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Question: 1

How many major reflexes should the occupational technologist assess when evaluating the musculoskeletal system?

- A. Three.
- B. Four.
- C. Five,
- D. Six.

Answer: C

Explanation:

Five major reflexes should be assessed when evaluating the musculoskeletal system:

Biceps: Arm flexed at the elbow with the examiner's thumb placed horizontally over biceps tendon with percussion to examiner's thumb.

Brachioradialis: Forearm resting on the leg or the examiners forearm with percussion to radius at 2 to 5 cm above the wrist.

Triceps: Arm flexed at the elbow with percussion to triceps tendon, about 2 to 5 cm above elbow.

Patellar. Knee bent and leg dangling, with percussion to patellar tendon (directly below the patella).

Achilles tendon: Leg dangling and foot dorsiflexed, percussion to the Achilles tendon right above the heel.

Question: 2

A patient is to have side arm skin traction for a fracture of the left humerus. Where are the traction tapes applied?

- A. To the upper arm, extending past the elbow and to the forearm, extending to the wrist.
- B. To the forearm extending beyond the hand.
- C. To the forearm extending to the wrist.
- D. To the upper arm, extending past the elbow, and to the forearm, extending beyond the hand.

Answer: D

Explanation:

For side arm skin traction, sets of traction tapes are applied to both the forearm and the upper arm with the upper arm traction tapes extending past the elbow and attached to a spreader and pulley weight equipment to exert a horizontal pull on the humerus. Forearm traction tapes extend beyond the hand and are attached to a spreader and pulley weight equipment to provide a lateral or upward pull and to suspend the arm in a vertical position.

Question: 3

A patient must wear a wrist immobilization splint, but the splint tends to migrate as the patient moves her fingers and elbow. Which of the following initial measures is indicated to reduce friction force and migration?

- A. Change the size of the splint.
- B. Cover her skin with a stockinet or elastic tubular bandage (such as Tubigrip).
- C. Increase the number of straps securing the splint.
- D. Tighten the straps securing the splint.

Answer: B

Explanation:

Some migration is normal with movement because of the friction force between the skin and the splint. Often, covering the skin with a stockinet or elastic tubular bandage (such as Tubigrip) will be sufficient to reduce the friction force that results in movement (kinetic friction). Friction force relates to both the coefficient of friction (depending on the material) and contact force (the degree of securing and tightening). The friction coefficient of a splint may be increased by lining the splint with foam or applying additional straps, which increases the force of contact.

Question: 4

When applying a cast with extra-fast-setting plaster, the temperature of the water should be

- A. Cold.
- B. Room temperature.
- C. Warm.
- D. Hot.

Answer: A

Explanation:

Because the warmer the water, the faster the plaster sets, cold water should be used with extra-fast-setting plaster. The roll of plaster should be unrolled so that about two or three inches of plaster extends beyond the roll, and then the roll is immersed in the water until the bubbling stops. The roll is then squeezed and compressed toward the center to remove excess water, taking care not to wring the roll too dry because some of the plaster is lost with the water.

Question: 5

When applying cervical skin traction with a head halter, the traction should pull the chin

- A. Backward.

- B. Upward.
- C. Into a neutral position.
- D. Down toward the chest.

Answer: D

Explanation:

The purpose of cervical skin traction is to relieve pain, muscle spasms, and neck strain. The traction should pull the chin down toward the chest, flexing the head forward and stretching the muscles at the back of the neck. When applying the head halter, the orthopaedic technologist should gently apply manual traction to ensure that the traction brings the chin into the correct position before applying weights. The patient should lie with the body in proper alignment because body weight and positioning serve as countertraction.

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