Basic AMA Impairment Ratings for Chiropractors

CE Exam 6 Hours ~ Back to Chiropractic CE Seminars

Simply list your answers (write down letter choice only: in a NUMBERED vertical column and email to: marcussrutzdc@gmail.com

Please DO NOT scan tests or test answers, simply just type in answers in an email.

1. A
2. B
3. C
Etc.

50 Questions ~ Choose the best answer according to the notes.
Questions 5, 10, 15, 20, 25, 30, 35, 40, 45 and 50 are fill-ins, just write your answer.

1) California DWC requires the use of which text below to rate impairment:
   B. AMA Guides to Impairment, 6th Edition
   C. Applicant Attorney’s Guide to Impairment
   D. ACOEM, 2nd Edition 2004

2) Only evaluate impairments that are:
   A. Not P&S
   B. Permanent (i.e. will not change over the next 12 months with treatment)
   C. Very minimal
   D. Asked to be rated by the defense attorney

3) Use ROM method to rate impairment if:
   A. There are fractures at more than one level within DIFFERENT spinal regions
   B. There are fractures at more than one level within the SAME spinal region
   C. The injured worker asks you to
   D. Only one segment/vertebra of a spinal region is involved

4) Use ROM method to rate impairment if:
   A. The claims examiner instructs you to do so
   B. There is radiculopathy bilaterally (or multiple levels within the SAME spinal region)
   C. the DOI is prior to 2005
   D. you don’t know how to use the DRE categories

5) Fill-in Question. Use the ________ method (Not DRE) to rate impairment if there is stenosis with radiculopathy at the SAME or DIFFERENT level within the SAME spinal region.

6) When using DRE if residual symptoms impact the ability to perform ADLs (despite treatment), then assign:
   A. The lower category percentage
   B. The higher category percentage (i.e. use 8% for a lumbar DRE category II; 5-8%)
   C. The rating on what you think the injured worker would want
   D. The rating to another QME to decide

7) How many categories are there for each spinal region (cervical, thoracic & lumbar):
   A. 2           B. 3           C. 5           D. 9
8) When using DRE, altered motion segmental integrity qualifies for which categories:
   A. I-II  B. IV-V  C. XX-XXX  D. XX

9) According to figure 15-4 Spine Impairment Evaluation Process, in order to apply an impairment rating, the evaluator must:
   A. Ensure the injured worker’s condition is not yet P&S
   B. Only use the DRE method if the applicant attorney allows
   C. Await MMI
   D. Use ROM method with all single level injuries (i.e. C5 fracture)

10) Fill-in Question. Choose the DRE method if there was an injury and that the injury applies to only a _______ level (i.e. single vertebral level; L4-5 disc).

11) ROM would be used in place of DRE for rating purposes if:
   A. There is single level involvement to the SAME spinal region
   B. DRE is too ambiguous to use for the evaluator
   C. There is multi-level involvement to the SAME spinal region (i.e. multiple fractures or multiple disc lesions at different levels; L2-3 & L4-5)
   D. DRE method always takes precedence over ROM method of impairment

12) Lumbar spine DRE category II rates WPI between:
   A. 0%  B. 5-8%  C. 10-13%  D. 25-28%

13) Lumbar spine DRE category V rates WPI between:
   A. 5-8%  B. 15-18%  C. 25-28%  D. 35-38%

14) Which lumbar spine DRE category best describes “fracture greater than 50% compression of one vertebral body WITH unilateral neurologic compromise”:
   A. I  B. V  C. VI  D. VIII

15) Fill-in Question. The most appropriate lumbar DRE category if the injured worker has no significant clinical findings and no indication of impairment related to the injury would be Category _____ ; or 0%.

16) A lumbar DRE category III (10-13%) would require which of the following:
   A. Significant signs of radiculopathy and confirmed by positive diagnostic study
   B. No clinical impairment findings
   C. No signs of radiculopathy
   D. Findings greater than a category V

17) Which category of lumbar DRE is most appropriate for “surgical intervention of diagnosed radiculopathy (resolved or unresolved)”:
   A. Lumbar DRE category I  B. Lumbar DRE category V
   C. Lumbar DRE category III  D. Thoracic DRE category I

18) Which lumbar DRE category is most appropriate for “loss of motion segmental integrity (i.e. flexion/extension radiographs >4.5 mm):”
   A. DRE 0  B. DRE I  C. DRE IV  D. DRE X
19) A lumbar **DRE category V** (25-28%) would require which of the following:
   A. Compression fracture that exceeds 50% of the vertebral body **WITHOUT** neurological compromise
   B. Occasional pain that is undefined
   C. Compression fracture that exceeds 50% of the vertebral body **WITH** neurological compromise
   D. Unremarkable impairment findings upon physical and diagnostic exams

20) Fill-in Question. A DRE lumbar category _____ would be appropriate (5-8%) with a specific lifting injury, muscle spasm at time of examination, and asymmetrical loss of range of motion.

21) Lumbar DRE category III (10-13%) impairment is appropriate with all below EXCEPT:
   A. Requires significant signs of radiculopathy & confirmed by diagnostics
   B. Surgical intervention for diagnosed radiculopathy
   C. If category V is more appropriate
   D. Presence of compression fracture 25-50% of vertebral body

22) Lumbar DRE category IV (20-23%) impairment applies to which:
   A. No compression fracture
   B. Never applies
   C. There are only 3 categories of lumbar DRE
   D. Compression fracture that exceeds 50% of vertebral body without neuro compromise

23) Lumbar DRE category V (25-28%) impairment applies to which:
   A. Cervical DRE category XI
   B. Lumbar DRE V never applies
   C. Meets criteria of BOTH lumbar DRE categories III & IV
   D. The injured worker’s opinion of their disability as category V

24) The rater should use which DRE below if the injured region pertains to the thoracic spine:
   A. Cervical DRE categories
   B. Extremity DRE categories
   C. Ankle DRE categories
   D. Thoracic DRE categories

25) Fill-in Question. A Thoracic category DRE _____ ; or 0% is used for no significant findings.

26) Which Thoracic DRE category is used for herniated disk at the level and on the side that would be expected from objective clinical findings, but **without radicular signs** following conservative treatment:
   A. DRE I
   B. Never use DRE
   C. DRE IX
   D. DRE II

27) Which Thoracic DRE category is used for fractures more than 50% compression of one vertebral body without residual neural compromise:
   A. DRE I
   B. DRE II
   C. DRE IV
   D. Never use DRE for fractures

28) Which Thoracic DRE category is used for fractures greater than 50% compression of one vertebral body with neural motor compromise, but not bilateral involvement:
   A. DRE I
   B. Use ROM method
   C. DRE II
   D. DRE V

29) Thoracic DRE category IV requires which of the following:
   A. <0.5 mm flexion/extension x-ray views
   B. DRE category XX
   C. >2.5 mm flexion/extension x-ray views
   D. An accepted ankle injury

30) Fill-in Question. A Cervical category DRE _____ is appropriate with no significant clinical findings.
31) Which Cervical DRE is appropriate with fractures more than 50% compression of one vertebral body without residual neural compromise:
   A. DRE IV       B. DRE I       C. DRE III       D. DRE XX

32) Which Cervical DRE is appropriate “IF” there was significant upper extremity impairment/total neurologic loss at a single level -OR- severe multi-level neurologic dysfunction; fractures with severe upper extremity motor & sensory deficits:
   A. DRE I       B. DRE II       C. DRE IX       D. DRE V

33) Figure 15-4 Spine Impairment Evaluation Process recommends which of the following if the injured worker is NOT at MMI:
   A. Does not state how to proceed       B. Go forward with rating anyway
   C. Injured workers’ never reach MMI    D. Await rating until MMI

34) Figure 15-4 Spine Impairment Evaluation Process recommends which of the following if the injury involves a “Single Level”:
   A. Determine causation       B. Do not rate
   C. Request another physician to rate the impairment       D. Use the DRE method instead of ROM method

35) Fill-in Question. Use the ROM method of rating if the injury applies to more than _______ level (i.e. L2, L3 & L5).

36) Which rating method is used to combine diagnosis, measuring ROMs & neurological deficit:
   A. DRE method       B. PDRS method       C. ROM method       D. Activator method

37) Which chart is used to combine impairments:
   A. Combined Values Chart       B. Never combine impairments
   C. Dermatome chart       D. What chart?

38) Which is not recommended/required with ROM method:
   A. Do NOT warm up first before measuring       B. Warm up first
   C. Obtain at least 3 consecutive measurements       D. Calculate the mean

39) How many times may the ROM testing be repeated before they are considered INVALID:
   A. ROM testing may be repeated up to 6 times
   B. Never repeat any measurements
   C. Only take 1 measurement to avoid repeat measurements
   D. May repeat up to 12 times

40) Fill-in Question. The mean of three measurements is calculated by adding the highest and _______ value and dividing by two.

41) ROM method Table 15-7, page 404 section II for disc herniations allows which of the following add-on:
   A. Add 2% if multiple operations with/without residual signs & symptoms
   B. Disc herniations always require DRE ratings
   C. Add 250% with every disc herniation
   D. Always subtract 25%
42) What should be used to measure spinal impairments:
   A. Visual estimate  
   B. Dual inclinometers  
   C. Cloth tape measure  
   D. Goniometers

43) The combined value chart (page 604) combines the highest impairment % and finding the corresponding # on the extreme ______ of the chart (vertical/y-axis):
   A. Left  
   B. right  
   C. never use the combine value chart  
   D. only used if not MMI

44) Table 15-20 Spine Evaluation Summary may be used to combine DRE and ROM impairments for all of the following EXCEPT:
   A. Cervical  
   B. Elbow  
   C. Thoracic  
   D. Lumbar

45) Fill-in Question. WPI is determined by _______ the individual impairments of each ROM (i.e. flexion + extension + rotation + lateral flexion) to arrive at a total WPI.

46) A WPI for pain add-on may be applied up to what %:
   A. Pain add-on impairment is never allowed  
   B. 3%  
   C. 25%  
   D. 50%

47) Table 16-2 is used to convert total hand impairment to __________:
   A. Upper extremity impairment  
   B. Lower extremity impairment  
   C. Thoracic DRE category  
   D. Can never be used to convert impairment/WPI

48) Table 16-3 is required to convert total upper extremity impairment to a FINAL __________:
   A. Thoracic DRE category  
   B. Whole Person Impairment  
   C. PDRS rating  
   D. Knee Impairment

49) Figure 16-37; page 474 (Slide 112): 20 degrees of Elbow Supination would represent ________ impairment:
   A. 3%  
   B. 100%  
   C. 350%  
   D. 750%

50) Fill-in Question. Figure 16-31; Page 469 (Slide 115) Wrist Radial Deviation of 15 degrees would equal ________ % impairment.

Simply list your answers (write down letter choice only): in a NUMBERED vertical column and email to: marcusstrutzdc@gmail.com
Please DO NOT scan tests or test answers, simply just type in answers in an email.
   1. A
   2. B
   3. C
   4. Etc.

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Once you email your answers your certificate will be emailed back to you within 24 hours.

Be Well
Marcus Strutz DC
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