# Flex Therapist CEUs

## Early Mobilization in Patients with Stroke

### Early Sitting in Ischemic Stroke Patients (SEVEL): A Randomized Controlled Trial

**1. During acute stroke, cerebral auto-regulation mechanisms are impaired and any fluctuation in blood pressure can affect the cerebral blood flow directly.**

**A. True**
**B. False**

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**2. This study observed a significant _____ effect of early sitting starting as early as possible but no later than the calendar day after stroke onset, compared to a progressive sitting procedure over three days post-stroke onset.**

**A. Beneficial**
**B. Detrimental**
**C. Neither beneficial nor detrimental**
**D. Both beneficial and detrimental**

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**3. This study reported a significant but slight difference in the Barthel index favoring the:**

**A. Early sitting group**
**B. Progressive sitting group**
**C. Both the early sitting and the progressive sitting groups reported significance**
**D. Neither the early sitting nor the progressive sitting groups reported significance**

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**4. The analysis of the AVERT trial revealed a more favorable outcome for patients in the _____ arm, as defined by a modified Rankin score at three months.**

**A. Very early mobilization**
**B. Usual care**
**C. Both the very early mobilization and the usual care arms**
**D. Neither the very early mobilization nor the usual care arms**

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**5. Which of the following could indicate that the detrimental effects of the very early mobilization protocol in the AVERT trial may not stem from the duration of out-of-bed**

**activities?**

**A. In both arms of this study, the duration of first sitting was longer than in the AVERT trial.**
**B. Very early mobilization and usual-care groups did not significantly differ in daily frequency of mobilization.**
**C. This study specifically modified the frequency of mobilization between early and progressive mobilization groups.**
**D. All of the above indicate that the detrimental effects of the very early mobilization protocol in the AVERT trial may not stem from the duration of out-of-bed activities.**

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**6. Taken together, the results of this study indicate that there is an extreme effect of the early sitting procedure in comparison to a progressive sitting procedure in a beneficial direction after ischemic stroke.**

**A. True**
**B. False**

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## Efficacy and safety of very early mobilisation within 24 h of stroke onset (AVERT): a randomised controlled trial

**7. Early mobilization after stroke, comprising of out-of-bed _____, is thought to contribute to the powerful effect of stroke-unit care and is recommended in many guidelines.**

**A. Sitting**
**B. Standing**
**C. Walking**
**D. All of the above**

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**8. What is the biological rationale underlying the potential for early out-of-bed training?**

**A. Bed rest negatively affects the musculoskeletal, cardiovascular, respiratory, and immune systems, and might slow recovery.**
**B. Immobility-related complications are common early after stroke at a time when patients are very inactive.**
**C. There might be a narrow window of opportunity for brain plasticity and repair, and the optimum period for change could be early after stroke.**
**D. All of the above are biological rationale underlying the potential for early out-of-bed training.**

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**9. Early mobilization has a plausible potential for harm, particularly within the first _____ of stroke onset.**

**A. 12 hours**
**B. 24 hours**
**C. 48 hours**
**D. 72 hours**

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**10. Which of the following is a possible harm of early mobilization?**

**A. Damage to the ischemic penumbra associated with reduced cerebral blood flow when the head position is raised.**
**B. Increased blood pressure associated with activity.**
**C. Both reduced cerebral blood flow and increased blood pressure could be possible harms of early mobilization.**
**D. Neither reduced cerebral blood flow nor increased blood pressure are possible harms of early mobilization.**

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**11. Compared to usual care, out-of-bed activity could result in more falls with injury.**

**A. True**
**B. False**

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**12. Concerns about early start of mobilization appear even more pronounced in the case of:**

**A. Intracerebral hemorrhage.**
**B. Patients with ischemic stroke treated with thrombolysis.**
**C. Concerns about early start of mobilization appear more pronounced in the case of intracerebral hemorrhage and in patients with ischemic stroke treated with thrombolysis.**
**D. There are no specific cases for which concerns about early start of mobilization appear more pronounced.**

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**13. Which of the following was a significant association with very early mobilization?**

**A. A reduction in the odds of little or no disability at 3 months after stroke.**
**B. An accelerated walking recovery.**
**C. A lower number of patients who died or had serious adverse events at 3 months after stoke.**
**D. All of the above were significantly associated with very early mobilization.**

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**14. This study demonstrated that very early, frequent, higher dose interventions are**

**preferable to an early, lower dose out-of-bed activity regimen.**

**A. True**
**B. False**

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**15. This study found that the very early mobilization intervention significantly reduced the odds of a favorable outcome 3 months after stroke compared with lower dose usual care starting, on average, 5 hours later.**

**A. True**
**B. False**

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**16. This study demonstrated that there is no evidence that early mobilization of patients receiving recombinant tissue plasminogen activator is harmful.**

**A. True**
**B. False**

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## Prevalence of fatigue in patients 3 months after stroke and associated with early motor activity: a prospective study comparing stroke patients with a matched general population cohort

**17. Fatigue is described as:**

**A. Extreme tiredness resulting from physical exertion.**
**B. A constant weariness unrelated to previous exertion levels and not usually ameliorated by rest.**
**C. A lack of being able to concentrate due to extreme mental exertion.**
**D. Feeling unrefreshed after a night’s sleep.**

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**18. All of the following describe the prevalence of fatigue, except for:**

**A. It increases with the number of chronic disease**
**B. It is higher in women**
**C. It is higher in the older population**
**D. Fatigue prevalence increases with the number of chronic diseases, is higher in women, and is higher in the older population**

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**19. Post-stroke fatigue is associated with:**

**A. Higher levels of dependency**
**B. Poorer quality of life**

**C. Institutionalization and mortality**
**D. Post-stroke fatigue is associated with all of the above**

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**20. Ongoing fatigue may be compounded by reduced activity and subsequent deconditioning, particularly in the sub-acute phase, perhaps in combination with the increased energy cost of movement due to impairment.**

**A. True**
**B. False**

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**21. Evidence suggests all of the following are the main predictors for fatigue in the sub-acute phase, except for:**

**A. Loss of memory or concentration**
**B. Depression**
**C. Pre-stroke fatigue**
**D. Pain**

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**22. This study found compelling support that more early motor activity is associated with decreased likelihood of post-stroke fatigue.**

**A. True**
**B. False**

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**23. Stroke patients are not any more likely to report fatigue than their community-living counterparts who have not experienced stroke.**

**A. True**
**B. False**

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**24. Previous bed rest studies have shown bed rest in general is not a benign treatment, but harmful to health.**

**A. True**
**B. False**

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**25. The impact of stroke taxes the central nervous system and increases the level of cognitive strain, which may be interpreted as fatigue, therefore, stroke patients may be physically capable of participating in rehabilitation exercises or physical activity, but feel unable to engage in the activity due to a depletion of cognitive reserves or higher vascular burden.**

**A. True**

**B. False**

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**26. Which of the following has shown promise in alleviating fatigue?**

**A. A combined cognitive therapy and graded exercise program**
**B. Cognitive therapy alone**
**C. Both cognitive therapy alone and in combination with a graded exercise program have shown promise in alleviating fatigue**
**D. Neither cognitive therapy alone nor a combination of cognitive therapy with a graded exercise program have shown promise in alleviating fatigue**

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