

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16. How do structured exercise programs benefit Alzheimer's patients?

- A. By leading to immediate cognitive restoration
- B. By maintaining muscle integrity and enhancing cardiovascular health
- C. By eliminating the need for therapeutic interventions
- D. By maintaining muscle integrity and enhancing cardiovascular health

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

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

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

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

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

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

23. Which nonpharmacological intervention employs rhythm and sound to support Alzheimer's care?

- A. Acupuncture
- B. Music therapy
- C. Nutritional modification
- D. Gene therapy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
