

## CME Section

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If you have any questions, please email the Editor ([jneufeld@mail.cho.org](mailto:jneufeld@mail.cho.org)).

This is an adult learning experience and there is no requirement for obtaining a certain score. The objective is to have each participant learn from the total experience of studying the article, taking the exam, and being able to immediately receive feedback with the correct answers.

**CME on Injury severity variables as predictors of WeeFIM scores in Pediatric TBI: Time to follow commands is best****CME Article number 4:** *S. Suskauer, B.S. Slomine, A.B. Inscore, A.J. Lewelt, J.W. Kirk and C.F. Salorio*

## Questions

1. What do WeeFIM Developmental Functional Quotients (DFQs) represent?
  - a. Percentage of “normal” or “age appropriate” functioning
  - b. Projected function during adulthood
  - c. Historical account of child’s function prior to injury
  - d. Length of coma
2. In this study, which test was used to evaluate post-traumatic amnesia in children?
  - a. WeeFIM
  - b. COAT
  - c. GOAT
  - d. GOS
3. In this study, which injury severity variable was felt to be superior for predicting WeeFIM outcomes?
  - a. Glasgow Coma Scale Score (GCS)
  - b. Time to Follow Commands (TFC)
  - c. Duration of Post-traumatic amnesia (PTA)
  - d. Total duration of altered consciousness (TFC+PTA)
4. In this study, what was the cutoff for duration of time to follow commands after which no child met criteria for good outcome at discharge from inpatient rehabilitation?
  - a. 2 days
  - b. 3 days
  - c. 11 days
  - d. 26 days
5. What was the range of time to follow commands for which all children met criteria for good outcome at discharge from inpatient rehabilitation?
  - a. 0–2 days
  - b. 0–3 days
  - c. 0–11 days
  - d. There was no value for time to follow commands for which all children had a good outcome at discharge from inpatient rehabilitation.
6. Which of the following may contribute to the unexpected finding that TFC was superior to TFC+PTA for predicting WeeFIM outcomes?
  - a. Age of study participants
  - b. Severity of injury of study participants
  - c. WeeFIM is weighted toward motor, rather than cognitive, outcomes
  - d. All of the above

7. What is a disadvantage of the GCS (Glasgow Coma Scale) in predicting outcomes after TBI?
- GCS score can be quickly determined
  - GCS is widely used across different institutions
  - GCS captures one moment in time
  - GCS has been shown to predict functional outcome
  - a and c
  - c and d
  - a and d

**CME Self – Assessment Exam Answer Sheet**

**Journal of Pediatric Rehabilitation Medicine: An interdisciplinary approach**

**Volume 2.4 TBI**

**CME Article Number**

**Guest Editor Linda Michaud**

**Author: Stacy Suskauer**

**Title: Injury severity variables as predictors of WeeFIM scores in Pediatric**

*Circle the appropriate answers:*

- |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|
| 1. | A. | B. | C. | D. |    |    |    |
| 2. | A. | B. | C. | D. |    |    |    |
| 3. | A. | B. | C. | D. |    |    |    |
| 4. | A. | B. | C. | D. |    |    |    |
| 5. | A. | B. | C. | D. |    |    |    |
| 6. | A. | B. | C. | D. |    |    |    |
| 7. | A. | B. | C. | D. | E. | F. | G. |

**After finishing the area:**

- Complete the CME evaluation and certification page and mail to: Lila J. Lee-Tramiel, Managing Editor of the *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, Children's Hospital and Research Center Oakland, 747 52nd Street, Oakland, CA 94609, USA.
- This educational activity must be completed and post marked by December 31, 2010.