

Positional Release Techniques Home Study Course

21 CE Credit 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 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 Positional Release Techniques Home Study Course

Thank you for investing in the Positional Release Techniques home study course, a 21 CE credit hour course designed to introduce you to positional release techniques. 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 video, complete the exam and course evaluation. This course is not meant to teach advanced hands on techniques. It is an introductory course meant to introduce you to positional release techniques for massage therapy. Please seek advanced training for hands on skills.

Steps to complete this course if you downloaded your textbook:

- 1. Read the instructions and review the textbook.**
- 2. View the online video clips at www.chaitowonline.com. Once there, click on the “Positional Release” link on the side in red and follow the instructions.**
- 3. Access the online examination in your account at www.massagetherapyceu.com.**
- 4. Complete your examination and print your certificate. The exam is open book and there is no time limit for completion.**

Steps to complete this course if you had your textbook mailed to you:

- 5. Read the instructions and review the textbook, DVD-ROM, and exam. Your textbook and DVD-ROM will be mailed to you.**
- 6. Access the online examination in your account at www.massagetherapyceu.com.**
- 7. 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 online exam up to 3 times if needed. There is no time limit when taking the exam. Feel free to review the textbook and video while taking the exam. This course uses the textbook “Positional Release Techniques”, by Leon Chaitow. There are no trick questions on the exam.

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 and risk losing your answered questions!

Good luck as you complete this course. 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 cluster of methods that can be grouped as positional release techniques (PRTs) are a therapeutic approach that:
 - A. Causes little discomfort while allowing a spontaneous resolution of the tense, dysfunctional state of the tissues
 - B. Force change into the tissues, rather than inviting change, when treating dysfunctional tissues
 - C. Stretch, massage, mobilize, and manipulate soft tissues affected to produce a fascial release
 - D. Sustain pressure over the affected areas allowing a spontaneous resolution of the tense, dysfunctional state of the tissues
2. PRTs and related approaches:
 - A. Move the patient, or the affected tissues, toward resistance barriers and away from positions of comfort
 - B. Use compressive forces, such as friction, to manipulate the affected tissues away from resistance barriers
 - C. Move the patient, or the affected tissues, away from any resistance barriers and towards positions of comfort
 - D. Use active stretching methods to reduce myofascial trigger points found in tissues
3. All of the following are variations of positional release (PR) EXCEPT:
 - A. Functional technique
 - B. Trigger point release
 - C. Facilitated positional release (FPR)
 - D. Proprioceptive taping
4. Which of the following methods of PRT are entirely passive?
 - A. Strain/counterstrain (SCS)
 - B. Facilitated positional release (FPR)
 - C. Sacro-occipital 'blocking' techniques (SOT blocks)
 - D. All of the above

Chapter 2

5. What are the three stages of general adaptation syndrome (GAS)?
 - A. Alarm reaction phase, resistance (adaptation) phase, exhaustion phase (when adaptation finally fails)
 - B. Alarm reaction phase, acute (pain) phase, chronic phase (when tissues reach a state of chronic injury)
 - C. Injury phase, resistance (adaptation) phase, healing phase (when tissues begin to regenerate and return to normal)
 - D. Acute response phase, treatment phase, exhaustion phase (when treatment finally fails)

6. Which of the following is a general screening tool which indicates current levels of functionality and can be repeated over time to evaluate progress?
 - A. Postural alignment – particularly crossed syndrome patterns
 - B. Specific functional evaluations such as hip extension test, hip abduction test, and the scapulohumeral rhythm test
 - C. Evaluation of core stability
 - D. All of the above

7. When using the acronym ARTT to assess tissues for somatic dysfunction, what does the ‘R’ relate to?
 - A. Reduced tissue elasticity
 - B. Range of motion
 - C. Rectus abdominis
 - D. Reddening of tissue

8. In the upper crossed syndrome, which muscles may be shortened or tight?
 - A. Pectoralis major
 - B. Upper trapezius
 - C. Levator scapulae
 - D. All of the above

9. Which of the following is a test used to assess balance?
 - A. Hip extension test
 - B. Double leg stance balance test
 - C. Single leg stance balance test
 - D. Basic ‘dead bug’ exercise/test

10. Positional release methodology calls for _____ the restriction barrier, moving towards the point of balance between the tight and loose structures.
 - A. Engagement of
 - B. Disengagement from
 - C. Pushing
 - D. Adhering to

11. All of the following are considered musculoskeletal-biomechanical stressors EXCEPT:
 - A. Using proper body mechanics every time you sit
 - B. Congenital factors such as a short or long leg
 - C. Inappropriate breathing patterns
 - D. Reflexive influences such as trigger points

12. _____ is the osteopathic term for what happens when neural sensitization occurs.
 - A. Segmentation
 - B. Degeneration
 - C. Facilitation
 - D. All of the above

13. When is a trigger point said to be latent?
- A. When they transmit or activate pain (and other) sensations some distance away from themselves
 - B. When there is no pain or facilitation present
 - C. When they transmit or activate pain (and other) sensations upon movement or active stretching
 - D. When they do not actively direct pain (recognizable to the patient as part of their symptom picture) to a distant area
14. Which of the following is a possible deactivation strategy for trigger points?
- A. Chilling technique
 - B. Positional release methods
 - C. Myofascial release methods
 - D. All of the above

Chapter 3

15. The best known and most widely used positional release variation is the method developed from the clinical research of _____, strain/counterstrain (SCS).
- A. Janet Travell
 - B. Laurence Jones
 - C. Leon Chaitow
 - D. Robert Korr
16. What seems to characterize many of the results observed following appropriate use of PRT?
- A. The dampening, calming, influence on the neurological features (including pain receptors) of hyperactive and stressed tissues
 - B. The active stretching, upsetting influence on the neurological features (including pain receptors) of hyperactive and stressed tissues
 - C. The influence of the compressive bending forces on the neurological features (including pain receptors) of hyperactive and stressed tissues
 - D. The tightening, forcing, influence on the neurological features (including pain receptors) of hyperactive and stressed tissues
17. The usual method for learning SCS methodology involves:
- A. Learning the origin, insertion, and action of every muscle, followed by practice of the positioning of the body/associated area, in order to take the pain away from the palpated tender point
 - B. Assessing and diagnosing the condition of the patient, followed by practice of the positioning of the body/associated area, in order to reproduce the pain felt in the palpated tender point
 - C. Learning the locations, and practicing the finding, of tender points, followed by practice of the positioning of the body/associated area, in order to take the pain away from the palpated tender point
 - D. Learning the locations, and practicing the finding, of tender points, followed by practice of the positioning of the body/associated area, in order to reproduce the pain felt in the palpated tender point

18. What are the five major fascial chains (Myers 1997)?
- A. Superficial back line, superficial front line, lateral line, spiral line, and back- and front-of-the-arm lines
 - B. Superficial back line, deep back line, superficial front line, deep front line, and back- and front-of-the-arm lines
 - C. Lateral line, medial line, spiral line, core line, and stabilizing line
 - D. Superficial back line, lateral line, cranio line, parallel line, and back- and front-of-the-arm lines
19. Which of the following is an ideal setting for application of SCS/PR?
- A. In cases involving muscle spasm
 - B. Where contraction is a feature
 - C. In treatment of sensitive, frail, delicate individuals or sites
 - D. All of the above
20. In SCS, how long is the position of ease held for?
- A. 30 seconds
 - B. 60 seconds
 - C. 90 seconds
 - D. 120 seconds
21. All of the following are effects of sustained compression EXCEPT:
- A. Ischemia is reversed when pressure is released
 - B. Neurological 'inhibition' results from sustained efferent barrage
 - C. Mechanoreceptor impulses resulting from applied pressure interfere with pain messages
 - D. 'Taught bands' associated with trigger points further tighten due to local biochemical modifications
22. If, when selecting a tender point for use as a monitor in SCS treatment, you find that there are an apparent line of tender points, which one should you choose?
- A. The one most lateral and/or distal
 - B. One close to the center of the chain
 - C. The least tender point
 - D. All of the above
23. Which of the following is a method to obtain feedback as to the degree of pain/sensitivity/discomfort being felt as the tender point is palpated?
- A. Ask the patient if you are using enough pressure
 - B. Ask the patient to 'grade' the pain on a pain scale from 0-10 with 0 being no pain
 - C. Have the patient fill out a pain questionnaire
 - D. Diagnose the patient's condition
24. Which of the following is a tip about positioning into ease?
- A. There should be no increase in pain elsewhere in the body during the treatment process
 - B. It is not necessary to maintain possibly painful pressure on the tender point throughout
 - C. Intermittent pressure applied periodically, to evaluate the effects of change in position in order to ascertain the degree of sensitivity still present, is the preferred Jones method
 - D. All of the above

25. All of the following are contraindications and cautions to SCS EXCEPT:
- A. Malignancy, aneurysm, and acute inflammatory conditions
 - B. Recent major trauma or surgery
 - C. Restricted muscles and joints
 - D. Infectious conditions
26. As the head and neck are positioned during the SCS 'box' exercise, _____ should be used.
- A. No force at all
 - B. Light force
 - C. Moderate force
 - D. Heavy force
27. Where are local areas of tenderness sought when beginning the SCS cervical extension exercise?
- A. Scalenes and sternocleidomastoid in the anterior neck
 - B. Alongside or over the tips of the spinous processes of the cervical spine
 - C. Alongside or over the clavicle from medial to lateral
 - D. All of the above
28. In all of the SCS exercises presented, what percentage of reduction in pain/sensitivity and/or hypertonicity are you looking for?
- A. 40%
 - B. 70%
 - C. 90%
 - D. 100%
29. How much pressure is used in SCS exercises involving compression?
- A. No more than 5 ounces
 - B. No more than 1 pound
 - C. No more than 2 pounds
 - D. No more than 3 pounds
30. The tender points associated with upper cervical/suboccipital strains are located on the occiput, or in which of the following muscles attaching to it?
- A. The rectus capitis anterior
 - B. Obliquus capitis superior
 - C. Rectus capitis posterior major and minor
 - D. All of the above
31. A C3/4 extension strain can usually be treated by placing the clients neck in:
- A. Increased extension only
 - B. Increased flexion only
 - C. Either flexion or extension
 - D. Lateral rotation

32. What is the Spencer shoulder sequence protocol?
- A. An assessment and treatment approach for shoulder dysfunction which uses positional release methods as well as muscle energy techniques (MET)
 - B. An assessment approach for scapular dysfunction which uses positional release methods to assess for tissue damage
 - C. An assessment and treatment approach for shoulder separation which uses positional release methods as well as vibration and deep friction
 - D. A treatment approach for scapular dysfunction which uses positional release methods as well as muscle energy techniques (MET)
33. Which of the following client positions is appropriate for applying the Spencer shoulder sequence?
- A. Prone
 - B. Supine
 - C. Side-lying
 - D. Sitting
34. All Spencer assessments should be performed:
- A. Actively in a controlled, slow, manner
 - B. Passively in a controlled, slow, manner
 - C. Actively in a controlled, fast paced, manner
 - D. Passively in a controlled, fast paced, manner
35. Where chronic changes have evolved in muscles (e.g. fibrosis), positional release may be able to:
- A. Ease hypertonicity and reduce pain, but cannot of itself modify tissues which have altered structurally
 - B. Ease hypertonicity and reduce pain while at the same time modifying tissues which have altered structurally
 - C. Increase hypertonicity and range of motion, but cannot of itself modify tissues which have altered structurally
 - D. All of the above
36. Where is the tender point for the pectoralis minor located?
- A. Just inferior and slightly medial to the coracoid process (and also on the anterior surfaces of ribs 2,3, and 4 close to the mid-calvicular line)
 - B. Just superior and slightly medial to the coracoid process (and also on the anterior surfaces of ribs 2,3, and 4 close to the mid-calvicular line)
 - C. Just inferior and slightly lateral to the coracoid process (and also on the anterior surfaces of ribs 2,3, and 4 close to the mid-calvicular line)
 - D. Just superior and slightly lateral to the coracoid process (and also on the anterior surfaces of ribs 2,3, and 4 close to the mid-calvicular line)
37. Restrictions in the ability of a given rib to move fully (as compared with its pair) during inhalation indicates a/an _____ status.
- A. Normal
 - B. Elevated
 - C. Elongated
 - D. Depressed

38. Where are tender points for a depressed rib located?
- A. Directly on the affected rib, on the posterior axillary line
 - B. In the intercostal spaces above the affected rib, at the angle of the ribs posteriorly
 - C. In the intercostal spaces above or below the affected rib, on the anterior axillary line
 - D. Posterior thorax, commonly in the intercostal space above or below the affected rib
39. Which of the following client positions is used when treating upper thoracic flexion strains?
- A. Semi-seated or prone
 - B. Semi-seated or supine
 - C. Supine or prone
 - D. Side-lying or supine
40. Tender points, as described by Schwartz (1986), resemble:
- A. Chapman's neurolymphatic reflexes and Travell's myofascial trigger points'
 - B. Travell's myofascial trigger points' and Bozeman's isolative reflexes
 - C. Chapman's neurolymphatic reflexes and Jones's dermatomes
 - D. Bozeman's isolative reflexes and Jones's dermatomes
41. Positioning for flexion strains of the lumbar spine is virtually the same as for:
- A. Thoracic extension strains
 - B. Thoracic flexion strains
 - C. Lumbar extension strains
 - D. All of the above
42. Where is the tender point for iliopsoas located?
- A. Approximately 4 inches (10cm) medial, and slightly inferior, to the anterior superior iliac spine
 - B. Approximately 2 inches (5cm) lateral, and slightly superior, to the posterior superior iliac spine
 - C. Approximately 2 inches (5cm) medial, and slightly inferior, to the anterior superior iliac spine
 - D. Approximately 4 inches (10cm) lateral, and slightly superior, to the posterior superior iliac spine
43. How many 'medial sacral tender points' are there?
- A. 2
 - B. 4
 - C. 5
 - D. 7
44. What is the method of treating the gluteus medius?
- A. The prone patient's ipsilateral leg is extended at the hip and abducted, until reported pain reduces by at least 70%
 - B. The patient lies supine, with the affected leg off the edge of the table so that the thigh is extended and slightly abducted
 - C. The patient lies supine as the ipsilateral leg is flexed until sensitivity in the palpated point drops by at least 70%
 - D. The prone patient's ipsilateral knee is flexed as the foot is inverted and the ankle internally rotated

45. Where is the tender point for the tibialis anterior located?
- A. On the lateral posterior superior iliac spine
 - B. On the tendinosus attachment of biceps femoris on the posterolateral surface of the head of the fibula
 - C. In a depression on the talus, just medial to the tibialis anterior tendon, anterior to the medial malleolus
 - D. In the superior aspect of the lateral ramus of the pubis, approximately a thumb width from the symphysis
46. Which of the following is a component of performing SCS?
- A. Locate the most tender point using simple palpation such as 'drag'
 - B. Hold the position of comfort/ease for not less than 90 seconds
 - C. Slowly return to neutral, and reassess
 - D. All of the above
47. The end result of SCS and other positional release methods (positioning, if painless, slowly performed and held for an appropriate length of time) is:
- A. A reduction in hyperreactivity of the neural structures
 - B. Reduced nociceptor activity
 - C. Reduction in fascial (di)stress
 - D. All of the above

Chapter 4

48. According to McPartland (1996), what percentage of patients treated by SCS have some kind of reaction?
- A. 5-10%
 - B. 10-25%
 - C. 25-33%
 - D. 50-75%
49. SCS has been widely used in hospital settings as an adjunctive treatment for patients with:
- A. Congestive heart failure
 - B. Pneumonia
 - C. Asthma
 - D. All of the above
50. All of the following can be potential problems of manual treatment delivery in a hospital setting EXCEPT:
- A. Their ability to move freely in the hospital bed
 - B. Their inability to be moved more than a little
 - C. Their difficulty in cooperating in a manual treatment because of multiple intravenous and subclavian taps, monitors or various types of catheters
 - D. Their current particular state of vulnerability, either due to illness or to their being pre- or post-surgical

51. When using SCS for respiratory distress, how long should you hold each position?
- A. 30 seconds
 - B. 60 seconds
 - C. 90 seconds
 - D. 120 seconds
52. Functional techniques can be used in pregnancy right up to the time of delivery.
- A. True
 - B. False
53. Tender points will usually be found in tissues that have_____.
- A. Lengthened
 - B. Shortened
 - C. Weakened
 - D. All of the above
54. In the neck region, which of the following muscles has the most spindles?
- A. Rectus capitis posterior minor
 - B. Rectus capitis posterior major
 - C. Splenius capitis
 - D. Pectineus
55. George Goodheart developed a technique called:
- A. Inguinal lift
 - B. Psoas lift
 - C. Coccygeal lift
 - D. Spinal lift
56. Marsh Morrison's 'inguinal lift' is a valuable method that can be applied to:
- A. Lower abdominal 'tension' as well as to pelvic imbalances
 - B. Upper back 'tension' as well as to cervical imbalances
 - C. Lower back 'tension' as well as to knee imbalances
 - D. Inner abdominal 'tension' as well as diaphragm deficiencies
57. Which of the following extremely small movements take place simultaneously during cranial flexion?
- A. A reduction in the vertical diameter of the skull
 - B. A reduction in the anteroposterior diameter
 - C. An increase in the cranial transverse diameter
 - D. All of the above
58. All of the following are contraindications and/or cautions to cranial treatment EXCEPT:
- A. Symptoms and signs of space-occupying lesions
 - B. No history of seizures
 - C. Acute head trauma
 - D. Previous cerebrovascular accident (stroke)

59. In Jones's cranial approach, how much force is required to produce 'ease' when working on the cranium?
- A. Minimal, not to exceed ounces
 - B. Moderate, not to exceed a pound
 - C. Moderate, not to exceed two pounds
 - D. Extreme, not worrying about the amount of force applied
60. All of the following are common complaints that may be assisted by treatment of cranial tender points EXCEPT:
- A. Maxillary sinus problems
 - B. Tinnitus
 - C. Plantar fasciitis
 - D. Earache
61. Where is the tender point located for nasal dysfunction?
- A. In the temporal fossa, approximately 2cm lateral to the end of the lateral canthus
 - B. On the side of the bridge of the nose
 - C. On the top of the bridge of the nose
 - D. In a vertical depression just medial to the mastoid process
62. Positional release methods for TMJ problems were developed by:
- A. DiGiovanna (Scariati 1991)
 - B. John Upledger
 - C. Goodheart (Walther 1988)
 - D. All of the above

Chapter 5

63. Trigger (and other nonreferring pain) points commonly lie in muscles that have been stressed in a variety of ways, often as a result of:
- A. Postural imbalances and/or congenital factors
 - B. Occupational or leisure overuse patterns
 - C. Hypermobility and/or trauma
 - D. All of the above
64. According to the American College of Rheumatology, in order to diagnose fibromyalgia syndrome, pain upon pressure (around 4 kg of pressure maximum) should be felt in at least how many sites?
- A. 8 of 18
 - B. 11 of 18
 - C. 13 of 18
 - D. 18 of 18
65. All of the following are similarities between fibromyalgia syndrome (FMS) and myofascial pain syndrome (MPS) EXCEPT:
- A. Both are affected by cold weather
 - B. Both affect mainly females
 - C. Both have tension headaches and paresthesia as a major associated symptom
 - D. Both are unaffected by anti-inflammatory, painkilling medication whether of the cortisone type or standard formulations

66. All of the following treatment methods have shown to be useful in encouraging recovery in some patients with FMS EXCEPT:
- A. NSAID pain relievers such as Ibuprofen
 - B. Manual therapy
 - C. Homeopathy
 - D. Biofeedback
67. Which of the following is a characteristic of trigger points?
- A. Nearly 80% of trigger points are in exactly the same positions as known acupuncture points used in traditional Chinese medicine
 - B. Muscles that contain trigger points will often hurt when they are contracted and they will almost always be painful if stretched
 - C. Trigger points lie in parts of muscles most prone to mechanical stress, often close to origins and insertions and also, very commonly, they are situated on fascial cleavage planes
 - D. All of the above
68. What are attachment trigger points?
- A. Trigger points which form in the center of the muscle's fibers, close to the motor end plate
 - B. Trigger points which, when palpated, do not refer symptoms to a distant site
 - C. Trigger points which form at junctures of myofascial and tendinous or periosteal tissues
 - D. Trigger points which form directly in the midline or belly of the muscle
69. Which of the following is a treatment method for deactivating trigger points?
- A. Inhibitory (ischemic compression) pressure methods
 - B. Chilling and stretching of the muscle in which the trigger lies
 - C. Active or passive stretching
 - D. All of the above
70. What is 'drag' palpation?
- A. A palpation method by means of which trigger (or tender) points can rapidly be identified by light passage of a single digit, finger or thumb, across the skin
 - B. A palpation method by means of which trigger (or tender) points can rapidly be identified by actively stretching the area to elicit a response
 - C. An integrated method of treatment which uses muscle energy techniques (MET) as well as positional release techniques (PRT) to deactivate trigger points
 - D. A deactivation method by means of which trigger (or tender) points are released using various methods of positional release (PR)
71. What is integrated neuromuscular inhibition technique (INIT)?
- A. A method of treatment used to deactivate trigger points using neuromuscular therapy
 - B. A method of treatment used to deactivate trigger points combining direct inhibition with the concept of SCS and muscle energy techniques (MET)
 - C. A method of treatment used to deactivate trigger points using SCS along with effleurage and petrissage
 - D. All of the above

72. Which of the following is the correct order of the basic rules when instructing patients on methods of self-treatment?
- A. Move your body slowly until the pain is reduced to a '3', press on the point of tenderness just hard enough to score '10', find a pain point, stay in that position of 'ease' for 1 minute, slowly return to normal
 - B. Find a pain point, move your body slowly until the pain is reduced to a '3', stay in that position of 'ease' for 1 minute, slowly return to normal, press on the point of tenderness just hard enough to score '10'
 - C. Find a pain point, press on the point of tenderness just hard enough to score '10', move your body slowly until the pain is reduced to a '3', stay in that position of 'ease' for 1 minute, slowly return to normal
 - D. Stay in that position of 'ease' for 1 minute, press on the point of tenderness just hard enough to score '10', move your body slowly until the pain is reduced to a '3', slowly return to normal, find a pain point

Chapter 6

73. In practice of the 'functional technique', what is the action of the palpating contact ('listening hand')?
- A. The palpating contact ('listening hand') must not move or initiate any movement
 - B. The palpating contact ('listening hand') moves along the skin following the grain of the muscle(s) being palpated
 - C. The palpating contact ('listening hand') initiates a passive stretch to move the tissues into a position of ease
 - D. The palpating contact ('listening hand') makes a series of motion demands, which includes all possible variations
74. In practice of the 'functional technique', what is the action of the 'motive hand'?
- A. The 'motive hand' must not move or initiate any movement
 - B. The 'motive hand' moves along the skin following the grain of the muscle(s) being palpated
 - C. The 'motive hand' initiates a stretch to move the tissues out of a position of ease
 - D. The 'motive hand' makes a series of motion demands, which includes all possible variations
75. What question should you be asking yourself when performing exercise 3a of Hoover's clavicle exercise?
- A. Does the clavicle move in a definite and predictable manner?
 - B. Does the acromioclavicular joint separate from the surrounding tissues?
 - C. Is your partner actively moving the joint in the proper direction?
 - D. Do you feel the proper amount of resistance with your listening hand?
76. Which of the following is a variation in what might be felt as the response of the tissues being palpated during Hoover's exercises?
- A. Dynamic neutral
 - B. Borderline response
 - C. The lesion response
 - D. All of the above

77. In Greenman's spinal 'stacking' exercise, a series of assessments is made for ease in which of the following pairs of directions?
- A. Flexion and extension
 - B. Rotation in both directions
 - C. Full inhalation and exhalation
 - D. All of the above
78. In which of the following situations would you not be able to perform the functional treatment of the atlanto-occipital joint (the joint in which the atlas meets the occiput) exercise?
- A. A patient experiencing mild pain and discomfort
 - B. A patient who is unable to relax and allow the procedure to be completed
 - C. An elderly patient
 - D. A patient with a chronic neck injury
79. The effect of the held position of ease in the functional treatment of the atlanto-occipital joint exercise is:
- A. To allow neutral resetting to occur
 - B. To reduce muscular tension
 - C. To encourage improved circulation and drainage through previously tense and possibly ischemic or congested tissues
 - D. All of the above

Chapter 7

80. What two techniques does facilitated positional release (FPR) incorporate?
- A. SCS and functional technique
 - B. Muscle energy techniques (MET) and compression
 - C. SCS and trigger point release
 - D. Myofascial release and functional technique
81. Which of the following positions should the patient be placed in when performing the FPR treatment for cervical restriction?
- A. Seated
 - B. Prone
 - C. Supine
 - D. Side-lying
82. In FPR treatment of thoracic region dysfunction, if a significant palpable softening, or 'ease', of the previously tense tissues is felt, how long is the position held before returning to a neutral position for reassessment?
- A. 1-3 seconds
 - B. 3-4 seconds
 - C. 5-7 seconds
 - D. 8-10 seconds

83. Which of the following positions should the patient be placed in when performing the FPR treatment for lumbar restrictions and tissue change?
- A. Seated
 - B. Prone
 - C. Supine
 - D. Side-lying
84. Which of the following is a difference between SCS and FPR?
- A. SCS uses a direct approach while FPR uses an indirect approach
 - B. SCS places the patient in a position of ease while FPR does not
 - C. The hold time in SCS is 30-90 seconds while the hold time in FPR is 3-4 seconds
 - D. SCS uses facilitating crowding while FPR does not

Chapter 8

There are no video clips which demonstrate the practice of using padded wedges; and some of the terminology used in this chapter may be outside the scope of practice of massage therapists. This chapter is simply meant to educate you on the subject matter of using padded wedges. It is not meant to teach hands-on techniques or ways diagnose a client's condition.

85. Padded wedges are often referred to as:
- A. SOT blocks
 - B. Pain blocks
 - C. Cranio blocks
 - D. All of the above
86. Padded wedges have been used for treatment as well as examination purposes by:
- A. Sacro-occipital technique (SOT) practitioners
 - B. Physical therapists
 - C. Chiropractors
 - D. All of the above
87. How are padded wedges applied to the body for examination purposes?
- A. The wedges are placed under the sitting patient (to the same degree under the patient, usually bilaterally and perpendicular to the patient) to serve as fulcrums that allow gravitational forces to affect the position or movement of the sacroiliac and lumbar joints
 - B. The wedges are placed under the prone or supine patient (to the same degree under the patient, usually bilaterally and perpendicular to the patient) to serve as fulcrums that allow gravitational forces to affect the position or movement of the sacroiliac and lumbar joints
 - C. The wedges are placed under the side-lying patient (to the same degree under the patient, usually bilaterally and perpendicular to the patient) to serve as fulcrums that allow gravitational forces to affect the position or movement of the cervical and thoracic joints
 - D. All of the above

88. How is the 'quick scan' provocation test performed?
- A. The patient is asked to report which of two blocking positions is preferred to the other, first for diagonal blocking (rows 1-2, Table 8.1) and then for sagittal plane blocking (rows 3-4, Table 8.1)
 - B. The patient is asked to report which of two blocking positions produces the most pain, first for diagonal blocking (rows 1-2, Table 8.1) and then for sagittal plane blocking (rows 3-4, Table 8.1)
 - C. The patient is asked to report which of two blocking positions is preferred to the other, first for horizontal blocking (rows 1-2, Table 8.1) and then for distal plane blocking (rows 3-4, Table 8.1)
 - D. The patient is asked to report which of two blocking positions produces the most pain, first for cervical blocking (rows 1-2, Table 8.1) and then for lumbar blocking (rows 3-4, Table 8.1)
89. Which of the following is an indication for lumbopelvic blocking?
- A. Large or heavy patient
 - B. Osteoporosis
 - C. Sacroiliac instability
 - D. All of the above
90. Prone blocking, by raising the innominate bones relative to the sacrum, simultaneously _____ the sacroiliac joints.
- A. Contracts
 - B. Approximates
 - C. Distracts
 - D. Compresses
91. Based on what we know of the stretching properties of soft tissues, a suggested time frame for prone blocking is:
- A. 30 seconds-2 minutes
 - B. 1-5 minutes
 - C. 5-7 minutes
 - D. 7-10 minutes

Chapter 9

92. The McKenzie method is understood as:
- A. A system of diagnosis and treatment based upon predictable responses to mechanical examination
 - B. A system of PRT which uses a diagnosis given by a licensed physician to determine appropriate treatment methods
 - C. A system of diagnosis and treatment based upon unpredictable responses to psychological examination
 - D. All of the above
93. The vast majority of published work on the McKenzie methods relates to the:
- A. Cervical spine
 - B. Thoracic spine
 - C. Lumbar spine
 - D. Sacroiliac joint

94. While proceeding through the mechanical examination of the McKenzie method, the clinician assesses the patient's response in terms of what two variables?
- A. Position of ease and pain
 - B. Pain and tender points
 - C. Range of motion and pain
 - D. Build and range of motion
95. In the McKenzie method, what is centralization?
- A. Where pain shrinks to a more proximal location when performing the mechanical evaluation exercises
 - B. Where pain becomes more distal in its distribution when performing the mechanical evaluation exercises
 - C. Where pain extends laterally in its distribution when performing the mechanical evaluation exercises
 - D. Where pain increases in intensity and location when performing the mechanical evaluation exercises
96. If peripheralization (when pain becomes more distal in its distribution) begins to occur during the course of a particular movement examination:
- A. The movement is continued
 - B. The movement is ceased
 - C. Compression is added along with the movement
 - D. SCS exercises are carried out
97. All of the following are McKenzie syndromes EXCEPT:
- A. Postural
 - B. Kinetic
 - C. Dysfunction
 - D. Derangement
98. What is the goal of the McKenzie approach?
- A. To identify positions/movements that produce the advantageous results, and then apply spray and stretch techniques to reach positive outcome
 - B. To identify positions/movements that produce the disadvantageous results, and then apply these positions/movements to reach negative outcome
 - C. To identify positions/movements that produce the advantageous results, and then apply SCS and MET methods to reach positive outcome
 - D. To identify positions/movements that produce the advantageous results, and then apply these positions/movements to reach positive outcome

Chapter 10

99. In the Mulligan concept (as well as with PRT), which of the following are fundamental to clinical success?
- A. Both lightness of touch and an asymptomatic tissue response
 - B. Both deepness of touch and an asymptomatic tissue response
 - C. Both lightness of touch and an increased symptomatic tissue response
 - D. Both deepness of touch and an increased symptomatic tissue response

100. Which of the following is a basic technique of Mulligan's concept?
- A. NAGs – natural apophyseal glides
 - B. MWMs – mobilization with movement
 - C. SMWLMs – spinal mobilization with limb movement
 - D. All of the above
101. All of the following are essential components of Mulligan's concept EXCEPT:
- A. The techniques must not reproduce the patient's symptoms
 - B. The techniques must allow for variation in articular structure and types of movement
 - C. The techniques must stretch the joints beyond their normal range of motion
 - D. The techniques are used exclusively to treat movement generated symptoms
102. What are NAGs (natural apophyseal glides)?
- A. Accessory spinal facet mobilizations applied to a passive patient (the patient does not move the affected joint)
 - B. Accessory spinal facet mobilizations applied to an active patient (the patient actively moves the affected joint)
 - C. Accessory hinge joint mobilizations applied to a passive patient (the patient does not move the affected joint)
 - D. Accessory hinge joint mobilizations applied to an active patient (the patient actively moves the affected joint)
103. As a guide, when should you use SNAGs (sustained natural apophyseal glides)?
- A. For irritable conditions and where multiple intervertebral joint dysfunction is apparent, and generalized ache and stiffness present
 - B. For the 'catch' of pain in a particular part of the movement range (implicating just one joint problem) or for symptoms at the end of range
 - C. For passive joint pain conditions, when pain is only felt upon palpation of more than one cervical vertebrae
 - D. All of the above
104. When is SNAGs recommended for use in the lumbar spine?
- A. SNAGs are advised to patients who present with back pain (non-referring)
 - B. SNAGs is advised to patients who present with back pain which refers symptoms above the knee
 - C. SNAGs is advised to patients who present with back pain which refers pain symptoms below the knee
 - D. All of the above
105. All of the following help summarize the SNAGs procedure for the lumbar spine EXCEPT:
- A. Techniques are weight-bearing and hence functional
 - B. Techniques are used to treat one level of spinal dysfunction per treatment session
 - C. Techniques do not reproduce patient's symptoms
 - D. Techniques are performed bilaterally only

106. In the MWMs (mobilization with movement) techniques with hinge joints, where should the therapist's hands be positioned?
- A. Directly above the hinge joint
 - B. Directly below the hinge joint
 - C. Directly above and directly below the hinge joint
 - D. Directly over the hinge joint
107. Which of the following joints are commonly strapped for MWMs?
- A. Interphalangeal
 - B. Wrist and/or ankle
 - C. Scapula
 - D. All of the above
108. Which of the following elbow conditions can benefit from lateral glide techniques?
- A. Loss of flexion
 - B. Loss of extension
 - C. Tennis elbow
 - D. All of the above
109. As the foot is a replica of the _____ the same techniques apply.
- A. Shoulder
 - B. Hand
 - C. Knee
 - D. Elbow
110. Most ankle sprain mechanisms involve:
- A. Plantar flexion and inversion forces
 - B. Dorsiflexion and eversion forces
 - C. Plantar flexion and eversion forces
 - D. Dorsiflexion and inversion forces
111. For any of the exercises described in the text (including the Mulligan's concept exercises), it is important to refer the client to the proper healthcare physician before treatment for proper diagnosis if you are not comfortable treating a client.
- A. True
 - B. False
112. All of the following are common errors for MWM as a whole EXCEPT:
- A. Over-treatment
 - B. Poor starting position
 - C. Referring the client before treatment
 - D. Lack of follow up
113. What has recent research shown about the amount of force a practitioner should use?
- A. Light force appears to offer better results than moderate force
 - B. Excessive force appears to offer better results than moderate force
 - C. Moderate force appears to offer better results than excessive force
 - D. All of the above

Chapter 11

114. Taping can be used:
- A. As useful treatment approach in itself
 - B. To provide a physical effect on the tissues that lasts for hours, or even days, supplementing the relatively brief therapist-patient contact
 - C. To affect pain directly by offloading irritable myofascial and/or neural tissues
 - D. All of the above
115. Which of the following is a direct means of pain reduction by taping?
- A. Facilitation of underactive movement synergists
 - B. Transverse offload
 - C. Promotion of optimal interjoint coordination
 - D. Direct optimization of joint alignment during static postures or movement
116. If taping can be applied in such a fashion that a relatively short, overactive, muscle is held in a lengthened position, what will happen?
- A. There will be a shift of the length-tension curve (fig 11.8) to the left, and greater force development in the inner range through optimized actin-myosin overlap during the cross-bridge cycle
 - B. There will be a shift of the length-tension curve (fig 11.8) to the right, and lesser force development through decreased actin-myosin overlap during the cross-bridge cycle at the point in joint range at which the muscle is required to work
 - C. There will be a shift of the length-tension curve (fig 11.8) to the right, and greater force development in the inner range through optimized actin-myosin overlap during the cross-bridge cycle
 - D. There will be a shift of the length-tension curve (fig 11.8) to the left, and lesser force development through decreased actin-myosin overlap during the cross-bridge cycle at the point in joint range at which the muscle is required to work
117. Which of the following is essential before taping to ensure optimal results (the textbook uses the shoulder as an example)?
- A. A thorough assessment of the area
 - B. Treatment of the affected area by various PRT to warm and prepare the tissues
 - C. Diagnosis of the patient's condition by the massage therapist
 - D. All of the above
118. Why might a client develop a skin reaction to taping?
- A. They have an allergic reaction
 - B. A 'heat rash' is present
 - C. The tape is concentrating too much tension in one area
 - D. All of the above

Chapter 12

Advanced training with a qualified 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.