

Mobility in Context: Principles of Patient Care Skills 2nd Edition Test Bank

Chapter 1: Establishing the Therapeutic Alliance

Multiple Choice

1. Which of the following statements is true about interactions with patients?

- A. Our attitudes are expressed at a conscious level as well as an unconscious level.
- B. Our past experiences have little to do with our present therapeutic relationships.
- C. Our past experiences shape our attitudes toward our patients, but not our beliefs.
- D. Unchallenged assumptions about our patients generally are favorable.

ANS: A

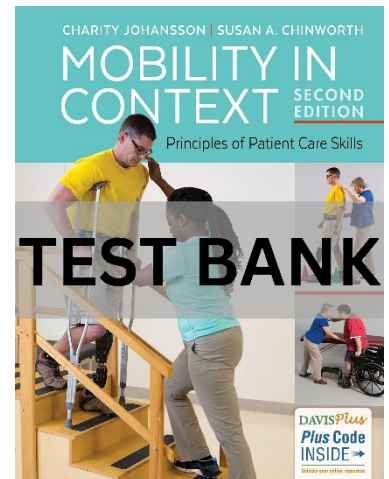
Rationale: When interacting with patients, physical therapists must be aware that their attitudes are expressed at a conscious level as well as an unconscious level. Our experiences have a great deal to do with how we interact with patients and shape our attitudes and beliefs. Unchallenged assumptions can create negative interactions with our patients.

2. Based on common biases in the U.S. healthcare community, which of the following patients is likely to be at *greatest* risk for experiencing negative bias?

- A. A 10-year-old boy with chickenpox
- B. A 28-year-old obese Mexican woman with chest pain
- C. A 43-year-old female athlete with a fractured leg
- D. A 72-year-old Caucasian man with osteoarthritis of the knee

ANS: B

Rationale: Although the 72-year-old man may experience age bias, the 28-year-old obese Mexican woman with chest pain may be subject to bias based on obesity, nationality, and gender, as well as on symptoms that are not as well recognized in a young person or in a female.



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3. Which of the following has been described as “the last acceptable form of prejudice”?

- A. HIV/AIDS bias
- B. Mental illness bias
- C. Obesity bias
- D. Substance abuse bias

ANS: C

Rationale: Obesity bias cuts across social groups and is commonly compounded by other prejudices.

4. Healthcare biases must be recognized to be changed. Which of the following actions would be most helpful in changing our beliefs?

- A. Be aware of behaviors in others that might reflect bias.
- B. Look for reinforcement of our beliefs within our peer group.
- C. Reflect annually on our attitudes and beliefs about others.
- D. Seek out commonalities with those we perceive as different.

ANS: D

Rationale: When we find commonalities with our patients, they tend to minimize our biases. Being aware of behaviors in others will not help us individually face our biases. It is inappropriate to attempt to reinforce our biases with peer groups, because doing so does not help change our beliefs. An annual reflection is hardly adequate to meaningfully identify and change our biases.

5. When you communicate with your patients, you convey information with your words as well as your body. Which of the following statements about “body language” is true?

- A. It is more difficult to interpret than spoken words.

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- B. It is used as a primary means of communicating information.
- C. It is used to communicate interpersonal attitudes.
- D. It makes up about 25% of our communication with patients.

ANS: C

Rationale: Body language is used to negotiate interpersonal attitudes and is typically easier to interpret than spoken words. Words, not body language, are used primarily to communicate information. Body language makes up the majority of our communication—about 93%, not 25%, of our communication.

6. Which of the following communication approaches is best when communicating with your patients in an adult rehabilitation unit?

- A. Ask all patients with whom you are working whether they understand what you have said.
- B. Read the chart before seeing the patient so that you can refer to him or her by first name.
- C. Ask the patient, “What would you prefer that I call you?”
- D. Use correct medical terminology rather than everyday terms with your patients as you explain therapeutic interventions.

ANS: C

Rationale: Asking how the patient prefers to be addressed avoids assumptions about gender or familiarity and empowers the patient. Although patient understanding is important, there are more effective ways to make sure that your patients have understood key concepts, such as asking them to repeat information back to you or asking if they can imagine making the requested change. Using medical terms when explaining interventions may be confusing to patients.

7. You just took a job working in a nursing home that employs a few very experienced therapists. You are surprised by some of the problems encountered by the therapy staff, such as poor productivity and frequent absenteeism. Which of the following factors most likely accounts for these problems?

- A. The patients are very high-maintenance and have difficult personalities.
- B. The staff do not genuinely care about the patients.

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- C. The therapy staff is experiencing burnout because of a heavy caseload.
- D. The therapy staff is older and more prone to illness and family issues.

ANS: C

Rationale: Poor productivity and frequent absenteeism are common signs of moderate to severe burnout.

8. For which of the following patients are patient's rights *most* closely regulated?
- A. A 6-month-old boy having surgery for shunt placement
 - B. A 22-year-old woman from Russia having scoliosis surgery
 - C. A 63-year-old man who is terminally ill with lung cancer
 - D. A 75-year-old woman who just had her hip replaced after a fall

ANS: A

Rationale: Care would be most regulated for a 6-year-old boy undergoing shunt placement, because this patient is likely the most vulnerable and least likely to be able to advocate for himself. In general, the greater the perceived vulnerability of the population, the more closely regulated the care is. Older patients can also experience increased vulnerability, but as adults they are assumed to be better able to advocate for themselves and therefore require less oversight and regulation of their care than pediatric patients.

9. *Culture* is best defined as
- A. a group of people living in a specific area.
 - B. the fact or state of belonging to a social group.
 - C. the geographical characteristics associated with a group.
 - D. the beliefs, customs, and norms of a particular group.

ANS: D

Rationale: *Culture* is best defined as the beliefs, customs, and norms of a particular group. A group of people living in a specific area refers to a *population* or *community*. A *society* is defined as the fact or state of belonging to a social group. *Race* refers to the geographical characteristics associated with a group.

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10. Which of the following examples is indicative of acculturation in the United States?

- A. A Jewish couple from Israel attends an orthodox temple.
- B. A Swedish couple travels 20 miles to shop at a Danish market.
- C. A rural Vietnamese youth sings in a local rock group.
- D. An elderly Latino speaks only Spanish at home.

ANS: C

Rationale: This option is the only example of engaging in a local aspect of the dominant U.S. culture. The other options are examples of limited acclimation to U.S. customs and attitudes.

11. You are working with a 17-year-old high school football player who was diagnosed with spinal cord injury 5 months ago. Which of the following responses might you expect in this stage of his health condition?

- A. Evidence of dissociation with a sense that the accident happened to someone else
- B. Lack of acknowledgment of the situation
- C. An interest in doing all he can to get better
- D. Anxiety, alarm, and a feeling of imminent crisis

ANS: C

Rationale: Showing an interest in doing what he can to get better is behavior that is more commonly observed after a period of adjustment to the situation. The other options are all typical responses in the acute stage of injury or disability.

12. You have just received a referral to evaluate a 93-year-old woman who has had a stroke. When you go in to see her, it is clear that she is upset and wants to talk. She mentions her concern about dying and seems to want to talk about spiritual matters. What would be the *best* response in this situation?

- A. Allow her to express her concerns and offer additional resources.
- B. Tell her that it is hospital policy that you can only discuss therapy with her.
- C. Tell her that you will go get the physician to speak with her.
- D. Tell her what you believe so she can choose the best spiritual path.

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ANS: A

Rationale: Therapists are expected to be open to assuming the role of concern for the spiritual lives of their patients, and patients should be offered the appropriate resources to deal effectively with this aspect of their health. It is not within the therapist's scope of practice to provide spiritual guidance, however.

13. Which of the following factors is most likely to motivate patients to engage in ongoing healthful behaviors?

- A. Awareness that significant change is needed
- B. Freedom from demands of work and home
- C. Knowing the benefits of healthful behaviors
- D. A high sense of self-esteem

ANS: D

Rationale: Self-esteem plays a large role in motivating patients. Patients with high self-esteem are more likely to feel in control of their lives and more motivated to be engaged in healthful behaviors.

14. You are working with a 57-year-old man who just had a transtibial amputation. You are instructing the patient how to do six exercises you want him to engage in when he goes home next week. What is the most effective way to encourage his adherence to the exercise program?

- A. Include only exercises that he can do lying down.
- B. Design exercises so that they require assistance from his wife.
- C. Design the exercise program to be performed multiple times a day.
- D. Include exercises that will further his goal of walking with a prosthesis.

ANS: D

Rationale: Including exercises that will prepare the patient to walk with a prosthesis is the best choice because studies have shown that patients are more motivated to adhere to treatment programs that are functionally related, as described in this answer.

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15. You are covering for a colleague who is sick today and you have to see a patient of hers who, based on what your colleague has told you, is very difficult. You are anxious about seeing her because you are expecting the treatment interaction to be unpleasant. Which of the following techniques should you use to help avoid a “difficult” encounter with the patient?

- A. Ask the nurse to go into the room first and see whether the patient is in a good mood.
- B. Use active listening techniques to identify the patient’s underlying needs.
- C. Ask the rehabilitation technician to do bed exercises with her today.
- D. Have everything planned ahead of time so that she has no opportunity to complain.

ANS: B

Rationale: Listening to the patient can be a surprisingly empowering action and may reveal unmet needs in the rehabilitation process. All the other choices are not proactive on the part of the therapist, who is responsible for facilitating a positive encounter. It is important not to let another therapist’s bias negatively affect your patient encounters.

Short Answer

16. Establishing good rapport enhances patients’ perceptions of being valued and respected. List two benefits of patients’ enhanced perceptions of value and respect.

ANS: Patients who perceive that they are personally valued and respected have better clinical outcomes. Patients who feel valued and respected are much less likely to pursue legal actions against healthcare workers.

17. List three behaviors that might indicate underlying negative beliefs that could hinder your clinical effectiveness.

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ANS: Withdrawing from patient interactions; relying on protocols and routine treatments without considering the individual's specific needs; using humor that makes fun of the patient; using unauthorized nicknames for the patient; referring to a patient by diagnosis or treatment group

18. List three tips for effective listening in a healthcare encounter.

ANS: Look at the person who is talking; make appropriate eye contact; focus on what the person is saying; avoid doing other things while the person is talking; allow time for the person to process and respond to what you have said; make sure you understand by summarizing or rephrasing what the patient has said.

19. Patient education is an integral part of many therapeutic interventions, and not all patients learn information the same way. List three different ways you might give patients information to facilitate learning.

ANS: Match the content and instructional method to the patient's age, developmental stage, knowledge base, and health condition. Inquire about the patient's preferred way of learning. Provide important information in multiple formats. Pace the information provided. Engage the patient physically and cognitively when possible. Provide feedback. Practice recall of information and performance of activities in settings that are realistic. Encourage patients' questions and comments.

20. Your 22-year-old patient is in rehabilitation following a spinal cord injury. The patient has made multiple verbal sexual advances during your treatment session. Identify three appropriate responses to this behavior.

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ANS: Set appropriate expectations and consequences without scolding. Document the interaction and inform your supervisor. Request a mental health referral for the patient to facilitate healthy adjustment to loss.

21. Name three elements of effective stress management.

ANS: Delineate clearly between work and personal life. Engage in regular aerobic exercise, meditation, relaxation, and mindfulness practices. Nurture supportive relationships.

22. List three ways a rehabilitation clinic can create an LGBTQ-friendly environment.

ANS: Engage in education regarding LGBTQ issues. Use patients' preferred pronouns. Create intake and documentation forms that allow for nonbinary sex, gender, and sexual orientation categories. Provide relevant educational pamphlets. Avoid making gender and sexual orientation assumptions in patient communications (e.g., assumptively using "Mr." Ms." or "Mrs." when addressing patients, assuming patients have spouses of the opposite sex or gender).

23. Reframe the following negative terminology into more empowering terms:

- a. The patient suffered a stroke.
 - b. The patient is a 30-year-old schizophrenic with a history of medication noncompliance.
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ANS: a. The patient experienced a stroke.
b. The patient is a 30-year-old diagnosed with schizophrenia with a history of inconsistent adherence to medication regimens.

Chapter 2: The Mechanics of Movement

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Multiple Choice

1. Which of the following is the best definition of *center of mass (CoM)*?

- A. The balance point of an object
- B. The direction of movement when weight is added
- C. The point directly behind the gravity pull
- D. The push or pull that modifies movement

ANS: A

Rationale: CoM is the balance point of an object.

2. When considering how the concept of CoM affects your patient's movement, which of the following statements is true?

- A. *Center of pull* is another term for CoM.
- B. Each body part, such as a leg or an arm, has its own CoM.
- C. The whole body has a CoM that cannot be localized.
- D. When weight is added to the body, the CoM moves away from the added weight.

ANS: B

Rationale: Each body part has its own CoM. The body's CoM is anterior to S2. When weight is added to the body, the CoM moves toward, not away from, the added weight.

3. Which of the following is an example of an internal force commonly used when assisting patients with movement?