Board Exam Desk

Occupational Therapy Reviewer

Occupational Therapy Licensure Examination | PRC | 120 original questions

2026 Edition | Updated November 2026

Original board-style practice questions with an answer key.

Practice questions

Anatomy and Physiology

1. After a full-thickness rotator cuff tear, a client has great difficulty starting shoulder abduction with the arm at the side. Which muscle is most likely torn?

A. Infraspinatus
B. Teres minor
C. Subscapularis
D. Supraspinatus

2. A client's medial scapular border lifts off the thorax when pushing against a wall after an axillary lymph node operation. Which nerve was most likely injured?

A. Dorsal scapular nerve
B. Thoracodorsal nerve
C. Suprascapular nerve
D. Long thoracic nerve

3. A client with a midshaft humeral fracture cannot extend the wrist or the fingers at the MCP joints. Which nerve is most likely affected?

A. Median nerve
B. Ulnar nerve
C. Radial nerve
D. Musculocutaneous nerve

4. A client shows clawing of the ring and little fingers and flexes the thumb IP joint when trying to pinch a sheet of paper between thumb and index finger. Which nerve is involved?

A. Median nerve
B. Radial nerve
C. Ulnar nerve
D. Axillary nerve

5. A sewing machine operator reports night numbness of the thumb, index and middle fingers and has thenar wasting. Compression of which structure is most likely?

A. Ulnar nerve at Guyon canal
B. Radial nerve at the elbow
C. C8 nerve root in the neck
D. Median nerve at the carpal tunnel

6. Which muscle is innervated by the musculocutaneous nerve?

A. Brachioradialis
B. Triceps brachii
C. Biceps brachii
D. Pronator teres

7. During a sensory screen, which dermatome is tested by touching the pad of the middle finger?

A. C5
B. T1
C. C7
D. C4

8. The biceps tendon reflex mainly tests the integrity of which spinal segments?

A. C7 and C8
B. C3 and C4
C. T1 and T2
D. C5 and C6

9. Which muscle fiber type is best suited for sustained postural control because it resists fatigue?

A. Type IIx fast glycolytic fibers
B. Type IIa fast oxidative fibers
C. Type I slow oxidative fibers
D. Intrafusal nuclear bag fibers

10. Which neurotransmitter is released at the neuromuscular junction to trigger skeletal muscle contraction?

A. Dopamine
B. Acetylcholine
C. Norepinephrine
D. Gamma-aminobutyric acid

11. After a difficult delivery, a newborn holds one arm adducted and internally rotated with the elbow extended and forearm pronated. Which part of the brachial plexus is most likely injured?

A. Lower trunk from C8 and T1
B. Posterior cord
C. Medial cord
D. Upper trunk from C5 and C6

12. Which rotator cuff muscle is the main internal rotator of the shoulder?

A. Supraspinatus
B. Subscapularis
C. Infraspinatus
D. Teres minor

13. A client has a resting heart rate of 75 beats per minute and a stroke volume of 70 mL. What is the cardiac output?

A. 1.07 L/min
B. 5.25 L/min
C. 4.50 L/min
D. 7.50 L/min

14. A young adult falls on an outstretched hand and has tenderness in the anatomical snuffbox. Which bone is most likely fractured?

A. Lunate
B. Hamate
C. Scaphoid
D. Pisiform

15. Lateral epicondylitis most commonly involves the origin of which tendon?

A. Flexor carpi ulnaris
B. Extensor pollicis longus
C. Extensor carpi radialis brevis
D. Palmaris longus

Kinesiology

16. When the biceps flexes the elbow to hold a mug, the muscle inserts between the elbow axis and the load. What lever class is this?

A. First-class lever
B. Second-class lever
C. Third-class lever
D. Pulley system

17. A client holds a 20 N weight in the hand, 0.3 m from the elbow joint axis, with the forearm horizontal. What torque does the weight create at the elbow?

A. 0.015 N·m
B. 20.3 N·m
C. 66.7 N·m
D. 6 N·m

18. With the forearm horizontal, a 30 N load sits 0.32 m from the elbow axis, and the elbow flexors insert 0.04 m from the axis. What flexor force keeps the forearm still?

A. 240 N
B. 120 N
C. 37.5 N
D. 960 N

19. Assuming a 2:1 scapulohumeral rhythm, how much of 150 degrees of shoulder abduction comes from the glenohumeral joint?

A. 50 degrees
B. 75 degrees
C. 100 degrees
D. 120 degrees

20. Grip is weakest when the wrist is fully flexed. This happens because the extrinsic finger flexors are:

A. Actively insufficient
B. Passively insufficient
C. Reciprocally inhibited
D. Contracting isometrically

21. A client with C6 tetraplegia actively extends the wrist and the fingers passively curl into a grasp. What is this mechanism called?

A. Active insufficiency
B. Tenodesis action
C. Co-contraction
D. Reflex grasp

22. When measuring elbow flexion with a goniometer, where should the axis be placed?

A. Over the olecranon process
B. Over the radial styloid
C. Over the lateral epicondyle of the humerus
D. Over the medial epicondyle of the humerus

23. In standard anatomical terms, shoulder flexion occurs in which plane?

A. Sagittal plane
B. Frontal plane
C. Transverse plane
D. Scapular plane

24. A client slowly lowers a cup of water from mouth to table. Which contraction do the elbow flexors perform?

A. Eccentric contraction
B. Concentric contraction
C. Isometric contraction
D. Isokinetic contraction

25. Which activity is an example of closed kinetic chain movement for the upper extremity?

A. Reaching for a cup on a shelf
B. Pushing up from armrests to stand
C. Waving goodbye
D. Throwing a ball overhand

26. In a standing adult in anatomical position, the center of gravity lies approximately:

A. At the level of the umbilicus on the skin surface
B. Slightly anterior to the second sacral vertebra
C. Posterior to the tenth thoracic vertebra
D. At the level of the hip joint axis behind the femur

27. During a manual muscle test, a client moves the joint through full range against gravity but cannot tolerate any added resistance. What grade is this?

A. Fair (3)
B. Poor (2)
C. Good (4)
D. Trace (1)

28. A client completes full range of motion only with gravity eliminated. Which manual muscle test grade applies?

A. Poor (2)
B. Trace (1)
C. Fair (3)
D. Zero (0)

29. Which change increases standing stability for an older client at risk of falling?

A. Raising the center of mass and narrowing the base
B. Lowering the center of mass and widening the base of support
C. Moving the line of gravity toward the edge of the base
D. Placing the feet together during reaching tasks

30. A lever has an effort arm of 0.6 m and a resistance arm of 0.2 m. What is its mechanical advantage?

A. 0.33
B. 3
C. 0.12
D. 1.2

Medical and Surgical Conditions

31. A client with rheumatoid arthritis has PIP hyperextension with DIP flexion. What deformity is this?

A. Swan neck deformity
B. Boutonniere deformity
C. Mallet finger
D. Ulnar drift

32. Bony enlargements at the distal interphalangeal joints of an older woman most strongly suggest which condition?

A. Rheumatoid arthritis
B. Gout
C. Osteoarthritis
D. Systemic lupus erythematosus

33. Using the rule of nines, what percentage of body surface is burned in an adult with burns covering both entire upper limbs and the whole anterior trunk?

A. 27 percent
B. 18 percent
C. 45 percent
D. 36 percent

34. To prevent contracture after a burn to the axilla, the shoulder should usually be positioned in:

A. Adduction
B. Internal rotation
C. Full extension behind the body
D. Abduction

35. A client had a total hip replacement by a posterior approach. Which action violates the usual hip precautions?

A. Sitting on a raised toilet seat
B. Crossing the operated leg over the other while seated
C. Using a reacher to pick up dropped items
D. Sleeping with a pillow between the knees

36. During therapy, a client with C6 tetraplegia suddenly reports a pounding headache, is flushed above the injury level and has a blood pressure of 190/110. What should the therapist do first?

A. Lay the client flat and raise the legs
B. Sit the client upright and check for a full bladder or kinked catheter
C. Continue the session and recheck vitals later
D. Apply a heating pad to the abdomen

37. A client with a recent thoracic spinal cord injury becomes dizzy and pale when raised to sitting for the first time. What is the best immediate response?

A. Recline the client and elevate the legs
B. Sit the client fully upright and wait
C. Encourage deep coughing while sitting
D. Remove the abdominal binder

38. A client with diabetes becomes shaky, sweaty and confused in the middle of a cooking session. Which action is most appropriate?

A. Give a dose of insulin
B. Have the client lie down and sleep
C. Give a fast-acting carbohydrate such as juice
D. Increase activity to raise metabolism

39. Using the Karvonen method at 60 percent intensity, what is the target heart rate for a 60-year-old client with a resting heart rate of 70 beats per minute?

A. 96 beats per minute
B. 112 beats per minute
C. 138 beats per minute
D. 124 beats per minute

40. During cardiac rehabilitation, which response to activity is a clear sign to stop the session?

A. Heart rate rises modestly during the task
B. Mild sweating after several minutes
C. Systolic blood pressure falls as the workload increases
D. Breathing rate increases while the client can still talk

41. Which breathing technique should be taught to a client with COPD to reduce breathlessness during daily tasks?

A. Pursed-lip breathing with exhalation during exertion
B. Rapid shallow chest breathing
C. Holding the breath while lifting
D. Forceful inhalation through the mouth

42. An older woman falls on an outstretched hand and has a distal radius fracture with dorsal displacement giving a dinner fork appearance. What fracture is this?

A. Smith fracture
B. Colles fracture
C. Boxer fracture
D. Monteggia fracture

43. Which advice is appropriate for a client at risk of lymphedema after axillary lymph node dissection?

A. Carry heavy bags with the affected arm to strengthen it
B. Avoid tight jewelry and constricting sleeves on the affected arm
C. Apply hot packs to the affected arm daily
D. Keep the affected arm hanging down during rest

44. When wrapping a transhumeral residual limb with an elastic bandage for shaping, how should pressure be applied?

A. Greatest pressure distally, decreasing toward the proximal end
B. Greatest pressure proximally, decreasing toward the distal end
C. Equal circular turns of uniform tight pressure
D. Pressure only over the end of the limb

45. A client develops a thickened cord in the palm that gradually pulls the ring and little fingers into MCP and PIP flexion. What is the condition?

A. Trigger finger
B. Dupuytren contracture
C. De Quervain tenosynovitis
D. Volkmann ischemic contracture

Neuroscience

46. A client has right arm weakness greater than right leg weakness and non-fluent speech after a stroke. Which artery was most likely occluded?

A. Left anterior cerebral artery
B. Right posterior cerebral artery
C. Basilar artery
D. Left middle cerebral artery

47. Damage to which area produces effortful, non-fluent speech with relatively good comprehension?

A. Superior temporal gyrus of the dominant hemisphere
B. Inferior frontal gyrus of the dominant hemisphere
C. Occipital pole of the non-dominant hemisphere
D. Cerebellar vermis

48. A client eats only the food on the right half of the plate and shaves only the right side of the face. The lesion is most likely in the:

A. Left parietal lobe
B. Right parietal lobe
C. Left frontal lobe
D. Right occipital pole only

49. A client's hand shakes more as it approaches a target and overshoots when pointing. Which structure is most likely affected?

A. Substantia nigra
B. Primary motor cortex
C. Cerebellum
D. Dorsal column

50. Loss of dopamine-producing neurons in which structure underlies Parkinson disease?

A. Caudate nucleus
B. Substantia nigra
C. Red nucleus
D. Thalamus

51. A client shows muscle atrophy and fasciculations together with hyperreflexia and a positive Babinski sign. Which disease best fits?

A. Amyotrophic lateral sclerosis
B. Guillain-Barre syndrome
C. Myasthenia gravis
D. Poliomyelitis

52. A client develops rapidly ascending symmetrical weakness with areflexia two weeks after a respiratory infection. The underlying problem is:

A. Degeneration of anterior horn cells only
B. Loss of dopaminergic neurons
C. Demyelination of peripheral nerves
D. Plaques in the central white matter

53. A client with multiple sclerosis reports that fatigue and weakness worsen on hot afternoons. Which recommendation fits best?

A. Schedule demanding tasks during cooler parts of the day
B. Do strenuous exercise in a warm room
C. Take long hot baths before activity
D. Push through fatigue to build tolerance

54. In Brunnstrom's stages of motor recovery, at which stage does spasticity peak while voluntary movement is possible only within synergy patterns?

A. Stage 1
B. Stage 5
C. Stage 6
D. Stage 3

55. A client with a traumatic brain injury pulls at tubes, shouts, cannot focus on tasks and acts in a bizarre, non-purposeful way. Which Rancho Los Amigos level fits best?

A. Level II, generalized response
B. Level IV, confused and agitated
C. Level VI, confused and appropriate
D. Level VIII, purposeful and appropriate

56. A client opens the eyes only to pain, uses inappropriate words and withdraws from a painful stimulus. What is the Glasgow Coma Scale score?

A. 9
B. 7
C. 11
D. 6

57. A client with a complete spinal cord injury has strong wrist extensors but no active elbow extension. What is the most likely neurological level?

A. C4
B. C8
C. C6
D. T1

58. After a stab wound to one side of the spinal cord, a client has motor and position sense loss on the same side and pain and temperature loss on the opposite side. What syndrome is this?

A. Central cord syndrome
B. Brown-Sequard syndrome
C. Anterior cord syndrome
D. Cauda equina syndrome

59. An older adult has a hyperextension neck injury and much greater weakness in the arms than in the legs. What incomplete spinal cord syndrome is most likely?

A. Posterior cord syndrome
B. Central cord syndrome
C. Brown-Sequard syndrome
D. Conus medullaris syndrome

60. A client has weakness of the masseter and reduced facial sensation on one side, making chewing difficult. Which cranial nerve is involved?

A. Facial nerve (CN VII)
B. Glossopharyngeal nerve (CN IX)
C. Hypoglossal nerve (CN XII)
D. Trigeminal nerve (CN V)

Occupational Therapy in Physical Dysfunction

61. When teaching a client with left hemiplegia to put on a button-front shirt, which sequence is recommended?

A. Dress the right arm first
B. Pull the shirt over the head first
C. Dress the left arm first
D. Put both arms in at the same time

62. A client with C6 tetraplegia has no active finger movement and cannot hold a spoon. Which device allows self-feeding without grasp?

A. Universal cuff
B. Plate guard
C. Rocker knife
D. Weighted cup

63. Which joint protection strategy is most appropriate for a client with rheumatoid arthritis?

A. Twist jar lids with a tight fingertip grip
B. Carry grocery bags hooked on the fingers
C. Slide heavy pots along the counter instead of lifting them
D. Hold a book for long periods with a pinch

64. What is the main purpose of a resting hand splint for a client during an acute rheumatoid arthritis flare?

A. To increase grip strength through resistance
B. To stretch fixed contractures aggressively
C. To rest inflamed joints and reduce pain
D. To allow fine motor activities during the day

65. For a client with carpal tunnel syndrome, the wrist in a night splint is usually positioned in:

A. Neutral
B. Full flexion
C. Full extension
D. Maximal ulnar deviation

66. Which equipment best helps a client keep hip flexion within precautions during toileting after hip replacement?

A. Long-handled sponge
B. Raised toilet seat
C. Button hook
D. Built-up handled toothbrush

67. A client with heart failure tires quickly while grooming. Which energy conservation strategy is most appropriate?

A. Sit while grooming at the sink
B. Stand to improve endurance
C. Finish all grooming tasks as fast as possible
D. Raise the arms overhead for long periods

68. A client's hip width measures 15 inches while seated. Using the common guideline, what wheelchair seat width should be ordered?

A. 15 inches
B. 13 inches
C. 21 inches
D. 17 inches

69. A building entrance has a rise of 0.6 m. Using the maximum 1:12 gradient required by the Philippine Accessibility Law, what is the minimum ramp length?

A. 5.0 m
B. 3.6 m
C. 12.0 m
D. 7.2 m

70. An older client with low vision has trouble seeing white rice on a white plate. What is the best adaptation?

A. Serve food on a plate of a contrasting dark color
B. Dim the lights to reduce glare
C. Use a patterned plate
D. Serve smaller portions

71. A client has lost protective sensation in the right hand after a peripheral nerve injury. Which safety strategy is most appropriate?

A. Rely on the affected hand to judge heat
B. Avoid looking at the hand during tasks
C. Check water temperature with the unaffected hand or a thermometer
D. Wear tight rings to improve awareness

72. Which technique is used to reduce hand edema after a wrist fracture?

A. Elevation with retrograde massage from distal to proximal
B. Keeping the hand dependent with a heat pack
C. Massage from proximal to distal
D. Complete immobilization of all fingers

73. A client with left homonymous hemianopsia keeps bumping into objects on the left. What is the best compensatory strategy?

A. Place all objects on the client's left side without teaching
B. Train the client to turn the head and scan to the left
C. Patch the right eye
D. Have the client keep the head still

74. Which motor criterion is usually required before starting constraint-induced movement therapy after stroke?

A. Some active wrist and finger extension in the affected hand
B. No movement in the affected arm
C. Full strength in the affected shoulder
D. Absence of sensation in the affected hand

75. When setting up a computer workstation for an office worker with neck strain, where should the top of the monitor be?

A. Well above eye level
B. At or slightly below eye level
C. Level with the keyboard
D. Far to one side of the user

Occupational Therapy in Psychosocial Dysfunction

76. Which of the following is a negative symptom of schizophrenia?

A. Auditory hallucinations
B. Persecutory delusions
C. Disorganized speech
D. Avolition

77. Which activity is most suitable for a client with severe depression on the first day of group therapy?

A. A short, simple task with a high chance of success
B. A complex project needing many decisions
C. A competitive team game
D. A long discussion of past failures

78. A client in a manic episode is restless and easily distracted. Which activity setup is best?

A. Long competitive group games
B. Open-ended tasks in a busy room
C. Short, structured activities in a low-stimulation setting
D. Detailed activities needing sustained focus

79. Under Allen's Cognitive Levels, a client learns new steps by trial and error but does not anticipate problems before they happen. Which level is this?

A. Level 3
B. Level 4
C. Level 6
D. Level 5

80. In Mosey's developmental group levels, members work on their own tasks side by side with minimal interaction. What type of group is this?

A. Project group
B. Cooperative group
C. Parallel group
D. Mature group

81. In Cole's seven steps of group leadership, which step focuses on members expressing feelings about the activity and one another?

A. Introduction
B. Processing
C. Generalizing
D. Summary

82. A client angry at his doctor shouts at his roommate later that day. Which defense mechanism is shown?

A. Displacement
B. Projection
C. Sublimation
D. Denial

83. A client washes her hands many times an hour to relieve anxiety caused by intrusive thoughts of contamination. The hand washing is best described as:

A. A compulsion
B. An obsession
C. A delusion
D. A phobia

84. A client who was very depressed suddenly seems calm and cheerful and begins giving away belongings. What should the therapist do?

A. Praise the client's improved mood
B. Wait until the next session to discuss it
C. Encourage the client to give away more items
D. Report the observation to the treatment team at once

85. In the Model of Human Occupation, a client's belief that she is not capable of doing tasks well relates to which component?

A. Habituation
B. Performance capacity
C. Personal causation
D. Environment

86. Which approach helps a client find and challenge distorted automatic thoughts that maintain anxiety?

A. Psychodynamic approach
B. Cognitive behavioral approach
C. Sensory integration approach
D. Biomechanical approach

87. A client in the middle stage of Alzheimer disease becomes upset during dressing. Which strategy is most helpful?

A. Give one-step directions within a consistent routine
B. Explain all steps at once in detail
C. Change the routine each day
D. Ask open-ended questions about clothing choices

88. After years of typical antipsychotic medication, a client shows lip smacking and tongue thrusting. This is most likely:

A. Tardive dyskinesia
B. Akathisia
C. Neuroleptic malignant syndrome
D. Dystonic reaction of the neck

89. A client taking an antipsychotic will join an outdoor gardening group. Which precaution is most appropriate?

A. Avoid all fluids during the session
B. Wear thick wool clothing to keep warm
C. Use sunscreen and wear a hat because of photosensitivity
D. Work alone to avoid infection

90. Which Philippine law provides for rights of mental health service users and integrated mental health services?

A. Republic Act No. 7277
B. Republic Act No. 11036
C. Republic Act No. 9994
D. Republic Act No. 10354

Occupational Therapy in Pediatrics

91. A neat pincer grasp, using the tips of the thumb and index finger, usually emerges at about what age?

A. 4 months
B. 6 months
C. 24 months
D. 12 months

92. At about what age can a typical child copy a circle without a demonstration?

A. 3 years
B. 18 months
C. 5 years
D. 6 years

93. A typically developing infant can usually sit independently without support at about:

A. 2 months
B. 12 months
C. 15 months
D. 7 months

94. A child born prematurely has spasticity much greater in the legs than in the arms. Which type of cerebral palsy is this?

A. Spastic hemiplegia
B. Athetoid cerebral palsy
C. Ataxic cerebral palsy
D. Spastic diplegia

95. A child with cerebral palsy has fluctuating tone and slow writhing involuntary movements. Damage to which area is most likely?

A. Cerebellum
B. Motor cortex only
C. Spinal cord
D. Basal ganglia

96. Which activity should be avoided for a child with Down syndrome until atlantoaxial instability is ruled out?

A. Coloring at a table
B. Playing with modeling clay
C. Somersaults and other neck-flexion tumbling
D. Stringing large beads

97. A child with autism withdraws from light touch and dislikes certain clothing textures. Which input is generally best tolerated and calming?

A. Light tickling on the arms
B. Unexpected touch from behind
C. Deep pressure and heavy work
D. Feather brushing on the face

98. A child is very fearful when the feet leave the ground and avoids swings and climbing. This is most consistent with:

A. Tactile defensiveness
B. Gravitational insecurity
C. Poor praxis only
D. Auditory hypersensitivity

99. Which pencil grasp is considered the mature, efficient pattern for handwriting?

A. Palmar supinate grasp
B. Digital pronate grasp
C. Fisted grasp
D. Dynamic tripod grasp

100. What is the best feeding position for a child with cerebral palsy to promote safe swallowing?

A. Reclined with the head tilted back
B. Lying on the side with neck extended
C. Upright with hips at about 90 degrees and chin slightly tucked
D. Upright with the head turned fully away

101. Which precaution is especially important when treating a child with myelomeningocele?

A. Avoid all upper extremity activities
B. Keep the child in a dark room
C. Use latex-free materials
D. Avoid any sitting positions

102. A 5-year-old boy uses his hands to walk up his thighs when rising from the floor and has enlarged calves. Which condition is most likely?

A. Duchenne muscular dystrophy
B. Spinal muscular atrophy type I
C. Spastic cerebral palsy
D. Erb palsy

103. When an infant's head turns to one side, the arm on the face side extends and the arm on the skull side flexes. Which reflex is this?

A. Symmetrical tonic neck reflex
B. Moro reflex
C. Palmar grasp reflex
D. Asymmetrical tonic neck reflex

104. Which classroom strategy helps a child with attention deficit hyperactivity disorder focus on seatwork?

A. Seat the child beside the busy hallway door
B. Give all instructions at once
C. Remove all breaks from the schedule
D. Seat the child away from doors and windows

105. Children play together in an organized way, each taking a role toward a shared goal. Which stage of play is this?

A. Solitary play
B. Parallel play
C. Cooperative play
D. Onlooker behavior

Occupational Therapy Foundations, Ethics and Management

106. Which Philippine law requires certain buildings, institutions and public utilities to provide facilities for the mobility of disabled persons?

A. Republic Act No. 10173
B. Republic Act No. 11036
C. Republic Act No. 9165
D. Batas Pambansa Blg. 344

107. Habit training, a structured daily routine used with psychiatric patients in the early twentieth century, is most associated with:

A. Mary Reilly
B. Eleanor Clarke Slagle
C. A. Jean Ayres
D. Anne Mosey

108. Which of the following is classified as an instrumental activity of daily living?

A. Bathing
B. Toileting
C. Feeding
D. Meal preparation

109. In which model is occupational performance described as the overlap of person, environment and occupation?

A. Person-Environment-Occupation Model
B. Model of Human Occupation
C. Kawa Model
D. Biomechanical frame of reference

110. Which assessment is a semi-structured interview in which clients rate their own performance and satisfaction on self-identified problems from 1 to 10?

A. Canadian Occupational Performance Measure
B. Functional Independence Measure
C. Allen Cognitive Level Screen
D. Jebsen-Taylor Hand Function Test

111. A client sands a wood block to strengthen the arm. Which change grades the activity upward for strength?

A. Use finer sandpaper with no added load
B. Shorten the session to five minutes
C. Have the therapist guide the block
D. Add weight to the sanding block

112. After education about the risks, a competent client declines a recommended tub transfer bench, and the therapist respects the decision. Which ethical principle is applied?

A. Beneficence
B. Justice
C. Fidelity
D. Autonomy

113. Which Philippine law protects personal and sensitive personal information, including health records?

A. Republic Act No. 10173
B. Republic Act No. 7277
C. Batas Pambansa Blg. 344
D. Republic Act No. 9994

114. In a SOAP note, where should goniometric measurements taken during evaluation be recorded?

A. Subjective
B. Assessment
C. Objective
D. Plan

115. Which goal statement is written in measurable terms?

A. Client will improve dressing skills
B. Client will don a pullover shirt independently while seated within 2 weeks
C. Client will feel better about getting dressed
D. Client will work on upper body strength

116. A therapist gives the same test twice to the same clients one week apart and gets very similar scores. What property is shown?

A. Content validity
B. Test-retest reliability
C. Inter-rater reliability
D. Construct validity

117. Which type of evidence is generally ranked highest in evidence-based practice hierarchies?

A. Single case report
B. Expert opinion
C. Descriptive cohort study
D. Systematic review of randomized controlled trials

118. Which frame of reference best suits a client with an intact central nervous system but limited range of motion, strength and endurance?

A. Biomechanical frame of reference
B. Neurodevelopmental treatment
C. Sensory integration
D. Psychodynamic frame of reference

119. Which approach focuses on compensation, adaptive equipment and environmental changes when underlying deficits cannot be remediated?

A. Biomechanical frame of reference
B. Motor learning approach
C. Sensory integration approach
D. Rehabilitative frame of reference

120. An occupational therapist works an 8-hour day and spends 6 hours in direct client treatment. What is the productivity rate?

A. 60 percent
B. 75 percent
C. 80 percent
D. 133 percent

Answer key

Occupational Therapy

1. D. Supraspinatus

The supraspinatus initiates the first part of abduction before the deltoid takes over.

2. D. Long thoracic nerve

The long thoracic nerve supplies serratus anterior, which holds the scapula against the chest wall; its loss produces winging.

3. C. Radial nerve

The radial nerve runs in the spiral groove of the humeral shaft and supplies the wrist and finger extensors, so injury causes wrist drop.

4. C. Ulnar nerve

Weak adductor pollicis (ulnar) forces substitution by flexor pollicis longus (Froment sign), and ulnar lumbrical loss causes clawing of digits 4 and 5.

5. D. Median nerve at the carpal tunnel

The median nerve supplies sensation to the radial three and a half digits and the thenar muscles, and the carpal tunnel is its common entrapment site.

6. C. Biceps brachii

The musculocutaneous nerve supplies coracobrachialis, biceps brachii and brachialis; brachioradialis and triceps are radial, pronator teres is median.

7. C. C7

The middle finger lies in the C7 dermatome; C6 covers the thumb side and C8 the little finger side.

8. D. C5 and C6

The biceps reflex is mediated chiefly by C5 and C6 through the musculocutaneous nerve.

9. C. Type I slow oxidative fibers

Type I fibers are rich in mitochondria and myoglobin and rely on aerobic metabolism, so they sustain low-force contraction for long periods.

10. B. Acetylcholine

Motor neurons release acetylcholine, which binds nicotinic receptors on the motor end plate.

11. D. Upper trunk from C5 and C6

This waiter's tip posture is Erb palsy, caused by traction on the C5 and C6 roots forming the upper trunk.

12. B. Subscapularis

Subscapularis inserts on the lesser tubercle and internally rotates the humerus; infraspinatus and teres minor rotate externally.

13. B. 5.25 L/min

Cardiac output = HR x SV = 75 x 70 mL = 5,250 mL/min, or 5.25 L/min.

14. C. Scaphoid

The scaphoid forms the floor of the anatomical snuffbox and is the most commonly fractured carpal bone after a fall on the outstretched hand.

15. C. Extensor carpi radialis brevis

The extensor carpi radialis brevis origin at the common extensor tendon is the usual site of degeneration in tennis elbow.

16. C. Third-class lever

In a third-class lever the effort lies between the axis and the resistance, as with the biceps acting on the forearm.

17. D. 6 N·m

Torque = force x perpendicular distance = 20 N x 0.3 m = 6 N·m.

18. A. 240 N

Balancing torques: F x 0.04 = 30 x 0.32, so F = 9.6 / 0.04 = 240 N.

19. C. 100 degrees

With a 2:1 ratio, two-thirds of 150 degrees (100 degrees) is glenohumeral and one-third (50 degrees) is scapulothoracic.

20. A. Actively insufficient

Flexing both wrist and fingers shortens the multijoint flexors so much that they cannot produce effective tension.

21. B. Tenodesis action

Wrist extension stretches the paralyzed finger flexor tendons, pulling the fingers into flexion; this is tenodesis.

22. C. Over the lateral epicondyle of the humerus

Standard elbow flexion goniometry centers the axis on the lateral epicondyle, with the arms along the humerus and radius.

23. A. Sagittal plane

Flexion and extension take place in the sagittal plane, around a medial-lateral axis.

24. A. Eccentric contraction

The elbow flexors lengthen under load to control descent against gravity, which is an eccentric contraction.

25. B. Pushing up from armrests to stand

In a closed chain the distal segment is fixed, as when the hands push down on fixed armrests.

26. B. Slightly anterior to the second sacral vertebra

The adult center of gravity is located roughly just in front of S2.

27. A. Fair (3)

Full range against gravity with no added resistance is grade 3 or Fair.

28. A. Poor (2)

Full range in the gravity-eliminated plane is grade 2 or Poor.

29. B. Lowering the center of mass and widening the base of support

Stability improves when the center of mass is low and the line of gravity falls well within a wide base of support.

30. B. 3

Mechanical advantage = effort arm / resistance arm = 0.6 / 0.2 = 3.

31. A. Swan neck deformity

Swan neck deformity combines PIP hyperextension with DIP flexion; boutonniere is the reverse pattern.

32. C. Osteoarthritis

Heberden nodes at the DIP joints are characteristic of osteoarthritis; rheumatoid arthritis usually spares the DIP joints.

33. D. 36 percent

Each arm is 9 percent and the anterior trunk 18 percent: 9 + 9 + 18 = 36 percent.

34. D. Abduction

Burn scars contract toward the position of comfort, so the axilla is positioned in shoulder abduction to keep the tissue lengthened.

35. B. Crossing the operated leg over the other while seated

Posterior approach precautions avoid hip flexion beyond 90 degrees, adduction past midline and internal rotation; crossing the legs adducts the hip.

36. B. Sit the client upright and check for a full bladder or kinked catheter

These are signs of autonomic dysreflexia; sitting up lowers blood pressure while the noxious trigger, often bladder distension, is found and removed.

37. A. Recline the client and elevate the legs

This is orthostatic hypotension; reclining with the legs raised restores blood flow to the brain.

38. C. Give a fast-acting carbohydrate such as juice

These signs suggest hypoglycemia, which is treated promptly with fast-acting carbohydrate.

39. D. 124 beats per minute

Max HR = 220 - 60 = 160; reserve = 160 - 70 = 90; target = 0.6 x 90 + 70 = 124 bpm.

40. C. Systolic blood pressure falls as the workload increases

A drop in systolic pressure with increasing workload suggests the heart cannot meet demand and is a standard reason to stop.

41. A. Pursed-lip breathing with exhalation during exertion

Pursed-lip breathing slows the rate and keeps airways open longer, and exhaling during effort avoids breath holding.

42. B. Colles fracture

A Colles fracture is a distal radius fracture with dorsal angulation of the distal fragment.

43. B. Avoid tight jewelry and constricting sleeves on the affected arm

Constriction impairs lymphatic flow; heat, dependency and heavy loads also increase lymphedema risk.

44. A. Greatest pressure distally, decreasing toward the proximal end

A distal-to-proximal pressure gradient reduces edema and shapes the limb without creating a proximal tourniquet.

45. B. Dupuytren contracture

Dupuytren contracture is a fibrosis of the palmar fascia that most often affects the ring and little fingers.

46. D. Left middle cerebral artery

The left MCA supplies the lateral motor cortex for the face and arm and Broca's area; ACA strokes affect the leg more than the arm.

47. B. Inferior frontal gyrus of the dominant hemisphere

Broca's area in the dominant inferior frontal gyrus controls speech production; damage causes expressive aphasia.

48. B. Right parietal lobe

Unilateral neglect of the left side is most often caused by lesions of the right (non-dominant) parietal lobe.

49. C. Cerebellum

Intention tremor and dysmetria are classic signs of cerebellar dysfunction.

50. B. Substantia nigra

Degeneration of the substantia nigra pars compacta reduces dopamine to the striatum, causing rigidity, bradykinesia and resting tremor.

51. A. Amyotrophic lateral sclerosis

ALS affects both upper and lower motor neurons, producing a mix of spastic and flaccid signs.

52. C. Demyelination of peripheral nerves

Guillain-Barre syndrome is an immune-mediated demyelinating polyneuropathy that often follows infection.

53. A. Schedule demanding tasks during cooler parts of the day

Heat slows conduction in demyelinated fibers, so keeping cool and planning tasks for cooler times reduces symptoms.

54. D. Stage 3

Stage 3 is marked by peak spasticity and voluntary control of basic synergies; later stages show movement out of synergy.

55. B. Level IV, confused and agitated

Level IV describes a heightened state of activity with agitation, poor attention and confusion.

56. A. 9

Eye opening to pain = 2, inappropriate words = 3, withdrawal = 4; total 2 + 3 + 4 = 9.

57. C. C6

Wrist extensors are the C6 key muscle and elbow extensors the C7 key muscle, so intact wrist extension without triceps indicates C6.

58. B. Brown-Sequard syndrome

Hemisection affects the ipsilateral corticospinal tract and dorsal columns and the crossed spinothalamic fibers.

59. B. Central cord syndrome

Central cord syndrome affects the centrally placed arm fibers more than leg fibers and often follows hyperextension in older adults.

60. D. Trigeminal nerve (CN V)

The trigeminal nerve carries facial sensation and supplies the muscles of mastication.

61. C. Dress the left arm first

The affected limb is dressed first and undressed last, so there is enough slack to fit it into the sleeve.

62. A. Universal cuff

A universal cuff straps around the palm and holds the utensil, so no grasp is needed.

63. C. Slide heavy pots along the counter instead of lifting them

Sliding avoids loading small inflamed hand joints, in line with using stronger joints and reducing force.

64. C. To rest inflamed joints and reduce pain

Resting splints support inflamed joints in a functional position, reducing pain and stress during flares.

65. A. Neutral

Carpal tunnel pressure is lowest near neutral, so splints hold the wrist close to neutral.

66. B. Raised toilet seat

A raised toilet seat reduces how far the hip must flex when sitting down and standing up.

67. A. Sit while grooming at the sink

Sitting reduces energy expenditure and allows rest during the task.

68. D. 17 inches

Seat width is usually the widest hip measurement plus 2 inches (about 1 inch on each side): 15 + 2 = 17 inches.

69. D. 7.2 m

At 1:12, each unit of rise needs 12 units of run: 0.6 x 12 = 7.2 m.

70. A. Serve food on a plate of a contrasting dark color

High contrast between food and plate makes items easier to see.

71. C. Check water temperature with the unaffected hand or a thermometer

Without protective sensation, the client must use vision and intact sensation to avoid burns and injuries.

72. A. Elevation with retrograde massage from distal to proximal

Elevation and distal-to-proximal massage move fluid toward the heart.

73. B. Train the client to turn the head and scan to the left

Scanning toward the blind field compensates for the missing visual half-field.

74. A. Some active wrist and finger extension in the affected hand

CIMT needs a minimum level of active wrist and finger extension so the client can practice tasks with the affected hand.

75. B. At or slightly below eye level

A monitor top at or slightly below eye level keeps the neck in a neutral position.

76. D. Avolition

Negative symptoms are reductions of normal functioning, such as lack of motivation; hallucinations and delusions are positive symptoms.

77. A. A short, simple task with a high chance of success

Simple, structured tasks that ensure success build a sense of competence and reduce demands on low energy.

78. C. Short, structured activities in a low-stimulation setting

Mania calls for brief, structured tasks with minimal stimulation to channel energy and limit distraction.

79. D. Level 5

Level 5 involves exploratory actions and learning by doing; Level 6 adds the ability to plan and anticipate.

80. C. Parallel group

A parallel group requires only awareness of others while each person works on an individual task.

81. B. Processing

Processing deals with members' feelings about the experience and the group; generalizing extracts principles.

82. A. Displacement

Displacement redirects emotion from its real source to a safer target.

83. A. A compulsion

Obsessions are intrusive thoughts; compulsions are repeated behaviors done to reduce the anxiety they cause.

84. D. Report the observation to the treatment team at once

A sudden lift in mood with giving away possessions can signal suicidal planning and must be reported immediately.

85. C. Personal causation

Personal causation, part of volition, is one's sense of competence and effectiveness.

86. B. Cognitive behavioral approach

Cognitive behavioral therapy focuses on identifying and restructuring maladaptive thoughts to change feelings and behavior.

87. A. Give one-step directions within a consistent routine

Simple one-step cues and predictable routines reduce confusion and agitation.

88. A. Tardive dyskinesia

Tardive dyskinesia is a late side effect with involuntary movements of the mouth, tongue and face.

89. C. Use sunscreen and wear a hat because of photosensitivity

Many antipsychotics increase sensitivity to sunlight, so sun protection is needed.

90. B. Republic Act No. 11036

RA 11036 is the Mental Health Act; RA 7277 is the Magna Carta for Disabled Persons and RA 9994 the Expanded Senior Citizens Act.

91. D. 12 months

The fine pincer grasp develops near the first birthday, following the inferior pincer around 9 months.

92. A. 3 years

Copying a circle typically appears around 3 years, before the cross, square and triangle.

93. D. 7 months

Independent sitting usually emerges between 6 and 8 months.

94. D. Spastic diplegia

Spastic diplegia mainly affects the legs and is strongly linked to prematurity and periventricular leukomalacia.

95. D. Basal ganglia

Athetoid or dyskinetic cerebral palsy results from basal ganglia damage.

96. C. Somersaults and other neck-flexion tumbling

Ligamentous laxity can cause atlantoaxial instability, and forceful neck flexion risks spinal cord injury.

97. C. Deep pressure and heavy work

Deep pressure and proprioceptive input tend to calm tactile over-responsiveness, while light touch can feel threatening.

98. B. Gravitational insecurity

Gravitational insecurity is an over-response to vestibular input about changes in head position and movement.

99. D. Dynamic tripod grasp

The dynamic tripod uses the thumb, index and middle fingers with isolated finger movement for skilled writing.

100. C. Upright with hips at about 90 degrees and chin slightly tucked

An upright posture with flexed hips and a slight chin tuck reduces extensor tone and protects the airway.

101. C. Use latex-free materials

Children with spina bifida have a high risk of latex allergy.

102. A. Duchenne muscular dystrophy

Gowers sign and calf pseudohypertrophy in a young boy point to Duchenne muscular dystrophy.

103. D. Asymmetrical tonic neck reflex

The ATNR produces the fencing posture; if it persists it can interfere with midline hand use.

104. D. Seat the child away from doors and windows

Reducing visual and auditory distractions supports attention.

105. C. Cooperative play

Cooperative play involves organized interaction, shared goals and assigned roles.

106. D. Batas Pambansa Blg. 344

BP 344, the Accessibility Law, sets architectural requirements such as ramps and accessible toilets.

107. B. Eleanor Clarke Slagle

Slagle developed habit training to rebuild healthy routines in patients with mental illness.

108. D. Meal preparation

IADLs are complex tasks for living in the community, such as cooking; bathing, toileting and feeding are basic ADLs.

109. A. Person-Environment-Occupation Model

The PEO model views performance as the area where the three components fit together.

110. A. Canadian Occupational Performance Measure

The COPM is client-centered and measures self-rated performance and satisfaction over time.

111. D. Add weight to the sanding block

Adding resistance increases the strength demand, which grades the activity up.

112. D. Autonomy

Autonomy is respect for a competent person's right to make their own choices.

113. A. Republic Act No. 10173

RA 10173, the Data Privacy Act of 2012, governs the processing of personal and sensitive personal information.

114. C. Objective

Measured, observable data such as range of motion belong in the Objective section.

115. B. Client will don a pullover shirt independently while seated within 2 weeks

A measurable goal states the behavior, condition, level of performance and time frame.

116. B. Test-retest reliability

Consistency of scores over time with the same examiner and clients reflects test-retest reliability.

117. D. Systematic review of randomized controlled trials

Systematic reviews of RCTs combine high-quality studies and sit at the top of most evidence hierarchies.

118. A. Biomechanical frame of reference

The biomechanical approach targets ROM, strength and endurance in clients with intact motor control.

119. D. Rehabilitative frame of reference

The rehabilitative approach restores independence by compensating for lasting deficits.

120. B. 75 percent

Productivity = treatment hours / total hours = 6 / 8 = 0.75, or 75 percent.

Topics to review

• Activity analysis and occupational performance

• Functional assessment and goal setting

• Pediatric, psychosocial and physical rehabilitation

• Assistive devices and environmental adaptation

Online question banks and study resources

Occupational Therapy - Pass Harbor (Question bank)

Official PRC board information

Current PRC exam programs

Independent study material prepared by Board Exam Desk.