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Essentials of cardiopulmonary physical therapy 3rd edition pdf

The second edition of this text passes through the anatomy, physiology and pathophysiology of the cardiac and pulmonary systems, as well as covers the evaluation and treatment of cardiopulmonary disorders. It presents new chapters on cardiac lung transplantation and emergency care. Certified clinical specialists have collaborated to create this reference source. Represents a balanced and integrated coverage of the heart and lung systems. Provides a logical structure closely related to most courses: anatomy and physiology, pathophysiology, evaluation and treatment, which allows the use of the book in pathophysiology courses, evaluation courses, etc. includes the latest information on cardiopulmonary physical therapy in this revised and updated second edition. Includes two entirely new chapters: Chapter 12 - Thoracic Organ Transplantation: Heart, Heart-Lung and Lungs; and Chapter 21 - Outcome Measures: Reimbursement Issues and Documentation. Contains a completely revised head of emergency care with ongoing issues in the emergency room. Adds clinical notes in each chapter to link theory, medical information and actual clinical practice. Includes case studies at the end of each chapter for realistic learning. Improve understanding of the cardiopulmonary system with Essentials of Cardiopulmonary Physical Therapy, 4th edition. Based on best practices prescribed in the Therapist's Physical Practice Guide, this new edition provides comprehensive coverage of anatomy, physiology and cardiopulmonary evaluation, along with expanded chapters on the growing themes of early ICU patient mobilization and emergency management. Using a hands-on approach, expert author Ellen Hilleagass also discusses pathophysiology, pharmacology and outpatient intervention. Evidence-based content reflects recent research in this area and includes the use of ICF. The material uses the best practices defined by the American Physical Therapy Association. Clinical tips give you real tips and suggestions from practitioners. New functions! Extended chapters cover early mobilization of ICU patients and management of emergency care. New functions! The updated links emphasize evidence from the text. New functions! Full-color printing improves text. Section 1: Anatomy and Physiology 1. Anatomy of cardiovascular and pulmonary systems 2. Cardiovascular and Pulmonary Physiology Section 2: Pathophysiology 3. Ischemic cardiovascular disease and other vascular pathologies 4. Heart muscle dysfunction and failure 5. Restrictive lung dysfunction 6. Chronic obstructive pulmonary disease 7. Cardiopulmonary Effects of Specific Diseases Section 3: Diagnostic Tests and Procedures 8. Cardiovascular diagnostic and procedures 9. Electrocardiography 10. Pulmonary Diagnostic Tests and Procedures Section 4: Surgical Intervention, Monitoring and Support Support Cardiovascular and Thoracic Interventions 12. Thoracic Organ Transplantation: Heart, Heart-Lung and Lung 13. Monitoring and life support equipment Section 5: Pharmacology 14. Cardiovascular drugs 15. Pulmonary Medications Section 6: Cardiopulmonary Assessment and Intervention 16. Examination and evaluation procedures 17. Interventions in acute cardiopulmonary conditions 18. Prevention interventions and measures for individuals with cardiovascular disease, or the risk of disease 19. Pulmonary rehabilitation 20. Children's cardiopulmonary physical therapy 21. The lymphatic system is 20. Outcome Measures: Guide to Evidence-based Practice of Cardiopulmonary Physical Therapy INSTANT DOWNLOAD COMPLETE TEST BANK WITH ANSWERS Basics of Cardiopulmonary Physical Therapy 3rd Edition of Hilleagass - Test Bank Sample Hilleagass: Basics of Cardiopulmonary Physical Therapy, 3rd Edition Chapter 2: Physiology of Cardiovascular and Pulmonary System Test O. Regulating acid-base balance and maintaining normal blood pH B. Filter and metabolism of toxic substances C. Achieving temperature homeostasis through evaporative heat loss D. Exchange of oxygen and carbon dioxide between the environment, blood and tissue ANS: D According to the author, the most important function of the lung system is the exchange of oxygen and carbon dioxide between the environment, blood and tissues. PTS: 1 Total air volume inhaled or exhaled within 1 minute, are called: A. Tidal Volume B. Minute ventilation C. Inspiratory reserve volume D. Inspiratory capacity ANS: B Minute ventilation represents the total amount of air that is inhaled or exhaled in 1 minute. PTS: 1 Maximum amount of air that can be inhaled after a normal tidal exhalation is called: A. Inspiratory Reserve Volume B. Expiring Reserve Capacity C. Inspiratory Capacity D. Vital Capacity ANS: C Inspiratory Capacity (IC) is the sum of tidal and implicit reserve volumes; it is the maximum amount of air that can be inhaled after a normal tidal exhalation. PTS: 1 Which of the following areas of the brain provides control of automatic breathing? A. Medulla Oblong B. Pons C. Frontal Brain Lobe D. Hypothalamus ANS: Medulla Oblong contains aspirational neurons that produce inspiration and expiring neurons that are caused with the force expiration date. These neurons control automatic breathing. PTS: 1 Which of the following best statements explains why an increase in injected oxygen should be done cautiously in a patient with severe chronic obstructive pulmonary disease (COPD)? A. The body can rely on hypoxic urge to breathe (oxygen receptors) and an increase in the oxygen injected leads to hyperoxemia suppressing the hypoxic disk. B. Body extra time to allow peripheral than moreceptors to cause an increase in ventilation speed to improve oxygenation. C. The body relies on carbon dioxide to regulate the respiratory cycle, and an increase in the oxygen injected leads to the inhibition of carbon dioxide receptors. D. Increased injected oxygen into the body oversaturates the system leading to the toxicity of ANS: A patient with severe COPD that develops high blood CO2 levels subsequently leads to the body relying more on oxygen receptors rather than carbon dioxide receptors. This is called a hypoxic urge to breathe. If the oxygen injected is too high and causes hyperoxemia (increased oxygen in the blood), oxygen receptors can be suppressed, which reduces the urge to breathe. PTS: 1 Which of the following lung receptors are located along the smooth muscles lining the airways sensitive to the increase in size and volume in the lungs, called the Hering-Breuer reflex? A. Irritating B. Stretch receptors C. Chemoreceptors D. Juxtapulmonary receptors ANS: B Stretch receptors are located along the smooth muscles lining the airways and are sensitive to increase in size and volume in the lungs. Hering-Breuer reflex is active with a large increase in tidal volume, especially seen during exercise, and protects the lungs from excessive inflation. PTS: 1 Which of the following lung receptors are stimulated in a patient with left-handed congestive cardiac failure who develops pulmonary edema, forcing the patient to breathe in SHALLOW, a tahoetic pattern. A. Irritating B. Stretch receptors C. Chemoreceptors D. Juxtapulmonary receptors ANS: D Juxtapulmonary receptors (J receptor) are located near pulmonary capillaries and are sensitive to increased pressure of pulmonary capillaries. When stimulated, these receptors initiate rapid, shallow breathing. In a patient with congestive heart failure, pulmonary edema will stimulate interstitial receptors J. PTS: 1 Which of the following events occur as a result of the diaphragm and external intercostal contracts to facilitate inspiration? A. Increased chest and lung pressure reduces intrapulmonary pressure B. Increased pressure in the lungs is due to Boyle C Law. Decrease in breast and lung pressure, increase in intra-light pressure D. Changes in the volume of the thoracic cavity and lungs lead to intrapulmonary pressure that exceeds the atmospheric pressure of ANS: A When the diaphragm and external inter-rib contract to facilitate the inspiration of this that reduces intrapulmonary pressure. Intra-light pressure is reduced below atmospheric levels, facilitating air flow to the lungs to normalize differences in pressure. 1 Which of the following BEST describes intra-pulure pressure compared to intra-light pressure? A. Intrapleure pressure is less intralight pressure B. Intrapleural pressure is the same as intrapulmonary pressure C. Intrapleure pressure is greater than intrapulmonary pressure D. Intrapleural pressure is not associated with intralight pressure ANS: intrapleural pressure is usually lower than intrapulmonary pressure developed during inspiration and expiration. This difference in pressure helps to maintain the lungs near the chest wall. PTS: 1 Compliance is best explained which of the

following statements. A. The tendency of the structure to return to its original size after it has been stretched by B. Pressure that acts to roll the alveoli and increase air pressure in structure C. The tendency of force that exists to collapse or roll back the structure while inflated D. Pressure that allows changes in the volume of the lungs parallel changes in the breast excursions during breathing ans: C Compliance of the pulmonary tissue is likened to a balloon during inspiration where there is a tendency to collapse or recoil during inflating. A - elasticity; B - surface tension; D and transmural pressure. PTS: 1 Which of the following statements is the most correct about surfactant? A. Reduces the overall surface voltage of the alveoli to keep air in smaller alveoli B. Pulmonary surfactant consists of a single class of molecules C. Squeezing of surfactant molecules reduces their density D. Surfactant develops in the early stages of fetal life ANS: Surfactant is a surface-active agent that is needed to reduce the overall surface voltage of the alveoli in order to reduce the pressure of the alveoli. The presence of surfactant helps in maintaining air in alveoli of different sizes. PTS: 1 What of the following factors acts to reduce respiratory stability? A. The presence of mucus and swelling B. Smaller airway diameter C. Parasympathetic nervous system D. Sympathetic nervous system ANS: D Sympathetic effect of the nervous system reduces respiratory resistance, which would be incompatible with the need to improve airflow to keep up with the body's demand for oxygen during exercise. The Poissall Act states that the flow through the vessel or airways is directly proportional to the difference in pressure and radius and is inversely proportional to the length of the airways and the viscosity of the gas. Small changes to the air conditioning radius are major changes. PTS: 1 Which of the following physical properties of the lungs facilitates passive exhalation? A. Compliance B. Resilience C. Surface Tension D. Resistance to AnS Air Flow: B Elasticity to the tendency of the structure to return to its original size after it has been forked out. This elastic recoil of the lungs allows a passive exhalation to occur. PTS: 1 To facilitate oxygen diffusion from alveoli to pulmonary capillary which of the following should occur? A. Alveolar walls become thicker B. Oxygen concentration is high in the pulmonary artery C. Oxygen concentration is high in alveoli D. Partial oxygen pressure should equal 20.93% ANS: C To exchange gas occurs, pressure gradient must be created through the alveolar capillary interface. This gradient will allow the gases to dissipate from a high concentration area to areas with low concentrations throughout the semi-uninhiid respiratory membrane. PTS: 1 Which of the following improve the exchange of gas at the base of the lungs? A. Gas ventilation is greater than blood perfusion B. The patient is located in a prone C. The patient is positioned in an upright D. The amount of blood perfusion is greater than the gas ventilation of ANS: C Changing the patient's position alters the ventilation and perfusion area. Typically, large ventilation and perfusion occur in gravitationally-dependent areas, allowing better breathing to occur in the dependent lungs. A vertical sitting position would facilitate better ventilation/perfusion matching at the base of the lungs due to gravity dependence. PTS: 1 Which of the following forms of hemoglobin molecules refers to the binding of heme with carbon monoxide instead of oxygen? A. Oxyhemoglobin B. Deoxyhemoglobin C. Methemoglobin D. Carboxyhemoglobin ANS: D Carboxyhemoglobin is another form of hemoglobin, which involves binding heme with carbon monoxide instead of oxygen. The connection with carbon monoxide is 210 times stronger than oxygen, and therefore displaces oxygen and suppresses its binding ability. PTS: 1 In systemic arteries, at partial pressure of 100 mm Hg. The percentage of haemoglobin should be: A. 85% B. 97% C. 74% D. 21% ANS: B In systemic arteries, at partial pressure of 100 mmHg, 97%, which indicates that 97% of hemoglobin molecules in the blood are associated with oxygen. The remaining 35 reflect concentrations of deoxygemoglobin, methamphetamine and carboxygemoglobin. PTS: 1 Which of the following is the best way to measure oxygemoglobin saturation? A. Pulse oxymeter B. Blood hemoglobin C. Arterial Blood Gas D. Pulmonary function test ANS: C Gold standard or the best test to measure oxyhemoglobin saturation through blood arterial gas analysis. Pulse oxymeter can also be used to produce this number, but is less accurate because it is an estimate rather than a direct measure. PTS: 1 Which of the following changes in the system will cause a shift in the oxyhemoglobin dissociation curve left? A. Increase in PH B. Reducing pH Increase tissue temperature D. Prolonged anemia hypoxemia: Increased pH or alcalemia will shift the curve to the left. The choice of responses B, C and D shifts the curve to the right. PTS: 1 Which of the following factors will potentially reduce cardiac output? A. Medications that have a positive inotropic effect B. Beta-blocker effect on beta receptors C. Release of epinephrine and norepinephrine D. Increase in blood volume ANS: B Beta-blocker of blunt heart rate reaction during exercise, making beta receptors on the myocardial wall do not respond to a sympathetic stimulation. Lack of heart rate response will potentially reduce cardiac output. PTS: 1 In patients with congestive heart failure, which of the following positions should be avoided to minimize preesing on cardiac failure? A. Sitting in the bedside chair B. Standing on the support surface of C. Semireclined on the mat D. Supine with lower limbs elevated ANS: D In patients with congestive heart failure, the Frank-Starling mechanism does not apply. Increased preinset creates an additional burden on the failed heart. These patients will not tolerate on the back (flat) or on the back with their legs raised due to the impact of gravity and, as a result, an increase in blood volume return to the heart. PTS: 1 Positive inotropic effect on myocardial contraction produced by the release of norepinephrine from sympathetic nerve endings is an example: A. Internal control factor B. External control factor C. Frank-Starling mechanism D. Parasympathetic stimulus ANS: B External control of contracting depends on the activity of the sympathadranal system. Epinephrine from adrenal medulla and norepinephrine from sympathetic nerve endings produce a positive inotropic effect, or increase myocardial contractability by promoting the calcium flow available for myocardial cell sarcomers. PTS: 1 After downloading is best defined which of the following statements? A. Reflection of the pressure against which the heart must contract B. The amount of load (stretching) on the myocardial wall before reducing C. The maximum amount of blood that can be filled by the ventricles D. Pressure in the blood system during the diastolic phase of the heart cycle ANS: After the load is a reflection of the pressure against which the heart must contract for pumping blood into the aorta. The pressure inside the blood system during the diastolic phase of the heart cycle is a function of complete peripheral resistance. PTS: 1 Best Heart Function Indicator: A. Stroke Volume B. End of Diastolic Volume C. Emission of Faction D. End of Systolic Volume ANS: C Emission Fraction is a ratio or percentage of blood volume ejected from the ventricles the volume of blood received by the ventricles before contraction and is the best indicator of cardiac function. PTS: 1 In a patient with systolic heart failure, the compromised emission fraction is usually reflected as: A. 70% B. 60% C. 50% D. 35% ANS: D In patients with systolic heart failure, the emission fraction is compromised, as evidenced by a ratio of less than 40%. For every 100 ml of blood, lowering the ventricles, less than 40 ml of blood is thrown out on the contraction due to heart failure. PTS: 1 Peripheral muscle contraction and deep diaphragmatic and visionary maneuvers directly enhance which of the following effects on cardiac function? A. The venous return of B. Miokard contract C. After loading D. End of the Systolic Volume anS: Venous return represents the return of blood to the right side of the heart through the veins. Factors that directly affect venous return include a pressure gradient in the venous system, peripheral muscle activity, deep diaphragmatic inspiratory maneuvers, and sympathetic stimulation of nerve fibers on smooth muscle contraction cells in the veins. PTS: 1 Myocardial tissues require constant aerobic metabolism both at rest and during heavy exercise. Which of the following attributes of myocardial tissue BEST facilitates the oxygen supply during systole (myocardial contraction)? A. High capillary density B. Myoglobin C. Coronary perfusion D. Hemoglobin ANS: B myocardium contains large amounts of myoglobin. These structures have the ability to store oxygen during the diastole and release stored oxygen during systole into myocardial cells. Sysol involves the contraction of myocardial, which compresses the coronary arteries, reducing blood perfusion. The density of capillaries is useful, but its effect does not change as associated with diastole and sisogil phases. PTS: 1 Speed pressure product is a clinically useful tool for estimating myocardial oxygen demand and is calculated using which of the following variables? A. Respiratory rate - systolic blood pressure B. Respiratory rate - diastolic blood pressure C. Heart rate - systolic blood pressure D. Heart rate and diastolic blood pressure ANS: C Course pressure product is a clinically useful tool for assessing the demand for myocardial oxygen and is calculated using heart rate and systolic blood pressure. During exercise, changes in vegetative stimulation of the nervous system also affect coronary blood flow, directly affecting the pulse and force of contraction - the two main determinants of myocardial metabolic rate. PTS: 1 Which of the following age-related cardiovascular physiological changes is likely to increase the thickness of the ventricle walls? A. Weight Gain B. Reducing maximum Rhythm C. Reducing arteriovenous oxygen absorption D. Increased presence of collagen ANS: D With increasing age, left left the thickness of the walls increases due to the increase in collagen and the increase in the size of myocardial cells. Increased body weight, reduced maximum heart rate, and reduced arteriovenous absorption of oxygen contribute to reducing the maximum absorption of oxygen. PTS: 1 Which of the following age-related cardiovascular physiological changes are considered peripheral? A. Compromise arteriovenous oxygen absorption B. Reducing stroke C. Reducing maximum heart rate D. Low values of stroke anS: Arteriovenous oxygen absorption is considered peripheral (not specific to the heart), while reduced stroke volume, reduced maximum heart rate and low stroke volume reflect specific cardiac (central) factors. PTS: 1 Hillegass: Basics of Cardiopulmonary Physical Therapy, 3rd Edition Chapter 4: Heart Muscle Dysfunction and Failure Of the Bank MULTIPLE CHOICE Bank Test Which of the following pathological conditions can lead to congestive heart failure (CHF)? A. Hypertension B. Renal failure C. Pulmonary embolism D. All of the above ANS: D Table 4-b highlights 11 specific pathological processes/causes of congestive heart failure. Hypertension, kidney failure, and pulmonary embolism are all considered causes of CHF. PTS: 1 Elevated blood pressure that leads to left ventricular hypertrophy potentially causing CHF after a while describes which of the following? A. Pulmonary embolism B. Systemic hypertension C. Pulmonary hypertension D. Cardiomyopathy ANS: B Hypertension is high blood pressure, leading to left ventricular hypertrophy (increased mass of myocardial cells) and increased energy consumption. PTS: 1 Which of the following statements describes the reason for the increase in energy expenditure in people with systemic hypertension? A. Myocardial contracting fibers become overloaded B. Increase after load C. Increase in mass of myocardial cells D. Inconsistency of cell mass to vessels ANS: C Two problems with left ventricular hypertrophy that occur, increase after load and increase energy costs (the cost of metabolism) needed to reduce myocardial mass due to the increase in the mass of myocardial cells. PTS: 1 Which of the following pathological conditions will lead to scarring with the associated decrease in contract and decreased relaxation in myocardial tissue? A. Atrial fibrillation B. Cardiomyopathy C. Coronary bypass syndrome D. Myocardial Infarction ANS: D Actual trauma of myocardial tissue from a heart attack can lead to scarring and reduced contracting, as well as reduced relaxation. PTS: 1 Which of the following categories of cardiomyopathy is characterized by marked endocardial ventricular scarring with a result of diastolic filling disorders? A. Extended B. C. '.....' ANS: C Restrictive cardiomyopathy is identified with the marking of the endocardial scarring of the ventricles with a result of diastolic filling disorder. PTS: 1 Which of the following categories

of cardiomyopathy is characterized by rapid ventricular emptying and high emission fractions? A. Advanced cardiomyopathy B. Hypertrophic cardiomyopathy C. Restrictive cardiomyopathy D. Idiopathic cardiomyopathy ANS: B Characteristic findings of hypertrophic cardiomyopathy are rapid ventricular emptying and high ejection fractions that are contrary to those found in advanced cardiomyopathy. PTS: 1 Advanced Cardiomyopathy Caused by What Of The Following Factors? A. Long-term alcohol abuse B. Malalignment myocardial fiber C. Myocardial fibrosis D. Abnormal sympathetic stimulation of ANS: Causes of advanced cardiomyopathy include long-term alcohol abuse, systemic hypertension, various infections, cigarette smoking, pregnancy, and carnitien deficiency. PTS: 1 mitral valve failure often extends which of the following heart chambers? A. Left ventricle B. Right ventricle C. Left atrium D. Right atrium ANS: C Mitral insufficiency often extends the left atrium, while tricuspid insufficiency extends the right atrium. PTS: 1 Which of the following physiological changes will be considered as the true effects of aging as opposed to pathological processes? A. Reducing artery spill b. Develpoment of coronary disease C. Exposure to toxins such as cigarette smoking D. Malnutrition ANS: The true effects of aging include increased systolic blood pressure due to reduced artery extensibility and reduced aorta. PTS: 1 Pulmonary hypertension is determined by the average blood pressure of the lungs (mPAP) and is considered abnormal in people with primary pulmonary hypertension, recorded as: A. 20 mmHg. Art. 25 mm Hg. Art 40 mm Hg. Article : 1 Which of the following causes is most associated with proper heart failure? A. Pulmonary embolism B. Myocardial infarction C. Hypertension D. Dysfunction of the Aortic Valve ANS: Right-sided CHF may occur due to possible left-sided CHF or due to the failure of the right ventricle (e.g., secondary to pulmonary hypertension, pulmonary embolism, infarction of the right ventricle). PTS: 1 Which of the following best statements describes the term diastolic heart failure? A. Disruption of contraction, which produces ineffective blood expulsion B. Loss of contract myocardial as a result of anterior myocardial infarction C. Inability of the ventricles to take blood thrown out of atria D. Change of filling due to the replacement of the infomal area with the dystential fibrous tissue ANS: C Failure ventricles take blood ejected from the atria during rest or diastole, for example, due to the replacement of the non-fractional area with nondistensible fibrous scar tissue (which does not easily or adequately accept blood being thrown into the left ventricle from the left atrium produced by diastolic insufficiency). PTS: 1 According to frank-Starling, a minor ventricular and diastolic volume will result in which of the following changes in heart function? A. Increased myocardial section B. Decreased ventricular mechanical performance S. No change in filling pressure D. Increased stroke production of high blood pressure ANS: B Frank-Starling mechanism explains the link between ventricular pressure filling (or final diastolic volume) and ventricular mechanical activity. Optimal filling pressure (or ventricular final diastolic volume) exists and if exceeded or insignificant will reduce ventricular mechanical performance. The volume of stroke is the result of the optimal degree of myocardial sprain, as well as myocardial contract. PTS: 1 Resistance stroke volume collides after it is ejected from the left ventricle is best defined as which of the following? A. Preliminary load of B. Ventricular and Diastolic Volume C. Pulmonary Artery pressure D. After load ANS: D After load is defined as resistance to stroke after it is ejected from the left ventricle and essentially peripheral vascular resistance. PTS: 1 Pulmonary capillary wedge pressure, usually tracked in patients in coronary care units, is close to the next pressure? A. Left ventricular pressure filling B. Pressure of the pulmonary artery C. Left atrium filling pressure D. Right ventricular pressure filling ANS: Left ventricular pressure filling can be carefully assessed using pulmonary capillary pressure wedge, which is often controlled in patients treated in coronary therapy or intensive care units. PTS: 1 Natriuretic peptides are released by the heart muscle in response to increased stretching due to high filling pressure or atrial or cardiac enlargement to produce which of the following affects? A. Stimulation of rennin and aldosterone B. Arterio- and venoconstriction C. Reducing blood volume through sodium D. Stimulation of vascular smooth muscle ANS: C and ANP and BNP (natriuretic peptides) released by the heart muscle action to reduce adverse stretching as a result of high atrial and heart enlargement pressure. Effects include arterial and venodilating, reduced blood volume through sodium, and suppression of renin and aldosterone secretions. PTS: 1 Accumulation of fluid in the lungs along with hypoxemia and tahipt describes which of the following stages of pulmonary swelling? A. Stage 1 B. Stage 2 C. Stage 3 3 Stage 4 ANS: B Stage 2 consists of fluid buildup in the lungs, hypoxemia and tahipnea. Stage 1 is hard to detect. Stage 3 includes alveolar flooding/pulmonary swelling, crackling, and lack of air movement in the lungs. Stage 4 does not exist. PTS: 1 Which of the following is the best indirect method for a physiotherapist to measure the increase in pressure of the pulmonary capillary wedge? A. Pulse of oxymetry B. Arterial blood gases C. Auscultation D. Pitting swelling scale ANS: PT should control oxymetry, because an increase in pressure of the pulmonary capillary wedge produces an increase in hypoxemia. PT cannot collect ABG; overculturation and pitting swelling are not associated with hypoxemia. PTS: 1 In normal cardiac neurogumoral function, beta2-adrenergic receptors facilitate which of the following physiological changes? A. Increases the pulse and myocardial force of reduction B. Promotes vasodilation of capillary beds C. Activates inhibitory G protein and suppresses adenylate cyclase D. Transmission of stimulants (Gs) or inhibitory (G1) signals to catalytic unit ANS: B beta2-adrenergic receptor has a greater affinity to the epinephrine and contributes to the epinephrine and contributes to the vasylation. Beta1-adrenergic receptor stimulation increases HR and myocardial strength reduction. PTS: 1 What of the following pathophysiological changes potentially observed in patients with CHF leads to heart insensitivity to beta-adrenergic stimulation? A. Excessive sympathetic stimulation of the nervous system B. Reducing the concentration of norradeline C. Reducing the density of beta1-adrenergic receptors D. Deactivation of Adenylate Cyclase ANS: C Insensitivity to beta-adrenergic stimulation is the result of a decrease in the density of beta1-adrenergic receptors and is very important because the heart usually contains a ratio of 3.3 to 1.0 beta1- to beta-2- B CHF ratio drops to 1.5 to 1.0, which gives a 62% reduction in beta1-adrenic receptors. PTS: 1 Liver dysfunction associated with congestive heart failure can be identified by which of the following laboratory values? A. Elevated blood urea nitrogen B. Abnormal AST C. Elevated levels of creatinine D. Low hemoglobin and hematocyt ANS: B Laboratory values indicating liver involvement as a result of congestive heart failure include abnormal ACT, bilirubin, and LDHS. PTS: 1 Decrease in glucose metabolism in a patient with congestive heart failure, most likely due to abnormalities associated with which of the following organs? A. Skeleton Muscle B. Kidneys C. Liver D. Pancreas ANS: D Severe CMD (or CHF) could potentially reduce blood flow to the pancreas as a result of the planchonic visceral vascular tissue that accompanies severe left ventricular failures. Reduced blood flow insulin secretion and glucose tolerance. PTS: 1 Patients with anemia who have less reserve before their oxygen desaturation reserves indicate what type of shift in the oxygemoglobin curve? A. Left B. Right S. Cooler D. Smaller ANS: B anemia shifts the curve to the right, which represents a lower concentration of arterial oxygen that moves the critical O2 saturation point to 70 mmHg. Art. vs. 60 mm Hg. These patients have less reserve before their oxygen supplies are drained. PTS: 1 Paroxysmal Night Shortness of Breath (PND) is defined as one of the following statements? A. Breathlessness or Air Hunger B. Sudden shortness of breath in sitting C. Sudden shortness of breath in supine D. Dyspnea due to fluid in the lower lung ans: C PND is a sudden, inexplicable episode of shortness of breath that occur as patients with CHF take on a more supine position for sleep. PTS: 1 Breathing pattern is characterized by waxing and descending depth of breath with repetitive periods of apnea called which of the following? A. Paroxysmal nocturnal shortness of breath B. Tachypnea C. Cheyne-Stokes breathing D. Orthopnea ANS: C often associated with CHF is a breath pattern characterized by waxing and descending depth of breath with repetitive periods of apnea. PTS: 1 Inconsistent left ventricle that occurs as blood passively fills a poorly relaxing ventricle during an early diastole and is considered a hallmark of congestive heart failure describes which of the following heart sounds? ANS: C S3 is heard during the early diastole (after S2) and indicates an incompatible left ventricle, which occurs as the blood passively fills the poorly relaxing left ventricle, which appears to introduce contact with the chest wall. The presence of S3 is considered a hallmark of CHF. PTS: 1 Patient with heart disease leading to a marked limitation of physical activity who is comfortable at rest but reports fatigue, rapid heartbeat, shortness of breath, or angina pain during less conventional activity, is thought to be in which of the following New York Heart Association functional classifications? A. Class I. Class II C. Class III D. Class IV ANS: C Class III is defined as patients with heart disease, resulting in a marked restriction of physical activity. They are comfortable at ease. Less-than-normal activity causes fatigue, palpitations, shortness of breath, or angina pain. Class II is a small limitation, Class I has no restrictions, and Class IV leads to an inability to conduct any physical activity. PTS: 1 Which of the following distances a patient with congestive heart failure during a 6-minute walking test helps with the definition of short- and long-term survival? A. 300 meters B. 350 meters C. 400 meters D. 450 ANS: 6-minute walking test can help with cardiopulmonary response assessment and exercise exercise a person with CHF and a distance of 300 m walking appears to be essential in determining short-term and long-term survival. PTS: 1 Which of the following drugs prescribed for heart failure is said to have a positive inotropic effect, as evidenced by the increase in left ventricle ejection? A. Diuretics B. Digoxin C. Nitroglycerin D. Torpral ANS: B Digoxin is said to provide positive inotropic (increased reduction force), as evidenced by the increase in left ventricle ejection. Diuretics reduce fluid overload, nitroglycerin is a vasodilator, and torrolral is a beta-blocker. PTS: 1 Intra-Orthotic Balloon Pump (IABP) improves oxygen delivery to myocardium, with which from the following mechanisms? A. Increases intra-aortic pressure forcing blood in retrograde direction B. Creates diastolic fading C. Balloon deflation decreases the left ventricle after load D. Creates a reduction in diastolic pressure ANS: IABP has a pouty balloon in the thoracic aorta at the beginning of the ventricular diastole. This inflation creates an increase in intra-aortic pressure as well as diastolic pressure in general and causes blood in the aortic arch to flow in a retrograde direction into the coronary arteries. This mechanism of action is called diastolic enlargement and profoundly improves the delivery of oxygen to the myocardium. PTS: 1 patient with congestive heart failure is being treated by a physiotherapist for progression. Currently, the patient is taking a beta-blocker. Which of the following methods for monitoring the intensity of exercise is the most appropriate for this patient? A. Heart Rate Reaction B. Patient Observation C. Rating perceived stress D. Blood pressure response ANS: C More patients with CHF and CMD are prescribed beta-blockers that often cause little or no changes in rest and exercise heart rhythms. The Borg rating scale is a good clinical tool for monitoring intensity and assisting a doctor with the appropriate time to progress exercise. PTS: 1 What of the following factors significantly predicts survival in people with congestive heart failure? A. Reducing the left ventricle B ejection fraction. Episodes of hypotension D. Exercise tachycardia ANS: Significant factors included decreased LVEF, deterioration of the functional status of NYHA (not one particular class), degree of hyponatremia, decreased peak absorption of oxygen exercises, reduction of hematocrit, expansion of RS on 12-lead ECG, chronic hypotension (not just one episode), recreational tachycardia (not just one episode), recreational tachycardia (not to exercise tachycardia), and PTS: 1 Patient with Congestive Heart Failure Grade II currently receiving physiotherapy. Instructions on Energy will be included in the patient training session. Which of the following recommendations would be appropriate for this patient? A. Stop and rest when you're tired B. Perform a few tedious tasks at one time C. Alternative simple tasks with difficult tasks, plan for rest D. Keep the living conditions setting the same ANS: C Table 4-R provides a number of recommendations for energy saving. Of the answers, (C) is correct because it recommends alternating light tasks with difficult tasks to help the patient maintain an overall low intensity with the rest included. The answer (A) is wrong; It should be unstopppable to rest before you are tired; The answer (B) is wrong; You have to distribute tedious tasks; The answer (D) is wrong; You have to make changes to the environment to make actions easier, such as keeping items within easy reach. PTS: 1 1 essentials of cardiopulmonary physical therapy 3rd edition free download. essentials of cardiopulmonary physical therapy 3rd edition pdf

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