

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

2. What structures do the Achilles tendon attach to?

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

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

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

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

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

6. What is another phrase for genu recurvatum?

- A. High arch

- B. Knock kneed
- C. Bow legged
- D. Hyperextension

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

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

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

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

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

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

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 Which intervention strategy is outdated and should not be used as a primary treatment for Achilles tendinopathy?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

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

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

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

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

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

17. How can an Achilles tendon rupture be managed?

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

18. What factors increase rerupture rate?

- A. Arterial disease, corticosteroid injection
- B. Active lifestyle

- C. Surgery and immobilization for 2 weeks
- D. Eccentric loading protocol

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

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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