

Positional Release Techniques Home Study Course

21 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 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 or positional release techniques. Written medical opinions are always the best way to resolve any questions regarding contra-indications to massage therapy.

Instructions for the Positional Release Techniques Home Study Course

Thank you for investing in the Positional Release Techniques home study course, a 21 CE hour course designed to introduce you to the theory and practice of positional release in massage therapy. This guide will contain all of the instructions you will need to complete this course. This is a 21 CE hour course, so that means it should take you approximately 21 hours to read the text, watch the companion online videos, complete the exam and course evaluation.

The following are steps to follow in completing this course:

- 1. Read the instructions on this page and review the exam starting on page 4.**
- 2. If you chose to download the course, download the textbook located in files numbered 2-8 in your online account. If you chose to have the textbook mailed to you, disregard this step.**
- 3. To watch the online video clips, go to www.chaitowonline.com.
 - a. Once there, under the “already registered” heading, enter the username: massagetherapyce and the password: massage and click “sign in”.**
 - b. Then click on the “Positional Release Techniques, Third Edition – redirects to Fourth Edition website”, (the 4th one down) to view the video clips.****
- 4. When you are ready to test online, access the online examination in your member area at www.massagetherapyceu.com.**
- 5. 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 and online resources while taking the test. This course uses the textbook “Positional Release Techniques”, by Leon Chaitow. There are no trick questions on the exam. All of the answers can be found in the textbook.

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 Positional Release Techniques home study course.

Positional Release Techniques Examination

Chapter 1

1. The essence of all forms of positional release techniques (PRT) is to:
 - A. Gently support tissues in a position of comfort or “ease”, until a spontaneous beneficial change (“release”) occurs
 - B. Force change into the tissues, rather than inviting change, when treating dysfunctional tissues
 - C. Firmly support tissues in a position of discomfort or “unease”, until a spontaneous beneficial change (“release”) occurs
 - D. Sustain pressure over the affected areas allowing a spontaneous resolution of the tense, dysfunctional state of the tissues

2. All of the following are PRT variations EXCEPT:
 - A. Strain/counterstrain (SCS)
 - B. Functional technique (FT)
 - C. Ballistic stretching (BS)
 - D. Visceral technique

3. What are tender points?
 - A. Areas of ‘ease’ or ‘balance’, where the tissues are at their least tense
 - B. Localized areas, associated with distressed and dysfunctional tissues
 - C. Localized, tender areas that are painful when compressed and, when active, display the significant characteristic of being able to radiate or refer pain, as well as other sensations, to adjacent or even distant tissues
 - D. The aim of PRT, where the tissues are positioned into a state of ‘ease’ or comfort

4. _____ ignores pain as its guide to the position of ease, and relies instead on a reduction in palpated tone in stressed (hypertonic, spasmed, restricted) tissues, as the body (or part) is being positioned, or fine-tuned, towards three-dimensional ‘ease’ involving use of different vectors of force.
 - A. Osteopathic functional technique
 - B. Facilitated positional release
 - C. Strain/counterstrain
 - D. McKenzie’s method

5. In the strain/counterstrain (SCS) method of PRT, according to Jones (1981), approximately how long are the tissues held in their position of ease?
 - A. 20 seconds
 - B. 30 seconds
 - C. 60 seconds
 - D. 90 seconds

6. Which of the following methods of PRT is widely used in the chiropractic profession?
 - A. Strain/counterstrain (SCS)
 - B. McKenzie's method
 - C. Sacro-occipital 'blocking' technique (SOT)
 - D. Visceral techniques

7. What 2 elements did Goodheart suggest incorporating into the 'position of ease' hold to decrease the 90 seconds required without losing the therapeutic benefit?
 - A. A respiration assist or a stretching of the tissues being palpated
 - B. A respiration assist or a compressing of the tissues being palpated
 - C. An active stretch performed by the client or a stretching of the tissues being palpated
 - D. An active stretch performed by the client or a compressing of the tissues being palpated

8. All of the following PRT methods are entirely passive EXCEPT:
 - A. McKenzie's method
 - B. SCS
 - C. Functional FPR
 - D. Taping

Chapter 2

9. All of the following factors may be involved in the evolution of somatic dysfunction EXCEPT:
 - A. Inflammation
 - B. Good posture
 - C. Nutritional factors
 - D. Anxiety

10. As a rule, when somatic dysfunction is discussed, it is in the absence of _____.
 - A. Pain
 - B. Restriction
 - C. Stress
 - D. Pathology

11. What does CCP stand for?
 - A. Common Compensatory Pattern
 - B. Cervical Compression Practice
 - C. Common Cervical Pain
 - D. Clinical Compressive Pattern

12. In palpation of the body, what does the acronym TARTT stand for?
- A. Tissue texture changes, Assessment, Redness, Tenderness to palpation pressure, and Temperature change
 - B. Temperature change, Asymmetry, Reach, Trigger point presence, and Tissue texture changes
 - C. Tissue texture changes, Asymmetry, Restricted range of motion, Tenderness to palpation pressure, and Temperature change
 - D. Tenderness to palpation pressure, Active release, Restricted range of motion, Trigger of the pain response, Temperature change
13. If the tissue palpated is warmer than the surrounding tissues, this might indicate a/an _____ injury.
- A. Chronic
 - B. Acute
 - C. Neurological
 - D. Visceral
14. Which of the following is a characteristic of the upper crossed syndrome?
- A. Shortness and tightness of the pectoralis major and minor
 - B. Shortness and tightness of quadratus lumborum
 - C. Lengthening and weakening of the gluteal muscles
 - D. Lengthening and weakening of the abdominal muscles
15. What is the 'dead-bug' exercise/test?
- A. A reliable procedure for information regarding vulnerability and stability, as well as regarding neurological integration and efficiency
 - B. A 'coordination' test that assists in evaluating the patient's ability to maintain the lumbar spine in a steady state during different degrees of loading
 - C. An 'assessment' method which can successfully identify the presence of trigger points in the tissues using the TARTT approach
 - D. An 'identification' method for finding patterns of ease-bind and tight-loose in muscles and muscle groups
16. Positional release methods, such as SCS should be used with care in cases involving all of the following EXCEPT:
- A. Open wounds
 - B. Recent sutures
 - C. Healed fractures
 - D. Systemic localized infection

Chapter 3

17. The development of strain/counterstrain has been strongly influenced by the empirical clinical observations of:
- A. Dr. Janet Travell
 - B. Dr. Karel Lewit
 - C. Dr. Lawrence Jones
 - D. Dr. Geri DiGiovanna
18. All of the following are types of research EXCEPT:
- A. Laboratory research
 - B. Experimental studies
 - C. Systematic reviews
 - D. Patient observations
19. Much of the theoretical foundation for strain/counterstrain was based on the work of _____ who described a potential mechanism of action to explain the effects of strain/counterstrain and other manual therapies.
- A. Goodheart (1996)
 - B. Korr (1975)
 - C. Selye (1956)
 - D. Travell (1979)
20. Which of the following textbook headings is an example of a methodological research study performed on SCS?
- A. Testing tender point identification
 - B. Muscle excitability and stretch reflex
 - C. Complex regional pain syndrome of the foot and ankle
 - D. Balance impairment
21. All of the following are types of groups used in control trials EXCEPT:
- A. All treatment group
 - B. No-treatment group
 - C. Placebo treatment group
 - D. Sham treatment group
22. Although weakened by several factors, a study performed on tissue texture by Baker et al. (2013) showed that:
- A. Strain/counterstrain appeared to significantly decrease hysteresis, more than other treatments, based on a comparison of median values
 - B. Osteopathic functional technique appeared to have no effect on hysteresis, based on a comparison of median values
 - C. Osteopathic functional technique appeared to significantly increase hysteresis, more than other treatments, based on a comparison of median values
 - D. Strain/counterstrain appeared to significantly increase hysteresis, more than other treatments, based on a comparison of median values

23. While support is not definitive for strain/counterstrain as the cause of the observed effects for any of the applications for which it has been recommended, this is not unusual for manual therapy in general. What does the evidence presented in the textbook suggest about strain/counterstrain?
- A. The evidence suggests that strain/counterstrain is definitely not the cause of changes in measurable outcomes, including pain, range of motion, strength and functional outcomes
 - B. The evidence suggests that strain/counterstrain may well be the cause of changes in measurable outcomes, including pain, range of motion, strength and functional outcomes
 - C. The evidence does not suggest that strain/counterstrain may well be the cause of changes in measurable outcomes, including pain, range of motion, strength and functional outcomes
 - D. There has not been any research studies performed on strain/counterstrain therapy

Chapter 4

24. What is the best known and most widely used positional release variation?
- A. Osteopathic functional technique (FuPR)
 - B. Facilitated positional release (FPR)
 - C. Strain counterstrain (SCS)
 - D. McKenzie's method
25. Which of the following are theories outlined in the text for how SCS may work at a neurological level on the body?
- A. The proprioceptive and nociceptive hypotheses
 - B. The systemic and nociceptive hypotheses
 - C. The proprioceptive and neurological hypotheses
 - D. The working and systemic hypotheses
26. Jones found that by taking the joint/area _____ the position in which the original strain took place an interesting phenomenon was observed, in which the proprioceptive functions were given an opportunity to reset themselves, to become coherent again, during which time pain in the area lessened.
- A. Away from
 - B. Close to
 - C. Out of
 - D. Above
27. All of the following are ideal settings for application of SCS/PRT EXCEPT:
- A. For reduction of stiffness (hypertonia) in pre- and postoperative patients
 - B. In cases of acute and multiple strain – whiplash, for example
 - C. In cases of recent major trauma or surgery
 - D. In treatment of sensitive, frail, delicate individuals or sites

28. Which of the following correctly states the application guidelines of SCS?
- A. Locate and palpate an appropriate tender point, use maximum force, use maximum monitoring pressure, achieve no ease/comfort, produce no additional pain anywhere else
 - B. Locate and palpate an acute injury, use minimal force, use minimal monitoring pressure, achieve maximum bind, produce additional pain in the trigger point referred pain pattern
 - C. Locate and palpate the acutely injured muscle belly, use medium force, use medium monitoring pressure, achieve minimum ease/comfort, produce no additional pain anywhere else
 - D. Locate and palpate an appropriate tender point, use minimal force, use minimal monitoring pressure, achieve maximum ease/comfort, produce no additional pain anywhere else
29. If a chain, or line, of tender points is identified, which point should be treated first?
- A. The most central
 - B. The first in the chain or line
 - C. The last in the chain or line
 - D. The surrounding area
30. Tender points may lie in all of the following EXCEPT:
- A. Muscle
 - B. Bone
 - C. Tendon
 - D. Ligament
31. Which of the following statements regarding the effects of sustained compression is false?
- A. Ischaemia is reversed when pressure is released
 - B. Mechanoreceptor impulses resulting from applied pressure do not interfere with main messages (gate theory)
 - C. 'Taut bands' associated with trigger points release due to local biochemical modifications
 - D. Traditional Chinese medicine concepts associate digital pressure with altered energy flow
32. When using the 0 to 10 pain scale, a reduction to a score of _____ is regarded as adequate to achieve the release required.
- A. 1 or 2 (approximately 90% reduction in pain)
 - B. 2 or 3 (approximately 70% reduction in pain)
 - C. 4 or 5 (approximately 50% reduction in pain)
 - D. 5 or 6 (approximately 30% reduction in pain)

33. Which of the following statements regarding positioning into ease is false?
- A. There should be NO increase in pain
 - B. It is not necessary to maintain possibly painful pressure on the tender point
 - C. Intermittent pressure applied periodically, to evaluate the effects of a change in position in order to ascertain the degree of sensitivity still present, is the preferred Travell method
 - D. The amount of time the position of ease should be maintained varies
34. All of the following are cautions of SCS EXCEPT:
- A. Acute inflammatory conditions
 - B. Skin conditions
 - C. Recent major trauma
 - D. Ischemia
35. Which of the following SCS exercises was devised as a teaching tool that enables SCS skills to be acquired and polished?
- A. The SCS 'box' exercise
 - B. The SCS 'square' exercise
 - C. The SCS 'flexion' exercise
 - D. The SCS 'extension' exercise
36. Which of the following positions is correct when performing SCS cervical flexion exercise?
- A. The patient/model is supine and the practitioner/therapist sits or stands at the head of the table
 - B. The patient/model is supine and the practitioner/therapist sits or stands at the side of the table
 - C. The patient/model is prone and the practitioner/therapist sits or stands at the head of the table
 - D. The patient/model is prone and the practitioner/therapist sits or stands at the bottom of the table
37. In the SCS low back/lower limb exercise, once an area has been palpated in the low back, evaluation is carried out on the effects of moving the limb into all of the following EXCEPT:
- A. Extension
 - B. Adduction
 - C. Abduction
 - D. Internal rotation
38. The tender point for anterior strain in a C1 joint can be found:
- A. In a groove between the styloid process and the angle of the jaw
 - B. In a groove between the sternocleidomastoid muscle and the angle of the jaw
 - C. On the insertion of the sternocleidomastoid muscle
 - D. On the origin of the masseter muscle

39. The Spencer shoulder sequence protocol is extremely useful clinically as:
- A. An assessment approach only
 - B. A practice exercise
 - C. A treatment approach only
 - D. Either an assessment or a treatment approach
40. In the Spencer shoulder sequence protocol, the client is in the _____ position.
- A. Supine
 - B. Prone
 - C. Side-lying
 - D. Seated
41. It is worth re-emphasizing that where chronic changes have evolved in muscles, positional release may:
- A. Ease hypertonicity and reduce pain, and at the same time modify tissues which have altered structurally
 - B. Ease hypertonicity and reduce pain, but cannot of itself modify tissues which have altered structurally
 - C. Modify tissues which have altered structurally, but cannot of itself ease hypertonicity and reduce pain
 - D. Ease hypertonicity, but cannot of itself reduce pain or modify tissues which have altered structurally
42. Which of the following is the common tender point in the subscapularis?
- A. Close to the lateral border of the scapula, on its anterior surface
 - B. Close to the lateral border of the scapula, on its posterior surface
 - C. Close to the medial border of the scapula, on its anterior surface
 - D. Close to the medial border of the scapula, on its posterior surface

Please note: There is a typo in box 4.9 on page 96. The statement at the beginning of the second bulleted list reads: “A rib that is unable to move into full exhalation can be described as being:” and it should read: “A rib that is unable to move into full **inhalation** can be described as being:”.

43. A rib that is unable to move into full exhalation can be described as all of the following EXCEPT:
- A. Locked in its inhalation phase
 - B. Elevated – unable to move to its exhalation position
 - C. Fractured – unable to move to its exhalation position
 - D. An inhalation restriction

44. The tender points for a depressed rib are located:
- A. In the intercostal spaces above or below the affected rib, at the angle of the ribs posteriorly
 - B. In the intercostal spaces above or below the affected rib, on the anterior axillary line
 - C. On top of the rib heads, on the anterior axillary line
 - D. On top of the rib heads, at the angle of the ribs posteriorly
45. What does drag palpation identify?
- A. Increased hydrosis, a physiological response to increased sympathetic activity
 - B. Decreased hydrosis, a physiological response to increased sympathetic activity
 - C. Increased hydrosis, a physiological response to decreased sympathetic activity
 - D. Decreased hydrosis, a physiological response to decreased sympathetic activity
46. When performing the induration technique for paraspinal soft tissue dysfunction, how long is the pressure held?
- A. 90 seconds
 - B. 60 seconds
 - C. 40 seconds
 - D. 20 seconds
47. Which of the following is the usual method used for SCS treatment of extension strains of the thoracic spine?
- A. Direct flexion (forward-bending)
 - B. Direct compression into tissues
 - C. Direct rotation (twisting)
 - D. Direct extension (backwards-bending)
48. Where is the common tender point for an extension strain of L3?
- A. On the lateral surface of the anterior inferior iliac spine, pressing medially
 - B. Close to the tip of the transverse process
 - C. About 3 inches lateral to the posterior superior iliac spine, just below the superior iliac spine
 - D. About 2 inches medial, and slightly inferior, to the anterior superior iliac spine

49. What does the process of SCS for psoas dysfunction involve?
- A. Finding the amount of hip flexion that reduces palpated pain in the tender point markedly, at which time fine-tuning is introduced in which small amounts of side-flexion or rotation are introduced to assess the effects on tenderness
 - B. Finding the amount of hip extension that reduces palpated pain in the tender point markedly, at which time fine-tuning is introduced in which small amounts of side-flexion or rotation are introduced to assess the effects on tenderness
 - C. Finding the amount of hip flexion that increases palpated pain in the tender point markedly, at which time fine-tuning is introduced in which small amounts of side-flexion or rotation are introduced to assess the effects on tenderness
 - D. Finding the amount of hip extension that increases palpated pain in the tender point markedly, at which time fine-tuning is introduced in which small amounts of side-flexion or rotation are introduced to assess the effects on tenderness
50. Medial sacral tender points are best treated with the patient in the _____ position.
- A. Supine
 - B. Prone
 - C. Seated
 - D. Side-lying
51. The textbook outlines _____ sacral foramen tender points.
- A. 2
 - B. 4
 - C. 6
 - D. 8
52. Which of the following is a variation to make application of the coccygeal lift less difficult to achieve?
- A. Place the client in the side-lying position
 - B. Place the client in the prone position
 - C. Place the client in the supine position
 - D. Place the client in the seated position
53. Where is the common tender point for the lateral hamstring (biceps femoris) located?
- A. In the lateral gluteus medius, on the posterior superior iliac spine
 - B. On the tibia's posteromedial surface on the tendinous attachment of semimembranosus
 - C. On the tendinous attachment of biceps femoris on the posterolateral surface of the head of the fibula
 - D. In a depression on the talus, just medial to the tibialis anterior tendon, anterior to the medial malleolus

54. About what percentage of patients treated by SCS have some reaction, despite the gentleness of these approaches?
- A. 15-20%
 - B. 25-33%
 - C. 33-50%
 - D. 55-66%

Chapter 5

55. Which of the following is an essential difference between SCS and functional technique?
- A. In SCS, there is no reliance on feedback from the patient as to reduction in pain during the process of positioning and fine-tuning
 - B. In functional work, there is no reliance on feedback from the patient as to reduction in pain during the process of positioning and fine-tuning
 - C. In functional work, tissues are not placed into a position of ease, but rather stretched to the maximum range of motion
 - D. In SCS, tissues are not placed into a position of ease, but rather stretched to the maximum range of motion
56. All of the following are key elements of functional treatment in diagnosis and treatment EXCEPT:
- A. If the participating part has free and ‘easy’ motion, it is normal. However, if it has restricted or ‘binding’ motion, it is dysfunctional.
 - B. The directions of motion which include ease in the dysfunctional sites indicate precisely the most desirable pathways of movement
 - C. Treatment using these methods is seldom, if ever, painful and is well received by patients
 - D. Functional methods are not suitable for application to the very ill, the extremely acute and the most chronic situations
57. Which of the following is the ‘listening hand’?
- A. The palpating contact which does not move
 - B. The contact hand that directs motion
 - C. The client’s feedback
 - D. The palpating contact that moves over tissues
58. What is the purpose of “Bowles’s functional self-assessment exercise”?
- A. It should help to emphasize the ‘moving’ role of the palpating fingers and their selectivity as to what they wish to move
 - B. It should provide a solution to ease/bind in tissues, ways that do not impose a solution, but allow one to emerge
 - C. It should help to emphasize the ‘listening’ role of the palpating fingers and their selectivity as to what they wish to listen to
 - D. It should open up possibilities for other ways being considered, ways that do not impose a solution, but allow one to emerge

59. In Hoover's functional clavicle exercise 3(c), what question is asked?
- A. Does the (healthy) clavicle move in a definite and predictable manner?
 - B. Are there differences in ease of motion, and palpated feelings, when the clavicle is caused to move in different physiological motions?
 - C. Can the differences of ease of motion and tissue texture be altered by moving the clavicle in certain ways?
 - D. Are there restrictions or areas of bind as the clavicle is moved through its complete range of motion?
60. Hoover describes variations in what you might feel, as a response from the tissues being palpated, when performing his exercises. If you note normal physiological activity, what is that referred to?
- A. Dynamic neutral
 - B. Negative response
 - C. Borderline response
 - D. The lesion response
61. What is the recommended amount of time when performing Greenman's (1989) spinal 'stacking' exercise?
- A. 5 minutes
 - B. 10 minutes
 - C. 15 minutes
 - D. 20 minutes
62. Which of the following exercises presented in the text is offered as a means of introducing functional technique methodology into clinical practice?
- A. Functional treatment of the patellar joint
 - B. Functional treatment of the gleno-humeral joint
 - C. Functional treatment of the atlanto-occipital joint
 - D. Functional treatment of the thoraco-lumbar joint
63. In the functional treatment of the atlanto-occipital joint, each motion assessment starts:
- A. With the head in a position of flexion
 - B. With the head in a position of extension
 - C. From the combined 'stacked' position of bind established by the previous assessment
 - D. From the combined 'stacked' position of ease established by the previous assessment
64. Facilitated positional release incorporates elements of both:
- A. SCS and functional technique
 - B. SCS and visceral technique
 - C. Sacro-occipital 'blocking' technique and functional technique
 - D. McKenzie's method and functional technique

65. Jones's guidelines state that, in many cases, soft-tissue changes on the posterior aspect of the body should be treated in the first instance by taking them into:
- A. Extension
 - B. Flexion
 - C. Adduction
 - D. Abduction
66. The only difference between treating a soft-tissue change that may be affecting a spinal joint, and treating the spinal joint itself using FPR, is:
- A. Having the client in the prone position rather than the supine position
 - B. The degree of precision required in the positioning process
 - C. Treating the soft-tissue based on feel rather than patient feedback
 - D. Rotating the joint rather than extending it
67. In 'FPR treatment of thoracic region dysfunction', 'thoracic flexion restriction and FPR', and 'prone FPR treatment for thoracic flexion dysfunction', once a position of ease is noted, how long is the position held?
- A. Up to 90 seconds
 - B. 30-35 seconds
 - C. 15-20 seconds
 - D. 3-4 seconds
68. In 'FPR for third rib motion restriction', what is the proper positioning of the listening hand?
- A. The top of the third rib with the left middle finger
 - B. The angle of the third rib with the right middle finger
 - C. The angle of the third rib with the left middle finger
 - D. The top of the third rib with the right middle finger
69. Which of the following is correct about the similarities and differences between SCS and FPR?
- A. Both SCS and FPR are direct approaches to treat soft-tissue dysfunction
 - B. In SCS, the monitoring contact is tissue tension, in FPR the monitoring point is a pain point
 - C. In SCS, the holding time is 30-90 seconds, and in FPR the holding time is 3-4 seconds
 - D. SCS uses facilitating crowding and FPR does not
70. Which of the following is a contraindication to FPR?
- A. Varicose veins
 - B. There are no contraindications to FPR
 - C. Acute trauma or injury
 - D. Rheumatoid arthritis

71. How is the freedom of flexion of one side and then the other assessed in the ‘temporal freedom of movement palpation exercise’?
- A. By focusing on the thumb contact on one side at a time
 - B. By focusing on the index finger contact on one side at a time
 - C. By focusing on the palmar contact on one side at a time
 - D. By focusing on the fingertip contact on one side at a time

Chapter 6

72. Trigger points commonly lie in muscles that have been stressed in a variety of ways, often as a result of all of the following EXCEPT:
- A. Postural imbalances
 - B. Occupational or leisure overuse patterns
 - C. Emotional states reflecting into the soft tissues
 - D. Hypomobility
73. The leading researchers into trigger points (TrPs), define trigger points as:
- A. Hyperirritable foci, lying within taut bands of muscle, which are painful on compression and which refer pain or other symptoms at a distant site
 - B. Hypoirritable foci, lying within taut bands of muscle, which are painful on compression and which do not refer pain or other symptoms at a distant site
 - C. Hyperirritable foci, lying within taut bands of muscle, which are painful on compression and which do not refer pain or other symptoms at a distant site
 - D. Hypoirritable foci, lying within smooth bands of muscle, which are painful on compression and which refer pain or other symptoms at a distant site
74. Which of the following, according to the text, may be the simplest and possibly the most effective way to identify trigger (or tender) points?
- A. Deep compression
 - B. Drag palpation
 - C. X-ray
 - D. MRI

75. Which of the following is the correct sequence for treating a trigger (tender) point with INIT?
- A. 1. A tender point is located and ischaemically compressed; 2. The pain is removed from the tender point by stretching the whole muscle, which is held for at least 90 seconds, following which an active contraction is achieved and held for 5-7 seconds; 3. The local muscle tissues in which the point lies are stretched; 4. The whole muscle is stretched after a further whole muscle isometric contraction
 - B. 1. A tender point is located and treated with deep effleurage; 2. The pain is removed from the tender point by finding a position of ease, which is held for at least 20 seconds, following which an isometric contraction is achieved and held for 5-7 seconds; 3. The whole muscle is stretched after a further whole muscle isometric contraction; 3. The local muscle tissues in which the point lies are stretched
 - C. 1. A tender point is located and ischaemically compressed; 2. The pain is removed from the tender point by finding a position of ease, which is held for at least 20 seconds, following which an isometric contraction is achieved and held for 5-7 seconds; 3. The local muscle tissues in which the point lies are stretched; 4. The whole muscle is stretched after a further whole muscle isometric contraction
 - D. 1. A tender point is located and ischaemically compressed; 2. Pain is induced into the tender point by finding the maximum range of motion, which is held for at least 20 seconds, following which an active stretch is achieved and held for 5-7 seconds; 3. The local muscle tissues in which the point lies are stretched; 4. The whole muscle is stretched after a further whole muscle isometric contraction
76. Which of the following is a way that fibromyalgia (FM) and chronic myofascial pain (CMP) are similar?
- A. Both affect males and females evenly
 - B. Both suffer from morning stiffness
 - C. Both have fatigue as a major associated symptom
 - D. Both have tension headaches and paraesthesia as a major associated symptom
77. Which of the following techniques is appropriate for surgically traumatized tissues?
- A. Taping
 - B. Functional technique
 - C. Deep compression
 - D. McKenzie's method
78. In 'functional release of the diaphragm attachment area' how long is the position of ease held?
- A. Up to 20 seconds
 - B. Up to 30 seconds
 - C. Up to 60 seconds
 - D. Up to 90 seconds

79. All of the following are guidelines for use of counterstrain in bed-bound patients EXCEPT:
- A. Unusually sensitive local areas ('tender points') represent aspects of a local dysfunction
 - B. Tender points will usually be found in healthy soft tissues
 - C. Active contraction of those tissues, or movements that stretch them, are likely to feel restricted or uncomfortable, or frankly painful, to the individual
 - D. Positioning the tissues in ways that increase their 'shortness', while palpating a reduction in tone, combined with reduced 'tenderness scores', guides you to the position of ease that may allow spontaneous release to occur
80. Which of the following patient positions is best for treating posterior lumbar dysfunction in bed-bound individuals?
- A. Prone or side-lying
 - B. Prone or supine
 - C. Seated or supine
 - D. Seated or side-lying

Chapter 7

81. What is fascia?
- A. A structure that is comprised of nerve cells and fibers that transmit nerve impulses between parts of the body
 - B. A structure that is comprised of glands that secrete hormones directly into the circulatory system to be carried towards target organs
 - C. A structure that literally 'ties everything together', from the soles of the feet, to the meninges surrounding the brain
 - D. A structure comprised of a network of vessels that carry clear fluid called lymph directionally toward the heart
82. The superficial front line fascial train extends from the:
- A. Cervical spine to the anterior fascia of the lower arm
 - B. Thumb to the sternocleidomastoid insertion on the clavicle
 - C. Dorsal surface of the toes to the mastoid process of the temporal bone
 - D. Temporal fascial web of the cranium to the greater omentum of the rectus abdominus
83. According to a study performed by Wynne et al. 2006, counterstrain has been shown to beneficially influence:
- A. Plantar fasciitis
 - B. Achilles tendonitis
 - C. Myofascial pain syndrome
 - D. Iliotibial band syndrome

84. A 2013 study conducted by Barnes, et al., measured _____ in fascia after different manual methods.
- A. Altered degrees of stiffness
 - B. Altered degrees of fluid
 - C. Altered degrees of nerve function
 - D. Altered degrees of pain

Chapter 8

85. What is balanced ligamentous tension (BLT)?
- A. The concept that, in a normal, physiological moving joint, the overall tension of the associated ligaments is symmetrical or balanced
 - B. The concept that, in a normal, physiological moving joint, the overall tension of the associated ligaments is asymmetrical or unbalanced
 - C. The type of somatic dysfunction characterized by abnormal tensions in some or all of a joint's ligamentous structures, as a result of trauma, inflammation or other abnormal conditions
 - D. The type of somatic dysfunction characterized by normal tensions in some or all of a joint's ligamentous structures, as a result of trauma, inflammation or other abnormal conditions
86. The general principle of BLT involves:
- A. The introduction of a fulcrum by the patient and then having the practitioner provide an activating force
 - B. The introduction of a fulcrum by the practitioner and then having the patient provide an activating force
 - C. The introduction of a full range of motion stretch by the practitioner and then having the patient provide feedback on pain levels
 - D. The introduction of a full range of motion stretch by the patient and then having the practitioner provide feedback on pain levels
87. What is the first (and most critical) step in treatment using BLT?
- A. For the patient to place the strained articular mechanism in a position where all the tensions on the ligaments are at their minimum
 - B. For the patient to place the strained articular mechanism in a position where all the tensions on the ligaments are at their maximum
 - C. For the practitioner to place the strained articular mechanism in a position where all the tensions on the ligaments are at their maximum
 - D. For the practitioner to place the strained articular mechanism in a position where all the tensions on the ligaments are at their minimum
88. All of the following are indications for the use of BLT EXCEPT:
- A. Acute or chronic somatic dysfunction of articular structures
 - B. Ligamentous sprains or strains
 - C. Fracture, dislocation or gross instability of the region to be addressed
 - D. Areas of lymphatic congestion or local oedema

89. When using BLT to treat the rib cage, what is the best patient position?
- A. Seated or prone
 - B. Seated or supine
 - C. Side-lying or prone
 - D. Side-lying or supine
90. When using BLT to perform sacroiliac decompression, where are the practitioner's finger pads placed?
- A. In the sacral sulcus on each side of the pelvis
 - B. At the lumbosacral junction
 - C. On the patient's anterior superior iliac spines
 - D. Along the edge of the occipital ridge
91. Which of the following patient positions is best for treating the upper extremity with BLT?
- A. Supine
 - B. Prone
 - C. Seated
 - D. Side-lying
92. When treating the forearm and elbow using BLT, how may the practitioner add an activating force?
- A. By instructing the patient to slowly turn their neck toward the unaffected side until a point of BLT has been determined by the practitioner
 - B. By instructing the patient to slowly abduct their shoulder until a point of BLT has been determined by the practitioner
 - C. By having the patient hold his or her breath in either inhalation or exhalation, whichever phase facilitates the maintenance of the point of BLT
 - D. By having the patient either hold the joint in an isometric contraction or stretch the joint to its end range, whichever facilitates the maintenance of the point of BLT
93. When treating the anterior talus with BLT, what movement does the practitioner use to achieve a point of BLT?
- A. Flexion and extension of the ankle joint
 - B. External and internal rotation of the tibia
 - C. Abduction and adduction of the leg
 - D. Flexion and extension of the knee
94. When treating the tarsals, metatarsals, or phalanges with BLT, how is the point of balanced membranous tension achieved?
- A. With the application of gentle flexion of the ankle towards the head
 - B. With the application of gentle inversion and eversion of the ankle
 - C. With the application of gentle rotation to each side of the foot
 - D. With the application of gentle compression of the foot towards the floor

Chapter 9

95. Trauma, disease and postural/structural abnormalities result in the abnormal force vectors and energy that are stored in the:
- A. Visceral structures
 - B. Glands
 - C. Bones
 - D. Neuropathic structures
96. A sound understanding of _____ is required for the clinician to develop a good working knowledge of visceral techniques.
- A. Skeletal somatic reflexes
 - B. Visceral somatic reflexes
 - C. Muscular somatic reflexes
 - D. Neurological somatic reflexes
97. All of the following are contraindications to visceral positional release techniques EXCEPT:
- A. Abdominal aneurysm
 - B. Internal bleeding
 - C. Active inflammatory bowel disease
 - D. No pain with evaluation or manipulation
98. Which of the following is the tender point for pancreas dysfunction?
- A. Over the manubriosternal junction
 - B. About 2cm inferior and lateral to the PSIS
 - C. On the ninth rib just lateral to the medial edge of the scapula
 - D. Adjacent to the low ilium sacroiliac tender point

Chapter 10

99. In the McKenzie method assessment, as a patient is put through a series of positions and repetitive movements, the therapist should ask all of the following questions EXCEPT:
- A. Does the range of motion increase or decrease?
 - B. Does the pain intensity rise or fall?
 - C. Does the location of the pain change?
 - D. Does the patient look physically normal?
100. In the McKenzie method of mechanical examination of the lumbar spine, which of the following is a dynamic (repetitive end-range movement) posture?
- A. Flexion standing, extension standing
 - B. Sitting slouched, sitting erect
 - C. Standing slouched, standing erect
 - D. Lying prone in extension, lying supine in flexion

101. In the McKenzie method of mechanical examination of the cervical spine, all of the following are static (sustained posture at end-range) postures EXCEPT:
- A. Protrusion, retraction
 - B. Flexion, retraction + extension
 - C. Mobilization in retraction
 - D. Retraction + left rotation, retraction + right rotation
102. Whether evaluating the lumbar or cervical regions, the clinician assesses the patient's response in terms of what two main variables?
- A. Range of motion and increased hydrosis
 - B. Range of motion and pain
 - C. Pain and increased hydrosis
 - D. Pain and referred pain
103. McKenzie has classified mechanical low back and neck pain into three syndromes; what are they?
- A. Visceral, mechanical, and postural
 - B. Mechanical, neurological, and derangement
 - C. Skeletal, muscular, and mechanical
 - D. Postural, dysfunction, and derangement

Chapter 11

104. Which of the following is a direct method of offloading taping?
- A. Proprioceptive offload
 - B. Parallel offload
 - C. Perpendicular offload
 - D. Longitudinal offload
105. When using taping as a means of PRT, how long is the taping continued?
- A. Until the patient has learnt to actively control movement in the desired fashion, or the effects on symptoms are maintained when it is not worn
 - B. For a minimum of 3 weeks and a maximum of 8 weeks
 - C. Until the patient feels that the taping is no longer useful, or the effects on symptoms are no longer maintained
 - D. For a minimum of 1 day and a maximum of 7 days

Chapter 12

Advanced training with a qualified veterinary professional is recommended for the application of positional techniques in the treatment of animals. For that reason, no questions are written for this chapter. Please feel free to read the chapter for its valuable information.

This completes the Positional Release Techniques exam.