



S.C. Gestione e Sviluppo delle Risorse Umane

**CONCORSO PUBBLICO, PER TITOLI ED ESAMI, PER LA COPERTURA A TEMPO
INDETERMINATO DI N.1 POSTO DELL'AREA DEI PROFESSIONISTI DELLA SALUTE E
DEI FUNZIONARI - RUOLO SANITARIO – RUOLO SANITARIO – PROFESSIONI
SANITARIE DELLA RIABILITAZIONE: TERAPISTA DELLA NEURO E
PSICOMOTRICITA' DELL'ETA' EVOLUTIVA**

Domanda attinente al profilo

1. Descrizione dei criteri diagnostici dell'Autismo secondo il DSM V.
2. Descrizione clinica del disturbo di coordinazione motoria.
3. I sintomi dell'ADHD.
4. L'Abc Movement-2.
5. Le Griffith III.
6. Il BHK.
7. Finalità e struttura del Test delle Campanelle Modificato.
8. Il Fe-PS 2-6.
9. L'evoluzione del disegno: tappe e proposte terapeutiche.
10. Cosa sono le funzioni esecutive?
11. Quali test il tnpce può somministrare per il completamento della diagnosi di Adhd.
12. Cosa è utile proporre per svolgere uno screening sul funzionamento esecutivo in età prescolare?
13. La leucomalacia periventricolare: aspetti clinici e funzionali.
14. Il trattamento neuropsicomotorio post inoculo di tossina botulinica per piede equino.
15. La comunicazione aumentativa.
16. Intervento precoce neuropsicomotorio nei late preterm.
17. L'importanza del gioco simbolico nei disturbi di linguaggio.
18. Il deficit visivo di origine centrale.
19. Lo sviluppo della competenze manipolatorio-prassiche nei primi due anni di vita.
20. Lo sviluppo delle competenze grosso-motorie nei primi due anni di vita.
21. La costruzione dello schema corporeo.
22. La disgrafia: valutazione e intervento.
23. Proposte di intervento nell'ipovisione nel primo anno di vita.
24. Ausili in caso di diplegia.
25. La disprassia motoria: caratteristiche cliniche.
26. Come sostenere le autonomie in soggetti in età scolare affetti da disprassia motoria.
27. L'analisi funzionale del comportamento.
28. Intervento neuropsicomotorio in presenza di scarsa autoregolazione e fragilità comportamentali.
29. Proposte di attività per sostenere la memoria di lavoro in bambini di età prescolare.
30. Proposte di attività per sostenere la grafomotricità in bambini di 5 anni.
31. Il VMI.
32. Il Pep-3.
33. L'Apcm-2.
34. La Gross Motor Function Measure.
35. Prerequisiti socio-comunicativi: quali sono e come incentivarne lo sviluppo.
36. Potenziamiento cognitivo tramite tecniche di metacognizione.
37. Approcci evidence based per bambini con Autismo.



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38. Selettività alimentare in bambino con Autismo: cosa valutare e come intervenire.
39. L'evoluzione del gioco e suo ruolo nell'intervento neuropsicomotorio.
40. Disturbi della processazione sensoriale (ipo/ipervantivazione): segnali clinici e come intervenire.
41. Differenza tra diagnosi clinica e diagnosi funzionale e loro utilità nell'intervento del TNPEE
42. Disturbi dello spettro autistico ad alto e basso funzionamento: caratteristiche e presa in carico TNPEE

Domanda di informatica

1. Cosa significa l'acronimo PEC?
2. Quali file hanno come estensione ".xls"?
3. È possibile inserire tabelle nei documenti Word?
4. Come si chiama l'operazione che permette di scaricare un file da un sito internet sul proprio personal computer?
5. Quale rischio si corre nell'aprire un allegato di posta elettronica?
6. Cos'è lo SPID?
7. Nel programma Microsoft Word il simbolo del floppy in alto a sinistra serve a?
8. Come deve essere costruita una password per essere efficace?
9. Quale non è l'estensione di un file di Microsoft Word?
10. Dove si trova il comando per riavviare il sistema operativo Windows?
11. Cos'è un file e qual è l'estensione di un file di testo?
12. Cosa significa l'acronimo "CPU" e qual è il suo ruolo in un computer?
13. Spiega la differenza tra "software" e "hardware" in un computer.
14. Cosa sono le "password complesse" e perché sono importanti per la sicurezza informatica?
15. Qual è il ruolo di un sistema operativo in un computer e menziona almeno un esempio di sistema operativo.
16. Cosa significa "virus informatico" e come possono influire sui computer in un contesto sanitario?
17. È possibile installare lo stesso software su più computer?
18. Uno scanner serve per?
19. Il software antivirus necessita di aggiornamenti?
20. Quale può essere un veicolo di virus? (software o hardware)
21. In generale è possibile recuperare anche i file cancellati dal Cestino?
22. La cancellazione dei file equivale alla rimozione effettiva di essi dal computer?
23. Un messaggio di PEC (Posta Elettronica Certificata) può essere inviato ad una casella di posta elettronica ordinaria (non PEC)?
24. Il backup dei dati permette di...?
25. Microsoft Word è?
26. Microsoft Excel è?
27. Microsoft PowerPoint è?
28. Cos'è un file con estensione ".txt"?
29. Cosa significa l'acronimo "CPU" e qual è il suo ruolo in un computer?
30. Spiega la differenza tra "software" e "hardware" in un computer.
31. Cosa sono le "password complesse" e perché sono importanti per la sicurezza informatica?
32. Qual è il ruolo di un sistema operativo in un computer e menziona almeno un esempio di sistema operativo.
33. Cosa significa "virus informatico" e come possono influire sui computer in un contesto sanitario?
34. Che cos'è una "cartella" o "directory" in un sistema operativo e quale scopo ha nell'organizzazione dei file



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35. Cosa significa "backup dei dati" e perché è essenziale per garantire la continuità delle operazioni in un'organizzazione sanitaria?
36. Cos'è un "browser web" e come può essere utilizzato per accedere a informazioni mediche online?
37. Descrivi brevemente il concetto di "condivisione di file" e spiega perché è importante controllare l'accesso ai documenti sensibili nel settore sanitario.
38. Cosa significa "RAM" in informatica?
39. La funzione di "copia" e "incolla" in un file di word è possibile realizzarla in quale modo?
40. Un file in formato "pdf" è modificabile? Se sì, in che modo?
41. Che cosa è una Casella di Posta aziendale?
42. La funzione di stampa è possibile solamente se la stampante è collegata al PC tramite un cavo di rete?

Domanda lingua inglese

1. Attention deficit hyperactivity disorder (ADHD) is one of the most commonly neurodevelopmental disorders with a complex symptomatology in children, and frequently suffer from deficits in executive functions and motor abilities.
2. Although medication-based treatments usually have a positive effect, possible side effects may result in a need for an adjunctive intervention. Present studies show positive effect of physical exercise on cognitive function.
3. The purpose of the current study is thoroughly examine the effects of physical exercise in children with ADHD. Preliminary evidence shows both acute and chronic physical exercise are beneficial to ADHD symptoms, executive function, and motor abilities.
4. Benefits of acute exercise may gradually accumulate over time. Such benefits reflect the positive correlation between cognition and physical activity, and these benefits will also lead to changes in executive function after long-term training.
5. Perceptual motor and meditation could lead to neuroplasticity in nerve cells and synaptic connections; furthermore, strengthening the sensory-motor base contributes to the improvement of attention.
6. An exercise program for children with ADHD include to moderate to high intensity interval training and cognitive tasks are suitable. The preliminary state of the evidence supports physical exercise as an adjunctive treatment for ADHD at this time.
7. Autisms Spectrum Disorders (ASD) are characterized by core symptoms (social communication and restricted and repetitive behaviors) and related comorbidities, including sensory anomalies, feeding issues, and challenging behaviors.
8. Children with ASD experience significantly more feeding problems than their peers. In fact, parents and clinicians have to manage daily the burden of various dysfunctional behaviors of children at mealtimes (food refusal, limited variety of food, single food intake, or liquid diet).

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9. Dysfunctional behaviors at mealtime depend on different factors that are either medical/sensorial or behavioral. Consequently, a correct assessment is necessary in order to program an effective clinical intervention.
10. The aim of this study is to provide clinicians with a guideline regarding food selectivity concerning possible explanations of the phenomenon, along with a direct/indirect assessment gathering detailed and useful information about target feeding behaviors.
11. Finally, a description of evidence-based sensorial and behavioral strategies useful also for parent-mediated intervention is reported addressing food selectivity in children with ASD.
12. Cerebral palsy (CP) is the most common childhood physical disability. Early intervention for children younger than 2 years with or at risk of CP is critical. Now that an evidence-based guideline for early accurate diagnosis of CP exists, there is a need to summarize effective, CP-specific early intervention and conduct new trials that harness plasticity to improve function and increase participation.
13. Late preterm infants are born between 34 weeks of amenorrhea and 36 weeks 6 days. Late preterms represent the largest proportion of premature infants (about 75 %). Late prematurity is increasing in recent decades.
14. While studies initially focused on mortality and morbidity related to very preterm birth, the late preterms have been the subject of increased attention over the past 15 years. Late preterm infants have an increased risk of respiratory complications, infections, feeding problems, hypothermia and hypoglycemia.
15. Neonatal, infant and during adulthood mortalities are significantly higher in late preterm than in term infants. In addition, late preterm infants carry an increased risk of long-term morbidities, such as neurodevelopmental delay, cerebral palsy, chronic respiratory or metabolic diseases.
16. In educational settings, children are under pressure to finish their work successfully within required time frames. Existing tools for assessing graphomotor skills measure either quality or speed of performance, and the speed-accuracy trade-off (SAT) in such tools has never been investigated.
17. We investigated the relationships between fine motor skills, fitness, anthropometrics, gender and perceived motor performance in school beginners. The aim of our study was to delineate whether and to what extent fine motor control would show meaningful synchrony with other motor variables in the age of onset of handwriting in school.
18. Developmental coordination disorder (DCD) is a neurodevelopmental disorder that affects children's ability to execute coordinated motor actions, resulting in slow, clumsy, or inaccurate motor performances and learning difficulties (of new motor tasks or to adapt previously learned gestures to a modified or additional constraint).



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19. In the course of development, children with DCD exhibit a diversity of motor signs, including fine and gross motor problems with impaired postural control and balance, and sensorimotor coordination or motor learning difficulties.
20. The prevalence ranges between 1.8% and 8%, depending on the diagnostic criteria used, based on the cutoff of motor scores from standardized scales. Four main hypotheses have been postulated to explain DCD in terms of deficits in visuospatial functions, procedural learning, internal modeling, or executive functions.
21. Dyspraxia is an enigma to many people, both professional and lay alike--what is it, how does it relate to developmental coordination disorder and associated conditions, how common is it, how is it recognised and diagnosed and how should it be managed?
22. Autism is a complex neurodevelopmental condition, and little is known about its neurobiology. Much of autism research has focused on the social, communication and cognitive difficulties associated with the condition.
23. The recent revision of the diagnostic criteria for autism has brought another key domain of autistic experience into focus: sensory processing. Here, we review the properties of sensory processing in autism and discuss recent computational and neurobiological insights arising from attention to these behaviours.
24. The use of technology to assist in the communication, socialization, language, and motor skills of children with Down's syndrome (DS) is required. The aim of this study was to analyse research findings regarding the different instruments of 'augmentative and alternative communication' used in children with Down's syndrome.
25. Most studies of parenting children with Down syndrome (DS) have been conducted in industrialized countries. They suggest that sensitive communication on the part of professionals, and social support, can lead to acceptance and positive adjustments in the family.
26. This study examined the impact of a diagnosis of DS on families, in particular at how the diagnosis had been communicated and received, as well as the feelings and experiences which followed.
27. The study shows that, reflecting the effects of status differences and lack of appropriate training, professionals rarely communicate a DS diagnosis in an appropriate manner. Further, it is shown that lack of social support, and the widespread stigmatization confronting children with DS and their families, hinder development of positive and empowering adjustments that would best serve the child's and the family's interest.
28. Newborn screening is an important public health measure to provide early detection for specified disorders when early treatment is both possible and beneficial. As technology improves, newborn screening can be offered for many more conditions.



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29. Screening has expanded to include severe combined immunodeficiency, congenital heart disease, lysosomal storage disease, and X-linked adrenoleukodystrophy. This article reviews the current state of newborn screening with updates on recent developments.
30. Low vision rehabilitation aims to optimise the use of residual vision after severe vision loss, but also aims to teach skills in order to improve visual functioning in daily life. Other aims include helping people to adapt to permanent vision loss and improving psychosocial functioning.
31. Low vision rehabilitation should ultimately improve quality of life (QOL) for people who have visual impairment. These skills promote independence and active participation in society.
32. The treatment of individuals with autism is associated with fad, controversial, unsupported, disproven, and unvalidated treatments. Applied behavior analysis (ABA) uses methods derived from scientifically established principles of behavior and incorporates all of the factors identified as characteristic of effective interventions in educational and treatment programs for children who have autism.
33. ABA is a primary method of treating aberrant behavior in individuals who have autism. The only interventions that have been shown to produce comprehensive, lasting results in autism have been based on the principles of ABA.
34. Over the past 50 years, research on children and adults with learning disabilities has seen significant advances. Neuropsychological research historically focused on the administration of tests sensitive to brain dysfunction to identify putative neural mechanisms underlying learning disabilities that would serve as the basis for treatment.
35. The emergence of cognitive science, the development of quantitative and molecular genetics, the advent of noninvasive structural and functional neuroimaging, and experimental trials of interventions focused on improving academic skills and addressing comorbid conditions.
36. Implications for practice indicate a need to move neuropsychological assessment away from a primary focus on systematic, comprehensive assessment of cognitive skills toward more targeted performance-based assessments of academic achievement, comorbid conditions, and intervention response that lead directly to evidence-based treatment plans.
37. The purpose of this pilot study was to establish a model for randomized controlled trial research, identify appropriate outcome measures, and address the effectiveness of sensory integration (SI) interventions in children with autism spectrum disorders (ASD).
38. Children ages 6-12 with ASD were randomly assigned to a fine motor or Sensory Integration treatment group. Pretests and posttests measured social responsiveness, sensory processing, functional motor skills, and social-emotional factors.
39. Study Results identified significant positive changes in Goal Attainment Scaling scores for both groups; more significant changes occurred in the Sensory integration group, and a significant



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decrease in autistic mannerisms occurred in the SI group. No other results were significant. The study discusses considerations for designing future outcome studies for children with ASD.

40. Gross motor assessment tools have a critical role in identifying, diagnosing and evaluating motor difficulties in childhood. The objective of this review was to systematically evaluate the psychometric properties and clinical utility of gross motor assessment tools for children aged 2-12 years.
41. The Bayley-III has the best predictive validity at 2 years of age for later motor outcome. None of the assessment tools demonstrate good evaluative validity. Further research on evaluative gross motor assessment tools are urgently needed.
42. This science is opening a world of opportunities to optimize children's outcomes despite the genetic liabilities that they are born with. It provides the scientific grounding for new community-viable solutions for increasing access to early interventions using treatments that scaffold and strengthen infant-caregiver interactions, which is the platform for early brain development.