

Flex Therapist CEUs

Multiple Sclerosis and Physical Activity

Self-efficacy, Physical Activity and QOL in People with MS

1. Participation in physical activity may help minimize some of the symptoms associated with MS, including _____, due to increased muscle strength.

- A. Fatigue
 - B. Ambulation
 - C. Postural balance
 - D. All of the above
-

2. Which of the following is suggested for MS individuals affected by thermo-sensitivity?

- A. Aquatics
 - B. Resistance training
 - C. Both (A) and (B)
 - D. None of the above
-

3. An increase in quality of life is often seen in individuals that report greater self-efficacy and more participation in physical activity.

- A. True
 - B. False
-

4. This study found that individuals that spent more time participating in physical activity reported:

- A. Less physical impact of MS.
 - B. Less psychological impact of MS.
 - C. Both (A) and (B).
 - D. None of the above.
-

The Importance of Physical Fitness in Multiple Sclerosis

5. Which of the following is correct?

- A. MS results in physical inactivity and physiological deconditioning.
- B. Physiological deconditioning results in the worsening of MS.

- C. Both (A) and (B).
 - D. None of the above.
-

6. Which domain of health-related fitness has been identified as the most important from the perspective of preventing mobility and premature mortality as well as maintaining health in the general population?

- A. Muscular
 - B. Cardiorespiratory
 - C. Motor
 - D. Morphological
-

7. Which component of health-related fitness reflects fat, lean, and bone components of one's body?

- A. Muscular
 - B. Cardiorespiratory
 - C. Motor
 - D. Morphological
-

8. Persons with MS have diminished VO₂peak compared to the general population.

- A. True
 - B. False
-

9. Low aerobic fitness is associated with reduced structural integrity of white matter tracts in the:

- A. Left posterior thalamic radiation
 - B. Left anterior corona radiata
 - C. Right post-central gyrus
 - D. All of the above
-

10. In this study, worse balance was correlated with:

- A. Slower timed 25-foot walking performance
 - B. Shorter six-minute walk distance
 - C. Both (A) and (B)
 - D. None of the above
-

11. Among those with MS, which of the following was significantly correlated with fatigue when assessed using the Fatigue Severity Scale?

- A. VO₂peak
- B. Submaximal aerobic efficiency

- C. Knee extensor power asymmetry
 - D. All of the above
-

12. Exercise training interventions that primarily involve _____ have improved muscular fitness, as well as walking performance, and symptomatic fatigue in person with MS.

- A. Aquatics training
 - B. Resistance training
 - C. Aerobic training
 - D. All of the above
-

13. How many 30-minute sessions of aerobic activity should adults with MS participate in each week to improve aerobic capacity?

- A. 1
 - B. 2
 - C. 3
 - D. 4
-

Evidence Based Therapeutic Exercise Recommendations for Patients with Multiple Sclerosis: A Physical Therapy Approach

14. To produce the same amount of force as a healthy person, patients with MS need to recruit more motor units per contraction.

- A. True
 - B. False
-

15. An increase of at least _____ degrees Celsius will slow and ultimately block nerve impulse conduction in demyelinated fibers.

- A. 0.5
 - B. 0.75
 - C. 1.25
 - D. 1.5
-

16. When performing resistance training it is important to take breaks between each set and allow the patient to fully recover before moving on.

- A. True
 - B. False
-

17. In approximately 40% of patients with MS, resistance training often initiates an increase in neurological symptoms lasting 4 hours post-training.

- A. True
 - B. False
-

18. Which of the following should be done to prevent an exacerbation of symptoms due to an increase in core temperature?

- A. Room temperature should be set lower than usual.
 - B. Careful attention should be paid to the work:rest ratio.
 - C. Patients should be well hydrated throughout exercise.
 - D. All of the above.
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19. There is greater atrophy of _____ in patients with MS.

- A. Type I fibers
 - B. Type II fibers
 - C. Type I and type II fibers have equal atrophy
 - D. Neither fiber type atrophies
-

20. Allowing _____ to atrophy can lead to difficulty performing activities of daily living.

- A. Type I fibers
 - B. Type II fibers
 - C. Both (A) and (B)
 - D. None of the above
-

21. Research suggests a _____ minute rest between sets during resistance bouts.

- A. 2 - 3
 - B. 5 - 10
 - C. 10 - 15
 - D. 20
-

22. A half-hour cold bath before resistance exercise allows for approximately 75 minutes of sustained exercise without a significant increase in core temperature.

- A. True
 - B. False
-

People with Multiple Sclerosis (MS) Improve in Measures of Health and Function after Participation in a Community-based Exercise Program

23. For those with MS, the top barrier to exercise is:

- A. Fatigue
 - B. Pain
 - C. Ataxia
 - D. Spasticity
-

Benefits of Static Stretching, Pilates, and Elastic Bands Resistance Training on Patients with Relapsing-Remitting Multiple Sclerosis: A Longitudinal Study

24. Ten weeks of proprioceptive training have proven efficacy in:

- A. Reducing spasticity
 - B. Normalizing muscle tone
 - C. Improvement of stability
 - D. All of the above
-

25. Resistance training should focus on _____ muscles which are positively correlated with gait characteristics.

- A. Adductors and quadriceps
 - B. Gastrocnemius and soleus
 - C. Adductors and gastrocnemius
 - D. Hamstrings and quadriceps
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