

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. Evaluate treatment approaches for wound treatment from gunshot, burn or trauma
2. Understand lower extremity outcomes with soft tissue considerations after trauma to foot or ankle.
3. Review congenital deformities and salvage protocols.
4. Identify important pearls and pitfalls gleaned from case based discussions.
5. Evaluate treatment approaches and their application to your practice and unique anatomic considerations of the foot and ankle.

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. **The difference between low-velocity and high-velocity bullets is:**
 - a. 1000 ft/sec
 - b. 1500 ft/sec
 - c. 2000 ft/sec
 - d. 2500 ft/sec
 - e. 3000 ft/sec

2. **All of the following are important in the damage caused by bullets *except*:**
 - a. Bullet mass
 - b. Bullet construction
 - c. Target tissue struck
 - d. Fragmentation
 - e. Shock wave

3. **The most important factors under the surgeon's control in treating gunshot wounds include each of the following *except*:**
 - a. Antibiotics
 - b. Debridement
 - c. Skeletal stabilization
 - d. Caliber of the weapon
 - e. Wound coverage

4. **Which statement is true regarding prevalence of melanoma in the foot?**
 - a. It is so rare that we don't need to be concerned about it
 - b. It is common in a lighter skin population exposed to UV light
 - c. High suspicion is warranted for patients with pigmented skin
 - d. Acral lentiginous type is rare in the foot
 - e. Family history is not a risk factor

5. **Which factor is most important to predict prognosis of a melanoma in the foot?**
 - a. Clark's level
 - b. Breslow's level
 - c. History of trauma
 - d. Histological type
 - e. Width of the lesion



Questions (Cont'd.)

6. Which statement is false regarding melanoma screening?

- a. Screening detects more melanomas
- b. Patient education as well as professional screening is important
- c. Whether periodic screening improves survival is not known
- d. The "D" in the ABCDE screening tool stands for "diameter of more than 1 cm"
- e. All of the above are true

7. Cells capable of re-epithelializing of a second degree burn:

- a. Can come from skin appendages such as hair follicles
- b. Can come from exposed tendon and tenosynovium
- c. Come only from the wound perimeter of remaining healthy epidermis/dermis
- d. Can include dedifferentiated endothelial cells
- e. Can include macrophages from peripheral circulation

8. The rate of fluid loss in a patient with a severe burn is:

- a. Greatest during the first 12 hours following injury
- b. Greatest during the first week following injury
- c. Greatest during the first hour following injury
- d. Continuous and constant until complete epithelialization occurs
- e. Greatest on the first day following injury

9. Electrical burns are unique in that:

- a. They are best treated with early definitive debridement or amputation
- b. Conservative serial debridement is better than immediate definitive amputation
- c. Multiorgan failure is rare, because most severe electrical injuries result in immediate death
- d. They should be debrided aggressively and closed immediately
- e. The extent of deep tissue damage rarely exceeds superficial tissue damage

10. Fibular hemimelia:

- a. Results in a leg length discrepancy
- b. Can present with an absent or hypoplastic fibula
- c. Can present with a subtalar coalition
- d. Can present with ram deletion
- e. All of the above

11. Which of the following is true regarding brachymetatarsia?

- a. It is a premature growth arrest of a metatarsal
- b. It is more common in females
- c. It can be traumatic
- d. It is called brachymetapody if two of the metatarsus are involved
- e. None of the above



Questions (Cont'd.)

12. Preaxial polydactyly:

- a. Is an extra 5th toe
- b. Is an extra 4th toe
- c. Is a common fibular hemimelia
- d. Is an extra tibia
- e. Is an extra big toe

CE Test

Please type your information.

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| Name: | | | |
| Company: | | | |
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| Daytime Phone: | | | |
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Please select your answer.

| Question | Answers | | | | |
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| 12 | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d | <input type="checkbox"/> e |

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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