

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. Review conservative care of 2nd MTPJ.
 2. Discuss biomechanical factors and assessment of soft tissue balancing.
 3. Compare and contrast various surgical and nonsurgical treatment protocols for 2nd MTPJ pathologies.
 4. Discuss complications with 2nd MTPJ and multiple plane deformities.
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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](#)
[Education Department](#)
[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%.

Questions

1. **Progressive subluxation of the lesser metatarsophalangeal joint (MTPJ) due to failure of the plantar plate and collateral ligaments is termed:**
 - a. Kelikian push-up test
 - b. Lachman stress test
 - c. Plantar fasciosis
 - d. Predislocation syndrome
 - e. Flail toe syndrome

2. **A “floating toe” (dorsiflexion at the lesser MTPJ from loss of the rigid beam effect) can be seen with each of the following procedures except:**
 - a. Lesser metatarsal head resection
 - b. Proximal phalangeal base resection
 - c. Proximal interphalangeal joint arthrodesis
 - d. Middle phalangectomy
 - e. Transection of the flexor tendons to the toe

3. **What is the most reliable sign of advanced forefoot deformity that requires more than a simple step-wise approach to correction of hammertoe?**
 - a. Sagittal plane deviation of the toes
 - b. MTPJ contracture
 - c. Frontal plane rotation of the toes
 - d. Dislocation of the MTP joints
 - e. Transverse plane deviation of multiple toes

4. **Acceptable incisions for Weil osteotomy-type approaches to advanced forefoot deformity are:**
 - a. Five dorsal linear incisions
 - b. Single transverse dorsal incisions
 - c. Three dorsal longitudinal incisions
 - d. Both a and b
 - e. All of the above

5. **Fixation of the Weil osteotomy is best done via:**
 - a. 1 point of fixation
 - b. 2 points of fixation
 - c. Use of a bone clamp to stabilize and depth gauge
 - d. None of the above
 - e. Both b and c

Questions (Cont'd.)

6. Which of the following diagnostic tests are *not* helpful in the assessment of plantar plate integrity?
- MRI
 - Musculoskeletal ultrasound
 - CT scan
 - Radiography
7. The clinical examination features of an injured plantar plate are:
- Deviation of the toe
 - Instability on a drawer maneuver
 - Pain at the plantar aspect of the MTPJ
 - Plantar swelling
 - All of the above
8. A dorsal approach will allow a surgeon to:
- Clearly visualize plantar plate pathology
 - Perform a shortening osteotomy
 - Anatomically repair the plantar plate
 - All of the above
 - None of the above
9. All of the following are true regarding tendon transfer and MTP pathology except:
- Correction can be achieved in the sagittal plane
 - Correction can be achieved in the frontal plane
 - Correction can be achieved in the transverse plane
 - Correction can be achieved in multiple planes
10. The flexor digitorum longus (FDL) transfer attempts to replace the function of which muscle?
- Flexor digitorum brevis
 - Interossei
 - Extensor digitorum longus
 - Extensor digitorum brevis
 - Lumbrical
11. FDL transfers are utilized only for flexible deformities.
- True
 - False

Questions (Cont'd.)

12. Failure of which anatomic structure *directly* results in instability and subluxation of the 2nd MTPJ?

- a. Flexor digitorum longus
- b. Plantar plate
- c. Flexor digitorum brevis
- d. 1st lumbrical muscles
- e. None of the above

13. Which of the following biomechanical abnormalities can be considered etiologic factors in the development of crossover 2nd toe deformity?

- a. Long 2nd metatarsal
- b. Insufficiency of the 1st ray
- c. Gastrocnemius equinus
- d. All of the above
- e. None of the above

14. Which of the following procedures could be used to surgically address the crossover 2nd toe?

- a. Plantar plate advancement/repair
- b. FDL transfer
- c. Shortening 2nd metatarsal osteotomy
- d. Basal hemiphalangectomy with partial syndactylization 2/3
- e. All of the above

15. Which of the following is *not* an option in treating someone with end-stage 2nd MPJ arthritis?

- a. Flexor tenotomy
- b. 2nd MTPJ fusion
- c. 2nd MTPJ implant
- d. Base resection with syndactyly
- e. Partial metatarsal head resection

16. Which of the following is a true statement?

- a. 2nd MTPJ fusions function similar to 1st MTPJ fusions
- b. 2nd MTPJ implants do well without hallux abducto valgus correction
- c. Base resections provide added stability to the MPJ
- d. Sagittal plane deformities do well with partial metatarsal head resection

- e. All of the above are false

Questions (Cont'd.)

17. Frieberg's infarction most commonly affects which metatarsal?

- a. 1st
- b. 2nd
- c. 3rd
- d. 4th
- e. 5th

CE Test

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Evaluation

1. The course achieved its learning objectives.

strongly agree agree neutral disagree strongly disagree

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

strongly agree agree neutral disagree strongly disagree

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

strongly agree agree neutral disagree strongly disagree

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

strongly agree agree neutral disagree strongly disagree

5. The course validated my current practice.

strongly agree agree neutral disagree strongly disagree

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

strongly agree agree neutral disagree strongly disagree

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

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