

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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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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