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Question: 502

Recovery of motor function following stroke with severe hemiparesis:

- A. May improve significantly between 6 and 24 months.
- B. Cannot be predicted at 1 month.
- C. Is essentially complete at 6 months.
- D. Is independent of patient age.

Answer: C

Explanation:

Although improvement over years is recognized, functional recovery generally remains constant after 6 months. The level of 6-month recovery can be reliably predicted at 1 month to within 86%. Recovery is better in younger patients.

Question: 503

The Extremity Constraint-Induced Therapy Evaluation (EXCITE) trial:

- A. Used constraint-induced movement therapy (CIMT) on patients in the
- B. Constrained the nonparetic leg to maximize function in the paretic leg.
- C. Found benefit with CIMT that persisted for at least a year.
- D. Used CIMT for 6 months to show any benefit.
- E. Found no statistically significant difference between the two therapies

Answer: C

Explanation:

The Extremity Constraint-Induced Therapy Evaluation (EXCITE) trial was a randomized multicenter trial comparing usual rehabilitation therapy with constraint-induced movement therapy (CIMT). The patients wore a restraining mitt on the nonparetic hand for 3 to 9 months after an ischemic stroke. Therapy was continued for 2 weeks and showed persistent, statistically significant benefits.

Question: 504

The Barthel scale:

- A. Measures acute neurologic dysfunction.
- B. Measures activities of daily living.
- C. Is a predictor of functional independence when the score is below 20.
- D. Must be administered by a physician.
- E. Requires face-to-face contact with the patient to administer.

Answer: B

Explanation:

The Barthel score measures walking, dressing, feeding, grooming, and bowel and bladder control. The maximum score is 100. A score of above 60 represents relative independence, with a score of 100 being the best level of function. It does not measure acute neurologic dysfunction. It is relatively simple to administer, not requiring specialized medical training, and can be determined by telephone with a reliable patient or a caretaker. It is frequently used in clinical trials as an outcome measure.

Question: 505

Which of the following may be an effective adjunct to speech and language therapy in post-stroke aphasia?

- A. Transcranial magnetic stimulation.
- B. Piracetam (Nootropil, Myocalm).
- C. Donepezil (Aricept).
- D. Bromocriptine (Parlodel).
- E. All of the above.

Answer: E

Explanation:

The supplementation of those neurotransmitters required for synaptic plasticity is an attractive idea for the pharmacotherapy of aphasia, and there have been some reports of utility for all of the agents listed. However, clinical trial results are not particularly encouraging. Although some studies using transcranial magnetic stimulation have shown benefits, difficulties with treatment blinding hamper interpretation of the data. Piracetam, a γ -aminobutyric acid (GABA) derivative, has shown some weak benefits but the drug is not readily available in the United States. Donepezil, a centrally acting reversible acetyl cholinesterase inhibitor, may be of benefit but there have been no randomized trials in aphasic stroke patients. The dopamine D2 receptor agonist, bromocriptine, has been evaluated with conflicting results.

Question: 506

Match the disorder of speech and language with its best definition. Use each answer only once.

- A. A. Aphasia Impairment of speech intelligibility.
- B. B. Dysarthria Disturbance of semantics, phonology or syntax.
- C. C. Apraxia Impaired speech planning and programming.
- D. D. Aphonia Inability to speak.
- E. E. Abulia Decreased speech and movement.

Answer: A 2, B 1, C 3, D 4, E 5.

Explanation:

Cerebrovascular disease can cause multiple speech disorders. Aphasia and apraxia of speech are caused by dominant hemispheric lesions. Dysarthria can be due to multiple different upper or lower motor neuron lesions. Bilateral subcortical infarcts can cause aphonia. Abulia, a decrease in spontaneous speech and movement, is associated with lesions of the cingulate gyrus or the supplementary motor area.

Question: 507

Which statement best describes recovery after rehabilitation following cerebellar infarction?

- A. Patients with cerebellar infarcts in general have poor functional recovery.
- B. Patients with cerebellar hemorrhage have better functional outcome than
- C. Patients with infarcts in the territory of the posterior inferior cerebellar
- D. Functional Independence Measure (FIM) scores generally do not reach a

Answer: C

Explanation:

Patients with posterior inferior cerebellar artery (PICA) infarcts (Wallenberg syndrome) generally have better recovery than patients with superior cerebellar artery (SCA) infarcts. Patients with cerebellar infarcts in general have good recovery, with FIM scores compatible with independence at the time of discharge and continued improvement after discharge. Patients with ischemic cerebellar infarcts have shorter inpatient stays and better outcome following rehabilitation than do patients with cerebellar hemorrhages. Cerebellar edema from either hemorrhage or infarction, with herniation and hydrocephalus that is not surgically treated, can significantly worsen outcome.

Question: 508

Which statement best describes post-stroke depression?

- A. The definition of post-stroke depression is a worsening of the Hamilton
- B. Approximately 25% of potential patients are excluded from trials of poststroke
- C. Antidepressants should be used with caution following stroke, because
- D. should be changed after 6 weeks if no improvement is noted

Answer: D

Explanation:

Trials of depression after stroke have failed to yield clear treatment recommendations for several reasons. The use of appropriate diagnostic criteria, including depression scales, has not been systematically applied to post-stroke depression patients. A full 50% of stroke patients have been excluded from trials because of communication problems. The duration of treatment has been inadequate, with the average total duration of treatment being only 6 weeks. There has also been inadequate duration of follow-up to determine relative outcomes following treatment. The American College of Physicians suggests that antidepressants should be continued for 4 months or more beyond improvement and that treatment should be switched if no clinical improvement is seen by 6 weeks. Several antidepressive agents may have neuroprotective effects, but clinical efficacy for the prevention of depression after stroke or for improved stroke recovery has not been proven.

Question: 509

Which statement about brain plasticity is true?

- A. Stimulation of N-methyl-D-aspartate (NMDA) receptors may be detrimental.
- B. γ -Aminobutyric acid (GABA) receptor antagonists may increase plasticity
- C. Serotonin has no impact on plasticity.
- D. Mechanisms involved in plasticity are consistent throughout brain cortical

Answer: B

Explanation:

γ-Aminobutyric acid (GABAA) antagonism stimulates long-term potentiation (LTP). Glutamate is an important excitatory neurotransmitter that has multiple mechanisms related to acute brain injury and recovery. Animal studies have shown N-methyl-D-aspartate (NMDA) receptor antagonists to be neuroprotective in acute cerebral ischemia, but translational studies to humans have been disappointing. Glutamate is an excitatory neurochemical that excites NMDA receptors and enhances brain plasticity. The inhibition of glutamate following stroke is a complex topic, because glutamate may enhance acute neuronal damage but may be necessary for recovery and plasticity. Serotonin may enhance plasticity, and trials of this category of antidepressants are underway as a treatment to ameliorate post-stroke depression while enhancing recovery. The mechanisms for brain plasticity are highly variable among different cortical regions of the brain.

Question: 510

Which statement best describes brain plasticity?

- A. Animal studies have demonstrated improved performance in animals exposed
- B. Animal studies suggest motor activity (e.g., wheel running, etc.) is more
- C. Learning and repetition will increase the number of dendritic spines in
- D. Transient alterations of cortical representation areas may be common in

Answer: D

Explanation:

Transient alterations of cortical representation areas have been demonstrated with learning tasks in human volunteers. Animal studies have demonstrated that an enriched environment is useful to stroke recovery, even when introduced as late as 15 days following stroke. Social interaction appears more important than motor activities. Repetitive activities do result in an enlarged area of cortical representation for that activity.

Question: 511

Stem cells:

- A. Are found in the brains of adult rodents but not adult humans.
- B. Are found in adult human brains but are not capable of differentiating.
- C. Are found in adult human brains and can differentiate into glial cells but
- D. Are found in adult human brains and can differentiate into neurons.

Answer: D

Explanation:

Stem cells in adult brains were first identified in rodents but have now been found in human brains. Differentiation into neurons has been observed in the dentate gyrus. The clinical implications of manipulation of endogenous stem cells is a subject of speculation at present.

Question: 512

Pilot studies with hyperbaric oxygen following acute stroke suggest:

- A. B. trend toward worsened outcome that does not reach statistical significance -
- B. A trend toward worsened outcome that does not reach statistical significance -
- C. Increased incidence of claustrophobia in treated versus sham patients.
- D. The occurrence of significant barotrauma in approximately half of treated

Answer: B

Explanation:

Although statistical significance was not reached, the trend suggests that hyperbaric oxygen treatment does not help patients with acute stroke and may result in clinical worsening. Claustrophobia was the same in treated and sham patients as all entered the hyperbaric chamber. Only a single treated patient had symptoms of barotrauma. Trials of hyperbaric oxygen to improve chronic, established neurologic deficits due to ischemia are underway.

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