



# Understanding Your Exam Results

## Pedorthist Written Exam

If you received your test results for the Pedorthist Written exam only to learn that you did not pass the exam, the following information may help you focus your study for retaking the exam. Your test results notice indicates your score in each Content Domain along with the maximum score in each area. We recommend that you focus your exam study on those Content Domains where you performed the weakest. Below, along with a description of the Content Domain, are sample questions to help you determine the types of questions that you may have missed.

### Patient Evaluation

Take a comprehensive patient history, including previous use of a pedorthic device, diagnosis, work history, avocational activities, signs and symptoms and medical history. Perform a diagnosis-specific functional clinical examination of sensory function, range of motion, joint stability and skin integrity. Utilize knowledge of anatomy, muscle functions, normal gait parameters, pathologies and disease processes to guide assessment. Refer patient to other health care providers for intervention beyond pedorthic scope of practice.

The functions of the peroneus longus muscle are:

1. Plantar flexion and inversion
- 2. Plantar flexion and eversion**
3. Dorsiflexion and inversion
4. Dorsiflexion and eversion

At initial contact the body weight line is:

1. Anterior to the ankle and posterior to the knee
- 2. Posterior to the ankle and posterior to the knee**
3. Posterior to the ankle and anterior to the knee
4. Anterior to the ankle and anterior to the knee

The distal aspect of the tibia articulates with the:

1. Calcaneus and fibula
2. Calcaneus and talus
- 3. Talus and fibula**
4. Talus and navicular

A gait disturbance characterized by ambulating on the heels due to weakness of the calf muscles is called:

- 1. Calcaneal gait**
2. Equinus gait
3. Steppage gait
4. Ataxic gait

The cuboid bone is located on the:

1. medial aspect of the foot
- 2. lateral aspect of the foot**
3. dorsal aspect of the foot
4. plantar aspect of the foot

Retrocalcaneal bursitis is also referred to as:

- 1. Haglund's deformity**
2. Skew foot
3. Club foot
4. Charcot deformity

The plantar aponeurosis extends distally to the:

1. metatarsal heads
2. shafts of the metatarsal bones
3. midtarsal joints
- 4. proximal phalanges**

## Formulation of the Treatment Plan

Analyze and integrate information from patient assessment to create a comprehensive pedorthic treatment plan to meet the needs and goals of the patient. Consult with physician/referral source/appropriately licensed health care provider to modify, if necessary, the original prescription and/or treatment plan. Identify design, materials and components to support treatment plan, including how the pedorthic device will address the specific functional needs.

Which of the following will provide the MOST control of the subtalar joint?

1. UCBL
- 2. SCFO**
3. Foot orthosis with medial heel wedge
4. Foot orthosis with medial forefoot posting

Which of the following materials is the most rigid?

1. Modified polyethylene
2. Copolymer
- 3. Polypropylene**
4. Ethylene vinyl acetate

When designing a thermoplastic UCBL, trimming the footplate proximal to the metatarsal heads will help facilitate:

- 1. The third rocker**
2. The second rocker
3. The first rocker
4. Midstance

The PRIMARY goal of a rigid functional foot orthosis is to control motion in the:

1. Sagittal plane
- 2. Coronal plane**
3. Transverse plane
4. Axial plane

## Implementation of the Treatment Plan

Perform procedures necessary to provide the appropriate pedorthic services, including fabrication. Select appropriate materials/techniques in order to obtain a patient model. Select appropriate materials and components for pedorthic device based on patient criteria to ensure optimum strength, durability and function. Complete or delegate fabrication of pedorthic device including positive mold rectification. Educate patient and/or caregiver about the use and maintenance of the pedorthic device. Document care using established record-keeping techniques to verify implementation of treatment plan.

A shoe modification that can provide leverage for greater support of the medial aspect of the foot is a(n):

- 1. Thomas heel**
2. SACH heel
3. Increase toe spring
4. Midfoot rocker

While fitting a new pair of extra depth shoes, how much clearance should there be from the end of the longest toe?

1. 1/8"
2. 1/4"
3. 3/8"
- 4. 1/2"**

When fabricating an articulated subtalar control foot orthosis (SCFO), the mechanical ankle joints should be placed at the level of the:

1. Apex of the lateral malleolus
2. Apex of the medial malleolus
- 3. Distal border of the medial malleolus**
4. Distal border of the lateral malleolus

The main functional goal of a full length carbon fiber footplate to address turf toe is to:

1. limit flexion of the MTP joint
2. increase motion at the hallux
- 3. limit extension of the MTP joint**
4. block motion at the tarsometatarsal joint

A patient is given a shoe with a lateral buttress. This modification should control:

1. valgus
- 2. varus**
3. dorsiflexion
4. plantar flexion

Using a foam impression box creates:

- 1. a negative impression of the patient's foot**
2. a positive model of the patient's foot
3. a non-weight bearing mold of the patient's foot
4. a mold for fabrication of a custom molded shoe

## Continuation of the Treatment Plan

Provide continuing patient care and periodic evaluation to assure/maintain/document optimal fit and function of the pedorthic device. Obtain feedback from patient and/or caregiver to evaluate outcome (e.g., wear schedule/tolerance, comfort, proper usage and function). Assess patient's function and note any changes. Assess fit of pedorthic device with regard to strategic contact and to anatomical relationships to determine need for changes relative to initial treatment goals. Address evidence of excessive skin pressures or lack of corrective forces and formulate plan to modify pedorthic device accordingly. Revise treatment plan based on assessment of outcomes.

At a follow-up visit for a patient who was fit with bilateral UCBLs you note redness at the navicular on the right side. What modifications should you make to the UCBL?

- 1. Add an ST pad**
2. Refabricate the UCBL out of softer material
3. Add padding to the navicular area
4. Reduce the trimline to below the navicular

A patient with a history of Charcot arthropathy has been wearing custom molded shoes for the past eight months. The patient has developed a new ulceration under the medial midfoot aspect of the right foot. The pedorthist should:

1. Suggest that new shoes be fabricated
2. Instruct the patient to change out the inserts with the second pair they received with the shoes
- 3. Instruct the patient to discontinue wearing the shoe and contact their physician**
4. Have the patient stop wearing the shoes for two weeks and return for another follow up appointment

A patient was fit with a pair of custom semi-rigid foot orthoses two weeks ago. They are now complaining of discomfort on the plantar aspect of their feet just proximal to the 1st metatarsal heads. The MOST likely cause of this problem is:

1. Lack of relief for the 1st metatarsal head
- 2. Lack of relief for the flexor hallucis longus**
3. The modifications of the peroneal arches are too aggressive
4. The base materials are too rigid

A patient is seen for follow up after receiving a pair of corrective semi-rigid foot orthoses. The physician wants the orthoses modified to address new peroneal tendonitis symptoms. The pedorthist should:

1. Add a heel elevation to the orthoses
2. Add padding to the heel sections
3. Add a medial rearfoot wedge
- 4. Add a lateral rearfoot wedge**

## Practice Management

Develop, implement and/or monitor policies and procedures regarding human resources, the physical environment, business and financial practices and organizational management. Adhere to policies and procedures in compliance with all applicable federal and state laws and regulations and professional and ethical guidelines (e.g., CMS, HIPAA, FDA, ADA, OSHA, and ABC *Code of Professional Responsibility*).

After providing a device to a Medicare beneficiary, the pedorthist must provide any adjustments or repairs without charge for:

1. **90 days**
2. 60 days
3. 30 days
4. 120 days

Infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin and mucous membranes are referred to as:

1. Contact Isolation
2. **Standard Precautions**
3. Sterile Technique
4. Biohazardous Waste Program

The rules relating to the safe use of potentially hazardous materials in the fabrication of orthoses are under the jurisdiction of the:

1. Health Insurance Portability and Accountability Act
2. Durable Medical Equipment Medical Administrative Contractor
3. **Occupational Safety and Health Administration**
4. Centers for Medicare and Medicaid Services

If the pedorthists facility is designated as a Participating Supplier, this means that:

1. **You must accept the Medicare allowable amount as payment in full**
2. You do not have to accept the Medicare allowable amount as payment in full
3. You can only collect 80% of the Medicare allowable amount from the patient
4. There is no limit on what you are allowed to charge a Medicare beneficiary

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The sample questions are only examples of the type of test content you will see in the exam. For additional information about how to prepare for the exam go to **ABCop.org** to access all of the exam prep resources available.

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