

2004 SAE-P: Geriatric Rehabilitation

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Educational Activity 1.2

1. Which factor is used in assigning a patient to a case-mix group under the inpatient rehabilitation facility–prospective payment system?
 - (a) Mini-Mental State Examination
 - (b) Disability Rating Scale
 - (c) Previous hospitalization
 - (d) FIM instrument motor score

Ref: Stineman MG. Prospective payment, prospective challenge. Arch Phys Med Rehabil 2002;83:1802-5.

Clinical Activity 1.3

2. Informal support systems are most likely to be determined by
 - (a) age.
 - (b) socioeconomic status.
 - (c) gender.
 - (d) diagnosis.

Ref: Clinical Activity 1.3

Educational Activity 1.4

3. To promote overall health in a 76-year-old retired physician with congestive heart failure and cataracts, what would be the best action for him to take?
 - (a) Use formal support services in a skilled nursing facility
 - (b) Volunteer his expertise in preventive health pamphlets
 - (c) Tightly control his fluid intake
 - (d) Take 10mg of paroxetine daily

Ref: Levy BR. Longitudinal benefit of positive self-perceptions of aging on functional health. J Gerontol B Psychol Sci Soc Sci 2002;57:409-17.

Clinical Activity 1.5

4. An elderly woman is being discharged from the acute rehabilitation unit after a stroke that resulted in right hemiparesis. When ordered by a physician and medically justified, which service is covered under Medicare?
 - (a) Front-wheeled walker
 - (b) Dressing assistance in the morning
 - (c) Spasticity medications
 - (d) Transportation for medical appointments

Ref: Clinical Activity 1.5

Clinical Activity 1.5

5. Which factor correlates with nursing home placement in the elderly?
 - (a) Ownership of home
 - (b) Low premorbid level of social activity
 - (c) Polypharmacy
 - (d) Gender

Ref: Clinical Activity 1.5

Clinical Activity 1.5

6. Compared with stroke patients admitted to skilled nursing facilities, those admitted to acute rehabilitation facilities
 - (a) have less incontinence.
 - (b) incur lower costs.

- (c) have shorter inpatient length of stay.
- (d) are more likely to be discharged home.

Ref: Keith RA, Wilson DB, Gutierrez P. Acute and subacute rehabilitation for stroke: a comparison. Arch Phys Rehabil Med 1995;76:495-500.

Clinical Activity 2.1

7. The interdisciplinary approach to geriatric patient care emphasizes
 - (a) common patient and team goals rather than discipline-specific goals.
 - (b) the physician as the leader and director of the team.
 - (c) concentration on specific clinical problems.
 - (d) team communication when problems occur.

Ref: Clinical Activity 2.1

Clinical Activity 2.1

8. Physiatrists are well suited to provide geriatric patient care for all of the following reasons **EXCEPT**
 - (a) Understanding of the disabling conditions seen in this population
 - (b) Understanding of the interdisciplinary model of patient care
 - (c) Understanding of systems of practice from acute care hospitals, through rehabilitation facilities, and into community-based rehabilitation
 - (d) Understanding of and focus on acute musculoskeletal injuries

Ref: Strasser DC, Solomon DH, Burton JR. Geriatrics and physical medicine and rehabilitation: common principles, complementary approaches, and 21st century demographics. Arch Phys Med Rehabil 2002;83:1323-4.

Educational Activity 2.2

9. Regarding interdisciplinary assessment, which benefit does **NOT** apply to the geriatric population?
 - (a) It allows the development of specific, targeted interventions.
 - (b) It allows care providers to develop independent treatment plans.
 - (c) It allows better reimbursement and insurance coverage for outpatient and home-based interventions.
 - (d) It allows reliable testing of persons over time.

Ref: Educational Activity 2.2

Educational Activity 2.2

10. Which clinical assessment tool is **NOT** used to evaluate functional mobility skills in the geriatric population?
 - (a) Katz Index
 - (b) FIM instrument
 - (c) Barthel Index
 - (d) Timed "Up & Go" test

Ref: Educational Activity 2.2

Clinical Activity 2.3

11. Which of the following is true regarding falls in the geriatric population?

- (a) Most falls are considered accidental, rather than related to underlying diseases or functional impairments.
- (b) The timed "Get Up & Go" test is an appropriate way to assess someone who presents with frequent falls.
- (c) Fall risk assessment should evaluate both intrinsic and extrinsic risk factors.
- (d) Dynamic balance training activities such as Tai Chi have no effect on fall risk or fear of falling.

Ref: *Clinical Activity 2.3*

Clinical Activity 2.4

12. Which of the following is true regarding pain in the elderly person?
- (a) Elderly persons do not feel pain as much as younger people
 - (b) Pain can commonly be localized to a single site
 - (c) Approximately one third of elderly individuals have chronic joint pain and arthritis
 - (d) Pain results in less functional impairment in the elderly compared with the younger population

Ref: *Prevalence of self-reported arthritis or chronic joint symptoms among adults—United States, 2001. MMWR Morb Mortal Wkly Rep 2002;51:948-50.*

Educational Activity 2.5

13. Which strategy is **NOT** an appropriate way to manage polypharmacy in elderly persons?
- (a) Person-to-person patient and family education
 - (b) Use of clinical decision support systems and protocols
 - (c) Maintenance of chronic medication regimens despite an acute medical change
 - (d) Assessment of potential drug interactions when starting a new medication

Ref: *Educational Activity 2.5*

Educational Activity 3.1

14. Which exercise program is beneficial for patients with rheumatoid arthritis?
- (a) High-intensity progressive resistance exercises
 - (b) Low-load, high-repetition resistance exercises
 - (c) Walking 3 to 4 times per week
 - (d) A program incorporating any of the above

Ref: *Educational Activity 3.1*

Clinical Activity 3.2

15. In patients undergoing a rehabilitation program after a hip fracture, benefit from weight-bearing exercises can
- (a) improve walking velocity.
 - (b) decrease incidence of hip dislocation.
 - (c) decrease risk of prosthetic failure.
 - (d) improve pain control.

Ref: *Clinical Activity 3.2*

Clinical Activity 3.3

16. Exercise in the geriatric population has been found to
- (a) reduce falls.
 - (b) increase strength.
 - (c) reduce depression.
 - (d) encompass all of the above.

Ref: *Clinical Activity 3.3*

Clinical Activity 3.4

17. In general, patients who have chronic obstructive pulmonary disease and are undergoing pulmonary rehabilitation should maintain an arterial oxygenation level no less than
- (a) 95%.
 - (b) 93%.
 - (c) 88%.
 - (d) 85%.

Ref: *Clinical Activity 3.4*

Educational Activity 3.5

18. Compared with young adult patients undergoing stroke rehabilitation, geriatric patients require
- (a) more medication to prevent recurrent stroke.
 - (b) longer rehabilitation hospitalization.
 - (c) more nasogastric tube feedings.
 - (d) bladder catheterizations more frequently.

Ref: *Educational Activity 3.5*

Clinical Activity 3.6

19. Regarding foot care, compared with the general population, diabetic patients
- (a) have a 10-year survival rate of 25% to 50% after an amputation.
 - (b) are more likely to be noncompliant with foot checks.
 - (c) are 15 to 17 times more likely to require an amputation.
 - (d) have a 15% rate of amputation if a chronic ulcer is present.

Ref: *Clinical Activity 3.6*

Clinical Activity 4.1

20. Independent of bone mineral density, in elderly women, which factor contributes to an increased risk of fracture secondary to a fall?
- (a) Obesity
 - (b) Daily wine consumption
 - (c) Poor visual acuity
 - (d) Use of coumadin

Ref: (a) *Kanis JA. Diagnosis of osteoporosis and assessment of fracture risk. Lancet 2002;359:1929-36.*

(b) *Dargent-Molina P, Favier F, Grandjean H, et al. Fall-related factors and risk of hip fracture: the EPIDOS prospective study [published erratum in: Lancet 1996;348:416]. Lancet 1996;348:145-9.*

Clinical Activity 4.2

21. A 75-year-old sedentary man with a history of hypertension, type II diabetes mellitus, and mild sensory neuropathy who is currently a nonsmoker wishes to begin an exercise program. What would be the safest initial modality?
- (a) Lifting 1- to 3-pound weights overhead while seated
 - (b) Treadmill walking at 1.5mph on level surface
 - (c) Stair stepper for 15 minutes without resistance
 - (d) Machine-based quadriceps extensions at 80% maximum weight

Ref: *Bean JF, Vora A, Frontera WR. The benefits of exercise for community-dwelling older adults. Arch Phys Med Rehabil 2004;85(Suppl 3):S31-42.*

Clinical Activity 4.3

22. What would be the best first step in managing a change in mental status in an 80-year-old woman after surgery?
- Administer nasal oxygen at 2L/min
 - Prescribe 25mg of sertraline daily
 - Discontinue diphenhydramine administration
 - Evaluate language function

Ref: Clinical Activity 4.3

Educational Activity 4.4

23. A 74-year-old woman complains of daytime urinary leakage. On examination, she is noted to have vaginal atrophy and decreased perineal muscle strength. Urinalysis shows $>10^5$ mixed flora with 0–2 white blood cells. Initial management would include
- scheduling a cystometrogram.
 - starting 250mg of ciprofloxacin twice daily.
 - restricting fluids after dinner.
 - prescribing over-the-counter vaginal estrogen cream.

Reference: Nicolle LE. Resistant pathogens in urinary tract infections. J Am Geriatr Soc 2002;50(7 Suppl):S230-5.

Educational Activity 4.5

24. Which factor improves bowel transit time in persons with chronic constipation?
- Bedrest
 - Bulking agents
 - Fluid restriction
 - Low fiber diet

Ref: Schiller LR. Constipation and fecal incontinence in the elderly. Gastroenterol Clin North Am 2001;30:497-515.

Clinical Activity 5.1

25. You suspect that your elderly patient is being abused by a family caregiver. To assess this risk, you recall the mnemonic SAVED. Which element is **NOT** included in this mnemonic?
- Stress
 - Alcoholism
 - Violence
 - Driving

Ref: Clinical Activity 5.1

Clinical Activity 5.3

26. A risk factor for erectile dysfunction in elderly men is
- recurrent inguinal hernia.
 - pharmacologic side effects.
 - colectomy with colostomy pouch.
 - hypothyroidism.

Ref: Clinical Activity 5.3

Educational Activity 5.4

27. The benefits of hiring older workers (compared with younger colleagues) in the fast food industry include
- lower absentee rates.
 - less use of health care benefits.
 - fewer workers' compensation claims.
 - decreased rate of burns.

Ref: Educational Activity 5.4

Educational Activity 5.5

28. Which activity is **NOT** associated with a reduced risk of dementia?
- Playing musical instruments
 - Dancing
 - Bowling
 - Playing board games

Ref: Educational Activity 5.5

Educational Activity 5.5

29. How much of Medicare's resources is spent in home and community settings to maintain the elderly in those settings?
- 80% of total cost
 - \$18 billion in 2000
 - 25% of Medicare's long-term care dollar
 - Almost none

Ref: Educational Activity 5.5

Clinical Activity 5.6

30. In the general geriatric population, which factor is associated with an increased risk of driving accidents?
- Hemodialysis
 - Stroke
 - Chronic pain
 - Myopia

Ref: Clinical Activity 5.6