Flex Therapist CEUs

Muscular Dystrophy

1. Mutations in which gene cause Duchenne and Becker muscular dystrophy?

A. Dystrophin
B. Sarcoglycans
C. Calpain
D. Dysferlin

---

2. Which of the following is not as common in those with DMD?

A. ADHD
B. Dyslexia
C. Executive Function Disorders
D. Addison's Disease

---

3. What is the primary cause of death in individuals with Duchenne Muscular Dystrophy?

A. Infectious diseases
B. Neurological Decline
C. Respiratory or Cardiac Complications
D. Renal Failure

---

4. At what age do most individuals with Duchenne Muscular Dystrophy (DMD) typically lose the ability to walk independently?

A. Before Age 8
B. Between 8-12
C. Age 15
D. After Age 18

---

5. Out of these options, how can Duchenne Muscular Dystrophy (DMD) be inherited?

A. From Carrier Fathers To Their Sons, Who Receive The Mutated X Chromosome.
B. From Carrier Mothers To Their Daughters, Who Have A 50% Chance Of Inheriting The Carrier Status.
C. From Fathers With DMD To Their Sons, Who Inherit The Mutated X Chromosome.
D. Duchenne Muscular Dystrophy (DMD) is typically inherited in an autosomal dominant manner.

---

6. What is a characteristic clinical finding in children with Duchenne Muscular Dystrophy (DMD) when rising from the floor?

A. Normal Stand
B. Gower's Sign
C. Wheelchair Assist
D. Need Lifting

---

7. What impact does progressive muscle weakness have on respiratory function in Duchenne Muscular Dystrophy?

A. Improved Respiratory Efficiency
B. Causes No Changes
C. Respiratory Weakness, Insufficiency and Failure
D. Increases Lung Volume and Effective Cough

---

8. Which type of mutations are commonly associated with Becker Muscular Dystrophy in the DMD gene?

A. Missense Mutations, Nonsense Mutations, Small Insertions, Or Deletions
B. Large Chromosomal Rearrangements
C. Duplication Of Entire Genes
D. Inversions Of DNA Segments Within The Gene

---

9. What symptoms are characteristic of Becker Muscular Dystrophy?

A. Progressive Muscle Weakness and Gait Abnormalities
B. Sudden Onset of Muscle Rigidity and Joint Stiffness
C. Rapid Development of Neurological Deficits
D. Immediate Loss of Sensory Functions and Reflexes

---

10. Which proteins are commonly affected by mutations in LGMD?

A. Proteins that Control Blood Sugar
B. Proteins for Muscle Stability
C. Proteins Involved in Brain Function and Neural Connectivity
D. Proteins that Regular Kidney Function

---

11. At what age do symptoms typically begin to manifest in individuals with Limb-Girdle Muscular Dystrophy?

A. One to Five
B. Twenty to Thirty
C. Forty-Fifty

D. 60 and older

---

12. What is a common clinical manifestation of LGMD?

A. Rapid Cognitive Decline
B. Progressive Muscle Weakness Around the Shoulders
C. Severe Neurological Symptoms
D. Rapid Vision Loss

---

13. What symptom is the earliest sign of FSHD?

A. Difficulty With Fine Motor Skills
B. Weakness In The Muscles Around The Scapulae
C. Respiratory Insufficiency During Sleep
D. Cardiac Complications Such As Arrhythmias

---

14. How does FSHD primarily affect muscle weakness?

A. Symmetrically Affecting Both Sides Of The Body Equally
B. Randomly Affecting Various Muscles Without Specific Pattern
C. Asymmetrically, With One Side Of The Body More Affected Than The Other
D. Mainly Affecting Lower Limbs Before Progressing To Upper Limbs

---

15. Which complication is associated with FSHD?

A. Kidney Failure
B. Increased Risk Of Infectious Diseases
C. Respiratory Muscle Weakness Leading To Breathing Difficulties
D. Neurodegenerative Disorders Such As Alzheimer's Disease

---

16. How does myotonic dystrophy (DM) typically affect life expectancy in type 1 (DM1) compared to type 2 (DM2)?

A. Both DM1 And DM2 Typically Do Not Affect Lifespan C) D)
B. DM1 Is Typically More Severe Than DM2, With A Significantly Shortened Lifespan In Many Cases
C. DM2 Has A Greater Impact On Lifespan Than DM1
D. DM1 And DM2 Increase Lifespan Due To Genetic Factors

---

17. Which symptom Is not typically associated With Myotonic Dystrophy?

A. Progressive Muscle Weakness
B. Prolonged Muscle Contractions Known As Myotonia
C. Rapid Improvement In Muscle Strength Over Time

D. Difficulty With Swallowing And Speech Problems

---

18. What is a common symptom observed in infants with congenital muscular dystrophy (CMD)?

A. High Muscle Tone
B. Hypotonia
C. Rapid Cognitive Development
D. Increased Resistance to Passive Movement

---

19. What are the primary complications that may contribute to morbidity and mortality in congenital muscular dystrophy (CMD)?

A. Neurological And Cognitive Impairments
B. Respiratory Or Cardiac Issues Stemming From Muscle Weakness
C. Enhanced Metabolic Function
D. Increased Physical Strength And Mobility

---

20. Which type of muscular dystrophy is estimated to affect approximately 1 in every 3,500 to 5,000 male births worldwide?

A. Becker MD
B. Duchenne MD
C. Myotonic MD
D. LGMD

---

21. What is the primary cause of muscle fiber damage in Muscular Dystrophy?

A. Dysfunctional Proteins Compromise The Muscle Cell Membrane, Causing Calcium Influx
B. Excessive Myostatin Production Inhibits Muscle Growth
C. Reduced Inflammatory Cytokine Production
D. Uncontrolled Growth Due To Satellite Cell Proliferation

---

22. What is the purpose of measuring creatine kinase (CK) levels in the diagnosis of muscular dystrophy (MD)?

A. To Assess The Degree Of Liver Damage
B. To Evaluate The Extent Of Muscle Damage
C. To Determine The Level Of Glucose In The Blood
D. To Check The Efficiency Of Kidney Function

---

23. Which diagnostic test is used to identify specific protein deficiencies in muscular dystrophy, such as dystrophin in Duchenne Muscular Dystrophy (DMD)?

A. Electrodiagnostic Testing

B. Genetic Testing
C. Immunohistochemistry
D. Pulmonary Function Tests

---

24. Which condition is characterized by the degeneration of motor neurons, leading to muscle weakness, atrophy, and spasticity, and affects both upper and lower motor neurons?

A. Myasthenia Gravis
B. Amyotrophic Lateral Sclerosis (ALS)
C. Lambert-Eaton Myasthenic Syndrome
D. Spinal Muscular Atrophy (SMA)

---

25. What is the characteristic sign used to detect muscle weakness in Duchenne Muscular Dystrophy during clinical evaluation?

A. Trendelenburg
B. Babinski
C. Gowers'
D. Hoffman's

---

26. During what stage of Duchenne Muscular Dystrophy do children typically begin to use mobility aids such as braces?

A. Initial Symptoms Stage
B. Late Childhood
C. Pre-teen Years
D. Teenage Years

---

27. At what stage of Becker Muscular Dystrophy might individuals begin using mobility aids like canes or braces to assist with walking and balance?

A. Early Stage
B. Intermediate Stage
C. Advanced Stage
D. Late Stage

---

28. What is a common cardiovascular complication associated with certain types of Muscular Dystrophy (MD) such as Duchenne and Becker?

A. Hypertension
B. Cardiomyopathy
C. Aortic Dissection
D. Deep Vein Thrombosis

---

29. What is the primary goal of pharmacologic treatments in managing Duchenne Muscular Dystrophy (DMD)?

A. To Completely Cure The Disease
B. To Increase Muscle Enzyme Levels
C. To Slow Muscle Degeneration And Improve Quality Of Life
D. To Decrease Cardiac Output

---

30. Which diagnostic tool is routinely used to monitor heart function in patients with Duchenne Muscular Dystrophy?

A. Spirometry
B. Electromyography
C. Gastrointestinal Endoscopy
D. Echocardiogram

---

31. In managing Becker Muscular Dystrophy (BMD), what role do ACE inhibitors play?

A. They Help Manage Cardiac Issues
B. They Help Increase Muscle Mass
C. They Are Used To Treat Neuropathic Pain
D. They Directly Correct Genetic Mutations

---

32. What is the primary purpose of using non-invasive ventilation like BiPAP in Muscular Dystrophy care?

A. To Enhance Physical Mobility
B. To Support Breathing as Respiratory Muscles Weaken
C. To Increase Heart Rate
D. To Monitor Brain Activity

---

33. Which intervention is specifically used to manage scoliosis in patients with Muscular Dystrophy?

A. Surgical Intervention
B. Corticosteroid Therapy
C. Psychological Counseling
D. Genetic Therapy

---

34. What is the primary purpose of conducting a range of motion (ROM) assessment in patients with muscular dystrophy (MD)?

A. To Evaluate Physical Strength and Endurance
B. To Determine Cardiovascular Fitness

C. To Measure Cognitive Function
D. To Assess Joint Integrity and Muscular Function

---

35. Which test is commonly used to evaluate endurance and functional mobility in patients with muscular dystrophy?

A. Gait Analysis
B. 6MWT
C. MMT
D. Dynamometer Testing

---

36. During a neurological examination for muscular dystrophy, what gait pattern is characterized by a dropping of the hip on the side opposite to the lifted leg due to gluteal weakness?

A. Trendelenburg Gait
B. Toe Walking
C. Steppage Gait
D. Waddling Gait

---

37. What type of equipment might physical therapists evaluate for its appropriateness and effectiveness in later stages of muscular dystrophy?

A. Manual and Power Wheelchairs
B. Stationary Bike
C. Cane
D. Rollator Walker

---

38. What is emphasized during the early stages of physical therapy for patients with muscular dystrophy?

A. High-Intensity Interval Training
B. Immediate Transition To Advanced Aerobic Exercises
C. Delaying The Progression Of Muscle Atrophy And Maintaining Neuromuscular Function
D. Rapid Improvement In Functional Mobility

---

39. In the context of muscular dystrophy, why are isometric exercises recommended over high-load resistance activities?

A. They Are Less Likely To Exacerbate Muscle Breakdown
B. More Effective in Building Muscle Mass
C. They Can Completely Reverse Muscle Weakness
D. They Increase the Speed of Disease Progression

---

40. What is a primary goal of physical therapy in the management of muscular dystrophy (MD)?

A. To Completely Reverse Muscle Weakness
B. To Prevent Complications Such As Contractures And Respiratory Distress
C. To Ensure Complete Recovery From The Disease
D. To Increase Muscle Mass

Copyright © 2026 Flex Therapist CEUs

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