Structural Bodywork Home Study Course

14 CE Hours
Online Study Guide

Presented by the:
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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 spa techniques. Written medical opinions are always the best way to resolve any questions regarding contra-indications to massage therapy.

Instructions for the Structural Bodywork Home Study Course

Thank you for investing in the Structural Bodywork home study course, a 14 CE hour course designed to further your knowledge in the theory and practice of structural bodywork, including issues of posture and structure and the functional limitations that arise from them. This guide will contain all of the instructions you will need to complete this course. This is a 14 CE hour course, so that means it should take you approximately 14 hours to read the text, and complete the exam and course evaluation.

In this course you will be presented with:

- The background and definition of structural bodywork
- The theory of structural bodywork and how it relates to human anatomy and clinical presentations
- A practical guide to structural bodywork techniques

The following are steps to follow in completing this course:

1. **Read the instructions and review the textbook and exam.**

2. **Access the online examination by logging in to your account at 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 exam up to 3 times if needed. There is no time limit when taking the exam. Feel free to review the textbook while taking the test. This course uses the textbook "Structural Bodywork", by John Smith. Feel free to review the text while completing the exam. 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. That way, when you are testing you do not have 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 Structural Bodywork home study course.

Structural Bodywork Examination

Section 1
Chapter 1

1. What is structural bodywork?
    A. A modern somatic practice that directly modifies our structure, evoking within it greater order, length and alignment
    B. An ancient somatic practice that indirectly modifies our structure, evoking within it lesser order, length and alignment
    C. A modern somatic practice that indirectly modifies our structure, evoking within it lesser order, length and alignment
    D. An ancient mental practice that directly modifies our structure, evoking within it greater order, length and alignment

2. In the textbook, the word structure includes:
    A. The whole spectrum of mind, body and spirit
    B. The whole spectrum of connective tissue structures, from the fascial web to the skeletal superstructure
    C. The whole spectrum of nervous system tissues, from the brain and spinal cord to the nerves
    D. The whole spectrum of mental health, from the mind to the outward projection of feelings

3. Structural dysfunctions in bodies typically arise from all of the following EXCEPT:
    A. Long-term effects of gravity on an unbalanced posture
    B. Postural adaptation induced by disease and deficiencies
    C. Congenital and developmental factors such as asymmetries of the skeleton
    D. Abrupt physical injury to the body

Chapter 2

4. Which of the following systems are considered traditional approaches to structure?
    A. Rolfing, Hatha yoga, and osteopathy
    B. Rolfing, Swedish massage, and trigger point therapy
    C. Acupuncture, Hatha yoga, and ethics
    D. Swedish massage, acupuncture, and osteopathy

5. Ida Rolf taught Rolfing as a structured series of _____ sessions.
    A. 5
    B. 10
    C. 15
    D. 20

6. All of the following are early offshoots from Rolfing EXCEPT:
    A. Hellerwork
    B. Postural Integration
    C. Qi Gong
    D. Zen Bodytherapy

Chapter 3

7. In the text, which of the following are the three core complementary practices?
    A. Somatic, constitutional, and psychological-emotional
    B. Somatic, medical, and visceral
    C. Visual, constitutional, and psychological-emotional
    D. Practical, hands-on, and visceral

Chapter 4

8. Which of the following are main characteristics of structural bodywork?
    A. Balances the structure rather than fixes somatic dysfunctions
    B. Is an individualized approach
    C. Works within the fascial network
    D. All of the above

9. One of the main strategies used by structural bodyworkers is to:
    A. Free up and shorten tissue that has either adaptively lengthened or lost some of its resilience, that is, lost some of its ability to shorten effectively
    B. Shrink and contract tissue that has either adaptively lengthened or lost some of its resilience, that is, lost some of its ability to shorten effectively
    C. Free up and lengthen tissue that has either adaptively shortened or lost some of its resilience, that is, lost some of its ability to lengthen effectively
    D. Constrict and tighten tissue that has either adaptively shortened or lost some of its resilience, that is, lost some of its ability to lengthen effectively

Chapter 5

10. How is structural bodywork different from massage?
    A. The techniques of structural bodywork can give much the same kind of results as massage, but result in shorter term changes to the overall structural organization of the body
    B. The techniques of structural bodywork provide the exact same kind of results as massage
    C. The techniques of structural bodywork give the opposite kind of results as massage, such as decreased local circulation, increased stress, and greater edema
    D. The techniques of structural bodywork can give much the same kind of results as massage, but result in longer lasting changes to the overall structural organization of the body

Section 2

Chapter 6

11. Which of the following are the different levels (in order) of structural organization in the human body?
    A. Chemical level, organelle level, cellular level, tissue level, organ level, system level
    B. Chemical level, Qi level, chakra level, tissue level, organ level, system level
    C. Physical level, organelle level, tissue level, organ level, system level, whole body level
    D. Chemical level, physical level, spiritual level, neurological level

12. Practitioners using somatic approaches have, as a primary aim:
    A. To study and perceive the body as an external object
    B. The enrichment of the subjective experience of their clients
    C. To achieve a specific outcome defined by objective findings
    D. The enrichment of the objective experience of their clients

13. The maps for structural bodywork have been inherited from:
    A. The biomedical model
    B. Yoga and osteopathy
    C. Maps from other cultures, particularly Eastern energetic concepts
    D. All of the above

Chapter 7

14. All of the following are techniques that focus on effecting mechanical changes at the tissue level of our somatic organization EXCEPT:
    A. Deep tissue massage
    B. Myofascial release
    C. Joint mobilization
    D. Hatha yoga

15. The simplified three-level protocol for structural bodywork includes:
    A. Soft-tissue release, energy release, integrative work
    B. Soft-tissue release, neuromuscular release, vibrational work
    C. Soft-tissue release, neuromuscular release, integrative work
    D. Mechanical release, vibrational release, concentrated work

Chapter 8

16. Structure refers to our _____ or, in biological terms, our morphology; function refers to the _____.
    A. Physical form, behavioural patterns effected by structures
    B. Psychological form, behavioural patterns effected by structures
    C. Physical form, mental patterns effected by structures
    D. Psychological form, mental patterns effected by structures

17. The most pervasive structural material is:
    A. Skeletal muscle
    B. Collagen fibre
    C. Neurological cells
    D. Synovial fluid

18. Which of the following is an example of a tensegrity structure?
    A. Little boy logo
    B. Blocks in a stack
    C. A tent
    D. All of the above

19. When you look at a human being in motion, are you seeing structure or function?
    A. Structure
    B. Function
    C. Neither structure or function
    D. Both structure and function

Chapter 9

20. Which of the following is the correct layering of the body's tissues from superficial to deep?
    A. Skin, superficial fascia, deep fascia, myofascial network
    B. Skin, myofascial network, superficial fascia, deep fascia
    C. Myofascial network, skin, superficial fascia, deep fascia
    D. Myofascial network, deep fascia, superficial fascia, skin

21. It has been estimated that fascia forms _____ of the mass of the muscle tissue.
    A. 20-30%
    B. 30-40%
    C. 40-50%
    D. 50-60%

22. All of the following are examples of potential space in the body EXCEPT:
    A. Scapula-thoracic articulation
    B. Between the visceral organs within the peritoneal bag
    C. Skeletal muscle layers
    D. Pleural cavity

23. Which of the following are the three kinds of fibrous elements in connective tissue?
    A. Neuroblasts, adipose fibres, and adhesions
    B. Collagen fibres, elastin fibres, and reticulin
    C. Potential space, elastin fibres, and synovial fluid
    D. Tensegrity, congenital fibres, and retinulin

24. All of the following are functions of connective tissue EXCEPT:
    A. Chewing, digestion, and excretion of waste
    B. Serve to quarantine infected tissue by providing a semi-permeable barrier to pathogens
    C. Provide vital information to the central nervous system about the forces acting through them
    D. Assist in cushioning compressive forces within the structure and in resisting tensile forces

25. Which of the following are the main types of cells found within connective tissues?
    A. Factory cells
    B. Macrophages
    C. Leukocytes
    D. All of the above

26. Fascia is the:
    A. Universal wrapping substance of the body
    B. Universal neurological tissue of the body
    C. Specialized fluid present in the joints
    D. Universal covering of the skin

27. _____ is most definitely a factor that will influence how we work with our clients.
    A. Neurological state
    B. Tissue density
    C. A client's level of activity
    D. Diagnosis

Chapter 10

28. Part of the work of somatic therapists is to:
    A. Diagnose the present condition
    B. Manipulate the vertebrae and bony structures for more efficient movement
    C. Help people listen more carefully to the inherent rhythmicity of their structure
    D. Determine the difference between efficient and non-efficient movement

Chapter 11

29. Which of the following are the two broad functional categories of muscle types?
    A. Phasic and tonic
    B. Isometric and active
    C. Rhythmic and irregular
    D. Primary and secondary

30. Which of the following is a physiological mechanism by which the process of structural adaptation may occur?
    A. Overuse
    B. Underuse
    C. Trauma
    D. All of the above

31. All of the following are possible predisposing factors that may exist in the background of any individual that will hasten the onset of structural dysfunction EXCEPT:
    A. Skeletal asymmetries such as a leg length discrepancy
    B. Asthma
    C. Healthy sleep patterns
    D. Nutritional deficiencies

Section 3

Chapter 12

32. Ida Rolf used the _____ as a simplified means of demonstrating the relationship between the major elements of the human structure such as the head, chest, pelvis, and upper leg.
    A. Anatomical model
    B. Block model
    C. Pendulum model
    D. Anterior model

33. What is the basic pattern of structural organization for all mammals?
    A. Central axis defined by the axial skeleton and two appendicular systems
    B. Vertebral axis defined by the axial skeleton and four appendicular systems
    C. Superior axis defined by the axial skeleton and four perpendicular systems
    D. Caudal axis defined by the axial skeleton and two perpendicular systems

34. What is the definition of pelvic tilt?
    A. The movement of the inferior aspects of the pelvis away from a neutral or home position around an axis that passes through one acetabula
    B. The movement of the inferior aspects of the greater trochanter away from a neutral or home position around an axis that passes through both acetabula
    C. The movement of the superior aspects of the inferior ramus toward a neutral or home position around an axis that passes through one acetabula
    D. The movement of the superior aspects of the pelvis away from a neutral or home position around an axis that passes through both acetabula

35. It has been estimated that for every _____ the head moves forward, the workload of the cervical extensors is doubled.
    A. 1 cm
    B. 1.5 cm
    C. 2 cm
    D. 2.5 cm

36. Which of the following is normally associated with excessive lordosis?
    A. Anterior tilting pelvis
    B. Shortened hip flexors and lumbar erectors
    C. Internally rotated femurs
    D. All of the above

37. The _____ is the central exchange for the mechanical forces in the body.
    A. Shoulder girdle
    B. Pelvic girdle
    C. Rib cage
    D. Lumbar spine

38. Radiological research has shown that:
    A. 35% of people have a leg length discrepancy (LLD) of between 5 and 10 mm
    B. 10% of people have a LLD of more than 10 mm
    C. 40% of people have a LLD of between 5 and 10 mm
    D. 35% of people have a LLD of more than 10 mm

Chapter 13

39. All of the following are models that can help us perceive aspects of our clients' postural-structural organization EXCEPT:
    A. The internal-external model
    B. Feldenkrais's contribution to our understanding of how emotional complexes can have a postural outcome
    C. Rolf's extension of Hanna's typology to include an opened patters
    D. Myer's anatomy train concept

40. Whereas _____ takes femoral rotation to be the key factor in determining the structural type, _____ uses the degree of tilt of the pelvic segment.
    A. Sultan, Flury
    B. Hanna, Flury
    C. Sultan, Rolf
    D. Feldenkrais, Sultan

41. What is Janda's approach more concerned with when it comes to postural-structural organizational models?
    A. The normal muscular patterns that can arise from and then maintain healthy postural syndromes
    B. The aberrant muscular patterns that can arise from and then maintain postural syndromes
    C. The typical muscular patterns that can arise from and then maintain structural syndromes
    D. The aberrant muscular patterns that can cause and then manipulate healthy postural habits

42. Which of the following is a primary genetic extensor in Schleip's categories of genetic flexors and extensors?
    A. Infrahyoids
    B. Sartorius
    C. Erector spinae
    D. Serratus anterior

Chapter 14

43. An essential feature of structural bodywork is that it is a:
    A. One-time treatment
    B. Diagnosis
    C. Process
    D. All of the above

44. When assessing gait, you should notice the degree of movement in all of the following planes EXCEPT:
    A. The degree of rotation in the pelvic plane
    B. The lateral sway of the pelvis in the frontal plane
    C. A rocking of the pelvis in the sagittal plane
    D. The counter-rotation of the shoulder and pelvic girdles in the transverse plane

45. It is suggested that the complete structural bodyworker requires at least what three levels of technique?
    A. Soft-tissue releases, stone massage techniques, deep tissue releases
    B. Reiki techniques, neuromuscular releases, integrative techniques
    C. Deep tissue techniques, soft-tissue releases, active-stretching
    D. Soft-tissue releases, neuromuscular releases, integrative techniques

46. Which of the following therapist tools is most commonly used for myofascial release (MFR)?
    A. A massage tool and the forearms
    B. Hands and forearms
    C. Elbows and knees
    D. Hands and thumbs

47. In MFR, what is the recommended when it comes to the use of lubricant?
    A. No lubricants at all
    B. Generous amounts of lubricant
    C. The use of a special lubricant made for MFR, and only applied to the tool the therapist is using
    D. All of the above

48. When is integration work especially important in a structural bodywork session?
    A. At the beginning as part of the opening sequence
    B. Just after the opening sequence
    C. In the middle of the session
    D. At the end of the session

Chapter 15

49. Which of the following correctly states the five fundamental structural themes?
    A. Working in the sagittal plane, working in the frontal plane, working in the transverse plane, working with shoulder girdle displacements, and working with externally rotated legs
    B. Working in the anterior plane, working in the posterior plane, working in the transverse plane, working with shoulder girdle displacements, and working with externally rotated legs
    C. Working in the sagittal plane, working in the frontal plane, working in the transverse plane, working with pelvic displacements, and working with internally tilted legs
    D. Working in the upper plane, working in the middle plane, working in the lower plane, working with shoulder girdle displacements, and working with externally rotated legs

50. How is movement in the transverse plane possible?
    A. Because our minor axial segments – the vertebrae, and the pelvic and extremity segments – are stacked vertically above each other and able to rotate relative to each other around a longitudinal axis
    B. Because our major axial segments – the head, and the thoracic and pelvic segments – are stacked vertically above each other and able to rotate relative to each other around a longitudinal axis
    C. Because our major axial segments – the head, and the thoracic and pelvic segments – are stacked horizontally next to each other and able to rotate relative to each other around a crosswise axis
    D. Because our minor axial segments – the cervical, thoracic and lumbar segments – are stacked vertically above each other and not able to rotate because of their fixed joints

Chapter 16

51. If a client presents with excessive lumbar lordosis, which of the following muscles would need to be lengthened?
    A. Hamstrings and anterior belly wall
    B. Anterior cervical compartment and the infrahyoids
    C. Lumbar erector fascia and the psoas
    D. All of the above

52. A generalized lengthening of the quadriceps will assist:
    A. Hip flexion
    B. Pelvic rotation
    C. Hip extension
    D. Knee rotation

53. In the self-applied C-R stretch for the quadriceps, how can the client add an isometric contraction to the stretch?
    A. By gently lifting their knee away from the table
    B. By leaning back into the table
    C. By rotating the spine
    D. By pressing their foot down into the table

54. Which of the following is an assisting movement to the MFR technique for the costal arch?
    A. Breathing in the upper chest
    B. Neck flexion
    C. Hip extension-adduction
    D. Arm adduction

55. Which of the following therapist tools is used to perform the MFR technique on the plantar fascia?
    A. Fingers
    B. Fleshy part of the forearms
    C. Point of the elbow
    D. Phalangeal surface of the fist

56. How can the client achieve slight hip flexion as you apply the MFR technique to the lateral hamstrings?
    A. By gently and rhythmically bending at the knee
    B. By gently and rhythmically pressing their knee into the table
    C. By gently and rhythmically flexing the hamstrings
    D. By gently and rhythmically lifting the foot

57. Which of the following client positions is the best for performing the MFR technique on the multifidus triangle and inferior erectors?
    A. Similar to the pose of the child of yoga
    B. Supine
    C. Prone
    D. Seated

58. In the MFR technique for the erectors, working medially, in which of the following directions should your strokes go?
    A. Diagonal away from the spine
    B. Parallel to the spine
    C. Transverse towards the spine
    D. Transverse away from the spine

59. Which of the following ligaments is most often shortened in clients with pronounced kyphosis?
    A. Posterior longitudinal ligament (PLL)
    B. Ligamentum nuchae (LN)
    C. Anterior longitudinal ligament (ALL)
    D. Supraspinous ligament (SL)

60. Which of the following stretches works best as a self-applied technique?
    A. C-R stretch – thoracic spine
    B. C-R stretch – occiput
    C. C-R stretch – anterior longitudinal ligament
    D. C-R stretch – sub-occipitals

Chapter 17

61. Which of the following are fascial lines that effect lateral movement?
    A. Lateral lines and the medial leg lines
    B. Front lines and back lines
    C. Lateral lines and front lines
    D. Back lines and medial leg lines

62. If the ITB is particularly sensitive, what can you ask the client to do?
    A. Hold their breath
    B. Breathe into the area
    C. Flex the knee
    D. Extend the knee

63. In the hip deltoid, working the most lateral line will influence:
    A. Posterior tilt
    B. Anterior tilt
    C. Medial translation of the hip
    D. Lateral translation of the hip

64. Using MFR in the lateral seam of the thorax will influence the more _____ layers.
    A. Lateral
    B. Medial
    C. Superficial
    D. Deep

65. In the inner thigh, working the hamstring side will:
    A. Influence lateral translation of the hips
    B. Encourage anterior tilt
    C. Encourage posterior tilt
    D. All of the above

66. Where are the therapist's hands placed when performing 'frontal undulation in standing – stabilize shoulders'?
    A. Head
    B. Shoulders
    C. Waist
    D. Upper legs

Chapter 18

67. In the C-R stretch – lumbo-sacral region, how can the client perform an isometric contraction?
    A. By pressing back into your hand
    B. By rotating the head
    C. By lifting the knee
    D. By flexing the oblique

Chapter 19

68. All of the following muscles should be lengthened in a client that presents with a retracted should girdle EXCEPT:
    A. Mid-trapezius
    B. Rhomboids
    C. Teres minor
    D. Pectoral fascia

69. Which of the following therapist tools can be used to perform the MFR technique – levator scapulae insertion?
    A. Forearm blade or reinforced thumbs
    B. Reinforced thumbs or fingers
    C. Point of the elbow or fingers
    D. Forearm blade or elbow

70. Which of the following is the correct client assisting movement when performing the MFR technique – pectoralis minor?
    A. Arm adduction
    B. Arm abduction
    C. Arm rotation
    D. Arm flexion

Chapter 20

71. The _____ pattern is usually associated with the external organization, or flat-backed tendency.
    A. Foot out
    B. Foot in
    C. Toe in
    D. Toe out

72. Where does the MFR technique – piriformis, specific begin?
    A. At the medial aspect of the greater trochanter
    B. On the sacrum
    C. At the posterior aspect of the greater trochanter
    D. In the middle of the gluteal area

