

NCTRC Practice Test

1. During an initial assessment, the client shows little facial expression or is very slow to show expressions. How would the CTRS document this client's affect?

- a. Flat
- b. Broad
- c. Blunted
- d. Inappropriate

2. Which of the following is NOT an essential outcome of rehabilitation therapy for pediatric clients?

- a. Improved physical health
- b. Reduced complications
- c. Reduced cost of care
- d. Improved skills in coping with hospitalization

3. According to Havighurst's Theory of Adult Development, which of the following best characterizes middle age?

- a. Managing a home and finding a congenial social group
- b. Establishing ties with those in the same age group and adjusting to decreased physical strength
- c. Establishing physical living arrangements that are satisfactory
- d. Achieving civil and social responsibility and maintaining an economic standard of living

4. When choosing a recreational activity for a client, the MOST important consideration is the client's

- a. interests.
- b. physical abilities.
- c. mental status.
- d. financial resources.

5. Which of the following Nintendo Wii® sports simulation programs is BEST to improve balance and coordination?

- a. Golfing
- b. Tennis
- c. Hula hoop
- d. Bowling

6. Which theory states that a change in one family member's behavior will affect others in the family?

- a. Rosenstock's Health Belief Model
- b. Azjen's Theory of Planned Behavior
- c. Bowen's Family Systems Theory
- d. Fishbein and Azjen's Theory of Reasoned Action

7. Which of the following is NOT acceptable for the continuing education credit required for recertification?

- a. Completing field-related academic courses
- b. Presenting a lecture at a national recreation therapy conference
- c. Making a poster presentation at a state recreation therapy conference
- d. Taking a CPR course

8. Which of the following principles in the American Therapeutic Recreation Association (ATRA) Code of Ethics requires that the CTRS use skills to assist clients while respecting the clients' rights to make decisions and preventing harm?

- a. Beneficence
- b. Nonmaleficence
- c. Autonomy
- d. Justice

9. Which of the following laws requires that clients in nursing homes be engaged in a program of activities?

- a. American's with Disabilities Act (ADA)
- b. Older American Act (OAA)
- c. Omnibus Budget Reconciliation Act (OBRA)
- d. Health Insurance Portability and Accountability Act (HIPAA)

10. Which of the following is NOT an example of adult client advocacy?

- a. Describing client's apprehensions to other team members
- b. Listening to and observing client to determine needs
- c. Requesting intervention to meet client's needs
- d. Telling family members the client states he is depressed

11. Beep baseball was primarily designed for those with which type of disability?

- a. Hearing impairment
- b. Visual impairment
- c. Mental impairment
- d. Paraplegia

12. Which of the following best describes Kolb's Model of Experiential Learning?

- a. Knowledge develops from experience interacting with cognition and perception
- b. Knowledge and experience are equally important
- c. Experience precedes knowledge in learning
- d. Learning cannot be acquired without experience and perception

13. Which is the best solution for a client who has limited mobility and tends to push food from the plate and accidentally shove plates onto the floor?

- a. Assist the client with eating
- b. Feed the client
- c. Provide a clip-on plate edge and a non-skid plate mat
- d. Provide liquids and finger foods only

14. In Jean Piaget's Theory of Cognitive Development, which stage is characterized by poor logical ability, magical thinking, egocentrism, and beginning to understand cause and effect?

- a. Sensorimotor
- b. Preoperational
- c. Concrete operational
- d. Formal operational

15. Which of the following is NOT an indication of tactile sensitivity?

- a. Exhibiting distress when hands are dirty
- b. Complaining about clothing labels rubbing against the skin
- c. Refusing to wear uncomfortable clothing
- d. Brushing hair three to four times daily

16. Pseudohypertrophic (Duchenne) muscular dystrophy is characterized by

- a. muscle weakness, enlarged muscles from fatty infiltration, and joint and other skeletal deformities.
- b. weakness in the upper arms, shoulders that are angled forward, and a lack of facial mobility.
- c. weakness of proximal muscles of the pelvic and shoulder girdles.
- d. weakness of eyelid and throat muscles.

17. Which of the following is NOT characteristic of placing children with disabilities in the least restrictive environment for study, sports, and recreation?

- a. Placing a child in an environment as close to traditional as possible
- b. Discontinuing all self-contained special programs
- c. Placing the child according to individual needs
- d. Providing alternative choices

18. Which of the following is an example of normalization for a 20-year-old man with Down Syndrome?

- a. Assisting him in taking a bus independently to attend a movie theater
- b. Placing him in a long-term care facility with full-time supervision
- c. Refusing to allow him to carry or play with children's toys in public
- d. Providing rules for behavior in different situations

19. A group of adolescents with autistic disorder are going to attend an inclusive summer camp with non-disabled adolescents. Which of the following is the FIRST step?

- a. Provide funding
- b. Identify support staff
- c. Assess individual needs
- d. Provide staff training

20. A 24-year old woman with cerebral palsy would like to participate in bowling but has poor mobility and cannot maintain balance and swing or throw the bowling ball. Which intervention is MOST appropriate?

- a. Bowling ball with grip handles
- b. Bradshaw Bowl Buggy®
- c. Bowling ball pusher
- d. Bowling ramp

21. Which of the following is NOT included in the 2004 Individuals with Disabilities Education Act (IDEA)?

- a. Free appropriate public education
- b. Individualized education programs (IEPs)
- c. Best educational program available
- d. Least restrictive environment

22. A 70-year-old man with dementia of the Alzheimer type has episodes of extreme agitation and combative behavior two or three times daily. Which of the following is the BEST initial approach?

- a. Leave the client undisturbed during these periods
- b. Analyze the pattern of agitation
- c. Change support staff
- d. Apply restraints to prevent injury to others

23. A 45-year-old man with traumatic brain injury exhibits pronounced changes in personality, impulsive risk-taking behavior, and little facial emotion. Which of the following is the most likely site of injury?

- a. Frontal lobe
- b. Parietal lobe
- c. Occipital lobe
- d. Cerebellum

24. Which of the following is NOT a characteristic of attention-deficit/hyperactivity disorder (ADHD)?

- a. Restlessness/agitation
- b. Becoming easily bored
- c. Frequent daydreams
- d. Speech disorder

25. During a recreational program in a correctional facility, an inmate asks the CTRS if he is married. Which of the following is the best response?

- a. "Don't ask personal questions."
- b. "Yes, I'm married."
- c. "I'm sorry. I can't discuss personal information."
- d. "Why do you want to know?"

26. Which of the following is the MOST appropriate initial aid/assistance in teaching a deaf 32-month-old girl how to do an activity?

- a. Video
- b. Doll demonstration
- c. Sign-language interpreter
- d. Pictures

27. Which of the following should be the FIRST step in conflict resolution?

- a. Utilize humor and empathy to defuse escalating tensions
- b. Summarize the issues, outlining key arguments
- c. Force a resolution
- d. Allow both sides to present their side of the conflict without bias

28. Following a traumatic brain injury, a 57-year-old woman has a Functional Independence Measure (FIM™) score of 40 on acute hospital admission and 63 on discharge to a rehabilitation facility, with discharge scores in all areas ranging from 3 to 4. What level of independence or care in the facility is MOST indicated by these scores?

- a. Complete independence in care
- b. Modified independence, including use of assistive devices and activity modification
- c. Supervision only (stand by without physical assistance)
- d. Minimal to moderate contact assistance (physical assistance)

29. According to Knowles' Principles of Adult Learning, adult learners tend to be

- a. unmotivated.
- b. lacking in self-direction.
- c. practical and goal-oriented.
- d. insecure.

30. Which members of the recreational therapy teams are responsible for identifying quality performance improvement projects?

- a. Administrative staff
- b. All staff
- c. Team leaders
- d. Supervising physicians

31. Which of the following is the primary purpose of intern supervision?

- a. Promoting professional growth/skills and ensuring program integrity
- b. Providing mentoring
- c. Establishing a basis for grades
- d. Identifying errors or incorrect practices

32. In which part of the APIE process is the treatment plan documented?

- a. Assessment
- b. Plan
- c. Implementation
- d. Evaluation

33. When dealing with clients in a mental health facility, which of the following activities is BEST to evaluate a client's ability to stay on task and concentrate?

- a. Arts and crafts project
- b. Personal reading
- c. Treadmill walking
- d. Group sing-along

34. Which of the following statements should be used to document in the subjective portion of SOAP notes that a client refused to participate in an activity?

- a. "I can't exercise. My foot hurts."
- b. Client limping and avoiding pressure on left foot so is unable to participate in dancing activity. Blister noted on left heel.
- c. Poorly fitted shoes causing friction rub and blisters.
- d. Treat and protect blisters. Obtain properly fitted shoes.

Answer Key and Explanations

1. C: Mood (emotional state) and affect (the outward expression of the emotional state) are evaluated as part of psychosocial assessment.

Flat affect: shows no facial expression.

Broad affect: shows a wide range of facial and emotional expressions.

Blunted affect: shows little facial expression or is very slow to show expressions.

Inappropriate affect: shows a range of expressions, but they are inconsistent with mood or situation, especially inappropriate laughter or crying.

Restricted affect: shows one type of expression regardless of circumstances.

2. C: Reduced cost of care is not an essential outcome although this may be a secondary benefit. Essential outcomes include improved physical health, reduced complications, and improved skills in coping with hospitalization. Other outcomes include improved healing, prevention of developmental delays, and improved family coping. Therapy for children is usually provided in hospitals and may involve individual or group play activities that help children adapt and understand treatments as well as restoring or maintaining function.

3. D: Havighurst's middle-age tasks include achieving civic and social responsibility, maintaining an economic standard of living, raising teenagers and teaching them to be responsible adults, developing leisure activity, accepting physiological changes related to aging and adjusting to aging of parents. Early adulthood tasks include finding a mate, marrying, having children, managing a home, getting started in an occupation or profession, assuming civic responsibility, and finding a congenial social group. Older adulthood tasks include adjusting to decreased physical strength and health, death of spouse, life in retirement, and reduced income; establishing ties with those in the same age group; meeting social and civic obligations; and establishing satisfactory physical living arrangements.

4. A: The most important consideration when choosing a recreational activity for a client is the client's interests. Asking the client what he/she likes to do and wants to do is the first step in engaging the client in therapy. While physical abilities and mental status are also important considerations, the goal of recreational therapy is to find innovative and creative ways to allow individuals to do those things that they enjoy. Costs must sometimes be considered as well.

5. C: Simulating playing with a hula-hoop improves balance and coordination. Nintendo Wii® uses a motion sensor to note body movement and control the game, so the client must stand upright and move the body to maintain momentum. Another useful activity is walking a tightrope. This gaming system is used in occupational, physical, and recreational therapy. One advantage to Wii® is that it allows clients to engage in virtual activities even before they are able to do so in reality.

6. C: Family Systems Theory states members of a family have different roles and behavioral patterns, so a change in one person's behavior will affect the others in the family. Health Belief Model predicts health behavior with the understanding that people take a health action to avoid negative consequences if the person expects that the negative outcome can be avoided and that he/she is able to do the action. Theory of Reasoned Action states the actions people take voluntarily can be predicted according to their personal attitude toward the action and their perception of how

others will view the action. Theory of Planned Behavior evolved from the Theory of Reasoned Action when studies showed behavioral intention does not necessarily result in action.

7. D: Taking a CPR course is usually required for employment and cannot be counted for continuing education credit. Acceptable activities include attending continuing education courses, conferences, and workshops; taking academic courses; publishing articles; making conference presentations (including poster presentations); and completing professional work experience. The CTRS credential must be recertified every five years. Recertification requires 50 hours of continuing education and 480 total hours of work over the five-year period in the recreation therapy profession.

8. B: The second principle of ATRA's Code of Ethics is nonmaleficence, which requires that the therapist use skills to assist clients while respecting the clients' rights to make decisions and preventing harm. The 10 principles (in order) include beneficence (maximizing benefits to clients), nonmaleficence, autonomy (right to choose), justice (fairness and equality), fidelity (meeting obligations), veracity (truth and honesty), informed consent, confidentiality and privacy (not disclosing protected information to third parties), competence (remaining current in education and skills), and compliance with laws and regulations.

9. C: OBRA (1987) requires that clients in nursing homes be engaged in a program of activities, which may include large group activities (singing, outings, fitness exercises), small group activities, and individualized outcome-focused activities. OAA (1965, rev. 2006) provides improved access to services for older adults and Native Americans. Provisions include the right of older Americans to participate in recreation activities as part of community care. ADA (1992) is civil rights legislation that provides the disabled, including those with mental impairment, access to employment and the community. HIPAA (1996) addresses the rights of the individual related to portability and privacy of health information.

10. D: Telling family members that a client states he is depressed is a violation of HIPAA regulations related to privacy of information and is not an example of client advocacy. Encouraging the client to discuss his feelings with family members is more effective and protects the client's right to confidentiality. Advocacy may start with simply listening to the client and observing the client for fears, apprehensions, conflicts, or concerns that may impede progress. Team members need to be aware of observable problems, such as apprehensions, that may affect the plan of care. Advocacy may include directly intervening or requesting interventions to meet client needs.

11. B: Beep baseball, which uses special balls that beep and padded upright cylinders that buzz at bases to help guide the runners, was designed for the vision impaired. Each team has a pitcher and catcher who are sighted. The rules of beep baseball are somewhat different from standard baseball. The pitcher announces each pitch and tries to aim at the player's bat. The National Beep Baseball Association (NBBA) has established rules for the games and can provide information for those wanting to establish a beep baseball team.

12. A: Kolb's Model of Experiential Learning is based on acquiring knowledge through grasping experience and transforming that experience into knowledge through cognitive processes and perception. Experience may be transformed into knowledge through abstract conceptualizing (analyzing, thinking), observation of others, or actively experimenting. This model stresses that the

individual makes choices between the concrete and the abstract, and this is reflected in learning styles.

- Diverging: concrete experience and reflective observation
- Assimilating: abstract conceptualization and reflective observation
- Converging: abstract conceptualization and active experimentation
- Accommodating: concrete experience and reflective observation

13. C: The best solution for a client is always the one that allows for the most functional independence, so providing a clip-on plate edge helps prevent the client pushing food from the plate. Non-skid plate mats are placed under plates to prevent them from sliding off of the table when the person is eating. Clients should not have diet limited to liquids or finger foods if they are able to eat a regular diet. Assisting the client should be limited to that which is necessary, and feeding the client should be a last resort as it makes the client completely dependent in eating.

14. B: Piaget's preoperational stage (ages 2-7 years) comprises the preconceptual substage (ages 2-4 years), in which children use language and symbols but have poor logical ability and show egocentrism; and the intuitive substage (ages 4-7 years), in which children establish a concept of cause and effect, which may be faulty because of transductive reasoning. They may engage in magical thinking, centration, and animism. Stages in order include:

- Sensorimotor (ages 0-24 months): gain motor skills, show affects, behave with intention, gain spatial awareness, and begin use of language.
- Preoperational (ages 2-7 years).
- Concrete Operational (ages 7-11 years): better understand cause and effect, concrete objects, and conservation.
- Formal Operational (11-adult): acquire mature thought processes and the ability to think abstractly.

15. D: Clients with tactile sensitivity usually dislike activities related to grooming, such as washing or brushing hair or brushing teeth. Other indications include hypersensitivity related to different textures and avoidance of those that are rough or irritating. They may prefer certain clothing, such as a soft sweatshirt, and avoid others, such as heavy jeans or clothes with appliqués or labels that touch the skin. They may avoid going barefoot and get upset if their hands, face, or clothing are dirty. They may have excessive reactions to painful stimuli.

16. A: Pseudohypertrophic (Duchenne) muscular dystrophy is characterized by enlargement of muscles by fatty infiltration associated with muscular atrophy, which causes contractures and deformities of joints. Abnormal bone development results in spinal and other skeletal deformities. The disease progresses rapidly, and most children are wheelchair bound by about 12 years of age. Other types include:

- Facioscapulohumeral (ages 10-24 years): weakness in the upper arms, shoulders angled forward, and a lack of facial mobility.
- Limb Girdle (age varies from late childhood to middle age): weakness of proximal muscles of the pelvic and shoulder girdles.
- Oculopharyngeal (ages 40-70 years): weakness of eyelid muscles and throat muscles.

17. B: Discontinuing all self-contained special programs is not characteristic of (or necessary for) placing a child in the least restrictive environment as these programs may provide benefit. For example, a child with autistic disorder may receive special training in a self-contained program but

still be placed in an environment as close to traditional as possible for most activities. Children should be placed according to individual needs rather than placed by diagnosis (group placement) alone. Providing alternatives shows respect for the individual by allowing some autonomy.

18. A: Assisting the man to take the bus independently to enjoy leisure activities, such as attending a movie theater, is an example of normalization because he is participating in normal adult activities with support. Placement in a long-term care facility is not a normal situation although some normalization may be possible. While the individual may be guided in choosing more age-appropriate choices, refusing to allow him to play with children's toys is coercive and does not show respect for his autonomy. Practice and guidance in how to behave in different situations may be part of working toward normalization, but expecting him to follow "rules" is too directive.

19. C: The first step in ensuring that inclusion is successful is to assess the individual needs of each adolescent. Once needs are identified, the 3 other critical elements are to identify a source of funding, identify support staff, and provide training. If possible, support staff should be in the same age range as the participants so that they can feel more independent, but this may vary according to need. Some adolescent may require constant support while others may have minimal needs. Training should include methods of adapting activities and dealing with behavioral differences.

20. D: The bowling ramp is the most appropriate intervention because it allows the woman to bowl by placing the ball at the top of the sloped ramp rather than swinging and throwing the ball. The Bradshaw Bowl Buggy® is a wheelchair especially designed for bowling, but this client is not wheelchair bound. Because her balance and mobility are poor, a modified bowling ball with a grip handle or bowling ball pusher would not be safe for her, as she would be at risk for falls.

21. C: IDEA does not guarantee a disabled child the best available education. Provisions include free public appropriate public education provided according to an individualized education program (IEP) in the least restrictive environment. The IEP is developed with the parents, regular and special education teachers, school psychologist or other person who can evaluate child's needs, and an administrator or other person with authority to make decisions about the child's education. Children with disabilities are also covered by ADA, but the same modifications can be provided under IDEA based on the IEP. ALL disabled children qualify for educational services (zero reject rule), even if they appear unable to benefit.

22. B: Agitation and combative behavior is often a sign of fear or discomfort in a person with dementia, so the first step is to analyze the pattern of agitation to try to determine the cause. Agitation may be related to needs, such as thirst, hunger, or need to urinate or defecate, or it may be related to certain activities or people. Once the pattern is identified, then steps to alleviate the trigger can be developed. CTRSs may need to try various approaches to alleviating the person's distress, evaluating each approach for effectiveness. Restraints should be avoided as they increase agitation.

23. A: Changes in personality, impulsive risk-taking behavior, and little facial emotion are consistent with traumatic injury to a frontal lobe, which controls personality and emotions. Damage to the right frontal lobe may result in pseudopsychopathic behavior and damage to the left in pseudodepression. Fine motor dysfunction of the upper extremities may occur as well. Divergent thinking, which includes problem solving, may be impaired. The left frontal lobe is associated with language (in most people), and damage here may result in Broca's aphasia.

24. D: A speech disorder is not a specific characteristic of ADHD although associated learning problems may impact language development and patterns of speech. ADHD is characterized by

inattention, including poor concentration, difficulty paying attention and staying on task, poor planning, inability to monitor behavior, and difficulty learning new material. Hyperactivity signs include restlessness, constant movement, and changing activities. Impulsivity is evident by the person's acting out before thinking.

25. C: Security is always a concern in a correctional facility, and staff is not permitted to divulge personal information. The best response is "I'm sorry. I can't discuss personal information" as this is factual and shows more respect for the individual than giving an order, such as "Don't ask personal questions" or questioning the inmate. The CTRS can be friendly and supportive of inmates, encouraging participation, but should avoid becoming friends or sharing personal information even though it may seem harmless.

26. B: A doll demonstration is probably the best teaching tool for a 32-month old child who is deaf or hearing-impaired. The CTRS can begin with the demonstration and encourage the child to play with the doll, guiding the child to put the doll through the same activities and moving on to having the child do the activities as part of play. Video and pictures may be helpful for older children who can better focus attention, but young children often do better when they can learn through play. A child of this age probably knows minimal sign language, so a sign language interpreter is not needed.

27. D: Conflict resolution should begin by allowing both sides to present their side of the conflict without bias, focusing on opinions rather than individuals. Other steps (not necessarily in order) include:

- Encouraging cooperation through negotiation and compromise.
- Providing guidance to keep the discussions on track and avoid arguments.
- Evaluating the need for renegotiation, formal resolution process, or a third party.
- Utilizing humor and empathy to defuse escalating tensions.
- Summarizing the issues and outlining key arguments.
- Avoiding a forced resolution, if possible.

28. D: FIM™ scores range from 18 (total dependence) to 126 (total independence), and a score of 63 comprised of 3 or 4 in each of 18 categories suggests the need for minimal to moderate contact assistance. The client will require an aide to assist with ambulation and other activities. Lower FIM™ scores on admission correlate with longer need for in-client rehabilitation. FIM™ scores are included as part of the Inclient Rehabilitation Facility Client Assessment Instrument required by Medicare for reimbursement for care.

29. C: According to Knowles, adult learners tend to be practical and goal-oriented, so they like to remain organized and keep the goal in mind while learning. Adult learners also tend to be:

- Self-Directed: Adults like active involvement and responsibility.
- Knowledgeable: Adults can relate new material to information with which they are familiar through life experience or education.
- Relevancy-Oriented: Adults like to know how they will use information.
- Motivated: Adults like to see evidence of their own achievement, such as by gaining a certificate.

30. B: All staff members are responsible for identifying performance improvement projects. Performance improvement must be a continuous process. Continuous quality improvement (CQI) is a management philosophy that emphasizes the organization and systems and processes within that

organization rather than individuals. Total quality management (TQM) is a management philosophy that espouses a commitment to meeting the needs of the customers (clients and staff) at all levels within an organization. Both management philosophies recognize that change can be made in small steps and should involve staff at all levels.

31. A: The primary purpose of supervision is promoting the intern's professional growth and development of skills while still protecting the integrity of the program. Supervision is also part of mentoring and provides opportunities for problem solving, especially if errors are identified or the intern is using incorrect practices. Supervisors should focus on both strengths and weaknesses. Supervisors should be experienced and knowledgeable about current best practices. While information gleaned from supervision may be part of the basis for grading the intern, this is not the primary purpose.

32. B: The treatment plan is documented in the planning stage. Different documentation is done for each phase.

- Assessment: Observe and question. Document leisure activities and usual activities prior to treatment admissions form.
- Planning: Based on assessment, document plan of care, including frequency of therapy and short-term and long-term goals.
- Implementation: Document progress notes.
- Evaluation: Document discharge plan, including achievement of goals or reasons goals were not achieved, such as medical setbacks.

33. A: Observing the client doing arts and crafts projects provides the best opportunity to evaluate the client's ability to stay on task and concentrate because these projects usually require the ability to organize, solve problems, and carry out a number of sequential steps. Personal reading is more difficult to evaluate without testing the person because people can appear to be actively reading when they are not processing what they are reading. Treadmill walking is a physical activity that requires little concentration or problem solving.

34. A: Subjective notes usually quote what the client states directly: "I can't exercise. My foot hurts." Objective notes record clinical facts that are observed: Client limping and avoiding pressure on left foot so is unable to participate in dancing activity. Blister noted on left heel. Assessment relates to evaluation of subjective and objective notes: Poorly fitted shoes causing friction rub and blisters. Plan is based on assessment: Treat and protect blisters. Obtain properly fitted shoes.

35. D: Carol Peterson's Leisure Ability Model, which aims to develop an appropriate leisure lifestyle for all clients, comprises three primary components.

- Treatment is geared toward assessing disability and improving function so that clients are able to engage in leisure activities.
- Leisure education focuses on the knowledge, skills, and abilities the client needs to engage in activities.
- Recreation participation provides opportunities, usually structured, for clients to engage in leisure activities. Under this model, activities that the client does outside of structured environments are also considered part of recreation therapy.

36. A: The utilitarian ethical approach is to select that activity that provides the most good for the most people, so it focuses on the majority. In this case, the sing-along could provide participation or enjoyment for the majority of people while people with cognitive or physical impairment may not