

**QUIZ**

- 1) During the push off phase of the running cycle the Achilles tendon has forces exerted on it \_\_\_\_\_ times the runners body weight.**
  - a) 2.5
  - b) 3
  - c) 4
  - d) 7
  
- 2) Insertional tendonitis with Haglund's deformity often occurs in patients with:**
  - a) Pes Cavus and rigid foot
  - b) Pes Planus and flaccid foot
  - c) Normal foot
  
- 3) Heel lifts are a common and beneficial treatment of Achilles tendonitis:**
  - a) True
  - b) False
  
- 4) The Patient with a cavovarus foot and lateral insertional injury, an effective treatment is:**
  - a) Heel Lift
  - b) Varus Wedge
  - c) Valgus Wedge
  
- 5) The Achilles tendon rotates:**
  - a) 45 Degrees
  - b) 90 Degrees
  - c) 180 Degrees
  
- 6) NSAIDS are:**
  - a) More beneficial than massage and stretching.
  - b) Should be used with stretching and massage.
  - c) Should be avoided.
  
- 7) The Achilles tendon represents the conjoined tendons:**
  - a) Gastrocnemius and Plantaris
  - b) Gastrocnemius and Soleus
  - c) Soleus and Plantaris
  
- 8) The Achilles tendon workload:**
  - a) Is responsible for greater than 60% of the work performed on the muscle tendon complex.
  - b) Is responsible for less than 60% of the work performed on the muscle tendon complex.
  - c) Is split equally between the Achilles and the Gastroc. Soleus.

**9) The section of the Achilles tendon most frequently damaged with insertional tendonitis is the:**

- a. Anterior aspect
- b. Posterior aspect
- c. Proximal aspect

**10) The Paratenon is rich in blood vessels:**

- a) True
- b) False



Current Pedorthics CE Answer Sheet and Payment Information
Achilles Injuries: Insertional Tendinitis (Part 1)

Name (of person seeking CE Credit): \_\_\_\_\_

Date Completed: \_\_\_\_\_ Credential Number: \_\_\_\_\_

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Payment Information

(CE Credit is \$15.00 per person for PFA Members, and \$25.00 for non-members)

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Method of Payment:

Check or money order, made payable to PFA, is enclosed in the amount of: \_\_\_\_\_

I authorize PFA to charge \$\_\_\_\_\_ to my:

- MasterCard Visa American Express Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax to PFA at (703) 995-4456, or mail to PFA, 8400 Westpark Dr., 2nd Fl., McLean, VA 22102