Flex Therapist CEUs

D. Psychological distress

Cervical Radiculopathy - Clinical Application of Traction and Exercises

1. What is the most common age group for CR to occur?
A. 20s B. 30s C. 70s D. 50s
2. What is a cause of CR?
A. Migraine B. Spinal nerve compression C. Osteoporsis D. Spinal stability
3. What is not a sign of CR?
A. Headache
B. Numbness in hand
C. Pain in mid-back D. Aching in cervical spine
D. Aching in Cervical Spine
4. What is the most common symptom of CR?
A. Arm pain
B. Sensation deficit C. Reflex deficit
D. Weakness
5. Which is not a prognostic factor for developing CR?
A. Other musculoskeletal disorders
B. Passive coping strategy C. Having an office job
C. Having an office job

6. Where will C5 radiculopathy produce referral pain?
A. Neck
B. Fingers
C. Low back
D. Occiput
7. Where would expected weakness occur with a C7 radiculopathy?
A. Hypothenar muscles
B. Biceps brachii
C. Wrist flexors
D. Wrist extensors
8. Which is not a diagnostic strategy for CR?
A. Xray
B. MRI
C. CT
D. Nerve conduction study
9. What percentage of the population with or without symptoms have evidence of cervical spine degeneration?
A. 80%
B. 20%
C. 50%
D. 70%
10. Which imaging study is most effective for diagnosis of CR?
A. MRI
B. CT myelography
C. NCS
D. EMG
11. What pathology is CT myelography most useful in detecting?
A. Cervical radiculopathy
B. Spinal pathology
C. Spinal nerve impingement
D. Infection

12. What contributes to complex CR?
A. Abscess
B. Pain in thumb
C. Sensation loss in lateral forearm
D. No improvement in one week
13. What will an EMG study reveal?
A. Sensation deficits
B. Weakness in myotome pattern
C. Pain in upper extremity
D. Weakness in lower extremity
14. Which is not a standard part of a physical therapy assessment for CR?
A. Posture
B. Thoracic mobility
C. Abodominal strength
D. ROM in upper extremities
15. How many degrees should the cervical spine flex normally?
A. 20 degrees
B. 40 degrees
C. 60 degrees
D. 80 degrees
16. What spinal segments allow most of the rotation of the cervical spine?
A. C4-5
B. C2-3
C. C1-2
D. C6-7
17. What can a clinician expect if a patient has active shoulder flexion to 60 but passive
to 170 degrees?
A. Joint restriction
B. Muscle length issue
C. Neoplasm
D. Thoracic outlet syndrome

18. Which dermatome is affected with parasthesia in the upper clavicle?
A. C3
B. C5
C. C2
D. C4
19. The tendon of which muscle should be tested for deep tendon reflex to examin C6 nerve root?
A. Flexor pollicus longus
B. Brachioradialis
C. Triceps brachii
D. Anterior deltoid
20. What does the Spurling's test detect?
A. Nerve root compression
B. Migraine
C. Thoracic outlet syndrome
D. Decreased thoracic extension
21. What is not a test part of the CPR for cervical radiculopathy?
A. Distraction
B. Spurling's
C. Rotation more than 60 degrees
D. ULTTa
22. What should a clinician examine if suspecting cervical myelopathy?
A. Blood flow to cervical spine
B. Babinski reflex
C. Nerve conduction study
D. Lower extremity strength
23. What is a common pathology causing CR?
A. Tumor
B. Infection
C. Disc herniation
D. Trauma

24. What is the most common operation for CR?
 A. Anterior cervical discectomy and fusion B. Cervical disc replacment C. Minimally invasive posterior cervical foraminotomy D. Laminectomy
25. When is a cervical collar most useful?
A. 1 year after injuryB. 4 days after pain beganC. For mild painD. One month after pain
26. Which medication is not supported in management of CR?
A. NSAID B. Epidural steroid C. Opioid D. Tricyclic antidepressant
27. Which type of traction is most supported in literature for longer lasting treatment of CR?
A. Mechanical B. Over the door C. Prone D. Manual
28. When combined with other interventions which treatment is proven most effective for CR?
A. Manipulation B. Steroid injection C. Surgery D. Exercise
29. Which muscles are important to strengthen when treating CR?
A. Latissimus dorsi B. Deep neck flexors C. Pectoralis major D. Levator scapulae

- 30. Which outcome measure should be used to capture neck pain and disability?

 A. ODI
- C. NDI D. DASH

B. NPRS

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