Midwest School of Modern Pedorthics

Section Quiz: Patient Evaluation and Diabetes

1. A ___ Semmes-Weinstein monofilament is used to detect a loss of protective sensation.
    a. 5.07 – 10gr
    b. 10.7 – 5gr
    c. 5.70 – 15 gr
    d. 100gr
2. The _____ test is used to help quantify the height of the medial longitudinal arch.
    a. Coleman block
    b. Tinnel's
    c. Thompson
    d. Navicular drop
3. A _____ can be used to help map areas of high pressure on the plantar surface of the foot
    a. Durometer
    b. Harris mat
    c. Radiograph
    d. Flux capacitor
4. A _____ gait deviation is associated with someone who has suffered a head injury or a cerebrovascular accident.
    a. Shuffling
    b. Steppage
    c. Antalgic
    d. Trendelenburg
5. The _____ can be palpated on the top of the foot between the 1st and 2nd metatarsals.
    a. Posterior tibial artery
    b. Sural artery
    c. Dorsalis pedis artery
    d. Ophiophagus hannah artery
6. A fasting glucose measurement of greater than __ milligrams of glucose per deciliter of blood would indicate that a person has diabetes.
    a. 100
    b. 106
    c. 118
    d. 126
7. _____ is a cluster of conditions that occur together, increasing one's risk of heart disease, stroke and type 2 diabetes. These conditions include increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels.
    a. Prediabetes
    b. Metabolic syndrome
    c. Veisalgia
    d. Pinaceae disorder

8. It has been shown that socks with a high _____ content can increase the amount of shear and friction on the foot.
    a. Cotton
    b. Bamboo
    c. Nylon
    d. Wool
9. _____, also known as Charcot's joint, is a chronic disease that causes the bones and joints to break down in a person with diabetic peripheral neuropathy.
    a. Neurotrophic osteotomy
    b. Neuropathic arthroplasty
    c. Neuropathic arthropathy
    d. Neurotrophic orthopeligia
10. _____ is a common presentation in a patient that has had a severe Charcot foot. _____ can be a useful shoe modification to accommodate this particular deformity.
    a. Pes cavus, lace-to-toe conversion
    b. Rocker bottom foot, relast
    c. Hallux varus, bubble patch
    d. Jones fracture, extended steel shank
11. Which style of foot orthosis would be contraindicated for a patient with diabetes, severe neuropathy and foot deformities?
    a. Custom total contact foot orthosis
    b. Accommodative EVA and Plastazote® orthosis
    c. Trilaminate and cork foot orthosis
    d. Rigid, functional foot orthosis
12. While it does not fall within the Scope of Practice of a CPed, a(n) _____ is a bivalve clamshell AFO with incorporated foot orthosis and rocker bottom.
    a. CROW
    b. Arizona Brace
    c. SCFO
    d. KAFO
13. Diabetic foot ulcers are often preceded by a _____.
    a. Plantar wart
    b. Callus
    c. Hammertoe
    d. Eructation
14. For eligible beneficiaries, Medicare covers _____.
    a. One pair of shoes and three pairs of inserts every 12 months
    b. Two pairs of shoes and inserts every calendar year
    c. Three pairs of shoes and one pair of inserts every 12 months
    d. One pair of shoes and three pairs of inserts every calendar year
15. Research demonstrates that _____ can be a very effective tool on the prevention of neuropathic foot ulcers.
    a. Functional foot orthoses
    b. Compression stockings

c. Rocker soles
d. Slip-on shoes