Flex Therapist CEUs

Pain Science

1. Which of the following elements made the biopsychosocial model an advance in pain theory?

A. The sociological dimension of pain
B. The psychological dimension of pain
C. the physical dimension of pain
D. The gate control mechanism

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2. Which intervention would best address the psychological aspects of a patient with Fibromyalgia during a physical therapy session?

A. The use of Mindfulness Based Stress Reduction
B. The use of ultrasound
C. The implementation of cognitive behavioral therapy
D. High volume resistance training

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3. Which of the following most accurately describes the Gate Control Theory?

A. Various "gates" in the brain are responsible for processing and interpreting pain stimuli
B. Three "gates" exist in the central nervous system: the biological gate, the psychological gate and the sociological gate
C. Pain stimuli must have great enough intensity to open various "gates" throughout the nervous system in order to be processed by the higher levels of the brain
D. A person can train their brain to close down "gates" and stop unwanted painful stimuli in order to better deal with pain overall

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4. Which of the following is a true statement about our current understanding of the neuroscience related to pain?

A. We have a complete picture of how pain is interpreted by the nervous system
B. We have identified structures and developed theories about pain processing, but we do not yet have complete explanations of the neuroscience behind pain
C. The hypothalamus is the most important structure when it comes to pain processing
D. The cerebellum is the most important part of the brain when it comes to processing pain

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5. Which of the following statements is false regarding pain neuroscience?

A. The anterior singulate cortex and the insula almost always receive pain signals, regardless of the individual's subjective pain response

B. Pain signals can be sent to different areas within the cerebral cortex, based on an individual's subjective experience regarding pain
C. The medulla plays a critical role in pain processing
D. Pain receptors are known as nociceptors

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6. A physical therapist is treating a patient with acute low back pain. Upon evaluation, it is determined that the patient has extremely weak core musculature, fear of lifting heavy objects, and suffers from alcoholism. Which of the following interventions would most directly address the biological source of the pain?

A. High volume deadlifts
B. Referral to a support group/alcoholics anonymous
C. MBSR
D. Core stability exercise in supine

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7. A physical therapist assistant is studying with a colleague for an upcoming exam. Her colleague states that the neuromatrix model of pain is the most complete picture of pain science available. Why is this statement incorrect?

A. The neuromatrix model does not account for sociological factors as they relate to pain
B. This statement is correct as stated
C. The neuromatrix model does not account for the biological components of pain
D. The neuromatrix model does not account for any psychological components of pain

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8. A patient asks the physical therapist why the pain in his shoulder (which he has had for 5 years) seems worse whenever he is sad. How could the physical therapist best explain to the patient why this is the case?

A. "The most complete theory of pain combines elements of how our pain affects us physically, mentally, and socially. So if one of those areas is associated with the pain, it can make the pain feel more intense."
B. "The pain is all in your head. If you think happy thoughts, you'll feel better."
C. "Your shoulder is fine. There is nothing wrong with it physically, so you shouldn't be feeling any pain."
D. "There is no cure for pain that is tied to emotions. You're going to need to learn to deal with it."

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9. A soccer player patient has just passed the acute phase of pain after an ankle injury and has entered the subacute phase, reporting the same level of pain as on initial evaluation. She has improved on all other baseline measures of strength, ROM, and swelling. How should the PT modify the treatment plan?

A. Return to exercises from day 1
B. Continue with the plan of care, making progressions where appropriate, and add patient education on neuroscience

C. Discharge the patient, she has met all goals and her pain is strictly psychological
D. Refer the patient to a surgeon, she is not responding to PT

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10. A PT says to a patient: "Your pain will go away as soon as you increase your range of motion." Why is this statement incorrect from a biopsychosocial perspective?

A. The patient is in the acute phase of pain and increasing range of motion should not be considered at this time
B. It does not account for biological aspects of pain
C. It doesn't account for strength considerations
D. It doesn't account for potential sociological or psychological aspects of pain

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11. Which of the following is not one of the four conceptual components of the Neuromatrix model?

A. Sentient Neural Hub
B. Body-Self Neuromatrix
C. Activation of the Action Neuromatrix
D. The Central Processing Unit is the Pituitary Gland

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12. A patient is interested in why the PTA used TENS to help with their back pain. How can the PTA explain using the Gate Control Theory?

A. Pain is the gatekeeper and the signals from the TENS unit can break down the gate
B. The TENS unit sends a signal to the brain along the pain pathway, effectively closing the "gate" for the actual pain stimulus, and thus, reducing the patient's pain
C. The TENS signals destroy the pain fibers so that no pain can be felt in that area ever again
D. TENS technology is actually based on social components of pain, so if other people are using TENS, it will make you feel better.

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13. What option lists the best general considerations for physical therapists to make regarding people suffering from acute and subacute pain?

A. PTs should guide the healing process by educating patients on healing timelines while respecting patient preferences and keeping in mind the psychological and social components of pain
B. PTs should only consider the physical cause of pain in an acute injury; once the healing has taken place, the patient will recover
C. There's little need for PT when patients are recovering from an acute injury, they almost never need it
D. If the patient no longer notices discoloration or swelling, he or she is healed

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14. Which of the following is the best description for Intensive Pain Rehabilitation Therapy?

A. A therapy technique that involves mindfulness and visualization to achieve pain relief

B. A solely medication based regimen with progressively stronger medications being prescribed to patients
C. A multi-disciplinary approach to rehabilitation for the chronic pain patient that focuses on the biological, psychological, and social aspects of pain
D. A form of physical therapy that has been found to be too intense for most patients and should rarely be considered

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15. What is the best answer to explain the difference between acute pain and chronic pain?

A. Acute pain lasts less than an hour and chronic pain is any pain that lasts more than an hour
B. Acute pain is protective in nature and generally only lasts for a relatively short time, while chronic pain is non-protective and tends to last for excessively long periods of time
C. Acute pain is caused by physical trauma and chronic pain is psychological in origin
D. Acute pain can be cured and chonic pain cannot be cured

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16. A patient's wife attends a physical therapy evaluation and tells you that she doesn't understand why her husband is still having back pain. She has had back pain before and was better after a week of rest. Which of the following is the best response from the PT?

A. "Your husband's injury is worse than yours was. That's why he still hasn't recovered."
B. "In that case, he would probably respond the same way since you are family. Let's just have him rest for a week and see if he gets better."
C. "Our understanding of pain is still developing, but we know that everyone responds to pain differently, depending on many factors. It's impossible to compare pain from one persons to another."
D. "You're right, he's probably faking it, but we need to treat him anyway because even pain made up in your mind can feel real."

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17. Which of the following is NOT true with regard to a physical therapist's ability to treat the psychological components of a patient's pain?

A. Physical therapists cannot help patients with the psychological aspects of pain at all and patients should be referred to an appropriate provider to address the psychological components of pain.
B. Physical therapists can talk with patients and determine their feelings about their condition
C. Physical therapists can perform MBSR
D. Physical therapists cannot perform cognitive behavioral therapy and patients need to be referred to a trained psychology professional for these services

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18. Which of the following statements about physical therapy and opioids is true?

A. Physical therapy is less effective than opioid medication
B. Opioids should be used as the first line of treatment for subacute pain
C. Physical therapists should advocate for their patients to recieve opioid medication when physical therapy treatment fails

D. Physical therapy is a safe, effective alternative treatment to opioid medication for chronic pain

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19. Which of the following would NOT warrant a referral to another provider by a physical therapist when treating a patient suffering from pain?

A. Red flag conditions indicative of a cardiovascular event
B. Suicidal ideations and threats
C. A patient reports that TENS treatment made her pain feel worse for 15 minutes after the session, and then symptoms returned to baseline
D. Progressive weakening that is inconsistent with diagnosed condition

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20. Which of the following is FALSE regarding pain?

A. Acute pain will usually resolve within a relatively short time period with proper treatment
B. Acute pain can turn into chronic pain if not appropriately addressed
C. Chronic pain sufferers are typically people with poor pain tolerances
D. Chronic pain can result from relatively minor initial injuries

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