

Flex Therapist CEUs

Fall Prevention: Strategies for Physical Therapists and Assistants

1. Which of the following intrinsic risk factors significantly influences an older adult's ability to maintain balance?

- A. Chronic dehydration
 - B. Poor lighting in home
 - C. Decreased muscle strength
 - D. Prescription of pain medication
-

2. According to statistics, which age group is most at risk for fall-related injuries?

- A. Adults aged 18–25 years
 - B. Adults aged 45–59 years
 - C. Adults aged 60–64 years
 - D. Adults aged 65 years and older
-

3. Why is the Timed Up and Go (TUG) test considered a reliable measure in fall risk assessment?

- A. It requires complex equipment to administer.
 - B. It integrates various components of mobility into a single measure.
 - C. It focuses solely on strength evaluation.
 - D. It is performed by a multidisciplinary team.
-

4. What percentage of falls among older adults in community settings result in serious injuries such as fractures?

- A. About 10%
 - B. Approximately 20%
 - C. More than 30%
 - D. Less than 5%
-

5. Which specific condition is characterized by a decline in blood pressure upon standing, increasing fall risk?

- A. Atrial fibrillation
 - B. Diabetic neuropathy
 - C. Orthostatic hypotension
 - D. Hypercholesterolemia
-

6. What is the primary purpose of progressive resistance training (PRT) in fall prevention strategies?

- A. To improve cardiovascular endurance
 - B. To increase joint flexibility
 - C. To enhance muscle strength and power
 - D. To facilitate relaxation and reduce anxiety
-

7. Which extrinsic factor below often contributes to falls and requires modification for fall risk reduction?

- A. Poor lighting conditions
 - B. A genetic predisposition
 - C. History of vertigo
 - D. Personal anxiety levels
-

8. Which approach is necessary to address both the physical and psychological aspects of fall prevention?

- A. Improving only cardiovascular fitness
 - B. Utilizing visual stimuli exclusively
 - C. Integrating progressive exercise automatically
 - D. Implementing multifactorial strategies
-

9. Polypharmacy is a significant risk factor for falls particularly because it:

- A. Promotes muscle growth
 - B. Increases necessary medication adherence
 - C. Can cause adverse medication interactions
 - D. Decreases pain response during falls
-

10. Involving caregivers in fall prevention programs is crucial because:

- A. They provide essential support and consistency
 - B. They are responsible for administering medication
 - C. They can restrict patient mobility effectively.
 - D. They perform all patient exercises
-

11. What psychological barrier, often seen after a fall, can increase fall risk through reduced activity?

- A. Motivational oversight
- B. Enhanced epicondylitis
- C. Fear of falling

D. Overconfidence from poor insight

12. Which strategy incorporates both a cognitive task and physical activity to enhance gait training?

- A. Direct muscle mapping
 - B. Static practice reinforcement
 - C. Single stimulus approach
 - D. Dual-task training
-

13. In the context of fall prevention, Tai Chi has been shown primarily to improve:

- A. Balance and coordination
 - B. Visual acuity
 - C. Nutritional intake
 - D. Hearing sensitivity
-

14. The role of physical therapists and assistants in fall prevention primarily involves creating plans that are:

- A. Exercise-heavy and medication-free
 - B. Standardized and generic across all patients
 - C. Individualized and comprehensive
 - D. Quick and based solely on patient requests
-

15. Which of the following is NOT a common element of effective fall prevention programs?

- A. Medication review
 - B. Environmental assessments
 - C. Exercise and strength building
 - D. Stair-free environments
-

16. For a patient with cognitive impairments, what modification can assist with safe ambulation?

- A. Visual cues along pathways
 - B. Auditory walls
 - C. Lack of routine stimulation
 - D. Restricting all physical activities
-

17. Which type of feedback used in balance training helps improve postural awareness and control?

- A. Delayed verbal instruction
- B. Immediate biofeedback

- C. Retrospective visual cues
 - D. Audio reminders before exercises
-

18. What role does motivational interviewing play in fall prevention?

- A. Enforce strict patient compliance
 - B. Convince patients of inevitable falling
 - C. Increase patient engagement and adherence
 - D. Replace all physical training approaches
-

19. Which patient education strategy helps reduce fear of falling and promotes participation?

- A. Using only technical medical terminology
 - B. Providing minimal explanation during sessions
 - C. Involving patients in setting realistic goals
 - D. Avoiding conversations about potential falls
-

20. In the context of legal considerations, documentation should:

- A. Be brief and contain only subjective opinions
 - B. Exclude any assessments of care effectiveness
 - C. Omit any patient or caregiver input
 - D. Include detailed objective observations
-

21. Which fall assessment tool evaluates the ability to maintain balance through functional tasks?

- A. Morse Fall Scale
 - B. Berg Balance Scale
 - C. Blood Glucose Test
 - D. Visual Acuity Chart
-

22. The primary goal of implementing adaptive equipment in fall prevention is to:

- A. Enhance safe performance of daily activities
 - B. Increase patient dependency
 - C. Replace physical therapy
 - D. Challenge patient equilibrium
-

23. Interdisciplinary collaboration in fall prevention is essential because it:

- A. Replaces individual patient care plans
 - B. Centralizes treatment solely within one profession
 - C. Ensures a comprehensive, multifaceted approach
 - D. Limits the roles of non-medical staff
-

24. Virtual reality technology is used in fall prevention for:

- A. Immersive well-being visualization
 - B. Simulating real-world scenarios safely
 - C. Promoting digital device literacy
 - D. Conducting sedentary assessments
-

25. Which of the following is a key component of effective fall prevention documentation?

- A. Detailed description of an unrelated past injury
 - B. Vague action plans with limited details
 - C. Subjective observations without metrics
 - D. Clear linkage between assessments and interventions
-

26. What exercise modality supports flexibility and balance, enhancing fall prevention?

- A. Heavy resistance weightlifting
 - B. Weightless aqua jogging
 - C. Tai Chi practice
 - D. Circular breathing exercises
-

27. For patients with cognitive impairments, interventions should focus heavily on:

- A. Accelerated task variability
 - B. Consistent repetition and reinforcement
 - C. Introduction of new cognitively demanding tasks
 - D. Ignoring environmental factors
-

28. Which principle is fundamental to reducing fall risk in older adults?

- A. Strengthening lower extremities
 - B. Promoting constant environmental changes
 - C. Emphasizing static positioning
 - D. All-weather personal fortification
-

29. What key strategy should caregivers employ in order to support mobility without increasing fall risk?

- A. Physical assistance regardless of ability
 - B. Observing from a distance without intervention
 - C. Perform activities solely with technological aids
 - D. Providing verbal cues and prompts for independence
-

30. How do electronic health records (EHRs) facilitate interdisciplinary collaboration in fall prevention?

- A. By promoting exclusive therapist notes
 - B. By restricting access to patient movement history
 - C. By streamlining consistent access to patient progress
 - D. By replacing all face-to-face meetings
-

31. The concept of 'post-fall syndrome' refers to:

- A. Increased physical resilience and confidence
 - B. Emotional avoidance of exercise in children
 - C. Psychological and behavioral changes after falls
 - D. Permanent bone damage after a fall
-

32. What role does graded exposure play in addressing fear of falling?

- A. Gradually increases activity complexity safely
 - B. Prevents all physical activities to ensure safety
 - C. Immediately subjects patients to high-intensity tasks
 - D. Limits progression based on subjective fears
-

33. Polypharmacy in older adults raises fall risk predominantly due to:

- A. Enhanced muscle recovery rates
 - B. Potential for adverse drug interactions
 - C. Increased focus and mental clarity
 - D. Reduced dependence on physical activity
-

34. The presence of which intrinsic factor significantly impacts fall risk in stroke survivors?

- A. Unilateral weakness
 - B. Social withdrawal
 - C. Height above average
 - D. Redundancy in task execution
-

35. For individuals recovering from joint replacement surgery, fall prevention should emphasize:

- A. Avoidance of mobility at all costs
 - B. Immediate high-impact training
 - C. Safe, progressive mobility training
 - D. Preservation of post-surgical isolation
-

36. In the context of fall prevention, the use of adaptive equipment serves to:

- A. Challenge balance capabilities
 - B. Enhance independence during daily activities
 - C. Restrict patient movement permanently
 - D. Substitute for professional therapy services
-

37. When documenting a fall event, it is important to include:

- A. Only the patient's account
 - B. Your personal opinion on the situation
 - C. Recommendations without context
 - D. A clear and objective account of the event
-

38. Which of the following best describes an intrinsic factor contributing to fall risk in the geriatric population?

- A. Dim lighting in home environments
 - B. Sarcopenia reducing strength and stability
 - C. Use of sedatives
 - D. Improperly placed grab bars
-

39. In interdisciplinary collaboration for fall prevention, what unique role do pharmacists play in reducing fall risk?

- A. Providing safe transfer training
 - B. Recommending environmental modifications
 - C. Managing side effects of polypharmacy
 - D. Coordinating diagnostic testing
-

40. Which intervention should be prioritized for a patient with Parkinson's disease to address difficulties with freezing when passing through doorways?

- A. Amplitude-based training, such as the LSVT BIG program
 - B. Static balance exercises
 - C. Implementation of bed alarms
 - D. Encouraging reduced fluid intake at night
-