Trigger Point Therapy Home Study Course

18 CE Hours
Online Study Guide

Presented by the:

Center for Massage Therapy Continuing Education

PO Box 117 • Elk Point, SD 57025 866-784-5940 • www.massagetherapyceu.com

Table of Contents

INSTRUCTIONS	3
EXAM (for review before taking the online exam)	4

Center for Massage Therapy Continuing Education

© 2024, Center for Massage Therapy Continuing Education PO Box 117 Elk Point, SD 57025 www.massagetherapyceu.com Ph: 866-784-5940 info@massagetherapyceu.com

Published by the Center for Massage Therapy Continuing Education

The author grants permission to photocopy this outline for personal use only. Beyond this consent, no portion of this outline may be copied or reproduced in any form without written permission from the Center for Massage Therapy Continuing Education.

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 trigger point therapy.

PLEASE CAREFULLY READ THE DIRECTIONS ON PAGE 2

Instructions for the Trigger Point Therapy Home Study Course

Thank you for investing in the Trigger Point Therapy home study course, an 18 CE hour course designed to further your knowledge in the principles of trigger point therapy for myofascial pain. This guide will contain all of the instructions you will need to complete this course. This is an 18 CE hour course, so that means it should take you approximately 18 hours to read and study the textbook, watch the supplemental online videos, login and complete the examination.

In this course you will be presented with:

- Anatomy of the muscular system (origin, insertion and actions of muscles)
- General palpation rules for finding trigger points
- Pain patterns of each muscle
- Trigger points located in each muscle
- Stretching and strengthening exercises for each muscle

The following are steps to follow in completing this course:

- 1. Read the instructions and review the textbook and exam. Your textbook will be mailed to you.
- 2. Watch the optional supplemental videos at: https://www.youtube.com/playlist?list=PLnvS9HaUaKtaoyyicm5wCmNLIBwgYPbU7
- 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.

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 textbook, *Trigger Point Therapy for Myofascial Pain*, by Donna Finando, L.Ac., LMT and Steven Finando, Ph.D., L.Ac. There are no trick questions on the exam. All of the answers can be found in the textbook. The exam is also included at the end of the text for review before taking the exam.

Good luck as you complete this course. If you have any question please feel free to contact us at 866-784-5940, 712-490-8245 or by email at 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 Trigger Point Therapy home study course.

Trigger Point Therapy Examination

Introduction

- 1. Which of the following best describes complementary medicine?
 - A. The use of conventional medical practices in conjunction with recently emerging Oriental and other body-therapy approaches
 - B. Providing a coordinated treatment strategy that is best for the patient
 - C. Something that differs from the alternative medical model, which tends toward

	_	competition rather than coordination			
	D.	All of the above			
Chapt	er 1				
2.		mans, the musculature constitutes of total body weight.			
		40-50%			
		10-20%			
		20-30%			
	D.	30-40%			
3.	Which	of the following are the three types of muscle tissue?			
		Contracted, smooth and porous			
	B.	Skeletal, visceral and cardiac			
	C.	Striated, cross fiber and cardiac			
	D.	Skeletal, flexible and stationary			
4.	Trigger	points are generally located in which of the following muscle types?			
		Cardiac			
	B.	Visceral			
	C.	Skeletal			
	D.	All of the above			
5.	Trigger	points can also be present in which of the following types of tissue?			
		Ligamentous			
	B.	Periosteal			
	C.	Cutaneous			
	D.	All of the above			
6.	A myo	fascial trigger point is that area, that point, along a taut muscular band in which the			
	tenderness reaches its maximum.				
	A.	True			
	B.	False			
7.	The mo	ore the trigger point, the the degree of pain			
		nout the course of the referred pain pattern.			
		Hypo-irritable, greater			
		Hyper-irritable, greater			
		Hyper-irritable, lesser			
	D.	None of the above			

8.	In which of the following muscles do trigger points most frequently develop? A. Upper trapezius				
		Infraspinatus			
		Gluteus minimus			
		All of the above			
9.	Trigger	points can be or			
		Latent, active			
		Active, contracted			
		Isotonic, isometric			
		All of the above			
10.	How de	o active trigger points differ from latent trigger points?			
		Active trigger points do not produce pain and latent trigger points do			
		Active trigger points produce pain			
		Active trigger points are not present in skeletal muscle			
		All of the above			
11.	Which	of the following may best characterize myofascial pain?			
	A.	Burning and throbbing			
	B.	Deep, dull and aching			
	C.	Tingly and numb			
	D.	All of the above			
12.	How ca	an latent trigger points become active trigger points?			
		Through acute overload of a particular muscle			
	B.	Through chronic overload of a muscle			
		Through overwork fatigue due to repetitive actions			
	D.	All of the above			
13.	The	the degree of muscle conditioning, the the susceptibility			
		er point activation.			
		Lesser, lower			
		Greater, lower			
		Greater, higher			
	D.	All of the above			
14.		of the following modalities can be used by a qualified practitioner to reduce a trigger			
	point?				
		Acupuncture			
		Ischemic compression			
		Spray-and-stretch techniques			
	D.	All of the above			
15.		nere is a significant reduction of the trigger point, which of the following techniques is			
		keep the muscle from returning to its shortened state?			
		Isometric contractions			
		Acupuncture			
		Stretching			
	D.	All of the above			

- 16. Which of the following do traditional Chinese medicine practitioners emphasize?
 - A. Assessment through the evaluation of signs and symptoms, including the evaluation of pulse and tongue characteristics
 - B. Assessment through the evaluation of Qi (pronounced "Chee") flow only
 - C. Assessment through the evaluation of only energy flow in the body
 - D. All of the above
- 17. Which of the following are practitioners of meridian acupuncture known for utilizing?
 - A. Assessment through the evaluation of signs and symptoms, including the evaluation of pulse and tongue characteristics
 - B. Needles first and foremost to open constrictions along the pathways of the meridians
 - C. Assessment through the evaluation of Qi (pronounced "Chee") flow only
 - D. All of the above
- 18. Which of the following best describes myofascial meridian therapy?
 - A. Using only traditional Chinese medicine to address pain patterns and treat trigger points
 - B. Using only technique based meridian acupuncture to free the flow of energy in the client's body
 - C. Integrating Eastern and Western perspectives of treatment to address the client's pain as a whole person
 - D. None of the above
- 19. Which of the following best describes the concept of qi and its definition?
 - A. Life force
 - B. Movement
 - C. A metaphysical concept
 - D. All of the above
- 20. Health requires _____, when _____ ceases, life ceases.
 - A. Movement, contraction
 - B. Commitment, movement
 - C. Movement, movement
 - D. Medicine, movement
- 21. Given the functional definition of qi as movement, which of the following best describes the goal of myofascial meridian therapy?
 - A. Removing or minimizing disruptions to movement
 - B. Impairing nerve transmissions
 - C. Removing or minimizing movement in the body
 - D. All of the above
- 22. Which of the following is the best definition of fasciae?
 - A. Dense tissue that makes up the skeletal muscle in the body
 - B. A bandage or band that binds together other structures
 - C. Connective tissue that makes up the nerve tissue in the body
 - D. All of the above

- 23. Myofascial meridian therapy treatment is focused on releasing myofascial constrictions through needling or through manual techniques.
 - A. True
 - B. False

- 24. Approximately what percentage of Americans will experience myofascial pain in their lifetimes?
 - A. 70%
 - B. 80%
 - C. 90%
 - D. 100%
- 25. Which of the following best describes palpation?
 - A. Assessment through touch of the muscles, tendons and fascia
 - B. Assessment through diagnosis and treatment
 - C. Assessment through the use of medication to treat pain
 - D. All of the above
- 26. In order to develop excellent palpation skills, which of the following is required?
 - A. A medical degree
 - B. A clear mental image of the structures being palpated
 - C. A license to practice massage therapy
 - D. All of the above
- 27. Muscle tissue that is ______ is pain-free when palpated.
 - A. Healthy
 - B. Constricted
 - C. Flaccid
 - D. All of the above
- 28. Which of the following properties does constricted muscle possess?
 - A. The muscle tissue will be somewhat tight
 - B. The muscle tissue will be harder and tougher than surrounding musculature
 - C. The muscle tissue may produce discomfort in the client
 - D. All of the above
- 29. Which of the following is the distinguishing characteristic of a trigger point activity within the myofascia?
 - A. A radiating pain pattern
 - B. Generalized tenderness to touch
 - C. A numb spot in the muscle tissue
 - D. All of the above
- 30. Which of the following principles should be embraced in order to palpate most effectively?
 - A. Identify pertinent bony structures in the region
 - B. Palpate each muscle in at least two directions, along and against the fibers
 - C. Limit pressure to the point of resistance
 - D. All of the above

Although massage therapists cannot diagnose myofascial disorders, the reading in chapter 4 is important in order to formulate the best treatment plan for your client. Instead of diagnosing, massage therapists can evaluate and analyze their clients by using chapter 4 as a guide.

- 31. Why is it important to spend some time looking at the client?
 - A. A client's posture and behaviors can provide clues regarding the nature of their condition
 - B. There is no need to study a client's posture and behaviors
 - C. Careful attention can reveal a great deal about the unique and often complex pattern presented by each client
 - D. Both A and C
- 32. Through touch, the client discovers much about the nature of the practitioner.
 - A. True
 - B. False
- 33. Which of the following may your touch reveal to a client?
 - A. If you are gentle or rough
 - B. If you are respectful or invasive
 - C. If you know what you are doing
 - D. All of the above
- 34. Which of the following does the art of palpation require from you as a practitioner?
 - A. Work
 - B. Practice
 - C. The awareness that you are touching a person, not just a muscle
 - D. All of the above
- 35. Which of the following best explains why listening closely to the client is important?
 - A. In order to decide if you like the client or not
 - B. In order to develop the trust necessary for treatment
 - C. In order to see what time you will be able to finish for the day
 - D. All of the above
- 36. Which of the following is the first step to treating your client with precision and attention?
 - A. Applying moist heat
 - B. Palpate for constrictions and taught bands in the individual muscles that you think may be a source of difficulty
 - C. Clearly define the areas of pain and restrictions of movement that the client is experiencing
 - D. All of the above
- 37. Which of the following best describes why it is important to teach your client how to breathe?
 - A. Poor breathing patterns do not affect the health of a client
 - B. Correcting poor breathing patterns can help the practitioner palpate the musculature more easily
 - C. Poor breathing patterns connected to stress, muscular problems or respiratory trauma can directly affect myofascial problems
 - D. All of the above

- 38. While taking a slow breath, the musculature of the ______ should expand somewhat.
 - A. Stomach and abdomen
 - B. Shoulders and neck
 - C. Pelvis and back
 - D. All of the above
- 39. Which of the following best describes what you can do to extend treatment beyond the office?
 - A. Involve the patient in home care
 - B. Attending to postural or work habit corrections
 - C. Educate your client on simple topics such as breathing
 - D. All of the above
- 40. Evaluation, treatment and treatment planning are processes that occur _____ in working with myofascial pain syndromes.
 - A. Separately
 - B. Simultaneously
 - C. In a certain order
 - D. All of the above

- 41. What is the distal muscle attachment?
 - A. The cephalad (upper) attachment, or the attachment closest to the head
 - B. The caudad (lower) attachment, or the attachment farthest away from the head
 - C. The action of the muscle
 - D. All of the above
- 42. Which of the following best defines causative or perpetuating factors?
 - A. Common behaviors that either produce or perpetuate the pain
 - B. What the muscle moves, the purpose of its action
 - C. Additional muscle groups that commonly develop trigger points
 - D. All of the above
- 43. Which of the following is important to keep in mind regarding the trigger point illustrations?
 - A. The trigger point illustrations need to be followed exactly as the picture shows in order to properly affect your client's pain
 - B. The trigger point illustrations serve only as a means to guide the initial palpation
 - C. The trigger point illustrations show places where trigger points are located and trigger points cannot be located in any other tissues
 - D. All of the above

Muscles of the Head, Neck and Face

- 44. Which of the following is a causative factor for pain in the sternocleidomastoid?
 - A. Chronic rotation to one side
 - B. Whiplash
 - C. Chronic cough
 - D. All of the above

45.	An exti	emely	touch is required to be able to palpate the scalene muscles
	without	t causing pain to the clie	ent.
	A.	Deep	
		Strong	
	C.	Gentle	
		Forceful	
46	Which	of the following is the a	ffected organ system for splenius capitis and splenius cervicis
10.		points and constriction?	
		Vision	
		Digestion	
		Respiratory	
		All of the above	
47	What is	s the proximal attachmen	nt of the semispinalis capitis?
.,.		Spinous processes of C	
		Transverse processes of	
			en the superior and inferior nuchal lines
		Articular processes of	
	D.	Articular processes of v	
48.	Which	of the following are con	sidered satellite trigger points of the temporalis muscle?
	A.	Contralateral temporali	is
		Trapezius	
	C.	Sternocleidomastoid	
	D.	All of the above	
49.	Which	of the following is a pos	ssible pain pattern for the masseter muscle?
		Temporal headache	• •
		Pain over the occiput	
			TMJ area deep in the ear
		All of the above	•
Muscle	es of the	Shoulder Girdle	
50.	The tra	pezius is the muscle	commonly found to have constrictions and/or trigger
	point a	_	
	Α.	Most	
	B.	Least	
	C.	Often	
	D.	Sometimes	
51.	Which	of the following is a cau	sative factor for pain in the trapezius?
		Chronic cough	1
		Sustained lateral flexio	on of the head and neck
		Emotional tension	
		All of the above	

- 52. What is the action of the levator scapulae?
 - A. Elevation of the clavicle
 - B. Elevation of the scapula
 - C. Elevation of the humerus
 - D. Elevation of the mandible
- 53. Which of the following areas best describes where the main trigger points and pain pattern are located in the rhomboids?
 - A. Closest to the spinous processes near the proximal attachment of the muscle
 - B. Directly in the belly of the muscle
 - C. Closest to the medial border of the scapula near the distal attachment of the muscle
 - D. None of the above
- 54. Satellite trigger points of the serratus anterior include:
 - A. Latissimus dorsi, scalenes and sternocleidomastoid
 - B. Rhomboids, trapezius and scalenes
 - C. Subscapularis, pectoralis major and sternocleidomastoid
 - D. All of the above
- 55. Which of the following is the affected organ system for pectoralis minor trigger points and constriction?
 - A. Digestive
 - B. Vision
 - C. Respiratory
 - D. All of the above

Muscles of the Upper Limb

- 56. Which of the following structures is identified when locating and palpating the pectoralis major?
 - A. Clavicle
 - B. Sternum
 - C. Bicipital groove of the humerus
 - D. All of the above
- 57. Which of the following best describes the pain pattern of the anterior fibers of the deltoid?
 - A. Pain is experienced in the posterior deltoid and client may experience weakened abduction of the internally rotated arm
 - B. Pain is experienced in the anterior and medial deltoid and client may experience weakened abduction of the externally rotated arm
 - C. Pain is experienced in the medial deltoid and client may experience weakened adduction in the externally rotated arm
 - D. All of the above
- 58. Which of the following is a causative factor for pain in the latissimus dorsi?
 - A. Overloading depressor movements such as pulling something down from above or holding a heavy, bulky object
 - B. Carrying heavy objects with the arm hanging at one side
 - C. Lifting heavy objects
 - D. All of the above

- 59. Which of the following is an associated meridian with the teres major muscle? A. Hand Yang Ming Colon meridian B. Hand Tai Yin Triple Warmer meridian C. Hand Tai Yang Small Intestine meridian D. Hand Yang Triple Warmer meridian 60. Along with the supraspinatus, which of the following muscles make up the rotator cuff? A. Teres minor, deltoid and trapezius B. Infraspinatus, teres minor and subscapularis C. Infraspinatus, teres major and deltoid D. Teres major, infraspinatus and latissimus dorsi 61. What is the main action of the infraspinatus muscle? A. External rotation of the arm B. Internal rotation of the arm C. Raises the scapula D. Depresses the scapula 62. What is the proximal attachment of the teres minor? A. Posterior aspect of the greater tuberosity of the humerus B. Subscapular fossa C. Proximal two thirds of the lateral border of the scapula D. All of the above 63. Palpation of the subscapularis can be accomplished with the client in either the position. A. Side-lying, prone B. Side-lying, supine C. Supine, prone D. Side-lying, sitting 64. Which of the following best describes the pain pattern of the biceps brachii? A. Pain and tenderness in the base of the thumb B. Superficial aching pain in the anterior shoulder and arm C. Superficial aching and pain in the posterior forearm D. All of the above 65. Which of the following is a causative factor for pain in the triceps brachii? A. Overloading stresses associated with pushing heavy objects or with rapid extension of the forearm B. Overloading stresses associated with pulling heavy objects or with rapid flexion of the
 - D. All of the above
- 66. Satellite trigger points of the brachialis include:
 - A. Brachioradialis
 - B. Biceps brachii
 - C. Triceps brachii
 - D. Both A and B

C. Forceful or repetitive gripping of a large object

A. Superficial, lateral B. Deep, lateral C. Superficial, medial D. Deep, medial O. Deep, medial 68. Which of the following is a causative factor for pain in the hand and finger flexors? A. Repetitive or forceful extension of the elbow B. Repetitive or prolonged gripping, twisting or pulling movements of the hand and fingers C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the	67. Brachi foreari		muscle of the	aspect of the
B. Deep, lateral C. Superficial, medial D. Deep, medial 68. Which of the following is a causative factor for pain in the hand and finger flexors? A. Repetitive or forceful extension of the elbow B. Repetitive or prolonged gripping, twisting or pulling movements of the hand and fingers C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the				
C. Superficial, medial D. Deep, medial 68. Which of the following is a causative factor for pain in the hand and finger flexors? A. Repetitive or forceful extension of the elbow B. Repetitive or prolonged gripping, twisting or pulling movements of the hand and fingers C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the layer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly		•		
D. Deep, medial 68. Which of the following is a causative factor for pain in the hand and finger flexors? A. Repetitive or forceful extension of the elbow B. Repetitive or prolonged gripping, twisting or pulling movements of the hand and fingers C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the layer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly		•		
A. Repetitive or forceful extension of the elbow B. Repetitive or prolonged gripping, twisting or pulling movements of the hand and fingers C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are thelayer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly				
A. Repetitive or forceful extension of the elbow B. Repetitive or prolonged gripping, twisting or pulling movements of the hand and fingers C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are thelayer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly	60 W W 1	6.1 6.11		C' CI O
B. Repetitive or prolonged gripping, twisting or pulling movements of the hand and fingers C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the layer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly				finger flexors?
C. Forceful flexion of the elbow D. All of the above Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are thelayer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly				ants of the hand and fingers
Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the layer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly				ents of the hand and fingers
 Muscles of the Torso 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the layer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 			OW	
 69. The erector spinae muscle group is made up of which of the following muscles? A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the layer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 	D.	Thi of the doove		
 A. Rectus femoris, vastus Medialis, vastus intermedius and vastus lateralis B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the layer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				1 0
B. Semitendinosus, semimembranosus and the biceps femoris C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are thelayer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly				
C. Trapezius, levator scapulae and rhomboids D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are the				us lateralis
D. Iliocostalis thoracis, ilicostalis lumborum, longissimus thoracis and spinalis 70. The erector spinae are thelayer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly				
 70. The erector spinae are thelayer of the paraspinal muscles. A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				ais and suinalis
 A. Superficial B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 	D.	mocostans moracis, meosi	tans iumborum, iongissimus tnora	cis and spinaiis
 B. Middle C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 	70. The er	ector spinae are the	layer of the paraspinal n	nuscles.
 C. Deep D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				
 D. Intermediate 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				
 71. Acting unilaterally, what is the action of the quadratus lumborum muscle? A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				
 A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 	D.	Intermediate		
 A. Stabilizes the spine in the upright position B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 	71. Acting	unilaterally, what is the acti	ion of the quadratus lumborum mu	ıscle?
 B. Laterally flexes the lumbar spine C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				
 C. Acts as a hip hiker D. All of the above 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				
 72. Which of the following is an associated meridian point with the iliopsoas muscle? A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 			•	
 A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 	D.	All of the above		
 A. ST 25 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 	72 Which	of the following is an assoc	iated meridian point with the ilion	soas muscle?
 B. GB 27 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 			nated merician point with the mop	sous masere.
 C. GB 28 D. All of the above 73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly 				
D. All of the above73. Since the rectus abdominis is difficult to distinguish from the other abdominal muscles, what does the author recommend for treatment of myofascial constrictions in this area?A. Follow the trigger point charts and palpation guide in the text exactly				
the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly				
the author recommend for treatment of myofascial constrictions in this area? A. Follow the trigger point charts and palpation guide in the text exactly	72 Since	the rectus abdominis is diffi-	oult to distinguish from the other of	hdominal muscles, what does
A. Follow the trigger point charts and palpation guide in the text exactly			•	
D LEURE CHEIL S'EXDELICIGE OF DAILI DE THE VILIGE HAT UITEUS THE DIACTITIONEL S DAILIS TO			1 1 0	•

C. Press deeply into the areas that may harbor constrictions in order to distinguish between

the different muscle groups

D. All of the above

- 74. Which of the following is a causative factor for pain in the abdominal muscles?
 - A. Acute or chronic overload strain
 - B. Abdominal surgical scars
 - C. Poor posture
 - D. All of the above

Muscles of the Lower Limb

- 75. What is the proximal attachment of the gluteus maximus?
 - A. Posterior iliac crest, lateral sacrum and coccyx
 - B. Anterior iliac crest and greater trochanter of the femur
 - C. Iliotibial band of the tensor fasciae latae and gluteal tuberosity
 - D. Posterior iliac crest and gluteal tuberosity of the femur
- 76. Which of the following best describes the pain pattern of the medial trigger points of the gluteus maximus?
 - A. Pain referred into the hamstring musculature
 - B. Pain referred beside the gluteal cleft, including the sacroiliac joint
 - C. Pain referred into the ischial tuberosity and tensor fasciae latae
 - D. All of the above
- 77. Which of the following structures is identified when locating and palpating the gluteus medius?
 - A. Iliac crest
 - B. Greater trochanter
 - C. Anterior superior iliac spine
 - D. All of the above
- 78. Gluteus ______, the smallest of the three gluteal muscles, lies ______ to the gluteus _____ and tensor fasciae latae.
 - A. Medius, deep, minimus
 - B. Minimus, deep, medius
 - C. Maximus, deep, medius
 - D. Medius, superficial, maximus
- 79. What is the main action of the tensor fasciae latae?
 - A. Assists flexion, abduction and internal rotation of the thigh and helps stabilize the knee
 - B. Assists extension, adduction and external rotation of the thigh
 - C. External rotation of the thigh
 - D. All of the above
- 80. In order to palpate the piriformis muscle, the client should be lying in which of the following positions?
 - A. Supine
 - B. Either supine or prone
 - C. Either side-lying or prone
 - D. Prone

- 81. Which of the following muscle groups must be stretched along with the hamstrings in order to obtain the full benefit of stretching each muscle group?
 - A. Hip rotators
 - B. Adductor group
 - C. Gluteal muscles
 - D. All of the above
- 82. Which of the following is an affected organ system for the quadriceps group trigger points and constriction?
 - A. Digestive
 - B. Genitourinary
 - C. Reproductive
 - D. All of the above
- 83. The leg adductors are comprised of which of the following muscles?
 - A. Adductor magnus, adductor longus and adductor brevis
 - B. Sartorius, pectineus and gracilis
 - C. Abductor magnus, iliopsoas and adductor brevis
 - D. All of the above
- 84. Which of the following is a causative factor for pain in the leg adductor muscle group?
 - A. Sudden overload due to a misstep or fall
 - B. Arthritis of the hip joint
 - C. Sustained overload due to activities such as horseback riding
 - D. All of the above
- 85. The pectineus muscle contains how many common trigger points?
 - A. 1
 - B. 2
 - C. 5
 - D. 6
- 86. Which of the following best describes the pain pattern of the trigger points of the gracilis?
 - A. Dull, burning, deep pain located in the medial thigh
 - B. Hot, stinging, superficial pain in the medial thigh
 - C. Hot, deep pain located in the lateral thigh
 - D. All of the above
- 87. The Sartorius muscle is best palpated when the client is in what position?
 - A. Anterior with the leg bent at the knee
 - B. Sitting and the leg flexed to 90 degrees
 - C. Prone and the leg flexed to 45 degrees
 - D. All of the above
- 88. What is the distal attachment of the popliteus?
 - A. Lateral aspect of the lateral condyle of the femur
 - B. Proximal 1/3 of the posterior aspect of the tibia
 - C. Anterior superior iliac spine
 - D. Inferior pubic ramus

- 89. Which of the following is a causative factor for pain in the gastrocnemius muscle?
 - A. Chronic overload due to excessive plantar flexion
 - B. Immobility of the legs
 - C. Reduced circulation into the legs
 - D. All of the above
- 90. Which of the following is the thickest and strongest tendon in the body?
 - A. Iliotibial tract
 - B. Patellar
 - C. Achilles
 - D. All of the above
- 91. Which of the following best describes how to stretch the tibialis posterior?
 - A. Dorsiflexing and everting the foot
 - B. Plantarflexing and everting the foot
 - C. Dorsiflexing and inverting the foot
 - D. Plantarflexing and inverting the foot
- 92. The tibialis anterior shares the anterior compartment of the leg with which of the following muscles?
 - A. Peroneus tertius
 - B. Extensor digitorum longus
 - C. Extensor hallucis longus
 - D. All of the above
- 93. The peroneal muscle group is comprised of which of the following muscles?
 - A. Peroneus longus, peroneus tertius and the extensor digitorum longus
 - B. Peroneus longus, peroneus brevis and peroneus tertius
 - C. Peroneus longus, tibialis anterior and tibialis posterior
 - D. All of the above
- 94. Which of the following is an associated meridian with the peroneal muscle group?
 - A. Foot Shao Yin Gall Bladder
 - B. Foot Shao Yang Kidney
 - C. Foot Shao Yang Gall Bladder
 - D. Foot Shao Yin Kidney
- 95. Which of the following best describes the pain pattern of the trigger points of the extensor digitorum longus?
 - A. Pain on the dorsum of the foot and central three digits
 - B. Pain at the first metatarsal and the great toe
 - C. Pain in the Achilles tendon into the plantar fascia
 - D. All of the above
- 96. What is the proximal attachment of the flexor hallucis longus?
 - A. Lateral aspect of the posterior surface of the fibula
 - B. Middle 1/3 of the posterior surface of the tibia
 - C. Lateral aspect of the anterior surface of the tibia
 - D. Lateral aspect of the anterior surface of the fibula

This completes the Introduction to Trigger Point Therapy home study course exam.