

**Standard 6**  
**Unique Attributes of Learners**

Adapted Physical Education National Standards  
Standard 6: Unique Attributes of Learners

Practice Questions

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**Standard 6**  
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1. *Understand the problems achieving health related physical fitness such as medical conditions 6.01.01.01.*
  - 1.1. Possible signs, symptoms, and characteristics of a child with mental retardation are (Sherrill, 2004, p. 572)
    - a. Obesity
    - b. Visual impairments
    - c. Hearing impairments
    - d. All of the above
  - 1.2. Motor performance of mild to moderate students with mental retardation can be delayed by (Sherrill, 2004, p. 577)
    - a. 2-4 years
    - b. 3-6 months
    - c. 7-9 years
    - d. None of the above
  - 1.3. The causes of mental retardation include but are not limited to (Winnick, 2000, p. 113)
    - a. Infections such as rubella and meningitis
    - b. Poisoning from lead or drugs
    - c. Traumatic head or brain injury
    - d. All of the above
2. *Understand the possible motor skill performance and learning problems such as difficulty acquiring locomotor and object control skills 6.01.01.02.*
  - 2.1. Mastery of object control skills is dependent upon (Sherrill, 2004, p. 322)
    - a. Development of normal muscle tone
    - b. Integration of primitive reflexes
    - c. CNS organizational and sequencing abilities
    - d. All of the above are correct
  - 2.2. A delay in posture reflexes impacts an individual's ability to perform which tasks? (Winnick, 2000, p. 270)
    - a. Grasping objects
    - b. Hearing
    - c. Standing
    - d. Both a and c
  - 2.3. The delays such as locomotor and object control that start at infancy will (Winnick, 2000, p. 269)
    - a. Improve as they get older
    - b. Stay the same throughout their lifetime
    - c. Deteriorate over time
    - d. None of the above

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3. *Know the various levels of cognitive ability* 6.01.02.01.
  - 3.1 Which is the IQ of an individual with mild mental retardation? (Jansma & French, 1994, p. 117)
    - a. 90-110
    - b. 55-70
    - c. 70 and above
    - d. 50 or below
  - 3.2. The various levels of cognitive abilities include which of the following? (Winnick, 2000, p. 113)
    - a. Mild mental retardation
    - b. Moderate mental retardation
    - c. Severe/profound mental retardation
    - d. All of the above
4. *Understand the implications of low cognitive ability to the understanding of directions* 6.01.02.02.
  - 4.1. How often should a teacher check for skill maintenance? (Jansma & French, 1994, p. 124)
    - a. Next day
    - b. Next week
    - c. Next month
    - d. All of the above
  - 4.2. Students with mental retardation may need the opportunity to be taught in (Winnick, 2000, p. 117)
    - a. Large groups
    - b. One on one
    - c. Small groups
    - d. All of the above
5. *Understand the implications of low cognitive ability on motivation* 6.01.02.03.
  - 5.1. The standards that teachers set for students with mental retardation should be (Winnick, 2000, p. 118)
    - a. Low
    - b. At the student's level
    - c. High
    - d. None of the above

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- 5.2. One must \_\_\_\_\_ for a child with mental retardation. (Winnick, 2000, p. 120)
- a. Lengthen activities
  - b. Modify activities
  - c. Reinforce strengths and minimize weaknesses
  - d. Both b and c
6. *Understand the implications of low cognitive ability on attention span* 6.01.02.04.
- 6.1. When dealing with individuals with low cognitive ability you must (Jansma & French, 1994, p. 124)
- a. Keep everything simple
  - b. Give them many physical tasks
  - c. Change the activity frequently
  - d. All of the above
- 6.2. When giving directions to students with mental retardation, it is best to give (Winnick, 2000, p. 121)
- a. Long verbal directions
  - b. Short verbal directions
  - c. Written directions
  - d. None of the above
- 6.3. When working with individuals with low cognitive ability, one must (Winnick, 2000, p. 121)
- a. Keep them on an activity for long periods of time
  - b. Present only one to two tasks at a time
  - c. Allow the individual to pick various tasks
  - d. None of the above
7. *Understand implications of low cognitive ability on social behavior such as poor group cooperation or behavioral outbursts* 6.01.02.05.
- 7.1. The best way to obtain positive appropriate behavior is to (Sherrill, 2004, p. 209)
- a. Praise often
  - b. Use a reward system
  - c. Model appropriate behavior
  - d. All of the above
- 7.2. When working with students with mental retardation, teachers need to do which of the following? (Sherrill, 2004, p. 211)
- a. Take time to let students respond
  - b. Provide many opportunities for choice-making
  - c. Facilitate self direction
  - d. All of the above

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- 7.3 Individuals with mental retardation are benefited by (Sherrill, 2004, p. 211)
- a. Always working in larger groups
  - b. Varying tasks to maintain interest
  - c. Using a reward system for appropriate behavior
  - d. Multi-step instructions
8. *Know the incidence of atlantoaxial instability syndrome (AAIS) among individuals with Down syndrome 6.01.03.01.*
- 8.1. Individuals with AAIS should be restricted from activities that cause (Sherrill, 2004, p. 574)
- a. Forceful forward bending of the neck
  - b. Forceful backward bending of the neck
  - c. Forceful bending of the arms
  - d. Both a and b
- 8.2. The orthopedic problem of AAI is present in what percentage of individuals with Down syndrome? (Sherrill, 2004, p. 574)
- a. 17 %
  - b. 53%
  - c. 29%
  - d. 36%
- 8.3. Atlantoaxial instability is a condition where there is increased mobility or movement between the (Sherrill, 2004, p. 574)
- a. Second and third cervical vertebrae
  - b. Third and fourth cervical vertebrae
  - c. First and second cervical vertebrae
  - d. Fourth and fifth cervical vertebrae
9. *Know the incidence of susceptibility to respiratory infections in individuals with Down syndrome and other conditions such as secondary disabilities 6.01.03.02.*
- 9.1. Individuals with Down syndrome are susceptible to respiratory infections due to underdeveloped (Sherrill, 2004, p. 573)
- a. Heart
  - b. Airway
  - c. Lungs
  - d. None of the above
- 9.2. Breathing for students with mental retardation could be affected during strenuous exercise due to (Sherrill, 2004, p. 573)
- a. Low oxygen level
  - b. Low blood sugar
  - c. Large air sacs
  - d. Structural abnormalities

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- 9.3. Structural abnormalities of the lungs, nasal passages, airways, and chest walls could affect (Sherrill, 2004, p. 573)
- a. Delays in reflex integration
  - b. Walking
  - c. Sleeping during the night
  - d. Breathing with strenuous exercise
10. *Know the incidence of heart conditions among individuals with mental retardation such as those with Down syndrome 6.01.03.03.*
- 10.1. What percent of infants with Down syndrome have congenital heart disease? (Sherrill, 2004, p. 572)
- a. 10-20%
  - b. 30-40%
  - c. 40-60%
  - d. 50-75%
- 10.2. What is the most common lesion in infants with Down syndrome? (Sherrill, 2004, p. 572)
- a. Cystic fibrosis
  - b. Anemia
  - c. Atrioventricular canal defect
  - d. Ventricular septal defect
11. *Know the incidence of hypotonus among individuals with mental retardation such as Down syndrome 6.01.03.04.*
- 11.1. Insufficient muscle tone manifested by muscle weakness is which of the following? (Sherrill, 2004, p. 571)
- a. Hypotonia
  - b. Hypertonia
  - c. Spasticity
  - d. Homeostasis
- 11.2. What would be a characteristic of an individual with hypo tonus who has Down syndrome? (Sherrill, 2004, p. 571)
- a. Big toes/ unusually large
  - b. Badly pronated and/or flat feet and walks with a shuffling gait
  - c. Good vision
  - d. Yellow teeth

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- 11.3 When working with an individual with hypotonic musculature, the adapted physical education should do each of the following **except** (NCPERID, 1995, p. 81)
- a. Adapt activities involving movement on uneven surfaces
  - b. Adapt activities involving agility and changing directions
  - c. Encourage hyperflexible postures
  - d. Encourage muscular strengthening especially around the joints
12. *Know the propensity toward being overweight in individuals with mental retardation* 6.01.03.05.
- 12.1. Fifty nine percent of women and twenty eight percent of men with MR are (Sherrill, 2004, p. 578)
- a. Depressed
  - b. Overactive
  - c. Underweight
  - d. Overweight
- 12.2. When addressing issues of overweight and obesity in individuals with mental retardation, the adapted physical educator should do each of the following **except** (NCPERID, 1995, p. 82)
- a. Utilize nutrition lessons
  - b. Disregard the cause of the problem
  - c. Incorporate the individual's family into the solution
  - d. Provide calorie burning activities
13. *Know the incidence of poor eyesight in individuals with Down syndrome* 6.01.03.06.
- 13.1. Individuals with poor eyesight who have Down syndrome should have (Sherrill, 2004, p. 572)
- a. Contact lenses
  - b. An eye exam every 2 months
  - c. Glasses checked routinely to make sure they are clean and property aligned
  - d. None of the above
- 13.2. What are the two most common disorders connected with poor eyesight (Sherrill, 2004, p. 572)
- a. Yellow eyes
  - b. Reddish eyes and squint
  - c. Near sightedness and cross-eyes or squinting
  - d. Both a and b

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14. *Know the incidence of poor hearing in individuals with Down syndrome 6.01.03.07.*

14.1. What percentage of individuals with Down syndrome has significant hearing problems? (Sherrill, 2004, p. 572)

- a. 10-20%
- b. 30-45%
- c. 45-80%
- d. 50-60%

14.2. Hearing impairment for individuals with Down syndrome may result in difficulty to (Sherrill, 2004, p. 572)

- a. Speak
- b. Follow instructions
- c. Make or keep friends
- d. All of the above

14.3. Acquired hearing losses, which tend to occur \_\_\_\_\_, are associated with the high prevalence of middle ear and respiratory infections. (Sherrill, 2004, p. 572)

- a. During adulthood
- b. During adolescence
- c. In early childhood
- d. During infancy

15. *Know implications of an impaired vestibular system of some deaf or hard of hearing individuals 6.02.01.01.*

15.1. Older individuals with hearing impairments that are involved in lots of movement opportunities should (Sherrill, 2004, p. 271)

- a. Forget following directions
- b. Learn to compensate for balance deficits
- c. Walk straight all of the time
- d. Do stretching exercises

15.2. The \_\_\_\_\_ ear governs both hearing and balance. (Sherrill, 2004, p. 270)

- a. Outer
- b. Inner
- c. Middle
- d. All of the above

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16. *Know methods of presenting information besides auditory* 6.02.02.01.

- 16.1. Which is a method of presenting information not in an auditory fashion? (Sherrill, 2004, p. 698)
- a. Using a microphone
  - b. Visual aids
  - c. Using a megaphone
  - d. None of the above
- 16.2. Which of the following is an instructional device used to present auditory information? (Sherrill, 2004, p. 702)
- a. Telephone
  - b. Cell phone
  - c. Videotapes and bulletin boards
  - d. All of the above

17. *Know techniques to enhance communication* 6.02.03.01.

- 17.1. What is one way to present information to hearing impaired students in the classroom? (Winnick, 2000, p. 176, Sherrill, 2004, p. 710)
- a. Yell
  - b. Sit a buddy next to them
  - c. Always face the student when speaking to them
  - d. Both b and c

18. *Know the impact of instruction on individuals with various levels of hearing ability* 6.02.03.02.

- 18.1. At which level of hearing ability would it be hard for an individual to become a musical instructor (teacher)? (Winnick, 2000, p. 172)
- a. Loss in decibels 25-40
  - b. Loss in decibels 90+
  - c. Loss in decibels 41-54
  - d. Loss in decibels 70-89
- 18.2. A hearing loss of how many decibels is required for eligibility in deaf sports? (Winnick, 2000, p. 178)
- a. 25 or greater
  - b. 40 or greater
  - c. 55 or greater
  - d. 90 or greater

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- 18.3. A hearing loss of how many decibels is required for difficulty using speech at distances greater than 3 to 5 feet? (Winnick, 2000, p. 172)
- a. 25-40
  - b. 41-54
  - c. 55-69
  - d. 70-89
19. *Understand implications of unique methods of communication on safety in physical activity* 6.02.03.03.
- 19.1. When teaching students with hearing impairments, the adapted physical educator should use which of the following communication strategies? (Sherrill, 2004, pp. 710-711)
- a. Post basic physical education signs around the gym
  - b. Have key rules posted in highly visible locations
  - c. Use basic sign language with all students
  - d. All of the above
20. *Understand Recognize the philosophy of the individual's family for communication, such as signing, oral, or total communication* 6.02.03.04.
- 20.1. It is important to inquire about a family's form of communication in order to (Sherrill, 2004, p. 76)
- a. Reciprocate form of communication during physical activity
  - b. Provide student emotional comfort
  - c. Understand students' needs
  - d. All of the above
- 20.2. Communication with the parents is very important so one should (Sherrill, 2004, pp. 75-78)
- a. Inquire what is the most effective form of communication for the individual
  - b. Understand if a family uses this communication method at all times.
  - c. Learn to work with the desired form of communication
  - d. All of the above
21. *Understand implications of various methods of receiving messages in physical activity* 6.03.01.01.
- 21.1 Using sign language is a method of (Sherrill, 2004, p. 698)
- a. Verbal communication in physical activity
  - b. Auditory communication in physical activity
  - c. Written communication in physical activity
  - d. Manual communications in physical activity

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22. *Understand the implications of various methods of expressive communication in physical activity* 6.03.02.01.

- 22.1. Which of the following is **not** a method of expressive communication in physical activity? (Sherrill, 2004, p. 156)
- a. Allowing students to express feelings
  - b. Provide proper modeling of appropriate ways to show feelings
  - c. Understanding the relationship between language problems and emotional/behavioral disorders
  - d. Adapting different forms of communication

23. *Know the problems with body image and awareness* 6.04.01.01.

- 23.1. Children that need special training in recognizing the right-left dimensions of objects that are facing them are a result of what disease? (Sherrill, 2004, p. 489)
- a. Retinal impairment
  - b. Visual impairment
  - c. Deafness
  - d. Apraxia

- 23.2. Body image is (Sherrill, 2004, p. 489)
- a. Feelings that a person has about their body
  - b. Attitudes that a person has about their body
  - c. Beliefs and knowledge that a person has about their body
  - d. All of the above

- 23.3. Children with visual impairment must be provided with opportunities for learning (Winnick, 2000, p. 164)
- a. About their body parts as well as those of animals
  - b. About human beings
  - c. Objects around them
  - d. All of the above

24. *Know about the poor movement potential in individuals who are blind or visually impaired* 6.04.01.02.

- 24.1. Special awareness activities and hand-on assistance are effective modifications for students with which disability? (Winnick, 2000, p. 167)
- a. Auditory impairments
  - b. Epileptic tendencies
  - c. Visual impairments
  - d. Amputations

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- 24.2. Infants who are blind obtain little motivation to hold the head up because the lack of (Winnick, 2000, p. 163)
- a. Hearing stimulation
  - b. Muscle stimulation
  - c. Nerve stimulation
  - d. Visual stimulation
25. *Know that low levels of fitness may negatively impact movement skill performance and learning by some individuals who are blind or visually impaired 6.04.01.03.*
- 25.1. If a child has less awareness of body and in turn slows down in development, what form of visual impairment could this child have? (Winnick, 2000, pp. 163-165)
- a. Retinal impairment
  - b. Retinal detachment
  - c. Visually impaired
  - d. None of the above
- 25.2. Students with visual impairment show a lack of \_\_\_\_\_ due to balance and body awareness (Winnick, 2000, p. 163)
- a. Strength
  - b. Movement
  - c. Fitness
  - d. Both a and c
26. *Know that learning is not primarily through the visual sense 6.04.02.01.*
- 26.1. Encourage the use of residual vision during the cognitive communication process between the instructor and a student with (Sherrill, 2004, p. 715)
- a. Normal vision
  - b. No vision
  - c. Low vision
  - d. Mental retardation
- 26.2. Braille is used when an individual has a (Sherrill, 2004, p. 721)
- a. Hearing impairment
  - b. Learning disability
  - c. Visual impairment
  - d. Brain injury

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27. *Understand that retinal detachment has implications for contact activities and jarring* 6.04.03.01.

- 27.1. Students with retinal detachment should not participate in activities such as (Sherrill, 2004, p. 716)
- a. Free throw shooting
  - b. Heading a soccer ball
  - c. Serving a volleyball
  - d. Throwing a frisbee
- 27.2. When retinal detachment occurs, cells die and (Sherrill, 2004, p. 716)
- a. Vision is blurred
  - b. Vision is lost
  - c. Vision is more clear
  - d. None of the above

28. *Understand that glaucoma may have implications on physical activity choices* 6.04.03.02.

- 28.1. A suitable activity for a child with glaucoma could include (Sherrill, 2004, p. 717)
- a. Forward rolls
  - b. Jumping rope
  - c. Riding an exercise bike
  - d. Jumping on a trampoline
- 28.2. Who should be consulted by a child's parents to insure that underwater activities are safe for their child? (Sherrill, 2004, p. 717)
- a. Teacher
  - b. Principal
  - c. Physician
  - d. All of the above
- 28.3. Glaucoma can be defined as a condition in which the pressure of the fluid inside the eye is too (Sherrill, 2004, p. 716)
- a. High
  - b. Low
  - c. Thick
  - d. Both a and c

29. *Know the various types of visual disabilities and blindness* 6.04.03.03.

- 29.1. Beep baseball is a highly recommended physical activity used for individuals with (Sherrill, 2004, p. 725)
- a. Visual impairment
  - b. Hearing impairment
  - c. Mental retardation
  - d. None of the above

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- 29.2. Which of the following is an example of one of the different levels of visual impairment? (Sherrill, 2004, p. 715)
- a. Fully blind
  - b. Partially blind
  - c. Tunnel vision
  - d. All of the above
30. *Understand the various conditions that include blindness such as retinitis pigmentosa* 6.04.03.04.
- 30.1. Retinitis pigmentosa is (Sherrill, 2004, p. 726)
- a. A break or tear in the retina
  - b. Excessive oxygen that damages the retina causing mild brain damage
  - c. An inherited, progressive degeneration of the retinal cell
  - d. A condition in which the pressure inside the eyeball rises to a point where it damages the optic nerve
31. *Know that there is a multitude of behaviors that an individual may exhibit when diagnosed as having a behavioral disorder such as seriously emotionally disturbed and the impact of each on learning motor skills* 6.05.01.01.
- 31.1. Which of the following is a characteristic of a serious emotional disturbance? (Sherrill, 2004, p. 592)
- a. The inability to learn that cannot be explained in other ways.
  - b. The inability to maintain or build satisfactory interpersonal relationships
  - c. Inappropriate types of feelings or behaviors
  - d. All of the above
32. *Know the implications of medication (drug therapy) that may be used for various behavior disorders on motor performance and learning* 6.05.02.01.
- 32.1. Drug therapy can be defined as (Winnick, 2000, p. 104)
- a. The use of prescribed medications
  - b. The use of physical therapy
  - c. The use of a psychiatrist
  - d. None of the above
- 32.2. Medication/drug therapies may cause (Winnick, 2000, p. 104)
- a. Reduced coordination and concentration
  - b. Poor reaction time
  - c. Drowsiness
  - d. All of the above

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33. *Understand that certain behavior problems may lead to safety problems such as impulsivity and non-compliance* 6.05.03.01.

- 33.1. To help prevent potential behavior problems, an educator should (Winnick, 2000, p. 94)
- a. Provide a definite routine to be followed
  - b. Provide clear limits
  - c. Develop consistent rules and consequences
  - d. All of the above
- 33.2. \_\_\_\_\_ a task by the teacher to a student can be categorized as an intervention strategy toward learning. (Winnick, 2000, p. 98)
- a. Creating
  - b. Modeling
  - c. Conducting
  - d. Encouraging

34. *Understand the implication of a general body coordination dysfunction* 6.06.01.01.

- 34.1. General body dysfunction coordination in some cases is often called (Sherrill, 2004, p. 39)
- a. Clumsiness
  - b. Over exposure
  - c. Drowsiness
  - d. Cramping
- 34.2. To accommodate for general body coordination dysfunction, an instructor could (NCPERID, 1995, pp. 87-88)
- a. Use simple to complex skills
  - b. Provide time for extra practice
  - c. Adapt rules for success
  - d. All of the above

35. *Understand the implications of a visual motor dysfunction* 6.06.01.02.

- 35.1. When working with a student with a visual motor dysfunction, the adapted physical educator should do each of the following **except** (NCPERID, 1995, p. 88)
- a. Adapt equipment
  - b. Consult with an eye specialist about visual dysfunction
  - c. Blindfold all students to make activities fair
  - d. Provide time for extra practice

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36. *Understand the implications of a balance dysfunction* 6.06.01.03.

- 36.1. A goal for an individual with balance dysfunction would include the progression from \_\_\_\_\_ to \_\_\_\_\_. (NCPERID, 1995, p. 88)
- a. Static to dynamic
  - b. Static to fixation
  - c. Static to divergence
  - d. Convergence to divergence
- 36.2. Laterality is the awareness of (Winnick, 2000, p. 290)
- a. The difference between two sides of the body
  - b. The left side of the body
  - c. The right side of the body
  - d. The entire body
- 36.3. The ability to move laterally is important in developing (Winnick, 2000, p. 290)
- a. Balance on the left side
  - b. Balance on the right side
  - c. Well-rounded balance
  - d. None of the above

37. *Understand the implications of a spatial awareness dysfunction* 6.06.01.04.

- 37.1. Which of the following functions involves the relationship between the self and objects in the environment? (Sherrill, 2004, p. 339)
- a. Laterality
  - b. Balance
  - c. Body image
  - d. Spatial awareness
- 37.2. An obstacle course could be used to improve (Sherrill, 2004, p. 339)
- a. Laterality
  - b. Balance
  - c. Spatial awareness
  - d. All of the above

38. *Understand implications of a laterality dysfunction* 6.06.01.05.

- 38.1. An individual that demonstrates the ability to slide sideways in one direction better than the other may be indicative of which developmental problem (Sherrill, 2004, p. 341)
- a. Laterality
  - b. Directionality
  - c. Body image
  - d. Spatial awareness

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- 38.2. An individual with laterality dysfunction is often associated with having (Sherrill, 2004, p. 341)
- a. Hyperactivity
  - b. Speed
  - c. Flexibility
  - d. Balance
- 38.3. Which of the following activities can be used to improve the effects of laterality dysfunction? (Sherrill, 2004, p. 341)
- a. Wearing ankle/wrist weights on the weak side of the body
  - b. Using only one hand in a game of tug of war or pushing a cage ball
  - c. Walk a balance beam while carrying objects that weigh different amounts in each hand
  - d. All of the above

*39. Understand the implications of a body image dysfunction 6.06.01.06.*

- 39.1. The feeling that one has about his/her own two arms and two legs is (Sherrill, 2004, p. 489)
- a. Body image
  - b. Spatial awareness
  - c. Laterality
  - d. Verticality
- 39.2. Which of the following is the best stage to develop a functional body image? (Sherrill, 2004, p. 489)
- a. Early childhood
  - b. Adolescent
  - c. Adult
  - d. Elderly
- 39.3. An individual who suffers from body awareness dysfunction will more than likely (Sherrill, 2004, p. 340)
- a. Jump up and down
  - b. Lack knowledge of where body parts are located
  - c. Lose balance when he runs
  - d. None of the above

*40. Understand the implications of a sensory system dysfunction 6.06.01.07.*

- 40.1. An individual with a low tolerance for touch has (Sherrill, 2004, p. 611)
- a. Hypotonia
  - b. Hypertonia
  - c. Tactile defensiveness
  - d. Coordination dysfunction

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- 40.2. An individual with sensory system dysfunction should (Sherrill, 2000, p. 269)
- a. Explore his environment
  - b. Distort drawings of self
  - c. Be presented with a variety of textured equipment
  - d. None of the above

41. *Understand implications of kinesthetic awareness problems 6.06.01.08.*

- 41.1. Providing activities which increase tension on joints, muscles, and tendons could improve (Sherrill, 2004, p. 270)
- a. Visual awareness
  - b. Auditory awareness
  - c. Laterality
  - d. Kinesthetic awareness
- 41.2. Applying pressure to the sites where muscles attach to bones (Sherrill, 2004, p. 270)
- a. Normalizes muscle tone
  - b. Relaxes muscles
  - c. Increases kinesthetic awareness
  - d. All of the above
- 41.3. Which of the following activities increases kinesthetic awareness of the midline? (Sherrill, 2004, p. 270)
- a. Scooter board activities in prone position with head up
  - b. Follow the leader games
  - c. Striking a ball directed towards the body
  - d. All of the above

42. *Understand implications of a continuum of responsivity such as hyperresponsivity or hyporesponsivity 6.06.01.09.*

- 42.1. The disorder of sensory modulation that individuals tend to ignore or be unaffected by sensory stimuli is called? (Medical Dictionary, 2005)
- a. Hyperactivity
  - b. Hyperresponsivity
  - c. Hyporesponsivity
  - d. Body awareness dysfunction
- 42.2. Individuals who are tactile defensive respond best to what kinds of input? (Sherrill, 2004, p. 611)
- a. Verbal and physical
  - b. Verbal and visual
  - c. Visual and physical
  - d. Physical and modeling

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43. *Know the implications of attention span problems* 6.06.02.01.

- 43.1. Which of the following is **not** an appropriate strategy to teach students with attention span problems? (Sherrill, 2004, p. 558)
- a. Eliminate inappropriate external stimuli
  - b. Provide for smooth and timely transitions from one activity to another
  - c. Provide lots of same activities
  - d. Establish highly structured routine

44. *Know the implications of disorders of written language* 6.06.02.02.

- 44.1. The term dysgraphia has customarily been used to refer to a disorder of (Sherrill, 2004, p. 547)
- a. Written language
  - b. Speech
  - c. Reading
  - d. Vision
- 44.2. Which of the following is **not** an appropriate instruction for improving a student with a disorder of written language? (Sherrill, 2004, p. 163)
- a. Allow more time for written tasks
  - b. Encourage learning keyboard skills
  - c. Use single type of evaluation mode
  - d. Assign short assignments
- 44.3. Dysgraphia is considered an (Sherrill, 2004, p. 547)
- a. Agnosia
  - b. Ataxia
  - c. Apraxia
  - d. Aphasia

45. *Describe disorder of auditory processing* 6.06.02.03.

- 45.1. An individual with auditory processing disorder may display (NIDCD, 2004)
- a. Inconsistent response to speech
  - b. Frequent requests for repetition
  - c. Often misunderstanding what is said
  - d. All of the above
- 45.2. Which of the following is **not** a correct description of auditory processing disorder? (NIDCD, 2004)
- a. Hearing loss
  - b. Difficulty listening in noisy environments
  - c. Difficulty following long directions
  - d. Difficulty distinguishing direction from which sound is coming

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- 45.3. Which is an appropriate modification for auditory processing disorder? (NIDCD, 2004)
- a. Use a slower speaking rate
  - b. Repeat directions
  - c. Allow time for response
  - d. All of the above

46. *Describe the implications of social imperceptions 6.06.03.01.*

- 46.1. All of the following are appropriate teaching strategies for a student with a learning disability **except** (NCPERID, 1995, p. 89)
- a. Chunk lessons into larger segments
  - b. Deliver reinforcements immediately and more frequently than usual
  - c. Increase alternative ways to receive positive attention from peers and teachers
  - d. Allow student a “mini-break” when his/her tension level appears to be building

- 46.2. Children with learning disabilities fail to comprehend (Lavoie, 2000)
- a. Facial expression
  - b. Tone of voice
  - c. Body language
  - d. All of the above

47. *Understand the implications of perseveration 6.06.03.02.*

- 47.1. Providing a definite closure to one activity to allow a student to be able to see the difference between two activities before beginning another would most benefit an individual with (Sherrill, 2004, p. 557)
- a. Epilepsy
  - b. Asthma
  - c. Lordosis
  - d. Learning disabilities

- 47.2. The tendency of an individual to continue a particular mental activity without the ability to shift easily to another at a change of stimulus is termed (Sherrill, 2004, p. 557)
- a. Social imperceptions
  - b. Perseveration
  - c. Hyperactive reflex
  - d. Attention span problems

- 47.3. Perseveration is the opposite of (Sherrill, 2004, p. 557)
- a. Concentration
  - b. Distractibility
  - c. Comprehension
  - d. Impulsivity

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48. *Know the “types” of cerebral palsy* 6.07.01.01.

- 48.1. Which “type” of cerebral palsy indicates involvement of both limbs on one side, with the arm being affected more than the leg? (Sherrill, 2004, p. 678)
- a. Monoplegia
  - b. Hemiplegia
  - c. Paraplegia
  - d. Quadriplegia
- 48.2. Adaptations and modifications for individuals with cerebral palsy do **not** include (Sherrill, 2004, pp. 687-688)
- a. Integrating relaxation training
  - b. Rhythmic rolling activities
  - c. Using larger balls enabling fingers to extend
  - d. Providing more time for motor planning and extension

49. *Know the implications of hypertonus on motor performance* 6.07.01.02.

- 49.1. Which of the following is **not** a characteristic of a person with hypertonus? (Sherrill, 2004, p. 267)
- a. Spasticity
  - b. Limited range of motion
  - c. Joint contractures
  - d. Excellent postural and protective reactions
- 49.2. Of the following, which is an activity that should be avoided by an individual with hypertonus? (Sherrill, 2004, p. 267)
- a. Jump roping
  - b. Aquatic activities
  - c. Daily stretching
  - d. Relaxation techniques
- 49.3. Sports programming for individuals with hypertonia include (Sherrill, 2004, p. 690)
- a. Track and field activities
  - b. Swimming
  - c. Soccer
  - d. All of the above

50. *Know the implications of hyperactive stretch reflex on motor performance* 6.07.01.03.

- 50.1. Hyperactive or exaggerated stretch reflex is (Sherrill, 2004, p. 678)
- a. When a muscle relaxes when stretched lightly
  - b. When a child stretches uncontrollably
  - c. When a muscle contracts when stretched lightly
  - d. Fictitious

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- 50.2. When you are stretching a child with hypertonic muscle tone you should use (Sherrill, 2004, p. 688)
- a. No stretching at all
  - b. Slow, static stretches
  - c. Aerobics
  - d. Fast, dynamic stretches

51. *Understand the implications of primitive reflex patterns on motor performance* 6.07.01.04.

- 51.1. Which of the following are principles for working with individuals with reflex problems? (Sherrill, 2004, p. 281)
- a. Maximize tactile, kinesthetic, and vestibular input
  - b. Use total body movement patterns and games that inhibit reflexes
  - c. Increase practice time and time on task for correctly executed patterns
  - d. All of the above
- 51.2. Of the 10 reflexes that affect physical education performance, the 4 initiated by head movements are generally the most troublesome. Which of the following is **not** initiated by the head? (Sherrill, 2004, p. 281)
- a. Asymmetrical Tonic Neck Reflex
  - b. Tonic Labyrinthine Reflex – Supine
  - c. Moro Reflex
  - d. Symmetrical Tonic Neck Reflex
- 51.3. Tonic Labyrinthine Reflex – Prone intervention activities include all **except** (Sherrill, 2004, p. 282)
- a. Stunts in prone on mats that involve lifting the head, or head and shoulders, or trunk with arms outstretched forward over the head or sideways
  - b. Stunts in prone in water while supported or moving independently
  - c. Stunts which emphasize flexion such as partial or bent-knee curl-ups
  - d. Prone lie in full extension on a therapy ball, slant board, or other surface that can be rocked

52. *Understand the implications of disordered motor development* 6.07.01.05.

- 52.1. If a child with cerebral palsy experiences disordered motor development an adapted physical educator should do each of the following **except** (NCPERID, 1995, p. 90)
- a. Adapt for problems working against gravity
  - b. Wait until all locomotor skills are mastered at the same level before proceeding to more difficult levels
  - c. Be prepared to assess skills on varying levels to determine ability
  - d. Adapt activities to account for splinter skills

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53. *Understand the mobility aids used to improve motor activity function* 6.07.01.06.
- 53.1. Individuals considered at the Class 2 disability level can propel a manual chair but have moderate to severe involvement in all four limbs and trunk. Physical education for a 2L (lower) emphasizes (Sherrill, 2004, p. 681)
- a. Kicking events
  - b. Ball handling
  - c. Swimming
  - d. All of the above
- 53.2. The use of a brace to help delay the development of contractures, limit the amount of spasticity that can occur, and decrease consumption of energy in a child with cerebral palsy is (Sherrill, 2004, p. 688)
- a. Casting
  - b. Neurosurgical management
  - c. Orthotics (bracing)
  - d. Medication
54. *Know the incidence of secondary disabilities in individuals with cerebral palsy such as mental retardation, learning disabilities, and visual perceptual problems* 6.07.02.01.
- 54.1. Individuals with cerebral palsy may communicate using which of the following? (Sherrill, 2004, p. 677)
- a. Sign language
  - b. Computers
  - c. Communication boards
  - d. All of the above
- 54.2. Visual defects affect over 50% of people with cerebral palsy, stroke, and TBI. Imbalances in visual strength cause (Sherrill, 2004, p. 678)
- a. Squinting
  - b. Poor binocular vision
  - c. Inefficiencies in depth perception
  - d. All of the above
55. *Understand types of medical conditions of individuals with cerebral palsy* 6.07.03.01.
- 55.1. The following are all corrective surgical procedures for cerebral palsy **except** (Sherrill, 2004, p. 688)
- a. Myotomy
  - b. Parapodium
  - c. Tendon transplant
  - d. Arthrodes

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- 55.2. Individuals who have had more than 10 seizures in the past year should avoid which of the following activities? (Sherrill, 2004, p. 540)
- a. Balance beam
  - b. Soccer
  - c. Relaxation activities
  - d. Diving
- 55.3. Three types of cerebral palsy are (Sherrill, 2004, p. 678)
- a. Rheumatoid, spastic, palsy
  - b. Spastic, athetoid, ataxia
  - c. Hemroid, rheumatoid, delioid
  - d. Athetoid, hemroid, rheumatoid
- 55.4. Which type of cerebral palsy causes individuals to have exaggerated stretch reflexes that cause them to respond to rapid passive stretching with vigorous muscle contractions? (Sherrill, 2004, p. 678)
- a. Pelioid
  - b. Hemroid
  - c. Spastic
  - d. None of the above
56. *Know the types of communication disorders of individuals with cerebral palsy* 6.07.04.01.
- 56.1. To effectively communicate with their students, physical educators should discuss each student's communication skills with whom? (Block, 2000, p. 187)
- a. Parents and principal
  - b. Speech-language pathologist and physical therapist
  - c. Speech-language pathologist and special education teacher
  - d. Student and friends
57. *Understand various types of muscular dystrophy such as Duchenne* 6.08.01.01.
- 57.1. Which of the following are types of muscular dystrophy? (Sherrill, 2004, p. 645)
- a. Duchenne, Facio-scapular-humeral, limb girdle
  - b. Jerry's disease, hypertrophy, dystrophy atrophy syndrome
  - c. Muscular syndrome, dystrophy syndrome, atrophy syndrome
  - d. Lousianne, myofaciorelease, arm-sling
- 57.2. Which of the following types of muscular dystrophy is the most common and severe, occurs primarily in males, and presents itself between the ages of 3 and 7 years? (Sherrill, 2004, p. 645)
- a. Lousianne
  - b. Limb girdle
  - c. Duchenne
  - d. Hypertrophy

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- 57.3. The child with muscular dystrophy and his or her friends should receive instruction in recreational activities that will carry over into the wheelchair years such as (Sherrill, 2004, p. 647)
- a. Dart throwing
  - b. Archery
  - c. Bowling
  - d. All of the above

*58. Understand the implications of gait problems during physical activity 6.08.01.02.*

- 58.1. Which of the following is **not** a characteristic of gait problems of people with muscular dystrophy? (Sherrill, 2004, pp. 645 and 309)
- a. Side-to-side waddling gait
  - b. Gower's sign
  - c. Sway back
  - d. Scissors gait
- 58.2. When muscular dystrophy progresses to a later stage, which of the following is the most appropriate activity? (Sherrill, 2004, p. 647)
- a. Swimming
  - b. Running
  - c. Jumping
  - d. Climbing stairs and curbs
- 58.3. Individuals with muscular dystrophy in the early stages should be encouraged to participate at what level in physical education? (Sherrill, 2004, p. 647)
- a. None
  - b. Minimal
  - c. Moderate
  - d. Full

*59. Understand the implications of muscular atrophy for motor skills 6.08.01.03.*

- 59.1. What is muscular atrophy? (NLM, 2005)
- a. When the muscle deteriorates and loses tone
  - b. When the muscle increases and gains strength
  - c. When the muscle strength stays the same
  - d. All of the above
- 59.2. The physical education teacher should provide activities that maintain current level of \_\_\_\_\_ and \_\_\_\_\_. (Sherrill, 2004, p. 378)
- a. Muscular strength and endurance
  - b. Static and dynamic balance
  - c. Strength and speed
  - d. None of the above

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60. *Understand the implications of respiratory fatigue on motor skills, physical fitness, and performance* 6.08.02.01.
- 60.1. When students with respiratory issues are performing in an activity, which of the following is most appropriate? (Sherrill, 2004, p. 528)
- a. Limit length and intensity of activity
  - b. Provide interval work with rest periods
  - c. Avoid areas where air quality is poor such as damp areas
  - d. All of the above
- 60.2. Which of the following activities help improve expiration for students with respiratory issues? (Sherrill, 2004, p. 530)
- a. Games using abdominal muscles
  - b. Blowing activities
  - c. Pursed-lip breathing contests
  - d. All of the above
61. *Describe the emotional effects of a progressive disability on the learning of motor skills* 6.08.03.01.
- 61.1. Which of the following should be the focus of activities with students with emotional difficulties? (Sherrill, 2004, p. 598)
- a. Focus on individuals enjoyment and fun
  - b. Use out of wheelchair activities
  - c. Implementation of overload principle
  - d. All of the above
62. *Understand the implications of the various levels of motor involvement* 6.09.01.01.
- 62.1. Which activities would be most appropriate for students with myelomeningocele? (Sherrill, 2004, p. 620)
- a. Activities that utilize head, trunk, shoulders, arms and hands
  - b. Activities with pushing, pulling, and lifting
  - c. Activities with parachutes, hanging, and climbing
  - d. All of the above
- 62.2. Which of the following characteristics describe myelomeningocele? (Sherrill, 2004, p. 618-620)
- a. Most severe type of spina bifida
  - b. Spinal cord, nerve roots and lining protrude into a sac outside of spine
  - c. 90% of children also have hydrocephalus
  - d. All of the above

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- 62.3. Physical educators of students with spina bifida should teach (Sherrill, 2004, p. 620)
- a. Play and game skills
  - b. Creative expression
  - c. Fitness
  - d. All of the above
63. *Understand the implications of mobility impairment and limitations in individuals with spina bifida* 6.09.01.02.
- 63.1. Which activity should be focused on for students with spina bifida? (Sherrill, 2004, p. 620)
- a. Encourage walking
  - b. Introduce daily passive flexibility
  - c. Functional movement skill
  - d. All of the above
- 63.2. Why is it important to do daily passive flexibility exercises with students with spina bifida? (Sherrill, 2004, p. 621)
- a. Increase upper body strengths
  - b. Provide muscular strength
  - c. Prevent contractures and foot deformities
  - d. None of the above
- 63.3. Assessment of nonlocomotor movement capabilities lends insight into program planning. Which of the following questions can help in program planning? (Sherrill, 2004, p. 620)
- a. What body parts can you bend and straighten?
  - b. What is your favorite color?
  - c. What body parts can you stretch?
  - d. Both a and c
64. *Understand the implications of orthopedic dysfunction common in spina bifida* 6.09.01.03.
- 64.1. Common orthopedic dysfunctions in students with spina bifida include all the following **except** (Sherrill, 2004, p. 621)
- a. Paraplegia
  - b. Foot deformities
  - c. Fractures
  - d. Curvature of the spine
- 64.2. The use of orthotic devices such as ankle-foot orthoses is most common with students who have (Sherrill, 2004, p. 621)
- a. Epilepsy
  - b. Visual impairments
  - c. Down syndrome
  - d. Spina bifida

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- 64.3. What orthotic device helps with a side-to-side lurch? (Sherrill, 2004, p. 621)
- a. Wheelchair
  - b. Crutches
  - c. Walker
  - d. All of the above

65. *Understand the implications of hydrocephalus* 6.09.02.01.

- 65.1. Hydrocephalus commonly accompanies which condition? (Sherrill, 2004, p. 621)
- a. Spastic cerebral palsy
  - b. Spina bifida
  - b. Epilepsy
  - c. Diabetes
- 65.2. When working with students who have shunts, all of the following should be avoided **except** (Sherrill, 2004, p. 621)
- a. Headgear should be worn if student engages in passing activities
  - b. Always “spot” the child during forward and backward rolls
  - c. Use the peer assistance for trampoline activities
  - d. Encourage the student to be the rebounder in basketball
- 65.3. Common symptoms of shunt problems include which of the following? (Sherrill, 2004, p. 621)
- a. Frequent headaches
  - b. Vomiting
  - c. Seizures
  - d. All of the above

66. *Understand the implications of limited skin sensation* 6.09.02.02.

- 66.1. Health conditions associated with spina bifida include (Sherrill, 2004, p. 621)
- a. Hydrocephalus, diabetes, and back pain
  - b. Bowel dysfunction, limited skin sensation, and hemophilia
  - c. Limited skin sensation, hydrocephalus and diabetes
  - d. Obesity, bowel dysfunction, and skin lesions
- 66.2. Students with spina bifida should be encouraged to self-monitor bruises and cuts due to (Sherrill, 2004, pp. 621-622)
- a. Limited skin sensation
  - b. Hemophilia
  - c. Diabetes
  - d. Bladder and bowel dysfunction

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- 66.3. Individuals with limited skin sensation can develop skin problems from (Sherrill, 2004, p. 622)
- a. Poorly fitted orthoses
  - b. Scratches
  - c. Bruises
  - d. All of the above

*67. Understand the implications of obesity as a complication 6.09.02.03.*

- 67.1. Students with spina bifida have a risk of obesity due to (Sherrill, 2004, p. 621)
- a. Poor nutritional habits
  - b. Decreased physical activity
  - c. Genetic tendencies
  - d. Lack of motivation
- 67.2. Important considerations for students with obesity include (Sherrill, 2004, p. 507)
- a. Incorporate aerobic exercise in program
  - b. Provide nutritional and exercise activities that he/she can do at home
  - c. Provide activities that will ensure success
  - d. All of the above

*68. Understand the implications of bowel and bladder dysfunction 6.09.02.04.*

- 68.1. It is important to consider which of the following for students with bowel and bladder dysfunction? (Sherrill, 2004, p. 626)
- a. Empty bag prior to physical activity
  - b. Provide a private, clean and safe place for student to take care of hygiene needs
  - c. Provide privacy when student is dressing out
  - d. All of the above
- 68.2. Bladder and bowel functions are affected most by which condition? (Sherrill, 2004, p. 621)
- a. Sickle cell anemia
  - b. Achodroplasia
  - c. Spina bifida
  - d. Spastic cerebral palsy
- 68.3. Signs of urinary and kidney infections include flushed face and elevated temperature. If they occur, an adapted physical educator should (Sherrill, 2004, p. 535)
- a. Exercise to point of exhaustion
  - b. Take a short break from exercise, then continue
  - c. No exercise should be allowed without physician clearance
  - d. None of the above

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69. *Understand the implications of lower body amputation on motor function* 6.10.01.01.

- 69.1. Prosthesis is associated with which condition? (Sherrill, 2004, p. 665)
  - a. Talipes
  - b. Spina bifida
  - c. Scoliosis
  - d. Amputation
  
- 69.2. Balance is more difficult (Sherrill, 2004, p. 666)
  - a. For amputation above the knee
  - b. For amputation below the knee
  - c. For unilateral upper limb amputation
  - d. Both a and c
  
- 69.3. Adaptations for individuals with lower body amputations include (Sherrill, 2004, p. 667)
  - a. Increased energy requirements due to upper body being solely used
  - b. Plan strengthening activities for atrophy in surrounding muscles to stump
  - c. Provide stationary activities such as arm ergometry
  - d. All of the above

70. *Understand the implications of upper body amputations on motor functions* 6.10.01.02.

- 70.1. Which of the following is an important safety consideration for students with amputations? (Sherrill, 2004, p. 667)
  - a. Teach safe falling techniques
  - b. Incorporate upper and lower body strengthening exercises
  - c. Teach how to safely recover from a fall
  - d. All of the above
  
- 70.2. Which of the following equipment would assist students with upper body amputations in motor functions? (Sherrill, 2004, p. 665)
  - a. Hand rails
  - b. Crutches
  - c. Walker
  - d. Prosthetic arm device

71. *Understand the implications of increased perspirations due to reduced cooling surfaces* 6.10.02.01.

- 71.1. Which of the following is a sign of dehydration and heat related illness? (Sherrill, 2004, p. 383)
  - a. Dizziness
  - b. Vomiting
  - c. Fainting
  - d. All of the above

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- 71.2. An above the knee amputee working on an asphalt basketball court should wear (Sherrill, 2004, p. 667)
- a. Wind pants to cover prosthetic leg
  - b. Shorts to provide proper cooling
  - c. Long sleeve shirt to avoid sunburn
  - d. Black clothing to refract sunrays
- 71.3. Which of the following is a consideration for individuals with amputations? (Sherrill, 2004, pp. 666-667)
- a. Advise individuals on appropriate exercise clothing
  - b. Keep water available for hydration
  - c. Monitor individual for heat related illness
  - d. All of the above

*72. Understand the incidence of obesity due to inactivity 6.10.02.02.*

- 72.1. Which of the following is a consideration for individuals who are obese? (Sherrill, 2004, p. 509)
- a. Advocate for physical activity opportunities
  - b. Use effective motivators for participation
  - c. Provide adaptations to calorie burning activities
  - d. All of the above

*73. Understand the implications of skin irritations and skin break down on the stump 6.10.02.03.*

- 73.1. Which of the following prevents skin breakdown on the stump? (Sherrill, 2004, p. 666)
- a. Proper socket fit
  - b. Good personal hygiene
  - c. Sunburn prevention
  - d. All of the above

*74. Understand the implications of paraplegia 6.11.01.01.*

- 74.1. In spinal cord injury, \_\_\_\_A\_\_\_\_ is caused by injury to thoracic segments T2-T12, and \_\_\_\_B\_\_\_\_ is caused by injury to cervical segments C1-C8 or thoracic segment T1. (French, 2004c)
- a. A: quadriplegia, B: paraplegia
  - b. A: paraplegia, B: quadriplegia
  - c. A: oculata, B: quadriplegia
  - d. A: paraplegia, B: oculata

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- 74.2. When working with an individual with paraplegia, the adapted physical educator should do each of the following **except** (NCPERID, 1995, p. 98)
- a. Plan activities on uneven surfaces
  - b. Plan activities to avoid overuse injuries to arms and hands
  - c. Teach upper body activities
  - d. Adapt activities for use with mobility aids

*75. Understand the implications of quadriplegia 6.11.01.02.*

- 75.1. What is quadriplegia? (Sherrill, 2004, p. 617)
- a. Paralysis of the upper extremities and the trunk
  - b. Paralysis of all four extremities and the trunk
  - c. Paralysis of the right side extremities
  - d. Paralysis of the left side extremities
- 75.2. An injury to the cervical segment C1-C8 or the thoracic segment T1 results in which type of impairment? (French, 2004c)
- a. Cerebral palsy
  - b. Mental retardation
  - c. Quadriplegia
  - d. Paraplegia

*76. Understand the implications of bowel and bladder dysfunction 6.11.02.01.*

- 76.1. Which of the following is caused by bowel and bladder dysfunction? (Sherrill, 2004, p. 626)
- a. Inappropriate control of the bladder and digestive organs
  - b. Urinary and kidney infections
  - c. Difficulty in defecation
  - d. All of the above
- 76.2. Urinary and kidney infections are a major cause of illness and death among persons with spinal paralysis. Which of the following are indicators of infections? (Sherrill, 2004, p. 536)
- a. Flushed face
  - b. Elevated temperature
  - c. Contractures
  - d. Both a and b

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*77. Understand the implications of skin abrasions and ulcers 6.11.02.02.*

- 77.1. Children with skin abrasions and ulcers should do which of the following? (Sherrill, 2004, p. 624)
- a. Avoid physical activity
  - b. Avoid all physical contact
  - c. Not go outside during sunny days
  - d. Check skin frequently
- 77.2. Which of the following causes decubitus ulcers on the back and buttocks? (Sherrill, 2004, p. 624)
- a. Pressure of the body weight on specific areas
  - b. Heat on specific area
  - c. Cold on specific areas
  - d. None of the above
- 77.3. Which of the following is a common concern in individuals with spinal cord injury regarding skin abrasions? (Sherrill, 2004, p. 624)
- a. Poorly fitted shoes or braces can cause blisters
  - b. Crawling/creeping may cause scuff burns and bruises
  - c. Lack of cleanliness in relation to urination
  - d. All of the above

*78. Understand the implications of body regulation dysfunction 6.11.02.03.*

- 78.1. What should you do for a child with body regulation dysfunction? (Sherrill, 2004, p. 625)
- a. Make weekly records of height
  - b. Check weight daily
  - c. Keep the child properly hydrated
  - d. None of the above
- 78.2. What is the name for the condition in which the body assumes the same temperature as the environment? (Sherrill, 2004, p. 625)
- a. Atrophy
  - b. Poikilothermy
  - c. Anaphylactic shock
  - d. Strabismus

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79. *Understand the implications of scoliosis* 6.12.01.01.

- 79.1. What is scoliosis? (Sherrill, 2004, p. 399)
- a. A lateral curvature of the spine
  - b. A severe skin disorder
  - c. A vision impairment
  - d. Degeneration of large muscle tissue
- 79.2. Which of the following are principles for planning exercises for a child with functional scoliosis? (Sherrill, 2004, p. 401)
- a. Work on improvement of body alignment in front of a mirror
  - b. Emphasize swimming
  - c. Use breathing and chest expansion exercises to maintain flexibility of chest and prevent further distortion of thorax
  - d. All of the above

80. *Understand the implications of lordosis* 6.12.01.02.

- 80.1. Lordosis causes which of the following? (Sherrill, 2004, p. 396)
- a. Incorrect alignment of the neck
  - b. Incorrect alignment of the shoulders
  - c. Incorrect alignment of the pelvis
  - d. All of the above
- 80.2. To aid the condition of lordosis, physical activities personnel should promote exercises that (Sherrill, 2004, p. 397)
- a. Strengthen the abdominal muscles
  - b. Stretch the abdominal muscles
  - c. Strengthen the shoulder muscles
  - d. Stretch the shoulder muscles

81. *Understand the implications of kyphosis* 6.12.01.03.

- 81.1. What is kyphosis? (Sherrill, 2004, p. 396)
- a. An increased backward convexity of the pelvic region
  - b. An increased backward convexity of the lower extremities
  - c. An exaggerated arch in the normal thoracic curve of the spine
  - d. All of the above
- 81.2. A physical education program for kyphosis should encourage (Sherrill, 2004, p. 396)
- a. Exercises to increase flexibility of neck muscles
  - b. Exercises to strengthen muscles of the lower extremities
  - c. Cardiovascular endurance activities
  - d. Sedentary recreational activities

**Standard 6**  
**Unique Attributes of Learners**

82. *Understand the implications of foot deformities* 6.12.01.04.

- 82.1. When are most foot deformities diagnosed? (March of Dimes, 2001)
- a. Newborn – 2 months
  - b. 6 months – 1 year
  - c. 3 – 5 years
  - d. 18 months – 2 years

83. *Understand the implications of limited range of motion (ROM)* 6.13.01.01.

- 83.1. Range of motion exercises does what for children with juvenile rheumatoid arthritis? (Sherrill, 2004, p. 652)
- a. Keeps a child sedentary
  - b. Allows for faster movement
  - c. Keeps joints flexible
  - d. Makes bones stronger
- 83.2. Which of the following is one of the best exercises for children with juvenile rheumatoid arthritis and would exercise the joints and muscles without putting too much stress on them? (Sherrill, 2004, p. 654)
- a. Aerobics
  - b. Resistance training
  - c. Swimming
  - d. Walking
- 83.3. How often should children with juvenile rheumatoid arthritis be encouraged to perform range of motion exercises? (Sherrill, 2004, p. 652)
- a. At least 3 times a month
  - b. Daily
  - c. Two to three times a week
  - d. Weekly

84. *Understand the implications of chronic pain* 6.13.01.02.

- 84.1. As soon as acute inflammation of juvenile rheumatoid arthritis starts to subside, a physical activities program should (Sherrill, 2004, p. 652)
- a. Provide daily exercise
  - b. Provide no physical activity
  - c. Have no limitations
  - d. Provide more strenuous exercise

**Standard 6**  
**Unique Attributes of Learners**

- 84.2. Planned activities for children with juvenile rheumatoid arthritis should include (Sherrill, 2004, pp. 653-654)
- a. Jumping rope
  - b. Contact sports
  - c. Leaping or hopping over small objects where the body leaves the floor
  - d. Swimming and dance
- 84.3. The purpose of movement for the child with rheumatoid arthritis include (Sherrill, 2004, p. 652)
- a. Relief of pain and spasm
  - b. Prevention of flexion contractures and other deformities
  - c. Maintenance of strength, particularly in the extensor muscles
  - d. All of the above
85. *Understand the implications of changing symptoms on physical activity participation*  
6.13.02.01.
- 85.1. Physical activity personnel should work with parents in establishing (Sherrill, 2004, pp. 652-653)
- a. Medication
  - b. Home exercise program
  - c. Functional recovery
  - d. Full range of motion
- 85.2. When juvenile rheumatoid arthritis affects the entire body, the period of acute illness occurs for (Sherrill, 2004, p. 652)
- a. Several weeks
  - b. One year
  - c. One week to several months
  - d. Days
- 85.3. A direct result of steroids to children with juvenile rheumatoid arthritis include alterations to (Sherrill, 2004, p. 654)
- a. Cognitive thinking
  - b. Posture
  - c. Balance
  - d. Body growth

**Standard 6**  
**Unique Attributes of Learners**

86. *Understand the implications of sedentary lifestyles* 6.13.02.02.

- 86.1. After periods of acute inflammation in juvenile rheumatoid arthritis (Sherrill, 2004, p. 652)
- a. Daily exercise must begin as soon as inflammation starts to subside
  - b. Daily exercise must begin as soon as the inflammation it total subside
  - c. Exercise should start only when the child indicates
  - d. Exercise should start after a waiting period to see it the inflammation returns
- 86.2. For a child with juvenile rheumatoid arthritis, every day of inactivity can (Sherrill, 2004, p. 652)
- a. Cause complete functional recovery
  - b. Create reduce spasms local tenderness along the spine
  - c. Cause minimal atrophy to muscles and tendons
  - d. Increase joint stiffness and the probability of permanent deformity arthritis
- 86.3. For children with juvenile rheumatoid arthritis, arthritis may be sudden, characterized by (Sherrill, 2004, p. 652)
- a. Severe pain
  - b. Lack of appetite
  - c. Poor posture
  - d. Fatigue

87. *Understand the implications of joint instability* 6.13.03.01.

- 87.1. Most children with juvenile rheumatoid arthritis have the most pain (Sherrill, 2004, p. 651)
- a. Early in the morning
  - b. After swimming or water exercises
  - c. After performing gradual stretching exercises
  - b. After low impact aerobic activities
- 87.2. Due to joint instability, children with juvenile rheumatoid arthritis should use caution in (Sherrill, 2004, p. 653)
- a. Contact activities and activities where falls are common
  - b. Relaxation or stretching activities
  - c. Participating in daily exercises
  - d. Taking swim lessons
- 87.3. When rheumatoid arthritis is systemic, the joint inflammation is accompanied by all of the following **except** (Sherrill, 2004, p. 652)
- a. Fever and rash
  - b. Fatigue
  - c. Malaise and pallor
  - d. Enlargement of lymph nodes

**Standard 6**  
**Unique Attributes of Learners**

88. *Understand the implications of spinal anomalies* 6.14.01.01.

- 88.1. A common spinal abnormality in dwarf adults where the opening in the spinal column is too small to accommodate the spinal cord is called (Sherrill, 2004, p. 657)
- a. Scoliosis
  - b. Spinal stenosis
  - c. Osteogenesis
  - d. None of the above
- 88.2. Which is something you would probably not do in working with an individual who is a dwarf with spinal abnormalities? (Sherrill, 2004, p. 657)
- a. Provide posture screening
  - b. Check medical records for activity contraindications
  - c. Use caution in contact sports and high impact aerobics
  - d. Use caution in aquatic activities
- 88.3. If an individual with dwarfism is suspected of having atlantoaxial instability, they should not be involved in (Sherrill, 2004, p. 657)
- a. Swimming
  - b. Bowling
  - c. Softball
  - d. Contact sports

89. *Understand the implications of lower body limitations such as bowed legs and decreased leg length* 6.14.01.02.

- 89.1. Spinal stenosis is particularly common among adults with disproportionate dwarfism. A recommended activity is (Sherrill, 2004, p. 657)
- a. Bicycling
  - b. Power lifting
  - c. Tumbling
  - d. Bowling
- 89.2. This is the most common form of dwarfism and is characterized by a disproportionate body structure with an average size trunk, short limbs, and often a large head. (Sherrill, 2004, p. 656)
- a. Diastrophic Dysplasiam
  - b. Achondroplasia
  - c. Dysmenorrhea
  - d. Athetoid

**Standard 6**  
**Unique Attributes of Learners**

- 89.3. Disproportionately short limbs are a limitation in all of the following **except** (Sherrill, 2004, p. 657)
- a. Ball handling
  - b. Racket sports
  - c. Power lifting
  - d. Track
90. *Understand the implications of upper body limitations such as restricted elbow range of motion and decreased arm length* 6.14.01.03.
- 90.1. Which condition does a disproportional short neck in dwarfism characterize? (Sherrill, 2004, p. 658)
- a. Turner Syndrome
  - b. Noonan Syndrome
  - c. Morquio Syndrome
  - d. All of the above
- 90.2. To include everyone, including students with dwarfism, which of the following adaptations are necessary? (Sherrill, 2004, p. 658)
- a. Class teams
  - b. Various heights of equipment
  - c. Equated point system
  - d. All of the above
91. *Understand the implications of small chest size and narrow nasal passages* 6.14.02.01.
- 91.1. Why is it so difficult to build cardiorespiratory endurance in students with dwarfism? (Sherrill, 2004, p. 656)
- a. Small chest size and narrow nasal passages
  - b. Painful joint movement
  - c. Limited range of motion
  - d. None of the above
- 91.2. Individuals with nonachondroplasia and atlantoaxial instability prior to sport participation must (Sherrill, 2004, p. 657)
- a. Submit a full physical
  - b. Participate in sports training
  - c. Submit neck X rays
  - d. None of the above

**Standard 6**  
**Unique Attributes of Learners**

92. *Understand the implications of frequent hip and knee dislocations* 6.14.02.02.

- 92.1. What activities should students with dwarfism avoid because of the tendency for frequent hip and knee dislocations? (Sherrill, 2004, p. 657)
- a. Aquatics
  - b. Contact sports
  - c. Walking
  - d. None of the above
- 92.2. Due to frequent hip and knee dislocations, what sport should be promoted for individual with dwarfism? (Sherrill, 2004, p. 657)
- a. Tennis
  - b. Golf
  - c. Track and field
  - d. Swimming

93. *Understand the implications of brittle bones* 6.15.01.01.

- 93.1. Which is the most appropriate equipment adaptation for student with osteogenesis imperfecta? (Sherrill, 2004, p. 658)
- a. Use larger and oversized balls
  - b. Use heavier balls and equipment
  - c. Use smaller balls and undersized balls
  - d. Use softer equipment such as yarn balls
- 93.2. Osteogenesis imperfecta is an inherited condition where bone breaks peak between (Sherrill, 2004, p. 658)
- a. Birth through adulthood
  - b. 5 through 10 years of age
  - c. 2 through 15 years of age
  - d. 20 years of age through adulthood
- 93.3. Individuals with osteogenesis imperfecta may experience poor self-concept due to (Sherrill, 2004, p. 658)
- a. Frequent hospitalization
  - b. Missed school
  - c. Deformed limbs
  - d. All of the above

**Standard 6**  
**Unique Attributes of Learners**

94. *Understand the implications of chest deformities such as funnel chest* 6.15.01.02.

- 94.1. Why might cardio respiratory fitness activities need to be adapted for students with osteogenesis imperfecta? (Sherrill, 2004, p. 658)
  - a. Surgical limitations
  - b. Chest defects limit respiratory capacity
  - c. There may be a delay in gross motor movements
  - d. Spinal defects are common
  
- 94.2. Limited cardio respiratory capacity in students with osteogenesis imperfecta may be caused by (Sherrill, 2004, p. 658)
  - a. Funnel chest
  - b. Limited range of motion
  - c. Osteoarthritis
  - d. Misalignment of limbs
  
- 94.3. Osteoporosis or bone degeneration is caused by (Sherrill, 2004, p. 658)
  - a. Malnutrition
  - b. Lack of exercise
  - c. Contraindicated activities
  - d. Physical activity

95. *Understand the implications of spinal anomalies* 6.15.01.03.

- 95.1. What causes more than ten times more spinal cord injuries than any other sport? (Sherrill, 2004, p. 622)
  - a. Football
  - b. Rugby
  - c. Diving
  - d. Gymnastics
  
- 95.2. The first question to be asked when programming for spinal cord injuries is whether the lesion is (Sherrill, 2004, p. 622)
  - a. Complete or incomplete
  - b. Acquired or unacquired
  - c. Open or closed
  - d. None of the above

**Standard 6**  
**Unique Attributes of Learners**

96. *Understand the implications of preservation* 6.16.01.01.

- 96.1. Perseveration is the (Sherrill, 2004, p. 557)
- a. Ability to narrow attention to a particular task in spite of distractions
  - b. Tendency to move without carefully considering alternatives
  - c. Inability to shift easily from one idea or activity to another
  - d. Ability to pick up and attend to the central or desired stimulus
- 96.2. How can you prevent unnecessary perseveration students with autism? (Sherrill, 2004, p. 557)
- a. Be aware that student may focus on one idea
  - b. Redirect the student to current activity
  - c. Based games upon stop-and-go concepts
  - d. All of the above
- 96.3. Which is the least appropriate way to help a student stay on topic? (Sherrill, 2004, p. 608)
- a. Time-out when not paying attention
  - b. Put students with a peer partner
  - c. Have student sit close to teacher
  - d. Redirect inappropriate behavior

97. *Understand the implications of poor eye contact* 6.16.01.02.

- 97.1. What are some ways to get a student's attention with autism? (Sherrill, 2004, p. 611)
- a. Talk louder
  - b. Make sure there is bright lighting in the room
  - c. Use new routines and equipment to keep their interest
  - d. Use verbal cues and prompts
- 97.2. Students with autism may have difficulty focusing due to (Sherrill, 2004, p. 608)
- a. Poor eye contact
  - b. Poor hearing
  - c. Poor motor control
  - d. Poor vision
- 97.3. One way to help counteract the tendency of students with autism with poor eye contact is to (Sherrill, 2004, p. 608)
- a. Limit the use of prompts
  - b. Providing a reinforcer for the correct response
  - c. Use sign language and gestures
  - d. Utilize Premack principle

**Standard 6**  
**Unique Attributes of Learners**

98. *Understand implications of speech and language disorders* 6.16.02.01.

- 98.1. Which technique is **not** appropriate for students with autism? (Sherrill, 2004, pp. 609-610)
- a. Encourage speech and speech sounds when appropriate
  - b. Use sign language when appropriate
  - c. Interpret gestures such as pointing and leading you to an object or area
  - d. None of the above
- 98.2. For students with autism, picture communication is a good means to help with (Sherrill, 2004, p. 609)
- a. Speech and language disorders
  - b. Organizational skills
  - c. Motor deficits
  - d. External stimuli

99. *Understand the implications of poor group interaction* 6.16.03.01.

- 99.1. What is one way to help students with autism stay on task in a group setting? (Sherrill, 2004, p. 609)
- a. Use peer tutors
  - b. Use large group instruction
  - c. Use time-out when off task
  - d. None of the above
- 99.2. What is a good way to encourage participation in group activities with students with autism? (Sherrill, 2004, p. 609)
- a. Put students in large groups with many peers
  - b. Limit the use of prompts
  - c. Put students in small groups
  - d. None of the above
- 99.3. Using one-on-one instruction may accommodate a student with autism's difficulty to (Sherrill, 2004, p. 608)
- a. Interact in groups
  - b. Verbally express feelings
  - c. Initiate a conversation with others
  - d. Spontaneous seek shared enjoyment

**Standard 6**  
**Unique Attributes of Learners**

100. *Understand the implications of the lack of danger awareness* 6.16.04.01.
- 100.1. The amount of time an individual can attend to the same task is known as (Sherrill, 2004, p. 335)
- a. Attention capacity
  - b. Attention span
  - c. Selective attention
  - d. Cue selection
- 100.2. Professionals often alter the environment to enhance (Sherrill, 2004, p. 335)
- a. Arousal
  - b. Attention
  - c. Awareness
  - d. All of the above
101. *Understand the implications of self-stimulatory and self-injurious behavior* 6.16.04.02.
- 101.1. Which of the following is a behavior that refers to repetitive body movements or repetitive movements of an object? (Sherrill, 2004, p. 610)
- a. Lack of danger awareness
  - b. Self-stimulatory
  - c. Self-injurious
  - d. Visual motor dysfunction
- 101.2. Stopping a child from self-stimulatory behaviors often results in (Sherrill, 2004, pp. 610-611)
- a. Elimination of behavior
  - b. Self-injurious behaviors
  - c. Screaming
  - d. Visual motor dysfunction
- 101.3. Self-stimulation behaviors are often (Sherrill, 2004, p. 610)
- a. Targeted for elimination
  - b. Modified into acceptable behaviors
  - c. Targeted for behavior management protocols
  - d. All of the above
102. *Understand implications of excessive muscle tone* 6.17.01.01.
- 102.1. Which of the following is a common characteristic of an increase in resistance to passive stretching? (Sherrill, 2004, p. 267)
- a. Hypertonia
  - b. Hemiplegia
  - c. Ataxia
  - d. Poor body awareness

**Standard 6**  
**Unique Attributes of Learners**

- 102.2. Muscle tone can also be influenced by (Sherrill, 2004, p. 267)
- a. Fatigue
  - b. Anxiety
  - c. Environmental factors
  - d. All of the above
103. *Understand the implications of hemiplegia* 6.17.01.02.
- 103.1. Which of the following is a paralysis of one side of the body as a result of injury to neurons carrying signals to muscles from the motor areas of the brain? (Sherrill, 2004, p. 47)
- a. Excessive muscle tone
  - b. Hemiplegia
  - c. Ataxia
  - d. Visual motor dysfunction
- 103.2. Equipment for students with hemiplegia should be (Sherrill, 2004, p. 47)
- a. Adapted for one hand usage
  - b. Lighter and softer in weight
  - c. Allow for tactile sensory stimulation
  - d. None of the above
104. *Understand the implications of ataxia* 6.17.01.03.
- 104.1. Which of the following is a defective muscular coordination related to balance and coordination difficulties? (Sherrill, 2004, p. 338)
- a. Excessive muscle tone
  - b. Hemiplegia
  - c. Ataxia
  - d. Athetosis
- 104.2. Providing a safe landing and stopping area and protective equipment such as elbow pads and helmets may be safety precautions for students with (Sherrill, 2004, p. 679)
- a. Athetosis
  - b. Perceptual motor learning problems
  - c. Low postural tone
  - d. Ataxia
- 104.3. In individuals with ataxia walking problems are evident in (Sherrill, 2004, p. 338)
- a. Balancing deficits
  - b. Peculiar reeling
  - c. Wide-based staggering gait
  - d. All of the above

**Standard 6**  
**Unique Attributes of Learners**

105. *Understand the implications of visual motor dysfunction 6.17.01.04.*

- 105.1. What is the mental process of deriving meaning from visual space-time relationship, as in judging the distance of a balance beam from the ground or the speed/distance of a moving object? (Sherrill, 2004, p. 273)
- a. Eye muscle coordination
  - b. Orthopic vision
  - c. Visual integration
  - d. Depth perception
- 105.2. What is the ability to synthesize and use multiple sources of sensory information which should be assessed in several environments that afford opportunities to interact with different combinations or sensory input? (Sherrill, 2004, p. 340)
- a. Visual integration
  - b. Intersensory integration
  - c. Eye muscle coordination
  - d. Binocular coordination
- 105.3. Using suspended ball activities in which the height of the ball is periodically changed so the head and eyes must practice accommodations can assist in developing (Sherrill, 2004, p. 273)
- a. Visual integration
  - b. Intersensory integration
  - c. Eye muscle coordination
  - d. Binocular coordination

106. *Understand the implications of poor body awareness 6.17.01.05.*

- 106.1. A beneficial instruction strategy for a student with poor body awareness would include (Sherrill, 2004, p. 551)
- a. The use of verbal cues for body movement desired
  - b. The use of physical prompts
  - c. The use of cue detection
  - d. All of the above
- 106.2. Spatial orientation includes estimating (Sherrill, 2004, p. 551)
- a. Coordinates in space
  - b. Weight
  - c. Distance
  - d. All of the above

**Standard 6**  
**Unique Attributes of Learners**

107. *Understand the implications of cognitive deficits in learning a new activity* 6.17.02.01.

107.1. Personal understanding of one's memory, cognition, or perceptual-motor learning styles is referred to as (Sherrill, 2004, p. 336)

- a. Metacognition
- b. Comprehension
- c. Evaluation
- d. Comprehension

107.2. Which of the following should be considered when establishing a program for an individual with cognitive deficits in new learning? (Sherrill, 2004, p. 200)

- a. Collaborate with the physical therapist
- b. Be aware that the individual may tire more easily
- c. Incorporate stretching and strengthening in the program
- d. Provide an activity analysis when teaching games and activities

107.3. Comprehension, analysis, application, synthesis, and evaluation are five measurable processes involved in (Sherrill, 2004, p. 336)

- a. Short term memory
- b. Long term memory
- c. Cognition
- d. Cognitive deficits

108. *Understand the implications of problems with short term memory* 6.17.02.02.

108.1. Teachers of students with problems with short term memory should use (Sherrill, 2004, p. 335)

- a. Rehearsal strategy
- b. Cue words and key terms
- c. Handouts for studying rules
- d. All of the above

108.2. Traumatic brain injury can cause (Sherrill, 2004, p. 676)

- a. Enhancement of short term memory
- b. Problems with short term memory
- c. Enhanced motor skills
- d. Postrotational stimulation

108.3. Short term memory will decay or be lost in approximately (Sherrill, 2004, p. 335)

- a. One hour
- b. One day
- c. Sixty seconds
- d. Ten minutes

**Standard 6**  
**Unique Attributes of Learners**

109. *Understand the implications of poor social skills* 6.17.03.01.
- 109.1. What type of curriculums use various combinations of cognitive training, behavior management, self-esteem, and empowerment techniques (Sherrill, 2004, p. 251)
    - a. Behavior
    - b. Social Skill
    - c. Inclusion
    - d. Social Acceptance
  - 109.2. How many levels of responsibility does Hellison's curriculum model include? (Sherrill, 2004, p. 252)
    - a. Five
    - b. Four
    - c. Nine
    - d. Ten
  - 109.3. The goal of the ACCEPTS curriculum is to (Sherrill, 2004, p. 251)
    - a. Provide systematic instruction in social skills
    - b. Teach social competence requisite to successful adjustment in regular classes in kindergarten through sixth grade
    - c. Teach responsibility and empowerment
    - d. Teach social competence requisite to successful adjustment in regular classes in sixth through adulthood grade
110. *Understand the implications of receptive language disorders* 6.17.04.01.
- 110.1. Which of the following communication techniques would **not** be used if teaching a student with TBI who is experiencing speech apraxia? (Sherrill, 2004, pp. 338-339)
    - a. Consult with a speech and language specialist
    - b. Use sign
    - c. Shorten response time
    - d. Use picture or symbols
  - 110.2. When students display receptive language disorders such as in TBI, it would be important for teachers to do all the following **except** (Sherrill, 2004, pp. 499-500)
    - a. Be sensitive to student's frustration when message is difficult to convey
    - b. Develop cue words to help student key in on specific points
    - c. Automatically place students in programs designed for students with mental retardation
    - d. Use a hierarchy of cues to encourage self-direction

**Standard 6**  
**Unique Attributes of Learners**

111. *Understand the implications of expressive language disorders* 6.17.04.02.
- 111.1. Which teaching technique would be most appropriate for a student with TBI who has an expressive language disorder? (NCPERID, 1995, p. 101)
- a. Ask only yes or no questions
  - b. Monitor for safety
  - c. Allow enough time for responses
  - d. Plan for competitive activities
- 111.2. Which of the following is the **least** appropriate accommodation for a student with TBI who has an expressive language disorder? (NCPERID, 1995, p. 101)
- a. Use bright and contrasting objects when used as a target
  - b. Encourage use of communication boards across settings
  - c. Allow ample time for responses
  - d. Teach student appropriate ways to show frustration
112. *Understand the implications of lack of initiation* 6.17.05.01.
- 112.1. Which of the following would **not** be used when working with a student with TBI who demonstrates a lack of initiation? (NCPERID, 1995, p. 101)
- a. Promote movement exploration activities that lead the student to discover personal potential
  - b. Allow for movement exploration using a hierarchy of cues
  - c. Provide students with an unstructured environment to promote initiation
  - d. Plan success oriented activities that allow for increasing self-direction
113. *Understand the implications of impulsivity* 6.17.05.02.
- 113.1. In working with an individual with TBI, understanding the implications of impulsivity is important. Which of the following is an appropriate teaching technique for student who struggles with impulsivity? (Sherrill, 2004, pp. 556-557)
- a. Allow equipment to be scattered and free
  - b. Provide a highly structured environment
  - c. Allow for an unstructured environment
  - d. The students behavior is predictable so limited modifications need to be made
- 113.2. Which is **not** an attribute to have when working with students who have impulsivity? (Sherrill, 2004, pp. 556-557)
- a. Be aware that students may act out any time
  - b. Inform students of behavior goals
  - c. Teach self-monitoring techniques
  - d. Allow for competition that involves contact or could lead to contact

**Standard 6**  
**Unique Attributes of Learners**

114. *Understand the implications of lack of appropriate judgment* 6.17.05.03.
- 114.1. Students with TBI may show a lack of judgment. Which of the following is an appropriate modification to address lack of judgment? (NCPERID, 1995, p. 102)
- a. Provide contained choices
  - b. Monitor for safety
  - c. Use questions for review of rules
  - d. All of the above
115. *Understand implications of thermoregulation disorders* 6.17.06.01.
- 115.1. Students with TBI may have thermoregulation disorders. Which of the following is **not** an appropriate teaching practice for this disorder? (NCPERID, 1995, p. 102)
- a. Adapt a program that could cause overheating
  - b. Monitor students for illness
  - c. Regulate activities when temperature is unstable
  - d. Avoid combining activities that go from one extreme temperature to another
- 115.2. In working with students with TBI that have thermoregulation disorders, the adapted physical educator should do which of the following? (NCPERID, 1995, p. 102)
- a. Plan for time needed to go slowly from one temperature extreme to another
  - b. Avoid contraindicated activities if advised such as sauna and hot tub
  - c. Monitor individual for illnesses resulting from excessive heat and cold
  - d. All of the above
116. *Understand implications of seizure disorders* 6.17.06.02.
- 116.1. Which of the following is **not** appropriate in understanding the implications of students with seizure disorders? (NCPERID, 1995, p. 102)
- a. Create and implement an emergency plan
  - b. Check blood pressure every two or three hours
  - c. Avoid activities may be risky, such as stress, that may trigger a seizure
  - d. Collaborate with parents and medical personnel to determine individual contraindicated activities
- 116.2. What activities would be appropriate for a student with a seizure disorder while with a partner? (Sherrill, 2004, p. 540)
- a. Archery and rope climbing
  - b. Underwater swimming and diving
  - c. Long distance running and dance
  - d. All of the above

**Standard 6**  
**Unique Attributes of Learners**

117. *Understand the implications of acquired and congenital heart conditions* 6.18.01.01.
- 117.1. Which of the following is important when trying to understand implications of acquired and congenital heart conditions? (NCPERID, 1995, p. 102)
- Adapt activities for individuals with low exercise tolerance
  - Obtain medical clearance
  - Teach self-monitoring of level of exertion
  - All of the above
- 117.2. Students who have either acquired or congenital heart conditions should **not** do which of the following during exercise? (NCPERID, 1995, p. 102)
- Exercise in extreme temperatures
  - Limit stress
  - Monitor heart rate
  - Participate in activities that are based on functional level and interests of the student
- 117.3. When teaching students with acquired or congenital heart conditions, teachers need to make sure they (NCPERID, 1995, p. 102)
- Increase frequency, intensity, and time (duration) rapidly
  - Ignore students who have a blue tinge to lips and nail beds
  - Design a program to fit the students needs based on results of stress testing
  - Plan for games that have a high periods of aerobic work
118. *Understand the implications of heart condition such as secondary disorders* 6.18.01.02.
- 118.1. Adapting a basketball-conditioning activity for a student with a heart condition includes all of the following but one. Which one is **not** a proper adaptation? (Sherrill, 2004, p. 516)
- Utilize peer buddy for game-like activities
  - Reduce number of attempts to limit stress
  - Include a proper warm-up and cool-down in the training
  - Have student perform isometric exercises during conditioning drills
119. *Understand the implication of tuberculosis spondylitis* 6.19.01.01.
- 119.1. Numerous activities must be omitted when servicing a student with tuberculosis spondylitis. Of the following, which one is the most appropriate activity, for a student with tuberculosis spondylitis? (Sherrill, 2004, p. 540)
- Jumping rope
  - Hopping for 60 feet or more
  - Stretching through full range of motion
  - Sitting out

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- 119.2. Students with tuberculosis spondylitis or Pott's disease should be encouraged to perform which of the following? (Sherrill, 2004, p. 540)
- a. Meeting classroom fitness standards
  - b. Joining a recreational team-contact sports
  - c. Swimming in their leisure time as much as they can
  - d. Trampoline routines
- 119.3. Which of the following is **not** a characteristic of tuberculosis spondylitis? (Sherrill, 2004, p. 540)
- a. Kyphosis
  - b. Compression of the vertebrae
  - c. Rounded upper back
  - d. Common cause is lead poisoning
120. *Understand the precautions that must be taken during specific fitness activities* 6.20.01.01.
- 120.1. When teaching students with kidney disease, a teacher should excuse a student from exercise when (Sherrill, 2004, p. 535)
- a. The student is tired
  - b. When infection is present
  - c. The temperature is above 90 degrees
  - d. The activity is aerobic
121. *Understand the limited amount of oxygen available to cells* 6.20.02.01.
- 121.1. Anemia, a condition of reduced oxygen-carrying capacity of the blood, is characterized by many physical symptoms, most frequently (Sherrill, 2004, p. 534)
- a. Loss of color in cheeks, increased heart and breathing rates
  - b. Weakness, drowsiness, and fatigue
  - c. Breathing difficulties, irritability, and swelling
  - d. Chest pain, nausea, and trembling
- 121.2. Anemia can be fatal if appropriate precautions to activities are not closely performed. Which activity below should be avoided? (Sherrill, 2004, p. 534)
- a. Practice fundamental movement skills such as kicking and throwing
  - b. Underwater swimming
  - c. Adjust aerobic activities to fit levels of the individual
  - d. Allow student to walk instead of run for a full 20 minutes

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- 121.3. Which are all caused of anemia? (Auxter, Pyfer, and Huettig, 2005, p. 589)
- a. Iron deficiencies, vitamin b-12 deficiency, and sweat loss during prolonged exercise
  - b. Vitamin C and A deficiency along with loss of zinc
  - c. Vitamin B-12 deficiency, increase production of bone marrow, and increase levels of magnesium
  - d. Disorders of white blood cells, trauma, and magnesium
122. *Understand the increased heart rate and breathing rate 6.20.03.01.*
- 122.1. When working with individuals with nephritis, adapted physical educators should do which of the following? (NCPERID, 1995, p. 103)
- a. Adapt aerobic exercise to work in lower target heart rate zones
  - b. Plan for rest periods
  - c. Allow adequate water intake
  - d. All of the above
123. *Understand the implications of intrinsic asthma 6.21.01.01.*
- 123.1. Students with intrinsic asthma (non-allergic) must be provided with a \_\_\_\_\_, \_\_\_\_\_ warm-up. (NCPERID, 1995, p. 103)
- a. Steady, paced
  - b. Quick, time
  - c. Slow, long
  - d. Slow, steady
124. *Understand implications of extrinsic asthma 6.21.01.02.*
- 124.1. Extrinsic asthma (allergic) results from many allergens that can be present in the school's environment. Modified aerobic exercises could include all of the following **except** (Sherrill, 2004, p. 528)
- a. Obstacle course that begins indoors and finishes outdoors
  - b. Pacer indoor
  - c. Basic step aerobic of choice
  - d. Walking at own pace around the gym
- 124.2. Physical educator should encourage what activities for students with extrinsic asthma? (NCPERID, 1995, p. 104)
- a. Limit warm-up and cool-down activities
  - b. Running outside on hot humid, or windy polluted days
  - c. Only activities that the teacher guides
  - d. Aquatic activities

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125. *Understand the implications of signs and symptoms* 6.21.01.03.

125.1. Which of the following are physical signs of asthma? (Sherrill, 2004, p. 526)

- a. Chest pain, dizziness, and nausea
- b. Coughing, rolling about, and high blood pressure
- c. Breathing difficulties, coughing, and wheezing
- d. Flexing, gasping, and high blood pressure

125.2. When recognizing symptoms of asthma, the adapted physical educator should do each of the following **except** (NCPERID, 1995, p. 104)

- a. Respond to an individual with rounded shoulders
- b. Allow inhalers to be available before, during, and after exercise
- c. Discourage the individual from drinking water to counteract increased mucus production
- d. Encourage the individual to drink plenty of water in response to increased mucus production

126. *Understand the implications of an asthma episode* 6.21.02.01.

126.1. Students with extrinsic asthma can be sensitive to which of the following? (Sherrill, 2004, p. 526)

- a. Allergens
- b. Exercise
- c. Weather conditions
- d. All of the above

126.2. Besides immediate access to a student's inhaler, what is another step to be taken during a first aid emergency to an asthma attack? (Sherrill, 2004, p. 531)

- a. Slow cool down activities
- b. Provide a blanket to stabilize temperature
- c. Use cool, wet towels on the back of the neck to assist in body temperature control
- d. Restrict water intake

127. *Understand the implications of medication* 6.21.02.02.

127.1. When a student takes medication, it is important for a physical educator to (Sherrill, 2004, p. 506)

- a. Ignore side effects they are only temporary
- b. Communicate with parents and medical staff about student's medication and involvement in adapted physical activity
- c. It is not a teachers duty to know the effects of medication
- d. Students will tell the teacher when they experience problems with their medication

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128. *Understand the implications of anemia* 6.22.01.01.
- 128.1. When planning activities for a student with anemia, it is important for the adapted physical educator to (Sherrill, 2004, pp. 533-534)
- a. Increase intensity of exercise
  - b. Encourage cardiorespiratory endurance activities
  - c. Include relaxation training
  - d. Encourage student to swim on a regular basis
- 128.2. Activities that would be appropriate for students with anemia are (Sherrill, 2004, pp. 533-534)
- a. Contact sports such as football
  - b. Underwater swimming
  - c. Intense exercise and tests for cardiorespiratory endurance
  - d. Sports that only require intermittent energy spurs
129. *Understand the implications of heat intolerance* 6.22.02.01.
- 129.1. Heat stroke is a heat disorder characterized by (Mehta & Jaswal, 2003)
- a. Nausea
  - b. Loss of consciousness
  - c. Extreme fatigue
  - d. Sweating
- 129.2. All of the following are indications of heat exhaustion **except** (NIA, 2005)
- a. Thirst
  - b. Cold, clammy skin
  - c. Dizziness
  - d. Hot, sweaty skin
- 129.3. Which heat related intolerance is the most mild in terms of first aid? (NIA, 2005)
- a. Heat stroke
  - b. Heat exhaustion
  - c. Heat cramps
  - d. Heat fatigue
130. *Understand the implications of erratic nature of symptoms* 6.22.03.01.
- 130.1. Sickle cell anemia is (Sherrill, 2004, p. 533)
- a. Inherited
  - b. Caused by high levels of exercise
  - c. Developed during puberty
  - d. Result in replacement of red bone marrow

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- 130.2. Students with sickle cell anemia should **not** (Sherrill, 2004, p. 533)
- a. Exercise
  - b. Participate in activities of cardiorespiratory endurance
  - c. Worry about becoming overheated
  - d. Participate in any type of aquatics program
131. *Understand the implications of clumsiness 6.23.01.01.*
- 131.1. Individuals with lead positioning need the adapted physical educator to (NCPERID, 1995, p. 105)
- a. Provide activities based on current levels of motor abilities
  - b. Encourage the student to participate in activities they feel are challenging
  - c. Provide activities that increase motor involvement
  - d. All of the above
- 131.2. Students that demonstrate clumsiness (Sherrill, 2004, pp. 38-39)
- a. Perform well in open skills
  - b. Have a high perceived competence in motor movements
  - c. Have problems in perceptual-motor function, sensory integration, and informational processing
  - d. Enjoy playing team games such as baseball where the environment requires unpredicted motor movements.
132. *Understand the implications of seizure involvement 6.23.02.01.*
- 132.1. Individuals with severe lead poisoning are prone to having (Sherrill, 2004, p. 540)
- a. Seizures
  - b. Problem empathizing with others
  - c. Restricted food preferences
  - d. Attachments to selected objects
- 132.2. Students who seizures are under control should be allowed to participate in what activities? (Auxter, Pyfer, & Huettig, 2005, p. 479)
- a. Boxing
  - b. Long distance running
  - c. Soccer
  - d. Karate
133. *Understand implications of limited amount of oxygen available to cells 6.23.02.02.*
- 133.1. Students who have limited amount of oxygen to cells should do the following when exercising? (Auxter, Pyfer, & Huettig, 2005, p. 595)
- a. Ignore medical recommendations because they feel okay
  - b. Reduce breaks to get maximal fitness benefits
  - c. Work out slowly for the first few minutes after the warm-up
  - d. Be excused from cool down activities

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134. *Understand implications of irritability 6.23.03.01.*

- 134.1. A student dealing with irritability will need the adapted physical educator to (NCPERID, 1995, p. 105)
- a. Be aware of the students lower level of tolerance
  - b. Communicate with the student on appropriate ways to express feelings
  - c. Adapt behavioral measures to allow for lower tolerance levels
  - d. All of the above

135. *Understand hemarthrosis 6.24.01.01.*

- 135.1. Hemarthrosis is a condition where (*Hemarthrosis*, n.d.)
- a. Blood is building within a joint
  - b. Pressure sores are created due to a prosthetic device
  - c. There is decreased bone marrow
  - d. None of the above

- 135.2. Hemarthrosis may occur spontaneously with (*Hemarthrosis*, n.d.)
- a. Asthma
  - b. Hemophilia
  - c. Herpes
  - d. Anemia

136. *Understand the implications of bleeding 6.24.02.01.*

- 136.1. Which of the following is **not** a sign of internal bleeding? (Sherrill, 2004, p. 533)
- a. Discoloration
  - b. Swelling
  - c. Enlarged eyes
  - d. A hematoma

- 136.2. What is a characteristic of an individual with hemophilia? (Sherrill, 2004, p. 533)
- a. Large hips
  - b. Bulging discs
  - c. Swollen joints
  - d. Pronated feet

- 136.3. It is common for students with hemophilia to have (Sherrill, 2004, p. 533)
- a. Muscle atrophy
  - b. Black and blue spots
  - c. Limitation of movement
  - d. All of the above

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137. *Understand the implications of having a life threatening disability* 6.24.03.01.
- 137.1. When working with students with life threatening disabilities, the adapted physical educator should consider each of the following **except** (NCPERID, 1995, p. 106)
- a. Offer emotional support
  - b. Provide lots of attention
  - c. Remove the student from general physical education class
  - d. Avoid being emotionally manipulated by the student
138. *Understand the implications of partial seizures* 6.25.01.01.
- 138.1. What is the name for a chronic condition of the central nervous system that is characterized by recurrent seizures? (Sherrill, 2004, p. 537)
- a. Asthma
  - b. Epilepsy
  - c. Obesity
  - d. Lead poisoning
- 138.2. Which of the following usually does **not** happen during a partial seizure? (Sherrill, 2004, p. 538)
- a. Short-term behavior changes
  - b. Incoherent chatter
  - c. Sudden temper tantrums
  - d. Loss of consciousness
139. *Understand the implications of generalized seizures* 6.25.01.02.
- 139.1. A student who experiences tonic-clonic seizures (previously called grand mal) or generalized seizures will (Sherrill, 2004, p. 538)
- a. Lose consciousness
  - b. Only stare into space
  - c. Have spasmodic jerking
  - d. Both a and c
- 139.2. What should you **not** do if a seizure occurs? (Sherrill, 2004, p. 540)
- a. Allow the seizure to run its normal course
  - b. Move all obstacles away from the person
  - c. Hold the person, restraining the limbs
  - d. Make sure mouth and nose are clear to permit breathing
- 139.3. An emergency plan for a student with generalized seizures could include (Auxter, Pyfer, & Huettig, 2005, p. 479)
- a. Report seizure to appropriate personnel
  - b. Make sure student is safe and monitor breathing
  - c. Loosen all restraining clothing
  - d. All of the above

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140. *Understand the implication of the specific factors that may precipitate seizures* 6.25.01.03.
- 140.1. What event or activity does **not** normally trigger a seizure? (Sherrill, 2004, p. 539)
- a. Regular exercise
  - b. Excessive caffeine
  - c. Hyperhydration
  - d. Stress
- 140.2. Which of the following can trigger a seizure? (Auxter, Pyfer, & Huettig, 2005, p. 478)
- a. Menstruation
  - b. Alcohol consumption
  - c. Emotional stress
  - d. All of the above
141. *Understand the implications of identified high risk activities* 6.25.01.04.
- 141.1. Students who have epilepsy should (Sherrill, 2004, p. 540)
- a. Participate fully in school physical education
  - b. Use caution in activities with heights such as rope climbing or horse back riding
  - c. Have additional supervision during high risk activities
  - d. All of the above
- 141.2. Students with seizure disorders, especially ones that have had 10 in one year, should be cautious when doing which of the following activities? (Sherrill, 2004, p. 540)
- a. Scuba diving
  - b. Running
  - c. Fundamental motor skills
  - d. Group activities
142. *Understand the implications of medication* 6.25.01.05.
- 142.1. Which of the following is **not** a common medication used to treat epilepsy? (Sherrill, 2004, pp. 539-540)
- a. Phenobarbital
  - b. Carbamazepine
  - c. Dilantin
  - d. Albuteral

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- 142.2. Which of the following is **not** a common side effect of seizure medications? (Sherrill, 2004, p. 540)
- a. Reduced concentration
  - b. Hyperactivity
  - c. Irritability
  - d. Blurred vision
- 142.3. Students who take anti-convulsant medication for seizures may experience which of the following? (Sherrill, 2004, p. 540)
- a. Heightened concentration
  - b. Reduced coordination
  - c. Balanced and fluid motor movements
  - d. Increased reaction time
143. *Understand the implications of chemotherapy* 6.26.01.01.
- 143.1. Which of the following is true of individuals who undergo chemotherapy? (Sherrill, 2004, p. 535)
- a. They are contagious
  - b. They should not exercise
  - c. They have a higher risk of infection
  - d. They should not leave the hospital
- 143.2. Which of the following is **not** a side effect of chemotherapy? (Sherrill, 2004, p. 535)
- a. Increased cardiac function
  - b. Easy fatigability
  - c. Weight-loss
  - d. Hair loss
144. *Understand the implications of varying sugar/insulin levels* 6.27.01.01.
- 144.1. What should be done to insure the safety of a student with Type I diabetes? (Auxter, Pyfer, & Huettig, 2005, p. 606)
- a. Allow the student extra time to get to class
  - b. Do all components of a fitness test in one session
  - c. Keep sugar drinks or glucose on hand for emergencies
  - d. Test everyone's blood sugar levels before class
- 144.2. Signs of hypoglycemia include all of the following **except** (Sherrill, 2004, p. 512)
- a. Irritability/mood swings
  - b. Frequent need to urinate
  - c. Headache
  - d. Sudden weakness

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145. *Understand the implications of brittle diabetes* 6.27.01.02.
- 145.1. When working with students who have brittle diabetes, the adapted physical educator should do which of the following? (NCPERID, 1995, p. 108)
- a. Help the student care for skin abrasions
  - b. Encourage proper foot care
  - c. Report any changes in vision
  - d. All of the above
- 145.2. Students with brittle diabetes should do all of the following **except** (Sherrill, 2004, p. 514)
- a. Take hydration breaks every 15 minutes during strenuous exercise
  - b. Protect against sunburn
  - c. Avoid contact sports such as football and boxing
  - d. Have a BIP to manage mood swings caused by hypglycemia
146. *Understand the implications of gross motor problems* 6.28.01.01.
- 146.1. When working with a student with a gross motor deficit, the adapted physical educator should do each of the following **except** (NCPERID, 1995, p. 109; Sherrill, 2004, pp. 144 & 151)
- a. Adapt activities to accommodate for movement limitations
  - b. Adapt activities to accommodate for various assistive devices
  - c. Adapt activities to emphasize grasping and releasing
  - d. Keep adequate documentation including assessments using validated tests and standards-based goals
147. *Understand the implications of fine motor deficits* 6.28.01.02.
- 147.1. Students who have fine motor disabilities need activities that involve which of the following? (Sherril, 2004, p. 323)
- a. Kicking and dribbling
  - b. Running and walking
  - c. Squeezing a ball and releasing
  - d. Jumping and landing
148. *Know the range of cognitive levels in individuals with multiple disabilities* 6.28.02.01.
- 148.1. Students with multiple disabilities have how many disorders which in combination cause severe educational problems? (French, 2004b)
- a. 2 or more
  - b. 3 or more
  - c. 4 or more
  - d. 5 or more

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149. *Understand the multidisciplinary approach to education of individuals with multiple disabilities 6.28.02.02.*
- 149.1. Which of the following is **not** a characteristic of an ecological assessment? (Sherrill, 2004, p. 154)
- It is norm-referenced
  - It provides a task-analysis of each activity
  - It identifies environmental conditions that may affect success
  - It helps determine instructional changes to improve student performance
- 149.2. When designing a program for students with multiple disabilities, a physical education teacher should do which of the following? (NCPERID, 1995, p. 108)
- Reinforce goals of classroom teacher, special education teacher, and related services
  - Communicate to parents about what type of physical activities they participate in
  - Talk to physicians and other team members that are involved in planning for the student
  - All of the above
150. *Understand the implications of alternate communication modes 6.28.03.01.*
- 150.1. Which of the following is **not** an appropriate alternative communication method for a student with multiple disabilities during normal educational activities? (Auxter, Pyfer, & Huettig, 2005, p. 536)
- Communication boards
  - Yelling
  - Pointing
  - Signing
- 150.2. Which of the following is an example of an alternate form of communication? (Auxter, Pyfer, & Huettig, 2005, p. 536)
- Boardmaker
  - Visual schedule cards
  - Home made signs (sign language)
  - All of the above
151. *Know the appropriate precautions and instructional procedures to teach appropriate behaviors related to body secretion dysfunction such as drooling and incontinence 6.28.04.01.*

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- 151.1. Loss of bladder control, difficulties of speech and swallowing, and intention tremors are problems most likely to characterize advanced stages of which condition? (Sherrill, 2004, p. 648)
- a. Arthritis
  - b. Spinal muscles atrophy
  - c. Multiple sclerosis
  - d. Osteomyelitis
- 151.2. Bladder and bowel functions are affected most by which condition? (Sherrill, 2004, p. 621)
- a. Spina bifida
  - b. Sickle cell anemia
  - c. Achondroplasia
  - d. Spastic CP
152. *Know the appropriate precautions related to appliance use such as gastrointestinal tubes* 6.28.04.02.
- 152.1. When working with individuals with multiple disabilities, the adapted physical educator should know the appropriate precautions to use with various medical appliances. Which of the following is **not** an appropriate precaution? (NCPERID, 1995, p. 109)
- a. Excuse students with medical appliances from participating in physical education activities
  - b. Use caution with trunk exercises for individuals who are tube fed
  - c. Consult a physician about contraindications for individuals dependent on a ventilator
  - d. Adapt activities for those with a tracheotomy
153. *Understand implications of mobility impairment* 6.29.01.01.
- 153.1. Incorporating activities to enhance orientation and mobility of the environment is especially beneficial for students who have (Sherrill, 2004, p. 723)
- a. Visual impairments
  - b. Hemophilia
  - c. An amputation
  - d. Attention-deficit/hyperactivity disorder
- 153.2. Which of the following activities would be an appropriate orientation activity for a student with visual impairment? (Sherrill, 2004, p. 722)
- a. Always provide a sighted guide
  - b. Practice facing sounds or following instructions to make quarter, half, three-quarter turns
  - c. Practice throwing and catching
  - d. Let student explore on their own, especially the first time in class

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154. *Understand the implications of tactile and kinesthetic senses as the modes of learning*  
6.29.02.01.

154.1. Learning through tactile and kinesthetic senses can be promoted by the adapted physical educator by doing which of the following? (NCPERID, 1995, p. 109)

- a. Using tactile markers for boundaries
- b. Using consistent organization of space and equipment
- c. Providing a variety of movement experiences
- d. All of the above

154.2. A student who is blind participates in a softball game. Which of the following accommodations would allow the student to participate with the class? (Sherrill, 2004, p. 721)

- a. Changing the texture of the bases and using a beep ball
- b. Mowing the infield and leaving the baselines dirt
- c. Using guidewire
- d. All of the above

155. *Understand the implications of an auditory and visual communication impairment*  
6.29.03.01.

155.1. Students who have both auditory and visual impairments may communicate by using what method? (Sherrill, 2004, p. 726)

- a. Braille
- b. Telecommunication device
- c. Finger spelling
- d. All of the above

155.2. Individuals with visual impairments would benefit from instruction that includes (NCPERID, 1995, p. 110)

- a. Minimize extraneous visual and auditory stimuli
- b. Use tactile cues to indicate transitions
- c. Use multiple modes of communication
- d. All of the above

156. *Understand the implications of secondary disabilities* 6.29.04.01.

156.1. Teachers teaching students with secondary disabilities need to (NCPERID, 1995, p. 110)

- a. Consult medical records
- b. Adapt activities based on medical history
- c. Use parents and the student to find out interests and goals
- d. All of the above

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157. *Know the characteristics of individuals with Attention-Deficit/Hyperactivity Disorder (combined type) 6.30.01.01.*
- 157.1. Which of the following is a characteristic of attention-deficit/hyperactivity disorder, combined type? (Sherrill, 2004, p. 556)
- a. Daydreaming
  - b. Difficulty organizing tasks
  - c. Forgetful
  - d. Fidgety
- 157.2. When teaching students with attention-deficit/hyperactivity disorder combined type, the adapted physical educator should (NCPERID, 1995, p. 110)
- a. Enforce rigid behavioral expectations to promote effective classroom control and management
  - b. Use standing still as a punishment
  - c. Plan adaptations to minimize unwanted consequences due to impulsivity
  - d. Provide abundant stimuli to keep the student engaged in the activity
158. *Know the characteristics of individuals with Attention-Deficit/Hyperactivity Disorder (predominately inattentive type) 6.30.01.02.*
- 158.1. Which of the following is characteristic behavior for someone with attention-deficit/hyperactivity disorder, predominately inattentive type? (Sherrill, 2004, p. 556)
- a. Talks excessively
  - b. Does not seem to listen when spoken to directly
  - c. Has difficulty playing in leisure activities quietly
  - d. Gets out of seat when remaining seated is expected
- 158.2. Which of the following is **not** a characteristic of attention-deficit/hyperactivity disorder, predominately inattentive type? (Sherrill, 2004, p. 556)
- a. Fails to give close attention to details
  - b. Has difficulty following through on assignments
  - c. Often loses things necessary for tasks or activities
  - d. Taps foot and squirms in seat
- 158.3. Physical education adaptations for children with attention-deficit/hyperactivity disorder include which of the following? (Sherrill, 2004, p. 559)
- a. Teach relaxation techniques
  - b. Emphasize impulse control
  - c. Design activities to promote self-management and responsibility
  - d. All of the above

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159. *Understand the implications of fatigue* 6.31.01.01.

- 159.1. An individual with HIV/AIDS would benefit from which of the following physical activity adaptations? (NCPERID, 1995, p. 110)
- a. Planned rest periods
  - b. Adequate but not overly taxing activities
  - c. Modifications that consider the individual's medications and potential side effects
  - d. All of the above

160. *Understand the susceptibility to infections* 6.31.01.02.

- 160.1. Because of their susceptibility to infections, individuals with HIV/AIDS should avoid close contact with (French, 2004a)
- a. All classmates
  - b. Individuals with Rett's syndrome
  - c. Individuals with colds
  - d. Teachers and other staff members

161. *Understand modes of transmission* 6.31.01.03.

- 161.1. The HIV virus can be spread by (French, 2004a; Sherrill, 2004, p. 542)
- a. Swimming in the same pool with an individual that is HIV positive
  - b. Coming into contact with sweat from an individual who is HIV positive
  - c. Using the same toilet as an individual who is HIV positive
  - d. Having unprotected sex with an individual who is HIV positive
- 161.2. HIV is **not** transmitted by (French, 2004a)
- a. Sharing needles with someone who has the virus
  - b. Kissing someone who has the virus
  - c. Unprotected sex with someone who has the virus
  - d. Receiving blood transfusions donated by someone who has the virus
- 161.3. To avoid the transmission of the HIV virus, the physical educator should (French, 2004a)
- a. Use latex gloves when handling blood and body fluids
  - b. Follow pre-established plan for handling body fluid waste and clean up on mats and gym floors
  - c. Encourage thorough laundering of uniforms that may have been contaminated in play or activity sessions
  - d. All of the above

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162. *Understand the prejudice and stigmatization of the individual* 6.31.02.01.
- 162.1. In order to prevent prejudice and stigmatization of the individual with AIDS, educators should (NCPERID, 1995, p. 111)
- a. Encourage large group instruction
  - b. Prepare others in the class with facts about AIDS
  - c. Be aware of the physical limitations of the students with HIV/AIDS virus
  - d. Practice approved first-aid procedures
- 162.2. Modeling an attitude of acceptance to individuals with AIDS is one way to (NCPERID, 1995, P. 111)
- a. Lower morale for individuals with AIDS
  - b. Prevent prejudice and stigmatization against individual with AIDS
  - c. Determine grades for students with AIDS
  - d. Prevent the transmission of the HIV virus
163. *Understand the implications of abnormal movement patterns* 6.32.01.01.
- 163.1. What is a congenital effect of drug dependency? (Auxter, Pyfer, & Huettig, 2005, p. 286)
- a. Abnormal movement patterns
  - b. Developmental delays
  - c. Abnormal muscle tone
  - d. All of the above
- 163.2. Individuals with congenital effects of drug dependency often exhibit abnormal movement patterns. Which of the following is **not** a common abnormal movement pattern for these individuals? (Auxter, Pyfer, & Huettig, 2005, p. 286)
- a. Short stature
  - b. Tremors
  - c. Hypertonia
  - d. Hypotonia
164. *Understand the implications of developmental delays* 6.32.01.02.
- 164.1. Activities for students with developmental delays should (NCPERID, 1995, p. 111)
- a. Be spontaneous
  - b. Be developmentally appropriate
  - c. Include auditory comprehension and listening skills
  - d. Include conscious relaxation exercises

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- 164.2. Specifically, students with developmental delays (NCPERID, 1995, p. 111)
- a. Should be in large classes to promote social skills
  - b. Get most benefit from an aquatics program
  - c. Should avoid activities that place the neck in extreme flexion
  - d. Should be included into regular physical education with developmental appropriate peers
- 164.3. In early elementary school year, individuals with congenital effects of drug dependency often exhibit each of the following **except** (Auxter, Pyfer, & Huettig, 2005, p. 286)
- a. Passive behavior
  - b. Attention-deficit/hyperactivity disorder
  - c. Poor social skills
  - d. Language delays
165. *Understand the implications of abnormal muscle tone 6.32.01.03.*
- 165.1. Because of central nervous system dysfunction which can cause hypotonia or hypertonia in individuals with congenital effects of drug dependency, adapted physical educators should adapt activities to compensate for (NCPERID, 1995, p. 111)
- a. Sleep disorders
  - b. Hyperactivity
  - c. Poor muscle control
  - d. Spinal defects
166. *Understand implications of abnormalities in alertness 6.32.02.01.*
- 166.1. Congenital drug dependency may be characterized by (NCPERID, 1995, p. 111)
- a. Abnormalities in alertness
  - b. Meningocele
  - c. Obesity
  - d. A high incidence of dislocation and trauma
- 166.2. When teaching students who have abnormalities in alertness, the adapted physical educator should do all of the following **except** (NCPERID, 1995, p. 111)
- a. Plan activities to command attention
  - b. Use students' names to gain attention
  - c. Plan activities that draw attention to the student
  - d. Provide incentives to maintain attention

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167. *Understand implications of congenital heart defects* 6.32.03.01.

- 167.1. Congenital heart defects affect some who had congenital drug dependency. When working with a student with a congenital heart defect, the adapted physical educator should (NCPERID, 1995, p. 112)
- a. Adapt activities to accommodate for flexibility limitations documented on assessment tests
  - b. Design activities based on exercise tolerance limits as determined by a physician
  - c. Modify activities to compensate for limitations in strength
  - d. Excuse the student from participation in physical activity programming

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Answer Key

|        |        |        |        |        |
|--------|--------|--------|--------|--------|
| 1.1 d  | 19.1 d | 41.2 d | 60.1 d | 79.1 a |
| 1.2 a  | 20.1 d | 41.3 d | 60.2 a | 79.2 d |
| 1.3 d  | 20.2 d | 42.1 c | 61.1 a | 80.1 c |
| 2.1 b  | 21.1 d | 42.2 b | 62.1 d | 80.2 a |
| 2.2 d  | 22.1 d | 43.1 c | 62.2 d | 81.1 c |
| 2.3 c  | 23.1 b | 44.1 a | 62.3 d | 81.2 a |
| 3.1 b  | 23.2 d | 44.2 c | 63.1 d | 82.1 a |
| 3.2 d  | 23.3 d | 44.3 d | 63.2 c | 83.1 c |
| 4.1 d  | 24.1 c | 45.1 d | 63.3 d | 83.2 c |
| 4.2 d  | 24.2 d | 45.2 a | 64.1 c | 83.3 b |
| 5.1 c  | 25.1 c | 45.3 d | 64.2 d | 84.1 a |
| 5.2 d  | 25.2 d | 46.1 a | 64.3 b | 84.2 d |
| 6.1 a  | 26.1 c | 46.2 d | 65.1 b | 84.3 d |
| 6.2 b  | 26.2 c | 47.1 d | 65.2 a | 85.1 b |
| 6.3 b  | 27.1 b | 47.2 b | 65.3 d | 85.2 c |
| 7.1 d  | 27.2 b | 47.3 b | 66.1 d | 85.3 d |
| 7.2 d  | 28.1 c | 48.1 b | 66.2 a | 86.1 a |
| 7.3 c  | 28.2 c | 48.2 d | 66.3 d | 86.2 d |
| 8.1 d  | 28.3 a | 49.1 d | 67.1 b | 86.3 a |
| 8.2 a  | 29.1 a | 49.2 a | 67.2 d | 87.1 a |
| 8.3 c  | 29.2 d | 49.3 d | 68.1 d | 87.2 a |
| 9.1 c  | 30.1 c | 50.1 c | 68.2 c | 87.3 b |
| 9.2 d  | 31.1 d | 50.2 b | 68.3 c | 88.1 b |
| 9.3 d  | 32.1 a | 51.1 d | 69.1 d | 88.2 d |
| 10.1 c | 32.2 d | 51.2 c | 69.2 d | 88.3 d |
| 10.2 c | 33.1 d | 51.3 c | 69.3 d | 89.1 a |
| 11.1 a | 33.2 b | 52.1 b | 70.1 d | 89.2 b |
| 11.2 b | 34.1 a | 53.1 d | 70.2 d | 89.3 c |
| 11.3 c | 34.2 d | 53.2 c | 71.1 d | 90.1 d |
| 12.1 d | 35.1 c | 54.1 d | 71.2 b | 90.2 d |
| 12.2 b | 36.1 a | 54.2 d | 71.3 d | 91.1 a |
| 13.1 c | 36.2 a | 55.1 b | 72.1 d | 91.2 c |
| 13.2 c | 36.3 c | 55.2 d | 73.1 d | 92.1 b |
| 14.1 d | 37.1 d | 55.3 b | 74.1 a | 92.2 d |
| 14.2 d | 37.2 d | 55.4 c | 74.2 b | 93.1 d |
| 14.3 c | 38.1 a | 56.1 c | 75.1 b | 93.2 c |
| 15.1 b | 38.2 d | 57.1 a | 75.2 c | 93.3 d |
| 15.2 b | 38.3 d | 57.2 c | 76.1 d | 94.1 b |
| 16.1 b | 39.1 a | 57.3 d | 76.2 d | 94.2 a |
| 16.2 d | 39.2 a | 58.1 d | 77.1 d | 94.3 b |
| 17.1 d | 39.3 b | 58.2 a | 77.2 a | 95.1 c |
| 18.1 b | 40.1 c | 58.3 d | 77.3 d | 95.2 a |
| 18.2 c | 40.2 c | 59.1 a | 78.1 c | 96.1 c |
| 18.3 b | 41.1 d | 59.2 a | 78.2 b | 96.2 c |

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|         |         |         |         |         |
|---------|---------|---------|---------|---------|
| 96.3 a  | 108.1 a | 122.1 d | 138.2 d | 154.1 d |
| 97.1 d  | 108.2 b | 123.1 d | 139.1 d | 154.2 d |
| 97.2 a  | 108.3 c | 124.1 a | 139.2 d | 155.1 d |
| 97.3 b  | 109.1 b | 124.2 d | 139.3 d | 155.2 d |
| 98.1 d  | 109.2 a | 125.1 c | 140.1 a | 156.1 d |
| 98.2 a  | 109.3 b | 125.2 c | 140.2 d | 157.1 d |
| 99.1 a  | 110.1 c | 126.1 d | 141.1 d | 157.2 c |
| 99.2 c  | 110.2 c | 126.2 c | 141.2 a | 158.1 b |
| 99.3 a  | 111.1 c | 127.1 b | 142.1 d | 158.2 d |
| 100.1 b | 111.2 a | 128.1 c | 142.2 b | 158.3 d |
| 100.2 d | 112.1 c | 128.2 d | 142.3 b | 159.1 d |
| 101.1 b | 113.1 b | 129.1 b | 143.1 c | 160.1 c |
| 101.2 c | 113.2 d | 129.2 d | 143.2 a | 161.1 d |
| 101.3 d | 114.1 d | 129.3 c | 144.1 c | 161.2 d |
| 102.1 a | 115.1 a | 130.1 a | 144.2 b | 161.3 d |
| 102.2 d | 115.2 d | 130.2 b | 145.1 d | 162.1 b |
| 103.1 b | 116.1 b | 131.1 d | 145.2 d | 162.2 b |
| 103.2 a | 116.2 d | 131.2 c | 146.1 c | 163.1 d |
| 104.1 c | 117.1 d | 132.1 a | 147.1 c | 163.2 a |
| 104.2 d | 117.2 a | 132.2 b | 148.1 a | 164.1 b |
| 104.3 d | 117.3 c | 133.1 c | 149.1 a | 164.2 d |
| 105.1 d | 118.1 c | 134.1 d | 149.2 d | 164.3 a |
| 105.2 b | 119.1 c | 135.1 a | 150.1 b | 165.1 c |
| 105.3 a | 119.2 c | 135.2 b | 150.2 d | 166.1 a |
| 106.1 c | 119.3 d | 136.1 c | 151.1 c | 166.2 b |
| 106.2 a | 120.1 b | 136.2 c | 151.2 a | 167.1 b |
| 107.1 a | 121.1 a | 136.3 d | 152.1 a |         |
| 107.2 d | 121.2 b | 137.1 c | 153.1 d |         |
| 107.3 c | 121.3 a | 138.1 b | 153.2 b |         |

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### Reference List

- Auxter, D., Pyfer, J., & Huettig, C. (2005). *Principles and methods of adapted physical education and recreation* (10<sup>th</sup> ed.). Boston: McGraw-Hill.
- Block, M.E. (2000). *A teacher's guide to including students with disabilities in general physical education* (2<sup>nd</sup> ed.). Baltimore: Brookes.
- French, R. (2004a). *Human immunodeficiency virus/AIDS*. Retrieved April 26, 2006, from [http://www.tahperd.org/LINKS/links\\_pdfs/APE%20factsheets/HIV.pdf](http://www.tahperd.org/LINKS/links_pdfs/APE%20factsheets/HIV.pdf)
- French, R. (2004b). *Severe and/or multiple disabilities*. Retrieved April 26, 2006, from [http://www.tahperd.org/LINKS/links\\_pdfs/APE%20factsheets/Severe\\_Multiple\\_Disabilities.pdf](http://www.tahperd.org/LINKS/links_pdfs/APE%20factsheets/Severe_Multiple_Disabilities.pdf)
- French, R. (2004c). *Spinal cord injuries*. Retrieved April 26, 2006, from [http://www.tahperd.org/LINKS/links\\_pdfs/APE%20factsheets/Spinal\\_Cord\\_Injuries.pdf](http://www.tahperd.org/LINKS/links_pdfs/APE%20factsheets/Spinal_Cord_Injuries.pdf)
- Hemarthrosis*. (n.d.). Retrieved April 26, 2006, from <http://arthritis-symptom.com/h-l/hemarthrosis.htm>
- Jansma, P., & French, R. (1994). *Special physical education: Physical activity, sports, and recreation* (2<sup>nd</sup> ed.). Englewood Cliffs, NJ: Prentice Hall.
- Lavoie, R. (2000). *Social competence and the child with learning disabilities*. Retrieved April 26, 2006, from <http://www.ldonline.org/ld2/test/article.php?max=20&id=399&loc=22>
- March of Dimes. (2001). *Clubfoot and other foot deformities*. Retrieved April 26, 2006, from [http://www.marchofdimes.com/professionals/681\\_1211.asp](http://www.marchofdimes.com/professionals/681_1211.asp)
- Medical Dictionary*. (2005). Retrieved April 30, 2006, from <http://www2.merriam-webster.com/cgi-bin/mwmednlm>
- Mehta, S.R., & Jaswal, D.S. (2003). Medical emergency: Heat stroke. *MJAFI*, 59, 140-143. Retrieved April 26, 2006, from <http://medind.nic.in/maa/t03/i2/maat03i2p140.pdf>
- National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID). (1995). *Adapted physical education national standards (APENS)*. Champaign, IL: Human Kinetics.
- National Institute on Aging (NIA). (2005). *Hyperthermia: Too hot for your health*. Retrieved May 1, 2006, from [http://www.niapublications.org/agepages/PDFs/Hyperthermia-Too\\_Hot\\_For\\_Your\\_Health.pdf](http://www.niapublications.org/agepages/PDFs/Hyperthermia-Too_Hot_For_Your_Health.pdf)
- National Institute on Deafness and other Communication Disorders (NIDCD). (2004). *Auditory processing disorder in children*. Retrieved April 26, 2006, from <http://www.nidcd.nih.gov/health/voice/auditory.asp>

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National Library of Medicine (NLM). (2005). *Muscle atrophy*. Retrieved April 26, 2006, from <http://www.nlm.nih.gov/medlineplus/ency/article/003188.htm>

Sherrill, C. (2004). *Adapted physical activity, recreation, and sport: Crossdisciplinary and lifespan* (6<sup>th</sup> ed.). Boston: McGraw-Hill.

Winnick, J. (Ed.). (2000). *Adapted physical education and sport* (3<sup>rd</sup> ed.). Champaign, IL: Human Kinetics.