Occupational Therapy — Practice Study Guide (Sampler)

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- • 20 Essay-style clinical scenarios with model answers
- • 20 Multiple-choice questions with step-by-step rationales
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Part I — Essay Questions & Model Answers (20)

Essay 1: OT Process & OTPF-4

Outline the OT process per OTPF-4: evaluation, intervention, and outcomes. Provide examples for an adult with post-stroke hemiparesis.

Model answer: Evaluation covers occupational profile, analysis of occupational performance (ADLs, motor control), and targeted assessments (e.g., Fugl-Meyer, MMSE if cognitive). Intervention can include task-oriented training, constraint-induced movement therapy, adaptive equipment, and caregiver training. Outcomes monitor participation gains, goal attainment scaling, and discharge planning with home program.

Essay 2: Client-Centered Goal Writing

Demonstrate SMART goals for a client with right distal radius fracture returning to food prep tasks.

Model answer: Use client priorities and performance baselines. Example: 'In 4 weeks, client will chop soft foods for 10 minutes with pain ≤3/10 using adaptive knife and neutral wrist orthosis, with one rest break, in the home kitchen.'

Essay 3: Activity Analysis

Perform a brief activity analysis for buttoning a shirt post-CVA (left hemiparesis).

Model answer: Required performance skills: bilateral coordination, in-hand manipulation, visual perception, sequencing. Grade the task by using larger buttons, button hooks, seated posture with trunk support, and blocked practice with errorless learning.

Essay 4: Neurorehab: Motor Learning

Compare blocked vs. random practice and intrinsic vs. extrinsic feedback in post-stroke UE rehab.

Model answer: Blocked practice improves initial performance; random practice enhances retention/transfer. Intrinsic feedback (proprioception) is continuous; extrinsic (KP/ KR) should be faded to avoid dependency.

Essay 5: UE Orthoses in Hand Therapy

When is a wrist cock-up orthosis indicated and what education is essential?

Model answer: For CTS, distal radius fracture, radial nerve palsy. Educate on wearing schedule, skin checks, hygiene, and joint mobility exercises outside the orthosis.

Essay 6: Pediatric Sensory Processing

Design interventions for a 6-year-old with sensory seeking and classroom disruption.

Model answer: Use a sensory diet (heavy work, vestibular input dosed safely), environmental mod (seating, fidgets), co-regulation strategies, teacher collaboration, and data tracking on on-task behavior.

Essay 7: Autism & Social Participation

Propose OT strategies to improve social participation for a child with ASD.

Model answer: Use visual schedules, social stories, peer-mediated play, and joint-attention activities; coach caregivers; generalize skills across settings.

Essay 8: Feeding & Dysphagia (OT in Acute Care)

Outline OT's role in dysphagia screening and safe feeding strategies.

Model answer: Screen for alertness/posture, collaborate with SLP, recommend upright positioning, pacing, chin tuck if indicated, and adaptive utensils; document aspiration precautions.

Essay 9: Cognition & Executive Function

Plan compensatory strategies for TBI with impaired memory and initiation.

Model answer: External aids (planners, checklists, phone alerts), errorless learning, spaced retrieval, task segmentation, and caregiver training for cueing hierarchy.

Essay 10: ADLs & Energy Conservation (COPD)

Teach energy conservation for bathing/dressing in moderate COPD.

Model answer: Sit for tasks, organize items within reach, exhale during exertion, break into steps, use long-handled aids, and plan rest intervals.

Essay 11: Home Mods & Safety

Recommend low-cost home modifications after total hip arthroplasty (posterior precautions).

Model answer: Raised toilet seat, reacher/sock aid, remove throw rugs, firm chair with arms, tub bench; train on avoiding hip flexion >90°, adduction, internal rotation.

Essay 12: Wheelchair Positioning

Key elements of wheelchair assessment for a client with trunk weakness.

Model answer: Seat width/depth, back height, pelvic alignment, cushion selection (pressure redistribution), tilt-in-space vs. recline, and propulsion method training.

Essay 13: Mental Health: CBT & MOHO

Integrate MOHO concepts with CBT techniques for depression impacting IADLs.

Model answer: Target volition/habituation with activity scheduling; use CBT thought records, behavioral activation, and graded tasks linked to valued roles.

Essay 14: Burn Rehabilitation

OT management for hand burns during the acute and rehab phases.

Model answer: Acute: anti-deformity positioning, edema control, splinting, early ROM. Rehab: scar management, strengthening, functional tasks, desensitization, and psychosocial support.

Essay 15: Amputation & Prosthetic Training

Elements of pre-prosthetic and prosthetic training for a transradial amputation.

Model answer: Pre-prosthetic: edema shaping, desensitization, residual limb care, one-handed ADL training. Prosthetic: don/doff, control training, graded task practice, maintenance.

Essay 16: Low Vision Strategies

OT interventions for macular degeneration affecting meal prep and reading.

Model answer: Increase contrast/lighting, large-print labels, eccentric viewing training, magnifiers, declutter workspaces, and organize with consistent layout.

Essay 17: Documentation & Ethics

Write a defensible daily note after a fall in the therapy gym—what must be included?

Model answer: Objective facts, client statements, injury inspection, vitals if taken, notifications (nurse/physician/family), incident report per policy, and plan updates; avoid blame language and protect confidentiality.

Essay 18: Group Interventions

Design a 45-minute OT group for inpatient psych to build IADL planning skills.

Model answer: Use goal setting, collaborative meal-planning task, role assignments, time management worksheet, debrief on problem-solving; ensure safety and clear ground rules.

Essay 19: Return to Work/Ergonomics

Outline a graded return-to-work plan for a supermarket stocker post-rotator cuff repair.

Model answer: Progress load, height of lifts, and frequency; teach body mechanics, microbreaks, and use of step stools; coordinate restrictions with employer and surgeon.

Essay 20: Caregiver Training

Key elements when teaching safe transfers to a spouse caregiver.

Model answer: Demonstrate body mechanics, hand placement, sequence steps, use of gait belt/transfer board as indicated, practice with feedback, provide written cues, and verify teach-back.

Part II — Multiple-Choice Questions with Explanations (20)

MCQ 1. Which statement best reflects OTPF-4?

A) It replaces the OT process with a nursing model

B) It defines domains/process guiding OT across settings

C) It focuses only on pediatrics

D) It eliminates outcomes measurement

Explanation: OTPF-4 outlines domains (occupations, contexts, client factors) and the OT process of evaluation, intervention, and outcomes.

MCQ 2. A blocked practice schedule typically leads to:

A) Better retention vs. random practice

B) Faster initial performance, poorer retention

C) No difference from random

D) Immediate generalization

Explanation: Blocked practice improves acquisition but random enhances retention/transfer.

MCQ 3. Best initial positioning for hemiplegic UE during sitting:

A) Dependent at side

B) Unsupported abduction

C) Supported on lap tray or pillow

D) Overhead hang

Explanation: Support prevents subluxation/edema and promotes alignment.

MCQ 4. Energy conservation cue during ADLs for COPD:

A) Hold breath during exertion

B) Exhale with effort and pace tasks

C) Perform all tasks standing

D) Avoid planning breaks

Explanation: Breathing strategies and pacing reduce dyspnea/fatigue.

MCQ 5. A wrist cock-up orthosis primarily positions:

A) Wrist in flexion

B) Wrist in neutral/slight extension
C) Forearm pronation
D) Thumb IP flexion

Explanation: Neutral to ~20° extension reduces strain and supports function.

MCQ 6. Which is a red flag during dysphagia screening?

A) Wet/gurgly voice after sip
B) Independent feeding
C) Upright posture
D) Good attention

Explanation: Wet voice may indicate aspiration risk; involve SLP and institute precautions.

MCQ 7. For TBI memory deficits, an effective compensatory strategy is:

A) Remove all cues
B) Use spaced retrieval with external aids
C) Randomly change routines
D) Avoid caregiver education

Explanation: Combine external aids and structured practice to support recall.

MCQ 8. Which task grade helps with buttoning training?

A) Smaller buttons first
B) Larger buttons and button hook
C) Standing with no trunk support
D) Close eyes to rely on sensation

Explanation: Start with larger buttons and assistive devices, then progress.

MCQ 9. A key component of wheelchair assessment is:

A) Seat depth and pelvic alignment
B) Color of upholstery
C) Number of cup holders
D) Music speaker mount

Explanation: Fit and posture are primary for function and skin protection.

MCQ 10. Appropriate post-THA (posterior) precaution cue:

- A) Cross legs at ankles
- B) Avoid hip flexion >90°
- C) Pivot on planted foot
- D) Low soft chairs are fine

Explanation: Avoid flexion >90°, adduction, and internal rotation early on.

MCQ 11. Which is TRUE about MOHO in mental health OT?

- A) Ignores habits
- B) Focuses on volition, habituation, and performance
- C) Applies only to ortho
- D) Eliminates activity analysis

Explanation: MOHO addresses motivation, roles/routines, and performance capacity.

MCQ 12. Best first-line for classroom sensory seeking:

- A) Punitive time-out only
- B) Structured 'heavy work' and environmental supports
- C) No routine
- D) Eliminate movement breaks

Explanation: Provide regulated input and supports before punitive strategies.

MCQ 13. A leading indicator in OT program quality is:

- A) Readmission rate only
- B) Attendance and completion of HEP logs
- C) Mortality rate
- D) Number of beds

Explanation: Engagement metrics predict outcomes and guide coaching.

MCQ 14. Home safety after stroke with neglect:

- A) Place key items on neglected side only
- B) Use visual scanning anchors and arrange items on attended side initially

C) Remove all contrast

D) No caregiver training

Explanation: Compensatory strategies and environment set-up support safety.

MCQ 15. During burn rehab acute phase, OT priority includes:

A) Immobilization only for weeks

B) Anti-deformity positioning & early ROM as allowed

C) No edema management

D) Delay ADL training

Explanation: Positioning and protected ROM prevent contractures; initiate ADLs when safe.

MCQ 16. Low vision meal prep tip:

A) Dim lighting

B) Increase contrast and lighting

C) Scatter items randomly

D) Use unlabeled containers

Explanation: Contrast/lighting and organization support safety and independence.

MCQ 17. Ethical documentation after an incident should:

A) Assign blame to another provider

B) Record objective facts and notifications

C) Use casual slang

D) Omit plan changes

Explanation: Accurate, objective notes with notifications and plan updates are essential.

MCQ 18. Return-to-work progression emphasizes:

A) Jump immediately to full duty

B) Graded load/frequency with employer coordination

C) Ignore surgeon restrictions

D) Focus on unrelated tasks

Explanation: Gradual graded tasks with clear restrictions improve safety.

MCQ 19. Caregiver transfer training should include:

A) No practice
B) Demonstration, practice with feedback, and written cues
C) Verbal instructions only
D) Unsafe hand placement

Explanation: Teach-back and safe techniques are core.

MCQ 20. Which is a primary role of OT in mental health groups?

A) Diagnose psychiatric conditions
B) Facilitate occupation-based skill practice and routines
C) Prescribe controlled medications
D) Perform surgery

Explanation: OT focuses on occupation-based interventions, not diagnosis or prescribing.

About This Study Guide

This sampler reflects the format of the full Occupational Therapy pack: case-based essays with concise model answers and MCQs with rationales across adult neuro, ortho/hand, pediatrics, mental health, low vision, and geriatrics.

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