

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
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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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