NATIONAL OCCUPATIONAL THERAPY
CERTIFICATION EXAMINATION

RESOURCE MANUAL

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National Occupational Therapy Certification Examination (NOTCE)

PURPOSE

The purpose of the National Occupational Therapy Certification Examination (NOTCE) is to assess the written application of academic knowledge and professional behaviour of individuals entering the occupational therapy profession in Canada. Successful completion of the NOTCE allows candidates to meet a registration requirement for regulatory organization(s) (except Quebec) subject to change by regulatory organizations.

Occupational therapists are regulated health professionals in all Canadian provinces. Each province has a provincial regulatory organization responsible for regulating the practice of occupational therapy. When you apply to become registered to work as an occupational therapist in a specific province, it is important to note that each provincial regulatory organization has its own set of regulatory requirements. Please contact the provincial regulatory organization for the province in which you wish to work to obtain its specific requirements.

There is no reciprocity amongst countries with regard to certification exams i.e. a successful outcome of the NOTCE will not allow you to practice in the US or elsewhere without meeting their requirements, including their certification exam.

DEVELOPMENT

The NOTCE is developed and regularly monitored by the Certification Examination Committee (CEC) of the Canadian Association of Occupational Therapists (CAOT). Exam policies are developed and maintained through coordination between three committees: The Exam Oversight Committee (EOC), the Certification Exam Committee (CEC), and the CAOT Board of Directors. Through a contractual agreement with individual provincial regulators, CAOT provides the exam, and works with EOC and CEC on all policy and procedures.

The EOC is comprised of the Registrar (Executive Director/CEO) of each provincial organization responsible for regulation/licensure, and the Certification Exam Committee (CEC) Chair (or designate). Non-voting members consist of a CAOT board appointee, one Certification Exam Committee (CEC) member (or designate), and the CAOT CEO (or designate e.g. Director of Standards). The mandate of the EOC is to review and advise the CEC and Board about all exam policies and procedures.

The CEC is comprised of subject matter experts who are practicing clinicians from diverse areas of practice and regions of Canada, educators. Non-voting members are a regulatory body appointee and university programs appointee.

Committee members are selected on the basis of expertise. Members represent a diversity of occupational therapy practice including clinical, academic, managerial and consultative experience with clients of all ages in a variety of practice settings. In conjunction with CAOT, the CEC established an item generation process to ensure ongoing development of new examination case studies and questions that reflect national practice. This development process draws on the expertise of occupational therapists who practice across the country in a variety of areas and who have been trained in case and item development.

FORMAT

The NOTCE uses a multiple choice format. It is important that well designed, in-context multiple choice questions provides a valid measure of a candidate's clinical reasoning and thinking skills. The cases and multiple choice questions on the exam reflect a variety of clinical settings, clients, occupational therapy tasks/activities and roles, in realistic situations.

The NOTCE presents a number of cases. Each case is followed by approximately three to five multiple choice questions. The candidate is required to carefully read each case and use the content to assist in answering the associated questions.

Each question is followed by four possible answers, of which ONE is the best answer. The examination contains 200 questions (associated with approximately 40 cases) designed to measure entry level knowledge. Sample cases and questions are provided in this manual.

DEVELOPMENT OF MULTIPLE CHOICE QUESTIONS

Developing multiple choice questions for the NOTCE is overseen by the CEC and the Item Generation Coordinator member of CEC.

All cases and related questions are generated at Item Generation Workshops by participating occupational therapists who have received training in question writing. Once developed, cases and items are forwarded to and reviewed by the Item Generation Coordinator, they are brought to the CEC for final review before being accepted into the exam bank. The items are reviewed by the CEC according to set criteria such as use of plain language and current practice. All accepted cases and items are translated into French, coded according to the Blueprint, and referenced.

Blueprint

PURPOSE OF THE BLUEPRINT

The NOTCE is designed around a Blueprint or Table of Specifications. The purpose of the Blueprint is to depict the major content areas of the exam, provide a structural map indicating the relative distribution of desired content and reflect the way in which exam questions are coded. In addition, the Blueprint provides direction to the item generation process, the construction or make-up of each exam and informs candidates and other stakeholders of the primary exam foci. The Blueprint assumes that exam content is at the entry-level of occupational therapy practice in Canada.

DEVELOPMENT

Since the inception of the NOTCE, the Blueprint has undergone several revisions. The current Blueprint (Figure 1) was revised in 2008 through an extensive review process and the assistance of an external facilitator. The purpose of this review was to ensure that the structure, weighting and description of the Exam Blueprint reflected the content of recently published professional documents and current practice. The Blueprint reflects the Profile of Occupational Therapy Practice in Canada (CAOT, 2007, 2012), herein called the Profile. The current Blueprint components are built on role descriptors, similar to those outlined in the Profile, that relate to the various roles an occupational therapist enacts during provision of occupational therapy services. Each component of the Blueprint is defined and given a code number. This Blueprint code system is used to code all questions on the exam, and these codes guide selection of questions for any particular exam.

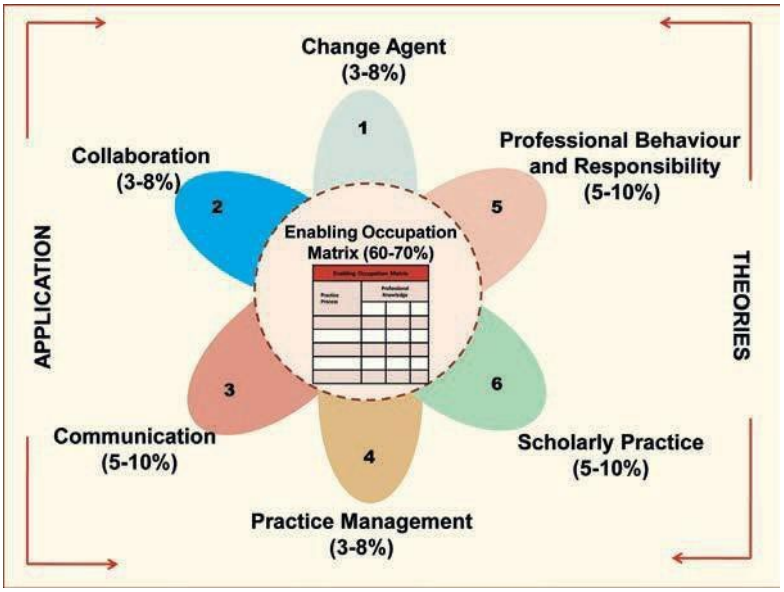

Figure 1: NOTCE Blueprint

Enabling Occupation Component Matrix (60-70% of exam)			
Practice Process Codes	Professional Knowledge Codes		
	7 - Client (20-25%)	8 - Environment (20-25%)	9 - Occupation (20-25%)
1 - Initiate therapeutic relationship (5-7%)	7.1	8.1	9.1
2 - Assessment (15-17%)	7.2	8.2	9.2
3 - Planning (15-17%)	7.3	8.3	9.3
4 - Implementation (15-17%)	7.4	8.4	9.4
5 - Evaluating Outcome (10-12%)	7.5	8.5	9.5

Figure 2: Enabling Occupation Matrix Codes and Percentage of Exam Questions

The percentage of test questions allocated to each component of the exam is depicted in the Blueprint (Figure 1 and Figure 2) along with the code number. It is important to note that these percentages are used as a guideline and it is possible that these percentages may not be attained for all cells of the Blueprint on every administration of the examination.

The central focus of the Blueprint, like the Profile, is Enabling Occupation. In the Blueprint, this core component is defined more explicitly by an embedded matrix (Figure 2) that includes elements of professional knowledge on one axis intersecting with those of a practice process framework on the other. Peripheral to, but closely related with the Blueprint core, are the supporting components based on the supporting roles articulated in the Profile including: Practice Management, Communication, Collaboration, Change Agent, Professional Behaviour and Scholarly Practice.

The Blueprint illustrates that all of these components, core and supporting, exist on a background of occupational therapy related theories, models and frames of reference, which are assimilated and applied in practice. The relationship between these elements is iterative, that is, theory is applied to inform practice, which in turn, may influence theory. This relationship is demonstrated in Figure 1 above.

FORMAT

The National Occupational Therapy Certification Examination Blueprint (2008) is intended to represent current occupational therapy entry level knowledge and practice. These are described in the Profile of Occupational Therapy Practice in Canada (2007, 2012) (CAOT, 2007, 2012), Enabling Occupation: An occupational therapy perspective (CAOT, 1997), and Enabling Occupation II (Townsend & Polatajko, 2007) and Enabling Occupation II (2nd Edition) (Townsend & Polatajko, 2013). Consequently, where possible, the definitions listed below are those presented in these documents or are versions which have been minimally modified.

GENERAL DEFINITIONS

Application: Transference of theoretical and conceptual knowledge and assimilating (i.e., adopting and using the knowledge as appropriate) that knowledge into professional practice.

Theory: Conceptual systems or frameworks used to organize knowledge. (Whiteford and Wright-St. Clair, 2005, p. 52).

CORE Component

Enabling Occupation: Enabling Occupation refers to the processes of facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or otherwise collaborating with people (the client) so that they may choose, organize, and perform those occupations which they find useful and meaningful in their environment (CAOT, 1997, 2002, 2013).

Definitions of the two major components and related subcomponents of the Enabling Occupation matrix include:

Practice Process Axis: Practice process forms the y-axis of the Enabling Occupation matrix. This axis reflects and describes the steps or process in which an occupational therapist engages with the client (individual or groups) during the course of enabling occupation of the client. The subcomponents of the practice process are derived and modified from the Canadian Practice Process Framework, Townsend and Polatajko (2013, p. 233) and include the following:

Initiating the therapeutic relationship: This element includes the first two stages of the Canadian Practice Process—Enter/initiate and Set the stage, and includes activities such as:

- Call to action: create positive first point of contact with client based on a referral, contract request, or the occupational therapist's recognition of real or potential occupational challenges with individual, family, group, community, organization, or population clients;
- Consult to decide whether to continue or not with the practice process;
- Educate and collaborate to establish and document consent;
- Engage client to clarify values, beliefs, assumptions, expectations, or desires;
- Collaborate to mediate/negotiate common ground or agree not to continue;
- Adapt ground rules to the situation, build rapport, foster client readiness to proceed;
- Explicate mutual expectations and document the 'stage' set'
- Collaborate to identify priority occupational issues and possible occupational goals

Assessment: This element includes activities to identify needs or issues of the client (individuals, families, groups, communities, organizations or populations). It includes such as:

- Assess/evaluate occupational status, aspirations, and potential for change;
- Consult with the client and others as required to determine status
- Use specialized skills to assess/evaluate and analyze spirituality, person, and environmental influences on occupations;
- Coordinate analysis of data and consider all perspectives to interpret findings;
- Formulate and document possible recommendations based on best explanations".

Planning: Planning follows the assessment/evaluation and re-evaluation stages of client interaction(s), and is considered the thinking and development stage of the process. Planning occurs when the therapist, often in collaboration with the client, plans and determines the objectives and the focus/ approach of the intervention or actions to follow. Planning includes agreeing on objectives and follows the planning process from the Canadian Practice Process Framework. It includes activities such as:

- Collaborate to identify priority occupational issues for agreement in light of assessment/evaluation;

- Design/build plan, negotiate agreement on occupational goal, objectives, and plan within time, space and resource boundaries, and within contexts, using requisite elements

Implementation: Implementation is the doing phase or the carrying out of the plan. In the implementation phase the occupational therapist will:

- Engage the client in the therapeutic process to enable occupational engagement;
- Use occupation as a means or an end to enable participation and client's occupational engagement
- Use frames of reference, models, theoretical approaches as appropriate to effect or prevent change

Evaluate Outcomes: Includes the elements of monitor and modify and evaluate outcome from the Canadian Practice Process Framework. Evaluation includes those activities that are conducted to determine whether occupational therapy involvement with a client (individual or group, etc) has been effective. These elements include:

- Consult, collaborate, advocate, educate, and engage client and others to enable success;
- Monitor and modify client progress; involves reassessment, adaptation and re-design of plan
- Use of formative evaluation
- Re-assess/evaluate occupational challenges and compare with initial findings;
- Document and disseminate findings and recommendations for next steps

Professional Knowledge Axis: Professional knowledge forms the x-axis of the Enabling Occupational matrix. Professional knowledge is information derived from theories, models of practice, research and clinical experience that form the foundation of occupational therapy practice. In particular this includes knowledge related to the client, whether this is an individual person where knowledge encompasses an understanding of the physical, cognitive and affective attributes that affect occupational performance; or a family, community or larger societal group where knowledge includes an understanding of social, cultural, organizational and institutional elements that influence the function of the larger group. Professional knowledge includes understanding of environment, its impact on occupation, occupational performance and occupational engagement and knowledge of occupation itself.
Definitions of these three main components are outlined below.

Client: The 'client' includes individuals, families, groups, communities, organizations, or populations who participate in occupational therapy services by direct referral or contract or by other service and funding arrangements with a team, group, or agency that includes occupational therapy. Professional knowledge of the individual (person) includes any component of the person, such as physical, cognitive, affective components, and cultural or social experiences. Note that cultural experience includes
beliefs, attitudes and values. Social experiences include organized interactions with family, friends and community.

Knowledge of family, community or larger societal group includes an understanding of group process and functioning as well as of social, cultural, organizational and institutional elements that influence the function of the larger group.

Environment: The environment refers to the contexts and situations that occur outside of an individual and elicit responses from them (Townsend & Polatajko 2013). It is the context within which occupational performance takes place and includes the dimensions of physical, social, cultural and institutional environments (Townsend & Polatajko 2013). Definitions of environment subcomponents include:

- Physical environment refers to that part of the environment that can be perceived directly through the senses. The physical environment includes observable space, objects and their arrangement, light, noise and other ambient characteristics that can be objectively determined. It includes both natural and built environments (Townsend & Polatajko, 2013 p. 48).
- Social environment refers to "those social systems or networks within which a given person operates, the collective human relationships of an individual, whether familial, community or organizational in nature" (Townsend & Polatajko, 2013 p. 50).
- Cultural environment refers to a "shared system of meanings that involve ideas, concepts and knowledge and include the beliefs, values and norms that shape standards and rules of behaviour as people go about their everyday lives" (Townsend & Polatajko, 2007). (Townsend & Polatajko, 2013 p. 51).
- Institutional environment refers to economic, legal and political influences on the person and their occupation (CAOT, 2002), e.g., government legislation and policies for the accessibility of buildings. (Townsend & Polatajko, 2013 p.52).
- Occupations: "are groups of activities and tasks of everyday life, named, organized and given value and meaning by individuals and a culture; occupation is everything people do to occupy themselves, including looking after themselves (self care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy" (Townsend & Polatajko, 2013 p. 386).
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THE ENABLING OCCUPATION MATRIX

(Figure 2)

As noted above and depicted in Figure 2, the examination Blueprint uses a matrix to describe the core Enabling Occupation component. The matrix includes professional knowledge on one axis including knowledge of the client, the environment and occupation.

The client is broadly understood as the individual with an occupational performance issue, their family and/or significant others as well as community and society groups, agencies, organizations or populations that may be considered clients. Knowledge related to the client includes understanding the physical, cognitive and affective attributes that affect their occupational performance. Knowledge about community and larger societal groups includes understanding social, cultural, organizational and institutional elements that influence the function of the larger group.

Environmental elements include those that influence occupational performance/engagement. These elements include the physical (natural and built environments), social, cultural and institutional.

Occupation relates both to our understanding of the different types of occupation, including self-care, productivity, and leisure as well as underlying conceptual ideas such as occupational engagement, performance, justice and deprivation.

The second axis of the matrix incorporates the occupational therapy practice process. This process has been modified from that described in the Canadian Practice Process Framework in Enabling Occupation II (Townsend and Polatajko, 2007, p.233). The components of the practice process within the matrix include: Initiating the therapeutic relationship, which includes all those activities in which an occupational therapist engages prior to commencing an assessment with a client, as well as, Assessment, planning, implementation and evaluation. Each of these elements is further defined in the definitions section of this resource manual.

SUPPORTING ROLE COMPONENTS

Please refer to The Profile of OT Practice, (CAOT 2012) for details about each component.

Change Agent: Overall being a change agent encompasses responsible use of occupational therapy expertise and influence to advance occupation, occupational performance, and occupational engagement. For examples of activities involved in being a change agent refer to CAOT, 2012.

Collaboration: Collaboration includes working effectively with clients, teams and the broader community to enable participation in occupations by using and promoting shared decision-making approaches. The client is considered to be an equal member of the team.

Occupational therapists collaborate, both in an interprofessional and intraprofessional environment, sometimes leading, and sometimes sharing with team members including professionals and other members of the community. Teams work closely together at one site or are extended groups working across multiple settings and in the broader community. Collaboration includes understanding the role that various team members contribute to the team. Collaboration may include conflict management, prevention and resolution.

Communication: Communication includes oral, written, non-verbal, and electronic interaction or exchanges with the client (individual or group) and other relevant stakeholders or team members. Occupational therapists communicate about occupations, occupational performance, and daily life, as well as about occupational therapy services. Communication approaches vary widely and require a high level of expertise that is adapted and changed in each different practice setting. For exampleas see the Profile (CAOT 2012).

Practice Management: Includes activities such as time management, prioritization and management of effective and efficient practice. Broader concepts include appropriate assigning of services and sharing of client information. For elements of practice management, please refer to the Profile (CAOT, 2012).

Professional Behaviour and Responsibility: This element encompasses ethical practice and high personal standards of behaviour. Professional behaviour includes concepts relating to the understanding of how the practice environment can impact on the scope of practice, and conversely, how scope of practice impacts the practice setting. For concepts it includes, please refer to the Profile (CAOT, 2012).

Scholarly Practice: An occupational therapist engages in scholarly practice through the incorporation of critical thinking, reflection, and quality improvement in everyday practice and through a process of lifelong learning. The scholarly practitioner demonstrates a commitment to engaging in evidenced-informed practice. As educators occupational therapists facilitate learning with clients, team members, and other learners. The scholarly practitioner seeks out research that supports practice and in so doing is able to interpret, understand and incorporate relevant research to inform practice. For more specific scholarly activities, please refer to the Profile (CAOT, 2012).

AFTER THE EXAM

Item review: Following the administration of the exam, all item data is reviewed to ensure that questions meet best practice standards for high stakes examinations. Any item that does not meet the standards, is reviewed by a panel of subject matter experts to determine determine whether the item should be eliminated from the exam. All poorly performing items are reviewed by the CEC to revise the item or delete it from the item bank.

Scoring & Pass Mark: All items are equally weighted. Correct responses are worth one (1) mark; incorrect responses are worth zero marks. The number of correct answers is converted to a scaled score to allow

comparison of candidates' scores between different sittings of the exam.

The passing score for the NOTCE is a scaled score of 290. Candidates who correctly answer more items than are required to pass the examination will obtain scaled scores that are between 290 and 450. Candidates who did not correctly answer enough items to pass will obtain scaled scores between 100 and 289. The passing score for the examination is determined through a systematic process of rating item difficulty conducted by subject matter experts. The number of correct items needed to pass varies slightly for each exam sitting. To achieve a passing score of 290, the pass mark (near 70%) is based on criterion referencing. The results are not bell curved.

Results: Results will be provided immediately following the examination marking review, and the determination of the passing score. The time between the end of the examination administration period and the release of scores will be approximately 6-8 weeks. Examination results are distributed to provincial regulators and exam candidates electronically.

SAMPLE CASES AND QUESTIONS

Before you start, the following cases and questions are reflective of the NOTCE and are being provided to give you an indication of the format. There are 25 cases, each followed by 4 or 5 questions. The answers are in plain view below each question so you can pause and reflect on the correct answer as you work through the sample questions.

CASE 1

Person: Ms. W- (she/her) - 88 years old

Summary:

- Ms. W sustained a cardiac arrest and was admitted to an acute care unit in an inpatient hospital.
- The length of stay in the unit is typically 6-10 days.
- Prior to admission, Ms. W was independent with mobility and all of her household management.
- Ms. W has been advised to stop smoking by her cardiologist.
- The cardiologist has referred Ms. W to the occupational therapist for cardiac rehabilitation.

QUESTIONS 1 to 3 refer to this case.

#1 Which goal would be BEST for the occupational therapist to work towards with Ms. W?

1. Independence in toileting
2. Full active range of motion
3. Smoking cessation
4. Cooking a meal

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1) **Correct:** Early mobilization and the performance of self-care tasks are appropriate goals of cardiac rehabilitation in the inpatient stage.
2) Incorrect: This goal is not occupation based.
3) Incorrect: This goal would be more appropriate in a later stage of rehabilitation
4) Incorrect: This goal would be more appropriate in a later stage of rehabilitation.

Answer: 1

#2 Ms. W reports feeling out of breath when getting dressed. Which intervention should the occupational therapist recommend?

1. Request nursing assistance with dressing tasks.
2. Sit on the side of the bed while getting dressed.
3. Use a button hook for fastening shirt buttons.
4. Don her shirt over her right upper extremity first.

---

1) Incorrect: Recommending this level of activity grading would not be appropriate as it would not help with her physical conditioning or provide her strategies to be independent with dressing tasks.
2) **Correct:** Sitting on the side of the bed while getting dressed is an energy conservation measure. The provision of energy conservation measures is an appropriate intervention for this stage of her rehab and will address the client's symptoms.
3) Incorrect: This device would be most appropriate for clients who lack fine motor coordination or have use of only one hand; therefore, it would not be reasonable to recommend for this client.
4) Incorrect: This strategy would be most appropriate for clients who have decreased range of motion; therefore, it would not be reasonable to recommend for this client.

Answer: 2

#3 Ms. W is being discharged to an outpatient cardiac rehabilitation program. Which information should the occupational therapist include on the referral form?

1. Raw scores from activities of daily living skills assessment.
2. Frequency and duration of inpatient therapy interventions.
3. Goals to be attained by Ms. W in the outpatient program.
4. Current level of independence with self-care.

---

1) Incorrect: Would not be appropriate information to include on the referral form, as raw scores do not provide any interpretation of current functional abilities.
2) Incorrect: This information would be necessary to include on the therapist's evaluation report; however, it would not be appropriate information to include on the referral form.
3) Incorrect: Would not be appropriate information to include on the referral form, as these goals will be determined by Ms. W and her out-patient rehab practitioner.
4) **Correct:** The client's current level of independence with activities of daily living would be appropriate information to include in the referral form.

Answer: 4

CASE 2

Situation: Occupational therapist as researcher.

Summary:

- The occupational therapist is a research assistant for a study that is collecting normative data for a

previously developed standardized occupational therapy assessment.

- The standardized assessment is designed to provide a profile of a child's range of occupations.
- Study participants will be recruited from local elementary schools.
- The occupational therapist is responsible for study design and implementation.
- The study has received approval from the research ethics committee of the school board.

QUESTIONS 4 to 7 refer to this case.

#4 Which research design is MOST appropriate for this study?

1. Double blind study
2. Grounded theory
3. Quantitative descriptive study
4. Randomized clinical trial

1) Incorrect: A double blind study involves a study where neither the participants nor the researchers are aware of the identity of the treatment groups until after data is collected. This design is not appropriate given the aim of the study does not involve measuring treatment effectiveness.
2) orrect: Grounded theory is a qualitative research approach and thus would not be appropriate given the quantitative aim of the study.
3) **Correct:** As the study aim is to collect normative data a descriptive study is appropriate to use as it will provide standard values of participants' characteristics.
4) Incorrect: A randomized clinical trial involves a study where a clinical treatment is compared with a control condition. This design is not appropriate given the aim of the study does not involve measuring treatment effectiveness.

Answer: 3

#5 What should the occupational therapist do FIRST in the informed consent process?

1. Have the school principal sign the consent form for each child to participate
2. Have the teacher explain the risks of the study to each child at school
3. Send an information letter and consent form home to child's parents
4. Obtain informed assent from each child following a verbal study description

---

1) Incorrect: As the participants are children parents or guardians must give permission.
2) Incorrect: The therapist/researcher is responsible for ensuring that participants understand all relevant information, so they should be the person undertaking the informed consent process.
3) **Correct:** As the participants are children, parents or guardians must give informed consent.
4) Incorrect: Assent from each child is required; however, as the participants are children, their guardians must give consent first.

Answer: 3

#6 What data analysis approach should the occupational therapist include in this study?

1. Probability testing
2. Inductive coding
3. Conducting regression analysis
4. Describing demographic data

1) Incorrect: Probability is the likelihood that an event will occur and is a statistical inference procedure; therefore, it would not be most appropriate to use in a descriptive study where inference is not the aim.
2) Incorrect: Inductive codes are generated by a researcher by directly examining the data. Assigning inductive codes is more common to qualitative research and thus would not be appropriate for a quantitative descriptive study.
3) Incorrect: It would not be most appropriate to use in a descriptive study because regression analysis aims to predict not describe.
4) **Correct:** It describes the data, which is one aim of normative research.

Answer: 4

#7 Which form of dissemination should the occupational therapist use to provide study results to the participants?

1. Pie chart illustrating children's occupations
2. Two-page plain language summary of the study results
3. Manuscript submitted to occupational science journal
4. Data scores from the occupational therapy assessment

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1) **Correct:** Displaying assessment results in the form of a pie chart will help to ensure that findings can be easily interpreted by children participants who may not be able to read or understand the other forms of dissemination.
2) Incorrect: Despite containing plain language, a written summary would not be the dissemination form most easily interpreted by children.
3) Incorrect: Given the audience of journals, the manuscript would not be written using language that the majority of children could easily read or understand.
4) Incorrect: Raw scores are nothing more than a compilation of numbers. They do not communicate any meaning of what the results of the study are and therefore are not appropriate to disseminate to study participants.

Answer: 1

CASE 3

Person: Mr. T - (he/him) - 92 years old

Summary:

- Mr. T has congestive heart failure and bilateral osteoarthritis in his knees.
- Mr. T uses a cane when walking outdoors.
- He is having increasing difficulty with transfers, some aspects of self-care and demonstrates limited endurance.
- He lives with his wife (90 years old) in a 2-storey farmhouse in a rural area and plans to remain at home for as long as possible. The bedrooms are on the second floor and there is a bathroom on each floor.
- He has two adult children who live in the area.
- His children complete the grocery shopping and assist weekly with housecleaning tasks.

- Veterans Affairs Canada (VAC) has referred Mr. T for a general health nursing assessment and an occupational therapy home assessment.
- VAC provides funding for equipment and home modifications if justified by a health professional.

QUESTIONS 8 to 12 refer to this case.

#8 Given Mr. T's cardiac condition, what task would be MOST difficult for Mr. T?

1. Putting on a pullover sweater
2. Washing his hair in the shower
3. Clipping his fingernails
4. Taking off his shoes

1) Incorrect: Although activities that require overhead reaching with the upper extremities can be challenging, this activity could be modified.
2) **Correct:** This task would require sustained overhead reaching and could increase shortness of breath.
3) Incorrect: It is not expected that this task would cause shortness of breath as it is not overhead and it is brief in length
4) Incorrect: Lower level dressing will be tiring, but should not cause shortness of breath

Answer: 2

#9 Mr. T has difficulty with toilet transfers. What should the occupational therapist recommend?

1. A wheeled commode
2. A transfer pole
3. A raised toilet seat
4. A 24" grab bar

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1) Incorrect: A wheeled commode would address the issue with height, but it is not required since Mr. T can get himself ha. of to and from the bathroom. This is a better short term option.
2) Incorrect: This will assist with a transfer but will not address the overall height of the toilet. Mr. T likely needs an increase in height due to his knees and heart condition.
3) **Correct:** This will address the need to enhance the overall height given his knees and heart condition.
4) Incorrect: Again although this will facilitate the transfer it will not address the overall height of the toilet.

Answer: 3

#10 Which mobility device is MOST appropriate to address Mr. T's outdoor mobility?

1. A manual wheelchair
2. A four-wheeled scooter
3. A wheeled walker with seat
4. A second cane

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1) Incorrect: This option would likely not be considered given the energy required to propel the wheelchair.
2) Incorrect: The therapist will want to maintain the endurance Mr. T currently has. He may need a scooter in future, but a walker should be tried first.
3) **Correct:** This will allow Mr. T to take breaks as needed and sit. The therapist wants to encourage Mr. T

to keep walking in order to maintain the endurance he has.

4) Incorrect: Given Mr. T's cardiac condition, a second cane will not address the issue of limited endurance.

Answer: 3

#11 Mr. T declines all of the equipment recommended by the occupational therapist. The therapist believes the client needs the equipment for safety, and has explained the rationale to him. What should the therapist do?

1. Contact Mr. T's wife to discuss the recommended equipment.
2. Advise the vendor to deliver the equipment to the home.
3. Document that Mr. T has declined the equipment.
4. Convince Mr. T that the equipment is essential for his safety.

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1) Incorrect: Unless the wife is Power of Attorney and Mr. T has been deemed incompetent, he can decide whether he will accept the equipment or not.
2) Incorrect: The client is not required to accept the recommendations. The client needs to agree before the equipment is delivered.
3) **Correct:** The therapist needs to clearly document that the client has declined the equipment. There is nothing further that can be done in this regard.
4) Incorrect: Mr. T has the right to decline the recommended equipment. The therapist is responsible to provide information and ensure he is aware of why equipment is recommended so that he can make an informed decision, however it is not therapist's role to convince client. The therapist needs to respect his decision

Answer: 3

#12 The occupational therapist learns that the nurse has recommended a stair lift to access the second floor, while the occupational therapist recommended bilateral railings. What should the occupational therapist do FIRST?

1. Call the nurse to discuss the different recommendations
2. Ask the nurse's supervisor to review scope of practice
3. Refer to Respiratory Therapy to assess endurance on the stairs
4. Request a second occupational therapist assess the stairs

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1) **Correct:** The first step would be to discuss the recommendation with the nurse and determine whether functional differences were seen between the two assessments, and to discuss scope of practice.
2) Incorrect: The occupational therapist may contact their own supervisor, who may discuss scope of practice, however the occupational therapist wouldn't contact the nursing supervisor and it wouldn't be a first step.
3) Incorrect: This would be an inappropriate referral as we already know the client has low endurance and the respiratory therapist will not be able to provide information on appropriate modification or equipment to facilitate accessing the second floor.
4) Incorrect: This is not required as the occupational therapist can determine the most appropriate piece of equipment independently.

Answer: 1

CASE 4

Person: Mrs. A - (she/her) - 82 years old

Summary:

- Mrs. A is widowed and resides with her daughter.
- Mrs. A's daughter works part-time, and Mrs. A. is alone at home 4 to 5 hours each day.
- Mrs. A's daughter is responsible for cooking, cleaning, and grocery shopping.
- Mrs. A fell while exiting a taxi cab, and sustained a left Colles fracture.
- While in the emergency department, it is discovered that Mrs. A has bilateral frontal subdural hematomas, requiring emergency neurosurgical management.
- Prior to admission Mrs. A ambulated with a cane indoors and a four-wheeled walker outdoors. She was also independent in all basic activities of daily living.
- The day after neuro-surgery, the occupational therapist receives a referral for discharge planning and for splinting Mrs. A's Colles fracture.

QUESTIONS 13 to 16 refer to this case.

#13 How should the occupational therapist respond to the referral for splinting Mrs. A's wrist?

1. Create a splint to support the wrist in a functional position
2. Consult with the physician regarding appropriateness of referral
3. Provide Mrs. A with pre-fabricated wrist cock-up splint
4. Review the current literature for Colles Fracture splinting patterns

---

1) Incorrect: Mrs. A. is one day post-injury and this would not be the appropriate position for immobilization of a Colles fracture.
2) **Correct:** Colles fractures would typically be immobilized with casting rather than a splint. The occupational therapist should consult with the physician to understand the rationale for splinting to ensure that best practice is occurring.
3) Incorrect: Mrs. A is one day post-injury and this would not be the appropriate position for immobilization.
4) Incorrect: While it is advisable to know current literature, consultation with the physician is required to clarify referral rationale.

Answer: 2

#14 On initial assessment, Mrs. A is not alert, and cannot provide a history. There is no Power of Attorney form onthe chart, but Mrs. A's sister is at the bedside. What should the occupational therapist do?

1. Contact Mrs. A's family physician to request a thorough history.
2. Telephone Mrs. A's daughter to obtain her mother's history.
3. Ask the sister if she can answer questions about Mrs. A's status.
4. Wait until Mrs. A is able to respond on her own behalf.

---

1) Incorrect: Mrs. A.'s daughter would be considered the legal substitute decision-maker for her mother

in the absence of proof that another person had been appointed her Power of Attorney for personal decision-making. Thus, the daughter should be called for information regarding her mother's history, or to provide consent to discuss her mother's care, history, etc. with others, including her family physician.

2) **Correct:** Mrs. A.'s daughter would be considered the legal substitute decision-maker for her mother in the absence of proof that another person had been appointed her Power of Attorney for personal decision-making. Thus, the daughter should be called for information regarding her mother's history, or to provide consent to discuss her mother's care, history, etc. with others, including her family physician. As well, the daughter lives with the mother and would have detailed knowledge regarding her history.
3) Incorrect: Mrs. A.'s daughter would be considered the legal substitute decision-maker for her mother in the absence of proof that another person had been appointed her Power of Attorney for personal decision-making. Thus, the daughter should be called for information regarding her mother's history, or to provide consent to discuss her mother's care, history, etc. with others, including her family physician.
4) Incorrect: The order is for assess for discharge and therefore the occupational therapist cannot wait for her to be able to respond. Mrs. A.'s daughter would be considered the legal substitute decision-maker for her mother in the absence of proof that another person had been appointed her Power of Attorney for personal decision- making. Thus, the daughter should be called for information regarding her mother's history, or to provide consent to discuss her mother's care, history, etc. with others, including her family physician.

Answer: 2

#15 While assessing for adapted utensils, the occupational therapist notes Mrs. A consistently coughs and has difficulty swallowing when eating her lunch. What should the occupational therapist DO?

1. Encourage Mrs. A to chew her food more thoroughly
2. Recommend a swallowing assessment
3. Recommend foods with a softer texture and consult with team.
4. Request that a nursing aid feeds Mrs. A to monitor her swallowing

---

1) Incorrect: This does not necessarily solve the problem. This needs to be assessed and then appropriate interventions can be determined.
2) **Correct:** While the initial aim of the assessment was to determine if Mrs. A would benefit from adapted utensils in light of her left Colles fracture, her coughing and swallowing difficulties indicate she would be at risk of aspiration. Discontinuing the assessment immediately and consulting with a speech pathologist to ensure a swallowing assessment is undertaken by a qualified clinician should be done immediately.
3) Incorrect: A swallowing study should be undertaken by a qualified clinician prior to recommending alternate textures.
4) Incorrect: While the initial aim of the assessment was to determine if Mrs. A. would benefit from adapted utensils in light of her left Colles fracture, her coughing and swallowing challenges indicate she could be at risk of aspiration or choking. A swallowing assessment undertaken by a qualified clinician should be done immediately.

Answer: 2

#16 Late at night, Mrs. A was found lying on the floor. She was not injured, and said she needed to use the toilet and did not require help. What should the occupational therapist recommend to reduce the risk of further falls?

1. Keep her bed rails up at all times
2. Create a regular, supervised toileting schedule
3. Have Mrs. A wear incontinence garments at night
4. Place a walker beside Mrs. A's bed

---

1) Incorrect: Bed rails in this case would be a restraint - in many provinces there are laws that seek the use of the least restraints required to mitigate risk to the patient. In many cases keeping the bed rails up may pose a greater falls risk to Mrs. A. if she attempts to climb over the railings to go mobilize, for whatever reason.
2) **Correct:** Mrs. A. has sustained a fall attempting to go to the washroom independently. She did not recognize she required help to mobilize, even though previously, she used a cane or walker as a gait aid. She has had bilateral frontal subdural hematomas, which could lead to some level of impulsivity, reduced ability to focus on tasks, to demonstrate divided attention or to recognize physical or cognitive limitations. By placing her on a regular toileting schedule with staff supervision, the imperative to toilet immediately might be reduced, in turn reducing Mrs. A.'s falls risk.
3) Incorrect: Incontinence garments will not reduce Mrs. A. physical sensation of needing to urinate or defecate - this will not reduce her risk of mobilizing without supervision, as she will still feel the need to get to the washroom. As well, such a garment, if she is not typically incontinent, may be perceived by Mrs. A. as undignified and be rejected.
4) Incorrect: There is no indication that Mrs. A. has been assessed for walker use, and deemed safe to ambulate independently with a walker, especially in light of her left Colles fracture. It is also unclear if she will use the walker as she is not used to using a walker indoors.

Answer: 2

CASE 5

Person: Jessica - (she/her) - 17 years old
Summary:

- Jessica is an only child who lives with her parents.
- Jessica has a diagnosis of Obsessive Compulsive Disorder (OCD).
- Jessica obsesses about germs and becoming ill on food past expiry dates.
- Jessica's parents feel overwhelmed by the need to provide her with constant reassurance about food safety.
- Jessica's obsessions and compulsions increased 3 years ago following her mother's treatment for a benign brain tumor.
- Jessica has been referred to an outpatient program that specializes in Anxiety Disorders. The clinic uses a cognitive-behavioral frame of reference.
- The occupational therapist from the outpatient program has been asked to work with Jessica.
- Jessica's goals are to improve her relationship with her family and reduce her obsessions and compulsions.

QUESTIONS 17 to 20 refer to this case.

#17 What is the BEST tool to assess the impact OCD has on Jessica's life?

1. A behavior checklist for teens
2. A cognitive assessment

3. A daily living skills assessment
4. A role checklist

---

1) Incorrect: Would not address life areas affected by OCD. This would give information on behaviors which is a component level.
2) Incorrect: Although obsessions fall under the umbrella of cognitive distortions, knowing a client' score on a cognitive test does not tell us about impact on the areas in life.
3) **Correct:** Assessments of this type usually span a variety of self-care and instrumental activities of daily living that could be impacted on by OCD.
4) Incorrect: A role checklist can be used for adolescents and older adults and is not specific to the type of disability. However, the broad assessment of roles may not provide detailed information about the impact of OCD on the activities or occupations Jessica does in daily life.

Answer: 3

#18 Which activity would cause the MOST difficulty for Jessica?

1. Watching a friend eat food that expired last week
2. Eating "safe" food without reassurance seeking
3. Staying at a friend's house and eating packaged snacks
4. Eating at a restaurant with reassurance provided

---

1) Incorrect: Obsessions involve the client and do not extend to others. This would not pose exaggerated anxiety for the client
2) Incorrect: Although this will cause distress for the client, it would not be considered to be the most anxiety producing as the food would at least be considered safe.
3) Incorrect: Packaged goods come with expiry dates that she can choose to eat. Having an awareness of the food situation before attending would lessen the client's anxiety level.
4) **Correct:** There is no way for the client to know of expiry dates of foods prepared in the restaurant. This would be the most difficult goal on the exposure hierarchy, even if the parents provide reassurance.

Answer: 4

#19 Jessica's family is struggling to cope with her behaviours. What is the BEST approach for the occupational therapist to take?

1. Send a referral to the social worker for family therapy.
2. Invite Jessica's parents to join in some of her sessions.
3. Suggest Jessica's parents join a family support group.
4. Provide family with a list of recommended readings.

---

1) Incorrect: We do not have enough information to suggest a referral to family therapy. At this point, it appears the family is looking for some education and support.
2) Incorrect: Although a minor, due to the client's age, we would ask for their permission to have the parent's join. If she consents, this would be an appropriate option.
3) **Correct:** This would provide peer support to the family that would involve sharing of information and coping strategies.
4) Incorrect: The presenting problem is likely not just resulting from not understanding OCD and

readings would not provide a source of support.

Answer: 3

#20 Jessica has been working on a graded exposure plan to address her fear of drinking hot chocolate, but her progress has been limited. What should the occupational therapist do?

1. Review Jessica's exposure plan to determine if the steps are appropriate.
2. Choose a new goal for Jessica as she is not ready for her current goal.
3. Measure Jessica's anxiety level when she has cold chocolate milk.
4. Reassess the coping strategies Jessica is currently using.

---

1) **Correct:** Most likely cause for plateau is that there may be too few steps and/or steps may be too big. Therapist needs to re-evaluate the breakdown of the exposure steps and modify as indicated. Stage 6 (Monitor and modify) of the Canadian Practice Process Framework (CPPF).
2) Incorrect: It is not client-centered to have the therapist choose the goal. Also it does not give her the confidence to know that she can meet this goal. The steps of the plan need to be better graded in order to ensure the client's success.
3) Incorrect: Knowing Jessica's anxiety level will not tell the therapist why she is stuck or if/how the therapist should modify the treatment plan.
4) Incorrect: This may be done in conjunction with reassessing and modifying the treatment plan, but not in isolation

Answer: 1

CASE 6

Person: Mr. P - (he/him) - 70 years old
Summary:

- Mr. P has been living with Parkinson's disease for 5 years.
- He lives alone in a bungalow (one-level house).
- His muscle strength testing is 3 out of 5 in his lower extremities and 4 out of 5 in his upper extremities.
- A community occupational therapy home safety assessment has been requested by his case manager.
- Mr. P states he is unsure of the reason for the occupational therapist's visit.

QUESTIONS 21 to 24 refer to this case.

#21 Mr. P gives consent for the home safety assessment but states he is still unsure about the purpose of occupational therapy. What is the BEST way for the therapist to proceed with the visit?

1. Review a home safety checklist
2. Explain the occupational therapy role
3. Assess sit-to-stand transfers
4. Determine cognitive perceptual status

---

1) Incorrect: A checklist can be helpful eventually, but is not the most effective way to engage a skeptical person in the therapeutic process. It is a poor way to develop a shared understanding of the occupational performance issues.
2) **Correct:** The occupational therapist is responsible for ensuring consent is fully informed.
3) Incorrect: Proceeding to transfers is a poor way to develop a shared understanding of the occupational

performance issues.

4) Incorrect: Skepticism is not a key indicator of cognitive impairment. He may have impairment, but other symptoms need to be shown to demonstrate this.

Answer: 2

#22 Mr. P would like to have a shower but rarely does because he is fearful of getting in and out of the bathtub. What should the therapist assess FIRST?

1. Willingness to have showering assistance
2. Ability to complete bathtub transfer
3. Motivation for daily living tasks
4. Use of bath mat outside the tub

---

1) Incorrect: He may not need assistance for showering if he can shower using grab bars.
2) **Correct:** Assessing transfers would help determine if grab bars are necessary. Assess person-environment fit.
3) Incorrect: Mr. P has expressed a desire to have a shower so appears to be motivated. . Best to rule out person-environment fit problem prior to assessing motivation.
4) Incorrect: Bath mats are less likely to help with transfers/safety than grab bars.

Answer: 2

 # 23 Mr. P reports that he is depressed and lonely. What is the BEST recommendation?

1. Senior's day program with leisure activities
2. Walking group at local shopping center
3. Friendly visitor once a week
4. Assistance with housekeeping tasks

---

1) **Correct:** This program is occupation focused and would address his loneliness.
2) Incorrect: This option would be too demanding for Mr. P.
3) Incorrect: This option only provides contact with one person, while option 1 would involve social contact with different people while engaging in occupation.
4) Incorrect: While Mr. P may have difficulty performing these occupations; this option does not address his loneliness.

Answer: 1

#24 The occupational therapist observes Mr. P's occupational performance while preparing a meal. Which of thefollowing causes the MOST concern for his safety?

1. Difficulty spreading butter on toast
2. Grasping onto the counter while performing tasks
3. Flat affect even when cooking something he enjoys
4. Inability to reach cupboards above the kitchen counter

---

1) Incorrect: This indicates fine motor problems which can be overcome with assistive devices or adaptations.

2) **Correct:** This indicates gross motor deficits, which may put him at risk for falls.
3) Incorrect: This is likely a symptom of Parkinson's disease.
4) Incorrect: This indicates flexibility issue, which is less likely to affect safety.

Answer: 2

CASE 7

Person: Mrs. S - (she/her) - 66 years

old **Summary:**

- Mrs. S weighs 320 lbs (145 kg).
- She underwent gastric bypass surgery two days ago.
- She was transferred to the Intensive Care Unit (ICU) post-surgery due to a bowel perforation.
- Mrs. S was placed on a pressure-reducing mattress to prevent skin breakdown.
- While ICU staff were performing routine bed repositioning Mrs. S fell out of bed onto the floor.
- Subsequently Mrs. S refuses to self-mobilize. She cries and yells when staff move her or approach for routine nursing care, saying she is afraid of falling out of bed again.
- Mrs. S has now developed a full thickness (grade 4) pressure sore on her right buttock.
- Mrs. S is at risk for aspiration pneumonia because she only wants to lie on her back.
- The occupational therapist is new to the ICU.
- The occupational therapy assistant has been working on the unit for two years and is experienced in working with clients who are obese.

QUESTIONS 25 to 28 refer to this case.

#25 What should the occupational therapist assess FIRST?

1. Bed mobility
2. Cognition
3. Activities of daily living
4. Skin integrity

---

1) **Correct:** To prevent further skin breakdown, and other complications such as pneumonia, pulmonary embolism, deep vein thrombosis, bowel obstruction, etc., it is a priority to determine how to mobilize Mrs. S and to remove barriers to mobilization.
2) Incorrect: While it is very possible that Mrs. S may have a post-surgical delirium based on her age and her admission to critical care, it is more likely that her lack of consent to mobilize, even in bed, is related to the documented fall from bed in the critical care unit.
3) Incorrect: If Mrs. S is not mobilizing in bed, it is not possible to undertake an assessment of her activities of daily living. She is not ready for a determination of discharge destination to occur.
4) Incorrect: Although skin integrity is important the primary impairment to her care is her bed mobility.

Answer: 1

#26 To reduce the risk of aspiration, what should the occupational therapist do FIRST?

1. Provide adapted utensils and pureed food
2. Raise the head and the foot of the bed
3. Suggest a swallowing assessment
4. Encourage Mrs. S to cough frequently

---

1) Incorrect: If Mrs. S is not optimally positioned, she will remain at risk for aspiration. She does not have a motoric impairment that precludes independent feeding.
2) **Correct:** Raising the head of the bed will provide a functional position to decrease aspiration. Raising the foot will prevent sliding.
3) Incorrect: Mrs. S's aspiration risk is likely positional, rather than due to a mechanical swallowing problem.
4) Incorrect: Coughing will not prevent the risk of aspiration.

Answer: 2

#27 Mrs. S would benefit from daily occupational therapy, but caseload demands prevent this. What should the occupational therapist do to manage competing demands?

1. Provide service to Mrs. S only when a new issue is identified
2. Alternate Mrs. S's sessions with the occupational therapist assistant
3. Share a portion of the workload with the physiotherapist
4. Prioritize Mrs. S's intervention over documentation

---

1) Incorrect: While this may occur in clinical practice, particularly when faced by large caseload demands and 'chronic' patients remaining on caseload for a long period, it depends on other clinicians determining what the patient's status is and what occupational therapy needs exist.
2) **Correct:** Both the occupational therapist and occupational therapist assistant are providers of occupational therapy interventions, and therefore, can share the service delivery load. By alternating care, the occupational therapist can also remain on top of the patient's status and changing needs, and meet standards related to the assignment of service components to occupational therapy assistant.
3) Incorrect: While this might provide daily therapy, and be considered to be inter-professional, it cannot be considered to be daily occupational therapy; rather, it is daily therapy.
4) Incorrect: While this approach is sometimes promoted as being 'patient-centred,' it does not meet professional or legal standards related to documentation - the adage being, 'That which has not been documented has not been done.'

Answer: 2

#28 Mrs. S requires a specific method of transfer to get in and out of bed. The occupational therapist is not familiar with this transfer. The occupational therapist assistant has considerable experience in this area. What should the occupational therapist do?

1. Ask the occupational therapist assistant to demonstrate the transfer.
2. Decline to transfer Mrs. S due to the risk of injury.
3. Transfer Mrs. S using a technique more familiar to the occupational therapist.
4. Authorize the occupational therapist assistant to proceed with the transfer independently.

---

1) ***Correct*: It** is the responsibility of the occupational therapist to understand how to complete the

transfer, so learning the requisite skills required in performing the transfer is the best option.

2) *Incorrect*: If using appropriate patient handling equipment and techniques, there is no prohibition from undertaking a patient transfer.
3) *Incorrect*: The transfer should suit the client's needs, rather the therapist's preference.
4) *Incorrect*: It is the responsibility of the occupational therapist to undertake assessment-related activities prior to assigning treatment tasks to an occupational therapy assistant, who is not permitted to engage in assessment or treatment planning activities.

Answer: 1

CASE 8

Situation: Occupational therapist working as a mental health case manager on an Assertive Community Treatment(ACT) Team

Summary:

- ACT is an interprofessional treatment team.
- The ACT team serves clientele living in a low-income area.
- Most of the therapist's clients are people living with mental illness and addiction issues.
- The therapist is responsible for meeting with assigned clients as needed and must provide a written report after each meeting.
- The therapist also supervises final-year occupational therapy students for fieldwork placements.

QUESTIONS 29 to 33 refer to this case

#29 The occupational therapist has been visiting Mr. A once a week for the past 6 months. In the middle of the last session, Mr. A asked the therapist to give him a ride after the session to meet his friend about 30 blocks away. What should the therapist do?

1. Offer Mr. A a ride using this as an opportunity to inquire about his social
2. Suggest Mr. A take public transit making sure he knows which bus to take
3. Tell Mr. A there is no time to give him a ride as the therapist must rush directly to the next appointment
4. Acknowledge that Mr. A has demonstrated an assertive way of asking and offer him a ride

---

1) Incorrect: Boundary concern as request falls outside the treatment time and inappropriate data collection environment.
2) **Correct:** Client-centred and make use of environmental resources.
3) Incorrect: This issue has nothing to do with therapist's availability, but on whether therapist should grant the request.
4) Incorrect: Boundary concern as request falls outside the treatment time.

Answer: 2

#30 Mr. A tells the occupational therapist that, following a medication change, he is experiencing difficulties reading instructions at work. What should the occupational therapist do FIRST?

1. Suggest Mr. A purchase reading glasses from the local drug store

2. Refer to an optometrist to assess Mr. A's eyesight
3. Encourage Mr. A to consult with the psychiatrist regarding his vision changes
4. Coach Mr. A to discuss his concern with the employer

---

1) Incorrect: The vision problem is likely a result of medication, not a condition to be addressed by reading glasses
2) Incorrect: The vision problem is likely a result of medication, not a condition to be addressed by optometrist, nor through collaboration
3) **Correct:** This involves enabling self-advocacy as well as addressing the root of the OPI, Townsend, p 118
4) Incorrect: Though directly related to occupation participation, it is not addressing the cause of vision problem

Answer: 3

#31 The occupational therapist sees many clients daily and is having difficulty writing reports in a timely manner. What should the therapist do?

1. Meet clients in groups
2. Prioritize caseload according to client needs
3. Ask a support worker to provide home visits
4. Train an occupational therapy student to do home visits

---

1) Incorrect: Inappropriate intervention for case management
2) **Correct:** Effective and appropriate prioritizing professional duties, and balancing client needs and available resources
3) Incorrect: Support personnel would need orientation, training and delegation prior to taking up assignment from therapist. Asking is not the right approach
4) Incorrect: As supervisor, she also needs to supervise her student's practice; hence will not reduce her workload or save her time

Answer: 2

#32 After working with the team for a year, the occupational therapist wants to evaluate the operations of occupational therapy services. Which of the following is the BEST description of this type of evaluation?

1. Process evaluation
2. Outcome evaluation
3. Client satisfaction survey
4. Environmental scan

---

1) **Correct:** Investigating operations of a program is a form of process evaluation, Law p 71
2) Incorrect: The focus of the study is not on outcome
3) Incorrect: Client satisfaction survey captures only clients' perspective, not a comprehensive review of operations
4) Incorrect: An environmental scan will not produce results of how the operations are working but only the environmental context.

Answer: 1

#33 The occupational therapist hears about Dialectic Behavioral Therapy (DBT), but does not know about this type of therapy. Adhering to evidence-based practice, what is the BEST way for the therapist to learn more about this approach?

1. Study peer-reviewed literature on DBT
2. Ask the occupational therapy students to present on DBT
3. Enroll in an occupational therapy focused DBT workshop
4. Consult with an occupational therapy colleague who uses DBT

---

1) **Correct:** studying the literature is the best first step for the therapist to take to better understand the treatment approach.
2) Incorrect: although this would assist the therapist it may not provide the BEST information in the most timely way
3) Incorrect: this would only work if there was a workshop scheduled in the immediate future and it is always best to learn a little more about an approach before enrolling in a workshop.
4) Incorrect: although this may be okay, it is not the BEST way to gain information from an evidence-based approach.

Answer: 1

CASE 9

Person: Pamela - (she/her) - 6 years old

Summary:

- Pamela is diagnosed with Down Syndrome.
- She is integrated into a grade one classroom at a community public school.
- The school-based occupational therapy position is vacant.
- Pamela's parents have hired an occupational therapist to provide in-home services to support skill
- Pamela and her mother practice school related skills for an hour every evening and 2-4 hours on the weekend.
- Pamela completes her practice work at the kitchen table. She rests her chin in her hand and loses focus on the activities after 5-10 minutes.
- Pamela's mother would like her to develop skills in the areas of printing, colouring, scissor skills, typing,dressing, tying shoelaces, feeding, and toileting.
- Pamela is able to draw a vertical line, horizontal line and circle. She traces and can match most capital letters. She holds a writing utensil with a pronated palmar grasp. She holds the paper stable with her left hand, while drawing with her right hand.
- Pamela's mother requested a recommendation for computer equipment, as she would like Pamela to learn to type. Pamela attends class in the computer lab at school once a week.
- Pamela requires assistance to manage all fasteners. Pamela's mother would like her to be more independent with dressing and undressing, particularly at school.

QUESTIONS 34 to 37 refer to this case.

#34 What should the occupational therapist do FIRST to address parent goals for Pamela?

1. Consult with school
2. Discuss priorities
3. Set attainable goals
4. Educate parent

---

1) Incorrect: The family has not provided consent to consult with the school.
2) **Correct:** Pamela's mother has identified many goal areas for Pamela. Identification and prioritization of client goals will support development of a targeted intervention plan.
3) Incorrect: Setting attainable goals is important and will take place following assessment of parent priorities.
4) Incorrect: Parent education is important and may be a component of setting the goal priorities. Discussing and assessing the goal priorities comes first.

Answer: 2

#35 What INITIAL recommendation should the occupational therapist provide to help Pamela focus on school-related skills?

1. Incorporate play-based activities
2. Provide positive reinforcement
3. Initiate with sensory stimulation
4. Reduce length of practice sessions

---

1) Incorrect: This may help Pamela's learn in a different context, however the primary concern is the length of time she is completing doing homework each evening
2) Incorrect: This may help motivate Pamela to want to complete her work, however the primary concern is the amount of homework time.
3) Incorrect: Following assessment, sensory activities that support a calm, alert state of mind may help Pamela focus on her work. However, the length of time she spends working at the table is not developmentally appropriate.
4) **Correct:** An hour of practice sessions every evening after school is not developmentally appropriate for a child who is six years old and at a developmental level of a pre-school child

Answer: 4

#36 What should the occupational therapist recommend FIRST to support development of Pamela's printing skills?

1. Child-sized table and chair
2. Hand strengthening activities
3. Pre-printing skill development
4. Slanted board for desktop

---

1) **Correct:** Pamela needs to be positioned in a supported, upright posture before completing printing or pre- printing activities.
2) Incorrect: Pamela does have low tone and muscle weakness, consistent with her diagnosis of Down's Syndrome, and muscle strengthening activities will be an important part of her treatment. However, she needs to be properly positioned to participate in printing specific activities.

3) Incorrect: Pamela is at a pre-printing skill level. However, supportive positioning is the first step to skill development and practice.
4) Incorrect: A desktop slanted will support wrist extension and a more functional grasp on the writing utensil, however prior to this Pamela needs to be positioned in a supported, upright posture.

Answer: 1

#37 How should the occupational therapist BEST support Pamela to manage her own shoes at school?

a) Teach backward chaining
b) Provide elastic laces
c) Grade the activity
d) Recommend buckle shoes

---

1) Incorrect: Backward chaining is a good method to teach daily living skills to children. However, provision of elastic laces would provide immediate independence while Pamela learns how to tie her laces.
2) **Correct:** Elastic laces provide Pamela with independence donning/doffing her shoes while she continues to learn how to tie her laces.
3) Incorrect: grading the activity into smaller components is a good way to teach a new skill. However, elastic laces provide immediate independence while Pamela learns how to tie her shoes.
4) Incorrect: Pamela is unable to independently manage any type of fastener.

Answer: 2

CASE 10

Person: Mr. D - (he/him) - 71 years old

Summary:

- Mr. D was admitted to the hospital for acute pneumonia and chronic obstructive pulmonary disease (COPD).
- Mr. D ambulates independently.
- He currently lives with his husband in a physically accessible one-storey home. His husband is responsible for all instrumental activities of daily living.
- Mr. D worked as a carpenter and continues to build furniture for leisure.
- Mr. D's husband does not want him discharged home. The hospital social worker is working with Mr. D's husband and their son to determine an alternate living facility for discharge.
- The occupational therapist received a referral to assess Mr. D's cognition and functional abilities.
- During the occupational therapy assessment, Mr. D was abrupt and did not understand the reason for still being in the hospital.
- Mr. D's responses during the assessment were logical. He was aware of himself and his environment.
- Mr. D performed well on the first few questions of the cognitive assessment until Mr. D's nurse interrupted to inform him about the discharge plan for alternative housing. This upset Mr. D and he refused to finish the assessment.

QUESTIONS 38 to 42 refer to this case.

#38 Having observed Mr. D's behaviour during the uncompleted cognitive assessment, what should the occupational therapist recommend FIRST?

1. A re-assessment when Mr. D is no longer upset
2. The involvement of Mr. D in his discharge planning
3. No further occupational therapy intervention required
4. A referral to neuropsychology for symptoms of delirium

---

1) Incorrect: Further assessments may be pursued at a later time - however, the occupational therapist has sufficient information to document and comment about Mr. D's overall presentation.
2) **Correct:** The case study indicates that Mr. D is logical in his responses and that he is aware of his environment. Though the cognitive assessment was incomplete, Mr. D's reaction can be understood. It is important for the occupational therapist to advocate for the client and remain client-centered. Given that the client is not deemed incapable of making his own decisions, he should be involved in planning his own discharge.
3) Incorrect: There is no indication in the case that the involvement of the occupational therapist is not required. The role of the occupational therapist is important in determining the client's abilities for appropriate discharge planning.
4) Incorrect: Delirium is characterized by a disturbance of consciousness and a change in cognition that develop over a short period of time. The disturbance is manifested by a reduced clarity of awareness of the environment, the inability to focus, sustain or shift attention on tasks. This is not the case for Mr. D.

Answer: 2

#39 The occupational therapist suspects that Mr. D's family is trying to place him in an alternative living facility without his knowledge and for their personal gain. What should the therapist do FIRST?

1. Report family behaviour as elder abuse to the authorities
2. Meet with the hospital legal-aid service
3. Explore psycho-social issues in a family meeting
4. Consult the interdisciplinary team

---

1) Incorrect: The occupational therapist would need to discuss the situation with Mr. D and inform him of his options prior to approaching authorities.
2) Incorrect: Legal aid services may be an asset in this situation. It would however be important for the occupational therapist to first discuss the issue with Mr. D. and the team
3) Incorrect: It would be valuable to have a better understanding of the psycho-social family dynamics. This would not be the first thing the occupational therapist would do.
4) **Correct:** Prior to proceeding it would be important for the occupational therapist to meet with the team and discuss concerns to see if others have similar concerns. Following the meeting, the occupational therapist can proceed with other steps (reporting, meeting with the family, etc.).

Answer: 4

#40 The occupational therapist believes the social worker has acted unethically with regards to Mr. D's discharge plans. What should the therapist do FIRST?

1. Report the social worker's behaviour at team meeting.
2. Consult with Mr. D's family to better understand the situation.
3. Meet with the social worker to review discharge procedures.
4. Discuss concerns with the hospital unit manager.

---

1) Incorrect: This approach would be unprofessional. The occupational therapist should speak with the social worker privately first to have a better understanding of the situation.
2) Incorrect: It would be unprofessional to determine the steps a co-worker took by going through a patient's family. It is not the occupational therapist's role to investigate the situation by going through family members, but rather the responsibility of ensuring the client's best interests were maintained by first discussing the situation with the person responsible - the social worker.
3) **Correct:** As part of an interdisciplinary team, it is important to communicate concerns openly. The occupational therapist has to first address concerns and understand the situation by meeting with the social worker prior to undertaking other measures.
4) Incorrect: Though the unit manager has the responsibility of knowing all events on the unit, the occupational therapist should first discuss the matter with the social worker.

Answer: 3

#41 Which activity would be MOST difficult for Mr. D to perform?

1. Bathing
2. Driving
3. Shaving
4. Banking

---

1) **Correct:** Mr. D is diagnosed with COPD. This ADL activity requires considerable energy output in a humid environment, which will make breathing more difficult.
2) Incorrect: Mr. D does not have any cognitive/perceptual difficulties. Driving should not be difficult for Mr. D to perform.
3) Incorrect: Mr. D does not have any functional or perceptual difficulties. Shaving should not be difficult for Mr. D to perform.
4) Incorrect: There is no indication that Mr. D has cognitive difficulties. Banking should not be difficult for Mr. D to perform.

Answer: 1

#42 What is the MOST important recommendation for Mr. D. to continue his carpentry?

1. Sit on a high stool
2. Wear a mask
3. Work in the morning
4. Use lighter tools

---

1) Incorrect: Sitting is a good method of energy conservation. There is no indication of the height of the work surface; therefore, a high stool may not be necessary.

2) **Correct:** Mr. D is diagnosed with COPD. Dust will exacerbate his condition. Carpentry would create a lot of dust - wearing a mask would help his condition and prevent his condition from exacerbating.
3) Incorrect: There is no indication that working at different times of the day would help individuals with COPD.
4) Incorrect: Using lighter tools may help Mr. D with energy conservation - however, wearing a mask would be most beneficial.

Answer: 2

CASE 11

Person: Mr. J - (he/him) - 42 years old

Summary:

- Mr. J is currently in an acute care hospital following a left above-knee amputation.
- Mr. J's comorbidities include poorly controlled Type I diabetes mellitus, peripheral vascular disease and severe angina cardiac insufficiency.
- Mr. J currently weighs 143 kilograms (315 pounds); he reports that this impacts his ability to participate in lower extremity washing and dressing tasks.
- Prior to this hospital admission, Mr. J was using forearm crutches for mobility and was receiving assistance from family for some self-care and household management. There were no additional supports in place.
- Mr. J lives alone in a large main floor apartment accessible by a concrete, unrailed ramp built with a 1:6 inch height to length ratio.
- Mr. J is dependent on social assistance for financial help and living accommodations for the last 8 months.
- Mr. J has been referred to occupational therapy.
- Initial occupational therapy assessment findings indicate decreased sensation in the right foot with a small open area noted on the heel, a large reddened area on his coccyx, independent dynamic sitting balance, functional upper extremity strength and poor static standing balance.
- The multi-disciplinary team recommended that Mr. J transfer to a rehabilitation facility, but Mr. J refused.
- Mr. J is expected to be discharged in one week.

QUESTIONS 43 to 46 refer to this case.

#43 What is the BEST transfer for the occupational therapist to work on with Mr. J?

1. Sliding board
2. Mechanical sling lift
3. Squat pivot
4. Mechanical standing lift

---

1) ***Correct*:** Mr. J has good dynamic sitting balance, functional strength and could learn to do this transfer independently. We are not concerned about the sore on his coccyx as he is not positioned over the coccyx during the transfer.
2) *Incorrect:* Although this does provide a safe alternative to transfers for skin integrity, it would require

1 to 2people for safety each time a transfer needed to be done secondary to Mr. J's weight.

3) *Incorrect*: Mr. J has poor static standing balance and is obese, making this transfer unsafe. Because of decreased sensation and a pressure ulcer on right foot, a standing transfer is contra-indicated.
4) *Incorrect*: This would require an additional person and may not work depending on the length of the residual limb.

Answer: 1

#44 What mobility device would be MOST suitable for Mr. J?

1. Power wheelchair
2. Bariatric walker with a seat
3. Forearm crutches
4. Manual wheelchair

---

1) ***Correct:*** This is the only mobility device that will allow Mr. J to be independent with his mobility. It is also unlikely that he will be a candidate for a prosthetic limb based on co-morbidities, functional limitations and weight.
2) *Incorrect:* Mr. J currently has limited static standing balance and therefore a walker requiring him to hop on one leg would not be suitable.
3) *Incorrect:* Based on Mr. J's weight and decreased sensation in his existing foot, as well as the poor standing balance, the forearm crutches are no longer a suitable option for him.
4) *Incorrect:* Mr. J does have functional upper extremity strength but also has severe angina cardiac insufficiency and is currently significantly limited by his weight which would limit his overall independent mobility.

Answer: 1

#45 What discharge environment would be MOST suitable for Mr. J?

1. Return to previous environment with a home care worker
2. Shared room in a long term care facility with 24 hour nursing care support
3. Assisted living with pay-per-service registered nursing care available as needed
4. Accessible apartment with meal service and home care worker

---

1) *Incorrect:* Mr. J's environment does not have a safe entrance for his level of mobility.
2) *Incorrect:* Mr. J does not require 24 hour nursing care.
3) *Incorrect:* Mr. J does not require the services of a registered nurse on a daily basis and cannot afford the pay-per-service nursing care.
4) ***Correct:*** This situation provides enough assistance to allow Mr. J to safely enter his apartment and maximize his independence.

Answer: 4

#46 What is the MOST important issue for the occupational therapist to address prior preparing Mr. J for discharge?

1. Transfer training
2. Skin integrity
3. Home accessibility
4. Pre-prosthetic training

1) ***Correct:*** To ensure safety, particularly when Mr. J is alone, Mr. J needs to be safe and independent with transfers before going home.
2) *Incorrect:* Based on Mr. J's medical history and current skin integrity issues can continue to be addressedthrough home care.
3) *Incorrect:* Although this is important it is not more important than skin integrity.
4) *Incorrect:* It is unlikely that Mr. J will even be a candidate for a prosthetic limb based on current weight andcomorbidities.

Answer: 1

CASE 12

Person: Mrs. N - (she/her)- 61 years old

Summary:

- Mrs. N has Parkinson's Disease and a Parkinsonian dementia.
- Mrs. N was admitted to the hospital neurology unit with new and terrifying auditory and visual hallucinations. She cries and screams for hours at a time, and physically resists caregiving. She has been assigned a caregiver 24-hours a day to prevent falls or self-harm.
- It is difficult to safely mobilize Mrs. N who requires maximal assist from 2 people for all transfers.
- The in-hospital geriatric program has been asked to provide consultation and support due to Mrs. N's complex presentation.
- Her physician is struggling to modify her Parkinson's medications.
- Mrs. N resides in a two-bedroom apartment with her 75-year old husband. Two daughters live nearby, and are involved in their mother's care.
- Prior to the onset of psychotic symptoms, Mrs. N was independent in transfers, dressing, toileting, and feeding herself. She received assistance for bathing, and has a bath seat. Mrs. N used a two-wheeled walker to assist with mobility.
- Mrs. N's family wishes to bring her home when her condition improves. As Mr. N is in poor health, the family is in the process of hiring a live-in caregiver.
- The apartment is very small, and will have to accommodate the new caregiver. The bathroom is not wheelchair accessible.

QUESTIONS 47 to 51 refer to this case.

#47 The physician cannot see a pattern in Mrs. N's behaviours or in her Parkinsonian symptoms, making medicationchanges difficult. What could the occupational therapist do to assist?

1. Review medical chart for all documentation related to behaviour since admission
2. Create a behavioural checklist for the caregiver to complete hourly
3. Document Mrs. N's behavioural status each occupational therapy session
4. Ask the family to provide a daily behavioural status report to the team

1) Incorrect: While documentation may comment on Mrs. N's behaviours or physical status, the content of any one chart entry may not specifically address these foci, nor would it provide the specificity related to the timing of behavioural or symptomological variation required to accurately titrate the agonist and antagonist medications required to manage Mrs. N's complex presentation.
2) **Correct:** Because of the variability of symptoms and the specificity required to manage the agonists and antagonists required to manage the competing symptoms, an hourly log of both behaviours and Parkinsonian symptoms would provide the clearest way to document changes. This log could then be correlated with the administration and dosages of these medications to demonstrate the efficacy or lack of efficacy of medication changes. As Mrs. N has a 24-hour a day constant observer, this person is in the ideal position to document change very precisely and as comprehensively as the checklist requires.
3) Incorrect: Documenting Mrs. N's emotional and physical status with each therapy session should be an essential element of any medical chart entry by the occupational therapist. However, it would only provide a 'snapshot' of her status and not a comprehensive document of behaviour or symptoms over the course of a day or days.
4) Incorrect: Again, while this might provide a general sense of how Mrs. N is doing on any one day, this approach would not give the physician enough specific information to assist in medication titration.

Answer: 2

#48 The geriatric program consultants recommend at least one additional occupational therapy session daily. The occupational therapist is unable to provide an additional session because of caseload demands. What is the BEST approach to deal with this recommendation?

1. Disregard the recommendation as it is only a suggestion of a consultant
2. Follow the recommendations, prioritizing Mrs. N's care over other caseload demands
3. Continue with the previous therapy schedule, integrating other recommendations as possible
4. Discuss the potential to share treatment sessions with the geriatric program team

---

1) Incorrect: While this might be tempting and expedient, this doesn't address the reasons for the recommended treatment regime, and attempt to develop potential solutions. As well, the effectiveness of the relationship between the geriatric program and neurology teams will be undermined if consultative recommendations are disregarded without discussion.
2) Incorrect: This might meet Mrs. N's needs for enhanced therapy, it does not address the needs of other patients and the role of the neurology team as being responsible for managing her care.
3) Incorrect: This approach only addresses half of the geriatric program team's recommendations. If a dialogue was undertaken with the consult team, recommendations could be prioritized, and perhaps, therapy could be shared.
4) **Correct:** A meeting to discuss the recommendations that were made by the geriatric program therapists would allow for these to be prioritized, and perhaps the enhanced therapy schedule could be shared. By engaging in discussion, the relationship between the two teams could be maintained or enhanced. Part of the geriatric program mandate is not only to provide assessment, but also support.

Answer: 4

#49 A home care occupational therapist has assessed Mrs. N's home. Recommendations for home modifications have been communicated to Mrs. N's family. The family has approached the hospital occupational therapist with concerns. What should the hospital therapist do?

1. Advise Mrs. N's family to contact the home care occupational therapist
2. Suggest a family meeting to discuss the recommendations.
3. Provide Mrs. N's family with a copy of the hospital's equipment and vendor list
4. Clarify the recommendations and family concerns with the home care occupational therapist

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1) **Correct:** Given that the assessment and recommendations were made by the homecare occupational therapist, it is most appropriate that the family approach this therapist with their concerns.
2) Incorrect: The therapist who made the recommendations is most informed and able to discuss issues with the family.
3) Incorrect: this option does not address the family's concerns.
4) Incorrect.: The family is in a good position to make appropriate choices related to their home environment with support from the home care occupational therapist, and can clarify their concerns directly.

Answer: 1

#50 Mrs. N's family has declined to modify the home environment or obtain recommended equipment. The occupational therapist does not feel this will be safe for Mrs. N or her new live-in caregiver. What should thetherapist do?

1. Make a homecare referral to train the live-in caregiver in safe patient-handling skills
2. Arrange a family meeting to discuss the family and therapist's concerns
3. Provide the family with a list of recommended equipment for future reference
4. Decline to assist with discharge planning until the family accepts all discharge recommendations

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1) Incorrect: While this might mitigate risk, it doesn't help Mrs. N's family understand how her reduced mobility status affects her safety or that of her caregiver, and places the entire onus for safety on the caregiver alone.
2) **Correct:** This would allow the family to understand the therapist's concerns regarding safety and to discuss their reasons for declining modifications and equipment. This may also open the doors to further dialogue with the family and help create rapport that could lead to mutually satisfactory solutions to the limited space available, and the need for environmental changes to accommodate Mrs. N's neurodegenerative condition.
3) Incorrect: This approach does not directly address the issues of the current change in Mrs. N's mobility status and of caregiver safety.
4) Incorrect: This simply sets up a confrontational atmosphere and does not facilitate the dialogue between the occupational therapist and Mrs. N's family that is required to develop the best discharge plan possible.

Answer: 2

#51 Mrs. N has a transport wheelchair at home but now requires a wheelchair with specialized seating. How shouldthe occupational therapist proceed?

1. Suggest a wheelchair that meets Mrs. N's current needs
2. Provide Mrs. N's family with a list of funding agencies
3. Give Mrs. N's family a wheelchair vendors' list

4. Refer Mrs. N to a seating and mobility clinic

---

1) Incorrect: While this may appear to meet Mrs. N's immediate needs, many hospital inpatient occupational therapists are not able to follow patients into the community - which would prevent a home visit to assess environmental needs and fit, and to address long-term changes to her seating and mobility system as her needs change.
2) Incorrect: While Mrs. N's family may require financial assistance to pay for a more complex seating and mobility system, this is not the first thing that the occupational therapist would do.
3) Incorrect: While this allows choice and autonomy, most patients need guidance in selecting an appropriate seating and mobility system, even if generic recommendations are made - there are too many options that can impact on function and it is likely family perceptions of priority may not be in line with the patient's longer term needs - i.e., size of wheelchair for easy accessibility, versus need for specialized seating components.
4) **Correct:** A Seating and Mobility Clinic would have the expertise to meet the changing needs of a patient with a neurodegenerative condition and could follow a patient longitudinally if required.

Answer: 4

CASE 13

Person: Mrs. B - (she/her) - 78 years old

Summary:

- Mrs. B is currently in an acute care hospital 3 days post-surgery from a left total knee replacement.
- Her medical history includes type 2 diabetes, high cholesterol and right total knee replacement surgery 2 years ago.
- She demonstrates no cognitive impairment.
- Mrs. B speaks Punjabi. She does not understand written or spoken English or written Punjabi.
- Mrs. B lives with her extended family.
- Her daughter-in-law is responsible for most household activities and is Mrs. B's primary support.

QUESTIONS 52 to 56 refer to this case.

#51 What method of communication should the occupational therapist use during multiple treatment sessions withMrs. B?

1. Interpretation by family member
2. Punjabi-speaking interpreter
3. Communication board with pictures
4. Hand gestures

---

1) **Correct:** With the client's consent, the daughter-in-law or another family member would be an appropriate interpreter. Because her daughter-in-law is her primary support, it makes sense for her to provide interpretation. It allows for imparting education and training to both the client and caregiver at the same time.
2) Incorrect: For standardized assessments, formal use of a trained/certified interpreter is recommended

for interactions with non-English speaking clients to ensure validity of content communicated and to minimize any personal bias or misinterpretation. Using existing resources (family) is often the most practical during treatment sessions.

3) Incorrect: Mrs. B is still able to communicate verbally. Some pictures may not be culturally sensitive.
4) Incorrect: Hand gestures are not universal.

Answer: 1

#53 Which intervention should the occupational therapist prioritize with Mrs. B?

1. Provide upper extremity range of motion exercises
2. Practice tub transfers
3. Arrange accessible transportation
4. Review meal preparation techniques

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1) Incorrect: The case does not identify any issues related to upper extremity impairment.
2) Correct: The client should be instructed on how to safely enter/exit the tub for bathing, and to identify what ADL equipment would be appropriate for Mrs. B.
3) Incorrect: Mrs. B is currently in an acute care hospital and although arranging accessible transportation may be needed at some point, it would not be the main priority. The occupational therapist would want to prioritize ADL safety before arranging accessible transportation.
4) Incorrect: No issues related to cognitive are identified in the case study. The client has had a standard operative procedure, requiring a basic and predictable level of intervention. The daughter in law does most of the homemaking task and therefore this is not a priority for Mrs. B.

Answer: 2

54 Mrs. B states that she does not want toilet armrests recommended by the occupational therapist because her family will help her once she is home. How should the therapist approach this situation?

1. Continue practicing use of armrests according to the care plan
2. Document reason for Mrs. B declining to use toilet armrests
3. Discharge Mrs. B from occupational therapy services
4. Arrange a family conference to discuss Mrs. B's comments

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1) Incorrect: This is not client-centred practice.
2) **Correct:** This is client-centred practice. The occupational therapist demonstrates respect for the client and their choice, and documents accordingly.
3) Incorrect: Unless the occupational therapy treatment is complete, the therapist should monitor the client to determine any further interventions or needs, and keep the client as a collaborative team member. This action could be taken by the client as punitive.
4) Incorrect: Mrs. B is able to make her own choices. There is no indication to suggest concerning family dynamics as per the case study. This level of intervention is not required, and not an effective use of the team and resources.

Answer: 2

#55 Which task would be MOST appropriate to assign to occupational therapy support personnel when workingwith Mrs. B.?

1. Teach toilet transfer techniques
2. Obtain client's pre-admission functional status
3. Discuss client's care needs at interdisciplinary rounds
4. Determine equipment needs for client's discharge home

---

1) **Correct**: This is a routine and predictable task, which is appropriate for support personnel to complete.
2) Incorrect: The situation of the client and environment is not known, and may require judgments,
3) interpretations, and adaptations in obtaining information, which are outside the scope of support personnel.
4) Incorrect: This could require clinical reasoning, determining future interventions, negotiating with the team, and advocating for the client's needs, which are outside the scope of support personnel.
5) Incorrect: Support personnel are not to be assigned tasks that require assessment and prescription of interventions.

Answer: 1

#56 A week after discharge, Mrs. B's son calls the occupational therapist to help him find a lawyer to complete Mrs. B's immigration paperwork. What should the therapist do?

1. Provide the son with contact information of a lawyer used by the therapist
2. Suggest the son speak to the hospital social worker
3. Advise the son to contact an immigration consultant instead of a lawyer
4. Inform the son that the therapist cannot provide such information

---

1) Incorrect: This action does not enforce professional boundaries.
2) Incorrect: Although a social worker may assist a family with community resources and completing paperwork, the client has been discharged and is no longer in receipt of hospital care. The same ethical dilemma could occur for other disciplines.
3) Incorrect: Although this action would be considered to be helpful, it is not within the role of occupational therapy related to the client's care to provide this information.
4) **Correct:** This action maintains professional boundaries and accountability to the care provided to the client. The therapist could further elaborate that the client is no longer in the care of the hospital as she has been discharged, and that this is not within the scope of occupational therapy as related to the care plan of the client.

Answer: 4

CASE 14

Person: Mr. Q - (he/him) - 44 years old

Summary:

- Mr. Q stabbed his girlfriend 16 times twenty years ago while he was mentally ill. He has been in the forensic system since that time.
- Mr. Q has a diagnosis of Schizoaffective Disorder and Narcissistic Personality Disorder
- Currently, he lives in a minimum secure facility with privileges to enter the community for a few hours at a time.
- Mr. Q spends most of his time "doing nothing" in his room and uses his privileges to purchase coffee and cigarettes.
- Mr. Q tends to wear the same clothes and appears unkempt.
- Mr. Q's progress and readiness for transition to community living will be determined in the next month.
- Mr. Q is looking forward to making this transition.
- The occupational therapist in this facility is newly hired.
- Recently, a murder occurred in the city where this facility is located. The victim has the same last name as the occupational therapist. Mr. Q believes that the victim is related to the occupational therapist, eventhough this is not true and the client has been advised. He continues to dispense safety advice to the therapist.

QUESTIONS 57 to 60 refer to this case.

#57 What should the therapist do to initiate a therapeutic relationship with Mr. Q?

1. Complete the Mini-Mental Status Exam
2. Explain the role of occupational therapy
3. Discuss the client's safety concerns for the therapist
4. Meet the client at a coffee shop to establish rapport

---

1) Incorrect: This is a pathology-based approach to initiating services with Mr. Q. It may be appropriate to do at some point, but likely not to initiate services and probably has been done by another team member.
2) **Correct:** Following the OPPM process, the therapist should initiate the occupational process by explaining the role of occupational therapy.
3) Incorrect: The client's concerns need to be addressed but using this as a means to engage the client may be problematic as the focus of discussion is the therapist and her safety rather than the client's health and well- being through occupation.
4) Incorrect: This establishes a bad dynamic between the therapist and client. The relationship should be established on the unit to establish the therapeutic relationship and focus on occupational therapy. The case does not suggest there is an issue with establishing rapport.

Answer: 2

#58 What is the MOST important focus for occupational therapy intervention?

1. Assist Mr. Q to find employment
2. Help Mr. Q with safe to transition to community
3. Teach Mr. Q community management
4. Address Mr. Q's personal care routine

---

1) Incorrect: Many individuals in the forensic system are able to transition to community life without employment as they receive disability or social support from the government. There is no indication in the case that this is an area Mr. Q would like to address.
2) **Correct:** Mr. Q is looking forward to and motivated to return to the community. He has been in the forensic system for 20 years and will likely face numerous challenges in safely transitioning to the community.
3) Incorrect: Mr. Q is already making trips into the community and thus, one may assume that he is able to use the transportation system and complete basic shopping activities. There is no mention in the case that he has difficulty with financial management.
4) Incorrect: Although Mr. Q wears the same clothes every day and appears unkempt, these issues would not compromise return to community living and have not been identified as a concern by Mr. Q.

Answer: 2

#59 Mr. Q consistently suggests occupational therapy goals that will benefit the other "inmates" in the program. He reports that they are deserving of this generous gesture from him. How should the therapist respond FIRST?

1. Assist Mr. Q in recognizing his history of mental illness
2. Practice being client-centred by pursuing Mr. Q's goals
3. Discuss the client's goals at the next team meeting
4. Repeat the purpose of occupational therapy services

---

1) Incorrect**:** People with personality disorders may or may not demonstrate insight into their own behaviors. More importantly, the therapist needs to be clear about the role and scope of individual services versus community meetings, etc.
2) Incorrect: Client-centred practice is not doing everything the client wants. Rather it is a negotiation based on the parameters of the occupational therapist's role in that setting. The therapist needs to be clear about this with Mr. Q.
3) Incorrect: This may be a good second step to ensure that the entire team is aware of the interactions and to recruit support, particularly as a new staff. However, the primary issue is the need for the therapist to explain the role of the therapist in providing individual services.
4) **Correct**: The therapist should be working individually with Mr. Q on his goals for himself. This needs to be clarified by the therapist to Mr Q.

Answer: 4

#60 Team members are tired of feeling manipulated by Mr. Q and do not want to work with him anymore. What should the occupational therapist do?

1. Present to the team on managing challenging behaviors
2. Run a workshop on understanding narcissistic personality disorder
3. Initiate a team discussion about approaches used with Mr. Q
4. Organize a team building exercise to enhance staff morale

---

1) Incorrect: Presentations tend to be a "passive" learning style. Also, this approach is not specific to Mr. Q. Challenging behaviors can present differently from a variety of clients and client populations (e.g. clients with brain injuries, dementia, etc.).
2) Incorrect: While this style of learning is engaging, presumably the team has received education on working with people who have narcissistic personality disorder. This workshop may be perceived as too basic and not relevant to the issues presented by Mr. Q.
3) **Correct**: This option directly relates to Mr. Q. Further, the occupational therapist is sharing her perspective which invites discussion and problem-solving with the rest of the team. It is a respectful way of collaborating with other team members. The therapist will need to be careful that the discussion does not turn into a complaint session but rather a constructive session to address the team's concerns, using compassion and respect.
4) Incorrect: Team morale may indeed be affected by their work with Mr. Q; however, this does not address issues specific to working with Mr. Q. Further, it sounds like the team actually agrees that they are struggling in their work and are unified by this experience rather than separated by it. This is a strength that should be leveraged to address their concerns about working with Mr. Q.

Answer: 3

CASE 15

Person: Darla - (she/her) - 17 years old

Summary:

- Darla has a diagnosis of Fetal Alcohol Spectrum Disorder (FASD). She also has a history of social anxiety and auditory processing disorder.
- She is currently living in a government funded boarding house with three other teens and two support workers.
- The occupational therapist is a member of the multi-disciplinary community team that provides assessment and intervention to government funded boarding houses.
- Darla was previously referred to occupational therapy by the team psychiatrist for inattention and undesirable behaviours towards other students and teachers at school, as well as an inability to complete simple 3-4 step tasks. The occupational therapist completed an assessment but Darla was discharged from the service two months ago secondary to not attending any scheduled follow-up appointments.

- Original assessment findings established that Darla dislikes any type of household management chores and finds the organization and planning of them overwhelming; she refused to participate in these tasks during the initial assessment.
- The psychiatrist recently re-referred Darla to the occupational therapist. The referral indicated that Darla is at risk of losing her place in the boarding home as she does not participate in required household management and is choosing not to attend school or explore opportunities for work.
- The occupational therapist agrees to accept the referral but is apprehensive because of her previous experiences with Darla.

QUESTIONS 61 to 65 refer to this case.

#61 What is the FIRST approach for the occupational therapist to take to re-establish the occupational performance process?

1. Review previously established intervention plan with Darla
2. Discuss the concerns identified by referral source with Darla
3. Use previous assessment results to implement intervention
4. Re-assess to develop a new intervention plan

---

1) Incorrect: This would not be your first point of re-establishing the occupational performance process. In addition the occupational therapist needs to consider the new information about Darla's status in the boarding home.
2) Correct: As a first point of contact, the occupational therapist should discuss the new information about Darla's status in the boarding home with her regarding occupational therapy services.
3) Incorrect: Although there may not have been much change, the occupational therapist should still consult with Darla before implementing an intervention plan.
4) Incorrect: There does not seem to be significant new issues to warrant completing another full assessment, as well, the previous assessment was only 2 months ago.

Answer: 2

#62 Darla does not attend a scheduled meeting with the occupational therapist and the boarding house manager to discuss issues regarding Darla's behaviors at home. What should the therapist do FIRST?

1. Discharge Darla from occupational therapy services
2. Contact Darla to find out what happened
3. Continue to provide service at Darla's request
4. Discuss missed appointment with psychiatrist

1) Incorrect: Darla may have a good reason for missing the appointment and this should be established before going through the discharge process again.
2) **Correct:** Contacting Darla to find out why she missed the appointment and then establishing a plan would be most respectful to the therapeutic relationship.
3) Incorrect: Leaving Darla on the caseload and waiting for her to contact you does not do anything for the occupational therapist or the client.
4) Incorrect: The therapist should attempt to contact Darla and find out why the appointment was missed before contacting the psychiatrist.

Answer: 2

#63 The psychiatrist asks the occupational therapist to complete a cooking assessment for information gathering. What should the occupational therapist do?

1. Do not proceed as the client previously refused to participate in the assessment
2. Establish reason for the request to determine if the assessment is needed
3. Complete assessment as participation demonstrates her level of motivation
4. Assign occupational therapy support personnel to practice cooking skills

---

1) Incorrect: This refusal to participate was related to the previous assessment and this refusal has not been established relating to the most recent referral.
2) Correct: Investigating the reason for the assessment request with the psychiatrist and discussing this with Darla would be the best approach to maintain team cohesiveness.
3) Incorrect: The occupational therapist has to establish whether the assessment is required and beneficial to the progress of Darla.
4) Incorrect: This need has not yet been assessed. Following assessment this may be appropriate.

Answer: 2

#64 What strategy would BEST facilitate Darla's participation in household chores?

1. Provide step-by-step visual schedule
2. Limit the number of required tasks
3. Provide verbal step-by-step instruction
4. Limit the frequency of required tasks

---

1) Correct: This will provide Darla with an age-appropriate visual schedule to follow which would help decrease how over-whelming the tasks are.
2) Incorrect: This will not help the issue she has with completing all the steps of a task.
3) Incorrect: This will not be beneficial to Darla as she has auditory processing difficulties.
4) Incorrect: This would not address the issue Darla is experiencing with completing the steps of the assigned tasks.

Answer: 1

#65 Which learning environment would MOST likely enable Darla to succeed?

1. Return to former school with the support of a full-time teacher assistant
2. Attend a new school in a regular classroom with a behavior plan
3. Attend former school but in a class with a smaller teacher-student ratio
4. Move to a school designed for adolescents with challenging behaviors

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1) Incorrect: The regular classroom environment will still be distracting for her and it will be further socially isolating and doesn't require a teacher assistant with her at all times.
2) Incorrect: Although behavior is an issue for Darla, it is not the only issue. Also, a behavioral plan will not address issues of inattention and inability to complete a task.

3) Correct: Based on Darla's issues, this environment will have fewer distractions.
4) Incorrect: This can be degrading and not motivating; there is no indication that Darla's behaviors are severe enough to be in a segregated school.

Answer: 3

CASE 16

Setting: Community youth program

Summary:

- An occupational therapist is supervising an occupational therapy student.
- The student is in the fourth-week of a final six-week placement and is expected to be managing a caseload independently.
- The student does not eat during the day because of a religious fast.
- The student has progressed in developing their competencies in communication and professional development; however, has difficulty with clinical reasoning, facilitating client change, and lacks personal insight into areas in need of improvement.
- The student has a good working relationship with the therapist.

QUESTIONS 66 to 70 refer to this case.

#66 The occupational therapist has provided the student with mid-term feedback; however, the student has not incorporated this feedback. Which strategy should the therapist take FIRST to address this concern?

1. Talk directly with the student about the concerns
2. Contact the university fieldwork coordinator
3. Document the issues in detail
4. Discuss the issue with the program manager

---

1) **Correct:** This would be the first step as it is resolving the issue at the lowest level.
2) Incorrect: This would not be completed prior to discussing the issue with the student.
3) Incorrect: This would not be completed prior to discussing the issue with the student.
4) Incorrect: This would not be completed prior to discussing the issue with the student.

Answer: 1

#67 The occupational therapist has received feedback from the student's clients that interventions have not incorporated their needs. What should the therapist do?

1. Provide a reading list for the student to learn about interventions used in the setting
2. Provide more direct supervision by sitting in on student's next client session
3. Encourage student to speak to clients to explain why treatment was chosen for them
4. Remove clients from the student's case list to make the caseload more manageable

---

1) Incorrect: The student's deficit does not lie in lack of knowledge but in their difficulty with working from a client-centered perspective.
2) **Correct:** The responsibility of an occupational therapist for the supervision of assigned occupational therapy services remains the same regardless of the individual to whom the service component is assigned.
3) Incorrect: This option does not take the client's goals into concern.
4) Incorrect: Time management has not been identified as the primary concern for the student.

Answer: 2

#68 The student informs the occupational therapist that the fasting is interfering with performance on the placement. What should the therapist do?

1. Assign work that can be completed at home when the student has more energy
2. Put the placement on hold until the fasting is complete
3. Select less complex clients for the student's caseload
4. Schedule a meeting with the university fieldwork coordinator and student

---

1) Incorrect: This option will not meet the student's learning needs.
2) Incorrect: This is less desirable given the school curriculum.
3) Incorrect: This option will not meet the student's learning needs.
4) **Correct:** Given the complexity of the issue, bringing in other experts to consider the needs of the student is the best option.

Answer: 4

#69 The occupational therapist needs to learn about how to best provide supervision to this student. What should the therapist do?

1. Review the resources provided by the university fieldwork coordinator
2. Attend upcoming conference on student mentoring
3. Search the Internet for articles about fieldwork education
4. Contact the student's previous supervisor for advice

---

1) **Correct:** These resources are likely to be evidence-based and would have been pulled together by experts in the field. The resource will inform criteria for pass-fail for this student.
2) Incorrect: This option will not provide a solution for the current issue, given that the placement is finished in two weeks' time.
3) Incorrect: Although a good option, it is a better use of time to first use available resources.
4) Incorrect: This option does not respect the student's confidentiality.

Answer: 1

#70 The occupational therapist notices the student shopping in the community with one of their clients outside of work hours. Which ethical principle is of MOST concern to the therapist?

1. Conflict of interest

2. Accountability
3. Professional boundaries
4. Informed consent

---

1) Incorrect: The student does not appear to be exploiting their relationship established as a therapist to further their own interests at the expense of the best interest of the client.
2) Incorrect: Although this action does not demonstrate accountability, professional boundaries are of greater concern.
3) **Correct:** It is the student's responsibility to ensure boundaries are respected to protect the client and the therapist.
4) Incorrect: Consent may have been obtained but consent does not mean it is appropriate to blur the professional boundary with the client.

Answer: 3

CASE 17

Person: Devin - (they/them) - 51 years old

Summary:

- They sustained a complete C4 spinal cord injury at the age of 42.
- They are a successful business executive.
- Devin is divorced, and lives in a fully-accessible home.
- Devin has 24-hour a day personal care supports.
- They are independent in power mobility via head controls, but do not use other assistive technologies, preferring to have others assist them.
- They dictate all correspondence, including email.
- Devin has been admitted to hospital because they have developed instability in their cervical spine, requiring surgery.
- The spine team has been advised of Devin's admission, complex status, and surgical plan.
- There is a pre-operative referral for speech-language pathology, but there is no occupational therapy order.
- Surgery is scheduled for two days after admission.
- It is anticipated that Devin will require a long post-operative stay in the intensive care unit (ICU), and will need mechanical ventilation.
- Devin will be unable to speak while mechanically-ventilated and indicates they want to use their new tablet computer as an alternate means of communication.

QUESTIONS 71 to 75 refer to this case.
#71 Why should an occupational therapy referral be required prior to surgery?

1. Occupational therapy is a key component of the spinal team
2. To assess Devin so that their priorities can be addressed after surgery
3. To allow for timely referral to support personnel for passive range of motion exercises
4. To prepare a seating and mobility system for early mobilization

---

1) Incorrect: While occupational therapy is a valuable part of a spinal team, the seeming need to assert that fact is not a reason to seek a referral pre-operatively - there should be a specific reason why a referral is required for this particular patient. Not all patients require occupational therapy referrals pre-operatively,
2) **Correct:** Although Devin's abilities, needs, and how they prioritize those needs can be anticipated to at least some degree pre-operatively, the opportunity to undertake an assessment and to negotiate treatment goals can allow the occupational therapist to be more focused on the intervention - especially as surgery is scheduled two days after admission. This early intervention can create a 'positive first point of contact' and help assuage concerns or fears the client may have about communication in the ICU environment. As well, assessment should always precede intervention.
3) Incorrect: While Devin may benefit from passive range of motion exercise (PROM), and time to prioritize/adjust caseload is always appreciated by support personnel, PROM exercises are not the greatest priority for occupational therapy and could be undertaken by the a physiotherapy support personnel, if the physiotherapist felt it was a priority and sought a referral pre-operatively.
4) Incorrect: While there are many benefits of early mobilization in the intensive care environment - an assessment of Devin's abilities, needs, and priorities should be undertaken before undertaking what is essentially a treatment intervention.

Answer: 2

#72 What type of call bell activation would be BEST for Devin while they wait for surgery?

1. One with a large target area for upper extremity access
2. One requiring minimal upper extremity pressure to activate
3. One that is activated by lateral neck flexion
4. One accessed by blowing into a tube

---

1) Incorrect: Devin is a C4 complete quadriplegic (tetraplegic) and has no upper extremity function - and is therefore unable to use a call bell requiring upper extremity function.
2) Incorrect: Devin is a C4 complete quadriplegic (tetraplegic) and has no upper extremity function - and is therefore unable to use a call bell requiring upper extremity function.
3) Incorrect: While Devin would have limited ability to forward, backward or laterally flex their neck - although restricted by prior surgical fusion of their cervical spine at the time of their C4 complete spinal cord injury, their cervical spine is unstable, and therefore, providing a call bell that requires head nodding would be contraindicated.
4) **Correct:** A pneumatic call bell would allow Devin to call for nursing assistance if needed, and would be within their motor abilities as a C4 complete quadriplegic, and would not stress their unstable cervical vertebral column.

Answer: 4

#73 Devin states their priority is to be able to communicate while ventilated. What should the occupational therapist do FIRST?

1. Search internet for computer tablet communication applications
2. Find a consistent way for Devin to indicate "Yes/No" after surgery
3. Complete a referral to an assistive technology clinic
4. Create an alphabet display for Devin's caregivers

---

1) Incorrect: The first thing that needs to be done is to establish a consistent way for Devin to indicate "Yes/No" in some way after surgery when it is anticipated they will have a prolonged stay in the ICU and be non- verbal due to the need for mechanical ventilation. This is the most basic and necessary building block for all further communication. Finding computer tablet applications is not the first thing the occupational therapist would do.
2) **Correct:** The first thing that needs to be done is to establish a consistent way for Devin to indicate "Yes/No" in some way after surgery when it is anticipated they will have a prolonged stay in the ICU and be non-verbal due to the need for mechanical ventilation. This is the most basic and necessary building block for all further communication. As well, a consistent way to indicate "Yes" paves the way for 'no-tech' communication via asking Yes/No questions.
3) Incorrect: While this might address any future assistive technology needs Devin might wish to explore, it does not deal with their immediate and pressing need to establish communication in the ICU if mechanically- ventilated and unable to speak. The waitlist for assistive technology clinics is typically extensive, and Devin is scheduled for urgent surgery.
4) Incorrect: The first thing that needs to be done is to establish a consistent way for Devin to indicate "Yes/No" in some way after surgery when it is anticipated they will have a prolonged stay in the ICU and be non- verbal due to the need for mechanical ventilation. This is the most basic and necessary building block for all further communication. To use an alphabet display or any other low tech communication aid requires some means of indication "Yes/No" to be successful. As well, a consistent way to indicate "Yes/No" paves the way for 'no-tech' communication via asking Yes/No questions.

Answer: 2

#74 Devin prefers to have the occupational therapist rather than other staff transfer them to and from the wheelchair in the ICU. What should the therapist do?

1. Continue to mobilize Devin daily as they have requested
2. Ask for a reduced caseload while Devin is in the ICU
3. Demonstrate transfer technique to other team members with Devin's involvement
4. Prioritize mobilization over other interventions with Devin

---

1) Incorrect: After an initial period of being involved in mobilizing Devin to a wheelchair - ensuring they are safely transferred and the wheelchair fits appropriately, the need for the occupational therapist to continue to be involved in this daily activity is short-term only. It should not take the place of other therapeutic activities, and is a task that can be undertaken by other disciplines, or shared if there is a need to spread the load amongst the team.
2) Incorrect: This does not address the fact that there are other patients who have real and legitimate needs (caseload management skills). Devin should only require the occupational therapist to be involved in mobilizing them to a wheelchair in the ICU for a relatively brief period of time, and asking for a reduced caseload does not reduce Devin's dependence on the occupational therapist.
3) Correct: The occupational therapist should only have to be part of mobilizing in the ICU for a relatively brief period of assessment of the patient's status and equipment fit. To ensure Devin's comfort, the occupational therapist should educate others on the technique and Devin should be aware that this

education has occurred.

4) Incorrect: This might meet Devin's needs for the short term, and help with caseload demands, but it doesn't address any other occupational therapy intervention priorities.

Answer: 3

#75 After surgery, Devin repeatedly declines to pursue any intervention related to independent technology access. What should the occupational therapist do?

1. Accept Devin's decision and pursue their priorities for occupational therapy intervention
2. Perform a cognitive assessment to determine Devin's capacity for decision-making
3. Ask Devin's caregivers to convince them of their need for greater independence
4. Continue to demonstrate assistive technologies with Devin to show them potential benefits

---

1) **Correct:** Clients have the right to change their minds and re-prioritize interventions, or to decline them entirely - even if this does not seem the prudent choice.
2) Incorrect: There is no indication that Devin has diminished cognitive abilities, warranting a capacity assessment. If Devin does not alter their decision after a discussion of the pros and cons of that decision, their right to decline intervention should be respected, and their priorities of occupational therapy intervention should be accepted.
3) Incorrect: Confidentiality prevents the occupational therapist from pursuing this course of action. Even if this was not the case, the occupational therapist should accept Devin's decision about his treatment priorities after discussing the pros and cons of this decision to ensure he is making a fully-informed decision.
4) Incorrect: The occupational therapist is obliged to discuss the decision to re-prioritize interventions and to forgo assistive technologies. This course of action would not be respectful of Devin's autonomy and freedom to make treatment decisions.

Answer: 1

CASE 18

Person: Mrs. P – (she/her) – 54 years old

Summary:

- Mrs. P has been living with fibromyalgia for 10 years. Her symptoms include sensory loss, impaired proprioception, motor weakness, tremors and dizziness.
- Mrs. P was recently diagnosed with end-stage renal disease. She has a poor prognosis.
- Mrs. P is able to complete her self-care tasks with difficulty.
- She is married and has two adult children.
- Mrs. P enjoyed her teaching job but had to stop due to pain and fatigue.
- Mrs. P was transferred to the local long-term care facility because her family was no longer able to attend to her needs.
- The occupational therapist receives a referral for Mrs. P.

QUESTIONS 76 to 80 refer to this case.

#76 Mrs. P is having difficulty relating to other residents due to the age difference and would like to address this. What should the occupational therapist do?

1. Invite Mrs. P to assist in teaching the weekly computer class
2. Involve Mrs. P in planning the yearly bazaar
3. Include Mrs. P in the morning exercise group
4. Inform Mrs. P about other residents with similar health issues

---

1) **Correct:** Mrs. P enjoyed working as a teacher. Assisting with the computer class would fit her current functional level. It will also promote positive interactions with other residents.
2) Incorrect: Mrs. P may not be interested in the yearly bazaar. This activity would not likely help her relate with other residents.
3) Incorrect: Mrs. P might not be able to physically participate in the exercise group. This activity would not help her relate with other residents.
4) Incorrect: The occupational therapist would breach the confidentiality of other residents if they were to disclose which other residents are experiencing similar health issues. This would also not help Mrs. P relate with other residents.

Answer: 1

#77 The occupational therapist sees Mrs. P cry. Mrs. P is afraid of dying. What should the therapist do FIRST?

1. Redirect Mrs. P to a meaningful activity
2. Explore fears with Mrs. P
3. Refer Mrs. P to spiritual care
4. Research the stages of grief

---

1) Incorrect: The occupational therapist should understand what the client is feeling and thinking first before redirecting her to something else.
2) **Correct:** Being client-centered, the occupational therapist needs to empathize with the client to understand what they are feeling and thinking. The occupational therapist would first need to have a better understanding of what the fears are to be able to communicate with the client and provide client-centered attention.
3) Incorrect: Referring the client to spiritual care could be a good approach if the client is requesting more in- depth counseling. At this stage, the occupational therapist sees the client crying – the occupational therapist should empathize with the client. Occupational therapists have the training and knowledge to address client spirituality and affective needs.
4) Incorrect: This would be a passive approach that would not address the client issues. The client is obviously going through difficult times and the occupational therapist should assist the client in their needs.

Answer: 2

#78 Which activity would create the greatest safety risk for Mrs. P?

1. Gardening
2. Needle-work
3. Cooking
4. Exercising

1) Incorrect: Gardening will be difficult but adaptations can minimize safety risks and it will not be as risky as cooking.
2) Incorrect: Needle-work will be difficult but adaptations can minimize safety risks and it will not be as risky as cooking.
3) Correct: Mrs. P's symptoms include sensory loss and poor proprioception. Cooking would be a safety risk since she will have difficulty sensing temperature and will have difficulty with proprioception.
4) Incorrect: Exercising will be difficult but adaptations can minimize safety risks and it will not be as risky as cooking.

Answer: 3

#79 Which activity would be MOST difficult for Mrs. P to perform?

1. Playing cards
2. Watching a movie
3. Sit to stand
4. Reading a book

1) **Correct:** Mrs. P has tremors which may affect her ability to play cards for a long period of time. She will have difficulty gripping and picking up the cards.
2) Incorrect: Watching a movie would involve Mrs. P sitting and watching the screen. Her impairments would not limit her ability to perform in this activity.
3) Incorrect: Mrs. P has poor proprioception which would affect her ability to position her feet while coming from sit to stand. This would be difficult for Mrs. P to perform however she can manage using visual compensation.
4) Incorrect: Reading a book would involve sitting and turning pages. Her impairments would not limit her ability to perform this ability.

Answer: 1

#80 Mrs. P is saddened that her future grandchildren will never know her. What is the BEST occupational therapy intervention?

1. Encourage Mrs. P to focus on positive thoughts
2. Redirect to previously established therapy plan
3. Organize family meeting to explore feelings
4. Help Mrs. P create a memory album

---

1) Incorrect: This approach would not acknowledge the client's concern and telling them to focus on something else. This would not be client-centered.
2) Incorrect: At this stage, the client is expressing legitimate concerns and the occupational therapist should be prepared to re-establish new plans if required.
3) Incorrect: While it is important to maintain open communication with the family, the occupational therapist should assist the client in working on a meaningful project that she can leave for her family to

remember her.

4) **Correct:** Engaging the client in a memory album would help address the client's concerns in a client-centred manner.

Answer: 4

CASE 19

Person: Mrs. P – (she/her) – 64 years old

Summary:

- Mrs. P underwent a total right hip replacement surgery six days ago and has anterior hip precautions (no hip extension, no external rotation, and no crossing the legs).
- She is currently in a hospital in-patient short term rehabilitation unit
- Mrs. P is very anxious and is worried about injuring herself.
- Mrs. P lives alone in an apartment with elevator access.
- ks as a cashier at a retail store, which is a 20-minute drive from her home.
- Mrs. P does not have any social support.
- The occupational therapist was asked to assess Mrs. P and plan her discharge.

QUESTIONS 81 to 85 refer to this case.

#81 What should the occupational therapist assess FIRST?

1. Coping mechanisms
2. Pre-surgical level of function
3. Reason for surgery
4. Home accessibility

---

1) Incorrect: To proceed with the assessment, the occupational therapist needs to know about the client's past functional abilities. Learning about coping mechanisms is important but would not guide the occupational therapy assessment planning process.
2) **Correct:** To proceed with the assessment, the occupational therapist needs to know about the client's past functional abilities. This will allow the occupational therapist to assess current abilities and subsequently set goals and a plan to reach previous level of function.
3) Incorrect: To proceed with the assessment, the occupational therapist needs to know about the client's past functional abilities. Reason for surgery would not guide the occupational therapy assessment process.
4) Incorrect: To proceed with the assessment, the occupational therapist needs to know about the client's past functional abilities. Home accessibility is important to plan for discharge and appropriate equipment.

Answer: 2

#82 During Mrs. P's tub transfer assessment, the occupational therapist hears a 'pop' sound. Mrs. P becomes anxious and thinks it may have come from her hip. What should the therapist do?

1. Calm Mrs. P and proceed with transfer assessment
2. Explain that this is a common sound
3. Stop assessment and complete an incident report
4. Order an x-ray for Mrs. P

---

1) Incorrect: Mrs. P may have injured herself. It is the occupational therapist's professional responsibility to report incidents and take appropriate measures to ensure patients' safety. Proceeding with the assessment may worsen Mrs. P's injury.
2) Incorrect: Mrs. P may have injured herself. It is the occupational therapist's professional responsibility to report incidents and take appropriate measures to ensure patients' safety. Providing a false explanation would not be ethical.
3) **Correct:** Mrs. P may have injured herself. It is the occupational therapist's professional responsibility to report incidents and take appropriate measures to ensure patients' safety.
4) Incorrect: Ordering the x-ray is out of scope for occupational therapy.

Answer: 3

#83 During the bathing assessment, Mrs. P asks the occupational therapist if she will be able to participate in sexual activities upon her discharge. What should the therapist do?

1. Explain scope of practice of occupational therapy
2. Refer Mrs. P to the social worker
3. Provide Mrs. P positioning recommendations
4. Re-establish professional boundaries

---

1) Incorrect: This would not be client-centered as it would be steering away from a topic that is meaningful to the client. Occupational therapists address sexual activities as it is a meaningful activity for clients.
2) Incorrect: This would not be client-centered as it would be steering away from a topic that is meaningful to the client. The occupational therapist is qualified to answer this question and provide applicable recommendations.
3) **Correct:** Sexual activity is a meaningful activity that occupational therapists need to address with sensitivity. Occupational therapists can provide recommendations on positioning that would respect hip precautions.
4) Incorrect: This is not likely an issue of professional boundaries as much as it is Mrs. P seeking information that is within scope of practice.

Answer: 3

#84 Following her hip replacement surgery, which of the following activities will be MOST difficult for Mrs. P to complete?

1. Driving her car
2. Preparing a meal
3. Putting on undergarments
4. Working at the store

---

1) **Correct:** Mrs. P had a right total hip replacement surgery. Driving will not be permitted due to post-surgical precautions and would be difficult given that it is the same leg that is used for driving.
2) Incorrect: There is no indication of Mrs. P having low standing tolerance or difficulty with balance. Mrs P also has anterior hip precautions which would allow her to mobilize easily.
3) Incorrect: Mrs. P has anterior hip precautions which would allow her to wear her undergarments. The occupational therapist may also show Mrs. P how to use dressing aids should this task be challenging.
4) Incorrect: There is no indication of Mrs. P having low standing tolerance or difficulty with balance. The work load demands of her employment are also unknown as well as if she is required to return to work immediately after discharge.

Answer: 1

#85 What equipment will the occupational therapist recommend for Mrs. P on discharge?

1. Nonskid shower mat, long-handled sponge, tub grab bar
2. Long-handled shoe horn, elastic shoe laces, hip protectors
3. Tub transfer bench, sock aid, crutches
4. Wheeled commode with armrests, leg lifter, reacher

---

1) **Correct:** Those equipment recommendations would be recommended to ensure Mrs. P's safety during bathing.
2) Incorrect: Hip protectors are typically recommended after a hip fracture surgery rather than total hip replacement as they do not provide the correct type of protection.(3) Incorrect: Crutches would not be part of the occupational therapy recommendations
3) Incorrect: Wheeled commode would not be part of the occupational therapy recommendations.

Answer: 1

CASE 20

Person: Ms. J - (she/her) - 34 years old

Summary:

- Ms. J lives in an apartment building where illegal drug use occurs.
- Ms. J is a sex-trade worker.
- Ms. J's income is often used to buy drugs, and is often stolen by others.
- She has tried on multiple occasions to stop taking drugs, but was unsuccessful.
- She does not trust strangers.
- Ms. J was recently admitted to hospital with cardiomyopathy (heart muscle disease) secondary to prolonged drug use.
- Ms. J requires emergency heart surgery, which has been scheduled in two weeks.
- The acute care occupational therapist has received a referral for Ms. J.
- According to hospital policy, she will be discharged until her surgery date.
- Following recovery from surgery, she will be referred to the hospital psychiatric unit for management of her drug addiction.

QUESTIONS 86 to 90 refer to this case.

#86 The occupational therapist is trying to establish rapport with Ms. J. What should the therapist do?

1. Explain the reason for the referral
2. Ask about Ms. J's past functional abilities
3. Engage Ms. J in discussion about her occupations and roles
4. Outline the role of occupational therapy

---

1) Incorrect: The occupational therapist would present the reason for referral at the first point of contact. This would not however help the occupational therapist initiate rapport with the client. It would be most helpful if the client were engaged in a discussion.
2) Incorrect: The occupational therapist would typically inquire about the client's past functional abilities in later stages of the therapeutic process. At this phase, the occupational therapist needs to first create a rapport with the client.
3) **Correct:** Part of the enter/initiate therapeutic process of the CPPF is engaging the client in a discussion about their occupational life and roles. By engaging the client in the process from the beginning, both the client and therapist are able to develop a trusting rapport and address the client's occupational issues.
4) Incorrect: This step would typically have been completed during the introduction. The difficulty is creating rapport with the client. It is more feasible to create a rapport when the client is engaged.

Answer: 3

#87 Ms. J confides in the occupational therapist that she does not want to return home to wait for her surgery because she does not want to return to drugs. What should the therapist do?

1. Explain hospital length of stay policy
2. lore alternative discharge locations for Ms. J
3. Refer Ms. J to a community-based addiction counsellor
4. Suggest Ms. J be transferred to a short-term rehabilitation program

1) Incorrect: This would not be a client-centered approach as it does not address the client's concerns about not wanting to return to a high risk environment.
2) **Correct:** It is unlikely that the hospital will agree to keep her pending surgery. It is important that she does not return to a high risk environment. Looking for a safer environment is warranted.
3) Incorrect: The client will be returning to a high risk environment for drug use. It is unlikely that drug counselling will work in the short term.
4) Incorrect: This would not be an appropriate referral as there is no indication that the client needs rehab. The occupational therapist cannot recommend a discharge plan that is not appropriate for the client's needs.

Answer: 2

#88 Following surgical recovery, Ms. J is transferred to the hospital psychiatry unit for management of her drug addiction. Which intervention should the occupational therapist use FIRST to help Ms. J?

1. Assertiveness group therapy
2. Cognitive-behavioural therapy
3. Hypnotherapy
4. Expressive art therapy

---

1) Incorrect: Assertiveness would be an important skill for Ms. J to learn if it was identified she had issues with assertiveness.
2) **Correct:** CBT focuses on the re-construction of individuals' cognition, emotions and behaviours. Through CBT, the occupational therapist would help the client assess, recognize and deal with the client's problematic way of thinking, emoting and behaving. CBT would be best to help Ms. J modify her behaviour to help her with her drug addiction.
3) Incorrect: Hypnosis is used to change a client's behaviour. However, this approach is not within the scope of practice of occupational therapists.
4) Incorrect: Expressive art therapy uses a form of art as a means to treat clients. This method uses art as a way of helping clients express themselves in a non-threatening way.
5) This may help the occupational therapist know what the client is feeling but will not be helpful in changing the client's behaviours.

Answer: 2

#89 How can the occupational therapist and social worker on the psychiatric unit work with Ms. J to influence her social environment?

1. Refer her to a community based sex trade support agency
2. Assist Ms. J to reconnect with her family
3. Refer to a substance abuse counselling group
4. Help Ms. J find alternative employment

---

1) **Correct:** Ms. J needs a healthy social network to help her maintain a drug free lifestyle. This type of agency would have the expertise and skills to deal with Ms. J. They would have a broad mandate in addressing her social environment.
2) Incorrect: Ms. J is 34, and there is no mention of her wish to reconnect with her family. We cannot assume her family environment is a healthy one.

3) Incorrect: This would not be a long term solution. Counselling may help her communicate her feelings and deal with her issues but would not help develop a healthy social environment. Also she has issues in dealing with strangers and would be very uncomfortable in a group environment.
4) Incorrect: Helping find alternative employment could help Ms. J socially, but she has not expressed an interest in changing her work occupation.

Answer: 1

#90 Ms. J continues to call the occupational therapist from the psychiatric unit after discharge to talk about her progress. What should the therapist do?

1. Gradually decrease frequency of contact
2. Befriend Ms. J as she is no longer a client
3. Discuss professional limits with Ms. J
4. Refer Ms. J to a community therapist

---

1) Incorrect: Occupational therapy professional boundaries and limitations dictate that the occupational therapist cannot continue to communicate with clients following discharge.
2) Incorrect: Occupational therapy professional boundaries and limitations dictate that the occupational therapist cannot continue to communicate with clients following discharge.
3) **Correct:** Professional behaviours dictate that therapist-clients cannot remain in contact after the relationship has ended. The occupational therapist needs to tell the client that given the relationship has ended, they can no longer continue to communicate.
4) Incorrect: The client is no longer under the occupational therapist's caseload and the occupational therapist cannot make those referrals after discharge. The occupational therapist's professional boundaries need to be addressed.

Answer: 3

CASE 21

Person: Mrs. M- (she/her)- 52 years old

Summary:

- Mrs. M was involved in a motor vehicle accident (MVA) 7 weeks ago.
- She sustained a right femoral head fracture including dislocation of the hip joint requiring open-reduction internal fixation (ORIF).
- She was discharged home with medical restrictions for the right hip including; no flexion greater than 90 degrees, no internal rotation and no adduction for 5 more weeks.
- Mrs. M previously enjoyed her work as a janitor for the local school system. She is currently on medical leave.
- Mrs. M is a widow and has one daughter who lives with her. Mrs. M's daughter is angry that she has

not been involved in her mother's care plan.

- An occupational therapist, who works at a community agency, has been requested to see Mrs. M for assessment and intervention.
- The therapist works closely with occupational therapy support personnel.

QUESTIONS 91 to 95 refer to this case.

#91 Mrs. M complains that the occupational therapist is pushing her to work too hard. What should the therapist do FIRST?

1. Transfer Mrs. M's care to another occupational therapist
2. Motivate Mrs. M to work through her discomfort
3. Discuss treatment plan with Mrs. M
4. Convince Mrs. M of the therapeutic benefits of treatment

---

1) Incorrect: It is not appropriate to transfer Mrs. M to another occupational therapist if it is due to difficulty building rapport. There are strategies that need to be tried first in an effort to encourage her participation in therapy.
2) Incorrect: Even though motivating Mrs. M may be beneficial it does not address her underlying complaint that the therapist is pushing her too hard.
3) **Correct:** This is an example of being client-centred and it may help to facilitate rapport with her and encourage her participation in rehabilitation.
4) Incorrect: It is not the place of the occupational therapist to convince Mrs. M of the benefits of occupational therapy treatment. The occupational therapist can have a discussion with Mrs. M about such benefits but it is then her choice whether or not to participate in treatment.

Answer: 3

#92 Which task is MOST appropriate for the occupational therapist to assign to occupational therapy support personnel?

1. Educate Mrs. M on the use of assistive devices
2. Re-assess Mrs. M's functional status
3. Adapt treatment plan according to Mrs. M's progress
4. Develop appropriate treatment goals for Mrs. M

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1) **Correct:** Executing a component of the occupational therapy treatment plan, such as providing education on the use of assistive devices, is within the scope of the occupational therapy support personnel.
2) Incorrect: It is not within the scope of the occupational therapy support personnel to perform re-assessments.
3) Incorrect: It is not within the scope of the occupational therapy support personnel to change treatment plans or to perform assessments.
4) Incorrect: It is not within the scope the occupational therapy support personnel practice to develop treatment goals. This is the responsibility of the occupational therapist.

Answer: 1

#93 What assistive device should the occupational therapist recommend FIRST for Mrs. M?

1. Wedge pillow
2. Dressing stick
3. Lightweight vacuum
4. Shower chair

---

1) Incorrect: Using a wedge pillow would help to support the operated leg and prevent internal rotation. Although this would be a good idea for the occupational therapist to recommend, it would not be the first assistive device for the therapist to suggest as Mrs. M could use pillows in her own home to support the same objective.
2) **Correct:** Assistive devices such as a dressing stick would support Mrs. M's participation in dressing activities given her current medical restrictions.
3) Incorrect: Mrs. M should not be participating in heavy household activities at present. As such, provision of a lightweight vacuum is not the first device the occupational therapist would recommend.
4) Incorrect: Using a shower chair would require Mrs. M to flex and adduct her hip beyond the medical restrictions.

Answer: 2

#93 Mrs. M's daughter calls the occupational therapist repeatedly to ask about her mother's progress in therapy. What is the BEST way for the therapist to respond?

1. Invite Mrs. M's daughter to join the next therapy session
2. Suggest Mrs. M's daughter speak to the treating physician
3. Describe Mrs. M's progress in therapy with the daughter
4. Encourage Mrs. M's daughter to ask her mother directly

---

1) Incorrect: You do not have consent to invite Mrs. M's daughter to join the next therapy session. As such, it would be a breach of confidentiality to extend such an invitation.
2) Incorrect: This would not address the daughter's request which is to learn about how her mother is progressing in therapy.
3) Incorrect: You do not have consent to discuss Mrs. M's progress with her daughter. As such, it would be a breach of confidentiality to engage in such a conversation.
4) Correct: By encouraging the daughter to speak directly to her mother about how she is progressing with therapy, the occupational therapist is not breaching confidentiality.

Answer: 4

#95 Mrs. M confides to the occupational therapist that she plans to return to work in two weeks, contrary to her physician's advice. What should the therapist do FIRST?

1. Support Mrs. M's decision in an effort to remain client-centered
2. Share Mrs. M's plan with her treating physician for follow-up
3. Contact Mrs. M's employer to discuss workplace accommodations
4. Discuss with Mrs. M the barriers that would limit her work performance

---

1) Incorrect: Although it is expected that an occupational therapist make every effort to engage with their

clients in a client-centered manner, this would not be the first reaction from the therapist. The therapist first has a responsibility to ensure Mrs. M understands the decision she is making and the barriers that might limit her performance.

2) Incorrect: Although the occupational therapist may contact the treating physician, this would not be the first step. This would not specifically address Mrs. M's plan which is to return to her previous occupation as a school janitor. The therapist needs to address this problem
3) Incorrect: This would not be the first step the therapist would take. When Mrs. M is medically cleared for work this would be a good thing for the occupational therapist to complete.
4) **Correct**: It is important that the occupational therapist discuss Mrs. M's plan with her and the barriers she might experience at the workplace. By having this discussion, it would be hoped that Mrs. M will come to the conclusion as to why it would be difficult as well as risky to return to work so soon after her surgery.

Answer: 4

CASE 22

Person: Mr. V – (he/him) – 65 years old

Summary:

- Mr. V has been homeless for 8 years.
- His partner and family left him ten years ago because Mr. V had a gambling addiction. Mr. V lost his job as an executive for a major corporation, shortly thereafter.
- Mr. V has developed a substance addiction.
- He also lives with Type II diabetes and hypertension.
- Mr. V's left leg was amputated one month ago. He was denied inpatient rehabilitation services due to a history of poor compliance with treatments. He currently uses a wheelchair for mobility.
- In the cold weather, Mr. V sleeps at the local shelter which is accessed by 4 steps.
- Mr. V reports that when he last attended the 'lunch for the homeless' program at the local church, he was asked to leave and not return because he started a fight. The lunch program has a zero tolerance policy for violence.
- Mr. V was assigned to the occupational therapist as a first point of contact at the community health centre. The occupational therapist works with nursing, social work, medicine and dietary team members each of whom are expected to address their client's needs using a wide breadth of services. The community health centre operates within a harm reduction philosophy model.

QUESTIONS 96 to 99 refer to this case.

#96 Mr. V asks the therapist for clean needles. What should the therapist do?

1. Refer Mr. V to nursing care
2. Educate Mr. V on drug cessation
3. Provide Mr. V with clean needles
4. Teach Mr. V to clean needles for re-use

1) Incorrect: In this environment, any health professional is able to provide clean needles to clients who request them. This is not limited to nursing.
2) Incorrect: This does not address his request for needles and can be perceived as judgemental.
3) **Correct:** In a harm reduction program, it would be appropriate for every staff member to provide clean needles to all clients who request them.
4) Incorrect: This is unsafe practice and also does not address his request.

Answer: 3

#97 As it is winter, what should the occupational therapist do FIRST to address Mr. V being unable to access the homeless shelter?

1. Research accessible shelters in the area
2. Recruit volunteers to construct a wooden ramp
3. Advocate to city officials for shelter accessibility
4. Have manager arrange that Mr. V be lifted into the building

---

1) **Correct:** This will address the immediate need of Mr. V accessing a shelter.
2) Incorrect: This is not a solution that could be accomplished immediately and questions need to be answered regarding funding, permits, and resources.
3) Incorrect: Although this needs to happen. It is a long term recommendation and doesn't help Mr. V in interim.
4) Incorrect: This is not a long term solution. It poses safety risks to Mr. V and the staff and is an issue in an emergency situation.

Answer: 1

#98 Mr. V wants to return to the 'lunch for the homeless' program. How should the therapist respond?

1. Discuss with Mr. V that his behaviors have consequences
2. Utilize principles of cognitive-behavioral therapy
3. Enroll Mr. V in an anger management program
4. Assist Mr. V with negotiating re-entry into the program

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1) Incorrect: Although it would be helpful to go over the behaviors, this will not assist Mr. V's goal of returning to the meal program.
2) Incorrect: The case does not describe how Mr. V's thoughts and feelings are impacting his behavior.

There is not enough information to support the use of this approach. This approach will also not assist him in returning to the meal program.

3) Incorrect: This would not address the issue of assisting him to return to the meal program. This approach is also judgemental and aggressive as we would be labelling him in an event that we did not witness.
4) **Correct:** This approach will enable Mr. V to take responsibility for his actions and collaborate with the occupational therapist to find solutions.

Answer: 4

#99 Mr. V continues to require rehabilitation services related to his recent amputation. What should the occupational therapist do?

1. Encourage Mr. V to self-advocate for rehabilitation services
2. Refer Mr. V to a registered prosthetist
3. Contact the Rehabilitation Centre and advocate on his behalf
4. Provide amputee rehabilitation at the community health center

---

1) Incorrect: Although this is a good skill for Mr. V to have he will not be able to master it soon enough to get into rehab as quickly as required. Given Mr. V's history, substance abuse, etc., it will likely take him a while to learn the advocacy skill. The occupational therapist will likely be able to influence the system more quickly to meet the immediate need.
2) Incorrect: This would not be an accurate referral as it would not address the referral to rehabilitation. Mr. V would require rehab to strengthen his residual limb in order to potentially qualify for a prosthetic. Mr. V may not be a candidate for a prosthetic leg either.
3) **Correct:** Since Mr. V requires rehab fairly quickly the occupational therapist will likely have a better opportunity for success than Mr. V advocating on his own. The occupational therapist can provide the clinical reasoning behind the need for referral and provide a link to community care afterward. Given Mr. V's previous behaviour, he is likely to be turned away by the rehabilitation centre again if he attempts to advocate on his own.
4) Incorrect: The therapist is not working within a setting that is equipped to provide amputee in-patient rehabilitation nor is it likely that the occupational therapist has the specific skills to provide the comprehensive rehabilitation services that Mr. V requires.

Answer: 3

CASE 23

Person: Amy - (she/her) - 12 months

Summary:

- Amy is a First Nations baby who was born with Spina Bifida and bilateral club feet.
- Soon after birth she had a surgical repair of myelomenigocele at the level of L5.
- The current physiotherapist and occupational therapist have made corrective foot splints for Amy while she waits for foot surgery.
- She lives with her parents in a Northern community.
- The family has treaty status and receives financial support from the Band Council.
- Amy attends daycare three mornings a week.
- Amy is pre-verbal and has motor delays.
- Amy can sit unassisted for brief periods, she brings her hands to her mouth, she can grasp and release large objects.
- Rehabilitation outreach services are provided by therapists from a rural clinic team.
- The occupational therapist and Amy's parents have determined that Amy would benefit from a therapy stroller for attending appointments and community outings.

QUESTIONS 100 to 103 refer to this case.

#100 Amy's mother reports that there is a persistent red area on Amy's ankle. What should the occupational therapist do FIRST?

1. Make home visit to modify the splint
2. Advise the parents to remove the splint
3. Direct the parents how to modify the splint over the phone
4. Refer Amy back to the orthopedic surgeon for re-evaluation

---

1) Incorrect: Although this is required, it is not the first thing the therapist would do.
2) **Correct:** The splint should be removed immediately to prevent further skin damage. A home visit should then be scheduled.
3) Incorrect: Unknown skill level of parents, possible liability issue for second hand or indirect treatment.
4) Incorrect: surgical areas of concern are deep structures not superficial and would not change the priority for surgery.

Answer: 2

#101 Which activity BEST promotes Amy's fine motor development through play?

1. Musical banging toys
2. Pop up toys
3. Large interlocking blocks
4. Large stacking rings

---

1) Incorrect: This requires the action of sustained hand grasp with full arm hitting movements and does not progress her from grasp and release.
2) Incorrect: This requires the action of one handed push or press to get an effect, strength and precision demands are low.
3) Correct: This is the next logical step in hand skill once grasp and release are achieved, it requires precision and application of force to place and connect the blocks.
4) Incorrect: This requires the action of both targeted placement (limited precision), and grasp and release, but not the application of force, it may be done either bilaterally or unilaterally so is not as beneficial for development of hand skills as the blocks.

Answer: 3

#102 To assist the family in obtaining the therapy stroller, what should the occupational therapist do FIRST?

1. Obtain wheeled mobility on loan from community agency
2. Provide detailed specifications in a recommendation letter to parents
3. Recommend parents contact the Band Council for funding
4. Approach the Spina Bifida Association for funding

---

1) Incorrect: Short term solution, still need to know what is required before asking for a loan of equipment so this would follow after B.
2) **Correct:** This is the best option. It demonstrates the necessity of the device, to strengthen the child's engagement in occupation. Based on data gathered by the occupational therapist and considers priorities of the funding agency.
3) Incorrect: Parents are not directly involved and may have limited knowledge of child's needs; the letter is needed first before pursuing funding.
4) Incorrect: Letter is needed before seeking funding.

Answer: 2

#103 The daycare staff request assistance to make their building accessible. What should the occupational therapist do FIRST?

1. Review profiles of children at the daycare
2. Discuss principles of universal design with the daycare manager
3. Obtain an estimate for renovations from a local contractor
4. Complete an on-site environmental needs assessment

---

1) Incorrect: This step should not be required if principals of universal/barrier free design are used.
2) Incorrect: This would not be the first step; it would follow the site visit. Doing it first is not efficient. Information will be more meaningful if it is specific to the site based on observed issues.
3) Incorrect: This is not a good first step, needs are still unknown, proceeding too quickly.
4) **Correct:** This is the first step in determining how to proceed (Trombly, pg 368).

Answer: 4

CASE 24

Person: Mrs. C - (she/her) -38 years old

Summary:

- Mrs. C is diagnosed with end-stage breast cancer.
- Mrs. C resides in a hospice (community facility for people receiving end-of-life care).
- Mrs. C's husband visits daily but does not bring their 6 year-old daughter with him. There is tension in the marriage as the couple has had many conflicts regarding the decision to move Mrs. C to hospice care.
- Mrs. C spends most of her time alone in her room. The physician has reported that Mrs. C has asked to have a medically assisted death.
- Once each day, Mrs. C gets up and into her manual wheelchair with assistance from staff. She is wheeled by staff on the hospice grounds for fresh air. Recently, Mrs. C has refused to engage in this activity indicating that it is uncomfortable for her.
- A referral is made for community occupational therapy.

QUESTIONS 104 to 107 refer to this case.

#104 How should the occupational therapist address the client's isolation?

1. Ask the husband to bring the client's daughter for visits
2. Provide staff with strategies to engage the client
3. Respect the client's decision at the end of her life
4. Talk to the client about being alone in her room

---

1) Incorrect: The case has not identified that it is Mrs. C's wish/desire for her daughter to visit her at the hospice.
2) Incorrect: The client is not the staff but rather Mrs. C. It is important for the therapist to work with the client.
3) Incorrect: If the client chooses to be alone, then the therapist must respect her decision. However, the therapist's first responsibility is to explore the possibility of engagement and participation.
4) **Correct:** The client has been spending time alone which may be her preference or she may be bored/lacking in opportunities to engage in occupation. The therapist needs to explore this possibility.

Answer: 4

#105 During a session with the client and her husband, they state that they are trying to protect their daughter but don't know how to ensure she feels included. What should the occupational therapist suggest?

1. The parents work with their daughter on a scrapbook of their lives
2. Mrs. C writes a letter to her daughter about their relationship
3. The daughter joins a support group for children of dying parents
4. The parents provide their daughter with the mother's possessions

---

1) **Correct:** This is the only option that engages all three family members in an occupation together. Literature indicates that children should be involved in death/dying to normalize the process.
2) Incorrect: While this includes the daughter, she is not actually participating in the development of this

letter. Further, the client may not have the capability to write a letter.

3) Incorrect: This option involves the daughter but does not identify if the parents are involved. It is consistent with the notion of protection but not necessarily "inclusion" in her mother's death.
4) Incorrect: This option allows for the daughter to be included in that she will receive items that are meaningful to her and her mother but she is not involved in the process.

Answer: 1

#106 Mrs. C has achieved her previously determined occupational therapy goals and would like to explore the meaning of life and death. What should the occupational therapist do FIRST?

1. Ask Mrs. C to share her perceptions
2. Indicate that spirituality is variable
3. Begin by sharing personal experiences
4. Refer Mrs. C to spiritual care services

1) **Correct:** This issue is tied to the occupation of being, and thus falls within the purview of occupational therapy services. Depending on the information obtained, the therapist may choose to refer to spiritual care services.
2) Incorrect: While this is true and occupational therapists have an understanding of spirituality, therapists use this information to inform their practice. It is not the focus of practice itself.
3) Incorrect: This is a strategy that can assist clients in exploring a difficult topic; however, this issue does not appear to be relevant to occupational engagement or performance.
4) Incorrect: The therapist should explore this area with the client first, prior to referral to a spiritual care provider, as one should not assume the client is a religious person.

Answer: 4

#107 The occupational therapist has become attached to Mrs. C and is struggling with her upcoming death. How should the therapist BEST proceed?

1. Begin learning meditation techniques
2. Take some time off for balance
3. Speak with staff support services for the hospice program
4. Talk to friends about the experience with Mrs. C

---

1) Incorrect: Meditation can be very helpful for support and stress management; however, this is a skill that needs to be developed and will not help the therapist immediately.
2) Incorrect: The therapist has a responsibility to Mrs. C and other clients and while this could be a good solution for unusual circumstances, it should probably not be implemented on a regular basi
3) **Correct:** The therapist needs to take care of him or herself and make use of the services available to staff, in order to best address feelings and emotions.
4) Incorrect: While social supports are a good stress reliever the therapist is risking a breach of confidentiality by discussing details about the client's situation outside the circle of care for the client.

Answer: 3

CASE 25

Person: Mr. Z - (he/him) - 53 years old

Summary:

- Mr. Z is Cantonese-speaking.
- He lives with his brother. His brother's wife recently died.
- Mr. Z has Down syndrome. Until recently, he has been independent in most self-care activities.
- He enjoys long walks with his brother, and visiting neighbours.
- Mr. Z was admitted yesterday to the local hospital due to new urinary incontinence, and recent behavioural changes.
- His brother reports that prior to admission Mr. Z was no longer able to dress himself, and rarely left the house.
- Mr. Z was sleeping during the day, and wandering around the house at night.
- The team suspects that Mr. Z is demonstrating behavioural and cognitive changes consistent with dementia.
- His brother says he is having difficulty coping with Mr. Z's recent changes. The brother reports visiting his doctor weekly due to stress since his wife's death.
- The occupational therapist working in acute care has received a referral for Mr. Z.

QUESTIONS 108 to 112 refer to this case.

#108 What is the MOST appropriate approach for the therapist to use when communicating with Mr.Z?

1. A Cantonese translation of a standardized assessment
2. Obtain assistance from a Cantonese-speaking interpreter
3. Ask Mr. Z's brother to interpret during the assessment
4. Collaborate with a Cantonese-speaking colleague

---

1) Incorrect: Regardless of the validity of the translation of a standardized assessment, some form of interpretation is required to administer and then interpret the findings of the assessment.
2) **Correct:** a trained interpreter has the skills to interpret a wide variety of medical and social communication in an unbiased and accurate manner.
3) Incorrect: Family members may feel stressed or uncomfortable acting as translators, and may lack facility in technical or medical terminology. Additionally, there is significant potential for bias (recognized or unrecognized) to affect the accuracy of the translation.
4) Incorrect: While this may be effective to speed up the process of assessment, the colleague may also lack facility in technical or medical terminology, and their assessment needs may not always be the same as that of the occupational therapist.

Answer: 2

#109 What is the FIRST approach that should be used to assess Mr. Z's functional status?

1. Observe Mr. Z's ability to engage in activities of daily living
2. Administer standardized activities of daily living instrument
3. Interview his brother for detailed history of Mr. Z's functional status
4. Ask a Cantonese speaking nurse to report on Mr. Z's self-care abilities

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1) Incorrect: Because Mr. Z speaks Cantonese, and has Down syndrome it would be difficult to determine how to best engage Mr. Z in the assessment process and what aspects of functional status are most important.. It would be difficult to observe all aspects of functional status. By interviewing the brother first, the therapist can narrow down what will be observed. .
2) Incorrect: Because Mr. Z speaks Cantonese and has Down syndrome, standardized assessments will likely not provide useful information, will be frustrating or impossible to administer, and will not assess Mr. Z's functional status.
3) **Correct:** Obtaining a history of Mr. Z's previous functional status is an important part of the assessment process. It should be done first in order to inform clinical observation.
4) Incorrect: It is the occupational therapist's task to undertake the functional assessment. While the nurse's report can provide helpful collateral information, the occupational therapist must actually undertake the functional assessment, and not rely solely on the report of another professional.

Answer: 3

#110 Given the team's suspicion of dementia, what should the occupational therapist do?

1. Inform Mr. Z and his brother that Mr. Z likely has dementia
2. Refer Mr. Z to a dementia day program
3. Recommend that Mr. Z be referred to a specialist for further investigation
4. Refer Mr. Z to a community occupational therapist

1) Incorrect: It is out of the scope of practice for occupational therapists to diagnose a medical condition and to convey a diagnosis. The CAOT Code of Ethics states that members must abide by rules set out by their provincial regulatory colleges - and these state that making a medical diagnosis or conveying a diagnosis is outside the scope of occupational therapy or requires specialist designation.
2) Incorrect: This may be helpful in reducing the brother's stress, but first, a diagnosis of dementia needs to be established. As well, the CAOT Code of Ethics states that members must abide by rules set out by their provincial regulatory colleges - and these state that making a medical diagnosis or conveying a diagnosis is outside the scope of occupational therapy or requires specialist designation.
3) **Correct:** An assessment related to a potential dementia should be undertaken formally by a physician, or a team of clinicians who are specialized in dementias. As well, the CAOT Code of Ethics states that members must abide by rules set out by their provincial regulatory colleges - and these state that making a medical diagnosis or conveying a diagnosis is outside the scope of occupational therapy or requires specialist designation.
4) Incorrect: This may help with observing Mr. Z in his most familiar environment, but it does not move substantially towards diagnosis.

Answer: 3

#111 What action will be MOST effective in reducing caregiver burden for Mr. Z's brother?

1. Suggest Mr. Z's brother speak to the hospital's spiritual care provider for support
2. Refer Mr. Z to a specialized community day program
3. Organize home care support to assist Mr. Z with weekly bathing
4. Provide Mr. Z's brother with reading materials on managing caregiver stress

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1) Incorrect: This might help Mr. Z's stress level (at least while meditating), but will not reduce his caregiving load.
2) **Correct:** By locating programming that can provide appropriate care for Mr. Z in the community, his brother's caregiving load will be reduced.
3) Incorrect: This will provide some caregiver relief, but this will likely be insufficient to reduce the stress Mr. Z's brother is experiencing.
4) Incorrect: While Mr. Z's brother would benefit from education this is a very passive intervention.

Answer: 2

#112 Mr. Z was discharged from hospital before occupational therapy service delivery was complete. What should the occupational therapist do FIRST?

1. Obtain Mr. Z's consent to refer him to a home care therapist for follow-up
2. Document that discharge occurred prior to completion of intervention
3. Nothing, as no further intervention is permitted
4. Discuss the discharge timing with the physician

1) **Correct:** There is an ethical obligation to ensure that if an episode of care is not complete, issues related to safety are addressed and the patient has been provided with an option to receive necessary services.
2) Incorrect: Mr. Z is not discharged from occupational therapy services until there is a documented discharge note.
3) Incorrect: If there are safety issues or concerns that are outstanding, there is an obligation to attempt to address them, and there should be a documented discharge note outlining this plan.
4) Incorrect: While this might be emotionally satisfying, it does not complete the episode of care.

Answer: 1

BOOKLIST FOR THE NOTCE

In preparation for the NOTCE, candidates are expected to use the textbooks which were assigned throughout their course of study. In the event that guidance on selection of resources is desired, the following is a list of frequently used textbooks in Canada. The list is a resource and should not be construed as the definitive source for the NOTCE.

This booklist has been prepared from reading lists of accredited occupational therapy programs in Canada and from cited references within the NOTCE item bank. It is reviewed and updated on a regular basis but due to publishing lags and updating of exam questions, the latest edition and texts may not always appear on the current booklist.

- Atchison, B. & Dirette, D. (Eds.). (2022). Conditions in occupational therapy: Effect on occupational performance (6th ed.). Wolters Klewer.
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- Association canadienne des ergothérapeutes. (2006). Code d'éthique. Ottawa, ON: CAOT Publications ACE.
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