

Flex Therapist CEUs

Parkinson's Disease: Comparing Exercise Modalities for Physical Therapy Practice

1. What is the primary pathological hallmark of Parkinson's disease?

- A. The accumulation of amyloid plaques in the brain
- B. The formation of alpha-synuclein aggregations
- C. The loss of acetylcholine in the thalamus
- D. The degeneration of oligodendrocytes

2. Which structure in the brain is primarily responsible for dopamine production affected in Parkinson's disease?

- A. Hippocampus
- B. Medulla oblongata
- C. Substantia nigra pars compacta
- D. Cerebellum

3. In the context of Parkinson's disease, what does bradykinesia refer to?

- A. Increased involuntary muscle movements
- B. Slowness of movement with reduced amplitude
- C. Excessive rigidity and muscle tension
- D. Disruption of balance and coordination

4. How does freezing of gait in Parkinson's disease primarily manifest?

- A. Inconsistency in step timing and pattern
- B. Increase in walking speed and step length
- C. Anxiety-related pauses before movements
- D. Sudden, brief inability to move forward

5. Which intervention strategy is used specifically for managing bradykinesia?

- A. Amplitude-based movement training
- B. Ballistic stretching exercises
- C. Deep brain stimulation
- D. Levodopa-carbidopa infusion

6. What is one major non-motor symptom that significantly impacts quality of life in Parkinson's patients?

- A. Decreased muscle tone
- B. Diaphragmatic weakness
- C. Cognitive impairment
- D. Increased sweating

7. How do external cues help patients with Parkinson's disease?

- A. They increase muscle strength significantly
- B. They primarily aid in respiratory function enhancement
- C. They decrease dopamine receptor sensitivity
- D. They bypass impaired basal ganglia circuits

8. What characterizes the early Hoehn and Yahr stage of Parkinson's disease?

- A. Bilateral involvement with severe postural instability
- B. Unilateral involvement with minimal functional impact
- C. Multisystem failure including cognitive decline
- D. Limited dopamine receptor sensitivity

9. Which approach is crucial for fall prevention in Parkinson's disease rehabilitation?

- A. Isolation from high-risk environments
- B. Emphasis on cardiovascular conditioning
- C. Task-specific and progressive balance exercises
- D. Continued pharmacotherapy with no other intervention

10. Which factor primarily exacerbates motor fluctuations in individuals with Parkinson's disease?

- A. Variable timing of dopaminergic medication
- B. Chronic use of anticholinergic medication
- C. Excessive exposure to warm temperatures
- D. Consistent physical activity levels

11. Which strategy is most effective for managing freezing episodes in Parkinson's disease?

- A. Pharmacological management with antidepressants
- B. Implementation of dietary changes
- C. Increasing dopaminergic medication doses
- D. Use of rhythmic auditory or visual cues

12. What is the significance of 'on' and 'off' periods in Parkinson's disease management?

- A. They represent changes in daily fluid intake
- B. They describe variations in medication effectiveness
- C. They indicate different modes of aerobic exercise
- D. They reflect the progression of non-motor symptoms

13. Which outcome measure is particularly useful in evaluating gait impairments in Parkinson's disease?

- A. Timed Up and Go (TUG) test
- B. Functional Reach Test
- C. Borg RPE Scale
- D. Mini-Mental State Examination

14. Which cognitive symptom is frequently observed in Parkinson's disease and affects mobility?

- A. Increased attention span
- B. Improved multitasking ability
- C. Executive dysfunction
- D. Memory loss across all domains

15. What is a primary goal of LSVT BIG therapy for Parkinson's patients?

- A. To develop new neural pathways for motor control
- B. To improve overall cardiovascular endurance
- C. To focus solely on speech production improvements
- D. To recalibrate patients' perception of movement amplitude

16. Which characteristic does NOT typically describe freezing of gait in Parkinson's disease?

- A. Triggering by environmental changes
- B. Reduction with un-cued movement
- C. Occurrence during complex movement tasks
- D. Decrease in intensity during deep brain stimulation

17. Which type of treatment intervention emphasizes the integration of cognitive tasks in movement practice for Parkinson's disease?

- A. Single-task focused interventions
- B. Cardiovascular endurance training
- C. Dual-task training
- D. Isolation and specificity-based exercise

18. How does external cueing benefit tasks involving rigidity in Parkinson's patients?

- A. By reducing peripheral muscle atrophy
- B. By smoothing transitions between different drug therapies
- C. By enhancing basal ganglia automaticity
- D. By providing substitute timing signals

19. What factor is crucial for successful balance training in advanced stages of Parkinson's disease?

- A. Focus exclusively on static balance exercises
- B. Prevention of all forms of dynamic activities
- C. Utilization of weighting vests for balance correction
- D. Incorporation of unpredictable perturbations

20. What is often a critical element in caregiver education for Parkinson's management?

- A. Reducing patient's exposure to sunlight
- B. Breaking tasks into single components
- C. Consistently varying exercise, avoiding repetition
- D. Ensuring a high-protein diet around medication times

21. Which symptom or condition in Parkinson's disease primarily requires non-motor symptom management?

- A. Constipation relief
- B. Tremor reduction
- C. Increased muscle mass
- D. Enhanced vestibular function

22. What is one of the primary roles of aerobic conditioning in Parkinson's rehabilitation?

- A. To enhance rigidity in limb function
- B. To increase the frequency of motor fluctuations
- C. To support neuroplastic changes and delay progression
- D. To improve orthostatic hypotension symptoms

23. What is a common trigger for freezing of gait in Parkinson's disease?

- A. Consistent routine tasks
- B. Age-related memory decline
- C. Visual or auditory distractions
- D. Stable walking surfaces

24. Which component is NOT typically involved in evidence-based evaluations for Parkinson's disease treatments?

- A. Outcome measure selection
- B. Physiologic fluctuation analysis
- C. Task specificity determination
- D. Random muscle biopsy collection

25. How can caregivers support patients during 'off' periods effectively?

- A. By using tactile cueing strategies
- B. By having patients avoid all movement
- C. By stopping all medication intake
- D. By providing cold weather outdoor activities

26. What is the most accurate description of dyskinesia in the context of Parkinson's disease?

- A. Loss of postural stability during gait
- B. Involuntary and often excessive movements
- C. Complete muscle paralysis during rest
- D. Gradual slowing of all voluntary movement

27. What principle is central to the neuroplastic adaptation seen in Parkinson's rehabilitation?

- A. Medication cycling
- B. Sensory deprivation
- C. Exclusive focus on non-motor symptoms
- D. High-intensity, repetitive exercise

28. How does amplitude-based training benefit Parkinson's patients?

- A. By increasing capacity for violent movements
- B. By enhancing muscle growth above baseline
- C. By recalibrating perceived movement size and effort
- D. By decreasing exercise session frequency

29. In Parkinson's disease, what is a common strategy for improving postural stability?

- A. Anticipatory balance training
- B. Weight-supported aquatic therapy
- C. Enhanced pharmacological intervention
- D. Extended periods of inactivity

30. What factor is NOT considered a risk factor for progression in Parkinson's disease?

- A. Higher age at onset
- B. Male sex
- C. Early severe autonomic failure
- D. High caffeine intake

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