Flex Therapist CEUs

Cervical Radiculopathy - Clinical Application of Traction and Exercises

1. What is the most common age group for CR to occur?

A. 20s
B. 30s
C. 70s
D. 50s

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2. What is a cause of CR?

A. Migraine
B. Spinal nerve compression
C. Osteoporsis
D. Spinal stability

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3. What is not a sign of CR?

A. Headache
B. Numbness in hand
C. Pain in mid-back
D. Aching in cervical spine

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4. What is the most common symptom of CR?

A. Arm pain
B. Sensation deficit
C. Reflex deficit
D. Weakness

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5. Which is not a prognostic factor for developing CR?

A. Other musculoskeletal disorders
B. Passive coping strategy
C. Having an office job
D. Psychological distress

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6. Where will C5 radiculopathy produce referral pain?

A. Neck
B. Fingers
C. Low back
D. Occiput

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7. Where would expected weakness occur with a C7 radiculopathy?

A. Hypothenar muscles
B. Biceps brachii
C. Wrist flexors
D. Wrist extensors

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8. Which is not a diagnostic strategy for CR?

A. Xray
B. MRI
C. CT
D. Nerve conduction study

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9. What percentage of the population with or without symptoms have evidence of cervical spine degeneration?

A. 80%
B. 20%
C. 50%
D. 70%

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10. Which imaging study is most effective for diagnosis of CR?

A. MRI
B. CT myelography
C. NCS
D. EMG

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11. What pathology is CT myelography most useful in detecting?

A. Cervical radiculopathy
B. Spinal pathology
C. Spinal nerve impingement
D. Infection

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12. What contributes to complex CR?

A. Abscess
B. Pain in thumb
C. Sensation loss in lateral forearm
D. No improvement in one week

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13. What will an EMG study reveal?

A. Sensation deficits
B. Weakness in myotome pattern
C. Pain in upper extremity
D. Weakness in lower extremity

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14. Which is not a standard part of a physical therapy assessment for CR?

A. Posture
B. Thoracic mobility
C. Abodominal strength
D. ROM in upper extremities

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15. How many degrees should the cervical spine flex normally?

A. 20 degrees
B. 40 degrees
C. 60 degrees
D. 80 degrees

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16. What spinal segments allow most of the rotation of the cervical spine?

A. C4-5
B. C2-3
C. C1-2
D. C6-7

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17. What can a clinician expect if a patient has active shoulder flexion to 60 but passive to 170 degrees?

A. Joint restriction
B. Muscle length issue
C. Neoplasm
D. Thoracic outlet syndrome

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18. Which dermatome is affected with parasthesia in the upper clavicle?

A. C3
B. C5
C. C2
D. C4

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19. The tendon of which muscle should be tested for deep tendon reflex to examin C6 nerve root?

A. Flexor pollicus longus
B. Brachioradialis
C. Triceps brachii
D. Anterior deltoid

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20. What does the Spurling's test detect?

A. Nerve root compression
B. Migraine
C. Thoracic outlet syndrome
D. Decreased thoracic extension

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21. What is not a test part of the CPR for cervical radiculopathy?

A. Distraction
B. Spurling's
C. Rotation more than 60 degrees
D. ULTTa

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22. What should a clinician examine if suspecting cervical myelopathy?

A. Blood flow to cervical spine
B. Babinski reflex
C. Nerve conduction study
D. Lower extremity strength

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23. What is a common pathology causing CR?

A. Tumor
B. Infection
C. Disc herniation
D. Trauma

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24. What is the most common operation for CR?

A. Anterior cervical discectomy and fusion
B. Cervical disc replacment
C. Minimally invasive posterior cervical foraminotomy
D. Laminectomy

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25. When is a cervical collar most useful?

A. 1 year after injury
B. 4 days after pain began
C. For mild pain
D. One month after pain

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26. Which medication is not supported in management of CR?

A. NSAID
B. Epidural steroid
C. Opioid
D. Tricyclic antidepressant

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27. Which type of traction is most supported in literature for longer lasting treatment of CR?

A. Mechanical
B. Over the door
C. Prone
D. Manual

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28. When combined with other interventions which treatment is proven most effective for CR?

A. Manipulation
B. Steroid injection
C. Surgery
D. Exercise

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29. Which muscles are important to strengthen when treating CR?

A. Latissimus dorsi
B. Deep neck flexors
C. Pectoralis major
D. Levator scapulae

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30. Which outcome measure should be used to capture neck pain and disability?

A. ODI
B. NPRS
C. NDI
D. DASH

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