

Neurological Issues in ElderCare

Post-test

Name _____
 (Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital _____ Unit _____

*Email Address _____

*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

1. The most common type of glaucoma is:

- a. Angle-Closure Glaucoma
- b. Chronic Open-Angle Glaucoma
- c. Secondary Glaucoma
- d. Primary Glaucoma

2. After cataract surgery, the patient should be instructed to follow these precautions *except*:

- a. Avoid rubbing or pressing on eye
- b. Limit reading
- c. Strain to have a BM
- d. Avoid bending at waist

3. Which type of hearing loss is caused by cerumen impaction?

- a. Conductive
- b. Sensorineural
- c. Mixed
- d. Genetic

4. Signs of Parkinson's Disease could include:

- a. Tremors
- b. Muscle rigidity
- c. Bradykinesia
- d. All of the above

5. At least 10% of all strokes are preceded by a transient ischemic attack (TIA).

- a. True
- b. False

6. Some of the warning signs of stroke are:

- a. Headache
- b. Blurred vision
- c. Dizziness
- d. Numbness/Tingling
- e. All of the above

Evaluation: Neurological Issues in ElderCare

Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Review normal neurological changes that occur with aging.	
2. Discuss the treatment for diseases of neurologic conditions.	
3. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
4. Notice of requirements for successful completion, including purpose and objectives	
5. Conflict of interest	
6. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
7. Sponsorship or commercial support	
8. Non-endorsement of products	
9. Off-label use	
10. Expiration Date for Awarding Contact Hours	
11. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

12. How long did it take you to read this home study and complete the post test and evaluation:

_____ hours and _____ minutes.

13. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?

___ Yes

___ No, more contact hours should have been offered

___ No, fewer contact hours should have been offered.

Expiration date: December 31, 2017
