



Adult Rehab with IM: Interdisciplinary Best Practices

Post-Test

Participant Name: _____ Date: _____

Participant License Number: _____ Course Location: _____

A score of 80% must be achieved to receive CEUs.

1. **According to the Winstein, 2005 III Step Proceeding, the Active Ingredients for Effective Neurorehabilitation are?**
 - a. Task practice is the single most important variable for motor learning.
 - b. "What" is practiced is more important than mere repetition.
 - c. Motivation and meaning are critical to skill learning.
 - d. Problem solving and implicit processes are required for skill acquisition.
 - e. All of the above

2. **When starting the patient on the IM program, the therapist should;**
 - a. Have the patient listen to the bell for ten minutes
 - b. Have the client use the affected side
 - c. Use shoulder shrugs
 - d. Introduce the IM to the unaffected side only.

3. **IM may be introduced into treatment programs at the following levels, as medically indicated:**
 - a. acute care
 - b. sub-acute care
 - c. home health/outpatient care
 - d. all of the above

4. **True or False:**
_____ The IM In-Motion Triggers are only for ambulation practice.

5. **True or False:**
_____ It is not appropriate for more than one discipline to be using IM at the same time.

6. **True or False:**
_____ IM can be modified to meet the needs of the low-level patient.

7. **There are four domains that can be modified to challenge the patient:**
 - a. Postural Challenge
 - b. Cognitive/Linguistic Challenge
 - c. Extremity Challenge
 - d. Computer Setting Challenges
 - e. All of the above

8. **What are some of the barriers that can negatively impact a patient's performance?**
 - a. Medical
 - b. Physical
 - c. Emotional
 - d. Educational
 - e. All of the above

9. **True or False:**
_____ It is important to make sure that adaptive equipment is accessible and in working order before treating with IM

10. **If a patient has a Right UE Hemiparesis, when completing the Short or Long Form, you should**
 - a. Modify access to the triggers
 - b. Cue the patient
 - c. Skip those exercises that they are unable to perform without cueing or clinical assistance
 - d. A and C