

# Flex Therapist CEUs

## Inclusion-Body Myositis

**1. Which muscle groups are primarily affected by Inclusion Body Myositis (IBM)?**

- A. Calf muscles and pectoralis major
  - B. Quadriceps, wrist flexors, and finger flexors
  - C. Hamstrings and biceps
  - D. Latissimus dorsi and gastrocnemius
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**2. What is a key distinguishing feature of muscle weakness in IBM compared to other myopathies?**

- A. Symmetrical weakness affecting both sides equally
  - B. Weakness predominantly in the lower back
  - C. Asymmetrical weakness affecting one side more than the other
  - D. Weakness primarily in the upper limbs
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**3. One of the significant impacts on quality of life for IBM patients is due to which complication?**

- A. Persistent infections
  - B. Chronic pain
  - C. Dysphagia leading to aspiration pneumonia
  - D. Severe allergies
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**4. What is an important physical therapy consideration for managing IBM?**

- A. Long periods of bed rest
  - B. Tailored exercise programs focusing on maintaining muscle function
  - C. Avoidance of resistance training
  - D. Primarily using heat therapy for symptom relief
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**5. Which of the following best describes the prevalence of Inclusion Body Myositis (IBM)?**

- A. IBM affects approximately 1 to 71 individuals per million and is more common in men over the age of 50.
  - B. IBM affects children more commonly than adults.
  - C. IBM is equally prevalent in all age groups and genders.
  - D. IBM is a congenital condition present from birth.
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**6. Which muscle groups are primarily affected by Inclusion Body Myositis (IBM), contributing to the difficulty in performing activities such as climbing stairs and lifting objects?**

- A. Proximal muscles of the lower limbs (quadriceps) and proximal muscles of the upper limbs (shoulder girdle muscles)
  - B. Proximal muscles of the lower limbs (quadriceps) and distal muscles of the upper limbs (wrist and finger flexors)
  - C. Distal muscles of the lower limbs (tibialis anterior) and proximal muscles of the upper limbs (shoulder girdle muscles)
  - D. Distal muscles of the lower limbs (tibialis anterior) and distal muscles of the upper limbs (wrist and finger extensors)
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**7. What characterizes the progression of IBM's impact on quality of life?**

- A. Gradual asymmetrical muscle weakness with periods of symptomatic improvement, avoiding any respiratory involvement.
  - B. A slow progressive decline with symmetrical muscle weakness, prominently affecting respiratory muscles early on.
  - C. A slowly progressive course with asymmetrical muscle weakness and periodic asymptomatic phases, impacting mobility and independence over time.
  - D. Rapid muscle atrophy and symmetrical muscle weakness, leading to significant respiratory and cardiac issues early in the disease course.
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**8. In the intermediate stage of IBM, which muscle groups become more affected, and what implications does this have for a patient's daily life?**

- A. Hip flexors, shoulder girdle muscles, with increased hand dexterity; leading to improved walking ability.
  - B. Hip flexors, shoulder girdle muscles, and dorsiflexors of the feet; causing difficulties in walking, dressing, and performing fine motor tasks.
  - C. Neck muscles, abdominal muscles, leading to challenges in head control and breathing.
  - D. Calf muscles, extensors of the arms, easing general mobility but causing problems with balance.
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**9. Which specific considerations are important for physical therapy when treating IBM patients?**

- A. Focusing solely on strengthening exercises for the upper limb muscles to combat proximal weakness.
  - B. Emphasizing balance training, mobility efforts, strengthening of affected muscles, and the prevention of contractures to maintain independence.
  - C. Implementing aerobic exercises to enhance cardiovascular health and mitigate fatigue, avoiding strength training due to risk of muscle damage.
  - D. Prioritizing high-intensity resistance exercises to rapidly rebuild muscle mass in affected areas.
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**10. Which symptoms are primarily associated with Inclusion Body Myositis (IBM) that distinguish it from other inflammatory myopathies?**

- A. Symmetrical muscle weakness, pronounced fatigue, and prominent cardiac complications.
  - B. Symmetric muscle weakness, muscle atrophy exclusively in the calves, and significant enhancement upon steroid treatment.
  - C. Asymmetrical muscle weakness, atrophy in the quadriceps and forearm muscles, and significant hand weakness leading to dexterity challenges.
  - D. Rapid onset of muscle weakness and widespread myalgia with a non-progressive nature and rapid improvement with exercise.
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**11. What is a critical diagnostic tool for confirming the diagnosis of Inclusion Body Myositis (IBM)?**

- A. Electromyography (EMG)
  - B. Muscle biopsy
  - C. MRI
  - D. CT scan
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**12. Which symptom is NOT typically associated with the muscle weakness seen in IBM patients?**

- A. Wrist and Finger Weakness
  - B. Quadriceps Weakness
  - C. Deltoid Weakness
  - D. Anterior Tibialis Weakness
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**13. Which of the following complications can arise from dysphagia in IBM patients?**

- A. Aspiration pneumonia
  - B. Pericarditis
  - C. Renal failure
  - D. Anemia
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**14. What role do physical therapists play in the multidisciplinary care of IBM patients?**

- A. Prescribing pharmacological treatments
  - B. Conducting surgical interventions
  - C. Providing customized exercise programs for muscle strength and flexibility
  - D. Performing genetic testing
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**15. What is one significant challenge in the pharmacological treatment of IBM?**

- A. High risk of allergic reactions to most medications
- B. Effectiveness of nonsteroidal anti-inflammatory drugs (NSAIDs)

- C. Resistance to conventional immunosuppressive and immunomodulatory therapies
  - D. Quick onset of drug tolerance in patients
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**16. Which specific muscles are commonly affected in Inclusion Body Myositis (IBM)?**

- A. Wrist extensors, triceps, and hamstrings
  - B. Quadriceps, finger flexors, and wrist extensors
  - C. Biceps, anterior tibialis, and abdominals
  - D. Gluteus maximus, shoulder deltoids, and calf muscles
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**17. Which statement accurately describes the progression of Inclusion Body Myositis (IBM)?**

- A. IBM progresses symmetrically, affecting both sides of the body equally and quickly
  - B. IBM progression includes rapid loss of all motor and sensory functions within the first year
  - C. IBM progresses slowly with asymmetrical muscle weakness, often impacting quality of life over several years
  - D. IBM progression is unpredictable, with patients often regaining full function during asymptomatic phases
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**18. In IBM, what role does a physical therapist play in patient management?**

- A. Administering anti-inflammatory agents and immunosuppressants
  - B. Diagnosing IBM through electromyography and muscle biopsy
  - C. Designing exercise programs for strength preservation, balance, and flexibility
  - D. Conducting surgical interventions to improve muscle function
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**19. What is a primary focus of physical therapy management in patients with IBM?**

- A. Complete muscle rejuvenation and regrowth
  - B. Slowing muscle atrophy progression and enhancing functional independence
  - C. Preventing the use of any assistive devices
  - D. Eliminating all symptoms of pain and inflammation
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**20. Which assessment tool is most appropriate to gauge the impact of fatigue on daily activities in IBM patients?**

- A. Berg Balance Scale
  - B. Functional Independence Measure (FIM)
  - C. Multidimensional Fatigue Inventory (MFI)
  - D. 6 Minute Walk Test (6MWT)
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**21. Which statement accurately describes the relationship between aerobic exercise and creatine kinase levels in IBM patients, according to recent research?**

- A. Aerobic exercise initially raises creatine kinase levels but normalizes over time.
  - B. Aerobic exercise does not raise creatine kinase levels, indicating no muscle damage.
  - C. Aerobic exercise always raises creatine kinase levels, indicating non-stop muscle inflammation.
  - D. Aerobic exercise decreases creatine kinase levels, preventing muscle damage.
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**22. What is the primary benefit of integrating aerobic exercise into the management plan for IBM patients?**

- A. Improving muscle strength specifically in the quadriceps and wrist flexors.
  - B. Enhancing cardiovascular function and overall endurance.
  - C. Reducing creatine kinase levels to prevent muscle damage.
  - D. Decreasing neurological deficits in the anterior tibialis.
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**23. Before beginning an exercise program for an IBM patient, what is a crucial step that must be taken by a physical therapist?**

- A. Recommending high-intensity exercise to quickly enhance muscle strength.
  - B. Assessing the patient's current level of function including muscle strength, balance, and range of motion.
  - C. Monitoring creatine kinase levels before each exercise session.
  - D. Using proprioceptive neuromuscular facilitation to determine baseline flexibility.
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**24. When developing exercise programs for IBM patients with impaired balance, which intervention is most appropriate?**

- A. Using treadmills without handrails to improve cardiovascular endurance.
  - B. Recommending weight-bearing aerobic exercises to prevent falls.
  - C. Implementing safety measures such as supportive equipment and supervised sessions.
  - D. Focusing on high-resistance strength training to enhance muscle endurance.
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**25. What is a critical consideration for physical therapists when tailoring exercise programs for IBM patients?**

- A. Starting with high-intensity exercises to build immediate strength.
  - B. Focusing exclusively on aerobic exercises for cardiovascular benefits.
  - C. Gradually increasing resistance and intensity based on the patient's tolerance.
  - D. Prioritizing proprioceptive training over muscle strengthening to prevent contractures.
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**26. Which of the following areas is most likely to be affected by muscle weakness in patients with IBM?**

- A. Neck flexors
- B. Quadriceps
- C. Hip abductors

D. Pectoralis major

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**27. Which of the following explains the importance of progressive overload in the exercise regimen of an IBM patient?**

- A. To retain muscle flexibility
  - B. To ensure repetitive movements
  - C. To gradually increase exercise intensity for adaptation
  - D. To maintain a consistent level of physical exertion
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**28. Which of these resources is specifically dedicated to raising awareness and funding for research targeting Inclusion Body Myositis?**

- A. The Myositis Association
  - B. Muscular Dystrophy Association
  - C. National Institute of Neurological Disorders and Stroke
  - D. Cure IBM
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**29. For a wheelchair-bound patient with advanced IBM, how can balance training be adapted?**

- A. By practicing standing on one foot
  - B. By performing seated weight shifting and reaching tasks
  - C. By using stair-climbing exercises
  - D. By doing high-intensity interval training
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**30. John, a patient with moderate IBM, struggles with tasks like buttoning his shirt and climbing stairs. What interventions should his physical therapist prioritize?**

- A. High-intensity strength training and stair climbing exclusively
  - B. Flexibility exercises and low-impact aerobic activities
  - C. Seated balance exercises and vigorous aerobic training
  - D. Strength training, aerobic exercises, balance training, and functional task training with patient input
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