

Myofascial Release Techniques Home Study Course

9 CE Hours
Online Study Guide

Presented by the:
Center for Massage Therapy Continuing Education

*PO Box 117 • Elk Point, SD 57025
866-784-5940 • www.massagetherapyceu.com*

Table of Contents

INSTRUCTIONS 3
EXAM (for review before taking the online exam)..... 4

Center for Massage Therapy Continuing Education, LLC

© 2024, Center for Massage Therapy Continuing Education, LLC
PO Box 117
Elk Point, SD 57025
www.massagetherapyceu.com
Ph: 866-784-5940 • Fax: 605-761-2261
info@massagetherapyceu.com

Published by the Center for Massage Therapy Continuing Education, LLC

The author grants permission to photocopy this outline for personal use only. Beyond this consent, no portion of this course may be copied or reproduced in any form without written permission from the Center for Massage Therapy Continuing Education.

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. Written medical opinions are always the best way to resolve any questions regarding contra-indications to myofascial release and its associated techniques.

Instructions for the Myofascial Release Techniques home study course

Thank you for investing in the Myofascial Release Techniques home study course, a 9 CE hour course designed to further your knowledge in the principles and practice of myofascial release for professional bodyworkers and massage therapists.

This guide will contain all of the instructions you will need to complete this course. This is a 9 CE hour course, so that means it should take you approximately 9 hours to read the textbook, watch the online videos, and complete the multiple choice exam and course evaluation.

The following are steps to follow in completing this course:

- 1. Review the instructions, textbook, and access the online videos.**
- 2. There are 25 videos totaling about 52 minutes of technique demonstrations from chapters 6-13. They can be accessed on the publisher's website and instructions for this are located in the front inside cover of your textbook. The only thing completed for this course on the publisher's website is viewing the online videos. The multiple choice exam for the course is located on page 4 of this guide and testing is completed on our website.**
- 3. Access the online examination by logging in to your account at <https://www.massagetherapyceu.com/login.php>.**
- 4. 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. You are allowed to access and take the exam up to 3 times if needed. There is no time limit when taking the exam. Feel free to review the textbook while taking the test. This course uses the text *Myofascial Release, 2nd Edition* by Ruth Duncan. There are no trick questions on the exam. All of the answers are clearly found in the text or the video.

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.

If you have any questions please feel free to contact us at 866-784-5940, 712-490-8245 or 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 Techniques home study course.

Myofascial Release Techniques Exam

Part I

Chapter 1

1. Why is fascia been described as the largest system in the human body?
 - A. Because it touches all other structures and is said to be involved in the experience of pain
 - B. Because it is a vast network of osseous tissue that innervates all bones, muscles, and organs of the body
 - C. Because it does not touch all other structures and is not involved in the experience of pain
 - D. Because it originates in the brain stem and branches out to all other structures in the human body
2. Which of the following are the main fibers within fascia?
 - A. Actin and myosin
 - B. Collagen and elastin
 - C. B cells and T cells
 - D. Keratin and hemoglobin
3. All of the following are true of deep fascia EXCEPT:
 - A. Is loosely knit
 - B. Is tough, tight and compact
 - C. Forms many interconnected pockets
 - D. Thickens in response to stress
4. Myofascial release (MFR) is not massage in that it uses:
 - A. Quick, light techniques with lubrication (oil, cream, lotion)
 - B. A specific tool to sweep over the skin
 - C. A skilled touch to force tissues to release
 - D. No lubrication (oil, cream, lotion) to avoid slipping on the skin
5. The application of the hands-on MFR technique is a:
 - A. Deep sustained pressure held at the barrier of tissue resistance until a sensation of hardening is perceived by the therapist
 - B. Quick sustained pressure held at the barrier of tissue resistance until a sensation of melting is perceived by the therapist
 - C. Slow sustained pressure held at the barrier of tissue resistance until a sensation of melting is perceived by the therapist
 - D. Slow sustained pressure held at the barrier of tissue resistance until a sensation of hardening is perceived by the therapist
6. Performing MFR in and around a scar site should be avoided for approximately:
 - A. 2-4 weeks post-injury
 - B. 4-6 weeks post-injury
 - C. 6-8 weeks post-injury
 - D. 8-12 weeks post-injury

Chapter 2

7. Which of the following should be done in an MFR treatment consultation?
 - A. Treatment of the client
 - B. Obtain client information and a medical consultation form
 - C. Physical palpation assessment of the client's tissues
 - D. Diagnosis of the client's condition

8. What is effective questioning?
 - A. Questioning that involves open-ended questions that require more than a yes or no answer
 - B. Questioning that will progress the consultation and only requires a yes or no answer
 - C. Questioning that will allow you to make the correct diagnosis for the client's condition
 - D. Questioning that does not involve open-ended questions and does not require more than a yes or no answer

9. Which of the following are the two parts of the physical assessment in MFR?
 - A. With the client standing and with the client seated
 - B. With the client seated and with the client on the treatment table
 - C. With the client seated and with the client performing actions that cause pain
 - D. With the client standing and with the client on the treatment table

10. Which of the following is a question to ask yourself when assessing posture from the lateral view?
 - A. Are the gluteal folds equal?
 - B. Is the belly button in the middle of the abdomen or pulled to the side?
 - C. Are the arms level by the sides of the body?
 - D. Is the head protracted or retracted?

11. The _____ is the only bilateral jointed bone in the body.
 - A. Ankle
 - B. Pelvis
 - C. Jaw
 - D. Knee

12. What is fascial drag?
 - A. When the tissues are being pulled, dragged and twisted as a result of tensional forces
 - B. A condition in the low back resulting from the pelvis being rotated and tilted anteriorly
 - C. A stretching technique in which the client moves a joint through its full range of motion
 - D. When the practitioner places a joint at the position of least resistance to encourage release

Chapter 3

13. Which of the following is a local contraindication to MFR?
 - A. Febrile state (high temperature)
 - B. Sutures or stitches
 - C. Deep vein thrombosis and aneurism
 - D. Undiagnosed lumps

14. Proper body mechanics include all of the following EXCEPT:
- A. Wearing adequate and appropriate clothing and footwear
 - B. Lunging from your hips as opposed to bending from your legs
 - C. Engaging the techniques you are performing with your entire body and mind
 - D. Remembering to breathe
15. What is red flare?
- A. A creeping, stretching, tingling and twitching sensation under the skin or the skin becoming pink
 - B. A painful response felt by the client during the session as a result of the fascial changes taking place
 - C. Body stiffness or tenderness post-treatment
 - D. An increase of energy felt by the client due to the reduction of tensional loads on the body

Part II

Chapter 4

16. How often should the palpatory assessment on a client be performed?
- A. On every client at the first session and then again after the 5th session
 - B. Only on clients who are in pain every session
 - C. On every client in every session
 - D. On every client once they begin to feel relief
17. Having already ruled out tissue infection and inflammation, what can a feeling of either heat or coolness on your client's skin notify you of?
- A. That tissue restriction and dysfunction do not currently reside in the tissues
 - B. That tissue restriction and dysfunction have not altered the tissue respiratory and circulatory process
 - C. That you may be using too much sustained pressure to correctly palpate the tissues
 - D. That tissue restriction and dysfunction have altered the tissue respiratory and circulatory process
18. Which of the following are two prominent bony landmarks in the pelvis?
- A. Anterior superior iliac spine (ASIS) and posterior superior iliac spine (PSIS)
 - B. Greater trochanter and posterior inferior iliac spine (Sweeney's Tubercle)
 - C. Anterior inferior iliac spine (AIIS) and lateral epicondyle of the humerus
 - D. Iliac crest and lateral epicondyle of the femur
19. What is end-feel?
- A. A term applied to the action of moving a joint through its entire range of motion, assessing for resistance
 - B. A term applied to gliding dysfunctional tissues along the path of least resistance until free movement is achieved
 - C. A term applied to anatomical structures at which the available range of motion of a joint or muscle meets resistance
 - D. A term applied to applying a repetitive, gentle bounce into the tissues once you reach the point of resistance

20. Traction involves:
- A. Gradually and gently lengthening an extremity to its fascial resistance point, or its end-feel
 - B. Gradually and gently pressing into an extremity with your fingers, thumbs or elbow to its fascial resistance point, or its end-feel
 - C. Gradually and gently lifting the skin away from underlying tissues to its fascial resistance point, or its end-feel
 - D. Gradually and gently shortening an extremity to its fascial resistance point, or its end-feel
21. In which of the following client positions is rebounding best performed?
- A. Seated
 - B. Standing
 - C. Prone or supine
 - D. Sidelying

Chapter 5

22. All MFR techniques, although applied similarly, involve:
- A. Following and feeling using the same predetermined protocol for each client, allowing you to master the techniques used
 - B. Following and feeling for the unique three-dimensional restrictions in each client's body, making every session completely different to the next
 - C. Following and feeling for the common two-dimensional restrictions in each client's body, making every session similar to the next
 - D. Following and feeling using the same predetermined protocol for each client, sometimes forcing the end-feel barrier until it relaxes
23. Which of the following are the most important, fundamental and commonly used techniques in the sustained MFR approach?
- A. Transverse plane releases
 - B. Compression releases
 - C. Longitudinal plane releases
 - D. Cross-handed releases
24. When a longitudinal plane or cross-hand release fails to offer results, try a _____ and then reapply your initial technique.
- A. Skin rolling technique
 - B. Transverse plane release
 - C. Gentle compressive force
 - D. Tractioning technique

25. Which of the following is a method of applying myofascial mobilisations?
- A. Apply pressure slowly and diligently into the tissue at an oblique angle using your hand, a loose fist, the heel of your hand and even your elbow followed by waiting for the tissue to yield and permit movement longitudinally, transverse or a combination of both
 - B. Apply pressure firmly and diligently perpendicularly into the tissue using your hand, a loose fist, the heel of your hand and even your elbow followed by waiting for the tissue to yield and permit movement longitudinally, transverse or a combination of both
 - C. Apply pressure with the use of oil or lotion into the tissue using your hand, a loose fist, the heel of your hand and even your elbow followed by waiting for the tissue to yield and permit movement longitudinally, transverse or a combination of both
 - D. Apply pressure quickly into the tissue at an oblique angle using your hand, a loose fist, the heel of your hand and even your elbow followed by forcing the tissue to yield and permit movement longitudinally, transverse or a combination of both

Part III

Chapter 6

26. Which of the following is the easiest technique to apply and therefore the best way to get the feel of MFR?
- A. Skin rolling
 - B. Cross-handed release of the anterior thigh
 - C. Cross-handed release of the anterior lower leg
 - D. Cross-handed release of the medial arch of the foot
27. When performing the cross-handed techniques, which of the following is the optimal amount of time to apply the technique for?
- A. At least 30 seconds to one minute
 - B. At least one to three minutes
 - C. At least two to three minutes
 - D. At least three to five minutes
28. Which of the following is the correct therapist hand placement in the cross-handed release of the anterior hip?
- A. One hand, skin on skin, on the client's lower abdominal area just above the ASIS with your fingers pointing toward the opposite shoulder and the other hand on the upper thigh just below the ASIS with your fingers pointing towards the client's feet
 - B. One hand, skin on skin, on the client's lower rib cage with your fingers pointing toward the opposite shoulder and the other hand on the upper thigh just above the knee with your fingers pointing towards the client's feet
 - C. One hand, skin on skin, on the client's lower abdominal area just above the ASIS with your fingers pointing toward the opposite shoulder and the other hand on the lower thigh just above the knee with your fingers pointing towards the client's feet
 - D. One hand, skin on skin, on the client's side abdominal area above the greater trochanter with your fingers pointing toward the opposite shoulder and the other hand on the upper thigh just below the ASIS with your fingers pointing towards the client's feet

29. Which of the following is an effective technique for relieving tension associated with compressed discs as well as lumbar and sacral pain?
- A. Cross-hand release of the upper chest
 - B. Cross-hand release of the lumbosacral junction
 - C. Cross-hand release of the upper back
 - D. Cross-hand release of the cervicothoracic junction
30. In which of the following client positions is the cross-hand technique of the anterior cervical spine best performed?
- A. Prone
 - B. Supine
 - C. Seated
 - D. Sidelying

Chapter 7

31. Longitudinal plane releases treat the fascia and its associated structures throughout the:
- A. Width of the body
 - B. Fascia that you are touching
 - C. Length of the body
 - D. Quadrant that you are treating
32. While performing any of the pulls in chapter 7, remember:
- A. To gently force the barrier in any direction and slip over the skin
 - B. Never to force the barrier in any direction and always slip over the skin
 - C. Never to force the barrier in any direction or to slip over the skin
 - D. To gently force the barrier in any direction and never to slip over the skin
33. Which of the following is also an effective assessment tool for feeling the differences and similarities of the fascial drag between both sides of the body?
- A. Arm pull prone
 - B. Leg pull prone
 - C. Leg pull supine
 - D. Bilateral arm pulls, prone and supine
34. When performing side-lying arm and leg pulls, once you have applied traction to the end-feel barrier of resistance, what is the next step?
- A. Immediately rotate the limb medially toward the center of the body
 - B. Wait for the yielding sensation and an elongation of the limb into the body and then take up the slack to the next barrier of resistance and continue
 - C. Apply a small amount of oil or lotion and gently compress into the tractioned tissues feeling for an elongation of the limb
 - D. Gently take the limb into external rotation and abduction, waiting for the yielding sensation and an elongation of the limb before returning it back to the body

Chapter 8

35. In the technique compression of the anterior thigh, when the client's tissue begins to yield under your hand, the sensation can be compared to:
- A. Butter melting
 - B. Water boiling
 - C. Water freezing
 - D. Butter hardening
36. Which of the following is the correct therapist hand placement when performing compression of the upper back?
- A. The palm of one hand, skin on skin, on the scapula close to its medial border and the other hand in the same place on the opposite side of the client's back
 - B. The palm of one hand, skin on skin, on the scapula close to its inferior border and the other hand in the same place on the opposite side of the client's back
 - C. The palm of one hand, skin on skin, on the scapula close to its superior border and the other hand in the same place on the opposite side of the client's back
 - D. The palm of one hand, skin on skin, on the scapula close to its lateral border and the other hand in the same place on the opposite side of the client's back

Chapter 9

37. All of the following are transverse planes in the body EXCEPT:
- A. The pelvic floor
 - B. The sagittal floor
 - C. The respiratory diaphragm
 - D. The cranial base
38. When performing the transverse plane release of the thoracic inlet, which of the following is the correct therapist hand placement on the client's back?
- A. On the lower back at approximately L1 or L2
 - B. On the neck at approximately C6 or C7
 - C. Between the shoulder blades at approximately T3 or T4
 - D. Between the shoulder blades at approximately T6 or T7

Chapter 10

39. How long should you wait to perform specific MFR techniques on the site of a scar after an injury or surgery?
- A. At least 2 weeks
 - B. At least 4 weeks
 - C. At least 6 weeks
 - D. At least 8 weeks
40. The scar lifting technique is effective as a mobilisation technique for which of the following type of scars?
- A. Burn scars
 - B. Long keloid scars
 - C. Scars on tendons such as the Achilles tendon
 - D. Sternal scars from cardiac surgery

41. When using the stacking the position of ease techniques on scars, what is the position of ease?
- A. A positional direction that the tissue favors and where you feel the tissue moves toward with less resistance
 - B. A positional direction that the tissue thickens and where you feel the tissue moves toward with most resistance
 - C. A positional direction that the tissue favors and where you feel the tissue moves toward with most resistance
 - D. A positional direction that the tissue thickens and where you feel the tissue moves toward with less resistance
42. Direct scar tissue work, although beneficial, can be quite painful and will elicit a _____ sensation as the tissue changes.
- A. Relieving
 - B. Cooling
 - C. Hardening
 - D. Burning

Chapter 11

43. All of the following are examples of myofascial mobilisations EXCEPT:
- A. Soft tissue release (STR)
 - B. Effleurage
 - C. Pin and stretch
 - D. Lever techniques
44. When performing myofascial mobilisation techniques on the ankle retinacula, the client will move the foot in which directions?
- A. Starting at dorsiflexion and slowly moving to plantar flexion
 - B. Starting at medial rotation and slowly moving to lateral rotation
 - C. Starting at plantar flexion and slowly moving to dorsiflexion
 - D. Starting at lateral rotation and slowly moving to medial rotation
45. For maximum results on the posterior thigh, which two techniques should be combined?
- A. Myofascial mobilisation technique and a compression release
 - B. Myofascial mobilisation technique and a cross-hand release
 - C. Myofascial mobilisation technique and skin rolling
 - D. Myofascial mobilisation technique and a prone pull
46. The myofascial mobilisation technique for the erector spinae muscle is a _____ application.
- A. Transverse
 - B. Transverse and longitudinal
 - C. Longitudinal
 - D. Spreading

47. Which of the following myofascial mobilisation techniques should be avoided is someone is pregnant or trying to become pregnant?
- A. The pectoralis muscle
 - B. The piriformis muscle
 - C. The seated upper trapezius muscle
 - D. The psoas and iliacus muscle
48. When performing the myofascial mobilisation technique on the gluteus medius, gluteus minimus and tensor fascia lata, how can you find the muscles?
- A. By asking the client to abduct the leg up and off the treatment table
 - B. By asking the client to adduct the leg down toward the treatment table
 - C. By asking the client to rotate the hip forward toward the treatment table
 - D. By asking the client to rotate the hip backward toward the treatment table

Part IV

Chapter 12

49. In the leg roll position of ease, begin the technique in which direction?
- A. Laterally first, followed by medially
 - B. Medially first, followed by laterally
 - C. The direction you feel offers greater movement
 - D. The direction you feel offers lesser movement
50. When combining techniques in the upper body and lower body, how long is each technique performed for?
- A. One to two minutes
 - B. Two to four minutes
 - C. Three to five minutes
 - D. Five to seven minutes

Chapter 13

51. Which of the following is an advantage of an individual treatment approach?
- A. The client may require more therapy than one individual session can offer
 - B. The treatments may not be regular enough to break habitual holding patterns
 - C. The client may build up repetitive strain patterns between sessions from work, sport, stress and strain
 - D. Gives clients time to work with their responses to each session
52. All of the following can be included in home programmes EXCEPT:
- A. Performing two or three stretches or exercises daily between treatments
 - B. Application of MFR techniques by a licensed therapist
 - C. Noticing any daily activities or sleeping positions that may be exacerbating the pain
 - D. Building awareness of stress factors that may be influencing the condition

This completes the Myofascial Release Techniques exam.