

# OT Mastery

## Pelvic Floor Therapy

**1. What is the most important way that OTs help people with pelvic floor dysfunction?**

- A. Improved management of incontinence solely for the sake of peace of mind
  - B. Improve their ability to function by relieving symptoms of pelvic floor dysfunction
  - C. Eliminate pain entirely
  - D. Implement assistive devices
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**2. What is not one of the three pelvic floor concerns?**

- A. Organ prolapse
  - B. Urinary incontinence
  - C. Fecal incontinence
  - D. Pelvic pain
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**3. Can men be affected by pelvic floor concerns?**

- A. No, only women are prone to weakness of pelvic floor anatomy
  - B. No, only women have pelvic floor anatomy
  - C. Yes, men can experience many of the same pelvic concerns women do
  - D. Yes, men experience some of the pelvic concerns women do
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**4. What is not considered a contributing factor/cause of pelvic floor dysfunction?**

- A. Hypermobility hips
  - B. Obesity
  - C. Chronic headaches
  - D. Decrease in estrogen levels
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**5. Why might pregnancy cause a woman to develop pelvic floor dysfunction?**

- A. Pregnancy can cause immediate organ prolapse
  - B. Pregnancy places undue strain on the pelvic floor muscles and can excessively weaken them
  - C. Pregnancy causes the muscles to grow stronger and get too tight
  - D. Pregnancy does not have any impact on the pelvic floor muscles
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**6. How does someone's emotional health contribute to pelvic floor dysfunction?**

- A. Someone with chronic anxiety often has shallow breathing and muscle tension, which can worsen pelvic floor concerns
  - B. It does not; there is no connection
  - C. This gives someone with pelvic floor dysfunction a better outlook/prognosis
  - D. The stronger someone's emotions are, the better they can manage pelvic floor dysfunction
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**7. How might an OT modify treatment/exams for someone who has experienced sexual assault?**

- A. Directly ask about the patient's priorities, needs, and how to make them feel safe
  - B. Emphasize the option to decline any aspect of treatment they are uncomfortable with
  - C. Both A & B
  - D. None of the above
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**8. What should NOT be part of an occupational profile for someone with pelvic floor dysfunction?**

- A. Menstrual care and management, if applicable
  - B. Sexual function/intercourse habits
  - C. Bowel and bladder habits
  - D. None of the above; all are important areas to cover
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**9. How can someone test the strength of the pelvic floor muscles?**

- A. An internal examination
  - B. Dynamic palpation
  - C. Manual muscle testing
  - D. Both A & B
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**10. What is an advantage to the internal examination process for pelvic floor dysfunction?**

- A. There is the possibility for subjective bias
  - B. The tester needs experience
  - C. No equipment is needed
  - D. It may make some patients uncomfortable
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**11. Which of the following is NOT an assessment tool used for dynamic palpation of the pelvic floor?**

- A. The Brink Scale
  - B. MOGS
  - C. The Worth Scale
  - D. The Kegel Test
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**12. What evaluation is considered the gold standard for pelvic floor strength?**

- A. MOGS
  - B. The Worth Scale
  - C. The ICS Scale
  - D. The Brink Scale
- 

**13. What is NOT a component of the ICS?**

- A. Twitch
  - B. Asymmetry
  - C. Pain
  - D. Muscle behavior after abdominal pressure
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**14. What is NOT a symptom of excessive pelvic floor tone?**

- A. Incomplete bowel or bladder emptying
  - B. A tampon slipping out of the vaginal canal
  - C. Muscle spasms in the abdominal or pelvic region
  - D. Bloating and cramping
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**15. How might a male with hypertonic pelvic floor muscles present?**

- A. Erectile dysfunction
  - B. Inability to urinate
  - C. Premature ejaculation
  - D. Both A & C
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**16. What type of pelvic floor dysfunction might be associated with vulvodynia?**

- A. Urinary retention
  - B. Hypertonic pelvic floor muscles
  - C. Urinary leakage
  - D. Hypotonic pelvic floor muscles
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**17. How is peristalsis part of pelvic floor dysfunction?**

- A. Peristalsis is not present in the lower body
  - B. Peristalsis does not occur in people with pelvic floor dysfunction
  - C. Overly tight muscles have difficulty with rhythmic contraction and relaxation to effectively push feces out of the bowels
  - D. People with pelvic floor dysfunction will have inconsistent peristalsis, which impacts the flow of urine
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**18. What type of pelvic floor dysfunction might be associated with painful sex?**

- A. Hypertonic pelvic floor muscles
  - B. Organ prolapse
  - C. Hypotonic pelvic floor muscles
  - D. Both A & B
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**19. What could be the culprit if a woman has decreased vaginal sensation?**

- A. Entrapment of the femoral artery
  - B. A low-level spinal cord injury
  - C. Involvement of the pudendal nerve
  - D. All of the above
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**20. Which of the following is NOT considered behavior modification for pelvic floor dysfunction?**

- A. Belly breathing
  - B. Surface EMG biofeedback
  - C. Urge control strategies
  - D. Limiting fluid intake
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**21. What yoga stretches should an OT recommend to decrease pelvic tone?**

- A. Toe taps and heel slides
  - B. Happy baby and child's pose
  - C. Flat frog pose and chair pose
  - D. Boat pose and flat frog pose
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**22. What is the purpose of a TheraWand?**

- A. To boost circulation
  - B. To increase range of motion
  - C. To help with self-release of tight pelvic floor muscles
  - D. To help massage and decrease inflammation
- 

**23. What is NOT considered an urge strategy?**

- A. A toileting schedule
  - B. Double voiding
  - C. Distraction through activity engagement
  - D. Dietary modification
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**24. What type of interventions are most appropriate for younger adults who are active?**

- A. Dietary changes only
- B. Stretches and lifestyle changes

- C. Stretches
  - D. Assistive devices
- 

**25. What type of interventions are most appropriate for elderly or middle-aged men and women?**

- A. Assistive devices
  - B. Stretches and lifestyle changes
  - C. Stretches
  - D. Dietary changes only
- 

**26. What tool might be part of surface EMG biofeedback for pelvic floor dysfunction?**

- A. Dynamic palpation
  - B. Electrical stimulation
  - C. Real-time ultrasound
  - D. Fluidotherapy
- 

**27. What type of interventions are most appropriate for people with pelvic floor dysfunction AND cognitive deficits?**

- A. Strengthening exercises
  - B. Assistive devices and stretches managed with caregiver assist
  - C. Behavior modifications
  - D. Tone management exercises
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**28. How can someone use MBSR to improve pelvic floor dysfunction?**

- A. MBSR can only be used in conjunction with assistive devices to manage pelvic floor dysfunction
  - B. MBSR can help relieve muscle tension by improving awareness
  - C. MBSR can be used with behavior modifications to assist in improving pelvic floor dysfunction
  - D. MBSR cannot help with pelvic floor dysfunction
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**29. What are Kegel exercises?**

- A. Sliding feet in and out while laying on your back and engaging your core
  - B. Locating pelvic floor muscles while urinating
  - C. Assuming a marching position while laying on your back and engaging your core
  - D. Rapid tensing and release of pelvic floor muscles
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**30. What is the intent of the flat frog pose?**

- A. To stretch hip adductor muscles
- B. To shorten hip abductor muscles

- C. To strengthen hip adductor muscles
  - D. To strengthen hip abductor muscles
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