

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
-

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
-

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 Which intervention strategy is outdated and should not be used as a primary treatment for Achilles tendinopathy?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