

Flex Therapist CEUs

Home Health with Motor Impairment

1. The ideal place for rehabilitation is in the home for all of the following reasons, except:

- A. Insurance pays for a larger portion of home care than care in specialized facilities.
 - B. For the older adult's personal preferences.
 - C. A sense of familiarity that can be very comforting.
 - D. For the support of relatives and caregivers and access to nearby health and other community services.
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2. Home-based rehabilitation programs are not as good as inpatient postoperative rehabilitation programs in terms of achieving functional outcomes for patients, such as pain, functionality, walking, and balance.

- A. True
 - B. False
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3. An action plan with early intervention should be proposed before situations of special clinical frailty in all fields and, in terms of coordination, between primary and specialized care in particular.

- A. True
 - B. False
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4. The ultimate purpose of interventions for chronic patients is to:

- A. Change the natural course of their pathology.
 - B. Delay progression.
 - C. Improve the overall level of functionality and health.
 - D. The ultimate purpose of interventions for chronic patients is to change the natural course of their pathology by delaying progression and improve the overall level of functionality and health based on a model of care that requires prior planning in the decision-making process.
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5. Which of the following is the key priority to consider when optimizing the treatment and diversity of resources available?

- A. Determining the most appropriate objectives and techniques for patients' treatment.
- B. Understanding the impact of home-based rehabilitation on the results.
- C. Determining the most appropriate objectives and techniques for patients' treatment

and understanding the impact of home-based rehabilitation on the results are both key priorities for optimizing the treatment and diversity of resources available.

D. Neither determining the most appropriate objectives and techniques for patients' treatment nor understanding the impact of home-based rehabilitation on the results are key priorities for optimizing the treatment and diversity of resources available.

6. The process of allocating patients in HBR is influenced by their needs, such as ADL restrictions and home safety concerns; this care should be based on the perspectives and goals set by the healthcare professional team primarily and not based on the patient's own perspective and goals.

- A. True
 - B. False
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7. Patients who have substantial functional deficits or are home-bound do not appear suddenly; rather, these patients tend to present first as potential candidates for home-based rehabilitation, exhibiting on-going symptoms and obvious impairment.

- A. True
 - B. False
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8. Earlier intervention at home could provide significantly better results in terms of:

- A. Physical function.
 - B. Disability.
 - C. Quality of life.
 - D. Earlier intervention at home could provide significantly better results in terms of physical function, disability, and quality of life.
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9. The main applied treatment in the patient's home was:

- A. Electrotherapy
 - B. Functional exercises
 - C. Gait training
 - D. Health education
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10. The number of sessions was greater for all of the following patients, except:

- A. Those who were dependent in ADLs.
 - B. Those who had bed sores.
 - C. Those who were over 80 years of age.
 - D. Those who had social problems.
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11. This study found that the highest initial Barthel Index was obtained for patients with:

- A. Alzheimer's disease**
 - B. Chronic obstructive pulmonary disease**
 - C. Amputation**
 - D. Stroke**
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12. Significant improvements were confirmed in pre- and post- Barthel Index scores showing greater functional independence of patients with any of the following, except:

- A. Osteoarticular diseases**
 - B. Stroke**
 - C. Parkinson's disease**
 - D. Cardiovascular disease**
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