seat every week would be unnecessarily inconvenient. See Reference: O'Brien & Kuhaneck. (2020). Hanebrink, S., Rosen, L., Rotelli, L., & Sabet, A.: Mobility.

116. (B) The clubhouse model. Within the clubhouse model (answer B), "[m]embers share their strengths, talents, and abilities in running the clubhouse so as to regain their confidence, sense of worth, and purpose. The work-ordered day follows a typical 5-day-a-week, 8-hour day, with recreational and other programs offered in the evenings and weekends, including holidays" (p. 663). Members are not paid. Transitional employment (answer A) may be provided by the clubhouse by contracting positions in business and industry. These positions, however, are paid a prevailing wage. Partial hospitalization environments (answer C) provide more structure and professional support for people who still need a higher level of care.

See Reference: Brown, Stoffel, & Muñoz. (2019). Mahaffey, L., Dallas, J., & Muñoz, J. A.: Supporting individuals through crisis to community living: Meeting a continuum of service needs.

117. (C) Work with the individual on appropriate communication skills. Characteristics associated with borderline personality disorder include "a pervasive pattern of instability of interpersonal relationships, self-image, and affect, along with marked impulsivity" (p. 173). Consequently, OTs specifically address "the four core impairments of cognition, affect, impulse control, and interpersonal relationships in the context of occupational performance" (p. 179). Expressing feelings of disappointment (answer B) would not be beneficial with this population. Banning the individual from group therapy sessions (answer A) would deprive them of the necessary intervention. See Reference: Brown, Stoffel, & Muñoz. (2019). Doughty, K. & Brown, C.: Personality disorders.

118. (A) Checking for irritation and pressure problems. Because a toddler cannot always articulate discomfort effectively, skin irritation may go unnoticed. Therefore, a young child is at higher risk for developing skin and pressure problems than an older, more verbal one. "Children may require a different intervention or a modification in orthotic design if compromised skin integrity is noted" (p. 704). Although answers B, C, and D describe important factors in orthosis care, the primary emphasis for the young child should be placed on answer A. See Reference: O'Brien & Kuhaneck. (2020). Dorich, J. M. & Harpster, K.: Pediatric hand therapy.

119. (B) Rifton child's chair with footrest and padded abductor post. "Older children with neuromuscular impairments may require a wheelchair or an adaptive stroller, such as a … Rifton chair, to provide optimal support during oral feeding…. Within a seated position, the child should have supported feet and neutral pelvic alignment" (p. 224). The prone stander (answer A) would place the child in a standing or extended position, which would reinforce undesirable extensor tone. A supine position (answer C) is not appropriate for eating if other positions are available. The child would not benefit from a beanbag chair (answer D) as this soft seating does not provide the firm support this child needs. See Reference: O'Brien & Kuhaneck. (2020). Korth, K. & Maune, N. C.: Assessment of feeding, eating, and swallowing.

120. (A) Orthostatic hypotension. A frequent side effect of antipsychotic drugs is orthostatic hypotension (answer A), a decrease in blood pressure in response to sudden movements, especially up and down, resulting in faintness or loss of consciousness (p. 233). The parachute activity involves significant up-and-down body movements, and therefore warrants the therapist's full attention with this patient population. Photosensitivity (answer B) is a common side effect of some antipsychotic drugs, and dry mouth resulting in excessive thirst (answer C) is a common side effect of some antidepressant drugs; however, these would not be of particular concern during an indoor parachute activity. See Reference: Brown, Stoffel, & Muñoz. (2019). Brown, C.: Schizophrenia and schizoaffective disorder.

121. (C) Install an alarm on the client's door. The use of "simple alarms so that the individual cannot leave the area without your knowledge" (p. 239), such as installing an alarm on the client's door (answer C) would be the preferred intervention to address wandering. Additional strategies to prevent wandering include regular exercise, putting up stop signs, and diversion. Moving the individual's room (answer D) would likely add to their confusion. Keeping hallways clear of obstructions (answer B) results in a safer environment for wanderers but does not prevent wandering. Modifying the environment is preferable to increasing demands on nursing staff (answer D). Applying restraints (answer A) would be the last choice for intervention because it interferes with a client's functional independence. See Reference: MacRae. (2019). Smith, J. & MacRae, A.: Mental health of older adults.

122. (B) Develop a plan with staff to change the social environment to one that will enhance motivation and activity levels. Consultation is providing "the best advice/plan possible to assist the organization to meet the needs of its service population and those of the organization…. The consultant is able to do this without becoming enmeshed in the day-to-day operations of the organization" (p. 168). This answer is correct because it best reflects the scope of the consultant with populations in community-based practice, which is to provide problem solving in the area of concern. Answers A and C represent direct service approaches by an OT. See Reference: Fazio. (2017). Supporting your programming: Staffing and personnel.

123. (C) Foam tubing around the utensils. Answer C is correct because foam tubing increases the diameter of the utensils and "larger grip diameters may help a child to self feed more independently" (p. 225). Swivel utensils (answer A) are most appropriate for children who experience incoordination or tremors, whereas pediatric universal holders (answer B) are commonly introduced when a child has no grip at all. In this case, the cuff is directly attached to the child's hand while the utensils are inserted into the sleeve of the cuff. Weighted utensils (answer D) would not assist the child with decreased grip but may

assist a child with motor incoordination. See Reference: O'Brien & Kuhaneck. (2020). Korth, K. & Maune, N. C.: Assessment and treatment of feeding, eating, and swallowing.

124. (B) Slightly flexed. Answer B is correct. "A chintuck position may be recommended when the child has delayed swallow initiation. During a VFSS [video-fluoroscopic swallow study], a delay is typically seen as pooling of food or liquid in the pharyngeal space located close to the opening of the larynx. When the child is positioned with a slight chintuck, the laryngeal opening may become smaller, reducing the risk of aspiration or penetration" (p. 227). Positioning the infant with the head in extension (answer C) can increase the risk of choking. See Reference: O'Brien & Kuhaneck. (2020). Korth, K. & Maune, N.C.: Assessment and treatment of feeding, eating, and swallowing.

125. (A) skin inspection. Visual inspection of an insensate area is essential for preventing pressure sores, which may develop when there are no sensory cues to alert a person to skin breakdown (answer A). "Skin care and positioning are extremely important throughout the course of rehabilitation, especially immediately after surgery" (p. 1108). Nail trimming (answer B) is an important issue to address in individuals with diabetes, but it is secondary to skin inspection in importance. Many individuals with diabetes have abnormalities in nail growth, and instead of trimming their own nails, they have them trimmed by a podiatrist. Moreover, the nursing staff may address this issue with the patient. Retirement planning (answer C) and returning to work (answer D) are issues that may be addressed when discussing discharge plans. See Reference: Pendleton & Schultz-Krohn. (2018). Orr, A. E., Glover, J. S., & Cook, C. L.: Amputations and prosthetics.

126. (C) Offer a choice of slice-and-bake cookies or a cake mix. Strategies to address impairment in decision-making skills include "limit the number of options [answer C], teach individuals about potential biases, teach individuals to step back and think through important decisions, and ask other individuals for input when making important decisions" (p. 282). Premeasuring ingredients (answer A) could save time and be a useful strategy for an individual with a short attention span. Limiting the number of steps (answer B) could be a useful strategy for individuals with memory deficits. See Reference: Brown, Stoffel, & Muñoz. (2019). Brown, C.: Cognition.

127. (B) Having the OT move the shoulder joint through its full range of motion. "A client with little or no active range of motion would require the therapist to passively move the joint through its full arc of motion, termed PROM" (p. 54; answer B). Answers A and C are representative of strategies to elicit active range of motion and/or active assisted range of motion techniques. See Reference: Meriano & Latella (2016). Proulx-Sepelak, D.: Foundational skills for functional activities.

128. (B) A group format following a specified protocol. Dialectical Behavior Therapy (DBT) uses a protocol-based cognitive-behavioral approach to work with individuals with complex psychiatric conditions in a group format (answer B). "As with all group formats, clients benefit from the interpersonal interaction, support, and modeling of other clients. The group format also supports the need for the therapist to continue with the skills training agenda and protocol when problems or crises arise with individual group members…. The four modules of skills training are mindfulness, interpersonal effectiveness, emotional modulation, and distress tolerance" (p. 397). Therefore, an individual format (answers A and C) would not be appropriate. See Reference: Brown, Stoffel, & Muñoz. (2019). Giroux, J. L., McLaughlin, R., & Scheinholz, M. K.: Emotion.

129. (D) in the upper cabinet to the left side. Placing the groceries in the upper cabinet to the left side will promote the greatest degree of "incorporating the arm in a weightbearing alignment for postural support and to assist with balance during an activity" (pp. 792–793). Putting groceries on the counter directly in front of the person (answer A) or in the upper cabinet to the right side (answer C) would not cause enough weight to be shifted to the affected side and would even shift weight away from that side. When placing groceries on the counter to the left side (answer B), minimal weight shift occurs. See Reference: Pendleton & Schultz-Krohn. (2018). Schultz-Krohn, W. & Mclaughlin-Gray, J.: Traditional sensorimotor approaches to intervention.

130. (A) Reposition the switch to facilitate easy access and adjust further as needed. "Positioning the switch and device may require the use of mounts to put each object in the optimal position for access" (p. 497) to increase the child's independence and self-efficacy. Answer B addresses a limitation in range of motion; answer C is a strategy for dealing with a visual impairment; and answer D pertains to behavioral and cognitive issues, none of which were mentioned as concerns for this child. See Reference: O'Brien & Kuhaneck. (2020). Schoonover, J. W. & O'Brien, J.: Assistive technology.

131. (B) Form letters out of clay. "Occupational therapists address handwriting, and the visual motor skills necessary for handwriting, such as letter writing, texting, [through] multisensory approaches such as painting signs, using chalk to write on the ground, or playdough to form letters" (p. 99). Furthermore,

recognition of letters occurs before actual letter-writing–related activities and using a multisensory approach to recognition and placement of letters would be most likely recommended by OTs. Making letters out of materials such as clay, bread dough, pudding, or sandpaper uses the child's tactile, kinesthetic, and, in some cases, gustatory senses, as well as vision, reinforcing learning through a variety of sensory channels. Flash cards (answer A) and matching to a sample (answer C) are methods that rely primarily on visual processing, and these approaches that tap cognitive skills are better suited for strengthening existing skills in older children. See Reference: O'Brien & Kuhaneck. (2020). Smet, N., Lucas, C. B., Parham, D., & Mailloux, Z.: Occupational therapy view of child development.

132. **(D) has good upper extremity range of motion, but difficulty accessing small targets.** "If the client has limitations in motor control, a keyboard with larger keys and/or additional space between the keys may allow independent control of the device" (p. 426). A large keyboard would be best for someone who has good range of motion, but difficulty accessing small targets (answer D). A person with limited range of motion but who has adequate fine coordination (answer A) would benefit from a smaller or contracted keyboard. If someone fatigues rapidly when reaching for the keys (answer B), having to reach farther on a large keyboard would cause more fatigue. A large keyboard would be more difficult for a person using one hand (answer C), because the hand would have to move farther to complete typing, adding more work to the process. See Reference: Pendleton & Schultz-Krohn. (2018). Anson, D.: Assistive technology.

133. **(C) Tai chi.** Tai chi would be the best activity because it incorporates slow stretching and provides graduated challenge to coordinated movements, which can help improve balance (answer C). "Complementary therapies, such as participation in Reiki, Tai Chi, Ai Chi, and yoga, may also be recommended to foster holistic health and wellness while also drawing exaggerated attention to the sense of body position" (p. 53). Answer A, safe-transfer training, is useful to teach safety precautions but would not have as much impact on motor skills. Answer B, walking, is a good general exercise but would not provide stretching movement or challenge balance. Answer D, gardening, would not be particularly useful because it can be performed while in a stationary position. See Reference: Meriano & Latella (2016). Proulx-Sepelak, D.: Foundational skills for functional activities.

134. **(C) Slight anterior tilt.** "Generally, after the acute onset of a disability or prolonged time spent in bed, clients assume a posterior pelvic tilt (i.e., a slouched position with lumbar flexion). In turn, this posture moves the center of mass back toward the buttocks. The therapist may need to verbally cue or manually assist the client into a neutral or slightly anterior pelvic tilt position to move the center of mass forward over the center of the client's body and over the feet in preparation for the transfer" (p. 248). Answers A and B would not be conducive to maximal postural positioning. See Reference: Pendleton & Schultz-Krohn. (2018). Bolding, D., Hughes, C. A., Tipton-Burton, M., & Verran, A.: Mobility.

135. **(C) Provide one-step directions and samples for individuals to duplicate.** Individuals functioning at Allen's Cognitive Level 4 have difficulty making corrections. Recommended responses for the therapist include "[p]rovide visual demonstration. Limit instruction to one step at a time. Make all objects clearly visible. Provide visual comparisons so that individual knows what he or she is working toward. Situation-specific training is useful" (p. 295t). Providing samples to copy (answer C) provides the visual cueing and situation-specific training that is needed at this cognitive level. Individuals functioning at Cognitive Level 3 are capable of using their hands for simple, repetitive tasks (answer A) but are unlikely to produce a consistent end product. Those functioning at Cognitive Level 5 can generally perform a task involving several familiar steps and one new one (answer B). Individuals functioning at Cognitive Level 6 can anticipate errors and plan ways to avoid them. These individuals would be capable of following written directions (answer D). See Reference: Brown, Stoffel, & Muñoz. (2019). Brown, C.: Cognition.

136. **(C) Placing the writing surface at a level slightly above the child's elbow.** "The table surface should be 2 inches above the flexed elbows when the child is seated in the chair. In this position, the student can experience both symmetry and stability while performing written work" (p. 383). This position also enables proximal and optimal positioning of the hand for skilled activity. Answer A is incorrect, as a surface lower than that of the elbow promotes a flexed posture. Answer B is incorrect as there is no indication that this child requires any external weight to optimize hand function. Stabilizing the trunk (answer D) is incorrect because unless the pelvis is stabilized, arm movements may still be compromised. Further, stabilizing the child's back against the seat limits the postural adjustments that contribute to refined hand skills. See Reference: O'Brien & Kuhaneck. (2020). Schneck, C. M. & O'Brien, S. P.: Assessment and treatment of educational performance.

137. **(B) Discuss daily routines with his parent and explain how they can reinforce independence within those routines.** Answer B is correct. "Before making recommendations, the occupational therapist should ask the parents about daily routines and typical flow of family activities…. [This] enables the

occupational therapist and parents to embed goals and activities into interactive routines, in which the therapeutic process does not diminish the value and pleasure of the family's norms" (p. 71). Further, this provides opportunity for the child's continued practice to sustain independence. Suggesting a parent carry out specific procedures (answer A) is not appropriate as it adds contrived activity into the family's typical routines. Clothing adaptations (answer C) or verbal prompts (answer D) to complete the task are incorrect as they provide assistance he does not need. In fact, assisting him now may cause him to lose his independence and regress to relying on his parents again. See Reference: O'Brien & Kuhaneck. (2020). Jaffe, L., Cosper, S., & Fabrizi, S.: Working with families.

138. (D) Knowing the child and family's priorities, modifying contexts to promote participation, enhancing performance, and educating the family. Answer D is correct. Best practice approaches emphasize a multicomponent "top-down" approach. Once priorities are determined, intervention begins, "focusing on occupational performance" (p. 476). "Children with a variety of neuromotor disorders, and their families will benefit from consultation with supportive, creative therapists as they learn to problem-solve their way through daily challenges" (p. 477). Answers A and B may be part of the multicomponent program just described, yet they do not describe an adequate program approach, nor are they relevant for all children with neuromotor disorders. Answer C is incorrect as this emphasis in an OT program encourages the child to rely on others and may lead to persistent dependence and lack of progress in independent occupational performance. See Reference: Lane & Bundy. (2012). Missiuna, C., Polatajko, H., Pollock, N., & Cameron, D.: Neuromotor disorders.

139. (C) Consulting a checklist of steps while doing laundry in context. Making a checklist and having the individual use the checklist during the activity would provide an external memory aid during practice of the functional activity. "A checklist may be created to assure that the steps are practiced in a consistent sequence…. For some clients who have relatively intact initiation skills, once a program is established, a checklist can be used as the client checks each completed step" (p. 164). This would provide compensation for cognitive deficits during task training in the specific context where it will be performed. Answers A and B are methods that require an individual to be able to transfer learning of skills from one context to another. See Reference: Dirette & Gutman. (2021). Randomski, M. V. & Giles, G. M.: Cognitive intervention.

140. (A) Reach to grab toys held 18 inches away from the child's torso while sitting. "Infants learn to move against gravity and control their posture, balance, and ability to shift their weight to move, as they are enticed to move to achieve some goal or outcome, such as to reach a desired toy" (p. 40). At first, the child should be left to control movement on a stable surface, as in the correct answer A. Later, skills can be refined by placing the child on more challenging surfaces, such as on a ball with a handle (answer C) or on a scooter pulled by another person (answer B). Once the child has learned to sit independently on the floor, an external stabilizing support is no longer necessary (answer D). See Reference: O'Brien & Kuhaneck. (2020). Using occupational therapy models and frames of reference with children and youth.

141. (C) Lateral trunk supports. Lateral trunk supports (answer C) are correct, as they would help maintain correct alignment of the pelvis and trunk in the wheelchair. "Once the most aligned position is identified, primary and secondary support surfaces, as well as secondary supports, are identified to provide adequate postural support to maintain that position" (p. 515). Answer A, a reclining wheelchair, would shift the child's weight posteriorly but would not prevent lateral shifting of the trunk. An arm trough (answer B) would probably contribute to lateral shifting, although bilateral arm troughs or a lapboard could help maintain a more centered trunk position. Lateral pelvic supports (answer D) would stabilize the pelvis and prevent it from shifting sideways but would be too low to prevent the trunk from moving laterally. See Reference: Dirette & Gutman. (2021). Lange, M. L.: Wheelchair and seating selection.

142. (B) Organize a game of soccer during recess with the group of children. Organizing a soccer game during recess (answer B) is correct. When occupational therapists design interventions to promote play behavior, they consider the activities, routines, and environments within the setting, recognizing that "children benefit from participating in the structured activity as contextually as possible" (p. 297). The soccer game is a naturally occurring activity during children's recess into which the OT can embed intervention strategies to promote play skills. Answers A and C do not promote interaction among the group of children. Answer D, including jigsaw puzzles in the game center, does not mean the children will use them; further, their use of the puzzles by themselves does not promote play and social skills development. See Reference: Parham & Fazio. (2008). Florey, L. L. & Greene, S.: Play in middle childhood.

143. (C) Cooperative. This individual exhibited eagerness to interact with "and agree with other members on activities, … express ideas and problem solve together, [and] … sustain interest in longer projects, across days, then weeks" (p. 53), characteristics associated with expectations in a cooperative

group (answer C). Individuals participating in groups at the associative level (answer B) have less well-developed social skills, fewer problem-solving abilities, and shorter attention spans. Individuals working in parallel groups (answer A) would not be interacting with others. Individuals functioning at the mature group level would not need the level of intervention required by this individual. See Reference: Cole & Donohue. (2011). Cole, M. B.: Social participation basics.

144. (A) Perform pursed-lip breathing when doing activities. "Pursed-lip breathing (PLB) is thought to prevent tightness in the airway by providing resistance to expiration. PLB improves air movement, releasing trapped air in the lungs and helps to keep the airways open. Persons with COPD sometimes instinctively adopt this technique, whereas others may need to be taught it" (p. 1129). The overall effect is improved endurance and tolerance for activities. Taking hot showers and avoiding air conditioning during warm weather (answers C and D) are incorrect in that both activities are contraindicated for individuals with COPD. Using a long-handled bath sponge (answer B) may be helpful but is not the most likely tip to be included in a home program for an individual with COPD. See Reference: Pendleton & Schultz-Krohn. (2018). Matthews, M. M.: Cardiac and pulmonary disease.

145. (C) Ulnar styloid, distal head of radius, and thumb CMC joint. "When fabricating an orthosis, therapists must consider where to apply force without causing further trauma. Despite its deftness and power, the hand's lack of protective fascia means that it tolerates external pressures poorly and shearing stresses not at all. The prominent ulnar styloid, the distal radial styloid, and the thumb carpometacarpal joint are common sites for pressure" (p. 736). Answers A and B also are areas that could potentially be susceptible to skin breakdown but are not primary sites of pressure when fabricating a resting hand orthosis. See Reference: Pendleton & Schultz-Krohn. (2018). Lashgari, D., Atkins, M., & Baumgarten, J: Orthotics.

146. (D) making rubber band bracelets. Answer D is correct, as this activity is the only one that targets strengthening and isolated finger use. For successful handwriting, "the hand needs to be stable and strong enough to provide support for fingers to manipulate tools" (p. 383). Drawing on sandpaper (answer A) can be used to increase kinesthetic awareness and finger strength. Copying shapes (answer B) is primarily a perceptual motor task. Rolling out clay (answer C) is an activity that promotes bilateral hand use and the development of palmar arches. See Reference: O'Brien & Kuhaneck. (2020). Schneck, C. M. & O'Brien, S. P. Assessment and treatment of educational performance.

147. (C) Providing ADL training in the use of adaptive techniques for lower extremity dressing and transfers. The primary role of the occupational therapist in working with the person with a total knee replacement is answer C, providing ADL training in the use of adaptive techniques for lower extremity dressing and transfers, as needed. Decreased knee movement may require the person to use adaptive equipment for tub transfer or special devices for lower extremity dressing (if the person cannot touch his toes), including practicing putting the knee immobilizer on and taking it off. "Helpful assistive devices or adaptive aids include a dressing stick, sock aid, long-handled sponge, long-handled shoehorn, reacher, elastic shoelaces, leg lifter, elevated toilet or commode seat, three-in-one commode, and shower chair or bench. Walker bags are helpful for people using walkers who need to carry small items from one place to another" (p. 1013). Answer A, improving strength of the upper extremities, would not necessarily be an aspect of treatment for all individuals after total knee replacement/arthroplasty. Answer B would be an area that the physical therapist would primarily address. Observation and assessment of homemaking, answer D, might be performed but would not be a primary focus of intervention because the person would be expected to resume homemaking at the same level without difficulty once the period of recovery is finished. See Reference: Pendleton & Schultz-Krohn. (2018). Murphy, L. F. & Lawson, S.: Orthopedic conditions: Hip fractures and hip, knee, and shoulder replacement.

148. (B) Educate employees about ergonomic adaptations. Educating employees on correct positioning and equipment modification would be an effective way to introduce this population to a change in task methods related to keyboarding that may prevent CTD. Answers A and C are incorrect because they represent interventions that might occur at some point following the onset of CTD. See Reference: Pendleton & Schultz-Krohn. (2018). Walsh, J. M. & Chee, N.: Hand and upper extremity injuries.

149. (C) Suggestions for activities in which the parents can engage with their child to help the child practice developing skills. Answer C is correct. "Typically, parents hope to receive recommendations for activities that help the child play, toys that match the child's abilities, and strategies that lead to independence in selfcare" (p. 70). For most pediatric standardized tests, developmental age scores for children with multiple disabilities (answer A) highlight their limitations when compared to typically developing children. For many children, this highlights what they are not doing rather than their strengths. Answers B and D may be provided to families at some point during the intervention process, yet they are

not relevant to the needs parents generally have for information to help them support their child's development. See Reference: O'Brien & Kuhaneck. (2020). Jaffe, L., Cosper, S., & Fabrizi, S.: Working with families.

150. (D) randomization. Answer D, randomization, is correct. "True-experimental design refers to the classic two-group design in which subjects are randomly selected (R) and randomly assigned to either an experimental or control group condition. Before the experimental condition, all subjects are pretested or observed on a dependent measure (O). In the experimental group the independent variable or experimental condition is imposed (X), and is withheld in the control group" (p. 136). Quasi-experimental designs "are experiments that have treatments, outcome measures and experimental units, but do not use random assignment to create comparison from which treatment-caused change is inferred" (p. 143). See Reference: DePoy & Gitlin. (2020). Experimental-type designs.

151. (A) Referral. A referral, answer A, is a request for occupational therapy services. "The physician or another legally qualified professional often requests occupational therapy services for the client. The referral may be oral, but a written record is often a necessity…. Guidelines for referral vary, and in some situations occupational therapy services may require a physician's referral before the initiation of services. The occupational therapist (OT) is responsible for responding to the referral … State regulatory boards and licensing requirements should be reviewed before initiation of services to determine if a referral for service is necessary" (p. 26). Screening (answer B) is the process of observing and collecting information about the individual to determine the need for further evaluation. Goals (answer C) should be included in occupational therapy documentation and should be objective and measurable. Treatment planning (answer D) is the process of analyzing and determining what the individual's problems are and deciding how to solve them. See Reference: Pendleton & Schultz-Krohn. (2018). Schultz-Krohn, W. & Pendleton, H. M.: Application of the occupational therapy practice framework to physical dysfunction.

152. (C) Meeting with the support staff to review and practice the physical assistance the client needs during daily selfcare activities. The client's safety is a priority concern for the OT, and as this client moves to a new setting with support staff, it is essential they are trained and can demonstrate effective methods of support for use in daily routines. "Safe and effective discharge planning for a person may include education on the use of new equipment, adaptation of an occupation, caregiver training … A key goal of discharge planning for individual clients is prevention of readmission" (p. 28). Answer A, securing follow-up appointments with community providers to monitor the client's health status, is important; however, it is likely addressed by a case-manager or discharge coordinator. Referral to community resources to support community mobility (answer B) is also important for this client; however, this may be finalized as the client leaves or shortly after relocation to a new residence. In addition, this may also be managed by the discharge coordinator, rather than the OT. See Reference: American Occupational Therapy Association. (2020). Occupational therapy practice framework, 4th edition.

153. (C) Assist the student to understand client needs. The goal of Level I fieldwork throughout their preservice program is to introduce students to occupational therapy settings "to apply knowledge to practice, and develop understanding of the needs of clients" (p. 1082). Although answers A and B are all significant aspects of student development, they are most representative of the expectations of a Level II fieldwork experience. See Reference: Schell & Gillen. (2019). Evenson, M. E. & Hanson, D. J.: Fieldwork, practice education, and professional entry.

154. (C) Effect evaluation. This outcome-monitoring approach reflects the effect of services on consumers by defining and reviewing the outcomes of care. "According to Issel (2014), effect evaluations answer the basic question, 'Did the program make a difference?' … and they are often used to revise the program as well" (p. 261). Final evaluations of clients involved in the program and client satisfaction surveys (answers A and B) may both be components of the effect evaluation. Utilization review (answer D) evaluates the care that is provided to ensure that services were provided in a necessary, appropriate, and efficient manner. See Reference: Fazio. (2017). Program evaluation: Measuring programming goals, objectives, outcomes, and impacts.

155. (C) Interpret the results based on data collected. "The occupational therapist is responsible for evaluating the client; however, the OT assistant can contribute to the evaluation … may administer a standardized assessment … and/or other elements of the evaluation…. Occupational therapists are always responsible for the interpretation of assessments results" (p. 355). Service competency (answer A) would need to be established prior to the OTA administering the evaluation. Collecting data (answer B) is the responsibility of the OTA in this scenario. Developing the treatment plan (answer D) would follow analysis of the data. See Reference: Schell & Gillen. (2019). Chisholm, D. & Schell, B. A.: Overview of the occupational therapy process and outcomes.

156. (C) Accept the invitation and use the AOTA website to obtain resources to share. The importance of this question is that it is every OT practitioner's responsibility to promote the profession. Simple, daily public relations activities occur each time an OT practitioner describes the services to be provided to patients and families. More complex public relations may include developing a plan to promote community awareness regarding the profession. "As professionals, we … have the opportunity and responsibility to … work toward continually developing, shaping, and promoting the occupational therapy profession" (p. 82). See Reference: Schell & Gillen. (2019). Phipps, S. & Coppola, S.: Occupational therapy professional organizations.

157. (C) It has a standard format. Answer C is correct, as standardized tests include a "test manual, … fixed number of items, … protocol for administration, … [and] a fixed guideline for scoring" (pp. 168–169). Standardization of a test means that the test is administered in a prescribed manner and that scoring and interpretation of scores also are completed in a prescribed way. The presence of data concerning the test's "norms" and the establishment of validity (answers A and B) may be, and often are, provided with standardized tests, but are not assumed to be part of the test unless this information is included. See reference: O'Brien & Kuhaneck. (2020). Chang, M. C. & Richardson, P. K.: Use of standardized tests in pediatric practice.

158. (C) Needs assessment. A needs assessment (answer C) is conducted to determine the need for services. "A needs assessment or assessment of need represents a systematic set of procedures and methods designed for specific purposes that are used to determine needs, examine their nature and causes, and set priorities for future action" (p. 120). Needs assessment is the necessary first step of gathering data about a population, needs, and resources available. Program planning (answer A) involves establishing goals and objectives based on the results of the needs assessment. Program implementation (answer B) occurs following program planning and involves coordination, assessment, and intervention selection. Program evaluation (answer D) begins during program planning activities and continues through the conclusion of services. The process involves systematic review and analysis of the program based on the achievement of program goals. See Reference: Fazio. (2017). Continuing the needs assessment in the community.

159. (C) Use the handout only as a resource while developing the presentation. According to the AOTA Code of Ethics, OT practitioners must "give credit and recognition when using the ideas and work of others in written, oral, or electronic media" (p. 9). The options presented in answers A and B do not give the necessary credit to the author for their contribution. See Reference: American Occupational Therapy Association. (2020). Code of ethics.

160. (D) Collaboratively develop an IFSP. "Within 45 days of receiving the referral to early intervention, families and service providers participate in the development of an Individualized Family Service Plan (IFSP). The process of developing the IFSP includes creation of child-and family-specific goals, as well as identification of service providers who will support families to help achieve these goals" (p. 602). Answers A and B refer to the IEP (Individualized Education Program), a service plan required for children from ages 3 to 21. Answer C is incorrect because the IFSP must be developed collaboratively with other team members. See Reference: O'Brien & Kuhaneck. (2020). Myers, C. T. & Cason, J.: Early intervention services.

161. (D) The OT recommends the use of lumbar support and regular performance of the home program. The plan section of a discharge summary contains the patient's discharge disposition (e.g., to a nursing home or to outpatient therapy), recommendations for additional therapy or actions on the part of the patient (e.g., outpatient therapy, home health, or performing a home program), equipment needs, or equipment provided to the patient, and plans for discharge. "Plan: description of what will happen next (frequency, duration, location)" (p. 577). Answer A is a subjective report. Answer B is an example of a statement that belongs in the objective section of a discharge summary. Answer C belongs in the assessment section. See Reference: Schell & Gillen. (2019). Sames, K. M.: Documentation in practice.

162. (D) Cross training. "Cross training is the training of a single rehabilitation worker to provide services that would ordinarily be rendered by several different professions. Multiskilling is sometimes used synonymously with cross training but may also mean the acquisition by a single healthcare worker of many different skills. Arguments have been made for and against cross training and multiskilling. The consumer may benefit by having fewer healthcare providers and better integration of services, and involving fewer providers may reduce costs" (p. 36; answer D). Quality improvement (answer A) is a systematic approach to monitoring patient care. Peer review (answer B) is a component of quality improvement. Cost accounting (answer C) is a method of tracking the costs of specific services or costs incurred by diagnosis-specific

groups. See Reference: Pendleton & Schultz-Krohn. (2018). Schultz-Krohn, W. & Pendleton, H. M.: Application of the occupational therapy practice framework to physical dysfunction.

163. (D) The OT recommends strategies that promote the student's participation and are easily embedded within curriculum activities and routines. Answer D is correct. "IDEA 2004 mandates that services be provided in the least restrictive environment" (p. 770). When strategies that enable the student to participate in learning activities can be incorporated into the routine, this method is preferred as the student may continually use them throughout the day. Answers A and B represent approaches that remove the student from his peer group, and this is acceptable only when support cannot be provided in the context of the classroom activities and routines. Answer C is incorrect, as this setting does not represent the opportunities and challenges present in the student's regular classroom experiences. The OT is not able to observe the student's natural performance and promote participation in relevant learning activities. See Reference: Schell & Gillen. (2019). Swinth, Y.: Education.

164. (D) Supportive housing. "Permanent supportive housing [answer D] is described as 'independent housing coupled with the provision of community-based mental health services'…. supported life perspective emphasizes that the support should be provided in real-world contexts and only at a level preferred by the person with the disability to ensure that he or she can sustain successful and satisfying participation in that environment" (p. 558). This level of housing meets the criteria for both client choice and appropriate level of assistance. Custodial housing (answer C) would not provide the rehabilitation and social services this individual would require. Assisted living (answer B) is typically an option considered for older adults who require assistance with medication management, light housekeeping, meals, and activities and would provide more structure and assistance than the individual desires. Partial hospitalization (answer A) is an outpatient mental health service for individuals who still need intense daily treatment but not the level of safety provided with inpatient hospitalization. See Reference: Brown, Stoffel, & Muñoz. (2019). Pitts, D. B.: The home environment: Permanent supported housing.

165. (D) The lightweight wheelchair, bedside commode, and hospital bed. "DME must be prescribed by a physician to be used for a medical reason by the beneficiary in the home environment…. Examples of covered DME include commodes, walkers, wheelchairs, hospital beds and patient lifts" (p. 1178). Medicare Part B does not typically cover assistive device items such as elevated toilet seats, grab bars, or adaptive equipment because they are not considered to be medically necessary. Answers A, B, and C are incorrect as they each include items that are not considered DME, however they may all be a part of the broader statement of medical necessity not pertaining to Medicare Part B. See Reference: Schell & Gillen. (2019). Lohman, H., Lampe, A., & Patterson, A.: Payment for services in the United States.

166. (D) Job title, employer's expectations, productivity expectations, and how performance will be measured. Job descriptions are "written statements that describe the duties, responsibilities, and scope of a job, as well as the working conditions, qualifications of the person, and to whom the person reports" (p. 330). They usually contain the details about the items listed in answer D. Previously established mutual goals, quality of patient care, achievement of predicted outcomes, and evidence of relationship building (answer A) are components of a performance review. Answers B and C include items such as references and accomplishments of the candidate that are not typically found in a job description but are more appropriately located on a resume. See Reference: Jacobs & McCormack. (2019). Margolies, D.: Supervising other disciplines.

167. (C) Confidentiality and security. When using electronic medical records (as opposed to the traditional paper and pen form of documentation), "[s]pecial precautions need to be taken to assure the security and confidentiality of each client's health records" (p. 579). Answers A and B are potential advantages, not disadvantages, to using an electronic documentation system within a clinical setting. See Reference: Schell & Gillen. (2019). Sames, K. M.: Documentation in practice.

168. (C) Internal validity. Internal validity is the "ability of the research design to answer the research question accurately…. If a design has internal validity, the investigator can state with a degree of confidence that the study has answered the questions posed" and "that the reported outcomes are the consequence of the relationship between the independent variable and dependent variable and not the result of extraneous factors" (p. 122). Some of these factors relate to internal validity: history, testing, instrumentation, maturation, regression, mortality, interactive effects. Answers A and B are not representative of internal validity. See Reference: DePoy & Gitlin. (2020). Language and thinking processes.

169. (B) The child's writing, dressing, and self-feeding performance. Answer B is correct. As the therapist prepares a summary report for the school, information should focus on important occupations that are relevant for roles and performance this student will use in the school setting. Education personnel rely on the OT to provide information that helps them include the student in curricular and extracurricular

activities (p. 758). Answers A and D describe information that is relevant in overall discharge planning but is not the specific information the school district needs. Answer C is not something the OT could evaluate. See Reference: Schell & Gillen. (2019). Swinth, Y. L.: Education.

170. (C) Ask whether the company can delay the start date until their license arrives. All OT practitioners must hold a current, updated state license for the state(s)/jurisdiction in which they work. According to the AOTA Code of Ethics, occupational therapy personnel are expected to "[h]old requisite credentials for the occupational therapy services one provides in academic, research, physical, or virtual work settings" (p. 8). If available in the state(s)/jurisdiction where they intend to work, students completing fieldwork II placements should apply for a temporary license prior to beginning their job search. Answers A and B would be both unethical and illegal. See Reference: American Occupational Therapy Association. (2020). Code of ethics.