

Myofascial Release Home Study Course

16 CE Hours
Online Study Guide

Presented by the:
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It is the responsibility of the practitioner to determine the appropriateness of the principles presented in terms within the scope of practice. This information is in no way meant to diagnose or treat medical conditions. This course is not meant to teach advanced hands-on massage techniques. Written medical opinions are always the best way to resolve any questions regarding contra-indications to massage therapy.

PLEASE CAREFULLY READ THE DIRECTIONS ON PAGE 2

Instructions for the Myofascial Release Home Study Course

Thank you for investing in the Myofascial Release home study course, a 16 CE hour course designed to further your knowledge of myofascial release and its related theories. This guide will contain all of the instructions you will need to complete this course. This is a 16 CE hour course, so that means it should take you approximately 16 hours to read the text, watch the DVD, complete the exam and course evaluation.

The following are steps to follow in completing this course:

- 1. Read the instructions and review the text, DVD, and exam.**
- 2. Access the online examination in your account at www.massagetherapyceu.com.**
- 3. Complete your examination and print your certificate. The exam is open book and there is no time limit for completion.**

You must pass the exam with a 70% or better to pass this home study course. Feel free to review the textbook and DVD while taking the exam. You are allowed to access and take the exam up to 3 times if needed. There is no time limit when taking the exam. This course uses the textbook “Fascial Release for Structural Balance”, by James Earls and Thomas Myers and the DVD “Myofascial Release Techniques” with John Hoffmann. There are no trick questions on the exam. All of the answers can be found in the textbook and DVD.

It is advised to answer the exam questions in the study guide before testing online. That way, when you are testing you do not have to go back and forth through the online exam.

Good luck as you complete this course. If you have any question please feel free to contact us at 866-784-5940, 712-490-8245 or by email at info@massagetherapyceu.com. Most state boards require that you keep your “proof of completion” certificates for at least four years in case of audit. Thank you for taking our Myofascial Release home study course.

Myofascial Release Examination

Chapter 1

1. Which of the following tissue types is made out of fibroblast cells?
 - A. Bone
 - B. Tendons
 - C. Fat
 - D. Blood
2. Unlike muscle, the fascia, once it is successfully lengthened:
 - A. Snaps back into place
 - B. Does not snap back into place
 - C. Cures the present condition
 - D. Does not alter the chemical makeup of the tissue
3. Tensegrity can be described as:
 - A. Where the integrity of the structure rests on the balance of tensional forces, rather than a continuity of compressional forces
 - B. A neologism derived from “tension” and “integrity”
 - C. Seeing the body as a single tensional webwork, in which bony struts “float”
 - D. All of the above
4. The fascia’s remodeling response is measured in:
 - A. Days and weeks, rather than seconds or minutes
 - B. Seconds and minutes, rather than days or weeks
 - C. Months and years, rather than days or weeks
 - D. Days and weeks, rather than months or years

Chapter 2

5. What is the acronym for the five-stage model of the Fascial Release Technique (FRT)?
 - A. DASIE
 - B. RICE
 - C. PUSH
 - D. MELT
6. Which of the following questions should you ask yourself during the Intervention stage of the five-stage model of the FRT?
 - A. Is the tissue releasing?
 - B. Is the tissue lifting or moving?
 - C. Is the client able to receive and process the information you offer to her/him?
 - D. All of the above
7. Why does the therapist need to use a different style of contact when performing the FRT?
 - A. In order to chemically stretch the muscle tissue
 - B. In order to manually compress the nerve root
 - C. In order to manually stretch the connective tissue
 - D. In order to manually stretch the superficial skin

8. For each of the techniques in this manual, you should progress through the same process; all techniques should be:
 - A. Quick, listening, and thought out
 - B. Mindful, nurturing, and listening
 - C. Deep, strong, and with intention
 - D. Hooking, forceful, and diagnosing

9. The lengthening of bound or adhered myofascial calls for which of the following types of contact?
 - A. A broader point of contact such as contact with the ulnar blade
 - B. A broader point of contact such as contact with the heel of the hand contact
 - C. A more precise point of contact such as contact with fingers or knuckles
 - D. A more precise point of contact such as contact with the forearm

10. What is the correct back leg position when practicing proper body mechanics using FRT?
 - A. Straight with your heel raised a little
 - B. Bent at a 45 degree angle with your foot flat
 - C. Straight with your heel flat on the ground
 - D. Bent with your heel slightly raised

11. When using your fingers, what position should you hold them in?
 - A. Flexed at all times
 - B. Flexed at a 45 degree angle
 - C. Neutral or slightly flexed
 - D. Neutral or slightly extended

12. Which of the following areas is the forearm useful for?
 - A. Armpit and shoulder
 - B. Back and thighs
 - C. Stomach and pelvis
 - D. Wrist and fingers

13. Which of the following is a reason to apply client movement as you work?
 - A. To more efficiently release each layer of tissue
 - B. To elicit a pain response from the client
 - C. To diagnose dysfunction in deeper tissue layers
 - D. To less efficiently release each layer of tissue

14. Which of the following is considered an ending technique?
 - A. Pelvic lift
 - B. Occipital release
 - C. Back stripes
 - D. All of the above

Chapter 3

15. What is the aim of the structural approach to fascial release?
- A. To aid in the shortening of the client's skeletal musculature and to tense tissues
 - B. To help cure any condition the client may have, including fibromyalgia and fatigue
 - C. To help the client's skeletal alignment via adjustment of soft tissue length and freedom
 - D. All of the above
16. BodyReading is a form of visual assessment of standing posture and gait analysis. What are the five stages of standing assessment?
- A. Look, listen, watch, intervene, evaluate
 - B. Describe, assess, strategize, intervene, evaluate
 - C. Development, assessment, strategy, intervention, ending
 - D. Tilt, bend, rotate, shift, evaluate
17. In the standing assessment protocol, what is a tilt?
- A. A deviation from the vertical alignment
 - B. A series of tilts of the vertebrae
 - C. A translation of the center of gravity of one body part relative to another
 - D. A twist or turn in the vertical axis of the body
18. Which of the following is a tip for examining your client's posture in order to make it a more natural and engaging process?
- A. Use a full length mirror and stand beside and just behind your client, so you are both looking at their image
 - B. Communicate at least three positive aspects of your client before going into detail of the BodyReading
 - C. Use non-judgmental language and involve your client in the process
 - D. All of the above

Chapter 4

19. Which of the following bones is the main weight bearer of the lower leg?
- A. Humerus
 - B. Fibula
 - C. Tibia
 - D. Ulna
20. What kind of joint is the tibiotalar joint?
- A. Hinge joint
 - B. Rotational joint
 - C. Ball and socket joint
 - D. Fixed joint
21. Which of the following arches bears most of the body's weight?
- A. Proximal transverse arch
 - B. Medial longitudinal arch
 - C. Distal transverse arch
 - D. Medial transverse arch

22. The superficial posterior compartment of the leg contains which of the following muscles?
- A. Gastrocnemius
 - B. Soleus
 - C. Plantaris
 - D. All of the above
23. The deep posterior compartment of the leg contains all of the following muscles EXCEPT:
- A. Flexor hallucis longus
 - B. Fibularis brevis
 - C. Flexor digitorum longus
 - D. Tibialis posterior
24. A lateral rotation of the foot can often result from a:
- A. Weakness of the medial longitudinal arch
 - B. Tautness of the medial longitudinal arch
 - C. Weakness in the Achilles tendon
 - D. Weakness in the lateral longitudinal arch
25. How can you “get a feel” for a client’s foot?
- A. Deeply press with your fingers into the tissue and feel for resistance
 - B. Perform static compression directly on the calcaneus
 - C. Take the foot in your hands and move each joint
 - D. Take the foot in your hands and lightly perform vibration techniques
26. Which of the following metatarsals should be the easiest to move when “freeing the metatarsal five”?
- A. The fourth and fifth
 - B. The second and third
 - C. The third and fourth
 - D. The first and second
27. The lateral band of the plantar fascia can be involved with:
- A. Medial rotations of the foot and high arch patterns
 - B. Lateral rotations of the foot and fallen arch patterns
 - C. Lateral rotations of the foot and high arch patterns
 - D. Medial rotations of the foot and fallen arch patterns
28. In order to get deeper and more specific into each of the muscles of the anterior compartment of the leg, what therapist tool does the textbook recommend using?
- A. Fleshy surface of the palms
 - B. Soft fists
 - C. Broad surface of the forearm
 - D. Fingers, knuckles, or elbow
29. When assessing a client’s knee tracking, the knee should track forward over which toe?
- A. The first toe
 - B. The second toe
 - C. The third toe
 - D. The fourth toe

Chapter 5

30. What is the action of the anterior and posterior cruciate ligaments (ACL and PCL)?
- A. To prevent backward sliding of the femur on the tibia
 - B. To prevent forward sliding of the femur on the tibia
 - C. Locking in extension to prevent hyperextension of the knee
 - D. All of the above
31. Which of the following muscle groups have more control over the knee working from a stable hip/pelvis?
- A. Pes anserinus and hamstrings
 - B. Abductors and adductors
 - C. Quadriceps and hamstrings
 - D. Quadriceps and abductors
32. Which of the following is the proximal attachment of the hamstrings muscle group?
- A. Posterior side of the ischial tuberosity (IT)
 - B. Lateral side of the popliteal fossa
 - C. Medial side of the popliteal fossa
 - D. Greater trochanter
33. What is the aim of the knee and thigh techniques presented?
- A. Repair any ligament damage present
 - B. Balance the forces around the knee joint to minimize joint strain
 - C. Diagnose minor strains and/or tears in the tissues
 - D. Release the gastrocnemius muscle to minimize joint strain
34. Which therapist tool does the textbook recommend working on the bulk of the quadriceps with?
- A. Fingers
 - B. Thumbs
 - C. Palms
 - D. Forearms
35. In order to perform the “separating the hamstrings” technique, it is necessary to have the client:
- A. Remain stationary and relaxed in the prone position
 - B. Extend the knee and rotate the whole lower leg medially and laterally
 - C. Flex the knee and rotate the whole lower leg medially and laterally
 - D. Flex the knee and wave only the foot from side to side

Chapter 6

36. The hip joint provides which of the following movements?
- A. Flexion and extension
 - B. Adduction and abduction
 - C. Circumduction, medial and lateral rotation
 - D. All of the above

37. On the pelvic bone, which of the following bony landmarks is most superior?
- A. Iliac crest
 - B. Acetabulum
 - C. Pubis
 - D. Ischial tuberosity
38. Which of the following ligaments prevents the nutation (anterior tilt) of the sacrum within the hip bones?
- A. Iliolumbar ligament
 - B. Sacrotuberous ligament
 - C. Sacrospinous ligament
 - D. Iliofemoral ligament
39. All of the following muscles are included in the rami fan EXCEPT:
- A. Adductor minimus
 - B. Gluteus maximus
 - C. Gracilis
 - D. Pectineus
40. Which of the following is the distal attachment of both the iliacus and the psoas major?
- A. Lesser trochanter
 - B. Greater trochanter
 - C. ASIS
 - D. Linea aspera
41. If the pelvis is neutral in shift but anteriorly tilted (as in figure 6.28b), which of the following muscle groups will be shortened?
- A. Hamstrings
 - B. Gluteus maximus
 - C. Hip flexors
 - D. Hip extensors
42. If the pelvis is rotated to the right, which of the following muscle groups will be shortened?
- A. Lateral rotators on the left
 - B. Lateral rotators on the right
 - C. Medial rotators on the left
 - D. All of the above
43. For the “opening the fan” techniques, both the textbook and the DVD recommend using what therapist tool for performing the techniques?
- A. Thumbs
 - B. Elbow/forearm
 - C. Knuckles
 - D. Fingers

44. How is the piriformis found/palpated?
- A. Palpating the client's sacrolumbar junction and coccyx and drawing a line from halfway between those points to the greater trochanter
 - B. Palpating the client's ischial tuberosity and greater trochanter and drawing a line halfway between those points to the PSIS
 - C. Palpating the client's popliteal fossa and ischial tuberosity; the piriformis is located half way between those points
 - D. Palpating the client's lesser trochanter and greater trochanter; the piriformis is located half way between those points
45. The iliacus is best treated with the client in the _____ position.
- A. Side-lying
 - B. Prone
 - C. Seated
 - D. Supine

Chapter 7

46. Which of the following lies at the top of the abdominal balloon?
- A. Peritoneum
 - B. Pelvic diaphragm
 - C. Rib cage
 - D. Respiratory diaphragm
47. The transverse abdominis plays a large role in:
- A. Forming the distinguished "six pack" look of the abdomen
 - B. Stabilizing the low back and the sacroiliac joint
 - C. Tying the anterior thigh muscles to the ASIS and pubic bone
 - D. Acting as the most superficial layer of abdominal fascia
48. Which of the following sections of the "rib basket" contain the floating ribs?
- A. The neck ribs
 - B. The chest ribs
 - C. The abdominal ribs
 - D. The pelvic ribs
49. All of the following are accessory muscles of breathing EXCEPT:
- A. Quadratus lumborum
 - B. Serratus posterior superior and inferior
 - C. Scalenes
 - D. Gastrocnemius
50. It is essential to understand that the diaphragmatic fibers are mostly _____.
- A. Horizontal
 - B. Vertical
 - C. Diagonal
 - D. Crossed

51. Full analysis of the breath cycle takes:
- A. Time and the ability to compare real people
 - B. Advanced massage training and a degree
 - C. Time and the ability to diagnose
 - D. All of the above
52. If the tissue on the lateral aspect of the thorax is “locked long”, which direction should myofascial techniques be performed?
- A. Transversely across the tissue
 - B. Longitudinally with the tissue
 - C. It is contraindicated to treat the long side of the thorax
 - D. The direction is not important as long as you treat the tissue
53. When performing the “lateral raphe lift”, how should the client be positioned?
- A. Side-lying, with the top of the knee raised
 - B. Prone, with the ankles raised
 - C. Seated, flexed forward on the bench
 - D. Supine, with the knees flexed
54. If a client feels a sharp, burning or stabbing pain when you are performing the “diaphragm release technique” you may be:
- A. Pinching visceral tissue
 - B. Breaking the rib bones
 - C. Working in the correct area
 - D. Performing the technique correctly

Chapter 8

55. What is the function of the anterior longitudinal ligament (ALL)?
- A. Prevents the discs from expanding backward into the spinal cord
 - B. Prevents untoward flexion
 - C. Prevents excessive, spine-damaging extension
 - D. Promotes excessive extension of the spinal cord
56. Which of the following is a possible job of all the muscles arrayed along the back of the spine?
- A. Pull the spine into extension and create the secondary curves
 - B. Adjust the tensegrity in terms of direction, rotation, and pre-stress
 - C. Pull the spinous processes together
 - D. All of the above
57. All of the following are single-segment muscles which transverse the processes of the spine EXCEPT:
- A. Intertransversarii
 - B. Intercostals
 - C. Interspinous muscles
 - D. Rotators

58. If we look at the neck in terms of three cylinders of fascia, what does the outer cylinder contain?
- A. Thirteen or so muscles that attach around the stacked tower of the cervical vertebrae
 - B. The large surrounding sheets of muscle such as the trapezius and sternocleidomastoid
 - C. The internal viscera which surrounds the throat
 - D. The thin sheets of fascia which extend upward and around the skull
59. All of the following muscles attach to the transverse processes of the cervical vertebrae EXCEPT:
- A. Levator scapulae
 - B. Scalenes
 - C. Trapezius
 - D. Semispinalis
60. Which of the following muscles act as the “quadratus lumborum” of the neck, preventing too much side to side movement of the head?
- A. Middle and posterior scalenes
 - B. Sternocleidomastoid and anterior scalene
 - C. Anterior and middle scalenes
 - D. Splenius capitis and cervicis
61. What is the aim of the therapist when treating the spine with myofascial release?
- A. Help re-create natural balanced curves
 - B. Reduce and side-to-side bends
 - C. Unwind the rotations
 - D. All of the above
62. To help correct a lateral migration of the erectors and their associated tissue, the tissue should be drawn:
- A. Laterally
 - B. Medially
 - C. Inferiorly
 - D. Superiorly
63. If a spinal rotation is present in a client, where should you begin your strokes?
- A. At the most prominent point of the rotation, working up and lateral to the spinous process in question
 - B. Two segments below the start of the rotation, working up and toward the spinous process in question
 - C. Four segments below the start of the rotation, working up and toward the spinous process in question
 - D. At the upper most segment of the rotation, working down and lateral to the spinous process in question

64. What muscle's fascia spans the gap between the ilium and the twelfth rib and attaches to each of the lumbar vertebrae?
- A. Quadratus lumborum
 - B. Trapezius
 - C. Rhomboids
 - D. Erector spinae group
65. How can you check to see if you have found the psoas major muscle?
- A. While palpating laterally to the ASIS, ask your client to rotate their knee laterally; if you are on the psoas major you will feel it contract under your fingers
 - B. While palpating superiorly to the ASIS, ask your client to sit up; if you are on the psoas major muscle you will feel it contract under your fingers
 - C. While palpating inferiorly to the ASIS, ask your client to twist at the waist; if you are on the psoas major you will feel it contract under your fingers
 - D. While palpating medially to the ASIS, ask your client to lift their foot from the table; if you are on the psoas major muscle you will feel it contract under your fingers
66. When treating the sternocleidomastoid, which of the following structures do you need to be cautious of?
- A. Anterior scalene and carotid artery
 - B. Jugular vein and carotid artery
 - C. Jugular vein and renal artery
 - D. Carotid artery and ulnar nerve
67. Which of the following therapist tools is recommended for performing "trapezius opening"?
- A. Finger
 - B. Elbow
 - C. Soft fist
 - D. Forearm
68. For work on the muscles in the suboccipital region (with the client in the supine position), both the textbook and the DVD recommend using the:
- A. Knuckles
 - B. Fists
 - C. Forearm
 - D. Fingers
69. Why should you advise your client to inform you if they feel any form of nerve sensation when you are working on the scalene muscles?
- A. Because the scalene muscles are not associated with the brachial plexus
 - B. Because the scalene muscles are innervated by the sciatic nerve
 - C. Because the scalene muscles are intimate with the brachial plexus
 - D. Because the scalene muscles are intimate with the thoracic outlet

Chapter 9

70. Which of the following structures is the key to many of the dysfunctions that plague the arm and shoulder?
- A. The scapula
 - B. The clavicle
 - C. The humerus
 - D. The cervical spine
71. Which of the following is a muscle which forms a part of the “scapular X”?
- A. Rhomboids
 - B. Serratus anterior
 - C. Lower trapezius
 - D. All of the above
72. All of the following are myofascial meridian Arm Lines EXCEPT:
- A. Superficial Front (SFAL)
 - B. Lateral Line (LTL)
 - C. Deep Back (DBAL)
 - D. Superficial Back (SBAL)
73. The _____ muscle is really a crossover among three of the Arm Lines, but it is principally part of the Deep Front Arm Line (DFAL).
- A. Flexor digitorum superficialis
 - B. Biceps brachii
 - C. Triceps brachii
 - D. Rhomboids
74. How is tilt measured/assessed when BodyReading the shoulder area?
- A. By looking at the line of the clavicles, which are normally parallel to the floor
 - B. By looking at the side of the body and assessing the relationship of the centers of gravity of the shoulder girdle and the rib cage
 - C. By looking at the angle at which the medial border of the scapula lies relative to the ribs and spine
 - D. All of the above
75. When sliding down the latissimus dorsi and the teres major with a soft fist, knuckles, or pincer grip (as in figure 9.30 a, b, c), what should you do with the client’s arm?
- A. Slowly abduct the humerus to stretch the tissue
 - B. Hold the arm perpendicular to the body
 - C. Slowly adduct the humerus to stretch the tissue
 - D. Slowly medially rotate the arm so it stays out of the way
76. What client position is the serratus anterior more easily accessed?
- A. Supine or side-lying
 - B. Prone or seated
 - C. Side-lying or seated
 - D. Standing or supine

77. Where is the subscapularis palpated?
- A. On the upper spine of the posterior scapula
 - B. On the anterior (deep) surface of the scapula
 - C. On the anterior (superficial) surface of the clavicle
 - D. Along the medial border of the posterior scapula
78. Which of the following therapist tools does the textbook recommend for use when “opening the flexor compartment”?
- A. Fist
 - B. Fingers
 - C. Elbow
 - D. All of the above
79. All of the following structures pass through the carpal tunnel EXCEPT:
- A. Flexor tendons
 - B. Blood vessels
 - C. Extensor tendons
 - D. Nerves
80. The _____ muscle crosses only the glenohumeral joint, and will have little influence on the positioning of the shoulder girdle as a whole.
- A. Deltoid
 - B. Triceps brachii
 - C. Elbow flexors
 - D. Biceps brachii
81. How can you open all of the superficial tissue of the front of the arm?
- A. Using a simple pin and stretch technique, engage along the biceps brachii and slowly flex the elbow
 - B. Use your fingers to engage directly below the biceps brachii and perform a simple cross fiber friction technique
 - C. Using a simple lifting technique, use the tips of the fingers to curl into the tissue of the upper arm and gently pull it downward
 - D. Using a simple pin and stretch technique, engage along the biceps brachii and slowly extend the elbow

This completes the Myofascial Release exam.

How do the textbook and DVD coincide?

The DVD contains some advertising clips at the beginning; please feel free to skip through these advertisements. The DVD demonstrates the techniques presented in the textbook. However, they do not follow in the same order. Listed below are the DVD contents and the pages in the text to which they correspond.

For the techniques presented, sometimes the textbook shows the techniques being performed with a different body part (knuckles vs. thumbs) or positioning than the DVD. Please be aware that both ways are correct. Myofascial techniques can be performed in many different ways. When practicing techniques, perform the techniques with whichever body part is most comfortable for you.

DVD Contents

Back/shoulders/upper arms

DVD demonstrates techniques presented in:

- Textbook Chapter 9 - Rhomboids, pg. 239-240
- Textbook Chapter 9 - Trapezius, pg. 242
- Textbook Chapter 8 - Erector Spinae, pg. 190-195
- Textbook Chapter 9 - Latissimus, pg. 238
- Textbook Chapter 9 - Supraspinatus, pg. 245
- Textbook Chapter 9 - Infraspinatus/Triceps/Deltoid, pg. 242, pg. 249-252
- Textbook Chapter 8 - Erector Spinae, pg. 190-195

Hip/sacrum

DVD demonstrates techniques presented in:

- Textbook Chapter 6 - Sacrum/Trochanter, pg. 127-131
- Textbook Chapter 6 - Gluteals/Piriformis, pg. 131-133

Posterior leg

DVD demonstrates techniques presented in:

- Textbook Chapter 6 - Adductors/Hamstrings, pg. 100-102
- Textbook Chapter 5 - Hamstrings, pg. 100-102
- Textbook Chapter 4 - Gastrocnemius/Soleus, pg. 78-79
- Textbook Chapter 4 - Poster compartment, pg. 78-79

Feet

DVD demonstrates techniques presented in:

- Textbook Chapter 4 - Feet, pg. 67-74
- Textbook Chapter 4 - Plantar Fascia, pg. 70
- Textbook Chapter 4 - Toes, pg. 69-70

Anterior leg

DVD demonstrates techniques presented in:

- Textbook Chapter 5 - Quadriceps/Sartorius, pg. 98
- Textbook Chapter 4 - Anterior compartment, pg. 75-76
- Textbook Chapter 4 - Tibialis Anterior, pg. 76

Arm/shoulder

DVD demonstrates techniques presented in:

Textbook Chapter 9 - Shoulder range of motion, pg. 235-239

Textbook Chapter 9 - Carpal tunnel/arm flexors/extensors, pg. 246-248

Chest/abdomen

DVD demonstrates techniques presented in:

Textbook Chapter 9 - Pectorals, pg. 235

Textbook Chapter 7 - Rectus Abdominis, pg. 163-165

Textbook Chapter 7 - Obliques, pg. 166-167

Neck

DVD demonstrates techniques presented in:

Textbook Chapter 8 - Trapezius, pg. 204-205

Textbook Chapter 8 - Suboccipital region, pg. 205-207

Textbook Chapter 8 - Sternocleidomastoid/Scalenes, pg. 202-204

Face/scalp

No techniques are presented in the textbook for the face and scalp.