

Pre-Test

1. A patient demonstrates a flexible anterior pelvic tilt. What is the best solution for this?
 - a. Tilt the chair forward to meet their spine
 - b. Accommodate the chair around the pelvic tilt
 - c. Reposition the patient to find a pelvic neutral position
 - d. Add a lumbar support to "fill in the space" between the spine and the chair back
2. A tilt-in-space seating system may have which of the following advantages when compared to a recline-only chair:
 - a. Can help to reduce/inhibit extensor tone spasms
 - b. Reduces risk of patient sliding out of chair
 - c. Maintains patient's hip, knee and ankle angles while tilting back for pressure relief
 - d. Reduces shear forces
 - e. All of the above
3. Which parameters of a pelvic positioning belt would be **most** helpful for a patient with a flexible posterior pelvic tilt?
 - a. A four-point pelvic positioning belt with the primary belt at 30° and the secondary belt positioned at 60°
 - b. A pelvic positioning belt with primary belt positioned at 60°
 - c. A pelvic positioning belt with a primary belt at 45°
 - d. A pelvic positioning belt with primary belt positioned at 90°
4. Which direction of pull is recommended when using a pelvic positioning belt for a patient with a pelvic rotation?
 - a. The belt should be tightened down on the side rotated anteriorly
 - b. The belt should be tightened down on the side rotated posteriorly
 - c. The belt should be tightened down bilaterally
 - d. The belt should be cinched in the middle
5. Many head-supports only provide support for the occiput. Where is an additional, helpful place for support in order to reduce hyperextension of a patient's neck?
 - a. Mandible
 - b. Superior portion of scapula
 - c. Sub-occipital region
 - d. Temples