

**QUESTION NO: 1**

Which of the following is NOT an appropriate treatment activity for inpatient rehabilitation of a client on the second day after coronary artery bypass graft (CABG) surgery?

- A. Limit activities as tolerated to the development of self-care activities, ROM for extremities, and low-resistance activities.
- B. Limit upper body activities to biceps curls, horizontal arm adduction, and overhead press using 5-pound weights while sitting on the side of the bed.
- C. Progress all activities performed from supine to sitting to standing.
- D. Measure vital signs, symptoms, RPE, fatigue, and skin color and perform electrocardiography before, during, and after treatments to assess activity tolerance.

**Answer: B**

**QUESTION NO: 2**

Which of the following situations indicates progression to independent and unsupervised exercise for a client after CABG surgery in an outpatient program?

- A. The client exhibits mild cardiac symptoms of angina, occurring intermittently during exercise and sometimes at home while reading.
- B. The client has a functional capacity of greater than 8 MET with hemodynamic responses appropriate to this level of exercise.
- C. The client is noncompliant with smoking cessation and weight loss intervention programs.
- D. The client is unable to palpate HR, deliver RPEs, or maintain steady workload intensity during activity.

**Answer: B**

**QUESTION NO: 3**

Which of the following issues would you include in discharge education instructions for a client with congestive heart failure to avoid potential emergency situations related to this condition at home?

- A. Record body weight daily, and report weight gains to a physician.
- B. Note signs and symptoms (e.g., dyspnea, intolerance to activities of daily living), and report them to a physician.
- C. Do not palpate the pulse during daily activities or periods of light-headedness, because an irregular pulse is normal and occurs at various times during the day.
- D. Both A and B.

**Answer: D**

**QUESTION NO: 4**

Initial training sessions for a person with severe chronic obstructive pulmonary disease most likely would NOT include

- A. Continuous cycling activity at 70% of Vo<sub>2</sub> max for 30 minutes.
- B. Use of dyspnea scales, RPE scales, and pursed-lip breathing instruction.
- C. Intermittent bouts of activity on a variety of modalities (exercise followed by short rest).
- D. Encouraging the client to achieve an intensity either at or above the anaerobic threshold.

**Answer: A**

**QUESTION NO: 5**

Symptoms of claudication include

- A. Cramping, burning, and tightness in the calf muscle, usually triggered by activity and relieved with rest.
- B. Acute, sharp pain in the foot on palpation at rest.
- C. Crepitus in the knee during cycling.
- D. Pitting ankle edema at a rating of 3 +

**Answer: A**

**QUESTION NO: 6**

Treatment for claudication during exercise includes all of the following EXCEPT

- A. Daily exercise sessions.
- B. Intensity of activity to maximal tolerable pain, with intermittent rest periods.
- C. Cardiorespiratory building activities that are nonweight bearing if the plan is to work on longer duration and higher intensity to elicit a cardiorespiratory training effect.
- D. Stopping activity at the onset of claudication discomfort to avoid further vascular damage from ischemia.

**Answer: D**

**QUESTION NO: 7**

A client with angina exhibits symptoms and a 1mm, down-sloping ST- segment depression at a HR of 129 bpm on his exercise test. His peak exercise target HR should be set at

- A. 128bpm.
- B. 109 to 119bpm.
- C. 129bpm.
- D. 125 to 128bpm.

**Answer: B**

**QUESTION NO: 8**

Special precautions for clients with hypertension include all of the following EXCEPT:

- A. Avoiding muscle strengthening exercises that involve low resistance.
- B. Avoiding activities that involve the Valsalva maneuver.
- C. Monitoring a client who is taking diuretics for arrhythmias.
- D. Avoiding exercise if resting systolic BP is greater than 200 mm Hg or diastolic BP is greater than 115 mm Hg.

**Answer: A**

**QUESTION NO: 9**

According to the most recent National Institutes of Health's Clinical Guidelines for the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, recommendations for practical clinical assessment include

- A. Determining total body fat through the BMI to assess obesity.
- B. Determining the degree of abdominal fat and health risk through waist circumference.
- C. Using the waist-to-hip ratio as the only definition of obesity and lean muscle mass.
- D. Both A and B.

**Answer: D**

**QUESTION NO: 10**

A client with type 1 diabetes mellitus checks her fasting morning glucose level on her whole-blood glucose meter (fingerstick method), and the result of 253 mg/dL (14 mmol/L). A urine test is positive for ketones before her exercise session. What action should you take?

- A. Allow her to exercise as long as her glucose is not greater than 300mg/dL (17 mmol/L).
- B. Not allow her to exercise this session, and notify her physician of the findings.
- C. Give her an extra carbohydrate snack, and wait 5 minutes before beginning exercise.
- D. Readjust her insulin regimen for the remainder of the day to compensate for the high morning glucose level.

**Answer: B**

**QUESTION NO: 11**

A 62-year-old, obese factory worker complains of pain in his right shoulder on arm abduction; on evaluation, decreased ROM and strength are noted. You also notice that he is beginning to use accessory muscles to substitute movements and to compensate. These symptoms may indicate

- A. A referred pain from a herniated lumbar disk.
- B. Rotator cuff strain or impingement.
- C. angina.
- D. Advanced stages of multiple sclerosis.

**Answer: B**

**QUESTION NO: 12**

All of the following are special considerations in prescribing exercise for the client with arthritis EXCEPT

- A. The possible need to splint painful joints for protection.
- B. Periods of acute inflammation result in decreased pain and joint stiffness.
- C. The possibility of gait abnormalities as compensation for pain or stiffness.
- D. The need to avoid exercise of warm, swollen joints.

**Answer: B**

**QUESTION NO: 13**

What common medication taken by clients with end-stage renal disease requires careful management for those undergoing hemodialysis?

- A. Antihypertensive medication.
- B. Lithium.
- C. Cholestyramine.