Flex Therapist CEUs

Achilles Tendon Injuries & Rehabilitation

1. Typically, how long is the Achilles tendon?

A. 10 cm
B. 12 cm
C. 15 cm
D. 20 cm

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2. What structures do the Achilles tendon attach to?

A. Gastrocnemius and soleus
B. Plantaris and calcaneal tuberosity
C. Soleus and talocrual joint
D. Plantaris and lateral malleolus

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3. What is a purpose action of the Achilles tendon?

A. Propulsion of gait
B. Stablizing the heel
C. Ankle dorsiflexion
D. Ankle eversion

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4. What are two differential diagnoses for suspect Achilles tendon pathology?

A. Achilles tendon peritendinitis and meniscus tear
B. compartment syndrome and calf muscle strain
C. calcaneus fracture and 1st metatarsal fracture
D. DVT and Morton's neuroma

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5. Where does insertional tendinopathy occur?

A. Attachment from Achilles to calcaneus
B. Plantaris to calcaneus
C. Gastrocnemius to femur
D. Achilles tendon to gastrocnemius

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6. What is another phrase for genu recurvatum?

A. High arch

B. Knock kneed
C. Bow legged
D. Hyperextension

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7. What is the normal range of motion in degrees for ankle dorsiflexion and plantarflexion, respectively?

A. 30, 20
B. 20, 50
C. 50, 25
D. 20, 30

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8. Which ankle joint contributes the most to ankle dorsiflexion and plantar flexion?

A. Subtalar
B. Midtarsal
C. Talocrural
D. Tarsometatarsal

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9. With Achilles tendinopathy rehabilitation, when should a patient progress to eccentric heel raises off of a step?

A. At 2 weeks post injury
B. At one month post injury
C. At two months post injury
D. When pain is absent

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10. Which ankle joint mobilzation will increase dorsiflexion range of motion?

A. Cuboid whip
B. Subtalar lateral glide
C. Subtalar medial glide
D. Talocrural joint thrust manipulation

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11. Which intervention strategy is outdated and should not be used as a primary treatment for Achilles tendinopathy?

A. Low level laser therapy
B. Iontophoresis
C. Eccentric loading
D. Activity modification

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12. When should a patient typically progress to standing calf raises with Achilles partial tear?

A. 3 weeks
B. 7-12 weeks
C. 12 weeks
D. 5 weeks

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13. What age group most commonly fully ruptures the Achilles tendon?

A. 2nd decade
B. 5th or 6th decade
C. 7th to 8th decade
D. 3rd decade

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14. Which two tests are helpful in ruling in/out Achilles full rupture?

A. Plantar flexion strength and Thompson's
B. Thompson's and pain with rest
C. Palpation of ruptured tendon and night pain
D. Impaired plantar flexion strength and full active plantar flexion range of motion

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15. Which two imaging methods are used with Achilles pathology?

A. MRI and PET scan
B. Ultrasound and xray
C. MRI and Ultrasound
D. EMG and xray

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16. When can early range of motion typically begin after surgical repair of full rupture?

A. 1 week
B. 4 weeks
C. 6 weeks
D. 2 weeks

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17. How can an Achilles tendon rupture be managed?

A. Rest and immobilzation
B. Nonoperative and operative
C. Operative and immobilization for 8 weeks
D. It will heal on its own

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18. What factors increase rerupture rate?

A. Arterial disease, corticosteroid injection
B. Active lifestyle

C. Surgery and immobilzation for 2 weeks
D. Eccentric loading protocol

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19. What are two special tests for diagnosis of Achilles tendinopathy?

A. Royal London Hospital test and Thompson test
B. Hop test and DVT testing
C. Hop test and painful arc test
D. Soleus strength and ankle range of motion

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20. What rehabilitation intervention is accepted as most effective in returning function of Achilles tendon?

A. Iontophoresis
B. Stretching
C. Manual therapy
D. Eccentric loading protocol

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