Myofascial Release Home Study Course

16 CE Hours
Online Study Guide

Presented by the:
Center for Massage Therapy Continuing Education
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Center for Massage Therapy Continuing Education

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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 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.

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Myofascial Release Examination

Chapter 1

1. In the body, it is important to remember that although we identify different tissues and structures, the facial network encompasses the whole body and is connected from head to toe.
    A. True
    B. False

2. Which of the following tissue types is made out of fibroblast cells?
    A. Ligaments
    B. Tendons
    C. Aponeurosis
    D. All of the above

3. Recently, we have learned that fascia can contract under certain conditions, by means of the myofibroblast cells, and exert a contractile force into the surrounding fascial net.
    A. True
    B. False

4. 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

5. 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. Viewing the body as a single tensional webwork, in which bony structures “float”
    D. All of the above

6. Compared to the nervous system, the fascial network is _____ to communicate mechanical information.
    A. The same
    B. Slower
    C. Faster
    D. Not comparable

Chapter 2

7. What is the acronym for the five-stage model of the Fascial Release Technique (FRT)?
    A. DASIE
    B. RICE
    C. PUSH
    D. MELT

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8. Which of the following describes stage 2 of the five-stage model of the FRT?
    A. The stage where you are developing your "rapport" with the tissue
    B. The state of asking questions and obtaining information
    C. The stage of performing the bodywork
    D. The ending or finishing stage of the bodywork

9. 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

10. DASIE is not a technique, nor even a style of touch, but rather a way of describing the process as we interact with our clients' tissue.
    A. True
    B. False

11. 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

12. Each of the techniques you perform using the FRT should be:
    A. Quick, listening, and thought out
    B. Mindful, nurturing, and listening
    C. Deep, strong, and with intention
    D. Hooking, forceful, and diagnosing

13. For the lengthening of bound or adhered myofascia, what type of contact is required?
    A. Broad-surface contact
    B. Heel of the hand contact
    C. Precise contact with fingers or knuckles
    D. Contact with the ulnar blade

14. 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

15. 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

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16. When using your fists, what position should you hold your wrists in?
    A. Flexed
    B. Extended
    C. Inverted
    D. Neutral

17. Which of the following areas are the elbow and forearm useful for?
    A. Armpit and shoulder
    B. Back and thighs
    C. Stomach and pelvis
    D. All of the above

18. In the FRT, techniques are always performed from lateral to medial.
    A. True
    B. False

19. 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

20. 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

21. 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

22. 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, strategise, intervene, evaluate
    C. Development, assessment, strategy, intervention, ending
    D. Tilt, bend, rotate, shift, evaluate

23. 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

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24. Assessing the soft tissue relationships involves determining which soft tissues are involved in the client's postural pattern.
    A. True
    B. False

25. 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 mirror and stand just behind your client
    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

26. Which of the following bones is the main weight bearer of the lower leg?
    A. Humerus
    B. Fibula
    C. Tibia
    D. Ulna

27. What kind of joint is the tibiotalar joint?
    A. Hinge joint
    B. Rotational joint
    C. Ball and socket joint
    D. Fixed joint

28. The _____ curves in the body are present from the beginning, and represent the more solid platforms for movement, since they are held in place by the bones.
    A. Secondary
    B. Primary
    C. Moving
    D. Fixed

29. The medial longitudinal arch is supported by the main body of the:
    A. Calcaneus
    B. Spring ligament
    C. Soft tissue running between the first and fifth metatarsal heads
    D. Plantar fascia

30. The superficial posterior compartment of the leg contains which of the following muscles?
    A. Gastrocnemius
    B. Soleus
    C. Plantaris
    D. All of the above

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31. 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

32. 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

33. 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 it through all ranges of motion
    D. Take the foot in your hands and lightly perform vibration techniques

34. 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

35. 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

36. 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

37. When working on the posterior compartment of the leg, which of the following is a more superficial technique?
    A. Using the fingers to isolate bands of taut tissue
    B. Using double soft fists to work over the fascia
    C. Using an elbow with the client's foot flexed
    D. Using the knuckles to isolate bands of taut tissue

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38. 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

39. 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

40. Which of the following muscle groups have more control over the knee?
    A. Pes anserinus and hamstrings
    B. Abductors and adductors
    C. Quadriceps and hamstrings
    D. Quadriceps and abductors

41. 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

42. Which of the following are muscles of the pens anserinus?
    A. Adductor magnus, adductor longus, and gracilis
    B. Sartorius, quadriceps femoris, and semitendinosus
    C. Sartorius, gracilis, and semitendinosus
    D. All of the above

43. 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
    C. Diagnose minor strains and/or tears in the tissues
    D. Release the gastrocnemius muscle

44. Which therapist tool does the textbook recommend working on the bulk of the quadriceps with?
    A. Fingers
    B. Thumbs
    C. Palms
    D. Forearms

45. 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

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Chapter 6

46. 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

47. On the pelvic bone, which of the following bony landmarks is most superior?
    A. Iliac crest
    B. Acetabulum
    C. Pubis
    D. Ischial tuberosity

48. Which of the following ligaments prevents the nutation (anterior tilt) of the sacrum within the hip bones?
    A. Iliolumbar ligament
    B. Sacrotuberus ligament
    C. Sacrospinous ligament
    D. Iliofemoral ligament

49. Which of the following is an action of the abductor muscle group of the hip?
    A. Helps to flex the hip
    B. Helps to medially rotate the hip
    C. Abducts the hip
    D. All of the above

50. The _____ itself is a strong stabilizer of the hip, holding the IT to the back of the femur, and helping to maintain the hip extension in which we humans stand.
    A. Piriformis
    B. Obturator internus
    C. Quadratus femoris
    D. Obturator externus

51. All of the following muscles are included in the ramic fan EXCEPT:
    A. Adductor minimus
    B. Gluteus maximus
    C. Gracilis
    D. Pectineus

52. 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

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53. 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

54. If the pelvis is rotated to the right (as in figure 6.33), 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

55. 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

56. How is the piriformis found/palpated?
    A. Palpating the client's PSIS 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

57. Why do you need to be careful when working on a client's leg adductors?
    A. There is no need for caution when working on the adductors
    B. The adductors are located right over the bony protuberance of the greater trochanter and can be sensitive
    C. The adductors are tucked away on the inside of the thigh, which is an intimate area and they are often tender and tight
    D. All of the above

58. The iliacus is best treated with the client in the _____ position.
    A. Side-lying
    B. Prone
    C. Seated
    D. Supine

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Chapter 7

59. Which of the following are the four large sheets of myofascia known as the abdominal muscles?
    A. Rectus abdominis, external oblique, internal oblique, transverse abdominis
    B. Rectus abdominis, transverse abdominis, obturator externus, obturator internus
    C. External oblique, internal oblique, levator ani, puborectalis
    D. Diaphragm, abdominal aponeurosis, rectus abdominis, external oblique

60. 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

61. In the textbook, what are the "parachute strings" in the abdominal cavity?
    A. A set of two fascial structures (aponeurosis of internal oblique and aponeurosis of rectus abdominis) in the abdominal cavity which are essential to balance and provide a strong and stable link between the ribs and the pelvis
    B. Also known as the vertical belt, the parachute strings begin with the rectus abdominis, go up over the front of the ribs with the central part of the diaphragm and extend down to the pelvic floor
    C. A set of four fascial structures (lateral raphes in the back and the semi-lunar lines in the front) in the abdominal cavity which are essential to balance and provide a strong and stable link between the ribs and the pelvis
    D. A set of three ligaments called the costoxioid ligaments, which are essential to balance and provide a strong and stable link between the ribs and the pelvis

62. 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

63. Which of the following muscles is an accessory muscle of breathing?
    A. Quadratus lumborum
    B. Serratus posterior superior and inferior
    C. Scalenes
    D. All of the above

64. It is essential to understand that the diaphragmatic fibers are mostly _____.
    A. Horizontal
    B. Vertical
    C. Diagonal
    D. Crossed

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65. 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

66. 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

67. When performing the “lateral raphe lift”, how should the client be positioned?
    A. Side-lying
    B. Prone
    C. Seated
    D. Supine

68. 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

69. 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

70. 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

71. 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

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72. 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

73. All of the following muscles attach to the transverse processes of the cervical vertebrae EXCEPT:
    A. Levator scapulae
    B. Scalenes
    C. Trapezius
    D. Semispinalis

74. 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 scalene
    B. Sternocleidomastiod and anterior scalene
    C. Anterior and middle scalene
    D. Splenis capitis and cervicis

75. 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. Realign the rotations
    D. All of the above

76. 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

77. 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

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78. 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

79. 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

80. 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

81. Which of the following therapist tools is recommended for performing "trapezius opening"?
    A. Finger
    B. Elbow
    C. Soft fist
    D. Forearm

82. 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

83. 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 innervates 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

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Chapter 9

84. 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

85. 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

86. 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)

87. 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

88. Which of the following is a possible axis of movement in the shoulders which you may observe while BodyReading a client?
    A. Inferior or superior
    B. Anterior or posterior
    C. Rotation and/or tilt
    D. All of the above

89. 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

90. When sliding down the latissimus dorsi and the teres major with a soft fist, what should you do with the client's arm?
    A. Abduct the humerus to stretch the tissue
    B. Hold the arm perpendicular to the body
    C. Adduct the humerus to stretch the tissue
    D. Medially rotate the arm so it stays out of the way

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91. What client position is the serratus anterior more easily accessed?
    A. Supine
    B. Prone
    C. Side-lying
    D. Standing

92. 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

93. Which of the following therapist tools does the textbook recommended for use when "opening the flexor compartment"?
    A. Fist
    B. Fingers
    C. Elbow
    D. All of the above

94. All of the following structures pass through the carpal tunnel EXCEPT:
    A. Flexor tendons
    B. Blood vessels
    C. Extensor tendons
    D. Nerves

95. 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

96. 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.

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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. 251
- Textbook Chapter 9 - Trapezius, pg. 253
- Textbook Chapter 8 - Erector Spinae, pg. 204-208
- Textbook Chapter 9 - Latissimus, pg. 249
- Textbook Chapter 9 - Supraspinatus, pg. 254
- Textbook Chapter 9 - Infraspinatus/Triceps/Deltoid, pg. 256, pg. 262-263
- Textbook Chapter 8 - Erector Spinae, pg. 204-208

Hip/sacrum
DVD demonstrates techniques presented in:

- Textbook Chapter 6 - Sacrum/Trochanter, pg. 137-145
- Textbook Chapter 6 - Gluteals/Piriformis, pg. 137-145

Posterior leg
DVD demonstrates techniques presented in:

- Textbook Chapter 6 - Adductors/Hamstrings, pg. 146-149
- Textbook Chapter 5 - Hamstrings, pg. 104-109
- Textbook Chapter 4 - Gastrocnemius/Soleus, pg. 81
- Textbook Chapter 4 - Poster compartment, pg. 81

Feet
DVD demonstrates techniques presented in:

- Textbook Chapter 4 - Feet, pg. 69-78
- Textbook Chapter 4 - Plantar Fascia, pg. 73
- Textbook Chapter 4 - Toes, pg. 71

Anterior leg
DVD demonstrates techniques presented in:

- Textbook Chapter 5 - Quadriceps/Sartorius, pg. 103-104
- Textbook Chapter 4 - Anterior compartment, pg. 79
- Textbook Chapter 4 - Tibialis Anterior, pg. 79

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Arm/shoulder
DVD demonstrates techniques presented in:
- Textbook Chapter 9 - Shoulder range of motion, pg. 247-249
- Textbook Chapter 9 - Carpal tunnel/arm flexors/extensors, pg. 257-260

Chest/abdomen
DVD demonstrates techniques presented in:
- Textbook Chapter 7 - Pectorals, pg. 175
- Textbook Chapter 7 - Rectus Abdominis, pg. 174-175
- Textbook Chapter 7 - Obliques, pg. 177-178

Neck
DVD demonstrates techniques presented in:
- Textbook Chapter 8 - Trapezius, pg. 218-219
- Textbook Chapter 8 - Suboccipital region, pg. 220-221
- Textbook Chapter 8 - Sternocleidomastoid/Scalenes, pg. 222-224

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

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