



12SS37: The Dysfunctional Nerve

Accreditation Statement:

The American College of Foot and Ankle Surgeons is approved by the Council on Podiatric Medical Education as a sponsor of continuing education in podiatric medicine.

Designation Statement:

The American College of Foot and Ankle Surgeons designates these educational activities for CPME Continuing Education Contact Hours. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Learning Objectives:

At the conclusion of this activity, the participant will be able to:

1. Manage iatrogenic nerve dysfunction
2. Understand the criteria of diagnosing and best outcome for CRPS
3. Identify important pearls and pitfalls gleaned from case based discussions
4. Consideration of nerve injury due to surgery or injections
5. Assess post-surgery nerve function with practical examination

Instructions

1. Watch the online video presentations.
2. Fill in your contact information on the CE Test.
3. Complete the CE Test.
4. Complete the Evaluation form.
5. E-Mail (must have Microsoft Outlook) your CE Test and Evaluation form to:
eLearning@acfas.org

OR

Mail your CE Test and Evaluation form to
[American College of Foot & Ankle Surgeons](#)
[Nicole Trefilek, Education Assistant](#)
[8725 W. Higgins Road, Suite 555](#)
[Chicago, IL 60631-2724](#)

6. Please allow 6 - 8 weeks to receive your CE confirmation.

* Please note: the minimum passing score is 70%.



12SS37: The Dysfunctional Nerve

Questions

1. Which of the aspects is/are most critical to check when performing a tarsal tunnel release?

- a. You have pre-operative nerve conduction velocities that are non-weight-bearing
- b. Check and release the porta pedis if there is a constricture
- c. The patient does not have equinus
- d. Close the flexor retinaculum in every case
- e. All of the above

2. When concerned about the potential for a space-occupying mass, you should consider which of these diagnostic tools?

- a. MRI
- b. MRI and CT to assess the joint position relative to the mass
- c. Ultra-sound
- d. All of the above
- e. X-ray

3. Which of the following is/are commonly described as a cause of tarsal tunnel syndrome?

- a. Space-occupying mass
- b. Pronation
- c. Constricture at the porta pedis
- d. Scar tissue from prior surgical release
- e. All of the above

4. Which of the following risk factors for developing painful diabetic neuropathy is/are most important?

- a. Duration of diabetes
- b. Metabolic control
- c. Body mass index or waist size
- d. Presence of peripheral arterial disease
- e. All of the above

5. Which of the following is/are considered effective treatment for painful diabetic neuropathy?

- a. Anticonvulsants: pregabalin or gabapentin
- b. Antidepressants: amitriptyline, venlafaxine or duloxetine
- c. Opioids: morphine sulphate, oxycodone or tramadol
- d. Others: transcutaneous electrical nerve stimulator (TENS), capsaicin cream, or lidocaine patches
- e. All of the above



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Questions (Cont'd.)

6. Surgical decompression for painful diabetic neuropathy, although controversial, involves decompression of which nerves:

- a. Common peroneal nerve at the fibular neck
- b. Deep peroneal nerve at the dorsum of the midfoot
- c. Tarsal tunnel
- d. None of the above
- e. All of the above

7. Which of the following nerves is/are most often involved in plantar heel pain, as determined by pressure sensory testing?

- a. Posterior tibial nerve trunk
- b. Medial plantar nerve and medial calcaneal nerves
- c. Lateral plantar nerve and the first branch of the lateral plantar nerve
- d. Sural nerve
- e. Muscular branch to abductor hallucis from the medial plantar nerve

8. Which of the following anatomic structures is important, but often omitted, in the execution of a thorough external neurolysis of the posterior tibial nerve and its branches?

- a. Lacinate ligament (flexor retinaculum)
- b. Deep fascia of abductor hallucis
- c. Fibrous septum deep to abductor hallucis separating the anterior and posterior calcaneal tunnels
- d. Deep fibers of the deltoid ligament
- e. Medial terminal of the cruciate crural ligament

9. The basic form of endoneurolysis entails opening which of the following structures?

- a. Intrafascicular endoneurial tubes
- b. Fascicular sheath
- c. Sheath of Schwann
- d. Epineurial sheath
- e. Perineural fibrosis

10. Vitamin C is known to reduce the risk of complex regional pain syndrome (CRPS) by:

- a. 0%
- b. 10%
- c. 25%
- d. 50%
- e. 66%



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Questions (Cont'd.)

11. An interdisciplinary consensus panel recommends:

- a. Treatment with multiple pain medications within the first 3 visits after CRPS is diagnosed.
- b. Multi-disciplinary treatment to be rendered if 2 weeks of initial treatment fails.
- c. Conservative measures to be tried before surgical treatment can be suggested.
- d. Even though CRPS is a self-limiting condition, patient satisfaction is greater if treated early.
- e. Different disciplines to be consulted one by one for cost-effective treatment of CRPS.

12. Which of the following is the best way to treat CRPS?

- a. Immobilization
- b. Icing
- c. Psychiatry consult
- d. Alcohol sclerosing injection
- e. Immediate neurectomy

13. Injection injuries of the peripheral nerve:

- a. Typically resolve over 3 months
- b. Require immediate decompression
- c. Require immediate neurolysis
- d. Require nerve grafting
- e. Typically result in CRPS

14. Release of the flexor retinaculum with tarsal tunnel syndrome:

- a. Causes flexor tendonitis
- b. Creates subtalar joint arthrosis
- c. Increases pronation following surgery
- d. Increases supination following surgery
- e. Results in abductor hallucis necrosis

15. Hematoma nerve compression symptoms occur:

- a. Minutes following surgery
- b. Hours following surgery
- c. Days following surgery
- d. Months following surgery
- e. One year following surgery



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Please type your answers.

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CE TEST

Answers

Question	Answers				
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Evaluation

1. The course achieved its learning objectives.

strongly disagree disagree neutral agree strongly agree

2. The course was relevant to my clinical learning needs.

strongly disagree disagree neutral agree strongly agree

3. The course was relevant to my personal learning needs.

strongly disagree disagree neutral agree strongly agree

4. The electronic method of instruction was conducive to learning.

strongly disagree disagree neutral agree strongly agree

5. The course validated my current practice.

strongly disagree disagree neutral agree strongly agree

6. I plan to change my practice based on what I learned in the course.

strongly disagree disagree neutral agree strongly agree

7. Any suggestions for the ACFAS e-Learning program?

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