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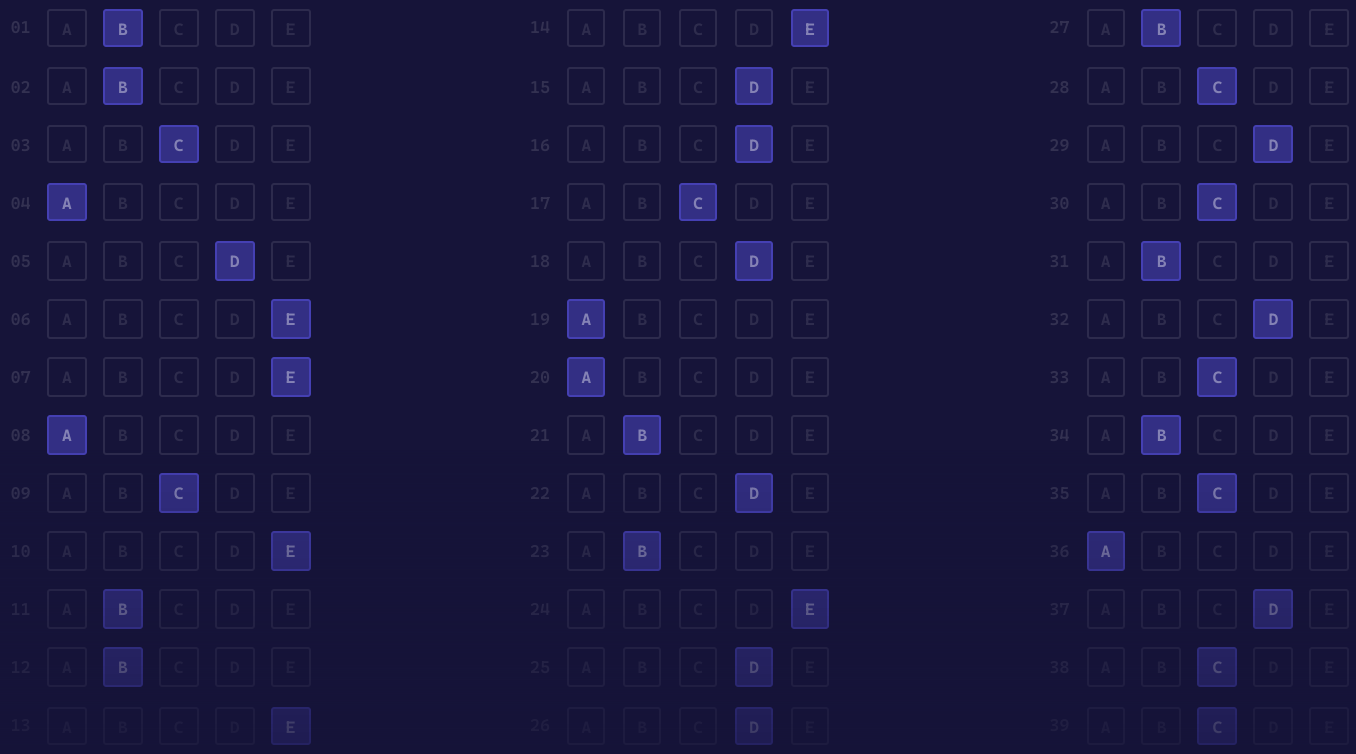

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

ORAPS

Occupational Therapy Specialist

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) `ORAPS`, 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, `ORAPS`
- the question number
- the email address on your order

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

QUESTION 1 MULTIPLE CHOICE

An occupational therapist is planning an intervention for a 7-year-old child with developmental coordination disorder (DCD) who struggles with handwriting legibility and speed. Which of the following client-centered, occupation-based intervention strategies are most appropriate to include in the plan? (Choose two.)

A Practicing cursive letter formation for 30 minutes daily to build automatic motor patterns

B Collaborating with the teacher to modify the classroom writing task so the child can record ideas using a keyboard for lengthy assignments

C Using a pressure-reduction protocol focused only on intrinsic hand muscle strengthening in isolation

D Engaging the child in a meaningful journal-writing project that incorporates sensory strategies, postural supports, and handwriting practice

E Restricting the child's participation in art and play activities until handwriting speed normalizes

ANSWER **B · D**

WHY Option B (D) is correct because it adapts the occupation (recording ideas) to the child's abilities, enabling participation in a real classroom occupation — a hallmark of OT client-centered practice. Option D (A) is correct because it embeds handwriting practice within a meaningful, occupation-based context (journal writing) while addressing underlying performance skills (sensory and postural). Options A and C focus on impairment-level drills isolated from occupation, and option E restricts participation, contradicting OT's participation-focused philosophy.

QUESTION 2 MULTIPLE CHOICE

An occupational therapist working in a Saudi Ministry of Health facility receives a referral for a patient who is also being treated by another OT in a private clinic for the same condition. Which of the following actions reflect compliance with SCFHS professional and ethical standards? (Choose two.)

A **Document the overlapping episode of care and communicate directly with the other OT to coordinate the treatment plan**

B Continue treatment without informing the patient, since the private clinic record is confidential and separate

C **Report the duplicate referral to the facility's rehabilitation supervisor so appropriate administrative coordination can occur**

D Refuse to treat the patient because the other OT 'owns' the case and discharge the patient immediately

E Accept the referral and proceed independently, assuming the patient's consent was already obtained by the referring physician

ANSWER **A · C**

WHY Option A is correct because SCFHS ethical standards require interprofessional communication and coordinated care when duplicate episodes of care occur, with the patient's informed consent. Option C is correct because escalating the issue through the facility's administrative/supervisory channel aligns with SCFHS scope-of-practice and professional conduct expectations. Options B and E bypass informed consent and coordination, and option D abandons the patient and misrepresents the OT's independent scope of practice.

QUESTION 3 SINGLE CHOICE

An occupational therapist is selecting a standardized assessment to evaluate an adult stroke survivor's ability to perform instrumental activities of daily living (IADL) in the home and community. Which assessment is most appropriate to use as the primary outcome measure?

A Box and Block Test (BBT)

B **Assessment of Motor and Process Skills (AMPS)**

C Nine-Hole Peg Test (NHPT)

D Modified Ashworth Scale (MAS)

ANSWER **B**

WHY The Assessment of Motor and Process Skills (AMPS) is a standardized, criterion-referenced observational assessment that evaluates a person's quality of ADL and IADL task performance in terms of motor and process skills — directly aligned with occupation-based assessment for stroke survivors. The BBT and NHPT measure isolated upper-limb dexterity, and the MAS measures spasticity; none evaluate IADL performance.

QUESTION 4 SINGLE CHOICE

A 68-year-old patient with moderate-stage Alzheimer disease is referred to OT. The patient's primary goal, expressed by the family, is to maintain independence in morning self-care routines. Which intervention approach best aligns with current evidence-based occupational therapy practice for this stage?

A Restorative drill-based retraining of lost procedural memory for each grooming sub-task

B Environmental simplification, cueing, and routine-based support using the person's remaining abilities

C Discharge from OT until the patient reaches the severe stage and requires caregiver training

D Prescribing only assistive devices without modifying the task or environment

ANSWER B

WHY For moderate-stage Alzheimer disease, current evidence supports compensatory, occupation-based approaches — simplifying the environment, providing external cues, and structuring familiar routines to leverage procedural memory — rather than restorative drill training, which is not effective at this stage. Discharging the patient or providing devices alone without task/environmental adaptation does not meet OT standards of comprehensive intervention.

QUESTION 5 SINGLE CHOICE

Under the SCFHS scope of practice for Occupational Therapy Specialists in Saudi Arabia, which activity is the OT permitted to perform without physician referral or prescription?

A Ordering advanced imaging such as MRI for a patient with wrist pain

B **Initiating an occupational therapy screening and providing prevention/wellness recommendations for healthy workers in an ergonomics program**

C Prescribing controlled medications for spasticity management

D Performing surgical debridement of a pressure injury

ANSWER B

WHY Within the SCFHS scope, occupational therapy specialists are authorized to perform OT screening, prevention, and wellness activities, including ergonomic consultations, without a physician referral. Ordering MRI, prescribing medications, and performing surgical debridement are outside the OT scope and outside the SCFHS-defined practice boundaries.

QUESTION 6 SINGLE CHOICE

An OT is fabricating a wrist-hand orthosis (WHO) for a patient with radial nerve palsy following a humeral fracture. Which position of the wrist and hand is most appropriate for the orthotic design to support functional grasp?

A Full wrist flexion with full MCP and IP flexion to simulate grasp

B **Wrist in 20–30 degrees of extension, MCP joints in slight flexion, and the thumb positioned for opposition**

C Wrist and fingers in a completely neutral resting position with no consideration for grasp

D Wrist in maximum ulnar deviation and forearm pronation

ANSWER B

WHY Radial nerve palsy results in wrist drop and loss of finger/thumb extension. A functional WHO positions the wrist in slight extension (20–30°) to use tenodesis to assist finger flexion, places MCPs in slight flexion, and positions the thumb in opposition to enable grasp — consistent with biomechanical and kinesiologic principles of upper-limb orthotic design.

QUESTION 7 SINGLE CHOICE

An OT working in pediatric mental health is planning intervention for an 8-year-old with sensory processing difficulties who has trouble sitting still in class and completing written work. Which sensory-based intervention, used within an occupational frame of reference, best addresses classroom participation?

A Strict 60-minute seated writing drills without movement breaks

B A weighted vest worn continuously throughout the school day regardless of the child's response

C A sensory diet, scheduled movement breaks, and a wiggle cushion or alternative seating options embedded into the school routine

D Removing the child from the classroom for all sensory input

ANSWER C

WHY A sensory diet combined with scheduled movement breaks and alternative seating (e.g., a wiggle cushion) is evidence-informed and addresses the child's regulation needs within the natural classroom environment, supporting participation in school occupations. Continuous restricted seated work, indiscriminate weighted-vest use, or removing the child from the classroom are not aligned with current best practice or OT's participation-focused model.

QUESTION 8 SINGLE CHOICE

A patient under the OT's care experiences a sudden drop in oxygen saturation during a therapy session. After initiating emergency response per facility policy, what is the OT's primary documentation responsibility in the patient's record?

A **Document the incident in an objective, timely, and accurate manner, including vital signs, interventions provided, and the patient's response**

B Wait until the end of the week and combine this event with routine progress notes to save time

C Document only the therapy goals that were achieved during the session

D Leave the incident undocumented because emergency care was managed by the medical team

ANSWER **A**

WHY SCFHS and joint-commission-aligned standards require OTs to document safety incidents objectively, accurately, and in a timely manner — including patient status, interventions, and response. Delayed, selective, or absent documentation of adverse events is a professional and legal breach.

QUESTION 9 SINGLE CHOICE

An OT is performing a home assessment for a patient returning after a total hip replacement (posterolateral approach). Which environmental recommendation is most appropriate to reduce hip precautions violations during ADL?

A Removing the raised toilet seat to encourage full hip flexion

B **Recommending a raised toilet seat, a tub transfer bench, and avoiding low chairs without compromising safe toilet/transfer use**

C Instructing the patient to bend forward at 90 degrees when dressing

D Advising the patient to sit in a low, soft sofa to improve joint mobility

ANSWER **B**

WHY Following a posterolateral total hip replacement, patients must avoid hip flexion >90°, adduction past midline, and internal rotation. A raised toilet seat, tub transfer bench, and avoiding low chairs prevent these movements and support safe toileting, bathing, and transfers — directly aligned with the OT's role in environmental modification and adherence to hip precautions.