

Flex Therapist CEUs

Hip and Knee Osteoarthritis Non-Surgical Management

Executive Summary

1. Patients with OA may have morning joint stiffness that usually resolves within _____ minutes.

- A. 20
 - B. 30
 - C. 60
 - D. 90
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2. Radiographs are required to make a diagnosis of knee OA.

- A. True
 - B. False
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Background

3. Physical activity involving repetitive joint loading may be associated with incidence of OA.

- A. True
 - B. False
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Module A: Diagnosis & Evaluation

4. OA is a clinical syndrome characterized by which of the following?

- A. Limited range of motion
 - B. Joint pain and stiffness
 - C. Decreased physical functioning and quality of life
 - D. All of the above
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5. Pain is typically worse after activity.

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

6. Common physical examination findings include:

- A. Pain and crepitus with active motion.**
 - B. Joint line tenderness.**
 - C. Restricted painful movements and occasional effusions.**
 - D. All of the above.**
-

7. OA has multiple risk factors and includes:

- A. Biomechanical components**
 - B. Systemic components**
 - C. Both biomechanical components and systemic components**
 - D. None of the above**
-

8. Biomechanical risk factors include all of the following, except for:

- A. Bone density**
 - B. Obesity**
 - C. Joint injury**
 - D. Muscle weakness**
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9. Which of the following is the most common modifiable risk factor for the development of OA?

- A. Obesity**
 - B. Occupational or recreational overuse**
 - C. Bone density**
 - D. Joint injury**
-

10. Quadricep weakness from diffuse OA is common and has been identified as an independent risk factor in the development of knee OA.

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

11. Repetitive or high-intensity training or sport activities that involve all of the following moments at the knee or hip have been implicated in the development of OA,

except for:

- A. Twisting
 - B. Pivoting
 - C. Forceful Extension
 - D. All of the above have been implicated in the development of OA
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12. Knee deformity such as genu varum or genu valgum resulting in an altered mechanical axis has been found to increase the risk of developing knee OA.

- A. True
 - B. False
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13. Osseous deformities found about the hip in the form of cam lesions, but not pincer lesions, found in the femoroacetabular impingement may be associated with an increased risk of hip OA.

- A. True
 - B. False
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14. Age and gender play significant roles in which of the following?

- A. Susceptibility with OA.
 - B. Symptom severity with OA.
 - C. Susceptibility and symptom severity with OA.
 - D. None of the above.
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15. A family history of OA represents an independent risk factor in the development of the disease.

- A. True
 - B. False
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Module B: Core Non-Surgical Treatment Principles

16. Evidence suggests that patient compliance with which of the following is increased by patient education?

- A. Physical exercise
 - B. Energy conservation
 - C. Joint protection
 - D. All of the above
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17. Physical therapists should be involved early in the development of a comprehensive plan to do all of the following, except:

- A. Manage symptoms**
 - B. Prepare the patient for surgical intervention**
 - C. Reduce fall risk**
 - D. Maximize patient function**
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18. A typical treatment program should consist of all of the following, except for:

- A. Patient education on their condition.**
 - B. Activity and lifestyle modification.**
 - C. A therapeutic exercise program targeting the quadriceps and hamstrings.**
 - D. A weight reduction program if appropriate.**
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19. The weakness that often precedes or accompanies the osteoarthritic process is a result of:

- A. A neurogenic mechanism.**
 - B. Age related decrease of muscle volume.**
 - C. Disuse.**
 - D. It is unclear what the weakness is a result of.**
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20. Weakness has been identified as which of the following for the development of OA?

- A. A biomechanical risk factor.**
 - B. A systemic risk factor.**
 - C. An independent risk factor.**
 - D. All of the above.**
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21. Psoas hip flexor weakness is a primary risk factor for hip OA.

- A. True**
 - B. False**
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22. The single most effective strategy to effectively reduce falls involves exercise or physical therapy to improve gait, balance, and lower body strength.

- A. True**
 - B. False**
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23. Effective programs should focus on all of the following, except for:

- A. Improving balance.**
 - B. Being progressively more challenging.**
 - C. Involving at least 60 hours of practice.**
 - D. All of the above should be focused on.**
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24. Early intervention, which is in line with nationally accepted guidelines and appears to be key to improving pain and function, provides a tailored therapeutic exercise program that focuses on all of the following, except:

- A. Regaining quadriceps and gluteal strength.**
 - B. Anaerobic conditioning.**
 - C. Flexibility.**
 - D. Range of motion.**
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Module C: Physical Therapy Approaches

25. After review of the literature, there is enough evidence to support manual physical therapy over traditional physical therapy/ therapeutic exercise alone.

- A. True**
 - B. False**
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26. Which of the following appears to be beneficial and should be considered for OA of the hip and knee, with stronger evidence as a promising intervention for OA of the knee?

- A. A combination of manual physical therapy with traditional physical therapy / therapeutic exercise.**
 - B. Manual physical therapy alone.**
 - C. Traditional physical therapy / therapeutic exercise alone.**
 - D. Aquatic therapy combined with manual physical therapy.**
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27. Reported discomfort with land based therapeutic exercise includes which of the following?

- A. Increased blood pressure**
 - B. Swelling of the knee**
 - C. Increased pain / discomfort during exercise**
 - D. All of the above**
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28. The heated water typically provided in therapy pools provide a temporary analgesic affect for arthritic joints, as pain and temperature both travel on which of the following, and is theorized to interfere with the afferent pain signal transmission?

- A. The anterior spinothalamic tract.**
 - B. The lateral spinothalamic tract.**
 - C. The posterior spinocerebellar tract.**
 - D. The anterior spinocerebellar tract.**
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29. In patients with OA of the hips and knees, the goals of treatment are to control pain, and the resultant disability, while providing education on the disease process and/or its treatment.

- A. True**
 - B. False**
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30. A physical therapist training a patient to use an ambulation aid should include education on which of the following?

- A. Safely negotiating carpet.**
 - B. Throw rugs and rough ground.**
 - C. Inclines and stairs.**
 - D. All of the above.**
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Appendix C: Patient History and Physical Examination

31. Patients with knee osteoarthritis may have a prior history of knee injury or surgery. Prior anterior cruciate ligament (ACL) injury and/or reconstruction as well as prior meniscectomy or patellar dislocation should increase suspicion of early knee OA.

- A. True**
 - B. False**
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32. While seated, patients with a painful hip may feel more comfortable shifting their weight to the contralateral hemi pelvis and slouching to avoid excessive flexion or internal rotation of the involved hip.

- A. True**
 - B. False**
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33. During the stance phase the patient will shift their center of mass over the uninvolved hip to relax the hip abductors, thereby decreasing the joint reactive forces

about the hip.

- A. True
 - B. False
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34. In order to assess for a flexion contracture (lack of full extension) the contralateral hip should be maximally flexed to see if the involved hip can extend to touch the exam table.

- A. True
 - B. False
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35. Loss of external rotation is frequently seen in hip osteoarthritis.

- A. True
 - B. False
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36. A passive straight leg raise can help to differentiate nerve root tension signs from true intra-capsular hip pathology.

- A. True
 - B. False
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37. Which of the following is the most specific test for hip pathology as only the femoral head is moving in relation to the acetabulum?

- A. The passive log roll.
 - B. The Patrick or Faber test.
 - C. The anterior impingement test.
 - D. A resisted straight leg raise.
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38. A resisted straight leg raise or Stinchfield reproducing groin pain is sensitive at identifying intra-articular pathology by generating less force than walking across the hip joint.

- A. True
 - B. False
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