

Wound Healing

Southern Africa

CPD Questionnaire: Wound Healing Vol 14 No 1

Please select only one answer for each question. For every five questions, one must achieve a minimum of four correct answers to obtain one CPD point. You can only obtain a maximum of three points for each CPD article.

The wounded forefoot – an evolutionary perspective

1. One of the first hominins to have a human-like footprint 3.2 million years ago was:
a <i>Ardipithecus ramidus</i>
b <i>Australopithecus africanus</i>
c <i>Australopithecus afarensis</i>
d <i>Australopithecus sediba</i>
2. The human foot evolved from a mobile structure to one adapted to a stiff push off:
a True
b False
3. Which of the following statements is correct in terms of the evolution of bipedalism:
a The advanced brain evolved first, then the bipedal foot
b The bipedal foot evolved first, then the advanced brain
c Both the bipedal foot and advanced brain evolved together
d Bipedalism did not evolve at all, but was present from the beginning
4. Who were the surgeons who took an interest in the evolution of the human foot in the early 20th century, in order to gain a better understanding of foot function and dysfunction?
a Thomas Huxley and F Wood Jones
b Dudley Morton and F Wood Jones
c Raymond Dart and Robert Broom
d None of the above
5. What is the key to human bipedal locomotion?
a Relative stiffness of the foot
b Relative mobility of the foot
c An arched foot
d Both a and c
6. Atavism is thought to play a role in some foot disorders. What does this mean?
a Evolutionary reversals
b Effects of lifestyle on foot function
c A tendency to revert to something ancient or ancestral
d All of the above
7. In normal foot function, what does the medial longitudinal arch help to achieve?
a Convert the foot into a stiff lever on propulsion
b Convert the foot into a mobile adaptor on propulsion
c Act as a mobile adaptor on foot flat (midstance) part of the gait cycle
d Both a and c

8. Hyperpronation of the foot is common in modern humans:
a True
b False
9. Hyperpronation may most commonly result in callus (hyperkeratosis) in the following areas:
a Under the first metatarsal only
b Under the first, second and fifth metatarsal heads
c Under all the metatarsal heads
d Under the fourth metatarsal head only
10. Diabetes, coupled with foot dysfunction is serious as it results in:
a Dry skin
b Kaposi sarcoma
c Callus that may result in ulcer formation
d Seed corns
11. What is a common atavistic feature found in modern human feet?
a A small first inter-metatarsal angle coupled with bunions
b An increased first inter-metatarsal angle coupled with bunions
c An increased first inter-metatarsal angle and an abducent big toe
d Atavistic features are not found in modern human feet
12. The short first metatarsal is thought to be:
a Normal in modern humans
b Of no clinical significance
c A risk factor for diabetic ulceration
d Associated with endurance running
13. Callus has been identified as a risk factor leading to severe diabetic foot ulcer:
a It should be left alone as it is normal, but weight-bearing should be redistributed
b Its formation should be prevented or, when present, be removed
c It should be left alone and soft footwear prescribed
d Only a risk in habitually unshod people
14. Non-insulin dependent (type-2) diabetes is very common in small scale hunter-gatherer populations:
a True
b False
15. For the first time in human history, we are faced with:
a A significant pandemic (COVID-19)
b Non-communicable diseases have become the leading cause of global mortality
c Footwear is the scourge of modern living
d Both a and b

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