Differential Diagnosis of Heel Pain

QUIZ

1) Autoimmune disorders can cause plantar fascial pain:
   A) True
   B) False

2) The best kinematic predictor of the development of plantar fasciitis is:
   A) Pronation of 8-10 degrees
   B) Pes planus foot type rather than pes cavus
   C) The speed in which the digits dorsiflex during the propulsive period.
   D) None of the above.

3) Strengthening the digital flexors:
   A) Has no effect on plantar fasciitis.
   B) Has been shown to be beneficial to plantar fasciitis.
   C) Has statistically been proven to exacerbate plantar fasciitis.

4) Stretching and deep tissue massage have been shown to increase the first metatarsophalangeal joint dorsiflexion by:
   A) 5 degrees
   B) 10 degrees
   C) 15 degrees
   D) 20 degrees

5) Surgical release of the medial band of the plantar fascia increases the metatarsophalangeal joint’s dorsiflexion by:
   A) 5 degrees
   B) 10 degrees
   C) 15 degrees
   D) 20 degrees

6) Possible causes of heel pain include all of the following except:
   A) Baxter’s nerve syndrome
   B) Calcaneal stress fracture
   C) Psoriatic arthritis
   D) Morton’s neuroma

7) The most common cause of heel pain is:
   A) Sever’s disease
   B) Stress fracture
   C) Plantar fasciitis
   D) Rheumatoid arthritis
8) A pedorthist can differentiate between plantar fasciitis and heel spurs by:
   A) Palpating for nodules on the plantar fascia
   B) Palpating the bony prominence(s) at the calcaneus
   C) Both A and B
   D) Assessing pain during the propulsive and stance phases

9) Shoes with rocker bottom soles:
   A) Are less likely to cause plantar fasciitis because they limit the range and speed of the digital
dorsiflexion.
   B) Have no effect on plantar fasciitis.
   C) Have a great effect on plantar fasciitis due to slowing plantar flexion.
   D) Are only recommended if the heel is in a neutral position.

10) Plantar fasciitis and heel spur syndrome are the same:
    A) True
    B) False
Current Pedorthics CE Answer Sheet and Payment Information

Differential Diagnosis of Heel Pain

Name (of person seeking CE Credit):_____________________________________________________

Date Completed: ________________________ Credential Number: ___________________________

1.  __________________________________
2.  __________________________________
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11. __________________________________

Payment Information
(CE Credit is $15.00 per person for PFA Members, and $25.00 for non-members)

Name: _______________________________________________________________________

Company Name: _______________________________________________________________

Address: _____________________________________________________________________

City: ________________________   State/Province: _________  Zip/Postal Code: ___________

Phone: __________________ Fax: ___________________ Email Address: _________________

Method of Payment:
Check or money order, made payable to PFA, is enclosed in the amount of: ________________

I authorize PFA to charge $_______________ to my:

□ MasterCard          □ Visa          □ American Express          □ Discover

Credit Card Number: _______________________________ Expiration Date: _____________

Name on Card:  ________________________________________________________________

Signature:  ________________________________________________________________

Fax to PFA at (703) 995-4456, or mail to PFA, 8400 Westpark Dr., 2nd Fl., McLean, VA  22102