

TherapyEd OTR 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 a key goal of occupational therapy for individuals with chronic illnesses like COPD?**
 - A. Enhancing medication adherence practices**
 - B. Promoting engagement in meaningful occupations**
 - C. Increasing the use of supplemental oxygen**
 - D. Focusing primarily on respiratory therapy techniques**
- 2. What is the best intervention for an individual with intention tremors and nystagmus caused by a cerebellar lesion?**
 - A. Upper extremity weight bearing during self-care activities at a sink**
 - B. Lower extremity balance exercises**
 - C. Coordination exercises with light weights**
 - D. Visual tracking activities**
- 3. What is the best adapted activity for a parent with a C7 spinal cord injury to engage in with their children?**
 - A. Wrist wrestling with the children**
 - B. A board game using a tenodesis grasp**
 - C. Outdoor activities requiring standing**
 - D. Cooking with children together on a high surface**
- 4. After evaluation, what is the priority focus for a client with decreased confidence in mobility after a brain injury?**
 - A. Increasing medication compliance**
 - B. Promoting safe mobility through guided practice**
 - C. Addressing speech therapy needs first**
 - D. Implementing solely cognitive tasks**
- 5. What is the best intervention for a child with myelomeningocele who has not achieved a pincer grasp after therapy?**
 - A. Focus on strengthening hand muscles through play**
 - B. Teach the child to use gross grasp and lateral pinch for functional activities**
 - C. Introduce assistive devices for grasping**
 - D. Encourage more practice with daily living tasks**

- 6. For a high school student with a history of school failures, what is the most effective intervention principle for occupational therapy?**
- A. Teach study skills for better retention**
 - B. Grade an activity of interest into achievable steps**
 - C. Implement group projects for peer support**
 - D. Focus on theoretical knowledge**
- 7. Which best describes an effective outcome for therapy with adolescents with a history of abuse?**
- A. Increased group participation**
 - B. Improved trust in therapeutic relationships**
 - C. Ability to self-advocate in group situations**
 - D. Enhanced social skills through role-play**
- 8. To elicit a swallow reflex in a patient with a swallowing disorder, what should the occupational therapist use?**
- A. A chilled dental exam mirror**
 - B. A warm compress**
 - C. A textured food**
 - D. A cold beverage**
- 9. A child with T10 level spina bifida is losing bladder control. What condition might this change in status indicate?**
- A. Hydrocephalus**
 - B. Tethered cord**
 - C. Skeletal dysplasia**
 - D. Urinary retention issues**
- 10. A 6-year-old child has thumb weakness affecting thumb opposition. What activity will the occupational therapist observe the child struggling with?**
- A. Writing with a pen**
 - B. Turning a pencil over to erase**
 - C. Buttoning clothes**
 - D. Holding a spoon**

Answers

SAMPLE

1. B
2. A
3. B
4. B
5. B
6. B
7. B
8. A
9. B
10. B

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Explanations

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1. What is a key goal of occupational therapy for individuals with chronic illnesses like COPD?

- A. Enhancing medication adherence practices**
- B. Promoting engagement in meaningful occupations**
- C. Increasing the use of supplemental oxygen**
- D. Focusing primarily on respiratory therapy techniques**

Promoting engagement in meaningful occupations is a central goal of occupational therapy for individuals with chronic illnesses such as Chronic Obstructive Pulmonary Disease (COPD). This approach emphasizes the importance of enabling clients to participate in daily activities that are important to them, despite the limitations posed by their condition. By focusing on meaningful engagement, occupational therapy helps individuals maintain their independence, improve their quality of life, and manage symptoms more effectively. This can involve adaptations to activities, the development of coping strategies, and the use of environmental modifications to facilitate participation in roles and routines that matter most to the individual. In the case of COPD specifically, while medication adherence, supplemental oxygen use, and respiratory therapy are important aspects of the overall management of the disease, they do not encapsulate the broader therapeutic aim of promoting holistic well-being and meaningful engagement in life's activities. Occupational therapy seeks to provide support that helps clients navigate their illness while still pursuing interests and maintaining social connections, thereby addressing both the physical and psychosocial components of health.

2. What is the best intervention for an individual with intention tremors and nystagmus caused by a cerebellar lesion?

- A. Upper extremity weight bearing during self-care activities at a sink**
- B. Lower extremity balance exercises**
- C. Coordination exercises with light weights**
- D. Visual tracking activities**

The best intervention for an individual experiencing intention tremors and nystagmus due to a cerebellar lesion is upper extremity weight bearing during self-care activities at a sink. This choice is effective because it helps to provide stability and support while allowing the individual to practice self-care tasks, which can facilitate the integration of movement and enhance overall functional performance. Weight bearing through the upper extremities can assist in reducing the severity of intention tremors, as the individual engages in meaningful tasks that promote focus and control. This functional context also allows individuals to improve their ability to stabilize their movements, thereby addressing the alignment and coordination difficulties associated with cerebellar lesions. Engaging in self-care activities at a sink also encourages the use of everyday tasks, which can be motivating and contribute to the individual's independence. In contrast, other options such as lower extremity balance exercises or coordination exercises with light weights may not directly address the specific challenges posed by intention tremors and nystagmus, as these can be more focused on balance or strength without the context of functional task performance. Visual tracking activities might not effectively reduce tremor severity and do not directly involve the functional upper extremity tasks that the individual is likely to face in daily life.

3. What is the best adapted activity for a parent with a C7 spinal cord injury to engage in with their children?

A. Wrist wrestling with the children

B. A board game using a tenodesis grasp

C. Outdoor activities requiring standing

D. Cooking with children together on a high surface

The best adapted activity for a parent with a C7 spinal cord injury to engage in with their children is playing a board game using a tenodesis grasp. This choice is suitable because individuals with a C7 injury typically have functional use of their arms and hands, although they may experience limited hand function and dexterity. The tenodesis grasp allows individuals to grasp objects by using wrist extension, where they can hold items without the need for full hand function. Board games often involve handling cards, game pieces, or dice, all of which can be managed effectively with this grasp. This activity promotes social interaction, cognitive engagement, and bonding between the parent and children, which are essential aspects of family time. Engaging in wrist wrestling would likely exceed the physical capabilities of someone with a C7 injury, as it would demand strength and control that could be challenging to maintain. Outdoor activities that require standing are not suitable, as individuals with C7 injuries generally lack lower limb function needed for standing. Cooking on a high surface could also present challenges due to the need for reaching and stabilizing items, potentially leading to safety concerns. Thus, the choice of a board game with a tenodesis grasp presents the best fit for both the parent's abilities and the

4. After evaluation, what is the priority focus for a client with decreased confidence in mobility after a brain injury?

A. Increasing medication compliance

B. Promoting safe mobility through guided practice

C. Addressing speech therapy needs first

D. Implementing solely cognitive tasks

Promoting safe mobility through guided practice is a priority focus for a client with decreased confidence in mobility after a brain injury because mobility is critical for overall independence and quality of life. Clients who have experienced a brain injury may initially feel unsteady or insecure in their movements, which can further decrease their confidence. By focusing on safe mobility through guided practice, an occupational therapist can provide the necessary support and instruction. This approach helps the client gradually regain confidence while practicing functional movements in a controlled and supportive environment. The guided practice allows the therapist to identify any specific challenges the client faces while moving, facilitating targeted interventions that build skills and confidence. This foundational work is essential not just for physical abilities but also for enhancing a client's belief in their ability to engage in necessary daily activities independently. While medication compliance and addressing speech therapy needs are important aspects of overall rehabilitation, they do not directly address the immediate issue of mobility and confidence. Cognitive tasks can support recovery, but in this scenario, they do not take precedence over the need to establish safe and confident mobility.

5. What is the best intervention for a child with myelomeningocele who has not achieved a pincer grasp after therapy?

- A. Focus on strengthening hand muscles through play**
- B. Teach the child to use gross grasp and lateral pinch for functional activities**
- C. Introduce assistive devices for grasping**
- D. Encourage more practice with daily living tasks**

Focusing on teaching the child to use a gross grasp and lateral pinch for functional activities is particularly beneficial in this scenario. Children with myelomeningocele may face various challenges that impact their motor skills and functional abilities, so adapting their grasping techniques can allow them to participate more effectively in daily tasks. Using a gross grasp and lateral pinch enables the child to manipulate objects without requiring the refined dexterity of a pincer grasp. This is especially important for children who may have limited strength or fine motor control due to their condition. By emphasizing functional activities that incorporate these grasping techniques, the child can engage in play, self-care tasks, and other activities, thereby enhancing their overall independence and confidence. Other options may also play a role in intervention strategies, but they do not specifically address the pressing need for the child to achieve effective manipulation of objects at this stage. Strengthening muscles or introducing assistive devices may have their place later on, but the immediate goal of promoting functional use of the hands with accessible techniques can yield quicker, more valuable improvements in the child's daily life.

6. For a high school student with a history of school failures, what is the most effective intervention principle for occupational therapy?

- A. Teach study skills for better retention**
- B. Grade an activity of interest into achievable steps**
- C. Implement group projects for peer support**
- D. Focus on theoretical knowledge**

The principle of grading an activity of interest into achievable steps is particularly effective for a high school student with a history of school failures because it directly addresses both motivation and the capacity to succeed. This approach recognizes that engagement in meaningful activities can significantly enhance a student's self-efficacy and overall learning experience. By breaking down an activity into smaller, manageable steps, the student can experience success at each stage, which builds confidence and encourages continued participation. This strategy also allows the student to remain engaged in the learning process, as they are more likely to be motivated when working on something that interests them. Furthermore, this approach tailors the learning experience to the student's individual needs and capabilities, making the task less overwhelming. In contrast, while teaching study skills may provide valuable tools for retention, it may not address the underlying motivation issues stemming from previous failures. Implementing group projects can facilitate peer support, but if the student struggles with self-efficacy or becomes overwhelmed, this approach may not be as beneficial. Focusing on theoretical knowledge alone may neglect practical applications that engage the student in meaningful learning experiences. Grading activities into achievable steps effectively combines motivation with skill-building, making it the most suitable intervention.

7. Which best describes an effective outcome for therapy with adolescents with a history of abuse?

- A. Increased group participation**
- B. Improved trust in therapeutic relationships**
- C. Ability to self-advocate in group situations**
- D. Enhanced social skills through role-play**

An effective outcome for therapy with adolescents who have a history of abuse is best described by improved trust in therapeutic relationships. This is crucial for individuals who have experienced trauma, as building trust can significantly impact their ability to engage in therapy and contribute to their healing process. Adolescents with a background of abuse may struggle with feelings of insecurity, fear, and suspicion towards others, particularly authority figures and caregivers. Establishing a trusting relationship with the therapist is foundational, as it creates a safe environment where the adolescent can express their thoughts and feelings without fear of judgment or retribution. This sense of security encourages open communication, which is essential for addressing underlying issues related to their abusive experiences. The other options, while they may indicate beneficial skills or behaviors resulting from therapy, stem from a prior foundation of trust. Without improved trust in therapeutic relationships, it becomes challenging for clients to engage authentically in group participation, self-advocacy, or social skills development. These skills may eventually manifest as therapy progresses, but the trust established between the therapist and the adolescent remains a key initial outcome that supports further growth and healing.

8. To elicit a swallow reflex in a patient with a swallowing disorder, what should the occupational therapist use?

- A. A chilled dental exam mirror**
- B. A warm compress**
- C. A textured food**
- D. A cold beverage**

Using a chilled dental exam mirror effectively elicits a swallow reflex due to the tactile and thermal stimulation it provides. When placed in the oral cavity, the cold sensation from the mirror can stimulate the sensory nerves that are important for triggering the swallowing process. This technique is often used to encourage individuals who may have difficulty swallowing, as it can provoke a reflex response, thereby aiding in the overall assessment and intervention for swallowing disorders. In contrast, while warm compresses can promote relaxation and comfort, they do not have the same stimulating effect needed to elicit the swallow reflex. Textured foods might be useful for providing sensory input during eating, but they are not appropriate for initiating a reflex in those with swallowing difficulties who may be at risk of choking. Similarly, a cold beverage, while it may provide mild sensory input, lacks the focused stimulation that the dental exam mirror offers in the context of eliciting a swallow reflex.

9. A child with T10 level spina bifida is losing bladder control. What condition might this change in status indicate?

- A. Hydrocephalus**
- B. Tethered cord**
- C. Skeletal dysplasia**
- D. Urinary retention issues**

The loss of bladder control in a child with T10 level spina bifida could indicate the presence of a tethered cord. In individuals with spina bifida, especially those with a myelomeningocele, the spinal cord can develop abnormally and become tethered to the spinal canal, affecting its mobility and function. This abnormal attachment can result in neurologic deficits, which may manifest as changes in bladder control. As the condition progresses, the increased tension on the spinal cord from tethering can lead to a decline in function, including bowel and bladder control issues. It's vital for individuals with spina bifida to be monitored for signs of tethered cord syndrome, as early detection can be crucial in managing symptoms effectively. Other conditions mentioned, such as hydrocephalus or urinary retention issues, while relevant in the context of spina bifida, do not specifically correlate with a sudden loss of bladder control as a direct indicator in this scenario. Skeletal dysplasia does not typically affect bladder control in the same manner. Thus, tethered cord syndrome is the most directly related condition associated with this change in status.

10. A 6-year-old child has thumb weakness affecting thumb opposition. What activity will the occupational therapist observe the child struggling with?

- A. Writing with a pen**
- B. Turning a pencil over to erase**
- C. Buttoning clothes**
- D. Holding a spoon**

Focusing on thumb opposition is important as it plays a critical role in grip and dexterity. If a child has thumb weakness that affects their ability to oppose their thumb, they may particularly struggle with tasks that require fine motor coordination and precise control of the fingers. Turning a pencil over to erase is a task that demands a child to manipulate the pencil effectively, positioning it correctly to use the eraser. This requires a strong and coordinated thumb opposition to grasp and rotate the pencil adequately. In contrast, writing with a pen involves more generalized grip strength and finger positioning rather than specific opposition strength. Buttoning clothes requires some oppositional strength but also involves gross motor skills that may not strictly test isolated thumb opposition. Holding a spoon necessitates a grip but can often be achieved with broader hand positioning, possibly compensating for weak opposition. Therefore, the activity requiring the most specific thumb functionality and consequently where the child would demonstrate the greatest difficulty is turning a pencil over to erase.