

# Flex Therapist CEUs

## Wheelchairs – Clinical Perspectives

1. Extrinsic factors to wheelchair prescription include all of the following EXCEPT:

- A. Patient's cognition
  - B. Weight of the chair
  - C. Patient's home environment
  - D. Width of the doorways in the patient's home
- 

2. Which type of wheelchair is typically prescribed as secondary means of mobility?

- A. Lightweight wheelchair
  - B. Sports wheelchair
  - C. Ultra lightweight wheelchair
  - D. Standard wheelchair
- 

3. Power wheelchairs may have \_\_\_\_\_ for patients who require assistance in operating and maneuvering the chair.

- A. Primary attendant controls
  - B. Joystick with full rotation
  - C. Secondary attendant controls
  - D. Joystick with limited rotation
- 

4. Adaptations to the joystick on a power wheelchair would allow a patient to safely:

- A. Maneuver the chair through hallways
  - B. Turn corners in a small home
  - C. Back the chair into a corner
  - D. All of the above
- 

5. Patients who have full dexterity and intrinsic muscle strength in their dominant hand would benefit from a \_\_\_\_\_ control interface on a power wheelchair.

- A. Proportional
  - B. Symmetrical
  - C. Non-proportional
  - D. Non-symmetrical
-

**6. Patients who lack the strength to perform independent pressure relief may benefit from this type of a power wheelchair:**

- A. Recline**
  - B. Tilt-in-space**
  - C. Elevating leg rests**
  - D. Swing away leg rests**
- 

**7. Power wheelchairs with the smallest turning radius are referred to as:**

- A. All wheel drive**
  - B. Front wheel drive**
  - C. Mid wheel drive**
  - D. Rear wheel drive**
- 

**8. One drawback to ultra lightweight manual wheelchairs is the fact that they:**

- A. Weigh less than 20 lbs**
  - B. Are unable to be folded**
  - C. Cannot be made into pediatric versions**
  - D. Are not cost effective**
- 

**9. Which type of manual wheelchair is most likely to be recommended for a 5 year old child with a complete L5 spinal cord injury who uses a wheelchair as a primary mean of mobility?**

- A. Sports and recreation**
  - B. Ultra lightweight**
  - C. Standard**
  - D. Lightweight**
- 

**10. Which manual wheelchair configuration is most responsible for the patient's ability to safely perform a wheelie?**

- A. The wheelchair's center of gravity**
  - B. The position of the posterior axle**
  - C. The wheelchair's seating system**
  - D. The position of both armrests**
- 

**11. Which age-related changes should be considered when prescribing a wheeled device to the older population?**

- A. Thinner skin increases vulnerability for skin tears and bruising.**

- B. Diminished muscle mass and a higher prevalence of osteoporosis.
  - C. Decreased respiratory function resulting in greater energy expenditure while breathing
  - D. All of the above
- 

12. Cognitive impairments may affect the individual's ability to:

- A. Properly control a powered device
  - B. Navigate through obstacles
  - C. Perform independent weight shifts
  - D. All of the above
- 

13. Which component of the wheelchair can make it more appropriate for outdoor use?

- A. Seat-to-back rest angle
  - B. Anteriorly placed axle
  - C. Use of anti-tippers
  - D. Posteriorly placed axle
- 

14. Research shows that wheelchair users are \_\_\_\_\_ active than those who are ambulatory. As such, this emphasizes the need for education regarding \_\_\_\_\_ in individuals who use wheelchairs as a primary means of mobility.

- A. More, physical activity
  - B. More, energy conservation
  - C. Less, physical activity
  - D. Less, energy conservation
- 

15. Considerations for wheelchair evaluations take into account the following:

- A. Skin integrity
  - B. Standing balance
  - C. Supine transfers
  - D. All of the above
- 

16. Criteria for a wheelchair evaluation include all of the following EXCEPT:

- A. Difficulty self propelling a manual wheelchair
  - B. Unable to reposition oneself in wheelchair
  - C. Maximum assistance in unsupported sitting
  - D. Community ambulator
- 

17. Which of the following is not considered to be part of a standard wheelchair

evaluation?

- A. Supported sitting assessment
  - B. Range of motion in supine
  - C. Unsupported sitting assessment
  - D. Range of motion in sitting
- 

18. If the patient is unable to maintain a stable upright posture in unsupported sitting, then it may be helpful to provide \_\_\_\_\_ support.

- A. Anterior/posterior
  - B. Anterior/lateral
  - C. Medial/lateral
  - D. Posterior/medial
- 

19. In the case of pelvic rotation, how will this affect the patient's seating posture?

- A. Decreased pressure to bony prominences
  - B. Flexion of the lumbar and thoracic spine
  - C. Increased pressure to bony prominences
  - D. Extension of the lumbar and thoracic spine
- 

20. Which wheelchair component can be modified in order to prevent the hips from sliding forward in the seat?

- A. Seat-to-back angle
  - B. Rear axle
  - C. Armrest height
  - D. Seat slope
- 

21. Patients who exhibit impaired sensation below the level of T12 may benefit from:

- A. Tilt-in-space wheelchair
  - B. Dynamic/articulating footrests
  - C. Dynamic pressure relief cushion
  - D. All of the above
- 

22. Ways to decrease energy expenditure when using a wheelchair include:

- A. Moving the rear wheels posteriorly on the frame of the manual wheelchair
  - B. Education on the vertical transfer distance and positioning of the wheelchair
  - C. Use of solid tires on the manual wheelchair
  - D. All of the above
-

**23. Which of the following statements BEST reflect the importance and safety of wheelchair maintenance?**

- A. Those who do not engage in regular wheelchair maintenance are 10x more likely to sustain an injury.**
  - B. Regular wheelchair maintenance contributes to the patient's ability to safely transfer from a seated to a standing position.**
  - C. Those who do not engage in regular wheelchair maintenance are 10x more likely to suffer from poor wheelchair propulsion skills.**
  - D. Regular wheelchair maintenance contributes to the patient's ability to engage in physical activity.**
- 

**24. \_\_\_\_\_ should be examined on a weekly basis by manual wheelchair users.**

- A. Damaged Bearings or Casters**
  - B. Motor failure**
  - C. Tire pressure**
  - D. Wheel alignment**
- 

**25. Letters of medical necessity should include which of the following components:**

- A. Diagnosis**
  - B. Pre-existing conditions**
  - C. Prognosis**
  - D. All of the above**
- 

**26. Historically, individuals with Multiple Sclerosis have been shown to receive \_\_\_\_\_ quality wheelchairs due to the \_\_\_\_\_ progression of the disease process.**

- A. Higher, slow**
  - B. Lesser, slow**
  - C. Higher, fast**
  - D. Lesser, fast**
- 

**27. Patients undergoing total ankle arthroplasty who will be non-weightbearing for the next eight weeks may require this wheelchair component:**

- A. Elevating leg rests**
  - B. Rigid leg rests**
  - C. Fixed leg rests**
  - D. Standard leg rests**
- 

**28. Abnormalities in tone, like spasticity, may require \_\_\_\_\_ to accommodate**

the patient's inability to maintain midline position.

- A. sling backrest
  - B. articulating leg rests
  - C. contoured backrest
  - D. elevating leg rests
- 

29. To offset the financial strain of a wheelchair, federal payers will contribute to the cost of the wheelchair once it has reached its Reasonable Useful Lifetime, which is \_\_\_\_\_ year(s).

- A. 1 year
  - B. 3 year
  - C. 5 year
  - D. 8 years
- 

30. Patients who frequently perform sliding board transfers may need \_\_\_\_\_ for ease of transfer.

- A. Articulating leg rests
  - B. Rigid foot plate
  - C. Contoured backrest
  - D. Narrow armrests
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