

LSVT BIG Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

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- 1. What is the primary end goal of BIG walking practice in LSVT?**
 - A. Patients will recognize the correct amount of effort to normalize gait amplitude**
 - B. Patients will use bigger walking amplitudes in posture and stride**
 - C. Patients will sustain normalized amplitude for longer durations**
 - D. All of the above**
- 2. Which of the following is a strategy to progress maximal daily exercises?**
 - A. Add cognitive challenges**
 - B. Include weights or resistance**
 - C. Increase repetitions**
 - D. All of the above**
- 3. What is an example of a goal that meets LSVT BIG requirements?**
 - A. The patient will focus on cognitive exercises**
 - B. The patient will transfer supine to sitting in under six seconds**
 - C. The patient will improve their social interactions**
 - D. The patient will engage in community activities**
- 4. What is the best way to select a hierarchy task for a patient?**
 - A. Choose a task that the therapist prefers**
 - B. Probe the patient for goals that are emotionally salient**
 - C. Select a task the patient has previously mastered**
 - D. Assign a general task without patient feedback**
- 5. Why is intensive and high effort delivery of treatment significant in LSVT BIG?**
 - A. It helps in medication compliance**
 - B. It drives maximal plasticity**
 - C. It ensures proper dosage of therapy**
 - D. It allows for patient relaxation during sessions**

- 6. What should be your response if your patient struggles with returning their stepping foot to the start position?**
- A. Ignore the problem and continue**
 - B. Use visual cues like tape on the floor**
 - C. Encourage faster stepping**
 - D. Suggest alternate exercises**
- 7. What type of feedback is encouraged to enhance rehabilitation effectiveness in LSVT BIG?**
- A. Feedback from family members**
 - B. Feedback based purely on movement**
 - C. Feedback on both voice and movement amplitude**
 - D. Feedback from self-assessment only**
- 8. During therapy, what is an indicator that a cognitive challenge may be overwhelming for a patient?**
- A. Increased movement speed**
 - B. Difficulty maintaining movement amplitude**
 - C. Increased motivation**
 - D. Enhanced movement variety**
- 9. Can you skip slides or videos during the LSVT BIG online training course?**
- A. Yes, it is recommended**
 - B. No, all materials should be completed**
 - C. Only during the final exam**
 - D. Only for modules that are not relevant**
- 10. Which of the following is NOT a manifestation of hypokinesia in individuals with Parkinson's Disease?**
- A. Loss of loudness of speech (hypophonia)**
 - B. Loss of amplitude of handwriting (micrographia)**
 - C. Progressive loss of olfactory function**
 - D. Shortening of stride length during walking**

Answers

SAMPLE

- 1. D**
- 2. D**
- 3. B**
- 4. B**
- 5. B**
- 6. B**
- 7. C**
- 8. B**
- 9. B**
- 10. C**

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Explanations

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1. What is the primary end goal of BIG walking practice in LSVT?

- A. Patients will recognize the correct amount of effort to normalize gait amplitude**
- B. Patients will use bigger walking amplitudes in posture and stride**
- C. Patients will sustain normalized amplitude for longer durations**
- D. All of the above**

The primary end goal of BIG walking practice in LSVT focuses on improving overall walking performance in individuals with movement disorders, such as Parkinson's disease. The beneficial outcomes of BIG walking practice encompass various dimensions of gait improvement. Firstly, recognizing the correct amount of effort to normalize gait amplitude is essential. Patients need to understand how much force and intention they should use while walking to achieve larger and more effective strides. This awareness is crucial for establishing a foundation for improved gait. Secondly, the emphasis on using bigger walking amplitudes in posture and stride directly relates to the core premise of LSVT BIG, which stresses the importance of exaggerated movements to enhance functional mobility. This adjustment in posture and stride facilitates more efficient and safer walking, ultimately helping patients navigate their environments more effectively. Lastly, sustaining normalized amplitude for longer durations is significant for promoting endurance and consistency in gait. Maintaining larger gait patterns over time leads to better overall mobility and can positively influence daily activities. The synergy among these outcomes supports the notion that successful BIG walking practice involves all these aspects working together. Thus, the primary end goal can best be encapsulated by selecting an option that includes all these important components, affirming the comprehensive approach of LSVT BIG in addressing gait challenges.

2. Which of the following is a strategy to progress maximal daily exercises?

- A. Add cognitive challenges**
- B. Include weights or resistance**
- C. Increase repetitions**
- D. All of the above**

Progressing maximal daily exercises is essential for continued improvement in patients undergoing the LSVT BIG program. Implementing multiple strategies can create a more robust exercise regimen, leading to enhanced outcomes. Adding cognitive challenges while clients perform their exercises can increase the complexity of the movement, requiring greater concentration and coordination. This not only makes the exercises more engaging but also helps improve dual-tasking abilities, which can be particularly beneficial for individuals with neurological conditions. Incorporating weights or resistance can further progress exercises by increasing the load that muscles must work against. This greater resistance challenges strength and stability, promoting muscle development and overall functional capacity. Increasing repetitions of exercises is another effective strategy for progressing a regimen. By performing more repetitions, patients can enhance endurance alongside strength, supporting their overall physical capacity and functional mobility. Using all of these strategies together creates a comprehensive approach to exercise progression. By addressing various aspects of training—cognitive, strength, and endurance—patients can achieve more significant improvements in their mobility and daily functioning. This holistic method is particularly important for those in the LSVT BIG program, as it aligns with the program's goals of enhancing functional mobility and task performance.

3. What is an example of a goal that meets LSVT BIG requirements?

- A. The patient will focus on cognitive exercises**
- B. The patient will transfer supine to sitting in under six seconds**
- C. The patient will improve their social interactions**
- D. The patient will engage in community activities**

The selection of a goal that meets LSVT BIG requirements centers around the principles of targeting functional movement and enhancing physical abilities related to everyday activities. The goal that states the patient will transfer from supine to sitting in under six seconds is a prime example of this. This goal is specific, measurable, and time-bound—key characteristics for effective goal-setting in rehabilitation. It directly addresses a fundamental movement pattern that can impact the patient's independence and safety in daily life. By improving the efficiency of such transfers, patients can enhance their functional mobility, a key component in the LSVT BIG program which aims to improve the amplitude of movement and overall physical function. The other options, while potentially valuable goals, do not align as closely with the core focus of LSVT BIG on motor function and physical performance. For instance, focusing on cognitive exercises or improving social interactions, though important, do not directly relate to enhancing physical movement. Similarly, engaging in community activities is essential for psychosocial well-being but does not inherently specify a physical movement goal that is measurable in the same way as improving transfer speed. Thus, the goal of transferring supine to sitting in under six seconds stands out as being most relevant and appropriately aligned with the objectives of the LSVT

4. What is the best way to select a hierarchy task for a patient?

- A. Choose a task that the therapist prefers**
- B. Probe the patient for goals that are emotionally salient**
- C. Select a task the patient has previously mastered**
- D. Assign a general task without patient feedback**

Selecting a hierarchy task for a patient involves understanding their individual motivations and emotional connections to specific activities. Choosing a task that has emotional significance to the patient can enhance their engagement and commitment to the therapy process. When a task resonates on a personal level, patients are often more motivated to participate and put forth effort, which can lead to better outcomes. Tasks that are emotionally salient may evoke a sense of purpose and drive, encouraging patients to practice more diligently and consistently. This emotional connection not only aids in adherence to therapeutic exercises but also can facilitate improvements in functional movement and overall quality of life. In contrast, selecting a task solely based on the therapist's preferences or one that is general and lacks patient input may reduce the patient's motivation and feelings of ownership in their treatment process. Additionally, choosing a task the patient has previously mastered might not adequately challenge them or contribute to meaningful progress in their therapy. Thus, focusing on tasks aligned with the patient's personal goals and emotions is the most effective approach for selecting a hierarchy task.

5. Why is intensive and high effort delivery of treatment significant in LSVT BIG?

- A. It helps in medication compliance**
- B. It drives maximal plasticity**
- C. It ensures proper dosage of therapy**
- D. It allows for patient relaxation during sessions**

The intensive and high effort delivery of treatment is significant in LSVT BIG because it drives maximal plasticity. This approach is based on the principle that engaging the brain and body in intense practice leads to optimal neural adaptation and reorganization, which is critical for individuals with Parkinson's disease. High effort tasks stimulate the sensory and motor systems, enhancing the brain's ability to form new neural connections through the process of neuroplasticity. By challenging the patient to perform movements with maximal effort, the program encourages larger and more purposeful movements, which are fundamental for improving mobility and functional outcomes. This level of challenge is necessary to evoke the brain's potential to reorganize itself in response to intensive training, thus leading to better motor function and a greater impact on daily living skills. In contrast, medication compliance, proper dosage of therapy, or relaxation during sessions may be relevant in therapy contexts but do not specifically capture the core benefit of maximizing neuroplastic changes that result from the high effort associated with LSVT BIG.

6. What should be your response if your patient struggles with returning their stepping foot to the start position?

- A. Ignore the problem and continue**
- B. Use visual cues like tape on the floor**
- C. Encourage faster stepping**
- D. Suggest alternate exercises**

Using visual cues like tape on the floor can significantly aid a patient who is having difficulty returning their stepping foot to the start position. Visual cues provide a clear and tangible reference, helping to improve their spatial awareness and movement planning. This strategy encourages the patient to focus on where to place their foot, thereby enhancing their ability to complete the exercise correctly and efficiently. Visual markers can enhance confidence and reduce the cognitive load associated with tracking body movement, which is particularly beneficial for individuals who may struggle with motor planning or executive function due to neurological conditions. This approach can lead to more successful outcomes and ultimately improve functional mobility. By using visual aids, the therapist can promote better motor learning and reinforce proper movement patterns, making it a beneficial and effective technique in therapy.

7. What type of feedback is encouraged to enhance rehabilitation effectiveness in LSVT BIG?

- A. Feedback from family members**
- B. Feedback based purely on movement**
- C. Feedback on both voice and movement amplitude**
- D. Feedback from self-assessment only**

Enhancing rehabilitation effectiveness in LSVT BIG emphasizes the importance of providing feedback on both voice and movement amplitude. This dual focus is crucial because both aspects are integral to the therapy's overall goal of improving the quality of life for individuals with Parkinson's disease or similar conditions. In LSVT BIG, the movement amplitude refers to the size of the movements being made, which is essential for addressing the common symptoms of motor difficulty and decreased range of motion associated with Parkinson's. Simultaneously, voice amplitude reflects the loudness and clarity of the participant's speech, which often deteriorates alongside movement abilities. By focusing on both areas, therapists can help patients not only achieve larger, more purposeful movements but also reinforce vocal strength and clarity, which are vital for effective communication. This comprehensive approach ensures that feedback is holistic, addressing both motor skills and communication, ultimately leading to better overall outcomes. Providing feedback solely on one aspect, such as movement or voice alone, would neglect the intertwined nature of these functions in daily living and communication, potentially limiting the benefits of the rehabilitation process.

8. During therapy, what is an indicator that a cognitive challenge may be overwhelming for a patient?

- A. Increased movement speed**
- B. Difficulty maintaining movement amplitude**
- C. Increased motivation**
- D. Enhanced movement variety**

The indication that a cognitive challenge may be overwhelming for a patient is reflected in their difficulty maintaining movement amplitude. When a patient struggles to keep consistent movement amplitude, it often suggests that they are unable to adequately process the cognitive demands placed upon them. This might lead to a decrease in the quality of their motor performance, as they may focus too much on the cognitive aspects of the task instead of executing the physical movements correctly. Maintaining movement amplitude is crucial in therapies like LSVT BIG, where the focus is not just on movement but also on the integration of cognitive and physical tasks. A decline in movement amplitude indicates that the patient's capacity to handle the cognitive load has been exceeded, which can result in frustration and disengagement from the therapeutic process. Recognizing this sign helps therapists to adjust the therapeutic activities to ensure they remain within the patient's cognitive abilities, thus facilitating a more effective and beneficial therapy experience.

9. Can you skip slides or videos during the LSVT BIG online training course?

- A. Yes, it is recommended**
- B. No, all materials should be completed**
- C. Only during the final exam**
- D. Only for modules that are not relevant**

Completing all materials in the LSVT BIG online training course is essential for ensuring that participants gain a comprehensive understanding of the concepts, techniques, and strategies being taught. The training is structured to build upon each module sequentially, and every component has a purpose in enhancing the learner's knowledge and skills related to the delivery of LSVT BIG therapy. By skipping slides or videos, participants might miss critical information that could impact their ability to apply the LSVT BIG methodology effectively. The training aims to instill best practices and ensure fidelity to the program, which is crucial for achieving the desired outcomes in patients with Parkinson's disease or other neurological conditions. Thus, engaging fully with all training materials is vital to adhere to the program's standards and to ensure the best care for clients.

10. Which of the following is NOT a manifestation of hypokinesia in individuals with Parkinson's Disease?

- A. Loss of loudness of speech (hypophonia)**
- B. Loss of amplitude of handwriting (micrographia)**
- C. Progressive loss of olfactory function**
- D. Shortening of stride length during walking**

The presence of progressive loss of olfactory function in individuals with Parkinson's Disease is not considered a manifestation of hypokinesia. Hypokinesia refers to a reduction in movement amplitude or speed, which directly affects motor functions and physical actions. The other options listed are related to hypokinesia because they involve a decrease in physical amplitude or movement. Loss of loudness of speech, termed hypophonia, indicates a reduction in the amplitude of vocalization, which is clearly a manifestation of hypokinesia as it reflects diminished motor control over speech production. Similarly, loss of amplitude in handwriting, known as micrographia, showcases reduced movements in the hand and fingers while writing, also linking to hypokinesia. Lastly, shortening of stride length during walking is another physical manifestation of hypokinesia, highlighting decreased movement amplitude in the legs during gait. In contrast, the progressive loss of olfactory function mainly relates to sensory processing and is not a movement-related symptom, making it distinct from manifestations that specifically involve hypokinesia.