

# Postural Correction Home Study Course

8 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 contra-indications to assessing and/or correcting posture.

## **Instructions for the Postural Correction home study course**

Thank you for investing in the Postural Correction home study course, an 8 CE hour course designed to introduce you to assessing and correcting your client's posture in a massage treatment through the use of techniques such as lengthening tissues, passive stretching, soft tissue release, and gentle traction. This guide will contain all of the instructions needed to complete this course. This is an 8 CE hour course, so that means it should take you approximately 8 hours to read the text and complete the exam and course evaluation.

### **The following are steps to follow in completing this course:**

- 1. Read the instructions and review the textbook and exam. If you chose to have your textbook mailed, it textbook will be mailed to you. If you chose to download your textbook, it is located in file 2 in your account online.**
- 2. Access the online examination in your account at [www.massagetherapyceu.com](http://www.massagetherapyceu.com).**
- 3. Complete your examination and print your certificate. The exam is open book and there is no time limit for completion.**

You must pass the exam with a 70% or better to pass this home study course. 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 while taking the exam. This course uses the text *Postural Correction*, by Jane Johnson. 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 the study guide before testing online or write your answers down as you test online.

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](mailto: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 Postural Correction course.

# Postural Correction Exam

## Chapter 1

1. An increased kyphotic spine may be the result of:
  - A. Osteoarthritis in the knee
  - B. Late stages of pregnancy
  - C. Many hours spent on a computer
  - D. Spasm of the cervical rotator muscles
  
2. What is the concept of stretch weakness?
  - A. When muscles that remain in a lengthened position add sarcomeres to their length and may weaken
  - B. When muscles that remain in a shortened position add sarcomeres to their length and may weaken
  - C. When muscles that remain in a lengthened position add sarcomeres to their length and may create a decrease in the range of motion in that joint
  - D. When muscles that remain in a shortened position add sarcomeres to their length and may create a decrease in the range of motion in that joint
  
3. Which of the following is an example of the kinds of clients for whom postural correction may be beneficial?
  - A. Elderly people
  - B. Manual workers
  - C. Athletes
  - D. All of the above
  
4. All of the following are contraindications or require special caution to postural correction EXCEPT:
  - A. Inflammatory conditions
  - B. Acute thrombosis or embolism
  - C. When the treatment may help the healing process of any condition
  - D. Where the application causes pain

## Chapter 2

5. The techniques for correcting posture presented are meant to correct:
  - A. An established posture
  - B. A post-operative posture
  - C. Posture present immediately after trauma
  - D. All of the above
  
6. Which of the following is performed in the first step to postural correction?
  - A. Bracing and supports
  - B. Strengthening lengthened muscles specific to the joint
  - C. Joint mobilization
  - D. Full-body postural assessment

7. Stretching, massage, deactivation of trigger points, and myofascial release are all used to address:
  - A. Ongoing activities likely to perpetuate and aggravate the posture in question
  - B. Hypomobility in a joint
  - C. Hypermobility in a joint
  - D. Maintenance of a joint position
  
8. There is clinical and scientific evidence to support:
  - A. Stretching and normalizing of tight muscles before strengthening of weak muscles begins
  - B. Strengthening of weak muscles before stretching and normalizing of tight muscles begins
  - C. The deactivation of trigger points and muscle spasm before normalizing of tight muscles begins
  - D. Stretching and normalizing of tight muscles before setting treatment goals or assessing posture
  
9. What is muscle energy technique (MET)?
  - A. MET involves the active contraction of a muscle by the client while the therapist assists the movement
  - B. MET involves the active stretch of a muscle by the client against a resistive force provided by the therapist
  - C. MET involves the active contraction of a muscle by the client against a resistive force provided by the therapist
  - D. MET involves the relaxation of a muscle by the client while the therapist performs cross-fiber friction
  
10. What is the recommended intensity for trigger point pressure?
  - A. Pressure may be light and should be comfortable
  - B. Pressure may be medium but should not be uncomfortable
  - C. Pressure may be uncomfortable but should not cause pain
  - D. Pressure may be firm and should cause pain
  
11. All of the following are ways the client can participate in postural correction EXCEPT:
  - A. Identifying factors contributing to posture
  - B. Ignoring your advice for active stretching of specific muscles
  - C. Following your advice for strengthening specific muscles
  - D. Using a tennis ball or other device for deactivating trigger points with the aim of lengthening muscles
  
12. Which of the following is a factor that influences whether a posture is correctable?
  - A. The underlying cause of the posture
  - B. Ongoing contributing factors
  - C. Your client's willingness to engage in the correction process
  - D. All of the above

13. Which of the following describes subjective data in SOAP notes?
- A. What your client says about the problem or intervention
  - B. Your objective observations and treatment tests
  - C. Your analysis of the various components of the assessment
  - D. How the treatment will be developed to reach the goals or objectives

### Chapter 3

14. An increase in the normal lordotic curve of the cervical spine appears as:
- A. A kind of lifting up of the neck, as if there were excess space between the cervical vertebrae
  - B. A kind of squashing down of the neck, as if there were a compression of vertebrae one onto another
  - C. A kind of tilting sideways of the neck, as if there were a compression of vertebrae on one side
  - D. Straight on x-ray, but the head is observed to be forward to the imaginary vertical line bisecting the body in the sagittal plane
15. Therapist techniques for cervical lordosis include:
- A. Gentle, passive stretch to posterior neck tissues using your hand or a towel
  - B. Massage to the small neck extensor muscles
  - C. Gentle pressure to deactivate trigger points
  - D. All of the above
16. Which of the following muscles may be shortened in cases of a cervical spine laterally flexed to the right?
- A. Left levator scapulae
  - B. Left scalenes
  - C. Right scalenes
  - D. Left sternocleidomastoid
17. All of the following are things your client can do to help with lateral neck flexion EXCEPT:
- A. Identify and avoid causal factors
  - B. Stretch shortened muscles
  - C. Strengthen shortened muscles
  - D. Consider sleeping position
18. In cases of a client with forward head posture, there is a weakening of the:
- A. Deep cervical short flexor muscles
  - B. Deep cervical long extensor muscles
  - C. Superficial cervical short extensor muscles
  - D. Superficial cervical long flexor muscles

19. One way to test the strength of the neck flexors is to:
- A. Position your client in the prone position and ask him/her to lift the head from the treatment couch/table
  - B. Position your client in the supine position and ask him/her to lift the head from the treatment couch/table
  - C. Position your client in the prone position and ask him/her to press the head into the treatment couch/table
  - D. Position your client in the supine position and ask him/her to press the head into the treatment couch/table
20. All of the following are therapist techniques for a rotated head posture EXCEPT:
- A. Passively stretch shortened tissues using gross stretches
  - B. Stretch specific areas of localized tension using massage
  - C. Work to lengthen specific muscles using techniques such as soft tissue release
  - D. Adopt resting positions to promote the rotated posture

#### Chapter 4

21. What does it mean to have kyphotic posture?
- A. When a patient is observed to have an increase in the normal curve of the lumbar spine
  - B. When a patient is observed to have a decrease in the normal curve of the thoracic spine
  - C. When a patient is observed to have an increase in the normal curve of the thoracic spine
  - D. When a patient is observed to have a decrease in the normal curve of the cervical spine
22. In cases of kyphosis, the client can actively stretch shortened muscles such as the:
- A. Rhomboids
  - B. Pectorals
  - C. Intercostals
  - D. Trapezius
23. The term flatback usually describes:
- A. A loss of the lordotic curve in the lumbar region
  - B. A loss of the cervical curve in the lumbar region
  - C. A loss of the thoracic curve in the lumbar region
  - D. A loss of the sacroiliac curve in the lumbar region
24. Therapist techniques for flatback posture include:
- A. Localized stretches to paraspinal soft tissues
  - B. Soft tissue release with fingertip pressure gently locking the tissues as the client slowly flexes the head and neck
  - C. Applying transverse pressure to the spine and gently rocking spinous processes
  - D. All of the above
25. In a client with an anti-clockwise rotation of the thorax, the right lumbar erector spinae will be:
- A. Lengthened
  - B. Neutral
  - C. Shortened
  - D. Weakened

## Chapter 5

26. Increased lordosis (hyperlordosis) can be best observed when viewing your client from the:
- A. Front
  - B. Side
  - C. Back
  - D. Seated position
27. When massaging the extensors of the lumbar spine, what may help the client be more comfortable and enable better access to the region?
- A. A small cushion placed beneath the abdomen
  - B. A small cushion placed beneath the ankles
  - C. A small cushion placed beneath the upper chest
  - D. A small cushion placed beneath the knees
28. In cases of decreased lumbar lordosis (hypolordosis), which of the following muscles are lengthened?
- A. Lower abdominals
  - B. Gluteus maximus
  - C. Hamstrings
  - D. Hip flexors
29. Clients with a decreased lumbar lordosis can do all of the following to help EXCEPT:
- A. Adapt prolonged postures that encourage lumbar flexion
  - B. Actively practice extension of the spine
  - C. Strengthen muscles that bring about an anterior pelvic tilt
  - D. Practice walking on an incline

## Chapter 6

30. What is scoliosis?
- A. A pronounced medial curvature of the spine
  - B. A pronounced lateral curvature of the spine
  - C. A pronounced medial curvature of the femur
  - D. A pronounced lateral curvature of the femur
31. In \_\_\_\_\_ of scoliosis cases there is no known cause.
- A. 20%
  - B. 40%
  - C. 60%
  - D. 80%

## Chapter 7

32. In an anterior pelvic tilt, the anterior superior iliac spine (ASIS) falls \_\_\_\_\_ to the pubic bones in the sagittal plane unlike the neutral pelvic posture when these points are aligned.
- A. Posterior
  - B. Lateral
  - C. Anterior
  - D. Medial



33. All of the following are things your client can do to help with an anterior pelvic tilt EXCEPT:
- A. Learn to maintain a more neutral pelvic position when standing
  - B. Strengthen abdominal, gluteal, and hamstring muscles
  - C. Stretch the muscles of the cervical spine
  - D. Stretch hip flexors using stretches such as those in figures 7.6a and b in the textbook
34. Which of the following muscles may be shortened in a client with a posterior pelvic tilt?
- A. Hamstrings
  - B. Psoas
  - C. Iliacus
  - D. Rectus femoris
35. Clockwise rotation of the pelvis corresponds with:
- A. Increased supination of the left foot and increased pressure on the lateral side of the left foot due to inversion of the forefoot
  - B. Increased supination of the right foot, inversion of the forefoot of the right foot and increased pressure on the lateral side of the foot
  - C. Increased pronation of the right foot, eversion of the forefoot of the right foot and increased pressure on the medial side of the foot
  - D. Increased supination of the left foot and increased pressure on the lateral side of the right foot due to eversion of the forefoot
36. All of the following are therapist techniques for a pelvic rotation EXCEPT:
- A. Massage shortened tissues in an attempt to lengthen them
  - B. Passively stretch shortened muscles
  - C. Explain to your client how they could use pelvic blocks to rest on as a corrective tool
  - D. Consider using feather strokes, which is believed to help with pelvic realignment
37. Which of the following muscles may be lengthened in a client with a laterally tilted pelvis raised on the right?
- A. Right erector spinae
  - B. Right quadratus lumborum
  - C. Left external oblique
  - D. Right external oblique

## Chapter 8

38. What can help to identify internal rotation of the hip when viewing a client posteriorly?
- A. Imagine the ischial tuberosities as if they were the headlights on a car
  - B. Imagine the calcanei as if they were the headlights on a car
  - C. Imagine the greater trochanters as if they were the headlights on a car
  - D. Imagine the popliteal spaces as if they were the headlights on a car
39. Which of the following muscles may be shortened in cases of internal rotation of the hip?
- A. Adductor longus
  - B. Piriformis
  - C. Obturator
  - D. Psoas

40. What is genu recurvatum?
- A. Knee hyperextension, a flexion at the knee (tibiofemoral) joint greater than neutral or zero degrees
  - B. Knee hyperextension, an extension at the knee (tibiofemoral) joint greater than neutral or zero degrees
  - C. Knee hypoextension, an extension at the knee (tibiofemoral) joint greater than neutral or zero degrees
  - D. Knee hypoextension, a flexion at the knee (tibiofemoral) joint greater than neutral or zero degrees
41. All of the following are possible consequences of genu flexum EXCEPT:
- A. Decreased likelihood of rotational injury to the knee
  - B. Fatigue from constant muscular effort required for standing in knee flexion
  - C. Tenderness or the development of unwanted teno-osseous pathology
  - D. Pronation of the foot and medial rotation of the contralateral thigh
42. Postural bow legs occur as the result of \_\_\_\_\_ of the femur and pronation of the foot.
- A. Lateral rotation
  - B. Lateral flexion
  - C. Medial rotation
  - D. Medial extension
43. Therapist techniques for genu vargum include:
- A. Tape the lateral side of the knee joint
  - B. Passively stretch internal rotators of the hip
  - C. Massage shortened muscles you identify as tight
  - D. All of the above
44. Which of the following muscles may be shortened in cases of genu valgum?
- A. Gracilis
  - B. Semimembranosus and semitendinosus relative to biceps femoris
  - C. Tensor fasciae latae
  - D. Sartorius
45. What is tibial torsion?
- A. Twisting of the tibia within the bone itself, around its longitudinal axis
  - B. Flexing of the tibia within the bone itself, around its longitudinal axis
  - C. Extending of the tibia within the bone itself, around its longitudinal axis
  - D. Twisting of the tibia within the bone itself, around its horizontal axis
46. Pes planus is commonly termed \_\_\_\_\_.
- A. High foot arches
  - B. Flatfoot
  - C. Flatback
  - D. Pronated foot

47. All of the following are therapist techniques for pes cavus EXCEPT:
- A. Consider referring your client to a podiatrist
  - B. Stretch the gastrocnemius
  - C. Address altered postures throughout the lower limb
  - D. Stretch the trapezius
48. Which of the following muscles may be shortened in cases of pes valgus?
- A. Tibialis posterior
  - B. Soleus
  - C. Adductor hallucis
  - D. Flexor digitorum longus
49. Another way to describe the pes varus posture is to say that there is:
- A. Eversion (or varus) of the heel
  - B. Eversion (or varus) of the tarsals
  - C. Inversion (or varus) of the heel
  - D. Inversion (or varus) of the carpals

## Chapter 9

50. What is protraction when referring to cases of a protracted scapula?
- A. Elevation of the glenohumeral joint relative to the rib cage
  - B. A pronounced lateral curvature of the spine
  - C. Where the inferior angle and medial border of the scapula protrude in a prominent manner from the thorax
  - D. Movement of the scapula around the ribcage
51. All of the following client groups require caution when attempting to correct the protracted scapular posture EXCEPT:
- A. Clients with shoulder pathologies
  - B. Clients with or at risk of having osteoporosis
  - C. Clients with no known other health conditions
  - D. Clients who have recently had surgery to the chest or abdomen
52. Which of the following shortened muscles can be actively stretched by the client to help a protracted scapula?
- A. Rhomboids
  - B. Middle and lower fibers of the trapezius
  - C. Pectorals and the serratus anterior
  - D. All of the above
53. Which of the following is a factor that may contribute to internal rotation of the humerus?
- A. Standing when tired
  - B. Sitting with protracted scapula or repetitively performing movements that demand internal rotation of the shoulder
  - C. Performing prolonged activities with the head slightly turned to the right
  - D. Carrying a heavy bag on one shoulder or repetitive motion of the arm above 90 degrees abduction

54. In cases of a winged scapula:
- A. There is little that can be done by using massage and stretching techniques
  - B. There is no need to refer the client to a specialist physiotherapist
  - C. Massage and stretching techniques have been proven to be very effective
  - D. Pectoralis minor may be particularly lengthened, as are all of the soft tissues around the anterior of the shoulder
55. Which of the following muscles may be lengthened in cases of elevated shoulder?
- A. Upper trapezius
  - B. Middle trapezius
  - C. Levator scapulae
  - D. Lower trapezius

### Chapter 10

56. In cases of a flexed elbow posture, unless the elbow is permanently fixed in \_\_\_\_\_ position(s), this posture does not affect much of daily life.
- A. One
  - B. Two
  - C. Three
  - D. Four
57. In cases of a hyperextended elbow, extension greater than \_\_\_\_\_ is considered hyperextension.
- A. 2 degrees
  - B. 5 degrees
  - C. 7 degrees
  - D. 10 degrees

This completes the Postural Correction exam.