p. 293 #2&8

**#2) In what ways do devices using universal design assist individuals with disabilities? Why are they not considered to be AT’s?**

* Devices using universal design are designed to meet the needs of people with a wide range of disabilities both with or without disabilities. This is why they are not considered AT’s because the devices can be used by anyone. For example, a can opener can be used by anyone but can also be useful for someone with the use of only one hand.

**#8) How does a language disorder differ from a communication disorder? What sort of AAC device would help a person with a language disorder?**

* A language disorder is when the person has difficulty in understanding and/or formulating messages, regardless of means of production. A communication disorder is when the person has difficulty in motor control or muscle tone and may be able to understand messages but not be able to speak because of difficulty controlling oral muscles. In most cases people with a language disorder will not benefit from an AAC device because it is directed more towards communication disorders.

p.488, #1,5,8,11,12,14

**#1) Explain the difference between a CVA and a TIA**

* Cerebrovascular accident (CVA) is a sudden loss of blood supply to the brain that damages and kills brain cells which results in brain damage usually causing permanent and severe damage to affected areas of brain. A TIA is a transient ischemic attack which is an incomplete stroke and is temporary. Symptoms usually last from a few minutes up to 24 hours.

**#5) Describe the effects of long-standing edema of the hemiplegic forearm and hand**

* Effects of long-standing edema on the hemiplegic forearm and hand include skin that is shiny and hard, stiff joints, pain, and loss of ROM. The swelling also increases the diameter of the skin. Edema can be caused by various factors including immobility, poor circulation, dependent positioning and poor posture, sensory, and over exercise.

**#8) What are the effects of abnormal reflexes and impaired postural mechanisms on the sitting balance of the client who has experiences a CVA?**

* Sitting balance is affected because postural mechanisms are altered like normal righting, equilibrium and even protective responses on the affected side. Therefore, making it difficult to maintain balance, stability, body alignment, and other mobility skills. If the patient does not have balance or ability to get an upright position, then they will have difficulties with sitting balance.

**#11) Why is it important in self-care training to allow opportunities for practice?**

* It’s important in self-care training to allow opportunities for practice because it helps the patient master the skill. The more time the patient has to practice skills the easier it is to refine and achieve max independence.

**#12) What are the purposes of the lapboard and resting hand splint for the client with hemiplegia?**

* The resting hand splint is used to protect the affected forearm, wrist, and hand and for prevention of contractures and deformities. This can help a client with hemiplegia to prevent any additional harm to the affected arm. A lapboard is used to support the affected arm to keep it in the correct position to, again, prevent any additional harm.

**#14) Why is scapular mobility required for pain-free ROM activities for the shoulder?**

* Scapular mobility is important for pain-free ROM activities for the shoulder because it is plays a large role in shoulder movement. If scapular mobility is limited, then it will make shoulder ROM painful because the scapula won’t move the way it should with the movements of the shoulder. It won’t abduct or rotate outward/upward and will result in pain when moving shoulder.