

Orthobionomy Basics Home Study Course

7 CE Hours
Online Study Guide

Presented by the:
Center for Massage Therapy Continuing Education

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It is the responsibility of the practitioner to determine the appropriateness of the techniques 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 Orthobionomy for massage therapists.

Instructions for the Orthobionomy Basics home study course

Thank you for investing in the Orthobionomy Basics home study course, a 7 CE hour introductory course designed to further your knowledge in the principles and practice of Orthobionomy for professional bodyworkers and massage therapists.

This guide will contain all of the instructions you will need to complete this course. This is a 7 CE hour course, so that means it should take you approximately 7 hours to read the textbook and complete the multiple choice exam and course evaluation.

The Center for Massage Therapy Continuing Education, LLC is not affiliated with the Society of Ortho-Bionomy™. The CE hours provided here are basic CE hours that can be used for your massage therapy license renewal. If you are interested in further pursuing training in Ortho-Bionomy™ or adding hands-on techniques in your practice, we recommend contacting the Society of Ortho-Bionomy™. This course does not claim to teach advanced hands-on training.

The following are steps to follow in completing this course:

- 1. Read the text and review the exam. Your textbook will be mailed to you. The exam is available for review in this guide.**
- 2. Access the online examination by logging in to your account at <https://massagetherapyceu.com/login.php>.**
- 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 an 80% 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 *Ortho-Bionomy™*, by Kathy L. Kain. There are no trick questions on the exam. All of the answers are clearly found in the text. It is advised to answer the exam questions in this 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 Orthobionomy Basics home study course.

Orthobionomy Basics Exam

Section 1

1. Who is the founder of Ortho-Bionomy™?
 - A. Kathy Kain
 - B. Dr. Arthur Lincoln Pauls
 - C. Dr. John Upledger
 - D. Dr. Leon Chaitow
2. What are proprioceptive nerves?
 - A. Nerves, usually clustered in and around the joints, that give us information about body position and rate of movement
 - B. Nerves, usually present in organs, that give us information about body position and rate of movement
 - C. Sensory receptors, present in the skin, that give us information about body position and rate of movement
 - D. Nerves, usually clustered in the brain, that carry impulses away from the brain to muscles and glands
3. Which of the following can be used as an indicator point?
 - A. The organ of the corresponding area of discomfort or tension
 - B. The joint closest to the area of discomfort or tension
 - C. The top of the head
 - D. Any specific area of discomfort or tension
4. Once you've found the best release position, you will usually hold that position for _____?
 - A. 5-10 seconds, or until the release indicators that you are monitoring signal that the release is completing
 - B. 10-60 seconds, or until the release indicators that you are monitoring signal that the release is completing
 - C. 1-2 minutes, or until the release indicators that you are monitoring signal that the release is completing
 - D. 5-10 minutes, or until the release indicators that you are monitoring signal that the release is completing

Section 2

5. What is the name of the second cervical vertebra?
 - A. Atlas
 - B. Occiput
 - C. Axis
 - D. Rib
6. What is the most common error students make with the lower neck release position?
 - A. Moving too quickly and too far into the position
 - B. Choosing the wrong indicator point
 - C. Moving too slowly and not far enough into the position
 - D. Not holding the point for a sufficient amount of time

7. When evaluating the thoracic spine, how can you check for sensitivity or contraction in the muscles along each side of the thoracic spine?
 - A. By palpating along the length of the thoracic within 2 inches on either side of the spinous processes
 - B. By palpating along the length of the thoracic within 3 inches on either side of the spinous processes
 - C. By palpating along the length of the thoracic over the top of the spinous processes
 - D. By palpating along the length of the thoracic within an inch on either side of the spinous processes

8. If there are no other imbalances present, which of the following is a thoracic release indicator (an indicator that the thoracic spine has released)?
 - A. There will be increased sensitivity and contraction along the spine
 - B. There will be increased mobility of the thoracic vertebrae
 - C. The client will note increased pain and referred pain in the thoracic area
 - D. There will be reduced range of motion in the thoracic vertebrae

9. How is an isometric release performed on the first rib?
 - A. With one hand on the client's occiput and the client's elbow pointing toward the ceiling, have the client initiate a small movement of her arm in the direction of the table while providing gentle but firm resistance to the client's attempted movement
 - B. With one hand on the client's first rib and the client's elbow pointing toward the ceiling, have the client initiate a small movement of her arm in the direction of the table and move the shoulder through its full range of motion
 - C. With one hand on the client's first rib and the client's elbow pointing toward the ceiling, have the client initiate a small movement of her arm in the direction of the table while providing gentle but firm resistance to the client's attempted movement
 - D. With one hand on the client's upper trapezius and the client's arm flat on the table, have the client initiate a small movement of her arm away from the table while providing gentle but firm resistance to the client's attempted movement

10. The general evaluation/release movements of the ribs may be done with the client:
 - A. Either prone or seated
 - B. Either supping or sidelying
 - C. Either seated or standing
 - D. Either prone or supine

11. If a rib does not release, check the corresponding:
 - A. Cervical vertebra
 - B. Thoracic vertebra
 - C. Lumbar vertebra
 - D. Sacrum

12. Which of the following are used to evaluate the condition of the lumbar area?
 - A. Trigger points
 - B. Reflex points
 - C. Spinous processes
 - D. ASIS and PSIS

13. Where is the location of the L5 trigger?
- A. In the muscle inside the medial edge of the ASIS
 - B. Immediately superior and/or inferior to the inguinal ligament
 - C. Mid-buttock
 - D. On the medial or lateral side of the PSIS

Section 3

14. Which of the following muscles makes up the iliopsoas group?
- A. The quadratus lumborum, the psoas minor and the iliacus
 - B. The psoas major, the gluteus medius and the gluteus minimus
 - C. The psoas major, the psoas minor and the iliacus
 - D. The psoas major, the psoas minor and the sartorius
15. All of the following are iliopsoas release indicators when no other imbalances are present EXCEPT:
- A. The legs will rotate internally with resistance
 - B. The legs will be the same length
 - C. Movement of the ribcage will be even
 - D. The arms will be the same length
16. Which of the following are convenient bony landmarks when comparing the balance of the ilium at the pelvis?
- A. The iliac crest and the sacrum
 - B. The iliac crest and the PSIS
 - C. The sacrum and the scapula
 - D. The sacrum and the PSIS
17. When performing the “ilium release - anterior rotation (long leg)” with the client in the prone position, the client’s leg is gently lifted straight up toward the ceiling while the:
- A. Ilium is rotated anteriorly
 - B. Pubis is rotated anteriorly
 - C. Ilium is rotated posteriorly
 - D. Sacrum is rotated posteriorly
18. How many sacral vertebrae fuse to form the sacrum?
- A. 2
 - B. 3
 - C. 4
 - D. 5
19. Which of the following can be used as a release point for the sacrum?
- A. The PSIS
 - B. Any sensitive area on the surface of the lumbar vertebrae
 - C. Any sensitive area on the surface of the sacrum or at its margin
 - D. The ischial tuberosity on the affected side

Section 4

20. An internal rotation of the femur will present as:
- A. A rounded thigh
 - B. A flat thigh
 - C. Externally rotated foot
 - D. All of the above
21. An easy way to remember the femur release isometric exercise is:
- A. If the femur is rotated OUT, you hold the client OUT; if the femur is rotated IN, you hold the client IN
 - B. If the femur is rotated OUT, you hold the client IN; if the femur is rotated IN, you hold the client OUT
 - C. If the femur is rotated IN, you hold the client OUT; if the femur is rotated OUT, you hold the client IN
 - D. If the femur is rotated OUT, you hold the client IN; if the femur is rotated IN, you hold the client IN
22. The knee is at its most vulnerable when it is:
- A. Flexed
 - B. Extended
 - C. Rotated
 - D. Straight
23. When releasing the knee, if you find the release points to be on the medial side, in which of the following directions is the client's flexed knee positioned?
- A. Leaning slightly away from you (medially)
 - B. Dropped slightly toward you (laterally)
 - C. In a straight in line with the body
 - D. Leaning slightly away from you (laterally)
24. Flexing the foot is called:
- A. Plantarflexion
 - B. Inversion
 - C. Dorsiflexion
 - D. Eversion
25. If there are no other imbalances present, which of the following is an ankle release indicator?
- A. There will be comfortable and unbalanced range of motion in the ankle joint
 - B. There will be rigid and unbalanced range of motion in the ankle joint
 - C. There will be rigid and balanced range of motion in the ankle joint
 - D. There will be comfortable and balanced range of motion in the ankle joint
26. Which of the following techniques is performed to check the movement of the metatarsal section in relation to the tarsal area?
- A. Gently rotate the front section of the foot medially and laterally
 - B. Gently dorsiflex the foot while placing emphasis on the lateral arch of the foot
 - C. Gently flex the center of the transverse arch up towards the top of the foot
 - D. Gently rotate and move each toe

Section 5

27. Which of the following forms the only bony connection of the shoulder to the trunk?
- A. First rib
 - B. Clavicle
 - C. Humerus
 - D. Scapula
28. Where is shoulder point 3 located at?
- A. Coracoid process of the scapula
 - B. Inside the V formed by the acromioclavicular joint
 - C. Anywhere along the inferior edge of the spine of the scapula
 - D. At the midpoint in the triangle of the scapula
29. When performing the release for shoulder point 8, how is the supine client's arm positioned?
- A. Across his chest with his elbow bent
 - B. Bent with the elbow below the level of the shoulder so it is pointing toward the floor
 - C. At a right angle to the side of his body
 - D. Raised at more than a 90 degree angle from the torso
30. In the scapula release technique, once the shoulder is rolled back towards the spine, which way is the shoulder compressed?
- A. Straight in towards the ribcage
 - B. Straight up towards the head
 - C. Straight down towards the feet
 - D. Straight down towards the table
31. When checking for clavicle movement, as described in the evaluation section, remember that the movements will be _____.
- A. Rapid
 - B. Considerable
 - C. Forceful
 - D. Slight
32. With the client supine, how can you check for imbalance in any of the planes of movement of the sternum?
- A. Gently rock the sternum towards the table alternately on each side, and at its superior and inferior ends
 - B. Gently compress the sternum in a posterior direction
 - C. Gently move the clavicle in a posterior and then inferior direction
 - D. Raise the arm up over the head and then back down
33. When evaluating the elbow, where is the best place to check for specific areas of tension or sensitivity?
- A. Around the heads of each bones of the wrist
 - B. Around the heads of each bones of the elbow
 - C. In the musculature in the mid-forearm
 - D. In the musculature of the bicep muscle

34. Problems with the elbow may originate at the _____.
- At the shoulder or wrist
 - At the sternum or clavicle
 - At the scapula or the cervical vertebrae
 - At the sacrum or the wrist
35. How do you begin the evaluation of the wrist?
- By compressing around the head of the humerus
 - By moving flexing and extending each finger
 - By taking the wrist through its full range of motion
 - By assisting the client as they perform range of motion exercises
36. How many metacarpals are there?
- 8
 - 5
 - 14
 - 1
37. If there is discomfort at the base of the thumb:
- Rotate and extend the thumb until the indicator point is firm and comfortable and then compress from the thumb into the joint
 - Supinate and flex the thumb until the indicator point is soft and comfortable and then pull the thumb away from the joint
 - Rotate and extend the thumb until the indicator point is firm and comfortable and then pull the thumb away from the joint
 - Rotate and flex the thumb until the indicator point is soft and comfortable and then compress from the thumb into the joint

Section 6

38. What are post-techniques used for?
- To integrate the changes that may have occurred in the spine during release work
 - They assist in restoring flexibility
 - They give some light exercise to the spine
 - All of the above
39. When performing the “neck - stair-step/slide” it is important to keep the client’s face:
- Pointed straight up toward the ceiling
 - Rotated to the left
 - Rotated to the right
 - Flexed at 45 degrees
40. In the side-lying spinal rotation and stretch, where are the practitioner’s hands placed?
- One hand on the front of her hip and the other on the back of her shoulder
 - One hand on the back of her middle back and the other on the front of her shoulder
 - One hand on the back of her hip and the other on the front of her shoulder
 - One hand on the back of her hip and the other on the front of her abdomen

This completes the Orthobionomy Basics exam.