

AACBIS
Certification Study
By
CTAT Training



Client Bill of Rights

Not be physically or mentally abused or exploited.

Not be physically or chemically restrained unless the restraining is necessary in an emergency to protect the person or others from imminent danger, or is authorized in writing by a licensed physician for a limited and specified period of time.

Participate in restrictive interventions only in accordance with least restrictive treatment guidelines.

Be treated with the respect, consideration, and recognition of the individual's dignity and individuality. In a residential program, a person shall receive personal care and private treatment in a safe and decent living environment.

Not be denied appropriate care on the basis of the individual's race, religious practices, color, national origin, sex, age, disability, marital status or source of payment.

Not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care or services.

***Be encouraged and assisted in the exercise of the individual's rights. A person may present grievances on his/her own or another's behalf to the director, manager, state agencies, or other persons without threat of reprisal** in any manner. The person providing services shall develop procedures for submitting complaints and recommendations and for assuring a response by the person providing the services.*

Receive and send unopened mail.

Engage in unrestricted communication, including personal visitation with any person of the individual's choice, including family members and representatives of advocacy groups and community service organizations at any reasonable hour.

Make contacts with the community and achieve the highest level of independence, autonomy, and interaction with the community of which the person is capable.

Manage financial affairs or shall be given at least quarterly accounting of financial transactions made on the individual's behalf by the program should the program accept the individual's written delegation of this responsibility for any period of time in conformance with state law.

Have confidential records that cannot be released without the individual's written permission. A person may inspect his or her personal records maintained by service providers.

***Have the person providing services answer questions** concerning health, treatment, and condition unless a physician determines that the knowledge would harm the individual. The physician must record that determination in the individual's record.*

Choose a personal physician.



Participate in planning the individual's service plan.

Be given the opportunity to refuse treatment, including medications, after the possible consequences of refusing are fully explained.

Be provided unaccompanied access to a telephone at a reasonable hour in case of an emergency or personal crisis.

Privacy (not necessarily a single bedroom).

Retain personal clothing and possessions as space permits. The number of personal possessions may be limited for health and safety reasons which are documented in the individual's record.

Determine the individual's dress, hairstyle, or other personal effects according to individual preference, except the resident has the responsibility of maintaining personal hygiene.

Retain and use personal property in the immediate living quarters and to have a private locked area (cabinet, closet, drawer, footlocker, etc.) in which to keep personal property.

Refuse to perform services for the program, except as contracted for the individual and facility.

Be informed, in writing, by the person providing services of available services and the applicable charges if the services are not covered by Medicare, Medicaid, or other form of health insurance.

***Unless previously arranged, not be transferred or discharged,** except in an emergency situation. The individual, the guardian (if applicable) and other responsible persons shall be notified immediately.*

***Leave the program temporarily or permanently,** subject to contractual or financial obligations. *

Not be deprived of a constitutional, civil, or legal right solely by reason of residence in a program for persons with brain injury.

Have access to the services of a representative of the state agency or program charged with regulating licensing, or monitoring the program.



Review of Questions

- 1.1.1. “Surveillance” is defined as:
- A. Watching a doorway to make sure no patient or client exits
 - B. An impairment of the optic nerve
 - C. On going systemic collection, analysis and interpretation of data
- 1.1.2. True or False: An “Open Head Injury” occurs when the skull is broken and the brain is exposed.
- 1.1.3. An Acquired Brain Injury (ABI) is an injury that:
- A. Was induced by birth trauma
 - B. Occurs after birth and is not hereditary, congenital or degenerative and includes TBI
 - C. Does not include TBI
- 1.1.4. True or False: Men sustain nearly 2-3 times as many brain injuries as women.
- 1.1.5. Accredited programs have to demonstrate that they are in compliance with:
- A. Quality standards
 - B. Performance standards
 - C. Both quality and performance standards
- 1.1.6. True or False: An internal brain injury caused by tumors, blood clots, strokes, or seizures is an example of an ABI but not a TBI.
- 1.1.7. True or False: Without treatment, individuals with problematic or unmanageable behaviors are the most likely to become homeless, institutionalized in a mental facility, or imprisoned.
- 1.1.8. What type of care setting is focused on saving the individual’s life and preventing further injury?
- A. Acute rehabilitation
 - B. Acute hospital
 - C. Supported living
- 1.1.9. Persons with ABI most likely to have difficulty accessing services are:
- A. Individuals with cognitive impairment but lacking physical disabilities
 - B. Individuals with problem behaviors
 - C. Both A and B
- 1.1.10. The Brain Injury Association (BIA) estimates that only _____% of individuals with severe brain injuries have adequate funding for long-term treatment.
- A. 5%
 - B. 20%
 - C. 50%
- 1.1.11. The national advocacy organization for persons with brain injury is called:
- A. Brain Injury Association (BIA)
 - B. Rehab Accreditation Commission (CARF)
 - C. Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)



- 1.2.1. True or False: Medicaid is an example of public funding.
- 1.2.2. True or False: Traumatic brain injury has been called the “silent epidemic.”
- 1.2.3. In the US, there are at least _____ individuals living with TBI:
- A. 5.3 million
 - B. 2.4 million
 - C. 1 million
- 1.2.4. What is the leading cause of death from TBI?
- A. Falls
 - B. Motor vehicle crashes
 - C. Assaults
 - D. Other
- 1.2.5. Two examples of national accreditation agencies are:
- A. CARF and MDCIS
 - B. JCAHO and MDCIS
 - C. CARF and JCAHO
- 1.2.6. The TBI Grant Program provides “seed money” for:
- A. Integration of services and establishment of policy
 - B. Procurement of financial support
 - C. Both A and B
- 1.2.7. True or False: The single most important piece of legislation related to brain injury was the TBI Act of 1996.
- 1.2.8. True or False: An injury to the brain occurring after birth that is not hereditary, congenital, or degenerative, and not due to birth trauma is a TBI but not an ABI.
- 1.2.9. How many Americans experience the onset of long-term disability following TBI each year?
- A. 80,000-90,000
 - B. 500,000
 - C. 2,000,000
- 1.2.10. It is estimated that TBI cost how much annually?
- A. \$2 billion annually
 - B. \$1.5 billion annually
 - C. \$60 billion annually
- 1.2.11. Traumatic Brain Injury (TBI) is defined as:
- A. A degenerative or congenital injury
 - B. Caused by external force
 - C. Occurs before birth
- 1.2.12. What percentages of all TBIs are considered moderate injuries?
- A. 5%
 - B. 50-80%
 - C. 10-30%



- 1.3.1. What was important about the Olmstead decision:
- A. Extended coverage of private insurance
 - B. Challenged state, federal, and local governments to provide community-based services
 - C. Reduced insurance coverage of TBI
- 1.3.2. The TBI Act Amendments of 2000 provide the CDC with support to expand:
- A. Research into HIV
 - B. Education of advisory boards
 - C. State surveillance and prevention programs
- 1.3.3. The number one cause of TBI injury is due to:
- A. Falls
 - B. Transportation-related incidents
 - C. Work-related injuries
- 1.3.4. In a study conducted by Kraus et al. in 1989, what percentage of adults with brain injuries tested positive for blood alcohol?
- A. 10%
 - B. 25%
 - C. 56%
- 1.3.5. What percentages of TBIs are due to transportation-related incidents?
- A. 25%
 - B. 44-50%
 - C. 80-90%
- 1.3.6. True or False: Motor vehicle crashes surpassed fall-related injuries as the number one cause of TBI fatalities.
- 1.3.7. The National Institute on Disability and Rehabilitation Research (NIDRR) provided funding to establish:
- A. TBI grants
 - B. TBI model system of care
 - C. TBI education website
- 1.3.8. The TBI Grant Program is administered by :
- A. Health Resources and Services Admin (HRSA)
 - B. National Institute on Health (NIH)
 - C. The National Institute on Disability and Rehabilitation Research (NIDRR)
- 1.3.9. The NIDRR website that provides online resources for outcome measures for persons with BI is:
- A. Center on Outcome Measurement in Brain Injury (COMBI)
 - B. Traumatic Brain Injury Model Systems (TBIMS)
 - C. Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)
- 1.3.10. Non-accidental trauma is the cause of at least ____ deaths from head trauma in children under two years old?
- A. 10%
 - B. 50%
 - C. 80%



- 1.3.11. True or False: After one TBI, the risk for a second injury is three times greater. After a second injury, the risk for a third injury is four times greater.
- 1.3.12. Between 50,000 and 75,000 persons sustain a severe TBI each year. How many of these people die?
- 20%
 - Between 1/3 and 1/2
 - 70%
- 1.3.13. What percent of firearm-related TBIs result in death?
- 70%
 - 91%
 - 80%
- 2.1.1. Forms of cultural devaluation include:
- Labeling and stereotyping or perceived to be a cost to society
 - Identified by their label or their difference from those in authority
 - Both A and B
- 2.1.2. According to the medical model, who is the “power person”?
- The patient
 - The guardian
 - The physician or therapist
- 2.1.3. Which of the following is an example of a disability “label”:
- “The TBI in bed 2”
 - “He’s one of Jerry’s kids”
 - “She’s a CVA”
 - All of the above
- 2.1.4. True or False: The ultimate goal of BI rehab is to return people who have been injured as fully as possible to their communities.
- 2.1.5. True or False: Inclusion means the person is incorporated and welcomed into the community.
- 2.1.6. True or False: Empathy is the ability to direct the treatment session with clear guidelines.
- 2.1.7. True or False: Transferring financial control to the consumer through individual budgets is an example of a key action to achieve self-determination.
- 2.1.8. According to the Interdependence paradigm, who is the “power person”?
- The doctor
 - The person with a disability
 - The therapist
- 2.1.9. Which of the following is not an interaction style that facilitates outcome goals, partnerships and agreement:
- Watching T.V.
 - PEARL
 - No Blame and Can versus Can’t



- 2.2.1. True or False: Integration expects that people fit in and reach for similar standards.
- 2.2.2. The term “active treatment” refers to:
- A. An interaction intended to result in greater dependence
 - B. An interaction intended to result in greater independence, autonomy and empowerment
 - C. An interaction of either type
- 2.2.3. In the medical model, what is the real responsibility of the patient?
- A. To exert their right to equal treatment
 - B. To adapt to the therapy schedule
 - C. To cooperate with the treatment team
- 2.2.4. When is the medical model the most appropriate model to use?
- A. When the goal is to address interdependence
 - B. When the goal is to address sickness or establish medical stability
 - C. When the goal is for the patient to exert their rights to equal treatment
- 2.2.5. True or False: Behavioral research suggests that human behaviors develop and continue because of their desirable effect on the individual.
- 2.2.6. Mutual reinforcement is characterized by an exchange of reinforcers between:
- A. Two or more people
 - B. A patient and their physician
 - C. A patient and their therapist
- 2.2.7. An example of promoting self-determination in the Human Services is:
- A. Instituting change through legislature
 - B. Developing leadership skills among people with disabilities
 - C. Both A and B
- 2.2.8. True or False: The creation or prolonging of negatively reciprocal interactions (such as being overly corrective, disempowering or using unnecessarily restrictive comments or actions) is an example of mutually reinforcing interactions.
- 2.2.9. True or False: The concept of “no blame” proposes that if people are predisposed to behave in certain situations, then holding them at fault or blaming for unwanted actions makes good sense.
- 2.2.10. True or False: Staff operating from a stance of “can versus can’t” are not likely to encourage inclusion or support a person’s interests.
- 2.3.1. Self determination builds on the principles of:
- A. Right to refuse, civil rights
 - B. Informed consent, right to refuse
 - C. Informed consent, medical stability
- 2.3.2. Self-determination revolves around which of the following components:
- A. Freedom, authority, cooperation and finances
 - B. Responsibility, inclusion, rights and compliance
 - C. Freedom, authority, support and responsibility



- 2.3.3. The Interdependent paradigm sees the problem of disability as:
- Lack of funding
 - Focus on medical needs
 - Limited or non-existent support for differences
- 2.3.4. Five desired interactional components include:
- Positive, early, active, reinforce, learn
 - Positive, early, all, reinforce, learn
 - Positive, early, all, reinforce, look
- 2.3.5. True or False: The rehab process often involves simple techniques and procedures by a single person.
- 2.3.6. True or False: Negative reciprocal relationship refers to relationships that involve ongoing exchange of unwanted events between people.
- 3.1.1. The medulla contains reflex centers which control involuntary functions such as:
- Muscle function
 - Breathing and heart rate
 - Eating
- 3.1.2. The hypothalamus is the major brain region that manages the release of:
- Epinephrine
 - Toxins
 - Body hormones
- 3.1.3. The cerebral hemispheres control:
- The same side of the body
 - The opposite side of the body
 - Heart rate and breathing
- 3.1.4. True or False: A mild brain injury never causes any permanent problems.
- 3.1.5. True or False: Examples of post concussion symptoms that may or may not persist include vomiting, difficulty problem solving, irritability.
- 3.1.6. Some causes of anoxic injuries to the brain include:
- Lack of proper nutrition
 - Vitamin deficiency
 - Near drowning or smoke inhalation
- 3.1.7. The part of the neuron that is a long, slim “wire” that transmits signals from one cell body to another via junctions is called:
- The cell body
 - The axon
 - The dendrite
- 3.1.8. The brain stem:
- Is involved with emotions
 - Is dedicated to the highest level of thinking
 - Controls basic life functions



- 3.1.9. Brain cells that make up the nervous system are called:
- A. Meninges
 - B. Neurons
 - C. CSF
- 3.1.10. True or False: Injury to the cerebellum can produce problems with coordination.
- 3.1.11. The cerebral cortex is made up of two:
- A. Reticular activating systems
 - B. Medullas
 - C. Hemispheres
- 3.1.12. The four lobes of the brain are:
- A. Frontal, parietal, cerebellum, temporal
 - B. Pons, thalamus, frontal, parietal
 - C. Frontal, parietal, occipital, temporal
- 3.1.13. Each cerebral hemisphere is made up of _____ lobes.
- A. Two
 - B. Three
 - C. Four
- 3.1.14. Which lobe includes the primary visual center?
- A. Frontal
 - B. Occipital
 - C. Parietal
- 3.1.15. True or False: Post-concussion symptoms always eventually clear.
- 3.1.16. True or False: Each sense except smell relays impulses through the thalamus.
- 3.1.17. This area of the brain monitors impulses from the motor and sensory areas to help control direction, rate, force and steadiness of movements.
- A. Cerebellum
 - B. Frontal lobe
 - C. Temporal lobe
- 3.1.18. This part houses basic elemental drives, emotions and survival instincts:
- A. Brainstem
 - B. Limbic system
 - C. Sensory strip
- 3.1.19. True or False: Diffuse axonal injuries (DAI) are damaged nerve cells throughout the brain that are stretched and break.
- 3.1.20 True or False: Tremendous pressure can build up inside the brain after an injury. This is because the skull is closed and has no extra room for swelling or fluid.



- 3.2.1. The brain stem includes three integral areas called:
- A. Cerebellum, cortex and pons
 - B. Midbrain, ventricles and Meninges
 - C. Medulla, pons and midbrain
- 3.2.2. The system which modulates or changes arousal, alertness and concentration is called:
- A. The occipital system
 - B. The thalamic relay system
 - C. The reticular activating system
- 3.2.3. True or False: When the medulla is injured, life is immediately threatened.
- 3.2.4. Injury to the limbic system can produce serious problems involving:
- A. Breathing, heart rate, blood pressure
 - B. Higher level thinking
 - C. Emotional perceptions and feelings
- 3.2.5. There are _____ membranes or Meninges that cover the brain.
- A. Two
 - B. Three
 - C. Four
- 3.2.6. A child with a frontal lobe injury may go unnoticed because:
- A. More children are wearing helmets now
 - B. Parents and teachers act as the child's frontal lobe
 - C. Hormones are not active yet
- 3.2.7. A person with damage to the _____ may look "drunk" when they walk, and have poor eye/hand coordination.
- A. Limbic system
 - B. Parietal lobe
 - C. Cerebellum
- 3.2.8. A subdural hematoma is the result of bleeding to the:
- A. Space between the dura mater and arachnoid mater
 - B. The ventricles
 - C. The cerebrospinal fluid
- 3.2.9. True or False: A coup-contracoup injury means that the back is struck.
- 3.2.10. The brain sits inside of a rough and bony skull and is bathed in:
- A. Blood
 - B. Synovial fluid
 - C. Cerebrospinal fluid
- 3.2.11. True or False: A decreased amount of oxygen to the brain is called "hypoxia."



- 3.2.12. Two structures associated with the limbic system include:
- A. The thalamus and hypothalamus
 - B. The frontal lobe and cerebellum
 - C. The hippocampus and amygdale
- 3.2.13. Injury to the basal ganglia may result in:
- A. Slowness and loss of movement
 - B. Muscle rigidity
 - C. Tremor
 - D. All of the above
- 3.2.14. The tiny brain cells making up the nervous system which are “communicators” are called:
- A. Glial cells
 - B. Neurons
 - C. Meninges
- 3.2.15. Near the back of the eyes, the optic nerves carry signals that cross at a site called:
- A. The medulla
 - B. The ventricle
 - C. The optic chiasm
- 3.2.16. Which area of the brain is responsible for the production of speech?
- A. Brocca’s area
 - B. Wernicke’s area
 - C. Acoustic meatus
- 3.2.17. The hippocampus is most commonly associated with:
- A. Memory function
 - B. Sensory relay
 - C. Sight
- 3.2.19. A brain injury is the result of two injuries, the “primary injury” caused by the initial blow, and the “secondary injury” caused by:
- A. Medications
 - B. Broken teeth
 - C. Swelling and contusions to the brain
- 3.2.20. Parkinson’s disease is an example of injury or disease of the;
- A. Hippocampus
 - B. Basal ganglia
 - C. Corpus callosum
- 3.2.21. Each neuron has three parts:
- A. The cell body, axon and dendrite
 - B. The cell body, dendrite and ventricle
 - C. The axon, dendrite and ventricle



- 3.2.22. Neurons receive and transmit information with electrical impulses alternating with chemical messengers known as:
- Diffuse axonal injury
 - Anoxia
 - Neurotransmitters
- 3.2.23. One of the measures used to describe the level of severity of a brain injury is:
- FIM score
 - ADL score
 - GCS score
- 3.2.24. Individual nerve cells that are stretched and break during a brain injury cause:
- Nausea
 - Diffuse axonal injury
 - Meningitis
- 3.2.25. Neurons communicate with each other by way of:
- A blood flow process
 - Physical connections
 - An electro-chemical process
- 3.2.26. The _____ is wedged between the brainstem and cerebral cortex and hitched to the back of the head:
- Cerebellum
 - Thalamus
 - Frontal lobe
- 3.2.27. The left and right hemispheres are connected by a band of nerve fibers that exchanges information called:
- Amygdala
 - Hippocampus callosum
 - Corpus callosum
- 3.2.28. True or False: The left hemisphere responds to information in holistic and spatial sense (shapes, faces, music, art).
- 3.2.29. True or False: Brocca's area is the area of the brain that controls the muscle of the arm and hand.
- 3.2.30. The functions of the temporal lobe include:
- Attention, speaking, planning
 - Balance, coordination
 - Memory, hearing, understanding language
- 3.2.31. The motor strip is in which lobe of the brain?
- Frontal
 - Parietal
 - Temporal
- 3.2.32. The "working memory" is primarily found in which part of the brain?
- Frontal lobe
 - Parietal lobe
 - Temporal lobe



- 3.2.33. The function of the cerebellum is to:
- Control direction, rate and force of movement
 - Control emotional responses
 - Control arousal
- 3.2.34. The left hemisphere generally processes information in a:
- Linear and logical sense
 - Holistic and spatial sense
 - Linear, logical, holistic and spatial sense
- 3.2.35. The frontal lobe has these functions:
- Motor planning, judgment, initiation
 - Arousal, sense of touch, memory
 - Hearing, balance, coordination
- 3.2.36. The primary sensory cortex is located in which lobe of the brain:
- Frontal lobe
 - Parietal lobe
 - Temporal lobe
- 3.3.1. True or False: The primary sensory cortex is the site where movement is initiated.
- 3.3.2. The centers for both language and hearing are located in:
- The frontal lobe
 - The occipital lobe
 - The temporal lobe
- 3.3.3. Wernicke's area is located in the left temporal-parietal lobe and governs:
- Sight
 - Movement
 - Understanding of speech
- 3.3.4. "Akinesia" means:
- Rapid alternating movement
 - Slowness of movement
 - Poor balance
- 3.3.5. Hydrocephalus is a condition caused by:
- Excess cerebrospinal fluid
 - Excess blood
 - Excess Synovial fluid
- 3.3.6. This structure makes up about 1/8th of the brain's mass and has its own distinctive arrangement of brain cells.
- Pons
 - Reticular activating system
 - Cerebellum



- 3.3.7. The organ where transmitted sound waves vibrate thousands of tiny sensitive hairs is called:
- A. Dendrite
 - B. Hippocampus
 - C. Organ of Corti
- 3.3.8. The Glasgow Coma Scale (GCS) measures these parameters after brain injury:
- A. Eye, verbal and motor response
 - B. Eye, ROM, muscle spasms
 - C. Hearing, verbal and motor responses
- 3.3.9. Glial cells are:
- A. An area with accumulation of blood
 - B. Excess CSF
 - C. Non-communicating “glue” cells that nourish neurons
- 3.3.10. The diencephalon is made up of:
- A. The cerebral cortex
 - B. The thalamus and hypothalamus
 - C. The brain stem
- 3.3.11. A score of 10 on the Glasgow Coma Scale indicates:
- A. Mild brain injury
 - B. Moderate brain injury
 - C. Severe brain injury
- 3.3.12. The hypothalamus is the control center for:
- A. Motor movement
 - B. Breathing, heart rate, blood pressure
 - C. Hunger, thirst, sexual response
- 3.3.13. Injury to the _____ can cause difficulty with short term memory and organizing and retrieving previously stored memories:
- A. Basal ganglia
 - B. Thalamus
 - C. Hippocampus
- 3.3.14. A “fight or flight” structure that is closely tied with emotional memories and reactions is:
- A. The basal ganglia
 - B. The thalamus
 - C. The amygdala
- 3.3.15. The pons serves as a bridge between:
- A. The ventricles
 - B. The right and left hemispheres
 - C. The cerebrum and cerebellum
- 3.3.16. True or False: The amygdala seems to be tied with hormone production.



- 3.3.17. Inside the brain there are four different ventricles whose purpose is to:
- A. Cushion and protect the brain when swelling occurs
 - B. Produce CSF
 - C. Both A and B
- 3.3.18. True or False: The outer, tough layer which covers the brain is called the pia mater.
- 3.3.19. If a person with a BI is getting sleepy or having trouble attending to their environment, they may have an injury to:
- A. The reticular activating system
 - B. The corpus callosum
 - C. The dura mater
- 3.3.20. Between the pia mater and the arachnoid mater there is a teacup full of:
- A. Cerebrospinal fluid
 - B. Blood
 - C. Ventricles
- 4.1.1. Recovery from brain injury:
- A. Is predictable
 - B. Follows routine steps
 - C. Is unique
- 4.1.2. If a medication error is made, it should be immediately reported to:
- A. The administrator
 - B. The physician/nurse
 - C. The therapist
- 4.1.3. True or False: Educational history such as evidence of a learning disability is important for the rehab team to know.
- 4.1.4. True or False: Following a tonic-clonic seizure, a person may experience increased energy and has memory of the seizure.
- 4.1.5. Important information for rehab providers to know about the accident/injury include all but which of the following:
- A. The model of the car involved
 - B. The area of the brain injured
 - C. Co-existing medical conditions
- 4.1.6. A _____ is flexion and fixation of a joint due to a wasting away and abnormal shortening of muscle fibers and loss of skin elasticity:
- A. Contracture
 - B. Spasticity
 - C. Heterotopic ossification
- 4.1.7. Symptoms of post-traumatic hydrocephalus usually occur within _____ year (s) post injury:
- A. 5
 - B. 1
 - C. 10



- 4.1.8. True or False: Spasticity is abnormal growth of bone in soft tissues or around joints.
- 4.1.9. The areas of the body most likely to have problems with skin breakdown are:
- A. Bony prominences
 - B. The upper arm
 - C. The knee
- 4.1.10. Precipitants that may increase the potential for seizure include all but which of the following?
- A. Fatigue and illness
 - B. Elevated body temperature
 - C. Use of a vail bed
- 4.1.11. True or False: Universal or standard procedure refers to an approach to infection control that helps prevent the transmission of water borne pathogens.
- 4.1.12 True or False: Persons exhibiting irritability, agitation, impulsivity and anxiety may need a more stimulating environment.
- 4.1.13. _____ seizures are a sudden burst of abnormal, generalized discharges that usually affect both hemispheres of the brain.
- A. Generalized
 - B. Simple partial
 - C. Complex partial
- 4.1.14. If a patient is actively choking and unable to exchange air, medical personnel should be trained to provide:
- A. Heimlich maneuver
 - B. IV antibiotics
 - C. Suctioning
- 4.1.15. True or False: Substance abuse causes significant negative effects on the brain and central nervous system.
- 4.1.16. True or False: The most common neurological condition reported after brain injury is seizures.
- 4.1.17. Paralysis on one side of the body is called:
- A. Hemiparesis
 - B. Hemiplegia
 - C. Hematoma
- 4.1.18. A twisted position to the neck is called:
- A. Tracheostomy
 - B. Torticollis
 - C. Hemiparetic
- 4.1.19. Psychiatric manifestations that may occur after brain injury include:
- A. Bipolar disorder
 - B. Major depression
 - C. Anxiety disorder
 - D. All of the above



- 4.2.1. Important pre-assessment information includes:
- How the injury happened
 - Age at onset of injury
 - History of major hospitalizations and surgeries
 - All of the above
- 4.2.2. Trauma to the _____ can affect the respiratory system.
- Skin
 - Gastrointestinal area
 - Trachea and larynx
- 4.2.3. _____ in an increase in muscle tone-tension:
- Contractures
 - Heterotopic ossification
 - Spasticity
- 4.2.4. A _____ may be placed in a surgical opening into the stomach to administer liquid feedings:
- A shunt
 - A gastrostomy tube
 - A pharyngeal tube
- 4.2.5. True or False: Medications to enhance arousal, for behavioral control and mood regulation after brain injury have only a positive effect on recovery.
- 4.2.6. Cardiovascular injury following BI may be due to:
- Complications from direct trauma
 - Damage to the area of the brain that controls the heart
 - Both A and B
- 4.2.7. True or False: Persons with hypo arousal may benefit from increased environmental stimulation.
- 4.2.8. True or False: An antidepressant can take 3-8 weeks before a noticeable change occurs.
- 4.2.9. A disturbance in a specific, localized area of one hemisphere of the brain is called:
- A generalized seizure
 - A partial seizure
 - An absence seizure
- 4.2.10. _____ seizures, formerly known as petit mal, have transient loss of consciousness for several seconds, with a loss of attention or staring into space:
- Simple partial
 - Absence
 - Myoclonic
- 4.2.11. Nearly _____% of individuals with ABI had a history of alcohol abuse or dependence prior to injury.
- 10%
 - 58%
 - 72%
- 4.2.12. True or False: Difficulty swallowing is called aphasia.



- 4.2.13. Coordinated, rhythmic contractions of smooth muscle that forces food through the digestive track is called:
- A. Regurgitation
 - B. Polydipsia
 - C. Peristalsis
- 4.2.14. When a person awakens after a seizure to a state of confusion, extreme fatigue and no memory of seizure, this is called:
- A. Postictal state
 - B. Tardive dyskinesia
 - C. Status epilepticus
- 4.2.15. True or False: Weakness on one side of the body is called hemiplegia.
- 4.2.16. Hydrocephalus is enlargement of:
- A. The ventricles
 - B. The external meatus
 - C. Hematoma
- 4.2.17. _____ is a serious potential complication of immobility:
- A. Cogwheel rigidity
 - B. Cellulitis
 - C. Deep venous thrombosis (DVT)
- 4.2.18. Examples of SSRI antidepressants include:
- A. Desyrel and Ambien
 - B. Haldol
 - C. Paxil and Celexa
- 4.2.19. Risk factors for Alzheimer's disease include:
- A. Age, depression, cigarette use
 - B. Age, family history of Alzheimer's or Down's, history of TBI
 - C. History of TBI, depression, diet
- 4.2.20. The following medications have been used to treat post-traumatic agitation:
- A. Tegretol and Depakote
 - B. Eldepryl and Sinemet
 - C. Acricept and Exelon
- 4.2.21. _____ seizures have no loss of consciousness:
- A. Complex partial seizures
 - B. Tonic-clonic seizures
 - C. Simple partial seizures
- 4.2.22. Examples of anti-anxiety medications include:
- A. Aricept and Exelon
 - B. Ativan and Xanax
 - C. Prozac and Celexa
- 4.2.23. True or False: Apraxia is difficulty understanding speech and/or difficulty expressing thoughts.



- 4.2.24. True or False: Hypotension is elevated blood pressure exceeding 140/90 mm Hg.
- 4.2.25. First aide for seizures includes all but which of the following?
- Turn the person to their side
 - Place an object in their mouth to avoid tongue swallowing
 - Loosen tight clothing
- 4.2.26. _____ is rigidity with little jerks when the muscles in the arms and legs are stretched by the examiner:
- Tardive dyskinesia
 - Cogwheel rigidity
 - Torticollis
- 4.2.27. A continuous seizure that lasts more than 5 minutes or two seizures without time in between is called:
- Status epilepticus
 - Myoclonic seizures
 - Absence seizures
- 4.2.28. Which of the following is not an extrapyramidal symptom:
- Dystonic reaction
 - Itchy skin
 - Akathisia
- 4.2.29. _____ is a very serious side effect of antipsychotic medications which is characterized by lip smacking, rhythmic darting of the tongue and chewing movements.
- Dystonic reaction
 - Akathisia
 - Tardive Dyskinesia
- 4.2.30. Substance abuse further complicates brain injury by all of the following except:
- Increased likelihood of cerebral edema
 - Fluid and electrolyte abnormalities
 - Increased risk of torticollis
- 4.2.31. _____ is an ability to conduct purposeful movement:
- Apraxia
 - Aphasia
 - Tardive dyskinesia
- 4.2.32. _____ is a medication used to treat Alzheimer's disease that is being studied for possible benefit after TBI:
- Ritalin
 - Aricept
 - Permax
- 4.3.1. True or False: Bladder training should begin as soon as the person is out of coma.



- 4.3.2. First aid for seizures includes all but which of the following;
- A. Placing pillows or padded side rails up
 - B. Giving water during or after the seizure
 - C. Putting something soft under the head if possible
- 4.3.3. True or False: Substance abuse complicates brain injury because fluid and electrolyte abnormalities can worsen cerebral edema, and the likelihood of developing hematomas is greater in persons with cerebral atrophy associated with alcohol use.
- 4.3.4. Examples of anti-Parkinson's medications include:
- A. Aricept and Exelon
 - B. Ritalin and Provigil
 - C. Sinemet and Symmetrel
- 4.3.5. Respiratory complications following BI may include all but which of the following:
- A. Infection
 - B. Skin lacerations
 - C. Airway obstruction
- 4.3.6. Examples of anticonvulsant medications include all but which of the following:
- A. Tegretol
 - B. Neurontin
 - C. Risperdal
- 4.3.7. _____ is the ability to sit or stand still:
- A. Dystonic reaction
 - B. Postictal state
 - C. Akathisia
- 4.3.8. A neurogenic bladder is caused by:
- A. Abnormal bladder shape
 - B. Poor muscle tone in the urinary system
 - C. Central or peripheral nervous system injury
- 4.3.9. _____ are the most frequent complication of chronic illness and physical disability:
- A. Spastic muscles
 - B. Heterotopic ossifications
 - C. Pressure ulcers
- 4.3.10. The term "aspiration" means:
- A. Inhaling foods, liquids or vomitus into the lungs
 - B. Return of swallowed food to the mouth
 - C. Surgical opening made in the neck
- 4.3.11 True or False: Bladder contraction syndrome is the most common type of bladder incontinence after brain injury.



- 4.3.12. An aura, such a ringing sound, dreamy sensation, nausea, or a strange feeling may come on before a person experiences:
- A. Generalized seizure
 - B. Myoclonic seizure
 - C. Complex partial seizure
- 4.3.13. Prevention of skin breakdown is best managed by all but which of the following?
- A. Frequently examining the skin
 - B. Use of vicodin
 - C. Proper transfer techniques
- 4.3.14. Medications used to treat gastrointestinal problems may include all but which of the following?
- A. Vicodin
 - B. Tagamet
 - C. Prilosec
- 5.1.1. True or False: "Behavior" is everything and anything we do.
- 5.1.2. Things that are followed by something enjoyable are more likely to occur. This is called:
- A. Positive interaction
 - B. Positive reinforcement
 - C. Negative reinforcement
- 5.1.3. When good things happen after a behavior, that behavior is more likely to be repeated in the future. This is an example of:
- A. Rewards
 - B. Extinction
 - C. Avoidance
- 5.1.4. When behavior gets someone out of an unpleasant situation or removes the threat of one, this is called:
- A. Punishment
 - B. Escape or avoidance
 - C. Extinction
- 5.1.5. The A-B-C data gathering stands for:
- A. Antecedents, behaviors, consequences
 - B. Asking, behaving, challenging
 - C. Anticipate, behaviors, consequences
- 5.1.6. _____ is the length of time that a behavior occurs:
- A. Frequency
 - B. Rate
 - C. Duration
- 5.1.7. _____ is a treatment method in which the skill is analyzed into components that can be taught and measured.
- A. Task analysis
 - B. Shaping
 - C. Fading



- 5.1.8. True or False: Treatment plans should be considered static.
- 5.1.9. _____ is turning a situation into a learning opportunity by helping a person troubleshoot through a problem.
- A. Shaping
 - B. Incidental teaching
 - C. Fading
- 5.1.10. _____ is the number of times that a skill or behavior is observed to occur.
- A. Frequency
 - B. Rate
 - C. Latency
- 5.1.11. The simplest method to use to identify positive reinforcers is:
- A. Check their medical record
 - B. Ask the patient
 - C. Ask the patient's physician
- 5.1.12. _____ is a type of reinforcement that is provided when a person gets progressively closer to the ultimate target behavior.
- A. Fading
 - B. Incidental teaching
 - C. Shaping
- 5.1.13. True or False: It is important to be consistent and carry out treatment for behavioral issues in all settings.
- 5.1.14. A treatment strategy that might be used to address anxiety is:
- A. Task analysis
 - B. Alarm on watch
 - C. Relaxation techniques
- 5.1.15. Examples of environmental influences include:
- A. People
 - B. Sounds
 - C. Temperature
 - D. All of the above
- 5.1.16. Reviewing a written diary of events in a daily planner is an example of a treatment strategy that addresses:
- A. Language issues
 - B. Memory loss
 - C. Aggression
- 5.1.17. Guidelines for interaction include all but which of the following:
- A. Avoid humor
 - B. Be positive
 - C. Don't take things personally



- 5.1.18. _____ involves the inclusion of the individual in the development and design of the treatment plan.
- Positive reinforcement
 - Person-centered treatment planning
 - Outcome-driven treatment
- 5.2.1. When behavior leads to a negative consequence, this is called:
- Avoidance
 - Negative reinforcement
 - Punishment
- 5.2.2. The discharge site or the next placement is the primary focus for treatment planning; this is called:
- Percent of opportunities
 - Positive reinforcement
 - Outcome driven treatment planning
- 5.2.3. When impaired vision is combined with balance and coordination problems, it can affect:
- Expressive and receptive language
 - Motor skills and spatial orientation
 - Ability to recall information
- 5.2.4. Domains of function listed in the text include which of the following:
- Mobility, health issues, leisure skills
 - Vocational skills, household management
 - Both A and B
- 5.2.5. Anosognosia is:
- Weakening of a behavior
 - Use of gradual changes from artificial to a more natural cueing stimuli
 - Lack of awareness of deficits
- 5.2.6. True or False: Following brain injury, limited therapeutic outlets can lead to substance abuse.
- 5.2.7. True or False: Duration is the length of time that it takes a person to initiate a behavior.
- 5.2.8. Scientific studies show that unwanted behaviors are sometimes maintained because they produce:
- Negative consequences
 - Positive reinforcement
 - Incidental teaching
- 5.2.9. _____ is the number of times that a behavior occurs in a specific time period.
- Frequency
 - Rate
 - Duration
- 5.2.10. Asking a speaker to slow down is a treatment strategy that can be used to address:
- Executive functioning loss
 - Impaired receptive speech
 - Difficulty initiating activities



- 5.3.1. Following TBI, the most prominent problems include:
- Paralysis
 - Hemiplegia and impaired gait
 - Cognitive problems, memory loss and impaired problem solving
- 5.3.2. Behavior is controlled by:
- The sensory and nervous system
 - The nervous system interacting with the endocrine system
 - The nervous system and the environment
- 5.3.3. When a behavior that has been previously reinforced is not followed by a positive reinforcer, the behavior is weakened. This is called:
- Positive reinforcement
 - Negative reinforcement
 - Extinction
- 5.3.4. The four ways that the environment affects behavior are:
- Rewards, control, reinforce, ignore
 - Rewards, punishment, control, reinforce
 - Rewards, escape, punishment, extinction
- 5.3.5. True or False: Executive functioning refers to the ability to remember and understand speech.
- 5.3.6. True or False: Percent of opportunities is a useful measure for knowing whether or not a behavior occurred when the opportunity was available.
- 5.3.7. In general, each outcome will have one or more:
- Goals
 - Behaviors
 - Reinforcers
- 5.3.8. Which of the following is not part of behavior treatment planning?
- Assessing neuropsychological factors
 - Daily memorization tasks
 - Identifying positive reinforcers
- 5.3.9. True or False: Fading is the use of gradual change from artificial to more natural cueing stimuli.
- 5.3.10. Bethany does not like P.T. She yells and kicks at the therapist. She is removed from therapy and taken to her room. The TV is turned on to calm her down. This is an example of:
- Positive reinforcement
 - Negative reinforcement
 - Negative consequences
- 6.1.1. Teenagers are most susceptible to:
- Pedestrian/motor accidents
 - Sports and auto occupant accidents
 - Bike accidents



- 6.1.2. The greatest percentage of brain maturation occurs:
- A. Birth to age five
 - B. Pre-teenage years
 - C. Late teenage years
- 6.1.3. True or False: To qualify for a 504 plan, a student is required to have a presumed disability.
- 6.1.4. _____ are a natural link between hospital, home and school. However, they need the support of professionals to plan for successful reintegration to school.
- A. Physicians
 - B. Therapist
 - C. Families
- 6.1.5. If the student is unable to grasp new concepts without repeated exposure, this is an example of impaired:
- A. Higher level problem solving
 - B. Memory
 - C. Language skills
- 6.1.6. A child that is distracted by normal classroom activity may have deficits in:
- A. Language skills
 - B. Memory
 - C. Attention
- 6.2.1. Extended time on tests, preferential seating and assistance with project planning are examples of:
- A. Academic accommodations
 - B. Home modifications
 - C. Cognitive deficits
- 6.2.2. Specialized school services are provided by law by all of the following except:
- A. ADA
 - B. IDEA
 - C. Section 504 of the rehab act
- 6.2.3. True or False: Three of the top four TBI incidence rates were in the age groups of children., with children aged 0-4 having the highest rate of overall incidence of TBI.
- 6.2.4. _____ is a strong predictor of the cause of brain injury in children.
- A. Gender
 - B. Age
 - C. Race
- 6.2.5. True or False: Eligibility for special education ends at the beginning of high school or age 16.
- 6.2.6. An IEP is all of the following except:
- A. A contract between the student's family and the school system
 - B. An Individualized Education Plan
 - C. An Internal Evaluation Plan



- 6.3.1. True or False: Preschoolers with injuries to their frontal lobes often look fine within a few weeks or months after their injury and there are seldom serious cognitive and behavioral problems that emerge as the child grows.
- 6.3.2. _____ peak maturation periods have been identified in normally developing children. These may be significantly affected depending on the age of the child, type of BI and region of the brain injured.
- Two
 - Four
 - Five
- 6.3.3. Common physical effects of brain injury in children are:
- Seizures, headaches and lack of endurance
 - Hearing impairments and nausea
 - Impaired social skills
- 6.3.4. True or False: IDEA is part of the Rehabilitation act of 1973 which requires schools receiving federal funding to provide reasonable accommodations to allow an individual with a disability to participate.
- 7.1.1. One of the most effective strategies that staff and caregivers can do is:
- Give advice about BI
 - Share your own experiences
 - Listen
- 7.1.2. True or False: Family members often get a little annoyed with the survivor, thinking that the person is not trying hard enough.
- 7.2.1. As the family adjust to their family member's injuries, they may experience:
- Feelings of helplessness or anger
 - Anxiety or fear
 - Both A and B
- 7.2.2. A common "trade off" belief, where the family member prays for God to take them instead of their loved one, is know as:
- Suicidal ideation
 - Disassociation
 - Survivor guilt
- 7.3.1. _____ is a symptom of post-traumatic distress:
- Blunted affect
 - Sleeping
 - Hyberv verbal behaviors
- 8.1.1. Legal rights are:
- Developed from court decision
 - Changed after a brain injury
 - Powers or privileges that an individual has under the law



- 8.1.2. If an individual is unable to exercise their legal rights, a _____ may exercise those rights for the individual as allowed by the state law.
- A. Pastor
 - B. Legal representative
 - C. Significant other
- 8.1.3. Which of the following is not an example of a patient's right?
- A. The facility may open mail and review
 - B. Right to privacy
 - C. Right to dress according to individual preference
- 8.1.4. True or False: Seclusion and restraint procedures may be implemented in the place of appropriate treatment planning.
- 8.1.5. Who/what determines that an individual is legally incompetent?
- A. The court
 - B. A nurse
 - C. An advance directive
- 8.1.6. What is the situation in which use of a restraint or seclusion may be necessary?
- A. When a person tries to get out of bed alone
 - B. When the person is an imminent danger to him/herself or others
 - C. When a person is being loud or disruptive
- 8.1.7. True or False: The Olmstead decision required state and local governments to provide services in the most restrictive setting appropriate for the needs of the individual.
- 8.1.8. An example of exploitation would be:
- A. Failure to provide for basic needs
 - B. Willful infliction of an injury
 - C. Use of a dependent individual's property illegally or without consent
- 8.1.9. To establish guardianship of an adult:
- A. The court must appoint the guardian
 - B. The court must follow the standards required by state law
 - C. Both A and B
- 8.1.10. A Power of Attorney is:
- A. An attorney that works with person following TBI
 - B. A document in which a competent person appoints another to act for him/her in legal or financial matters
 - C. The same as a guardianship
- 8.1.11. HIPAA created national standards to protect:
- A. People with TBI
 - B. Payment
 - C. Medical records and protected health information
- 8.1.12. True or False: Accreditation standards vary with the setting.



- 8.1.13. Informed consent refers to:
- A. The right of a patient to prevent disclosure
 - B. The rights of minors
 - C. The right of a patient to consent to care only after the healthcare provider fully discloses the risks and facts
- 8.1.14. True or False: Physical changes after brain injury change a person’s legal rights.
- 8.1.15. Types of maltreatment typically addressed by laws are:
- A. Abuse
 - B. Neglect
 - C. Exploitation
 - D. All of the above
- 8.1.16. True or False: Parents are the natural guardians of minors or children.
- 8.1.17. True or False: A staff member may be held liable for a breach of confidentiality.
- 8.1.18. True or False: An advocate is an individual or organization who serves on behalf of an individual.
- 8.1.19. True or False: A person with a guardian does not lose basic legal rights.
- 8.2.1. True or False: A living will is another word for “Guardianship Document.”
- 8.2.2. Seclusion is generally defined as:
- A. Isolating a person from others
 - B. Physically preventing a person from leaving a confined area
 - C. Both A and B
- 8.2.3. True or False: Competency or capacity is a medical term that describes a person’s physical abilities.
- 8.2.4. Ethical standards are:
- A. Doing good for each patient
 - B. Adherence to laws and employer rules and policies
 - C. Standards of professional conduct rooted in moral principles and values
- 8.2.5. True or False: A restraint is always a mechanical device that restricts movement or access to one’s body against one’s will.
- 8.2.6. Title I of the ADA covers:
- A. Accessible housing
 - B. Public accommodations
 - C. Discrimination against persons with disabilities in the areas of recruitment and hiring
- 8.2.7. Title III of the ADA covers:
- A. Transportation
 - B. Employment
 - C. Public accommodations



- 8.2.8. Title IV of the ADA addresses telephone and television access for person with:
- A. Language differences
 - B. Hearing or speech disabilities
 - C. Both A and B
- 8.2.9. A durable power of attorney for health care is also known as:
- A. A medical power of attorney
 - B. A living will
 - C. A guardian
- 8.2.10. The transportation provisions of the ADA cover services such as:
- A. Employment
 - B. Education
 - C. Public bussing
- 8.2.11. Privilege is the right of a patient to:
- A. Prevent the right to consent to care
 - B. Prevent disclosure of healthcare information by a provider
 - C. Prevent guardianship
- 8.3.1 True or False: In Youngberg vs. Romero, the US Supreme Court held that a basic liberty under the Constitution is to have access to chemical restraints.
- 8.3.2. True or False: There are two basic sources of law that provide individual rights at both state and federal levels: common law and statutory law.
- 8.3.3. A guardianship is:
- A. A legal term that describes a person's mental ability to understand decisions
 - B. A document in which a person appoints another person to act in legal matters
 - C. A legal arrangement - the guardian has the duty to care for another
- 8.3.4. True or False: A guardian who is also a divorced parent may want to limit or restrict access of the son/ daughter to the other parent, if there have been conflicts in the past. A court order is not required.



Answers to Review of Questions

1. 1. 1.
C. Surveillance is the ongoing and systemic collection, analysis and interpretation of data used to describe and monitor a health event.
1. 1.2.
True.
- 1.1.3.
B. Occurs after birth, is not hereditary, congenital or degenerative. It commonly results in a change in neuronal activity and includes TBI.
- 1.1.4.
True. TBI is more common in males than females in all age groups and for the entire spectrum of injury severity.
- 1.1.5.
C. Accredited programs are in compliance with quality and performance standards and meet the needs of individuals with disabilities.
- 1.1.6.
True. Other examples of ABIs that are not TBIs include toxic exposure such as ETOH abuse, ingestion of lead, inhalation of volatile agents, encephalitis, meningitis, metabolic disorders, neurotoxic poisoning, and anoxia.
- 1.1.7.
True.
- 1.1.8.
B. The Acute Hospital setting is focused on saving the individual's life and preventing further injury. A person may be in a coma during this phase of support. Surgery may be necessary.
- 1.1.9.
C. Individuals without an effective advocate to negotiate the social service system or without a social support system also have difficulty accessing services.
- 1.1.10.
A. The BIA estimates that only 5% of people with severe BI have adequate long-term funding.
- 1.1.11.
A. Brain Injury Association (BIA)
- 1.2.1.
True. Medicare and other state or federally funded programs are also examples.



- 1.2.2.
True.
- 1.2.3.
A. 5.3 million
- 1.2.4.
D. The leading cause of death from TBI is from causes other than those related to motor vehicles, assaults, unknown, struck by/against, or falls.
- 1.2.5.
C. CARF (Rehab Accreditation Commission) and JCAHO (Joint Commission on the Accreditation of Healthcare Organizations)
- 1.2.6.
C. The TBI Grant Program provides “seed money” for integration of services, establishment of policy, and procurement of financial support.
- 1.2.7.
True. This act acknowledged the incidence and prevalence of brain injury nationally and paved the way for surveillance, rehab, and funding.
- 1.2.8.
False. The injury would be an ABI (Acquired Brain Injury) but may or may not be a TBI (Traumatic Brain Injury).
- 1.2.9.
A. 80,000-90,000
- 1.2.10.
C \$60 billion annually.
- 1.2.11.
B. Caused by external force
- 1.2.12.
C. Between 10-30% of TBIs are considered moderate.
- 1.3.1.
B. The Olmstead decision interpreted Title II of the ADA and required states to administer services in the most integrated setting appropriate to the needs of the individual,
- 1.3.2.
C. The TBI Act has been extended to continue to expand the state surveillance, education and prevention programs.
- 1.3.3.
A. New studies report that fall-related injuries are the number one cause of TBI injury



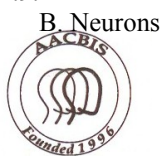
- 1.3.4.
C. 56% of adults with brain injuries tested positive for alcohol.
- 1.3.5.
A. 25% of TBIs come from transportation- related incidents.
- 1.3.6.
False. The category “Other” surpassed both motor vehicle and fall related deaths from TBI.
- 1.3.7.
B. The NIDRR provided funding to establish the TBI Model Systems of Care.
- 1.3.8.
A. HRSA administers the TBI Grant Program.
- 1.3.9.
A. Center on Outcome Measurement in Brain Injury (COMBI).
- 1.3.10.
C. 80% of deaths from head trauma in children under two years of age are non- accidental.
- 1.3.11.
False. The risk of a third injury is eight times greater after a second injury.
- 1.3.12.
B. Between 1/3 and 1/2 of persons with severe TBI die.
- 1.3.13.
B. 91% of firearm-related TBIs result in death.
- 2.1.1.
C. Labeling and stereotyping, perceiving to be a cost to society, or identifying by a label or difference from those in authority are all examples of cultural devaluation.
- 2.1.2.
C. In the medical model, the power person is the “expert” doctor, nurse, or therapist.
- 2.1.3.
D. All of the above are disability labels.
- 2.1.4.
True.
- 2.1.5.
True.
- 2.1.6.
False. Empathy is the ability to identify with and understand another person’s feelings or difficulties.



- 2.1.7.
True.
- 2.1.8.
B. The “power person” is the person with a disability.
- 2.1.9.
A. PEARL, No Blame, Can versus Can’t, and Active Treatment all are examples of interactive styles that foster outcome goals, partnerships, and agreement within the rehab process.
- 2.2.1.
True. Although this may fit within the civil rights movement, it is not realistic for the disability rights movement.
- 2.2.2.
B. Active treatment is an interaction between two people that is intended to result in greater independence, autonomy, empowerment or inclusion for one of those people.
- 2.2.3.
C. According to the medical model, the patient is exempt from any real responsibility except to cooperate.
- 2.2.4.
B. When the goal is to address sickness or establish medical stability
- 2.2.5.
True.
- 2.2.6.
A, Mutual reinforcement is characterized by an exchange of reinforcers or desired events between two or more people.
- 2.2.7.
C. Other examples include transferring financial control to the consumer, using person-centered planning, increasing community awareness, and gathering and analyzing data to improve services.
- 2.2.8.
False. This type of behavior is not wanted.
- 2.2.9.
False. The concept of ‘no blame’ does not place blame.
- 2.2.10.
False. The concept of “can versus can’t” encourages inclusion, supports a person’s interests, and offers an individual the dignity of risk that is a vital part of learning, growth, and development of human beings.
- 2.3.1.
B. Self determination builds on the principles of informed consent, right to refuse, and consumer empowerment.



- 2.3.2.
C. Self-determination revolves around freedom, authority, support and responsibility.
- 2.3.3.
C. The Interdependent paradigm encourages acceptance and empowerment for all and sees the “problem” as limited or non-existent support for differences.
- 2.3.4.
C. The person providing assistance is POSITIVE, EARLY (proactive), acts these ways ALL the time, REINFORCES accomplishments and LOOKS for situations to facilitate independence.
- 2.3.5.
False. The rehab process often involves complex techniques, procedures or approaches by a diverse group of people.
- 2.3.6.
True.
- 3.1.1.
B. The medulla contains reflex centers that control many involuntary functions such as breathing, heart rate, blood pressure, swallowing, vomiting and sneezing.
- 3.1.2.
C. The hypothalamus is the major brain region that manages the release of body hormones.
- 3.1.3.
B. The cerebral hemispheres control opposite sides of the body. Thus, if a person receives an injury to the right hemisphere, there will be difficulty controlling the left arm or leg.
- 3.1.4.
False. A mild brain injury can have significant impact on a person’s life, causing problems that may severely alter a person’s abilities to function successfully at work or in social situations.
- 3.1.5.
True. Other signs of post-concussion symptoms include headache, dizziness, sleep disturbance, changes in personality, memory problems, depression, diminished attention span.
- 3.1.6.
C. There are many causes of anoxia that can result in brain injuries, including near drownings, heart attacks, suffocation, smoke inhalation, asthma attacks and strangulation. Anoxia can kill brain cells or neurons.
- 3.1.7.
B. The axon transmits signals from one cell body to another via junctions known as synapses.
- 3.1.8.
C. The brain stem is like the “point person” for all incoming and outgoing information and basic life functions.
- 3.1.9.



- 3.1.10.
True. Injury to the cerebellum may produce problems with coordination, fine motor movements, equilibrium (balance) and a sense of where the body is in space.
- 3.1.11.
C. The cerebral cortex is made up of a left and right hemisphere.
- 3.1.12.
C. The four lobes of the brain are the frontal, parietal, occipital and temporal lobes. They are named for the skull bones that cover them.
- 3.1.13.
C. Each hemisphere is made up of four lobes: frontal, parietal, temporal and occipital.
- 3.1.14.
B. The occipital lobe includes a person's primary vision center,
- 3.1.15.
False. Many symptoms of post-concussion syndrome can continue, causing a variety of difficulties including headache, dizziness, depression.
- 3.1.16.
True. The thalamus is a major relay station for incoming and outgoing sensory information.
- 3.1.17.
A. Cerebellum
- 3.1.18.
B. Limbic system. Injury to this system can produce problems with basic emotional perceptions, feelings and responses to the world and to oneself.
- 3.1.19.
True.
- 3.1.20.
True. Unlike another part of the body such as the arm or leg that is able to swell, the brain has no extra room. Tremendous pressure can build after an injury and compress the brain tissue and vessels.
- 3.1.21.
C. An accumulation of blood
- 3.2.1.
C. The brain stem includes the medulla, pons and midbrain.
- 3.2.2.
C. The reticular activating system, or "RAS," modulates or changes arousal, alertness, concentration, and basic biological rhythms.



- 3.2.3.
True. The medulla contains reflex centers that control living functions such as breathing and heart rate.
- 3.2.4.
C. An injury to the limbic system can cause problems with basic emotional perceptions, feelings and responses to the world and oneself.
- 3.2.5.
B. There are three meninges that cover the brain: dura mater, arachnoid mater, pia mater.
- 3.2.6.
B. Parents and teachers act as the child's frontal lobe by organizing, planning and directing a child's life. As the child gets older, they may have difficulty managing themselves.
- 3.2.7.
C. Cerebellum
- 3.2.8.
A. The space between the dura mater and arachnoid mater
- 3.2.9.
False. A coup-contracoup injury means that one side of the head is struck, and the force causes bouncing back and forth, injuring the opposite side of the brain.
- 3.2.10.
C. The brain is bathed in CSF - cerebrospinal fluid.
- 3.2.11.
True. A complete (as opposed to decreased) stoppage of oxygen to the brain would be referred to as "Anoxia."
- 3.2.12.
C. The hippocampus and amygdale are usually associated with the limbic system.
- 3.2.13.
D. An injury to the basal ganglia affects voluntary motor nerves, causing akinesia, muscle rigidity and tremor.
- 3.2.14.
B. Neurons are brain cells making up the nervous system.
- 3.2.15.
C. The optic chiasm. At this point, optic fibers from the inner half of each retina cross to the opposite hemisphere of the brain.
- 3.2.16.
A. Brocca's area is the area that controls muscles of the face and mouth and the production of speech.



- 3.2.17.
C. The parietal lobe functions include the sense of touch, spatial perception, differentiation of size, color, shape, visual perception.
- 3.2.18.
A. Memory function
- 3.2.19.
C. The secondary injury” is caused by swelling, bleeding, compression and contusions to the brain.
- 3.2.20.
B. Parkinson’s disease is the result of disease of the basal ganglia, leading to slowness and loss of movement, rigidity and tremor.
- 3.2.21.
A. Each neuron has three main parts: the cell body, axon, and dendrite.
- 3.2.22.
C. Neurotransmitters are chemical messengers that leap the gap between neurons.
- 3.2.23.
C. The GCS (Glasgow Coma Scale) is one measure frequently used to describe the level of brain injury.
- 3.2.24.
B. Severe BI can happen without a lot of bleeding to the brain. Individual nerve cells that are stretched and break are called diffuse axonal injuries. They can result in extensive brain damage.
- 3.2.25.
C. Neurons communicate by way of an electro-chemical process.
- 3.2.26.
A. The cerebellum
- 3.2.27.
C. The corpus callosum
- 3.2.28.
False. The RIGHT hemisphere responds to spatial sense and “gestalt.”
- 3.2.29.
False. Brocca’s area controls the muscles of the face and mouth and enables the production of speech.
- 3.2.30.
C. Memory, hearing, understanding of language (Wernicke’s area) and organization and sequencing are all found in the temporal lobe.
- 3.2.31.
A. Frontal



- 3.2.32.
A. Frontal lobe. The prefrontal cortex helps hold onto information for several minutes.
- 3.2.33.
A. The cerebellum controls direction, rate, force and steadiness of a person's movements.
- 3.2.34.
A. In most people, the left hemisphere processes information in a logical, linear manner which helps the person to understand and use language.
- 3.2.35.
A. The frontal lobe functions include: initiation, problem solving, judgment, inhibition, planning, self-monitoring, motor planning, personality, awareness of abilities, organization, attention, mental flexibility, speaking.
- 3.2.36.
B. The parietal lobe
- 3.3.1.
False. The primary sensory cortex is the first part of the brain to consciously register physical sensations. The sense of touch, heat, cold, pain and body awareness is located in the parietal lobe.
- 3.3.2.
C. The temporal lobe
- 3.3.3.
C. Wernicke's area governs a person's understanding of speech.
- 3.3.4.
B. Slowness of movement. Often found with injuries to the basal ganglia.
- 3.3.5.
A. Excess cerebrospinal fluid
- 3.3.6.
C. The cerebellum
- 3.3.7.
C. Organ of Corti. Each hair is connected to nerve fibers which send signals through the 8th cranial nerve to the brainstem.
- 3.3.8.
A. The Glasgow Coma Scale measures the patients best eye, verbal and motor response to provide a total score.
- 3.3.9.
C. Glial cells nourish and support neurons.
- 3.3.10.
B. The diencephalon is made up of the thalamus and hypothalamus and other structures.



- 3.3.11.
B. A score of 9-12 on the GSC indicates moderate brain injury.
- 3.3.12.
C. The hypothalamus is the control center for hunger, thirst, sexual response, endocrine levels and temperature regulation.
- 3.3.13.
C. Hippocampus
- 3.3.14.
C. The amygdale. This is where the stimulus is evaluated for emotional content.
- 3.3.15.
C. The pons enables the “thinking” part of the brain (cerebral cortex) to work with the “movement” part of the brain (cerebellum).
- 3.3.16.
False. The amygdale is a structure that seems to be closely tied with emotional memories and reactions.
- 3.3.17.
C. The ventricles make, store and circulate CSF. They also protect the brain tissue when swelling occurs.
- 3.3.18.
False. The outer layer of the brain is called the dura mater or “tough mother.”
- 3.3.19.
A. The reticular activating system (RAS) is found in the brain stem, and injury can leave a person unaware of surroundings, with altered alertness, concentration, and arousal.
- 3.3.20.
A. Cerebrospinal fluid
- 4.1.1.
C. Each person’s injury is unique and so is their recovery.
- 4.1.2.
B. The physician/nurse
- 4.1.3.
True.
- 4.1.4.
False. The person typically awakens to a state of confusion, extreme fatigue, and no memory of the seizure.
- 4.1.5.
A. The model of the car involved is unlikely to be a factor in rehab.
- 4.1.6.
A. Contracture



- 4.1.7.
B. Generally one year
- 4.1.8.
False. Heterotopic ossification is abnormal growth of bone in soft tissues or around joints.
- 4.1.9.
A. Bony prominences such as the hip, coccyx, back of head or shoulder blades are more likely to develop pressure ulcers.
- 4.1.10.
C. Use of a vail bed is not considered a seizure risk.
- 4.1.11.
False. Universal precautions help control blood borne pathogens.
- 4.1.12.
False. They need a less stimulating environment.
- 4.1.13.
A. Generalized seizures are a sudden burst of abnormal, generalized discharges that usually affect both hemispheres of the brain.
- 4.1.14.
A. Heimlich maneuver
- 4.1.15.
True.
- 4.1.16.
False. The most common neurological condition reported after brain injury is headache.
- 4.1.17.
B. Hemiplegia
- 4.1.18.
B. Torticollis
- 4.1.19.
D. All of the above
- 4.2.1.
D. All of the above
- 4.2.2.
C. Trachea and larynx
- 4.2.3.
C. Spasticity



- 4.2.4.
B. A gastrostomy tube
- 4.2.5.
False. Medications can also have a negative effect, through excess sedation or adverse reactions.
- 4.2.6.
C. Cardiovascular injury following BI may be due to complications from direct trauma or damage to the area of the brain that controls the heart.
- 4.2.7.
True.
- 4.2.8.
True.
- 4.2.9.
B. A partial seizure
- 4.2.10.
B. Absence seizures
- 4.2.11.
B. 58%
- 4.2.12.
False. Difficulty swallowing is called dysphagia.
- 4.2.13.
C. Peristalsis
- 4.2.14.
A. Postictal state
- 4.2.15.
False. Weakness on one side of the body is called hemiparesis.
- 4.2.16.
A. The ventricles --- the fluid filled cavities in the brain
- 4.2.17.
C. DVT
- 4.2.18.
C. Paxil and Celexa are examples of SSRIs. Others include Zoloft, Effexor, Prozac, and Remeron.
- 4.2.19.
B. Age, family history, history of TBI
- 4.2.20.
A. Tegretol and Depakote have both been used for post-traumatic agitation.



- 4.2.21.
C. Simple partial seizures
- 4.2.22.
B. Ativan and Xanax are examples of anti anxiety medications.
- 4.2.23.
False. Aphasia is difficulty understanding speech and/or difficulty expressing thoughts.
- 4.2.24.
False. Hypotension is low blood pressure, generally below 90/50.
- 4.2.25.
B. Do not place any object into a person's mouth when they are having a seizure.
- 4.2.26.
B. Cogwheel rigidity
- 4.2.27.
A. Status epilepticus and it is a medical emergency
- 4.2.28.
B. Itchy skin
- 4.2.29.
C. Tardive Dyskinesia
- 4.2.30.
C. Increased risk of torticollis
- 4.2.31.
A. Apraxia
- 4.2.32.
B. Aricept is used to treat Alzheimer's and is currently being studied for use after TBI.
- 4.3.1.
False. Bladder training should begin as soon as the person is oriented and has sufficient short term memory to participate in a bladder program.
- 4.3.2.
B. Do not give water during or immediately after a seizure.
- 4.3.3.
True. Additionally, tolerance to blood loss is decreased due to dilation of the blood vessels, which leads to increased risk of hypoxia.
- 4.3.4.
C. Sinemet and Symmetrel are examples of anti-Parkinson's medications.



- 4.3.5.
B. Other respiratory complications may include trauma to the larynx, trachea, chest, lungs, and risk of aspiration pneumonia.
- 4.3.6.
C. Risperdal is not an anticonvulsant.
- 4.3.7.
C. Akathisia
- 4.3.8.
C. Central or peripheral nervous system injury
- 4.3.9.
C. Bony prominences such as hips, coccyx, heels, elbows and shoulder blades are common sites of pressure ulcers.
- 4.3.10.
A. Inhaling foods, liquids or vomitus into the lungs
- 4.3.11.
False. Neurogenic bladder is the most common type of bladder incontinence after brain injury.
- 4.3.12.
C. During a complex partial seizure the person may appear to be conscious, but is only at least partially aware of the surroundings and will not remember details of the incident.
- 4.3.13.
B. Use of vicodin
- 4.3.14.
A. Vicodin is not generally used to treat GI problems.
- 5.1.1.
True.
- 5.1.2.
B. Positive reinforcement
- 5.1.3.
A. Rewards
- 5.1.4.
B. Escape or avoidance
- 5.1.5.
A. Antecedents, behaviors, consequences
- 5.1.6.
C. Duration



- 5.1.7
A. Task analysis
- 5.1.8.
False. No treatment plan should be considered static. People change, their needs change.
- 5.1.9.
B. Incidental teaching
- 5.1.10.
A. Frequency
- 5.1.11.
B. Ask the patient.
- 5.1.12.
C. Shaping
- 5.1.13.
True.
- 5.1.14.
C. Relaxation techniques
- 5.1.15.
D. All of the above
- 5.1.16.
B. Memory loss
- 5.1.17.
A. Do not avoid humor. Appropriate humor can be a human bridge and connection between patient and staff member.
- 5.1.18.
B. Person-centered treatment
- 5.2.1.
C. Punishment
- 5.2.2.
C. Outcome driven treatment planning
- 5.2.3.
B. Motor skills and spatial orientation (also hand-eye coordination, dexterity, depth perception)
- 5.2.4.
C. Both A and B



- 5.2.5.
C. Lack of awareness of deficits
- 5.2.6
True. Following BI, people can have reduced access to support systems which can lead to depression, isolation, and substance abuse.
- 5.2.7.
False. Latency is the amount of time that it takes a person to initiate a behavior.
- 5.2.8.
B. Positive reinforcement is when a person receives a desired effect as a direct result of their behavior.
- 5.2.9.
B. Rate
- 5.2.10.
B. Impaired receptive speech
- 5.3.1.
C. Most often cognitive problems such as memory loss, difficulty with problem solving and decision making are prominent.
- 5.3.2.
C. The nervous system and the environment
- 5.3.3.
C. Extinction
- 5.3.4.
C. Rewards, escape, punishment, extinction
- 5.3.5.
False. Executive functioning refers to the ability to plan, initiate, direct and monitor one's activities,
- 5.3.6.
True.
- 5.3.7.
A. Goals
- 5.3.8.
B. Daily memorization tasks
- 5.3.9.
True.
- 5.3.10.
B. Negative reinforcement is when a person avoids an undesirable event or unpleasant situation as a direct result of their behavior.



- 6.1.1.
 - B. Sports and auto occupant accidents (ages 14-19)
- 6.1.2.
 - A. Birth to age five
- 6.1.3.
 - True.
- 6.1.4.
 - C. Families
- 6.1.5.
 - B. Memory
- 6.1.6.
 - C. Attention
- 6.2.1.
 - A. Academic accommodations
- 6.2.2.
 - A. ADA
- 6.2.3.
 - True.
- 6.2.4.
 - B. Age
- 6.2.5.
 - False. Eligibility for special education ends upon graduation from high school or age 21.
- 6.2.6.
 - C. An Individualized Education Plan (IEP) is a contract between the student's family and the school system.
- 6.3.1.
 - False. Often there are serious cognitive and behavioral problems that emerge as the child grows.
- 6.3.2.
 - C. There are five peak maturation periods: 1-6, 7-10, 11-13, 14-17, and 18-21.
- 6.3.3.
 - A. Seizures, headaches and lack of endurance
- 6.3.4.
 - False. Section 504 is the part of the Rehabilitation act of 1973 that makes that requirement.
- 7.1.1.
 - C. Listen



- 7.1.2.
True.
- 7.2.1.
C. Both A and B
- 7.2.2.
C. Survivor guilt
- 7.3.1.
A. Blunted affect
- 8.1.1.
C. Legal rights are powers or privileges that an individual has under the law.
- 8.1.2.
B. A legal representative may exercise rights for the individual as allowed by state law.
- 8.1.3.
A. The facility may open mail and review is not an example of a patient's right.
- 8.1.4.
False. Seclusion/restraint procedures are never allowed for retribution, staff convenience, or to make up for inadequacies of the treatment program such as unsafe environment, inadequate staffing, or lack of treatment planning.
- 8.1.5.
A. Only the court may determine that an individual is legally incompetent.
- 8.1.6.
B. When a person is an imminent danger to himself/herself or others, it may be necessary to use a restraint or seclusion if other less restrictive procedures have not been effective.
- 8.1.7.
False. The Olmstead decision (1999) requires governments to provide services in the most integrated setting appropriate to the needs of the individual with a disability.
- 8.1.8.
C. Use of a dependent individual's property illegally or without consent
- 8.1.9.
C. Both A and B
- 8.1.10.
B. A Power of Attorney is a document in which a competent person, the principal, appoints another, the agent, to act for him/her in legal and financial matters.
- 8.1.11.
C. HIPAA regulations came into effect in April 2003, and created national standards to protect medical records and other protected health information.



- 8.1.12.
True, Accreditation standards often vary with the setting. The standard for a hospital may be different than one in a rehab facility.
- 8.1.13
C. Informed consent refers to the right of a patient to consent to care only after the healthcare provider fully discloses the risks and facts necessary to make an informed decision.
- 8.1.14.
False.
- 8.1.15.
D. Abuse, neglect and exploitation are all types of maltreatment protected by state protective law.
- 8.1.16.
True. Once a child reaches the age of adulthood, the natural guardianship of the parent automatically dissolves unless legal action is taken.
- 8.1.17.
True. As part of the HIPAA Privacy standards, a staff member may be held liable for a breach of confidentiality.
- 8.1.18
True.
- 8.1.19.
True.
- 8.2.1.
False. A living will is a document that is often called an Advance Directive, and provides written instructions by a competent adult to a physician on provision or withdrawal of life-sustaining procedures.
- 8.2.2.
C. Seclusion is generally defined as isolating a person from others and physically preventing him or her from leaving the confined area.
- 8.2.3.
False. Competency or capacity is a legal term, that describes a person's mental ability to understand the nature and effect of one's decisions and actions.
- 8.2.4.
C. Ethical standards are standards of professional conduct rooted in moral principles and values.
- 8.2.5.
False. A restraint may be a manual, mechanical, chemical, or other means of restricting movement or access to one's body.
- 8.2.6.
C. Title I of the ADA prohibits discrimination against persons with disabilities in recruitment, hiring, promotions, training, pay and other privileges of employment.



- 8.2.7.
C. Public accommodation by businesses and nonprofit entities providing a service to the public
- 8.2.8.
B. Hearing or speech disabilities
- 8.2.9.
A. A durable power of attorney is also known as a medical power of attorney, or a health care proxy.
- 8.2.10.
C. City busses, public rail transit
- 8.2.11.
B. Privilege is the right of the patient to prevent disclosure of health care information by a health care provider.
- 8.3.1.
False. In *Youngberg vs. Romero*, the US Supreme Court held that a basic liberty under the Constitution is to be free from undue bodily restraint.
- 8.3.2.
False. There are four basic sources of law that provide individual rights at the state and federal level: common law, constitutional law, statutory law, and administrative law.
- 8.3.3.
C. A guardian is a legally enforceable arrangement under which one person, the guardian, has the legal right and duty to care for another, the ward.
- 8.3.4.
False. If the son/daughter wishes to have contact with their other parent, it is their basic legal right, unless there is a court order restricting such access.



Scenario Activity

John is a Caucasian, 18-year old high school graduate, looking forward to college in the fall. On July 4th weekend John was in a car accident, secondary to being under the influence of alcohol. As a result, he sustained a severe traumatic brain injury. At the scene John needed to be resuscitated, as his heart stopped within minutes after the accident. After the accident, John was in a coma for 10 days. John's injuries/diagnoses included a coup-contracoup injury with damage to the right frontal lobe and prefrontal cortex as well as the left occipital lobe, diffuse axonal injuries (DAI) and injury due to anoxia. John's level of consciousness was being measured by the GCS. At day 11 his GCS was 10. Prior to that day the GCS was ≤ 8 . When he began emerging from the coma, John spent a great deal of time in his acute care hospital within various types of mechanical restraint. Restraints were implemented to control his extreme aggression within that setting. His medical team was hopeful that the use of restraints would be faded as his behavior and coma status improved. After the accident his father became minimally involved in his care and seemed distant, confused and depressed. John's mother has remained very involved and he has an older brother.

When John was released from intensive care he was transferred to a newly opened BI rehabilitation facility. He presented with mild seizures and problems with walking, dressing, judgment, speaking, attention and concentration, and disinhibition. He frequently used foul, abusive language and exhibited anti-social behavior. The treatment team meets regularly with John to discuss goals and progress. John's mother regularly attends these progress meetings along with his brother who attends once in a while. Once in this rehabilitation facility, John's father started to visit more often and attend the progress conferences as well. However, he frequently seemed dazed, confused, and angry. He would get into arguments with John's caregivers. The staff saw him as an annoyance and would try to avoid him when he visited. Due to frustrations with John's family and John's behaviors, and since this was a new BI facility, the staff meant well and tried hard, but they were not well trained, and inadvertently violated some legal, ethical, and professional elements of care.

Over his course of treatment John, the medical team, and his family have agreed to a discharge goal of having John return home and seek appropriate employment until he may be ready to start classes at a community college. With John's memory problems, they are not sure what kind of job he could hold or if he will return to school. The medical team and John's family remain concerned about his previous alcohol abuse and that he could be at risk for having another brain injury in the future. They are also very concerned about his continued difficulties with inappropriate behaviors and language. John continues to struggle to return to his life as a teenager/young adult. He would like to find a program that provides some accommodations for his resulting learning difficulties. John would also like to move out of his parents' home within the next couple of years.

The past year of John's life has been full of joy and sorrow with his ability to overcome serious medical injuries and continued struggles with daily life tasks. John and his family have begun a new journey that will change all of their lives forever.



1. What percent of all brain injuries are considered severe like John's?
 - a. 90%
 - b. Between 2-3%
 - c. Between 5-25%
 - d. Between 10-30%

2. Whether mild, moderate, or severe, traumatic brain injuries are more common in:
 - a. Males
 - b. Females
 - c. Females and males equally
 - d. Statistics for this are not tracked

3. "Transportation-related" injuries such as John's account for what percent of all brain injuries?
 - a. 90%
 - b. 80%
 - c. 70%
 - d. 20%

4. The correlation between alcohol involvement and injury as in John's case is approximately:
 - a. 24%
 - b. 36%
 - c. 56%
 - d. 86%

5. TBI is an insult of the brain, not of a degenerative or congenital nature, but caused by:
 - a. Strokes
 - b. Toxic poisonings
 - c. An external physical force, or
 - d. Lack of oxygen

6. Impairments following a traumatic brain injury:
 - a. May either be temporary or permanent
 - b. Are always temporary
 - c. Are never permanent
 - d. Dissipate after a few weeks

7. The 1997 GAO report of Traumatic Brain Injury determined that Medicaid and Home and Community Based Waiver programs covered an estimated 2,478 individuals and spent:
 - a. 10 million dollars
 - b. 75 million dollars
 - c. 118 million dollars
 - d. 250 million dollars

8. In what ways might John and others who have sustained a TBI be stigmatized and devalued?
 - a. They may be labeled
 - b. They may be segregated
 - c. They may be stereotyped
 - d. All of the above



9. If John rehabilitation is based on a medical model, what would be the treatment team’s perspective on John and his injury?
- John’s condition is the problem
 - John has no responsibility for his actions
 - John is the “power person”
 - John deficits cannot be changed
10. Which of the following would describe John’s rehabilitation if it were based on a model of interdependence?
- Physician driven
 - Therapist driven
 - Relationship driven
 - Case management driven
11. Those who interact with John are encouraged to adopt which of the following perspectives with regards to “blame?”
- Convince John to accept blame for his injury
 - Avoid blaming John
 - Convince John to accept blame for his injury, but not his behaviors
 - Convince John to accept blame for his behaviors, but not his injury
12. The term that captures the ultimate goal of rehabilitation is:
- Inclusion
 - Integration
 - Segregation
 - Institutionalization
13. Which of the following best describes “active treatment interaction?”
- Providing custodial care
 - Using restraints to avoid harm to the patient and others
 - Punishing to eliminate negative behaviors
 - Looking for situations to facilitate independence
14. Since John’s injury was severe and his coma lasted for ten days, what would his Glasgow Scale most likely be in the first ten days?
- 20-25
 - 13-15
 - 9-12
 - 8 or below
15. A “coup injury is caused by:
- Bullet wound
 - Blunt trauma to top of head
 - Bouncing of the brain within the skull
 - Oxygen deprivation
16. The prefrontal cortex is responsible for:
- Memory
 - Vision
 - Emotional responses
 - Sensation



17. The occipital lobe is responsible for:
- Primary visual abilities
 - Balance and coordination
 - Body awareness
 - Working memory
18. The medulla, pons, and mid-brain are parts of the:
- Cerebellum
 - Brain stem
 - Limbic system
 - Hippocampus
19. Injury to the limbic system can produce serious problems with:
- Breathing
 - Heart rate
 - Emotional perceptions and feelings
 - Higher level thinking
20. During initial assessment at the rehabilitation facility, which of the following information should be gathered upon intake?
- How the injury happened, i.e., circumstances of the injury
 - Family history
 - Health problems prior to injury
 - All of above
21. John is probably on what medication to control his seizures?
- Dilantin
 - Tylenol
 - Ritalin
 - Demerol
22. As many as _____ of individuals with an acquired (traumatic and non-traumatic) brain injury will rerun to using drugs and alcohol post-injury.
- 20%
 - 50%
 - 70%
 - 10%
23. John's immediate rehabilitation program will probably include which disciplines?
- Speech-language pathology
 - Physical and occupational therapy
 - Psychology and social work
 - All of the above
24. A tracheotomy is often needed following a brain injury to help with what function?
- Bowel
 - Breathing
 - Heart rhythm
 - Feeding



25. An increase in muscle tone tension is called:
- Cramping
 - Contracture
 - Spasticity
 - Ossification
26. To help John remember his daily routine, the treatment team may suggest:
- Written diary or planner
 - Relying on his mother
 - Allowing frequent mistakes until he learns
 - Negative reinforcement when he forgets
27. Which of the following describes the significance of substance abuse counseling for John’s rehabilitation?
- Of no value now since the accident already happened
 - Will not work for John because of his cognitive impairments
 - Should only be provided if he requests it
 - Should definitely be integrated into his rehabilitation plan
28. Which of the following is most true of rehabilitation “outcomes?”
- Cannot usually be determined
 - Can be measured by objective data
 - Needed only when required by insurance company
 - Should be directed solely by the attending physician
29. Which of the following is true regarding an individual’s preferences with respect to living arrangements?
- The individual’s preferences are a primary driver in considering living options
 - The individual’s choice is not a fundamental element of the treatment plan
 - The individual is too cognitively impaired to have input on his living arrangements
 - The individual has no legal right toward deciding where to live
30. To manage John’s inappropriate language, a behavior plan would probably include which of the following strategies?
- Immediately reprimanding John
 - Nonverbal display of dissatisfaction
 - Ignoring the behavior
 - Applying punishment
31. Which of the following conclusions is true if John is having difficulty meeting his goals?
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Scenario Answer Key

1. What percent of all brain injuries are considered severe like John's?
 - a. 90%
 - b. Between 2-3%
 - c. Between 5-25%**
 - d. Between 10-30%
2. Whether mild, moderate, or severe, traumatic brain injuries are more common in:
 - a. Males**
 - b. Females
 - c. Females and males equally
 - d. Statistics for this are not tracked
3. "Transportation-related" injuries such as John's account for what percent of all brain injuries?
 - a. 90%
 - b. 80%
 - c. 70%
 - d. 20%**
4. The correlation between alcohol involvement and injury as in John's case is approximately:
 - a. 24%
 - b. 36%
 - c. 56%**
 - d. 86%
5. TBI is an insult of the brain, not of a degenerative or congenital nature, but caused by:
 - a. Strokes
 - b. Toxic poisonings
 - c. An external physical force**
 - d. Lack of oxygen
6. Impairments following a traumatic brain injury:
 - a. May either be temporary or permanent**
 - b. Are always temporary
 - c. Are never permanent
 - d. Dissipate after a few weeks
7. The 1997 GAO report of Traumatic Brain Injury determined that Medicaid and Home and Community Based Waiver programs covered an estimated 2,478 individuals and spent:
 - a. 10 million dollars
 - b. 75 million dollars
 - c. 118 million dollars**
 - d. 250 million dollars



8. In what ways might John and others who have sustained a TBI be stigmatized and devalued?
- They may be labeled
 - They may be segregated
 - They may be stereotyped
 - All of the above**
9. If John's rehabilitation is based on a medical model, what would be the treatment team's perspective on John and his injury?
- John's condition is the problem**
 - John has no responsibility for his actions
 - John is the "power person"
 - John's deficits cannot be changed
10. Which of the following would describe John's rehabilitation if it were based on a model of interdependence?
- Physician driven
 - Therapist driven
 - Relationship driven**
 - Case management driven
11. Those who interact with John are encouraged to adopt which of the following perspectives with regards to "blame?"
- Convince John to accept blame for his injury
 - Avoid blaming John**
 - Convince John to accept blame for his injury, but not his behaviors
 - Convince John to accept blame for his behaviors, but not his injury
12. The term that captures the ultimate goal of rehabilitation is:
- Inclusion**
 - Integration
 - Segregation
 - Institutionalization
13. Which of the following best describes "active treatment interaction?"
- Providing custodial care
 - Using restraints to avoid harm to the patient and others
 - Punishing to eliminate negative behaviors
 - Looking for situations to facilitate independence**
14. Since John's injury was severe and his coma lasted for ten days, what would his Glasgow Scale most likely be in the first ten days?
- 20-25
 - 13
 - 9-12
 - 8 or below**
- 15 A "coup-coutracoup" injury is caused by:
- Bullet wound
 - Blunt trauma to top of head
 - Bouncing of the brain within the skull**
 - Oxygen deprivation



16. The prefrontal cortex is responsible for:
- a. Memory
 - b. Vision
 - c. Emotional responses**
 - d. Sensation
17. The occipital lobe is responsible for:
- a. Primary visual abilities**
 - b. Balance and coordination
 - c. Body awareness
 - d. Working memory
18. The medulla, pons, and mid-brain are parts of the:
- a. Cerebellum
 - b. Brain stem**
 - c. Limbic system
 - d. Hippocampus
19. Injury to the limbic system can produce serious problems with:
- a. Breathing
 - b. Heart rate
 - c. Emotional perceptions and feelings**
 - d. Higher level thinking
20. During initial assessment at the rehabilitation facility, which of the following information should be gathered upon intake?
- a. How the injury happened, i.e., circumstances of the injury
 - b. Family history
 - c. Health problems prior to injury
 - d. All of above**
21. John is probably on what medication to control his seizures?
- a. Dilantin**
 - b. Tylenol
 - c. Ritalin
 - d. Demerol
22. As many as _____ of individuals with an acquired (traumatic and non-traumatic) brain injury will return to using drugs and alcohol post-injury.
- a. 20%
 - b. 50%**
 - c. 70%
 - d. 10%
23. John's immediate rehabilitation program will probably include which disciplines?
- a. Speech-language pathology
 - b. Physical and occupational therapy
 - c. Psychology and social work
 - d. All of the above**



24. A tracheotomy is often needed following a brain injury to help with what function?
- Bowel
 - Breathing**
 - Heart rhythm
 - Feeding
25. An increase in muscle tone tension is called:
- Cramping
 - Contracture
 - Spasticity**
 - Ossification
26. To help John remember his daily routine, the treatment team may suggest:
- Written diary or planner**
 - Relying on his mother
 - Allowing frequent mistakes until he learns
 - Negative reinforcement when he forgets
27. Which of the following describes the significance of substance abuse counseling for John’s rehabilitation?
- Of no value now since the accident already happened
 - Will not work for John because of his cognitive impairments
 - Should only be provided if he requests it
 - Should definitely be integrated into his rehabilitation plan**
28. Which of the following is most true of rehabilitation “outcomes?”
- Cannot usually be determined
 - Can be measured by objective data**
 - Needed only when required by insurance company
 - Should be directed solely by the attending physician
29. Which of the following is true regarding an individual’s preferences with respect to living arrangements?
- The individual’s preferences are a primary driver in considering living options**
 - The individual’s choice is not a fundamental element of the treatment plan
 - The individual is too cognitively impaired to have input on his living arrangements
 - The individual has no legal right toward deciding where to live
30. To manage John’s inappropriate language, a behavior plan would probably include which of the following strategies?
- Immediately reprimanding John
 - Nonverbal display of dissatisfaction
 - Ignoring the behavior**
 - Applying punishment
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