## **Flex Therapist CEUs**

## Stroke Rehabilitation - Enhancing Locomotor Function

Feasibility of lower-limb muscle power training to enhance locomotor function poststroke

1. Improving walking speed is:

- A. Independently related to overall health status.
- B. A strong predictor of functional recovery.
- C. Reflective of both physiological and functional changes.
- D. All of the above.

2. Muscle strength is a significant predictor of functional ability to a greater extent than muscle power in elderly subjects.

A. True

B. False

3. Muscle power deficits consistently describe more of the variance in functional ability and are associated with all of the following, except:

- A. Increased levels of dependence.
- B. Greater risk of falls.
- C. Worsened spasticity.
- D. Decreased walking speeds.

4. The high-velocity component is suggested to be critical to significantly increase muscle strength yet elicit an over twofold greater improvement in peak power compared with training at normal levels, because losses in muscle power with aging, as well as stroke, appear to be due to greater declines in the velocity of contraction rather than the force generating component of muscle power production.

A. True

B. False

5. How many sessions of POWER training appear feasible and well tolerated in

individuals with chronic poststroke hemiparesis?

A. 8 B. 16 C. 24

D. 32

D. 32

## Effects of Kinesio Tape application to quadriceps muscles on isokinetic muscle strength, gait, and functional parameters in patients with stroke

6. Kinesio Tape enhances muscle activation and reeducation by all of the following, except for:

A. Increasing the subcutaneous space.

- **B.** Dampening nociceptor sensitivity
- C. Enhancing blood flow.
- D. Providing tactile stimulation.

7. KT increases muscle strength on both the paretic and nonparetic sides.

A. True

B. False

8. It can be speculated that paretic muscles have more sensitivity to tactile stimulation and muscle reeducation than nonparetic muscles.

A. True B. False

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