

continuing ED

Lateral Ankle Instability
Post Test Instructions



Please print clearly and legibly

Name (as it should appear on the certificate of completion) _____ Date _____

Profession (PT, OT, ATC, etc) _____ License Number _____ State(s) of Licensure _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Daytime Phone Number _____ FAX Number _____

Payment Information

check enclosed payable to "continuing ED" Visa Mastercard American Express Discover

Card Number _____ Card Security Code _____ Expiration Date _____

This signature provides authority to charge the above credit card for this home study. I also attest that I, the license holder referenced above, have individually completed this course of study.

Signature _____

POST TEST ANSWER SHEET

Please darken the circle next to the correct response for each question.

- | | | | | | |
|-----|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 2. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 3. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 4. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 5. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 6. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 7. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 8. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 9. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| 10. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |

Your certificate of completion will be sent to you within five business days upon satisfactory performance (70% passing grade) of the examination. Post-test performance under 70% will be returned for re-examination.

COURSE EVALUATION and FEEDBACK

Please respond to the following statements using the following rate scale

5 – strongly agree 4 – agree 3 – neutral 2 – disagree 1- strongly disagree

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Learning material met stated objectives | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Material was current and relevant | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Material will be of value in clinical practice | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Learning format was conducive to learning | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| I would recommend this home study to a peer | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

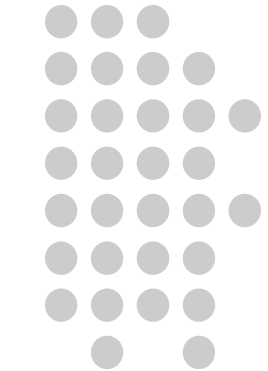
Comments:

Return this answer sheet to

continuing ED

1901 Pintail Parkway; Euless, TX 76039
Phone: 488-2061 FAX: 817-684-7201

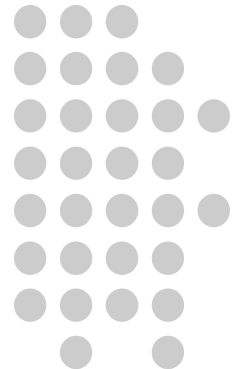
Web Site: www.continuing-ed.cc
E-Mail: mulliganpt@tx.rr.com



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1. The talar tilt test is positive when the involved side has a _____.
 - a. 5-10° tilt or 5° greater than the uninjured side
 - b. 10-20° tilt or 5° greater than the uninjured side
 - c. 20-30° tilt or 5° greater than the uninjured side
 - d. 20-30° tilt or 10° greater than the uninjured side
2. The most sensitive and specific method to reliably detect a deep vein thrombosis is a:
 - a. Drawer sign
 - b. Homan's sign
 - c. Kleiger's test
 - d. Well's clinical decision rule
3. Following an acute ankle sprain, compression and elevation should be applied simultaneously.
 - a. true
 - b. false
4. Which of the following muscles is LEAST important to emphasize in post-ankle sprain rehabilitation?
 - a. Gluteus Maximus
 - b. Gluteus Medius
 - c. Peroneus Longus/Brevis
 - d. Vastus Medialis
5. The ability of articular mechanoreceptors to determine where the joint's segments are in space is called:
 - a. balance
 - b. calibration
 - c. kinesthesia
 - d. proprioception
6. The most accurate way to predict return to function following an acute ankle sprain is to consider the .
 - a. specific ligaments involved
 - b. impairments acutely present following the injury (swelling, ROM, etc)
 - c. functional abilities and patient's perception of ability
 - d. time frames and protocols published in the literature
7. Bracing is superior to taping if the goal is to restrict inversion and eversion range of motion.
 - a. true
 - b. false
8. High top shoes have been proven superior to low top shoes in preventing recurrent ankle sprains.
 - a. true
 - b. false
9. The % contribution of the ankle to a standing long jump performance is approximately:
 - a. 5%
 - b. 25%
 - c. 50%
 - d. 75%
10. The current gold standard in the surgical stabilization of chronic lateral ankle instability is a:
 - a. surgical repair
 - b. surgical reconstruction



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