

# February 2008 – Physical rehabilitation

**NB:** Please note that manual completion of CPD questionnaires will only be possible for the January and February editions of *CME*. These questionnaires *must* be submitted by the end of March and April respectively. After this the answers will be available online and, if you have not submitted your questionnaires, you will not be credited with any points for these two months. Go to [www.cpdonline.co.za](http://www.cpdonline.co.za) for future *CME* CPD questions.

## REHABILITATION ASSESSEMENT IN GENERAL PRACTICE – WHY GENERAL PRACTITIONERS SHOULD KNOW ABOUT DISABILITY

- The outcome of rehabilitative intervention does not depend on (choose one):**
  - The diagnosis
  - The pre-morbid history
  - Family support structures
  - The presence of complications
  - Ongoing maintenance by a therapist.
- The GP's role in managing persons with disabilities includes (choose one):**
  - Treating all possible problems that may arise
  - Only prescribing chronic repeat medications
  - Focusing on the illness
  - Identifying all possible problems that may arise
  - Boarding the patient as soon as possible after the disabling event.
- Choose the correct statement:**
  - Patients with sacral bedsores must be sat up three times a day
  - Diarrhoea may be a symptom of faecal loading
  - An ophthalmology referral for refraction is indicated in a person with a hemianopia after a stroke
  - In a hemiplegic stroke patient, squeezing a stress ball is a good way to improve power
  - Pregnancy is contraindicated in disabled female persons.

## MANAGEMENT OF CHRONIC PAIN IN PERSONS WITH NEUROLOGICAL DISABILITY

- True (A) or false (B) – fill in only block A or B:**

Neuropathic pain is usually chronic and can rarely be totally cured.
- True (A) or false (B) – fill in only block A or B:**

Regarding pharmacotherapeutic interventions in mild to moderate nociceptive pain, it is accepted practice to always start with simple analgesics (paracetamol) in adequate doses.
- True (A) or false (B) – fill in only block A or B:**

Surgical interventions should not be regarded as a last resort but should be offered early on in the treatment of intractable neuropathic pain.

## ISSUES IN THE LONG-TERM MANAGEMENT OF STROKE

- Management of post-stroke shoulder pain should NOT include (choose one):**
  - Shoulder positioning protocols to protect the limb
  - Exercise to improve range of motion
  - Use of overhead pulleys to improve bed mobility
  - Functional electrical stimulation
  - Strapping of the limb.
- Which one of the following is INCORRECT:**
  - Up to 50% of stroke survivors have dysphagia
  - Aspiration is an important cause of post-stroke mortality
  - Speech therapist evaluation is recommended for all patients with dysphagia
  - Nasogastric tube feeding is superior to percutaneous endoscopic gastrostomy feeding in the first month after stroke
  - A normal gag reflex is a useful test to determine whether swallowing will be safe.
- True (A) or false (B) – fill in only block A or B:**

Stroke care should be conducted in the setting of an organised stroke unit by a multidisciplinary team.

## INTRODUCTION TO TRAUMATIC BRAIN INJURY

- True (A) or false (B) – fill in only block A or B:**

A patient in a coma may be aroused by a strong external force.
- The FIM/FAM scale (choose one):**
  - Is a measure of a patient's acute medical condition directly after a TBI
  - Measures the functional status of neurologically impaired patients
  - Evaluates a patient on 8 levels of cognitive functioning
  - Cannot be used to evaluate a patient suffering from a progressive neurological disease
  - Is not useful in assessing patients with communicative disorders.

## ACUTE NEUROREHABILITATION – AN INTRODUCTION

- True (A) or false (B) – fill in only block A or B:**

An interdisciplinary rehabilitation team is driven by the attending physician.
- A patient's inability to walk following a stroke is termed his/her (choose one):**
  - Life participation restriction
  - Disability
  - Activity limitation
  - Impairment
  - Incapacity.
- Symptoms of autonomic dysreflexia include (choose one):**
  - Chronic cough
  - Oedema
  - Aspiration
  - Fever
  - Spasticity.

## SUPPORT GROUPS IN REHABILITATION

- The main benefit of support groups is (choose one):**
  - Their cost
  - The opportunity to form new friendships
  - The learning environment that they create
  - The respite they provide to carers
  - There is no real benefit.
- True (A) or false (B) – fill in only block A or B:**

Support groups form an integral part of the rehabilitation continuum.

## BLADDER MANAGEMENT AFTER SPINAL CORD INJURY

- True (A) or false (B) – fill in only block A or B:**

The early urological management of SCI patients is with an indwelling urinary catheter, regardless of the level of the injury.
- True (A) or false (B) – fill in only block A or B:**

Renal failure is no longer the leading cause of death among SCI patients.

## BOWEL MANAGEMENT AFTER SPINAL CORD INJURY

- True (A) or false (B) – fill in only block A or B:**

An upper motor neurone bowel is best managed by reflex emptying after suppositories or digital stimulation.
- True (A) or false (B) – fill in only block A or B:**

Faecal impaction is the most common cause of autonomic dysreflexia in spinal cord injury.

### INSTRUCTIONS

- Read the journal to find all the answers.
- Check your personal details on the answer form and alter where necessary.
- Answer the questions and mark the answer form by putting 'X' in the appropriate square.
- Make a photocopy for your records and in case the form is lost in the mail.
- Place the answer form in an envelope, affix a postage stamp, seal it and send it to: CPD Points (CME) • Private Bag X1 • Pinelands • 7430 • South Africa

**IMPORTANT NOTES:** Do not tear out this page and send it in. Answers must be filled in on the answer form which is on the back of the address sheet. If tippex is used on the form, it must be photocopied. It is not possible to receive these forms by fax. Accreditation number: MDB001/019/02/2007