

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
-

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
-

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
-

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
-

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.
-

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
-

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.
-

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.
-

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.
-

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.
-

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
-

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
-

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

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

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
-

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
-

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

- A. Methotrexate

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

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
-

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
-

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
-

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)
-

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.
-

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.
-

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.
-

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.
-

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.
-

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
-

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
-

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
-

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
-

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
-

Copyright © 2025 Flex Therapist CEUs

Visit us at <https://www.flextherapistceus.com>