Flex Therapist CEUs

Inclusion-Body Myositis

1. Which muscle groups are primarily affected by Inclusion Body Myositis (IBM)?

A. Calf muscles and pectoralis major
B. Quadriceps, wrist flexors, and finger flexors
C. Hamstrings and biceps
D. Latissimus dorsi and gastrocnemius

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2. What is a key distinguishing feature of muscle weakness in IBM compared to other myopathies?

A. Symmetrical weakness affecting both sides equally
B. Weakness predominantly in the lower back
C. Asymmetrical weakness affecting one side more than the other
D. Weakness primarily in the upper limbs

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3. One of the significant impacts on quality of life for IBM patients is due to which complication?

A. Persistent infections
B. Chronic pain
C. Dysphagia leading to aspiration pneumonia
D. Severe allergies

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4. What is an important physical therapy consideration for managing IBM?

A. Long periods of bed rest
B. Tailored exercise programs focusing on maintaining muscle function
C. Avoidance of resistance training
D. Primarily using heat therapy for symptom relief

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5. Which of the following best describes the prevalence of Inclusion Body Myositis (IBM)?

A. IBM affects approximately 1 to 71 individuals per million and is more common in men over the age of 50.
B. IBM affects children more commonly than adults.
C. IBM is equally prevalent in all age groups and genders.
D. IBM is a congenital condition present from birth.

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6. Diagnosing IBM requires thoroughly understanding its _____

A. expectancy, significantly affects quality of life
B. symptoms, underlying causes, and progression
C. management strategies
D. treatment considerations and recommendations

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7. What characterizes the progression of IBM's impact on quality of life?

A. Gradual asymmetrical muscle weakness with periods of symptomatic improvement, avoiding any respiratory involvement.
B. A slow progressive decline with symmetrical muscle weakness, prominently affecting respiratory muscles early on.
C. A slowly progressive course with asymmetrical muscle weakness and periodic asymptomatic phases, impacting mobility and independence over time.
D. Rapid muscle atrophy and symmetrical muscle weakness, leading to significant respiratory and cardiac issues early in the disease course.

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8. In the intermediate stage of IBM, which muscle groups become more affected, and what implications does this have for a patient's daily life?

A. Hip flexors, shoulder girdle muscles, with increased hand dexterity; leading to improved walking ability.
B. Hip flexors, shoulder girdle muscles, and dorsiflexors of the feet; causing difficulties in walking, dressing, and performing fine motor tasks.
C. Neck muscles, abdominal muscles, leading to challenges in head control and breathing.
D. Calf muscles, extensors of the arms, easing general mobility but causing problems with balance.

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9. Which specific considerations are important for physical therapy when treating IBM patients?

A. Focusing solely on strengthening exercises for the upper limb muscles to combat proximal weakness.
B. Emphasizing balance training, mobility efforts, strengthening of affected muscles, and the prevention of contractures to maintain independence.
C. Implementing aerobic exercises to enhance cardiovascular health and mitigate fatigue, avoiding strength training due to risk of muscle damage.
D. Prioritizing high-intensity resistance exercises to rapidly rebuild muscle mass in affected areas.

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10. Which symptoms are primarily associated with Inclusion Body Myositis (IBM) that distinguish it from other inflammatory myopathies?

A. Symmetrical muscle weakness, pronounced fatigue, and prominent cardiac complications.
B. Symmetric muscle weakness, muscle atrophy exclusively in the calves, and significant enhancement upon steroid treatment.

C. Asymmetrical muscle weakness, atrophy in the quadriceps and forearm muscles, and significant hand weakness leading to dexterity challenges.
D. Rapid onset of muscle weakness and widespread myalgia with a non-progressive nature and rapid improvement with exercise.

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11. What is a critical diagnostic tool for confirming the diagnosis of Inclusion Body Myositis (IBM)?

A. Electromyography (EMG)
B. Muscle biopsy
C. MRI
D. CT scan

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12. Which symptom is NOT typically associated with the muscle weakness seen in IBM patients?

A. Wrist and Finger Weakness
B. Quadriceps Weakness
C. Deltoid Weakness
D. Anterior Tibialis Weakness

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13. Which of the following complications can arise from dysphagia in IBM patients?

A. Aspiration pneumonia
B. Pericarditis
C. Renal failure
D. Anemia

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14. What role do physical therapists play in the multidisciplinary care of IBM patients?

A. Prescribing pharmacological treatments
B. Conducting surgical interventions
C. Providing customized exercise programs for muscle strength and flexibility
D. Performing genetic testing

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15. What is one significant challenge in the pharmacological treatment of IBM?

A. High risk of allergic reactions to most medications
B. Effectiveness of nonsteroidal anti-inflammatory drugs (NSAIDs)
C. Resistance to conventional immunosuppressive and immunomodulatory therapies
D. Quick onset of drug tolerance in patients

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16. What is often the first-line immunosuppressive treatment tried in IBM patients?

A. Methotrexate

B. Prednisone
C. Intravenous Immunoglobulin (IVIG)
D. Azathioprine

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17. Which statement accurately describes the progression of Inclusion Body Myositis (IBM)?

A. IBM progresses symmetrically, affecting both sides of the body equally and quickly
B. IBM progression includes rapid loss of all motor and sensory functions within the first year
C. IBM progresses slowly with asymmetrical muscle weakness, often impacting quality of life over several years
D. IBM progression is unpredictable, with patients often regaining full function during asymptomatic phases

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18. In IBM, what role does a physical therapist play in patient management?

A. Administering anti-inflammatory agents and immunosuppressants
B. Diagnosing IBM through electromyography and muscle biopsy
C. Designing exercise programs for strength preservation, balance, and flexibility
D. Conducting surgical interventions to improve muscle function

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19. What is a primary focus of physical therapy management in patients with IBM?

A. Complete muscle rejuvenation and regrowth
B. Slowing muscle atrophy progression and enhancing functional independence
C. Preventing the use of any assistive devices
D. Eliminating all symptoms of pain and inflammation

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20. Which assessment tool is most appropriate to gauge the impact of fatigue on daily activities in IBM patients?

A. Berg Balance Scale
B. Functional Independence Measure (FIM)
C. Multidimensional Fatigue Inventory (MFI)
D. 6 Minute Walk Test (6MWT)

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21. Which statement accurately describes the relationship between aerobic exercise and creatine kinase levels in IBM patients, according to recent research?

A. Aerobic exercise initially raises creatine kinase levels but normalizes over time.
B. Aerobic exercise does not raise creatine kinase levels, indicating no muscle damage.
C. Aerobic exercise always raises creatine kinase levels, indicating non-stop muscle inflammation.
D. Aerobic exercise decreases creatine kinase levels, preventing muscle damage.

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22. What is the primary benefit of integrating aerobic exercise into the management plan for IBM patients?

A. Improving muscle strength specifically in the quadriceps and wrist flexors.
B. Enhancing cardiovascular function and overall endurance.
C. Reducing creatine kinase levels to prevent muscle damage.
D. Decreasing neurological deficits in the anterior tibialis.

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23. Before beginning an exercise program for an IBM patient, what is a crucial step that must be taken by a physical therapist?

A. Recommending high-intensity exercise to quickly enhance muscle strength.
B. Assessing the patient's current level of function including muscle strength, balance, and range of motion.
C. Monitoring creatine kinase levels before each exercise session.
D. Using proprioceptive neuromuscular facilitation to determine baseline flexibility.

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24. When developing exercise programs for IBM patients with impaired balance, which intervention is most appropriate?

A. Using treadmills without handrails to improve cardiovascular endurance.
B. Recommending weight-bearing aerobic exercises to prevent falls.
C. Implementing safety measures such as supportive equipment and supervised sessions.
D. Focusing on high-resistance strength training to enhance muscle endurance.

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25. What is a critical consideration for physical therapists when tailoring exercise programs for IBM patients?

A. Starting with high-intensity exercises to build immediate strength.
B. Focusing exclusively on aerobic exercises for cardiovascular benefits.
C. Gradually increasing resistance and intensity based on the patient's tolerance.
D. Prioritizing proprioceptive training over muscle strengthening to prevent contractures.

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26. What drugs aim to reduce inflammation and alleviate pain, though they do not alter the underlying disease process in IBM?

A. Bimagrumab
B. Anti-inflammatory drugs (NSAIDs)
C. Arimoclomol
D. Rituximab

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27. Which of the following explains the importance of progressive overload in the exercise regimen of an IBM patient?

A. To retain muscle flexibility
B. To ensure repetitive movements
C. To gradually increase exercise intensity for adaptation
D. To maintain a consistent level of physical exertion

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28. Which of these resources is specifically dedicated to raising awareness and funding for research targeting Inclusion Body Myositis?

A. The Myositis Association
B. Muscular Dystrophy Association
C. National Institute of Neurological Disorders and Stroke
D. Cure IBM

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29. For a wheelchair-bound patient with advanced IBM, how can balance training be adapted?

A. By practicing standing on one foot
B. By performing seated weight shifting and reaching tasks
C. By using stair-climbing exercises
D. By doing high-intensity interval training

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30. John, a patient with moderate IBM, struggles with tasks like buttoning his shirt and climbing stairs. What interventions should his physical therapist prioritize?

A. High-intensity strength training and stair climbing exclusively
B. Flexibility exercises and low-impact aerobic activities
C. Seated balance exercises and vigorous aerobic training
D. Strength training, aerobic exercises, balance training, and functional task training with patient input

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