

***Introduction to Orthotics 6th edition Coppard Test
Bank***

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Test Bank - Chapter 01

Q1: A 13 year old dodgeball female athlete who jammed her right middle finger when attempting to catch the ball sustained a mallet finger with noted distal interphalangeal (DIP) extensor lag. She has a referral from the orthopedic surgeon for a DIP hyperextension orthosis to prevent movement of the joint. The design of the DIP hyperextension orthosis is:

- A. Dynamic
- B. Serial static
- C. Static (Correct)**
- D. Static-progressive

Q2: A patient with left elbow trauma following a motor vehicular accident comes to the clinic 3 months following surgery to re-establish range of motion to the left elbow per surgeon's orders. An orthosis was designed to support constant flexion or extension to the elbow joint. The patient was instructed: to use the orthosis either in flexion or extension all night depending on needs, and wear 3 hour periods three times a day. He was also taught to how to adjust tension. What is the design of this orthosis?

- A. Dropout
- B. Dynamic
- C. Serial static
- D. Static-progressive (Correct)**

Q3: Michelle started complaining about weakness in her left elbow with numbness and tingling in her hand and fingers. After an appointment with her primary care physician (PCP), she was told her ulnar nerve was compressed at her elbow and was diagnosed with cubital tunnel syndrome. Her PCP referred her to outpatient occupational therapy with orders for an elbow splint to increase range of motion to 30 degrees. What intervention approach is being used?

- A. Behavioral
- B. Biomechanical (Correct)**
- C. Sensorimotor
- D. Spatiotemporal

Q4: At the children pediatric center, orthoses are used as an early intervention to improve hand function in children with hemiplegic cerebral palsy to address excessive thumb adduction and flexion and limited active wrist extension. What intervention approach is used?

- A. Biomechanical
- B. Cognitive
- C. Rehabilitative
- D. Sensorimotor (Correct)**

Q5: The Bobath orthosis is common for tone reduction such as in a patient with cerebral vascular accident with flexor tone. What approach is used?

- A. Behavioral
- B. Biomechanical
- C. Sensorimotor (Correct)**
- D. Spatiotemporal

Q6: Which health professional is least likely to fabricate orthoses for clients?

- A. physician (Correct)**
- B. nurse
- C. occupational therapist
- D. physical therapists

Q7: Why might a therapist best use the Occupational Therapy Practice Framework for a client with needs for an orthosis?

- A. to document professional competency with the OTPF
- B. to assist in receiving reimbursement from third party payers
- C. to optimize choosing appropriate assessments and interventions (Correct)**
- D. to utilize as a patient education tool

Q8: According to the ASHT's orthotic classification, which of the following is not part of the naming convention for orthoses?

- A. location
- B. direction
- C. type
- D. number of muscles (Correct)**

Q9: Pat has recently been diagnosed with carpal tunnel. The physician wants Pat to receive an orthosis that positions the wrist in a neutral position. The purpose of the orthosis according to ASHT is:

- A. mobilization
- B. immobilization (Correct)**
- C. restriction
- D. torque transmission

Q10: Beth has a client with a complex hand injury. She wants to take an evidence-based approach to treat the client. Which of the following statement is not congruent with evidence-based practice?

- A. The therapist must select pertinent literature.
- B. The therapist must critically appraise the literature.
- C. The therapist must only choose randomized, controlled trials from the literature. (Correct)**
- D. The therapist must use clinical judgment to apply literature results to the client.