

Massage for Low Back and Pelvic Pain Home Study Course

11 CE Credit 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

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Center for Massage Therapy Continuing Education

© 2009, Center for Massage Therapy Continuing Education
PO Box 117
Elk Point, SD 57025
www.massagetherapyceu.com
Ph: 866-784-5940 • Fax: 605-761-2261
info@massagetherapyceu.com

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It is the responsibility of the practitioner to determine the appropriateness of the principles presented in terms within the scope of practice. This information is in no way meant to diagnose or treat medical conditions. This course is not meant to teach advanced hands-on massage techniques. Written medical opinions are always the best way to resolve any questions regarding contra-indications to massage therapy.

PLEASE CAREFULLY READ THE DIRECTIONS ON PAGE 2

Instructions for the Massage for Low Back and Pelvic Pain Home Study Course

Thank you for investing in the Massage for Low Back and Pelvic Pain home study course, an 11 CE credit hour course designed to further your knowledge in the theory and practice of assessing and treating low back and pelvic pain. This guide will contain all of the instructions you will need to complete this course. This is an 11 CE hour course, so that means it should take you approximately 11 hours to read the text, watch the instructional DVD-ROM, complete the exam and course evaluation.

In this course you will be presented with information on:

- Causes of non-specific back pain and pelvic dysfunction
- Assessment strategies for low back and pelvic pain
- Medical treatment strategies for low back and pelvic pain
- Therapeutic massage modalities to treat low back and pelvic pain
- Benefits and contra-indications of massage application to the low back and pelvic region

The following are steps to follow in completing this course:

- 1. Read the instructions and review the textbook, DVD-ROM and exam. Your textbook and DVD will be mailed to you.**
- 2. Access the online examination in 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 an 80% or better to pass this home study course. Feel free to review the textbook and DVD-ROM while taking the test. This course uses the textbook “A Massage Therapist’s Guide to Lower Back and Pelvic Pain”, by Leon Chaitow and Sandy Fritz. There are no trick questions on the exam. All of the answers can be found in the textbook. 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.

It is advised to answer the exam questions in the study guide before testing online. That way, when you are testing you do not have go back and forth through the online exam and risk losing your answered questions!

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 Massage for Low Back and Pelvic Pain home study course.

Massage for Low Back and Pelvic Pain Examination

Chapter 1: The 'triage'

1. Back pain can result from:
 - A. Serious spinal pathology (or non-spinal pathology that refers to the spine)
 - B. Nerve root pain (radicular pain)
 - C. Non-specific causes
 - D. All of the above

2. Which of the following attributes for well over 90% of cases of back pain?
 - A. Serious spinal pathology
 - B. Nerve root pain
 - C. Non-specific causes
 - D. Latent trigger points

3. All of the following are characteristics of non-specific back pain EXCEPT:
 - A. Has no obvious cause
 - B. Is directly linked to conditions such as a tumor, a fracture or nerve compression
 - C. Has no obvious pathology connected to it
 - D. Is not directly linked to conditions such as arthritis, osteoporosis, hypermobility, fracture, inflammation or nerve compression

4. Which of the following are common reported causes of low back pain?
 - A. Heavy physical work, bending, twisting and/or lifting
 - B. Pushing and pulling and/or repetitive work patterns
 - C. Static postures and/or vibrations
 - D. All of the above

5. Back pain has psychosocial contributions such as _____ and _____ as well as congenital and acquired features such as _____ and _____.
 - A. Stress and depression, unusual foot structures and being extremely overweight
 - B. Nerve compression and surgery and injury and stress
 - C. Physical injury and depression and normal foot structures and a healthy weight
 - D. Repetitive motion and lifting and tight connective tissue and stress

6. A 1997 national survey showed that about _____ of adults with low back pain used at least one complimentary therapy such as massage or chiropractic.
 - A. 25%
 - B. 35%
 - C. 48%
 - D. 75%

Chapter 2: Imposter back pain

7. All of the following are “red flags” which suggest the possibility of more serious pathology EXCEPT:
 - A. Background emotional problems exist, such as depression or anxiety
 - B. The presence of an associated recent history of a violent trauma
 - C. The patient reports a past history of malignancy
 - D. There are widespread neurological symptoms present such as changes in bladder control

8. Which of the following are diseases/conditions that can replicate or produce back pain?
 - A. Ovarian cysts, fibroid tumors and endometriosis
 - B. Acute kidney pain, stones in the ureter and acute pancreatitis
 - C. Hiatal hernia, gall bladder dysfunction or disease, aneurysm or osteitis deformans
 - D. All of the above

9. Which of the following techniques is appropriate for treating instability involving spinal ligament weakness?
 - A. Neuromuscular technique
 - B. Core stability exercises
 - C. Acupuncture
 - D. Bed rest

10. As a general rule, nerve root pain (commonly sciatic pain) involves which of the following symptoms?
 - A. Pain along the sciatic nerve distribution and numbness
 - B. Dull aching pain in the lower back
 - C. Pain on the sacroiliac joint with numbness in the mid to lower back
 - D. All of the above

Chapter 3: How much pain is there, where is it, and where might it be coming from

11. Working backwards from the site of the pain, it is a simple matter to identify the probable location of the trigger points that may be feeding pain into the distressed tissues.
 - A. True
 - B. False

12. Who of the following men was an early pioneer of research into trigger points and where to palpate for them?
 - A. Leon Chaitow
 - B. Raymond Nimmo
 - C. John Upledger
 - D. Art Riggs

13. Which of the following is a pain characteristic of a latent myofascial trigger point?
 - A. The individual is usually not aware of the existence of a latent point
 - B. When pressure is applied, the point is usually painful and may refer or radiate pain
 - C. The symptoms felt are usually not currently familiar to the person
 - D. All of the above

14. Which of the following is an example of the visual analog scale?
- A. The patient rates his lower back pain at a 7 on a scale of 1-10
 - B. The patient fills out a pain questionnaire using different words to describe their pain
 - C. The patient marks a line at about the 5 cm mark of a 10 cm line drawn on paper
 - D. The patient marks areas of pain on a drawing of the body
15. Which of the following working levels should a practitioner use when palpating for trigger points?
- A. Surface level
 - B. Working level
 - C. Rejection level
 - D. Complete level

Chapter 4: Back pain – palpation, observation and assessment approaches

16. Which of the following forms of back pain is generally being discussed throughout the textbook?
- A. Non-specific pain commonly caused by activities such as lifting
 - B. Pain with a specific pathology
 - C. Pain associated with structural anomalies
 - D. All of the above
17. Which of the following questions needs to be answered when assessing whether muscles are operating normally?
- A. Which structures are involved and what are the minor signs and features of dysfunction?
 - B. What is the patient's diagnosis and what structures are involved?
 - C. Is the pain chronic or acute?
 - D. How often can I treat the patient and what is the underlying pathology?
18. When performing a hip abduction test, the leg and foot turning outward (externally rotating) during abduction is a sign of what?
- A. A short tensor fascia lata
 - B. A short gluteus minimus
 - C. A short piriformis
 - D. A short sartorius
19. If the gluteus medius tests positive for weakness, which of the following is an appropriate therapeutic approach?
- A. Assess further for reasons why the muscle is weak
 - B. Search for trigger points in the gluteus medius and associated muscles which may refer pain into the region
 - C. If the method 2 test (Trendelenburg test) was positive, you may want to refer your patient to another practitioner for a diagnosis
 - D. All of the above

20. The trunk extension test and exercise test and strengthen which of the following muscles?
- Internal obliques
 - Multifidi
 - Piriformis
 - Quadratus lumborum
21. What is one of the main tasks in rehabilitating a patient with a crossed syndrome pattern?
- Normalize imbalances by toning whatever is short and tight, and releasing and stretching the muscles that have become inhibited and weakened
 - Normalize imbalances by releasing and stretching whatever is over short and tight, and to encourage tone in those muscles that have become inhibited and weakened
 - Referring your patient to another healthcare provider for diagnosis and therapy
 - Create imbalances by toning whatever is over short and tight, and releasing and stretching the muscles that have become inhibited and weakened
22. How will the therapist know, during palpation/light compression assessment, if a stressed or shortened piriformis muscle exists?
- The leg will appear internally rotated when lying supine
 - Pain will radiate up through the spinalis muscles upon palpation
 - The muscle will produce a painful response or a “jump sign” upon palpation
 - The muscle will not produce a painful response during palpation
23. When using full flexion of the hip and knee to assess for iliopsoas shortness (fig. 4.15), how will the therapist know if the iliopsoas is short?
- The thigh of the resting leg will rise above horizontal during hip flexion
 - The patient will not be able to fully flex the hip and knee
 - The thigh of the resting leg will fall below horizontal during hip flexion
 - The foot of the flexed hip will rotate laterally
24. What does the acronym STAR stand for in the palpation of myofascial trigger points?
- Sensitivity, Tissue texture change, Asymmetry and Range of motion reduced
 - Sensation, Tissue restriction, Acute injury and Range of motion reduced
 - Sensitivity, Tissue restriction, Asymmetry and Reduced pain
 - Stretching, Tissue texture change, Active release and Range of motion

Chapter 5: Pelvic pain

25. Pelvic pain and bladder symptoms can be created by trigger points lying in the abdominal muscles.
- True
 - False
26. Which of the following are the two mechanisms which lock the sacroiliac joint physiologically?
- Free closure and force closure
 - Form closure and incomplete closure
 - Form closure and force closure
 - Full closure and partial closure

27. Which of the following muscle systems supports the outer unit of the sacroiliac joint?
- A. Posterior and anterior oblique system
 - B. Deep longitudinal system
 - C. Lateral system
 - D. All of the above
28. What is the function of the “lateral system” of muscles which support the sacroiliac joint?
- A. When the muscles of this system contract they force closure of the posterior aspect of the sacroiliac joint
 - B. The muscles act to support the sitting position
 - C. The muscles are significant for the function of the pelvic girdle during standing and walking
 - D. When the muscles of this system contract, they influence compression of the sacroiliac joint
29. Why is knowledge of the complex support system that maintains pelvic and sacroiliac joint integrity important in addressing lower back and pelvic pain?
- A. It will allow you to diagnose your patient’s condition in less time
 - B. It will allow you to better evaluate whether pain and dysfunction in the sacroiliac joint are a result of muscular imbalances or actual structural problems
 - C. It will allow you to diagnose if your patient is presenting with a medical problem that you cannot treat
 - D. All of the above
30. Which of the following are main tests to identify iliosacral joint and sacroiliac joint problems?
- A. Standing and seated flexion tests
 - B. Prone and supping active straight leg raising tests
 - C. Prone hip flexion and extension tests
 - D. Standing and seated extension tests
31. Testing for rotational iliosacral dysfunctions includes determining if one ASIS has moved closer to the feet or the head, while testing for flare dysfunctions includes determining if one ASIS has moved closer to the umbilicus (linea abla) than the other.
- A. True
 - B. False
32. How can you treat sacral medial tender points?
- A. Position the patient prone with the hip flexed at about 30 degrees, apply direct pressure with one hand on the point and apply medial pressure with the other hand
 - B. With the patient prone, apply direct pressure towards the floor for about 60-90 seconds and then slowly release
 - C. With the patient side-lying, apply direct pressure towards the floor (or angled towards the floor) for about 60-90 seconds and then slowly release
 - D. Position the patient prone with the hip flexed at about 30 degrees, apply direct pressure over the point for 60 seconds and then slowly release

Chapter 6: Modalities working with massage

33. As a therapist, when palpating, you should be able to:
- A. Detect abnormal tissue texture and evaluate symmetry in the positions of structures both physically and visually
 - B. Detect and assess variations in range and quality of movement during and at the end of the range of any movement
 - C. Sense the position in space of yourself and the person being palpated and detect and evaluate changes as time passes
 - D. All of the above
34. In the acronym ARTT, what does the A stand for and relate to?
- A. Assessment, and relates to the process of using testing procedures to assess the tissues being treated
 - B. Anterior, and relates to postural and functional changes in the ASIS
 - C. Asymmetry, and evaluates functional or structural differences when comparing one side of the body with the other
 - D. Application, and evaluates the modalities of treatment that are being used to treat the patient
35. What does the “skin on fascia displacement” test identify?
- A. Local areas where the skin adherence to underlying connective tissue reveals restriction, compared to the opposite side
 - B. Evidence of possible reflex activity, trigger points and/or acupuncture points
 - C. The degree of elasticity of the skin compared to other areas of the body
 - D. All of the above
36. The “drag palpation assessment” is performed using extremely light touch without any pressure to pin point areas of trigger point activity and/or dysfunction.
- A. True
 - B. False
37. Neuromuscular technique (NMT) probes for information more effectively than most other systems when evaluating _____ lying close to the origins and insertions of muscles.
- A. Taught bands of muscle
 - B. Trigger points
 - C. Scar tissue
 - D. Muscle tears
38. What is the NMT thumb technique used for?
- A. To treat the lumbar spine and pelvis with direct sustained pressure towards the floor
 - B. To palpate and assess the tissues between the ribs for local dysfunction
 - C. To meet and match tissue density/tension and to insinuate the digit through the tissues seeking local dysfunction
 - D. To meet and match tissue density/tension which will allow the therapist to diagnose areas of restriction and fascia adherence

39. What is the aim of muscle energy technique (MET)?
- A. To assess and find trigger points in the attachment points of muscles in order to relieve active trigger point pain
 - B. To contract the shortened muscles, or their antagonists, in order to achieve the release of tone and to then be able with greater ease to stretch the muscle
 - C. To locate fascia restriction in the muscle bellies and then be able to break up the adhesions by stretching the skin over the muscles
 - D. To locate areas of somatic dysfunction and then treat those areas with light compression to achieve a release of tension
40. Post isometric relaxation (PIR) is a technique where the therapist guides the patient through a barrier restriction, an isometric contraction with resistance and a further stretch in order to treat a muscle or group of muscles.
- A. True
 - B. False
41. Which of the following is an error made by the therapist when applying muscle energy technique (MET)?
- A. Inadequate counterforce to the contraction
 - B. Moving to a new position to hastily after the contraction
 - C. Inadequate patient instruction
 - D. All of the above
42. Which of the following is a positional release technique (PRT) suitable for massage therapists to use?
- A. Neuromuscular inhibition
 - B. Pulsed muscle energy technique (pulsed MET)
 - C. Strain/counterstrain (SCS)
 - D. Trigger point therapy
43. All of the following are main features of positional release technique (PRT) EXCEPT:
- A. All movements should be passive
 - B. Movement is in the direction of restriction barriers
 - C. Muscle origins and insertions are brought together
 - D. The tissues being palpated relax
44. Positional release and integrated neuromuscular inhibition, when used together, can be effective in releasing/deactivating which of the following?
- A. Scar tissue
 - B. Trigger points
 - C. Myofascial adhesions
 - D. Blood clots
45. Which of the following is a benefit of spray and stretch methods?
- A. Deactivation of trigger points
 - B. Easing pain
 - C. Releasing chronic muscle spasm
 - D. All of the above

46. All of the following are effects of massage techniques on the body EXCEPT:
- A. Plasma cortisol and catecholamine concentrations alter markedly as anxiety levels drop and depression is also reduced
 - B. Pressure strokes tend to accumulate fluid content, discouraging venous, lymphatic and tissue drainage
 - C. Edema is reduced and so are the effects of pain-inducing substances which may be present
 - D. Pressure techniques can have a direct effect on the Golgi tendon organs, which detect the load applied to the tendon or muscle

Chapter 7: Outcome based massage

47. Outcome based massage relies on methods and modalities rather than results.
- A. True
 - B. False
48. All of the following can describe “qualities of touch” of massage application EXCEPT:
- A. Depth of pressure
 - B. Direction
 - C. Frequency
 - D. Prone
49. Which of the following are examples of a tension loading force in massage therapy?
- A. Gliding and stretching
 - B. Direct sustained pressures
 - C. Petrissage and friction
 - D. All of the above
50. Compression loading is the main treatment method of which of the following modalities?
- A. Lymphatic massage
 - B. Trigger point therapy
 - C. Swedish massage
 - D. Thai yoga massage
51. Which of the following is an example of shear loading force in massage therapy?
- A. Gliding
 - B. Compression
 - C. Friction
 - D. Kneading
52. All of the following statements are true regarding joint movement methods EXCEPT:
- A. Joint movement is incorporated into massage for treatment as well as assessment
 - B. Joint movement encourages edema formation in the injured tissues
 - C. Joint movement encourages fluid movement in the different circulation systems
 - D. Joint movement warms the associated tendons, ligaments and joint capsule

53. Which of the following is a suggestion for using massage to treat low back pain?
- A. Do not keep a person with low back pain in the prone position for too long since this may stress the back musculature
 - B. Do not over treat in any one session
 - C. Expect that it will take a series of 12 massage sessions before sustainable improvement is noticed
 - D. All of the above
54. What is the goal of using mechanical force application of shear, bend and torsion in massage for lower back pain?
- A. To reduce localized nerve irritation or circulation reduction
 - B. It can create gate control response and endorphin release
 - C. To stimulate parasympathetic dominance with reduced cortisol
 - D. To reduce proprioceptive irritation
55. Massage for breathing dysfunction can influence breathing in which of the following ways?
- A. By supporting balance between sympathetic and parasympathetic nervous system functions and normalizing and maintaining effective thoracic and respiratory muscle function
 - B. By creating an imbalance between the respiratory and neck musculature and normalizing the function of the sympathetic and parasympathetic nervous systems
 - C. By increasing respiratory function and creating ischemic tissue in the intercostal musculature
 - D. By releasing tension in the lumbar vertebrae and supporting balance between sympathetic and parasympathetic nervous system functions
56. Methods and sequences used to address the breathing function need to be integrated into a full body approach, since breathing is a whole body function.
- A. True
 - B. False
57. Which of the following is a symptom of paravertebral muscle dysfunction in a client?
- A. There is a stiffness upon initiation of movement but once the movement begins, the stiffness is reduced
 - B. The client is unable to stretch effectively to affect these muscle groups
 - C. The client experiences an aching as opposed to a sharp pain
 - D. All of the above
58. Which of the following procedures/modalities is effective in releasing the psoas muscle?
- A. Swedish massage
 - B. Muscle energy lengthening and stretching in all positions
 - C. Lymphatic massage
 - D. Neuromuscular thumb technique

59. Which of the following is an assessment technique for addressing the deep lateral hip rotators?
- A. Assess leg length by having the client lay prone with legs straight
 - B. Physical assessment for internally rotated foot and palpation into the attachment of the muscles
 - C. Visual assessment for externally rotated foot and palpation into the belly of the muscles
 - D. Palpation into the attachment of the piriformis muscle
60. How can you assess a client for sacroiliac joint dysfunction?
- A. With the client prone, apply direct compression over the sacroiliac joint to identify if symptoms increase
 - B. With the client supine, apply direct compression over the abdomen to identify if lower back symptoms increase
 - C. With the client prone, apply direct compression over the ischial tuberosity to identify if pain radiates into the sacroiliac joint
 - D. With the client supine, flex the hip anteriorly, palpate the ASIS to identify if sacroiliac symptoms increase
61. All of the following are correct procedures for massage treatment for acute back pain EXCEPT:
- A. Keep the client in the prone position for the duration of the massage
 - B. Do not do deep work of any method that causes guarding, flinching or breath holding
 - C. Use rocking, gentle shaking, combined with gliding and kneading to the area of most pain and muscle tension
 - D. Use kneading to lengthen short and tense rectus abdominis and pectoralis muscles
62. Why would you massage the head of a client which you are treating for lumbar pain?
- A. For relaxation purposes only
 - B. Because you can diagnose lumbar dysfunction through assessing the head
 - C. Because the connective tissue of the head connects into the lumbo-dorsal fascia
 - D. All of the above
63. Which of the following is generally targeted when massaging the torso anterior?
- A. Pelvic dysfunction
 - B. Breathing mechanisms
 - C. Cervical dysfunction
 - D. Hip firing patterns
64. Which of the following muscles are commonly problematic when treating the torso posterior?
- A. Serratus posterior superior and inferior
 - B. Levator scapulae, rhomboids and quadratus lumborum
 - C. Latissimus dorsi, erector spinae and paravertebral
 - D. All of the above
65. The shoulder, arm and hand area can be treated in which of the following positions?
- A. Supine
 - B. Prone
 - C. Side-lying and/or seated
 - D. All of the above

66. Massage techniques/modalities appropriate for treating the low back and hip include all of the following EXCEPT:
- A. Lymphatic drainage if edema is present
 - B. Gliding and kneading
 - C. Compression methods with positional release
 - D. Feather strokes
67. As with other body regions, massage of the thighs, legs and feet begins superficially and progresses to deeper layers and then finishes off with superficial work.
- A. True
 - B. False
68. Which of the following is something a person can do to prevent low back pain?
- A. Receive massages on a regular basis
 - B. Develop a strong back
 - C. Strengthen the core
 - D. All of the above

Chapter 8: Prevention and rehabilitation: core stability and breathing retraining

69. When is it appropriate to perform the exercises outlined in the text?
- A. Immediately in the morning
 - B. After warming up
 - C. After prolonged sitting
 - D. With an acute injury
70. Which of the following is qualified to teach exercises to patients?
- A. A person with basic massage therapy training
 - B. A person trained in exercise physiology
 - C. A person with a college education
 - D. A person who has just read this textbook
71. What does the superman pose (quadrupled leg reach) teach patients?
- A. Control of the limbs during spinal motion
 - B. Control of twisting the spine during periods of limb motion
 - C. Control of a neutral spine during periods of limb motion
 - D. Control of the lateral oblique muscle during body motion
72. Which of the following is a benefit of performing the Brügger's relief position?
- A. It reverses many of the stresses caused during long periods of sitting
 - B. It facilitates muscles which tend to inhibition
 - C. It inhibits muscles which tend to shortening
 - D. All of the above
73. Disturbed breathing patterns have a negative effect on _____, _____, _____ and _____.
- A. Core stability, motor control, balance and pain perception
 - B. Core stability, hormonal secretion, brain function and balance
 - C. Motor control, balance, coordination and pain perception
 - D. Balance, pain perception, hormonal secretion and nerve function

74. Which of the following is the authors suggested manual/massage treatment sequence for breathing pattern disorder?
- A. Treatment and retraining for 6 weekly sessions followed by sessions every 2-3 weeks, to approximately 6 months, with an educational component
 - B. Treatment and retraining twice a week for 12 weeks, followed by once a week for up to 6 months
 - C. Treatment and retraining for 12 weekly sessions followed by sessions every 2-3 weeks, to approximately 6 months, with an educational component
 - D. Treatment and retraining for 12 weekly sessions followed by 1 session per month for 6 months, with an educational component

Chapter 9: Prevention

75. What is the single leg balance test used for?
- A. For information on vulnerability/stability
 - B. For retraining
 - C. For both information on vulnerability/stability and retraining
 - D. For releasing tight musculature
76. What does it mean for a patient to reduce the adaptive load?
- A. Reduce or stop doing the things that are adding to compensatory processes
 - B. Receive massages regularly
 - C. Take prescription medicine
 - D. Perform daily exercises
77. Your role as a therapist is to advise the patient as to the best way of modifying this downward spiral (pain and dysfunction), with therapy as a means of modifying the effects, and to encourage more normal function ideally through homework/self-management.
- A. True
 - B. False

Chapter 10: Other methods – summary of systems, methods and modalities used in manual treatment of back pain

78. Other methods and modalities used in the manual treatment of pack pain include all of the following EXCEPT:
- A. Chiropractic
 - B. Adaptation
 - C. Physical therapy
 - D. Movement therapy

This completes the Massage for Lower Back and Pelvic Pain exam.