

Home Study Test Questions - Posture Pain Performance Course

Please circle the answers on the answer sheet

Part I - Lower Crossed Syndrome

1. To obtain maximum therapy results, the bodyworker should:

- A) make an accurate assessment
- B) look for patterns of dysfunction created by muscle imbalance and osseous misalignment
- C) apply systematic myofascial and osseous alignment therapy as needed
- D) all of the above

2. The Myoskeletal Method is based on a preventive model rather than a pain model because:

- A) treating pain for profit is illegal unless medically licensed
- B) fix-it work ends up stifling personal creativity
- C) prevent defense is often the best offense
- D) all the above

3. Which of the following does not represent the “Myoskeletal difference”:

- A) emphasis on prevention
- B) how facilitated muscles create and inhibited muscles permit asymmetry in the skeletal system.
- C) emphasis on random deep tissue work without pain
- D) whole body alignment; myofascial, ligamentous, skeletal

4. Which of the following is not a “technique tip”:

- A) The client should be in a position of comfort and be relaxed.
- B) The force applied should not create neurogenic pain.
- C) Work with your client’s ventilatory processes in both GTO and facet alignment work.
- D) Ask your client where they hurt and begin treatment there immediately

5. Chapter 1 states that most low back pain occurs between the ages of:

- A) 50 to 68 years of age.
- B) 35 to 50 years of age.
- C) 40 to 78 years of age.
- D) 18 to 24 years of age.

6. In the early development of quadrupeds and bipeds, the sacral vertebrae fuse into one bone in order to provide:

- A) space for the birth canal.
- B) added lumbopelvic support.
- C) a place for manual therapists to get a grip on the sacrum.
- D) All of the above.

7. Modern man will continue to be plagued with back problems because of the inherent design of the human spine and because

- A) the spinous processes stick out so much.
- B) the ligaments get tighter as we age.
- C) of the lack of calcium in the food we eat.
- D) of the unnatural way society routinely abuses this complex mechanism.

8. As humans bend forward into flexion, the disc material pushes posteriorly into the:

- A) posterior longitudinal ligament.
- B) anterior longitudinal ligament.
- C) descending colon.
- D) transverse abdominous muscle.

9. Modern civilizations develop muscle imbalance patterns from trauma, tension and:

- A) painful feet.
- B) one sided sports such as tennis and golf
- C) poor posture.
- D) lack of exercise.

10. The second goal of Myoskeletal therapy is to:

- A) establish pain-free movement during the walking cycle.
- B) learn as many random deep tissue techniques as possible.
- C) learn how to effectively bill insurance companies.
- D) learn how to give a good back rub.

11. The assess and stretch techniques help the therapist determine:

- A) which tissues are hypertonic and contracted.
- B) what type of end-feel is present.
- C) whether there is local or general hypermobility present.
- D) All of the above.

12. The assessment sheets help the therapist record the client's asymmetry, range of motion and:

- A) tissue texture abnormalities.
- B) blood pressure.
- C) specific pain diagnosis.
- D) amount of transference during the session.

13. Which of the following tests is not included in the Myoskeletal method?

- A) Visual observation of upper and lower crossed syndrome.
- B) Supine leg length test.
- C) Long dorsal ligament test.
- D) Sobriety test.

14. Typical muscle imbalances of the upper crossed syndrome are:

- A) tight pectorals/weak rhomboids.
- B) right levator scapulae/weak longus capitis.
- C) tight upper trapezius/weak lower trapezius.
- D) All of the above

15. Typical muscle imbalances of the lower crossed syndrome are:

- A) tight iliopsoas/weak gluteus maximus.
- B) tight rectus femoris/weak vastus medialis.
- C) tight tensor fascia latae/weak gluteus medius.
- D) All of the above.

16. Questions the therapist might ask as the client enters the office include:

- A) How efficient is the client's gait?
- B) Are the client's feet tracking straight ahead?
- C) Is there a smooth cross-patterning between the arms and legs?
- D) All of the above.

17. Anatomic short legs can be attributed to certain conditions such as:

- A) Fractures
- B) Fibrositis
- C) Asthma
- D) All of the above.

- 18. Measuring leg length in the supine position alerts the Myoskeletal therapist to:**
- A) inequities in the anterior/posterior relationship of the two ilium.
 - B) possible sciatic nerve impingement.
 - C) tightness of the tibialis posterior.
 - D) All of the above.
- 19. By placing each thumb under the medial malleoli and bringing the client's ankles together, the therapist is able to determine:**
- A) if the client's back pain is pathologic or psychosomatic.
 - B) which malleoli is superior to the other.
 - C) whether there is a sphenobasilar torsion.
 - D) how ticklish the client's feet are.
- 20. During the ASIS test, if the right ilium is anteriorly rotated in relationship to the left:**
- A) It will also be inferior to the left.
 - B) The therapist should immediately refer the client out for lumbar evaluation.
 - C) The therapist should immediately perform cross frictioning techniques to the quads.
 - D) All of the above.
- 21. If the right ASIS is anterior on the ilium rocking test, the ilium should move most easily:**
- A) in an anterior inferior direction.
 - B) in a posterior superior direction.
 - C) when a high velocity thrust is applied.
 - D) All of the above.
- 22. The straight leg raise test provides the therapist with what important piece of information:**
- A) amount of relative flexibility in each of the hamstrings.
 - B) amount of resistance in the quadriceps muscles.
 - C) amount of lactic acid trapped in the hamstrings.
 - D) amount of hip capsule adhesion.
- 23. After assessing the muscles for amount of relative flexibility, the therapist:**
- A) stretches the muscles being tested to warm them up for the deep work to come.
 - B) makes note of the type of end-feel.
 - C) records the results in the Myoskeletal Assessment Manual.
 - D) All of the above.

24. If the piriformis test creates pain in the groin the therapist should:

- A) discontinue assessment immediately.
- B) assume the pain is from piriformis syndrome.
- C) assume the pain is from a psoas tendon pinch.
- D) assume the pain is from femoral nerve entrapment.

25. If a hard end-feel is reached during the adductor test the therapist must be alert to possible:

- A) hip joint pathology
- B) public symphysis pathology
- C) adductor magnus hypertonicity
- D) reciprocal inhibition in the tensor fascia latae

26. Unilateral contraction of the rectus femoris and psoas muscles results in:

- A) sciatic nerve pain.
- B) fascial contractures between the two muscles.
- C) femoral nerve entrapment.
- D) anterior rotation of one ilium.

27. Information gained by testing the firing order allows the therapist to:

- A) instigate better alignment techniques that best fit the type of muscle fiber being tested.
- B) skip the treatment phase.
- C) handle firearms more safely.
- D) All of the above.

28. The ideal firing order sequence in hip hyperextension is

- A) hamstrings, gluteus maximus, rectus abdominis, and psoas.
- B) hamstrings, erectors, psoas and quadratus.
- C) hamstrings, gluteus maximus, contralateral erector, and ipsilateral erector spinae.
- D) hamstrings, quads, erectors, and gluteus medius.

29. The law of reciprocal inhibition states that:

- A) the antagonist muscle must always be inhibited when the agonist is stimulated.
- B) the same nerve that supplies the joint also serves the surrounding myofascia.
- C) muscle neurosis is created by early inhibition.
- D) All of the above.

30. Sitting for extended lengths of time in flexed positions causes:

- A) the hip flexors to glue down in concentric contraction.
- B) the hamstrings to become eccentrically contracted.
- C) the gluteals to become hypercontracted.
- D) both A & B

31. Which of these is not a treatment for tight, facilitated muscles?

- A) Golgi Tendon Organ work
- B) Myofascial Release
- C) Strengthening
- D) Assisted Stretching

32. Poor alignment in the body's structural framework is created primarily through:

- A) Predictable muscle imbalances
- B) Subluxations in the spine
- C) Poor choice of footwear
- D) None of the above

33. During forward bending of the spine, _____ is necessary to self-lock the pelvis:

- A) Form closure
- B) Force closure
- C) Sacral nutation
- D) A strong gluteus maximus

34. If the joint surfaces of the sacrum fit in the pelvis so firmly that no extra lateral forces are needed to maintain support, this model would be called:

- A) A good fit.
- B) form closure
- C) force closure
- D) a backward sacral torsion

35. In gait, movement of the sacrum is _____ and closely follows the induced rotation of the pelvis with each step.

- A) coupled to the same side
- B) coupled to opposite sides
- C) significant
- D) minimal

36. Unilateral contraction of the quadratus lumborum muscle:

- A) elevates the hip.
- B) sidebends the spine.
- C) helps extend the spine
- D) All of the above.

37. The multifidus triangle includes:

- A) facet joints
- B) lumbar erectors
- C) iliolumbar and interspinous ligaments
- D) All of the above.

38. In the quadratus lumborum release the operator may ask the client to

- A) move their foot to aid in the release.
- B) tell him if a trigger point is particularly painful.
- C) stand up and stretch afterward.
- D) None of the above.

39. Which muscle is commonly the most dysfunctional of the hip extensors?

- A) lumbar erectors
- B) psoas
- C) gluteus maximus
- D) hamstrings

40. The gluteus maximus muscles are typically weak because:

- A) they are overpowered by the hypertonic hip flexors.
- B) too much sitting compresses them.
- C) they are overpowered by the hypertonic abdominals.
- D) society does not stretch these muscles adequately

41. If both the quads and hamstrings are tight, how does the pelvis get anteriorly rotated?

- A) Hamstrings are tight but not short.
- B) Sitting causes the hip flexors to overpower the hamstrings.
- C) The hamstrings are sissies.
- D) Both A & B.

- 42. Anterior hip capsule adhesions are commonly found in:**
- A) feet-shufflers
 - B) gymnasts
 - C) people presenting with a slight forward bending from the hips.
 - D) Both A & C
- 43. In the muscle energy technique for stretching the erectors, the client is asked to gently**
- A) touch her right knee to her left elbow.
 - B) slide back on the table before she falls off.
 - C) unwind against your resistance.
 - D) All of the above.
- 44. Tension by the piriformis on the SI joint capsule during forward bending allows it to:**
- A) refer sciatic nerve pain down the leg.
 - B) extend the spine.
 - C) bind the sacrum to the ilium.
- 45. When releasing piriformis, the stretch should only be felt in the**
- A) Hip rotators.
 - B) low back.
 - C) groin.
 - D) anterior thigh.
- 46. If the long dorsal SI ligament is exquisitely tender:**
- A) leave it alone.
 - B) it is probably hypertonic.
 - C) this is probably an indication of SI joint dysfunction.
 - D) refer the client to a chiropractor for adjustment.
- 47. When releasing the sacrotuberus and iliolumbar ligaments, always:**
- A) use direct technique with extended fingers and thumbs.
 - B) hold constant pressure in the presence of hypomobility.
 - C) lightly cross-friction if hypermobile
 - D) All of the above.

48. If the hamstrings bilaterally overpower the hip flexors, the client will usually:

- A) present with a flat back.
- B) present with lumbar hyperlordosis.
- C) present with hyperkyphosis in the thoracics.
- D) present with a forward sacral torsion.

49. When performing the sacral base technique it is important to:

- A) keep a constant pressure on the sacrum.
- B) ask the clients permission.
- C) follow it where it wants to go.
- D) Both A & C

50. Up-slips of the iliosacral joint occur when one ilia is forced to slide:

- A) superiorly in relationship to the sacrum.
- B) inferiorly in relationship to the sacrum.
- C) anteriorly in relationship to the sacrum.
- D) posteriorly in relationship to the sacrum.

51. Often hypertonic psoas muscles are the direct result of:

- A) facet dysfunction in the upper lumbar spine
- B) sports injuries
- C) overactive abdominals
- D) All of the above.

52. Because of the attachments on the anterior surfaces of the lumbar vertebrae, hypertonicity in the psoas can contribute to:

- A) facet dysfunction
- B) disc displacement
- C) disc compression
- D) All of the above.

53. The psoas stretch is performed with:

- A) client's foot on floor.
- B) both of the client's knees flexed.
- C) operator's hand bracing the sacrum.
- D) Both A & C

54. Proper deep squatting must be done with feet and legs externally rotated so that:

- A) the squatter can run if necessary.
- B) the body weight comes down through the medial arches.
- C) he can eliminate without ruining his shoes.
- D) All of the above.

55. The difference between the psoas and the rectus femoris stretch is:

- A) The knee is flexed with rectus femoris and extended with psoas.
- B) The hip is not securely braced with the psoas stretch.
- C) The client should feel low back pain with the psoas stretch.
- D) All of the above.

56. On the ASIS attachment release operator concentrates on

- A) the short leg side.
- B) the long leg side.
- C) the leg with the anterior innominate.
- D) the sartorius attachment only.

57. Unilaterally tight adductors are primarily responsible for:

- A) shin splints in runners.
- B) posteriorly rotated ilia on one side.
- C) pubic symphysis dysfunction.
- D) All of the above.

58. Right sidebending of the spine should cause the:

- A) the left facet to close and the right to open.
- B) the right facet to close and the left to open.
- C) both facets to open.
- D) None of the above.

59. In Myoskeletal Therapy, an increase in range of motion will

- A) decrease range of motion in the other two planes
- B) cause pain in all other places.
- C) increase range of motion in the other two planes.
- D) relieve pressure on joint capsules.

- 60. A right lateral recumbent Sims position starts with the client prone and**
- A) operator flexes client's knees and slides her legs off to the left.
 - B) operator extends client's knees and slides her legs off to the left.
 - C) operator keeps client's knees in neutral.
 - D) All of the above.
- 61. Whenever possible, GTO Attachment work is performed while the muscle is neurologically _____**
- A) Inhibited
 - B) Facilitated
 - C) Active
 - D) At rest
- 62. In people presenting with lumbar hyperlordosis, the therapist moves the erectors:**
- A) inferiorly
 - B) medial to lateral
 - C) lateral to medial
 - D) None of the above.
- 63. If client experiences any discomfort while in the sphinx position the operator should**
- A) reassure her that there is nothing wrong.
 - B) work more slowly.
 - C) discontinue and try the technique in a neutral position.
 - D) All of the above.
- 64. The sphinx position encourages the facet joints to**
- A) open
 - B) loosen up
 - C) close
 - D) hurt

Part II - Upper Crossed Syndrome

- 65. The bones of the body have a rich blood supply with crystals of _____ deposited in them for strength and stability.**
- A) quartz
 - B) hydrochloric acid
 - C) lactic acid
 - D) hydroxyapatite
- 66. Sustained isometric muscle contraction eventually produces:**
- A) pain
 - B) muscle toxicity
 - C) neurological problems
 - D) fibrosis
- 67. Research has shown that by applying direct, slow, sustained pressure to the Golgi tendon stretch receptors the therapist can**
- A) create a sudden resetting of the muscles length.
 - B) kick in the stretch reflex.
 - C) make the client giggle.
 - D) effectively shorten the muscle.
- 68. The motto for cervical work is “If in doubt, do _____”**
- A) less
 - B) more
 - C) your best
 - D) without
- 69. In those presenting with scapulocostal syndrome the _____ muscles are concentrically tight and in a state of sustained isometric contraction.**
- A) rhomboid minor
 - B) levator scapulae
 - C) upper trapezius
 - D) All of the above.
- 70. Together with the supraspinous ligaments, the _____ and multifidi act to stabilize the facet joints during loading and unloading of the lumbar spine:**
- A) thoracolumbar fascia
 - B) latissimus dorsi
 - C) iliopsoas
 - D) sacrum

71. The goal of the thoracolumbar release is to:

- A) restore three-dimensional symmetry.
- B) release pelvic girdle from lower costal cage.
- C) increase kyphosis if possible.
- D) Both A & B.

72. The latissimus dorsi muscle:

- A) is a lower extremity muscle.
- B) connects shoulder girdle to the pelvis.
- C) receives innervation from the cervical ganglia.
- D) All of the above.

73. The latissimus dorsi has the functional capacity to:

- A) move the arm.
- B) sidebend and rotate the trunk.
- C) help extend the spine.
- D) All of the above.

74. When the serratus anterior is inhibited it:

- A) is referred for psychological evaluation.
- B) protracts the scapula
- C) causes winging of the scapula.
- D) All of the above.

75. The two neck muscles that can be reliably and safely tested are:

- A) sternocleidomastoid and scalenes
- B) rhomboids and semispinalis
- C) trapezius and levator scapulae
- D) hyoids and spenius capitis

76. The difference between the upper trapezius and levator scapulae stretch is:

- A) operator pulls the client's hair in the trapezius stretch.
- B) operator introduces sidebending but no rotation with trapezius stretch.
- C) operator tests only one side during the levator stretch.
- D) operator is not interested in quality of end-feel in the levator stretch.

77. The role of the pectoralis minor is to

- A) depress the scapula.
- B) abduct the scapula.
- C) tilt the scapula anteriorly.
- D) All of the above.

78. In the pectoralis major and minor release, the humerus is at

- A) 90 degrees.
- B) 80 degrees.
- C) 45 degrees.
- D) 20 degrees.

79. The apex of the exaggerated lordotic cervical curve in forward head postures is usually at the

- A) C7-T1 junction.
- B) Atlas/axis.
- C) C4-5 junction.
- D) C6-7 junction.

80. Other structures of the cervical spine that can be pain generators are

- A) posterior longitudinal ligament.
- B) outer layers of the annular fibers of the disc.
- C) facet joint capsules
- D) All of the above.

81. Symptoms associated with forward head postures include

- A) neck and shoulder pain
- B) limitations in range of motion
- C) referred pain in the arms, hands and fingers
- D) all of the above

82. Osteophytes like to form in areas of greatest concavity, particularly at _____

- A) C2
- B) C5
- C) C7
- D) T1

83. The goal of Myoskeletal neck work is to

- A) balance the occiput on the vertebral column.
- B) get rid of the client's headache.
- C) treat any referred pain coming from the neck.
- D) None of the above.

84. Unlike the erectors and spinalis muscle of the back which run parallel to the spine, the splenius muscles travel headward in

- A) groups of four.
- B) a counter clockwise direction.
- C) an oblique direction.
- D) None of the above.

85. In the attachment release of the splenius capitis and cervicis, operator contacts the

- A) superior border of the scapula.
- B) Inferior border of the scapula.
- C) superior border of the clavicle.
- D) None of the above.

86. If the client reports a sharp pain during scalene work, the therapist should

- A) ask her to calm down.
- B) dig around and find out what is causing it.
- C) move to the other side.
- D) remove his thumb or finger and change positions.

87. Muscle energy techniques are typically used to

- A) mobilize restricted joints.
- B) stretch tight muscles and fascia.
- C) facilitate or train an inhibited or weak muscle.
- D) All of the above.

88. In flexion, if a knot is palpated on one side of the lamina groove, yet is not present on the other, this joint:

- A) is stuck open.
- B) is stuck closed.
- C) is not happy.
- D) is not available for comment.

- 89. Some scoliosis curves do not straighten because of conditions such as**
- A) malnutrition.
 - B) facet tropism.
 - C) rhomboid hypertonicity.
 - D) None of the above.
- 90. The facet opening technique begins in the lamina groove from T4 superiorly to**
- A) L6
 - B) C7
 - C) T3
 - D) the atlas.
- 91. The facet closing routine begins in the lamina groove from C1 down to**
- A) C2
 - B) C7
 - C) C8
 - D) None of the above.
- 92. Rotation of one thoracic vertebra on top of another causes a torsional movement in the ribs, in which one rib turns externally while the other**
- A) turns internally.
 - B) moves medially.
 - C) moves laterally.
 - D) All of the above.

Finishing Touches

- 93. The key point to remember when performing the finishing touches is to**
- A) not crank on the head.
 - B) twist the neck until the client reports pain.
 - C) let the client turn the head.
 - D) All of the above.
- 94. The cervicothoracic range of motion routine stretches the**
- A) semispinalis capitis muscles.
 - B) hyoid muscles.
 - C) longus colimuscles.
 - D) all of the above.

- 95. In the levator scapulae and splenius cervicis stretch the client's neck is**
- A) flexed.
 - B) sidebent.
 - C) rotated.
 - D) All of the above.
- 96. In the sternocleidomastoid and upper trapezius stretch, the maneuver is an uncoupled movement combining sidebending and rotation to**
- A) the same side.
 - B) opposite sides.
 - C) both sides.
 - D) neither side.
- 97. When stretching the multifidi and rotatores, do not expect much movement with the**
- A) head fully flexed.
 - B) head fully rotated.
 - C) client resisting.
 - D) None of the above.
- 98. The neck distraction technique stretches the**
- A) neck and upper shoulder complex.
 - B) head and neck.
 - C) thoracics and lumbar.
 - D) none of the above.
- 99. During the cross-armed shoulder depression technique, operator's body weight helps to stretch the**
- A) pectorals.
 - B) anterior shoulder ligaments.
 - C) sternoclavicular joint.
 - D) All of the above.
- 100. The soft tissue unilateral neck stretch is designed to spread the neck extensors**
- A) medial to lateral.
 - B) lateral to medial.
 - C) superior to inferior.
 - D) All of the above.