

**UNIVERSITY COLLEGE LONDON**

University of London

**EXAMINATION FOR INTERNAL STUDENTS**

For The Following Qualification:-

*B.Sc.*

**Health Sciences HSC33: Theory of Podiatric Medicine (II)**

**COURSE CODE : HESC0033**

**UNIT VALUE : 1.00**

**DATE : 07-MAY-04**

**TIME : 10.00**

**TIME ALLOWED : 3 Hours**

**HSC33 – BSc (Hons) Podiatry, University College London**  
**Theory of Podiatric Medicine II**  
**May 2004**

**TIME ALLOWED: - 3 HOURS**

**ANSWER 5 (FIVE) QUESTIONS**

***START EACH ANSWER IN A SEPARATE ANSWER BOOKLET***

- 1 An active healthy 40-year-old woman presents with moderate hallux abducto-valgus deformity.
- a) Describe the possible aetiologies that are thought to be involved in the development of this deformity. (10)
  - b) Outline the management of this condition that has developed secondary pathologies. (10)
- 2
- a) Discuss the range of conditions that can cause forefoot pain located to the 2<sup>nd</sup> and 3<sup>rd</sup> metatarso-phalangeal joints area. (12)
  - b) Outline the treatment of ONE of these conditions. (8)
- 3
- a) Describe, with the aid of large clearly labelled diagrams, a hammer toe and a claw toe. (6)
  - b) Describe the biomechanical factors that contribute to the aetiology of claw toes. (6)
  - c) Discuss the short term treatment and long term management of a patient who presents with a hammer toe deformity of the left 2<sup>nd</sup> toe. (8)
- 4 Write short notes on:
- a) Kohler's disease of the navicular (5)
  - b) Freiberg's disease (5)
  - c) Sever's disease (5)
  - d) osteochondritis dissecans of the talus (5)

**TURN OVER**

- 5 Hallux limitus is frequently associated with adolescent male patients.
- a) Describe the most likely causes of hallux limitus in this patient. (5)
  - b) Give a detailed account of the pathological changes occurring in this condition. (8)
  - c) Describe the management of an acute episode of hallux limitus in an otherwise healthy 15 year old male. (7)
- 6 A 10 years old boy is referred for treatment of a single isolated verruca that is located on the plantar aspect of his left heel. The lesion has been present for 3 months. His mother was advised by the Nurse Practitioner at the GP Surgery to treat the lesion with Occlusal Paint but although they have carried out this treatment every day, the lesion has not cleared.  
The patient is now complaining that the lesion is painful. His mother is keen to have the VP cleared before they go away on summer holiday in 3 months time.
- a) Discuss how you could confirm the diagnosis that the lesion on the plantar aspect of the left heel is a verruca. (5)
  - b) Discuss the rationale for your choice of treatment of this lesion. (5)
  - c) Detail your method of treatment of the lesion, in order to achieve resolution of the lesion. (8)
  - d) Discuss your advice to the patient and parent of the likelihood of resolution of the lesion within the 3/12 timescale. (2)
- 7 Haglund's deformity is an important cause of heel pain.
- a) Describe the possible causes of this condition. (8)
  - b) With the aid of a diagram describe the secondary pathologies that can be associated with this condition. (5)
  - c) Outline the management of this condition in a 25year old woman who presents with a 5 year history of heel problems associated with Haglund's deformity. (7)

**END OF PAPER**