The Use of Clinical Prediction Rules

1. The highest level of evidence for application of clinical prediction rules is level 4.
   a. True
   b. False

2. The clinical prediction rule for the treatment of cervical pain identifies patients with neck pain who are likely to experience early success from thoracic spine thrust manipulation?
   a. True
   b. False

3. Which level of evidence for application of CPR does the following statement best describe? Rules have been prospectively validated in varied settings with impact analysis that has demonstrated a change in clinician behavior with beneficial consequences.
   A. Level 1
   B. Level 2
   C. Level 3
   D. Level 4

4. Which of the following is not a factor for predicting success from spinal manipulation in the treatment of lumbar pain?
   A. Duration of symptoms < 16 days
   B. One hip with >35 degrees of internal rotation
   C. Aberrant movement pattern
   D. Hypomobility of one segment with spring testing
   E. Absence of symptoms distal to the knee

5. Which of the following is not a factor for predicting failure from spinal stabilization program in the treatment of lumbar pain?
   A. Absence of hypermobility when assessed with posterior to anterior pressure
   B. Fear Avoidance Beliefs Questionnaire. Activity Subscale score <9
   C. Presence of aberrant movement during sagittal lumbar range of motion
   D. Negative prone instability test

6. Which of the following is not a factor in predicting success from spinal stabilization in the treatment of lumbar pain?
   A. Age < 40 years-old
   B. Straight leg raise < 91°
   C. Positive prone instability test
   D. Aberrant movement during sagittal lumbar range of motion

7. A clinical prediction rule is designed to
   A. Estimate the probability of a specific diagnostic outcome
   B. Help predict the prognosis of select interventions
   C. Help guide the clinician in the accurate diagnosis and selection of interventions
   D. All of the above
   E. None of the above
8. The treatment for a patient who meets the clinical predication rules for cervical pain include all of the following except
   A. Seated thoracic distraction manipulation X 2
   B. Supine upper thoracic manipulation X 2
   C. Supine middle thoracic manipulation X 2
   D. Cervical stabilization exercises concentrating on the deep cervical flexors
   E. All of the mobilizations above are treatment options

9. The signs and symptoms that are used to predict cervical radiculopathy include
   A. ULTT A increases symptoms
   B. Involved cervical rotation < 60 degrees
   C. Distraction relieves symptoms
   D. Spurling’s increases symptoms
   E. All are signs and symptoms used to predict cervical radiculopathy

10. The exercise progression for instructing the abdominal brace is as follows
   A. Abdominal bracing (supine), Abdominal bracing (supine) with leg lifts, Abdominal bracing (supine) with heel slide, Abdominal bracing (supine) with bridging, Abdominal bracing (supine) with single leg bridging
   B. Abdominal bracing (supine), Abdominal bracing (supine) with heel slide, Abdominal bracing (supine) with leg lifts, Abdominal bracing (supine) with bridging, Abdominal bracing (supine) with single leg bridging
   C. Abdominal bracing (supine), Abdominal bracing (supine) with heel slide, Abdominal bracing (supine) with bridging, Abdominal bracing (supine) with leg lifts, Abdominal bracing (supine) with single leg bridging
   D. Abdominal bracing (supine), Abdominal bracing (supine) with bridging, Abdominal bracing (supine) with heel slide, Abdominal bracing (supine) with leg lifts, Abdominal bracing (supine) with single leg bridging