

# 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
- 

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 Which intervention strategy is outdated and should not be used as a primary treatment for Achilles tendinopathy?**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

**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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