Certified Therapeutic Shoe Fitter Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. What is the term for the distance between heel strike of one limb to heel strike of the opposite limb?

A. Cadence

B. Step length

C. Stride length

D. Stance width

2. What must a fitter have before they can give a device to a patient?

A. Certificate of service

B. Prescription

C. Insurance approval

D. Consent form

3. What plane divides the foot into plantar and dorsal sections?

A. Sagittal

B. Frontal

C. Transverse

D. Coronal

4. What do proprioceptors provide information about?

A. Footwear fit

B. Heel height

C. Position in space

D. Gait speed

5. Which part of the nervous system is primarily affected by diabetic neuropathy?

A. Central nervous system

B. Peripheral nervous system

C. Autonomic nervous system

D. Somatic nervous system

6. What is a potential result of insufficient plantarflexion during walking?

A. Improved balance

B. Increased stride length

C. Difficulty in push-off

D. Enhanced running speed

7. If a patient is not propelling themselves forward, what is this type of gait called?

A. Apropulsive gait

B. Normal gait

C. Antalgic gait

D. Spastic gait

8. What virus is responsible for causing plantar warts?

A. Herpes Simplex Virus

B. Human Papillomavirus (HPV)

C. Coxsackievirus

D. Varicella Zoster Virus

9. What term describes a front-laced shoe where the quarters and vamp are stitched at the throat?

A. Balmoral

B. Oxford

C. Slip-on

D. Loafer

10. Which of the following describes the process where inflammation leads to redness and swelling?

A. Hemostasis

B. Rubor

C. Edema

D. Chronic inflammation

Answers

1. B
2. B
3. C
4. C
5. B
6. C
7. A
8. B
9. A
10. B

Explanations

1. What is the term for the distance between heel strike of one limb to heel strike of the opposite limb?

A. Cadence

B. Step length

C. Stride length

D. Stance width

The term that describes the distance between heel strike of one limb to heel strike of the opposite limb is known as step length. This measurement is significant in gait analysis and can be important for assessing a person's walking pattern and overall mobility. Step length can indicate balance, stability, and efficiency of movement. Each individual's step length may vary based on factors such as physical condition, age, and footwear, making it a crucial element in various therapeutic and rehabilitative contexts. Cadence refers to the number of steps taken per minute and does not relate to the distance between heel strikes. Stride length, on the other hand, involves the distance between the heel strike of one limb to the heel strike of the same limb in the next cycle, which is different from step length. Stance width is the lateral distance between the feet during gait, and it does not pertain to heel strike measurements. Thus, understanding step length helps in evaluating gait efficiency and developing fitting strategies for therapeutic shoes.

2. What must a fitter have before they can give a device to a patient?

A. Certificate of service

B. Prescription

C. Insurance approval

D. Consent form

A fitter must have a prescription before providing a device to a patient because a prescription ensures that the medical needs of the patient are properly addressed. It is a formal authorization from a licensed healthcare provider that specifies the type of device required, based on the patient's individual health condition, diagnosis, and treatment plan. This requirement is critical as it not only legitimizes the need for the device but also helps guide the fitter in choosing the appropriate fit and type of device for the patient. Other options, while important in certain contexts, do not hold the same necessity for the initial provision of the device. A certificate of service may detail the fitter's qualifications but does not directly relate to patient care or device provision. Insurance approval can be necessary for reimbursement purposes but is not a prerequisite for physically fitting or providing the device. Lastly, a consent form is vital for legal and ethical reasons regarding patient autonomy but is not required to initiate the fitting process itself. The prescription is the guiding document that aligns the fitting with medical necessity.

3. What plane divides the foot into plantar and dorsal sections?

A. Sagittal

B. Frontal

C. Transverse

D. Coronal

The transverse plane is the correct choice because it divides the body into superior (upper) and inferior (lower) parts. When applied to the foot, this plane separates it into the plantar section (the sole or bottom of the foot) and the dorsal section (the top). This anatomical distinction is essential for understanding foot structure and function, particularly in the context of fitting therapeutic footwear, as it relates to weight distribution and pressure points when standing or walking. In contrast, the sagittal plane divides the body into left and right sections, which wouldn't effectively differentiate between the top and bottom of the foot. The frontal plane, on the other hand, separates the body into anterior (front) and posterior (back) sections, which also does not provide the necessary division of the foot into plantar and dorsal. The term "coronal" refers to the same plane as frontal but is not typically used in the context of foot anatomy.

4. What do proprioceptors provide information about?

A. Footwear fit

B. Heel height

C. Position in space

D. Gait speed

Proprioceptors are sensory receptors located in muscles, tendons, and joints that provide the central nervous system with critical information regarding body position and movement in space. They are responsible for the sense of proprioception, which allows an individual to perceive the location, movement, and action of various parts of the body without needing to rely on visual input. This sensory feedback is essential for maintaining balance, coordinating movements, and executing complex motor tasks. In this context, proprioceptors play a vital role in activities like walking or running, where understanding body position relative to gravity and surrounding space is crucial for effective movement. By sensing changes in muscle tension and joint angle, proprioceptors facilitate adjustments that help maintain posture and stability. Therefore, they are integral to every activity that involves movement and balance, making their contribution to our understanding of position in space crucial.

5. Which part of the nervous system is primarily affected by diabetic neuropathy?

A. Central nervous system

B. Peripheral nervous system

C. Autonomic nervous system

D. Somatic nervous system

Diabetic neuropathy primarily affects the peripheral nervous system, which includes all the nerves outside of the brain and spinal cord. This condition results from prolonged high blood sugar levels that damage the nerve fibers. Patients with diabetic neuropathy may experience symptoms such as pain, tingling, or numbness, particularly in the feet and hands. The peripheral nervous system plays a crucial role in sending information between the central nervous system and the rest of the body, encompassing both sensory and motor nerves. Damage to this system can significantly impact a patient's ability to perceive touch and pain, thereby increasing the risk of injuries and complications, especially in diabetic individuals. While the central nervous system, autonomic nervous system, and somatic nervous system are all integral components of overall nervous function, they are not primarily affected in diabetic neuropathy. The central nervous system involves the brain and spinal cord, whereas the autonomic nervous system regulates involuntary bodily functions, and the somatic nervous system is responsible for voluntary motor control. In diabetic neuropathy, the specific dysfunction of the peripheral nerves leads to the characteristic symptoms and complications associated with this condition.

6. What is a potential result of insufficient plantarflexion during walking?

A. Improved balance

B. Increased stride length

C. Difficulty in push-off

D. Enhanced running speed

Insufficient plantarflexion during walking can lead to difficulty in push-off, which is critical for a smooth and effective walking gait. Plantarflexion refers to the action of pointing the toes and is primarily facilitated by the calf muscles, especially the gastrocnemius and soleus. During the walking cycle, proper push-off is necessary as it helps to propel the body forward. If there is insufficient plantarflexion, it becomes challenging to generate the necessary force to effectively push off the ground, which can lead to a slower, less efficient walking motion. The mechanics of walking heavily rely on proper ankle movement. When plantarflexion is inadequate, the individual may compensate in other ways, potentially altering their gait pattern, which can lead to fatigue, discomfort, or even further musculoskeletal issues over time. Other options, such as improved balance, increased stride length, or enhanced running speed, are not associated with insufficient plantarflexion; in fact, these outcomes generally require optimal plantarflexion to occur effectively.

7. If a patient is not propelling themselves forward, what is this type of gait called?

A. Apropulsive gait

B. Normal gait

C. Antalgic gait

D. Spastic gait

The type of gait where a patient is not propelling themselves forward is referred to as an apropulsive gait. This term specifically indicates a lack of the necessary forward propulsion that allows for normal movement in walking. Patients exhibiting this type of gait may have various underlying issues, such as weakness, neurological conditions, or musculoskeletal problems, that prevent them from initiating or maintaining forward movement effectively. Normal gait is characterized by a smooth and coordinated pattern of movement, while antalgic gait typically presents as a protective measure taken due to pain, causing the individual to favor one leg over the other. Spastic gait is associated with conditions like cerebral palsy, characterized by stiffness and awkward movements. In contrast, apropulsive gait specifically highlights the absence of propulsion, making it the precise descriptor for the situation described.

8. What virus is responsible for causing plantar warts?

A. Herpes Simplex Virus

B. Human Papillomavirus (HPV)

C. Coxsackievirus

D. Varicella Zoster Virus

The virus responsible for causing plantar warts is the Human Papillomavirus (HPV). HPV is a group of more than 200 related viruses, many of which can cause warts in various parts of the body, including the feet. Plantar warts develop when the virus enters the skin through small cuts or breaks, particularly in areas subjected to friction or pressure, such as the soles of the feet. Understanding the nature of HPV is crucial for recognizing how the virus spreads and manifests. Unlike other viruses listed, such as the Herpes Simplex Virus, which is associated with cold sores and genital herpes, or the Coxsackievirus, known for causing hand-foot-and-mouth disease, HPV specifically targets skin cells, leading to wart formation. Varicella Zoster Virus is primarily known for causing chickenpox and shingles, distinguishing it from the wart-causing members of the HPV family. Therefore, identifying HPV as the causative agent of plantar warts is essential for accurate diagnosis and treatment in therapeutic shoe fitting.

9. What term describes a front-laced shoe where the quarters and vamp are stitched at the throat?

A. Balmoral

B. Oxford

C. Slip-on

D. Loafer

The term that describes a front-laced shoe where the quarters and vamp are stitched at the throat is indeed “Balmoral.” This style of shoe is characterized by the way the upper parts are stitched together—where the quarters are sewn to the vamp, which creates a clean and polished look that is often associated with formal footwear. The Balmoral shoe is typically recognized for its closed lacing, meaning the eyelets for the laces are located on top of the vamp. This design contributes to the shoe's sleek silhouette and is favored in more professional or formal settings. Furthermore, the stitching at the throat gives the shoe a refined appearance that distinguishes it from other styles, such as the Oxford, which is often used interchangeably with Balmoral, but can cover a broader range of shoes. On the other hand, a slip-on and a loafer represent different styles of footwear that do not feature laces. Slip-ons are generally designed without any closure mechanisms, making them easy to wear but lacking the structured appearance that laced styles provide. Loafers, while also laceless, often have a more casual aesthetic and sometimes include adornments like pennies or tassels. The specific features of Balmoral shoes, particularly the front-lacing and stitching

10. Which of the following describes the process where inflammation leads to redness and swelling?

A. Hemostasis

B. Rubor

C. Edema

D. Chronic inflammation

The process through which inflammation results in redness and swelling is best described by the term "rubor." This Latin term specifically refers to one of the classic signs of inflammation, which also includes calor (heat), tumor (swelling), and dolor (pain). When inflammation occurs, the body's immune response causes blood vessels to dilate and increase in permeability. This dilation allows more blood to flow to the affected area, resulting in the characteristic redness, while the increased permeability leads to the accumulation of fluid, causing swelling. In contrast, while edema is associated with swelling, it is a broader term that refers to the accumulation of fluid in tissues and may not specifically indicate the inflammatory process. Hemostasis pertains to the stopping of blood flow following injury, and chronic inflammation describes a prolonged inflammatory response that can result from persistent stimuli. Therefore, in the context of inflammation that leads to redness and swelling, "rubor" is the most accurate description.