

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. Identify the anatomic structures, tendon pathology and suture techniques important to the rehabilitation of tendon injuries.
2. Describe evidenced based clinical concepts of tendon healing that should be considered in surgical treatment for positive patient outcomes
3. Identify important pearls and pitfalls gleaned from case based discussions
4. Problem solve common complications encountered in the treatment course for tendon injuries.

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. When repairing a tendon, reinforcement with a decellularized collagen material should only be done with collagen that has been:**
 - a. Fenestrated
 - b. Prestressed
 - c. Tubularized
 - d. Harvested from human tissues
 - e. Soaked in antibiotics

- 2. One potential advantage of using a biologic agent in conjunction with a tendon repair is:**
 - a. Faster healing
 - b. Greater strength at the time of repair
 - c. Anti-inflammatory effect
 - d. Bridging of defects
 - e. All of the above

- 3. After repairing a tendon tear, what type of activity should be allowed, and when?**
 - a. Early mobilization is always dangerous and should not be allowed
 - b. Decisions to allow early ambulation should be strongly determined by the patient's body mass index
 - c. If the repair is solid, the patient should be encouraged to bear weight on the surgical limb on the day of surgery
 - d. If the repair is solid, the patient should be encouraged to start passive range of motion therapy within the first 3 weeks, and may be able to progress to full weightbearing as quickly as 6 weeks after surgery
 - e. Tendon surgery always requires postoperative MRI before allowing full weightbearing

- 4. Extracorporeal shockwave therapy (ESWT)/extracorporeal pulse activation therapy (EPAT):**
 - a. Is a new and unproven technology
 - b. Has more prospective double-blind studies than any other treatment for tendon injuries
 - c. Is performed commonly across the country
 - d. Has a significant complication rate
 - e. Both a and d

- 5. Foot and ankle conditions that can be treated with ESWT/EPAT are:**
 - a. Plantar fasciitis
 - b. Achilles tendinopathy
 - c. Morton's neuroma
 - d. Non-union of bone
 - e. All of the above

Questions (Cont'd.)

- 6. Which of the following statements is true regarding ESWT/EPAT?**
- a. It stimulates healing to damaged tissue
 - b. It requires an incision
 - c. It requires immobilization
 - d. It is commonly reimbursed by insurance companies
 - e. Both a and c
- 7. Prolotherapy solutions may include all of the following *except*:**
- a. Dextrose
 - b. Sodium morrhuate
 - c. Phenol
 - d. Pumice
 - e. Diet Sprite
- 8. Prolotherapy can be used to treat joint laxity by what manner?**
- a. Increasing histamine release
 - b. Increasing collagen deposition
 - c. Decreasing blood flow to the injection site
 - d. Decreasing the release of thromboxane
 - e. All of the above
- 9. Prolotherapy is the process of injecting an irritant to stimulate inflammation.**
- a. True
 - b. False
- 10. When rehabilitating an extensor tendon injury of the foot, which of the following devices has the *greatest* effect of limiting extensor tendon excursion?**
- a. Fixed weightbearing ankle brace with a rectus ankle position
 - b. Carbon foot plate
 - c. Nonweightbearing short leg cast with a dorsiflexed ankle position
 - d. A conventional ankle-foot orthosis
 - e. Nonweightbearing short leg cast with a plantarflexed foot position
- 11. The initial resistance of a surgically repaired tendon to “gapping” is increased by all of the following *except*:**
- a. The numbers of sutures crossing the tendon repair site
 - b. The diameter of the suture
 - c. The use of locking suture technique



- d. The use of circumferential epitendon suture
- e. The use of buried knots

Questions (Cont'd.)

12. Which of the following statements is true?

- a. The ability to initiate early active range of motion therapy is limited by the initial strength surgical repair, but not by tendon healing
- b. Intrinsic tendon healing promotes more scarring than extrinsic pathways of tendon healing
- c. Extrinsic tendon healing refers to the use of exogenous growth factors to promote tendon healing
- d. Early active range of motion has a lower incidence of tendon re-rupture complication than early passive range of motion therapy protocols
- e. The purpose of using dynamic blocking splints in tendon rehabilitation is to promote greater tendon excursion during motitherapy

CE Test

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E-mail:			
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Please select your answer.

Question	Answers				
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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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