Quiz for Fabricating of Tone Reduction

Please complete the following Quiz. The Application for MCE Credits and Instructions for submitting your documents are on Page 6.

1. The word spasticity means:

- a. To extend.
- b. To flex.
- c. To pull or draw.
- d. To abduct.

2. What paradigm shift is needed to produce accurate tone inhibiting orthoses:

- a. A focus on the use of articulation instead of the three point pressure system
- b. A focus on the use of the three point pressure system instead of neurological input.
- c. A focus on the use of skeletal alignment instead of neurological input.
- d. A focus on the use of neurological input instead of the three point pressure system.

3. When does the technician usually first come in contact with the tone inhibiting orthosis:

- a. During the cast correction phase.
- b. During the diagnostic phase.
- c. During the insurance authorization.
- d. During the plastic grinding phase.

4. Why are casts for tone inhibiting orthoses usually farther from the desired angles than most other casts:

- a. Because the patients are small.
- b. Because the patients are generally spastic.
- c. Because the patients are usually contracted.
- d. Because the patients are usually poor.

5. Where should you be sure to articulate the cast during correction:

- a. At mid tibia.
- b. Above the malleoli.
- c. At the mid foot.
- d. At the articular surfaces.

6. What angle should you consider your cut off point for dorsiflexion correction:

- a. 10 degrees dorsiflexion.
- b. 20 degrees dorsiflexion.
- c. 45 degrees dorsiflexion.
- d. 5 degrees dorsiflexion.

7. What condition can confuse the dorsiflexion angle:

- a. Cavus arch.
- b. Metatarsus adductus.
- c. Pronation.
- d. Hammer toes.

8. What angle should you consider your cut off point for plantarflexion correction:

- a. 20 degrees plantarflexion.
- b. 10 degrees plantarflexion.
- c. 40 degrees plantarflexion.
- d. 5 degrees plantarflexion.

9. What condition can confuse the plantarflexion angle:

- a. Metatarsus adductus.
- b. Mid foot plantarflexion.
- c. Suponation.
- d. Hansen's disease.

10. What angle should you use as your cut off for inversion/eversion cut off:

- a. 10 degrees inv/ev.
- b. 25 degrees inv/ev.
- c. 15 degrees inv/ev.
- d. 5 degrees inv/ev.

11. What is the best exercise to assist your understanding of the atypical structure of our patients feet:

- a. Read anatomy books.
- b. Study anatomy charts.
- c. Draw skeletal structures.
- d. Assist in casting.

12. Palpating a volunteer's feet will give you great feedback about:

- a. Ticklish spots.
- b. Soft tissue structures and pain threshold.
- c. Reflex points.
- d. Calluses.

13. Malleoli build ups for tone inhibiting orthoses may appear:

- a. More extreme.
- b. Less extreme.
- c. Broader.
- d. Flatter.

14. What tendencies should be taken into consideration when applying malleoli buildups:

- a. Plantarflexion, dorsiflexion.
- b. Genuvarum.
- c. Scoliosis.
- d. Varus, valgus.

15. How should you view the medial malleoli/navicular complex:

- a. As a single apex.
- b. As two distinct apexes
- c. As one general area
- d. As three distinct apexes

16. In a tone inhibiting orthosis cast, the heel shape should be:

- a. Flattened.
- b. Narrowed.
- c. Rounded.
- d. Widened.

17. What common anomaly will the proper exploitation of the s.t. groove inhibit:

- a. External rotary disorders.
- b. Internal rotary disorders.
- c. Fore foot abduction.
- d. Fore foot adduction.

18. What is the most important thing to remember when carving medial and lateral arches:

- a. Biomechanics
- b. Maintain anatomy.
- c. Orthosis dynamics
- d. The prescription

19. Why are the buildups on the lateral border of the foot frequently problematic:

- a. Thick skin.
- b. Constant motion.
- c. Thin skin.
- d. Joint placement.

20. The proximal metatarsal relief should include:

- a. The first through the fifth met heads.
- b. The third through fourth met heads.
- c. The first through fourth met heads.
- d. The second through fifth met heads.

21. For the distal metatarsal relief you should use:

- a. Toe raises modified into the mold.
- b. Removable foam toe raises.
- c. No toe raise.
- d. Polypropylene toe raises.

22. Comfort is a function of:

- a. The shape of the orthosis.
- b. The padding used.
- c. The density of the pads.
- d. Patient sensitivity.

23. The edges of the pads should be:

- a. Roughed up.
- b. Left very thick.
- c. Blended smoothly.
- d. Beveled to a forty-five degree angle.

24. Polypropylene is primarily used where you need:

- a. Flexibility.
- b. Rigidity with a thick cross section.
- c. Post mold stability.
- d. Rigidity with a thin cross section.

25. Copoly is used primarily when you need:

- a. Moderate flexibility.
- b. Moderate rigidity with easy modifiability.
- c. High rigidity.
- d. High flexibility.

26. Polyethylene is used primarily where you need:

- a. Torsional stability.
- b. Thin cross sections.
- c. High rigidity.
- d. High flexibility.

27. Tone inhibiting orthoses should be thin across the dorsum of the foot to:

- a. Allow for easy donning.
- b. Restrict donning.
- c. Fill up space in the shoe.
- d. Cause dorsal foot pressure.

28. To achieve an ideal pull, you will need:

- a. Focused stretch only.
- b. Focused stretch, evenly heated plastic, and sustained vacuum.
- c. Evenly heated plastic only.
- d. Sustained vacuum only.

29. Polymer posting should be ground:

- a. Before demolding.
- b. After demolding.
- c. After strapping.
- d. Before pulling plastic.

30. Increasing the visual appeal of an orthosis will help increase:

- a. Patient acceptance.
- b. Orthosis function.
- c. Orthosis fit.
- d. Doctor referrals.

31. The easiest way to increase the visual appeal of an orthosis is to:

- a. Add transfers.
- b. Add colored Velcro.
- c. Use holograms.
- d. Add colored foams, Velcro, and plastic.

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