

Flex Therapist CEUs

Alzheimer's Disease: Prevalence, Impact, and Caregiving for Physical Therapists and Assistants

1. What is a common neurobiological mechanism shared by both cognitive and motor decline in Alzheimer's disease?

- A. Accumulation of neurofibrillary tangles
 - B. Vascular changes leading to ischemia
 - C. Cholinergic system dysfunction
 - D. Genetic alterations in tau proteins
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2. How does vascular dementia differ from Alzheimer's disease in terms of symptom presentation?

- A. Early memory impairment is more common in vascular dementia
 - B. Behavioral changes are absent in vascular dementia
 - C. Motor impairments appear later in vascular dementia
 - D. Executive dysfunction is more prominent in vascular dementia
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3. What primary goal does physical therapy aim to achieve for patients in the late stage of Alzheimer's disease?

- A. Restoration of full cognitive function
 - B. Prevention of cognitive decline
 - C. Enhancement of communication skills
 - D. Maintenance of comfort and prevention of secondary complications
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4. In managing comorbidities in Alzheimer's patients, why is patient education on polypharmacy crucial?

- A. It enhances exercise outcomes
 - B. It prevents cognitive improvement
 - C. It mitigates adverse drug interactions
 - D. It ensures dependence on medication
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5. What is the primary benefit of cognitive stimulation techniques in the management of Alzheimer's disease?

- A. Reversal of neurofibrillary tangle formation
- B. Slowing cognitive decline
- C. Immediate improvement in executive function

D. Enhancement of genetic resilience

6. Which of the following characterizes the early stage of Alzheimer's disease?

- A. Severe language and communication deficits
 - B. Profound motor impairment
 - C. Subtle cognitive changes often mistaken for normal aging
 - D. Total dependence in daily activities
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7. How does exercise influence the trajectory of Alzheimer's disease?

- A. Slows disease progression and improves mood regulation
 - B. Reverses neurodegeneration completely
 - C. Cures cognitive deficits
 - D. Increases oxidative stress and inflammation
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8. What is the role of cueing in physical therapy for Alzheimer's patients?

- A. To replace all assistive devices
 - B. To enhance movement initiation and task execution
 - C. To encourage dependency on caregivers
 - D. To avoid exercise-related risks
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9. Why is mirroring used as a technique in physical therapy for Alzheimer's patients?

- A. It suppresses all voluntary movements
 - B. It allows therapists to practice parallel tasks
 - C. It helps patients replicate actions through observation
 - D. It is a form of deep muscle relaxation technique
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10. What unique feature differentiates Lewy body dementia from Alzheimer's disease?

- A. Early onset of verbal memory loss
 - B. Visual hallucinations and Parkinsonian symptoms
 - C. Earlier onset of amyloid plaque accumulation
 - D. More pronounced mood fluctuations
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11. Which non-pharmacological intervention has shown neuroprotective effects in Alzheimer's due to the release of neurotrophic factors?

- A. Meditation
 - B. Acupuncture
 - C. Exercise therapy
 - D. Dietary supplements
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12. Why is caregiver support crucial in Alzheimer's care?

- A. It guarantees that patients do not have to participate in therapy
 - B. It prevents any form of exercise
 - C. It simplifies the therapy goals
 - D. It reduces caregiver burden and enhances patient outcomes
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13. Why is dual-task training important for patients with Alzheimer's?

- A. To increase complexity and confusion
 - B. To improve single-task performance exclusively
 - C. To enhance the ability to manage cognitive and motor tasks simultaneously
 - D. To eliminate the need for cognitive engagement
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14. What is a key characteristic of frontotemporal dementia that sets it apart from Alzheimer's disease?

- A. Earlier onset of personality changes
 - B. Later onset of memory loss
 - C. Intensified amyloid plaque deposition
 - D. Consistent preservation of motor functions
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15. Why is the Berg Balance Scale used in Alzheimer's physical therapy?

- A. To measure cognitive decline exclusively
 - B. To assess balance and fall risk
 - C. To determine medication effectiveness
 - D. To evaluate nutritional status
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16. How do structured exercise programs benefit Alzheimer's patients?

- A. By leading to immediate cognitive restoration
 - B. By eliminating the need for medication
 - C. By eliminating the need for therapeutic interventions
 - D. By maintaining muscle integrity and enhancing cardiovascular health
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17. Why is task breakdown effective for Alzheimer's patients in therapy?

- A. It simplifies complex tasks into achievable steps
 - B. It encourages rapid cognitive overload
 - C. It avoids practical engagement entirely
 - D. It emphasizes complete task avoidance
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18. How does proper seating and positioning affect Alzheimer's patients?

- A. Enhances scoliosis development
 - B. Facilitates postural deformities
 - C. Prevents pressure injuries and supports comfort
 - D. Ensures complete patient immobility
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19. Which therapy aligns with promoting neuroplasticity in Alzheimer's management?

- A. Dietary intervention
 - B. Game-based therapy and cognitive training
 - C. Vitamin supplementation
 - D. Prolonged rest and inactivity
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20. What is the significance of interdisciplinary care in Alzheimer's management?

- A. Optimizes patient outcomes through coordinated approaches
 - B. Ensures duplication of services
 - C. Eliminates the need for primary caregivers
 - D. Marginalizes the role of allied health professionals
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21. Why is exercise therapy considered a core treatment for Alzheimer's disease?

- A. Because it guarantees full cognitive restoration
 - B. Due to its ability to support neuroplasticity and maintain physical health
 - C. Because it reduces polypharmacy needs
 - D. Because it entirely replaces other therapeutic modalities
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22. Why are ethical considerations essential in treating Alzheimer's patients?

- A. To ensure negligence in care provision
 - B. To prioritize long-term clinical trials
 - C. To exclusively focus on cost reduction
 - D. To maintain patient dignity and respect for autonomy
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23. Which nonpharmacological intervention employs rhythm and sound to support Alzheimer's care?

- A. Acupuncture
 - B. Music therapy
 - C. Nutritional modification
 - D. Gene therapy
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24. Which feature is a primary characteristic of Alzheimer's progression?

- A. Reversible cognitive decline
 - B. Complete preservation of emotional function
 - C. Irreversible cognitive impairment
 - D. Stable long-term memory
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25. How can community resources enhance Alzheimer's rehabilitation?

- A. They solely aid in laboratory-based assessments
 - B. By supporting engagement and providing education
 - C. By isolating caregivers from networks
 - D. They are limited to providing pharmacological assistance
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26. What is a common intervention to improve motor learning in Alzheimer's patients?

- A. Exercise avoidance
 - B. Prolonged cognitive rest
 - C. Intensive pharmacotherapy
 - D. Hand-over guidance and assisted movement
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27. How does cognitive decline interact with physical decline in Alzheimer's disease?

- A. It accelerates overall functional deterioration
 - B. It does not interact due to separate pathways
 - C. It stimulates new skill acquisition
 - D. It leads to an immediate plateau in progression
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28. Why is mirroring a helpful strategy in Alzheimer's therapy?

- A. It instigates confusion during session
 - B. Promotes independent practice without supervision
 - C. Allows patients to mimic observed actions for better motor learning
 - D. Reduces physical engagement entirely
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29. What is the benefit of incorporating game-based therapy for Alzheimer's patients?

- A. It discourages cognitive engagement
 - B. It stimulates neural connections and enhances cognitive function
 - C. It solely focuses on motor rehabilitation
 - D. It replaces all other forms of therapy
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30. Why is caregiver education crucial in Alzheimer's care?

- A. To promote caregiver dependence on specialists
 - B. To avoid patient involvement in care plans
 - C. To ensure complete autonomy from health services
 - D. To enhance caregiver competence and reduce burnout
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31. What is the primary aim of interdisciplinary care in Alzheimer's management?

- A. To reduce costs significantly
 - B. To eliminate duplication of therapeutic roles
 - C. To ensure synchronized, patient-centered healthcare delivery
 - D. To focus exclusively on emergency care preparation
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32. How is 'cueing' used effectively in physical therapy for Alzheimer's patients?

- A. To divert patients from their tasks
 - B. To support movement initiation and execution
 - C. To encourage sedentary behavior
 - D. To replace therapy sessions entirely
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33. What role do interdisciplinary care teams play in Alzheimer's treatment?

- A. To provide comprehensive, coordinated care
 - B. To focus solely on dietary modifications
 - C. To ensure all interventions are pharmacological
 - D. To decrease reliance on community resources
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34. In Alzheimer's care, which nonpharmacological approach is linked to emotional and social benefits?

- A. Game-based therapy and cognitive training
 - B. Long-term pharmacotherapy
 - C. Exercising during nighttime
 - D. Nutritional deficits
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35. Why is exercise therapy pivotal in Alzheimer's management?

- A. It entirely replaces pharmacological treatment
 - B. It promotes neuroplasticity and stabilizes mood
 - C. It enhances drug absorption
 - D. It negates therapy for other health conditions
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36. Which cognitive deficit most directly affects mobility in Alzheimer's disease?

- A. Language processing
 - B. Enhanced motor skills
 - C. Expanded vocabulary
 - D. Executive dysfunction
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37. What is a key difference between Alzheimer's disease and frontotemporal dementia?

- A. Frontotemporal dementia involves earlier memory loss
 - B. Alzheimer's has more severe motor impairments
 - C. Frontotemporal dementia presents earlier with personality changes
 - D. Alzheimer's develops without cognitive decline
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38. What is one of the benefits of interdisciplinary care for Alzheimer's patients?

- A. Eliminates need for community resources
 - B. Supports comprehensive, integrated care coordination
 - C. Replaces the need for patient consent
 - D. Cancels need for caregiver involvement
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39. How do assistive devices benefit Alzheimer's patients in maintaining independence?

- A. They reduce physical exertion and enhance mobility
 - B. They exclusively focus on gait variability
 - C. They ensure permanent use of wheelchairs
 - D. They eliminate the need for home modifications
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40. Close communication among physical therapy, nursing, occupational therapy, and case management ensures which of the following?

- A. Improved billing efficiency
 - B. Coordinated care
 - C. Reduced documentation requirements
 - D. Faster discharge regardless of patient readiness
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