

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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