

Case Studies II Quiz

Please complete and fax back to 888-457-8382 Name: _____

- 1) Pt is a 62 year old female. She complains of progressive joint pain and stiffness in her hands and feet, accompanied with swelling. She states that she has noticed that her toes are becoming more curved, and she has begun to notice some bumps under the skin near the joints in her hands and feet. She states that, in general, she does not feel well and often feels tired. Pt states that her mother had similar symptoms which eventually led to her being in a wheelchair. Upon examination, it is noted that patient has swollen, tender joints bilateral in her feet, particularly in her MTP joints. Her toes are noted to have a valgus deviation with clawing of the lesser toes. Nodules are noted on her plantar surface, particularly in the ball of the foot. Range of motion is limited and crepitus is noted with motion.

Suspected pathology is:

- a) Osteoarthritis
- b) Rheumatoid arthritis
- c) Gout
- d) Lupus

- 2) Pt is a 75 year old male who states that he has noticed that his toenails have become thickened and are very difficult to cut. Reports mild pain when he walks in his shoes. Upon examination, patient is noted to have thick, yellow nails that are long and misshapen.

Suspected pathology is:

- a) Tinea pedis
- b) Onychocryptosis
- c) Onchyomycosis
- d) Plantar warts

- 3) Pt is a 39 year old female. She complains of dull aching and burning in her feet and legs with occasional sharp, shooting pains. She reports occasional cramping in her legs with some numbness in her left foot. She states that she is a social drinker. Upon examination it is noted that patient has some sensory loss, particularly in her left foot. She displays mild muscle weakness bilaterally. Tenderness is noted with ROM. Patient's skin appears very dry and scaly. A small ulcer is noted on the plantar surface of her left foot at the 1st met head. While reading the patient's history, it was discovered that patient was recently discharged from a rehabilitation center for her chronic alcohol abuse.

Suspected pathology is:

- a) Alcoholic Neuropathy
- b) Diabetic Neuropathy
- c) Buerger's Syndrome
- d) Lupus

- 4) Pt is a 47 year old male complaining of tenderness on the dorsum of his foot. He has noted the development of a hard mass on the top of his foot which has gotten larger and more tender over the last year. Pt reports that the area is normally tender, but has shooting pain on occasion depending on what shoes he is wearing. Upon examination, a firm mass is noted on the dorsum in the location of the tarsometatarsal joint of the 1st. A softer bursa is also noted over the mass. Area is slightly reddened as patient has just removed his shoes. Area is tender to touch. Some

numbness is also noted on the dorsum in close proximity to the mass. Pt is noted to have a pes cavus foot.

Suspected pathology is:

- a) Fibromyotosis
- b) Charcot Marie Tooth
- c) Ganglion
- d) Metatarsal-Cuneiform Exostosis

- 5) Pt is a 28 year old female who complains of tingling, numbness and pain in her left, lateral maleolar area when wearing her boots. She states that she has noticed a cyst in that area that seems to change in size depending on the amount of time she spends on her feet. She reports that she only noticed the growth of the cyst since she has been wearing her new boots – approximately 4 months. Upon examination, a fluid-filled cyst is noted on the patient's left, lateral maleolar area. It is moderately soft and moves under the skin. Non-tender to direct palpation.

Suspected pathology is:

- a) Fibromyotosis
- b) Ganglion
- c) Metatarsal-Cuneiform Exostosis
- d) Gout

- 6) Pt is a 13 month old male who is just beginning to walk. Patient's mother reports that her son's foot is twisted in an "up and out" position. His heel appears to be "too far out" and his foot is "very flat". Upon examination, it is found that the patient's foot appears to have no medial arch. The rearfoot is in a valgus position. The forefoot is abducted. The ankle is severely dorsiflexed, so much so that this child can touch his foot to his shin.

Suspected pathology is:

- a) Calcaneovalgus
- b) Talipes Equinovarus
- c) Congenital Vertical Talus
- d) Charcot Foot

- 7) Pt is a 71 year old female who complains of having a hard time finding comfortable shoes. She states that most shoes seem to rub across the top of her toes and cause her pain. She says that she has a hardened area on the top of her small toe that she occasionally shaves off with a razor blade. Upon examination, an area of hyperkeratosis is noted on the dorsolateral aspect of the left 5th digit. The area is approximately 1 cm in circumference, is raised, thickened and intact. It is noted when patient is walking in her shoes, that area appears to be rubbing on the vamp of her shoe. Area is somewhat painful to palpation.

Suspected pathology is:

- a) Clavus Molis
- b) Heloma Durum
- c) Heloma Molle
- d) Ganglion

- 8) Pt is a 35 year old male immigrant from Poland. He complains of severe burning in his bilateral medial arches accompanied by numbness and tingling. The symptoms become worse with activity and are relieved by rest. He states that his feet become blue and numb when they are cold. When he warms up, his feet feel excessively hot and they tingle. Patient smokes 2 packs of cigarettes a day. Upon examination, it is discovered that the patient has three small ulcers on his left foot and two on his right foot. Pedal pulses are diminished. Bilateral pedal temps are in the 70's. Feet are dusky in color and tender to palpation. Hyperhidrosis is present.

Suspected pathology is:

- a) Alcoholic Neuropathy

- b) Diabetic Neuropathy
- c) Buerger's Syndrome
- d) Lupus

9) Pt is a 24 year old female dancer. She complains of mild, intermittent pain under her 1st met head which becomes sharp and throbbing when she dances. Upon examination, mild swelling is noted under the 1st met head. ROM to the 1st MTP is painful, as is palpation of the sesamoids. Callusing is present at the ball of the 1st.

Suspected pathology is:

- a) Sesamoiditis
- b) Morton's Neuroma
- c) Plantar Fasciitis
- d) Hallux Limitus

10) Pt is a 43 year old male who reports acute pain in his hallux. He states that he competed in his company's corporate relay event last weekend. His event was the 5K Run. Patient reports that he is an accountant by profession. He states that he does not get regular exercise and is not used to running. He denies falling and can not recall any injuries during the race. Upon examination it is discovered that the patient's left hallux has minimal swelling. No bruising is noted. 1st MTP and IP is tender with ROM. No instability is noted.

Suspected pathology is:

- a) Hallux Rigidus
- b) Morton's Neuroma
- c) Plantar Fasciitis
- d) Chronic Repetitive Strain Syndrome

11) Pt is a 28 year old male soccer player. Pt reports occasional peroneal spasm with chronic pain in his right lateral ankle, which is worse during a game. He also reports some instability in his right heel stating that he believes his foot feels as though it is giving out on him. He has a history of 6 ankle sprains on his right ankle and 4 ankle sprains on his left ankle. He has been playing soccer since he was a young child. Upon examination it is noted that patient has some weakness in the subtalar joint with limited active inversion/eversion to command. Pt complains of pain in the subtalar joint with full passive plantarflexion and inversion. Some rearfoot instability noted with gait. Pinpoint tenderness noted in the lateral sinus tarsi with palpation.

Suspected pathology is:

- a) Sinus Tarsi Syndrome
- b) Morton's Neuroma
- c) Plantar Fasciitis
- d) Chronic Repetitive Strain Syndrome

12) Pt is a 63 year old female who complains of pain on the sole of her right foot in the location of the 2nd metatarsal head. This pain is worse with walking, and relieved when she is out of her shoes. She works in a department store and wears low heels and hose to work. She reports that it is difficult to find comfortable shoes that comply with her company's dress code. Upon examination, patient is found to have Morton's Toe, more pronounced on the right foot than on the left. She has an area of hard thickened intact skin plantar to her second metatarsal head on her right foot approximately 1 cm in circumference. The area is tender to direct palpation.

Suspected pathology is:

- a) Tyloma
- b) Heloma Durum

- c) Heloma Molle
- d) Ganglion

13) Pt is a 47 year old male who complains of recurring episodes of excruciating pain in his left great toe. He states that the pain usually starts during the night, is accompanied with warmth, swelling, and throbbing. Reports that the attacks usually last for several days and occur 3 or 4 times a year, with increasing length and frequency of the attacks. He has been having these episodes for 3 years. In between episodes, patient reports that he is asymptomatic. Patient is currently in the middle of an episode. Upon examination, patient is noted to have a red, swollen left hallux that is hot to touch. Patient can not tolerate palpation or ROM during this exam due to his extreme pain. The swelling is noted to be primarily in the location of the dorsal IP.

Suspected pathology is:

- a) Lupus
- b) Morton's Neuroma
- c) Gout
- d) Hallux Limitus

14) Pt is a 74 year old male who had a Lisfranc amputation of his right foot 18 months ago. He complains of onychocryptosis pain in the hallux of his right foot and occasional nocturnal plantar itching in the sulcus of his right foot. He reports that scratching his distal right foot will occasionally relieve the itching, but the pain persists. Upon examination an intact distal end is noted on the patient's right foot with a well approximated scar from a previous amputation of the patient's forefoot. No redness, swelling, or warmth is noted in the area. Denies acute pain with palpation.

Suspected pathology is:

- a) Alcoholic Neuropathy
- b) Diabetic Neuropathy
- c) Buerger's Syndrome
- d) Phantom Pain Syndrome

15) Pt is a 79 year old female who complains of increased weakness and fatigue in her right leg and foot. She states that she has had an increase in muscle cramps in her gastrocnemius, and that she has noticed some twitching in her right lower leg. She also reports cold intolerance in her toes of her right foot. Upon examination, it is noted that patient has an atrophied right lower leg. She has overall general muscle weakness of the lower leg with decreased dorsiflexion per active ROM. Fasciculations noted in the gastrocnemius and soleus area. Right foot is in an equinus position. Left lower leg has normal musculature, strength and ROM.

Suspected pathology is:

- a) Charcot Marie Tooth
- b) Muscular Dystrophy
- c) Post Polio Syndrome
- d) Talipes Equinovarus