

Flex Therapist CEUs

Dystonia: Current Knowledge and Treatment

Research Priorities in Limb and Task-Specific Dystonias

1. In epidemiological studies conducted in different parts of the world, the most commonly affected regions of the body are the upper limbs.

- A. True
 - B. False
-

2. In writer's cramp when writing with the unaffected non-dominant hand, the normal voluntary movement can provoke or cause recapitulation of the dystonic movements in the affected hand, even though it is not engaged in the writing task.

- A. True
 - B. False
-

3. Patients with runner's dystonia often describe their initial symptom as:

- A. A subtle change in their gait or running stride.
 - B. A limp.
 - C. A sense of pulling, cramping, or stiffness triggered by running and improved with rest.
 - D. All of the above.
-

4. A possible clinical clue to the diagnosis of RD is a marked improvement in, or complete absence of, symptoms when the patient walks or runs backwards.

- A. True
 - B. False
-

5. One distinguishing clinical feature of peripherally induced dystonia from other dystonias is the:

- A. Frequency of pain as a presenting complaint.
 - B. Presence of psychological factors.
 - C. Sensorimotor reorganization.
 - D. All of the above.
-

6. Which of the following is an important factor in measurements of plasticity?

- A. The stimulus strength and the number of paired stimuli delivered.
 - B. The state of muscle activity.
 - C. The time of the day.
 - D. All of the above.
-

7. Much evidence suggests that repetition, in-and-of-itself, is the sole driver for the development of a task-specific dystonia.

- A. True
 - B. False
-

8. Vibration of a hand produces a blood flow response in contralateral sensorimotor cortex and supplementary motor area. People with isolated hand dystonia, including a subgroup with only right-handed writer's cramp, show an approximately _____ reduction in these blood flow responses, similar to findings in other isolated dystonias.

- A. 10%
 - B. 25%
 - C. 40%
 - D. 55%
-

9. Conventional rehabilitation methods, such as _____, are frequently used in clinical settings when patients are referred for physical or occupational therapy.

- A. Stretching
 - B. Strengthening exercises
 - C. Manual therapy
 - D. All of the above
-

Exploring factors related to physical activity in cervical dystonia

10. In the clinical physiotherapy setting, individuals with cervical dystonia often report that _____ hinders them from performing physical activity, indicating this is a contributory factor to reduced participation in physical activities.

- A. Pain
 - B. Health status
 - C. Fear of falling
 - D. Self-efficacy
-

11. This study found which of the following to have emerged as the most strongly related variable for physical activity for the total group, the male group, and the female group?

- A. Age

- B. Employment
 - C. Self-efficacy
 - D. All of the above
-

12. Age is a limiting factor for physical activity for:

- A. Men
 - B. Women
 - C. Both (A) and (B)
 - D. None of the above
-

Unmet Needs in the Management of Cervical Dystonia

13. Botulinum neurotoxin injections are the treatment of choice for cervical dystonia.

- A. True
 - B. False
-

14. A currently accepted definition of secondary non-responsiveness implies insufficiently improved posture after _____ or more unsuccessful injection cycles in cervical dystonia patients previously achieving satisfactory results.

- A. 1
 - B. 2
 - C. 3
 - D. 4
-

15. A well-known cause of non-responsiveness is the development of antibodies against BoNT formulation, which has been described with all of the following formulations, except for:

- A. IncobotulinumtoxinA
 - B. OnabotulinumtoxinA
 - C. AbobotulinumtoxinA
 - D. RimabotulinumtoxinB
-

16. Studies show that psychiatric comorbidity is the most important predictor of poorer health-related QoL, especially for the domains of general health, role functioning, bodily pain, and emotional and mental health.

- A. True
 - B. False
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