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39	A	B	C	D	E

PRACTICE QUESTIONS

American Occupational Therapy Association (AOTA)

JGLW6WMG

Board Certification in Gerontology

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Occupational Therapy Association (AOTA) JGLW6WMG , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, JGLW6WMG
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

An occupational therapist working with an 80-year-old client notes that the client demonstrates decreased ability to detect high-frequency sounds. Which of the following best describes the typical age-related change in hearing that accounts for this finding?

- ☐ A Conductive hearing loss due to ossification of the ossicles
- ☒ B Presbycusis, characterized by degeneration of hair cells in the cochlea
- ☐ C Sensorineural loss caused by chronic otitis media
- ☐ D Central auditory processing disorder from cortical lesions

ANSWER B

WHY Presbycusis is the most common age-related hearing change and is characterized by a gradual, bilateral, sensorineural loss that predominantly affects high-frequency sounds. It results from degeneration of the hair cells in the organ of Corti, particularly in the basal turn of the cochlea. Ossification of the ossicles would cause a conductive pattern, not the typical high-frequency sensorineural loss of aging. Chronic otitis media is not a normal age-related change, and central auditory processing disorders reflect cortical rather than peripheral cochlear pathology.

QUESTION 2

SINGLE CHOICE

An occupational therapist in an acute rehabilitation unit wants to assess a client's basic self-care abilities, including bathing, dressing, toileting, and continence, during the acute phase of recovery. Which standardized assessment is most appropriate to administer at this time?

- ☐ A Kohlman Evaluation of Living Skills (KELS)
- ☒ B Barthel Index
- ☐ C Mini-Mental State Examination (MMSE)
- ☐ D Allen Cognitive Level Screen (ACLS)

ANSWER B

WHY The Barthel Index is a widely used standardized assessment of basic activities of daily living (ADL) such as feeding, bathing, grooming, dressing, bowel and bladder control, toileting, chair-bed transfer, mobility, and stair use. It is commonly used in acute rehabilitation to track functional progress. The KELS assesses broader independent living skills (including problem solving and safety) and is more appropriate for discharge planning in community-dwelling older adults. The MMSE is a cognitive screen, not an ADL measure. The Allen Cognitive Level Screen assesses cognitive functioning through a leather-lacing task and does not directly measure self-care performance.

QUESTION 3

SINGLE CHOICE

An occupational therapist conducting a home safety assessment for a community-dwelling older adult identifies multiple fall hazards. Which environmental modification is most strongly supported by evidence as an effective fall prevention strategy in the home?

- ☐ A Installing brightly colored decorative throw rugs in high-traffic areas
- ☒ B Removing loose cords and clutter from walkways
- ☐ C Encouraging the use of well-worn, soft-soled house shoes
- ☐ D Replacing all incandescent lighting with low-wattage bulbs to reduce glare

ANSWER B

WHY Removing environmental hazards such as loose cords, clutter, and other tripping hazards is a core, evidence-supported fall prevention strategy. Loose throw rugs are a well-known fall hazard and should be removed or secured, not added. Soft, well-worn slippers and socks without traction actually increase fall risk; non-slip footwear is recommended. Reducing lighting increases fall risk; adequate, glare-free lighting is recommended.

QUESTION 4

SINGLE CHOICE

An occupational therapist is reviewing the medical history of an older adult who sustained a hip fracture after a minor fall from standing height. Which condition is most likely to have contributed to this fragility fracture?

- ☐ A Hypertension
- ☒ B Osteoporosis
- ☐ C Type 2 diabetes mellitus
- ☐ D Hyperlipidemia

ANSWER B

WHY A fragility fracture from a low-energy fall (such as a fall from standing height) is highly suggestive of osteoporosis, which reduces bone strength through decreased bone mineral density. Hypertension, diabetes, and hyperlipidemia contribute to cardiovascular morbidity but are not direct causes of fragility fractures. Occupational therapy intervention would include addressing fall risk, body mechanics, and safe performance of ADL and IADL following surgical repair.

QUESTION 5

SINGLE CHOICE

An occupational therapist is consulted for a hospice client with end-stage heart failure who experiences significant dyspnea and fatigue with minimal exertion. Which intervention is most appropriate for supporting the client's remaining occupational engagement?

- ☐ A Prescribing a structured progressive aerobic exercise program to improve cardiopulmonary endurance
- ☒ B Teaching energy conservation techniques and activity pacing during meaningful activities
- ☐ C Implementing a resistive strengthening program to reverse muscle weakness
- ☐ D Restricting all activity to prevent cardiopulmonary decompensation

ANSWER B

WHY In end-of-life care, occupational therapy focuses on enabling meaningful participation despite declining function. Energy conservation techniques, work simplification, and activity pacing allow clients with dyspnea and fatigue to continue engaging in valued occupations such as interacting with family, eating meals, or completing legacy activities. Progressive aerobic exercise, aggressive resistive strengthening, and complete activity restriction are inconsistent with hospice philosophy, which prioritizes comfort, quality of life, and engagement over remediation.

QUESTION 6

SINGLE CHOICE

An occupational therapist is providing caregiver education to the spouse of an older adult with moderate dementia who continues to insist on driving. Which initial action is most appropriate for the therapist?

- ☐ A Recommend that the spouse immediately hide the car keys without explanation
- ☒ B Refer the family to the physician and Department of Motor Vehicles for a formal driving evaluation
- ☐ C Tell the spouse that driving is not allowed and end the discussion
- ☐ D Suggest the spouse allow the client to continue driving only on familiar neighborhood streets

ANSWER B

WHY Driving cessation in dementia is a complex safety and legal issue. The occupational therapist's appropriate role includes identifying concerns and referring to the physician and to the state Department of Motor Vehicles (or equivalent) for a formal driving evaluation. The therapist is not qualified to unilaterally grant or revoke driving privileges, and avoiding the topic or implementing ad hoc restrictions without proper evaluation is unsafe and ethically problematic.

QUESTION 7

SINGLE CHOICE

An occupational therapist is working with an older adult diagnosed with age-related macular degeneration (AMD). Which intervention is most consistent with the principles of low vision rehabilitation in occupational therapy?

- ☐ A Encouraging the client to rely exclusively on tactile cues for all reading tasks
- ☒ B Teaching the use of high-contrast materials and prescribed optical devices during meaningful tasks
- ☐ C Recommending that the client avoid reading and reserve vision only for walking
- ☐ D Advising that no rehabilitation is possible because vision loss is irreversible

ANSWER B

WHY Although AMD-related vision loss is not fully reversible, occupational therapy in low vision focuses on maximizing the use of remaining vision through environmental adaptations, high-contrast materials, task lighting, prescribed optical devices (such as magnifiers), and training in their use during meaningful occupations. Encouraging complete reliance on tactile cues or restricting vision use is unnecessarily restrictive, and stating that no rehabilitation is possible ignores the established role of occupational therapy in low vision services.

QUESTION 8

SINGLE CHOICE

An occupational therapist is working with a client with mild cognitive impairment living independently in the community. Which intervention is most appropriate to support continued independence in instrumental activities of daily living (IADL)?

- ☐ A Permanently discontinuing the client's community mobility tasks to reduce risk
- ☒ B Establishing external memory aids such as calendars, labeled drawers, and medication reminders
- ☐ C Withholding task modifications until the client demonstrates further decline
- ☐ D Limiting all new learning to prevent frustration

ANSWER B

WHY Compensatory strategies such as external memory aids (calendars, checklists, labeled storage, automated medication dispensers) are evidence-based occupational therapy interventions for individuals with mild cognitive impairment. Discontinuing meaningful occupations, withholding modifications, and prohibiting new learning are overly restrictive and contrary to occupational therapy's focus on supporting engagement, safety, and quality of life.

QUESTION 9

SINGLE CHOICE

An occupational therapist is evaluating an older adult who reports progressive difficulty buttoning shirts and manipulating small fasteners. Which age-related change in the hand most directly contributes to this functional limitation?

- ☐ A Decreased bone density in the distal phalanges
- ☒ B Decreased flexor tendon excursion and loss of intrinsic muscle mass
- ☐ C Increased synovial fluid production in the metacarpophalangeal joints
- ☐ D Hypertrophy of the thenar eminence

ANSWER B

WHY Normal aging of the hand involves decreased flexor tendon excursion, loss of intrinsic muscle mass, and thinning of the dermis, all of which reduce fine motor dexterity needed for small fasteners. Decreased bone density is more associated with fracture risk, increased synovial fluid is not a typical aging change, and thenar hypertrophy is not age-related.