

### Quiz for Fabricating of Tone Reduction

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 feed back about:
  - a. Ticklish spots.
  - b. Soft tissue structures and pain threshold.
  - c. Reflex points.
  - d. Calluses.
  
13. Maleoli 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:
- Allow for easy donning.
  - Restrict donning.
  - Fill up space in the shoe.
  - Cause dorsal foot pressure.
28. To achieve an ideal pull, you will need:
- Focused stretch only.
  - Focused stretch, evenly heated plastic, and sustained vacuum.
  - Evenly heated plastic only.
  - Sustained vacuum only.
29. Polymer posting should be ground:
- Before demolding.
  - After demolding.
  - After strapping.
  - Before pulling plastic.
30. Increasing the visual appeal of an orthosis will help increase:
- Patient acceptance.
  - Orthosis function.
  - Orthosis fit.
  - Doctor referrals.
31. The easiest way to increase the visual appeal of an orthosis is to:
- Add transfers.
  - Add colored Velcro.
  - Use holograms.
  - Add colored foams, Velcro, and plastic.