Test Questions - Motion is Lotion Home Study Course

Please circle the correct letter on the Answer Sheets

USB #1

1. In Case Study #1, Erik and Paul find that Matt has a pattern that may be contributing to his neck pain.	6. When assessing to see if the client's head rolls back nicely on the neck, the client is asked to tuck his toward his
a. rotationalb. sidebendingc. translationald. hamstring	a. chin to chestb. head to shoulderc. chin to shoulderd. none of the above
2. Viewed from behind, Matt's key back pain complaint is centered in hisspine. a. transabdominal b. thoracic c. lumbar d. none of the above	7. During the O-A Assessment and Treatment, therapist adds seconds of overpressure as the chin reaches its end range of motion. a. four b. three c. two d. five
3. In the mid-thoracic spine, it is common to find an area around bra line where the facet joints are not a. opening b. closing c. sidebending d. rotating	8. During the O-A maneuver, the therapist notes the type of Is it leathery, spongy or hard? a. endfeel b. rotation c. sidebending d. translation
4. When Matt flexes his neck toward his chest, the cervical spine to the right. a. sidebends b. translates c. extends d. backbends	9. During the atlas-axis (A-A) technique, the therapist flexes client's headdegrees to ligamentously lock the typical cervical vertebrae (C2 – C7). a. 75 b. 15 c. 45
5. The goal of Myoskeletal Alignment is to level the and	d. 2510. Therapist rotates client's head right and left
a. head and shouldersb. hips and archesc. head and taild. ribcage and pelvic girdle	along aaxis making sure not to let the head drop. a. vertical b. horizontal c. transverse d. diagonal

11. Do not allow client's head to drop during this maneuver. Use if they turn too hard.	17. In the Facet Closing routine, one of the goals is to release the groove muscles
a. an elbowb. eye enhancers	that are preventing upper t-spine joints from
c. your fingers d. all the above	a. erector spinae – opening
12. After performing the O-A and A-A routines,	b. levator scapula- closingc. transversospinalis - closingd. transversospinalis - opening
therapist's hands grasp client's neck with fingers draping the muscles and gently decompress.	18. With client prone and face in the cradle,
a. SCM	therapist asks client to slowly head while keeping his tucked.
b. scalene c. suboccipital d. lower trapezius	a. raise - chinb. raise - pelvisc. sidebend - chin
13. To address client's tight diagonal line, therapist	d. rotate - pelvis
snakes his arm around client's biceps and braces against his body.	19. In the Facet Closing routine, therapist uses both and to glide into the lamina
a. left b. right	groove tissue and drag inferiorly.
c. extended d. sidebent	a. fingers and knucklesb. thumbs and elbowsc. fists and knucklesd. knuckles and fists
14. Therapist's left hand softly contacts client's	
contralateral (lower)	20. In the Restoring Normal T-spine Kyphosis
a. pelvic girdleb. cervical spine	segment, if the client presents with a flat spot in the t-spine, therapist's fingers move the tissue to
c. lumbar spine d. thorax (ribcage)	a. lateral to medial
15. In this stretching routine, client is asked to	b. medial to lateralc. superior to inferior
gently pull his towards his hip.	d. inferior to superior
a. knee - right	21. To treat the flat spot, therapist's fingers contact
b. shoulder - left c. elbow - right d. elbow - left	the lamina groove and push the tissue away from the spine.
16. In action B of this routine, therapist snakes arm around client's knee and client's leg.	a. ipsilateralb. unilateralc. contralaterald. multilateral
a. left - abductsb. right - abductsc. left - adducts	

d. left – adducts

22. In the Reposition Scapula technique, the therapist's left hand slides under client's	28. The client can use a to increase strength during the Get-Up.
anterior and his right braces	a. TheraBand
client's scapula.	b. barbell
a. scalenes – arm	c. TRX
b. shoulder – palm	d. kettlebell
c. scapula – elbow	
d. scalenes – scapula	29. In Action C, the client begins the Bretzel exercise
23. Client is instructed to push his towards	by pulling top leg to and under right leg to the lateral calf.
the table to a count of and relax.	a. chest – reaching – grasp
a. elbow – five	b. chest – grasping – depress
b. shoulder – five	c. 90-90 – grasping – stretch
c. head – three	d. 90-90 – stretching - grasp
d. none of the above	
	30. The final goal of the Bretzel is with both
24. Therapist awaits a relaxation and	touching the floor.
gently increases the muscles stretch.	a. arms
a. post-isometric – pectoral	b. legs
b. Golgi Tendon Organ – pectoral	c. shoulders
c. post-isometric – rotator cuff	d. elbows
d. post-isometric – levator scapula	
	31. In Case Study #2 Treating Dowager's Hump,
25. In the Home Retraining segment, the goal is to	therapist begins by lifting the client's ribcage using a
remove the restriction, the weak line,	seated release to improve breathing. a
the tight line and establishstability.	diaphragm
a. lengthen – strengthen – trunk	b. pec minor
b. strengthen – lengthen – core	c. thoracolumbar fascia
c. lengthen – strengthen – core	d. psoas
d. release – strengthen – core	
26. Client steps back into a position with	32. In the diaphragm release, as the client turns
right leg and pulls against TheraBand resistance	her head and rotates her torso right, fingers of the
with his right arm at	therapist's hand stretch the
a. squat – his side	side of the diaphragm.
b. plank – 90-90	a. right – right
c. lunge – 90-90	b. left – left
d. warrior – rest	c. right – left
	d. left – right
27. In section B of the retraining, the Turkish	
Get-up starts in a position with client on the floor.	
a fetal	
b. lunge	
c. squat	
d. supine	

33. In action B, therapist places both elbows on client's upper traps, client begins to slowly flex forward, and the therapist drags the fascia	38. In section B, the client places hands behind her neck, chin tucks, and reaches back with elbows to stretch the and apply pressure to joints stuck in flexion.
a. superiorly b. laterally c. inferiorly d. medially	a. front line - facets b. back line - facets c. arm line - ribcage d. front line - ribcage
34. In action C, therapist's left arm comes under	39. In Case Study #3, if the curve improves during
client's folded arms, grasps her body, and he his legs to lift client into extension. a. bends h. twiste	forward bending, sidebending or rotation, the client has a or fixable scoliosis, if it stays the same or gets worse, it is a scoliosis. a. structural - functional
b. twists c. lunges d. extends 25. In the Table Daywager's Work therepist's	b. idiopathic – structural c. functional – structural d. idiopathic – functional
35. In the Table Dowager's Work, therapist's thumb and index finger, makes a tool with and straddles both sides of the lamina groove.	40. In section B, if the lumbar spine is sidebending right and rotating left, the convexity (hump) of the curve will appear on the
a. flying V b. knuckle c. fist d. tuning fork	a. leftb. rightc. superiord. none of the above
36. In action B, titled the technique, therapist's thumb contacts the right side of client's lamina groove and rotates her head toward the ceiling.	
a. corkscrew	
a. flying Vc. lamina grooved. levator scapula	
37. Therapist pushes back the	
muscles to contact the border of splenius capitis and splenius cervicis.	
a. levator scapulab. anterior scalenesc. posterior scalenes	

d. upper trapezius

USB #2

41. In Case Study # 4, Action A, therapist assesses for rotation restriction by bringing client's arm up to the first restrictive barrier.	46. The last range of motion that needs to be addressed in those suffering a frozen shoulder is with client's arm on therapist's
a. internalb. externalc. sidebendingd. diagonal42. In action B, make sure the client keeps his	shoulder. a. elbow extension b. elbow flexion c. bilateral flexion d. horizontal abduction
up andtucked to improve shoulder function. a. chin - pelvis b. pelvis - tucked c. sternum - chin d. sternum - pelvis	 47. In Case #4 Low Back Assessment &
43. When performing the triceps stretch, the client is asked to gently push his elbow down against therapist's resistance, relax and then reach his left hand toward his	 c. abdominals d. hamstrings 48. In action B, the seated client is taught how to by bringing one arm under the contralateral flexed knee.
a. back pocket b. chest wall c. cervical spine d. all the above 44. To increase glenohumeral adduction, therapist's left hand grasps client's elbow and brings his arm across his while bracing client's scapula from behind.	 a. extend his torso b. flex his neck c. extend his t-spine d. thread the needle 49. In action C, the L5-S1 decompression technique, therapist places his right palm on client's sacral base and his left hand on client's t-spine.
a. scapula b. elbow c. chest d. shoulder 45. To stretch the anterior glenohumeral capsule, therapist grasps, abducts, externally rotates, and both of client's arms. a. extends b. flexes c. sidebends d. translates	a. lower b. lateral c. upper d. anterior 50. In action A of the home retraining exercises, client holds medicine ball close to his and swings the ball to his weak line. a. chest - lengthen b. chest - strengthen c. shoulder - mobilize d. pelvis - strengthen

51. In the Pallof Press, client holds TheraBand handles against his body and lifts his left leg to degrees and extends his arm to load the chain.	56. In action C, therapist's right webbed hand grasps below the medial and lateral and his left drapes over his right so he can place foot between his
a. 70 – inferior	a. condyles – arms
b. 70 – superiorc. 90 – posteriord. 80 - anterior	b. condyles – handsc. malleoli – kneesd. malleoli – shoulders
52. In action A, assessing and treating ankles and knees, client keeps torso while client slowly performs a	57. In the right sidelying position (action D), therapist pulls client's into plantar flexion while his fisted right hand contacts the navicular and bones.
 a. flexed – lunge b. flexed – squat c. erect – lunge d. erect – squat 	 a. toes – cuneiform b. toes – tarsal c. ankle – cuneiform d. ankle – calcaneus
53. When assessing for calcaneal eversion and inversion, it is best to first place a line along the angle of the client's a. Achilles' tendon b. forefoot c. knee d. medial malleoli	58. The foot home retraining goal is to improve strength in the muscles. a. quadriceps b. hamstring c. arch d. rotator cuff
54. If the client's Achilles tendon is everted (flat arch), the client would the foot against therapist's resistance and relax. a. evert b. flex c. extend	59. In action B, client stands on a platform to improve a. rigid – stability b. wobble – proprioception c. wobble – nociception d. rigid – mechanoreception
c. all the above 55. In the alternate calcaneal eversion technique action B, therapist restores alignment to an everted calcaneus by bringing client's heel into a. extension	60. There are four side plank progressions and the final goal is to the top leg while maintaining the side plank position. a. adduct b. extend c. rotate d. abduct
b. inversion c. distraction d. flexion	61. In Case Study #6, therapist assesses and corrects clients with a. lower crossed syndrome
	b. knee painc. pelvic misalignmentd. upper crossed syndrome

62. In action B, supine client perform an assessment called by reaching arms over his head attempting to keep the back of his hands close to the table. a. wall press b. floor press c. floor angel d. wall angel 63. In the bilateral pec release, therapist crosses his arms to allow both elbows to contact the pec minor fascia just below the processes. a. spinous b. transverse c. coracoid d. none of the above	64. In the pillowcase decompression technique, therapist first stretches the mid-cervicals and then moves the towel up to the junction. a. lumbosacral b. thoracolumbar c. cervicothoracic d. cervicocranial 65. In the Upper Crossed Syndrome home retraining exercise action A, client grasps handles of training straps and steps forward into a while keeping up. a. lunge – sternum b. lunge – chin c. scissor – sternum d. scissor – chin
USI	3 #3
66. In Case Study # 7, therapist evaluates pelvic landmarks and discovers a anteriorly/ inferiorly rotated ilium caused by pelvic bowl rotation. a. right – left	69. In action B, the springing technique should be applied only to the rotated side because the sacral base and inferior lateral angle are both flipped up. a. inferiorly
b. left – right c. left – left d. right – right	b. superiorlyc. posteriorlyd. anteriorly
67. In action B, client performs a squat as therapist palpates her spine observing for a movement. a. lumbar – trick b. thoracic – trick c. cervical – sidebending d. lumbar – smooth	70. In action C, therapist brings client's hip into extension while resisting this motion with his other hand on the sacral border. a. medial b. anterior c. superior d. lateral
68. In the first step for correcting a sacral torsion, therapist's left hand cups client's left and his right palm braces her right a. PSIS – ASIS b. ASIS – PSIS c. PSIS – PSIS d. ASIS – ASIS	71. In the DonTigny technique, therapist's arm snakes under client's flexed knee and his hand contacts her opposite thigh. a. left – right b. right – left c. left – left d. right – right

72. In action E, client is instructed to push her up into a bridge using her while squeezing her knees together against therapist's resistance.	77. To perform the action C technique effectively, therapist must first client's right arm so his own right arm can traverse between client's arm and body.
 a. hips – heels b. low back – heels c. thorax – quads d. none of the above 	a. adductb. sidebendc. translated. abduct
73. In home retraining for sacral torsions	
(action A), therapist places a TheraBand around client's pelvis and she is asked to perform a against slight traction.	78. In the chin-tucking exercise, the goal is to get the back up on the neck and the back up on the shoulders.
a. lungeb. bridgec. squatd. all the above	 a. chin – neck b. head – dowager's hump c. head – neck d. none of the above
74. action B has the client go through a	79. The goal of action B is to release tension in
progression of exercises to help strengthen her hips, weak diagonal line, and	the muscles that may be restricting smooth occipitoatlantal O-A movement.
a. core b. arms c. ankles d. neck	a. scaleneb. SCMc. longus collid. suboccipital
75. In Case Study #8, the seated client drapes	
his arm over therapist'sso therapist can his body to the side opposite his rib	80. In action C, client performs the same technique this time using the web of his hand along the
fixation.	arch.
 a. leg - flex b. shoulder - translate c. leg - translate d. shoulder - sidebend 	a. maxillaryb. mammillaryc. zygomaticd. none of the above
76. In the table technique, client is asked to roll	
over on his left side enough to allow therapist's arm to come under and grasp the fascia overlying client's 1st rib.	81. The goal of action D is to help client open up the line and correct his upper crossed syndrome pattern.
a. scaleneb. pectoralisc. erector spinaed. deltoid	a. lateralb. backc. frontd. arm

82. In action D, therapist uses relaxation to help lift clients chest wall.	8/. In action D, the client places ankles on a, bridges into a plank position, and lifts
a. Golgi tendon	right leg off the ball toward the
b. counter-strain	a. physioball – wall
c. post-isometric	b. TheraBand – wall
d. none of the above	c. physioball – ceiling
83. In action E, client is instructed to pin elbows to	d. TheraBand – ceiling
his side, chin tuck, and gently pull his scapulas to	88. In progression 2, client raises left arm toward
his	ceiling while maintaining the position above for
a. back pocket	to seconds.
b. side	a. 15 – 30
c. chest wall	b. 30 – 60
d. feet	c. $60 - 90$
	d. $10 - 20$
84. In action F, therapist grasps client's shoulder at	
the joint in front and in	89. Action E introduces a "straddle plank" exercise
back.	to work the spring system.
a. glenohumeral – scapula	a. frontal
b. sternoclavicular – scapula	b. posterior
c. acromioclavicular – triceps	c. anterior
d. glenohumeral – trapezius	d. lateral
85. In action B of the "Simple 7" home retraining	90. In the straddle plank, the top leg should be
exercises, client lies supine with knees,	
elbows, and arms abducted to	extended into a scissors position.
90 degrees.	a. backward
a. extended – flexed	b. vertically
	c. forward
b. flexed – extendedc. flexed – flexed	d. none of the above
d. none of the above	91. In the upper crossed training, the client pulls
GV 110110 02 1110 1100 1	her elbows back to fire the chain and
86. In the next progression, the client	stabilizers.
her right leg and reaches toward the ceiling with	a. posterior – spinal
her arm to train her weak diagonal	b. anterior – spinal
line.	c. posterior – shoulder
a. extends – ipsilateral	d. anterior – shoulder
b. flexes – contralateral	
c. flexes – ipsilateral	92. In action G, client pulls elbows to her side;
d. extends – contralateral	tucks chin,arms, and her torso
a. Ontondo continuaciai	back against therapist's resistance.
	a. flexes – leans
	b. extends – leans
	c. sidebends – rotates
	d. rotates – sidebends

93. In Case Study # 10, the therapist first tests joint movement by placing fingers on	98. To stretch the intertransversarii, the therapist right rotates and gently lifts client's head to first
the border of the medial clavicle.	barrier.
a. acromioclavicular – lateral	a. extension
b. sternoclavicular – lateral	b. sidebending
c. acromioclavicular – medial	c. rotation
d. sternoclavicular – superior	d. flexion
94. In test 2, the client his shoulder girdle	99. When correcting cervical restrictions
and the therapist's fingers monitor if the medial	(action A), therapist's hands grasp client's head
clavicular heads are dropping back.	and his thumbs create a on both
a. retracts	sides of the spinous processes.
b. protracts	a. fulcrum
c. elevates	b. distraction
d. depresses	c. stretch
95. In action B, the therapist treats client's SC joint	d. none of the above
fixation by bringing his arm back while	100. In cervical sidebending (Action B), therapist's
keeping a force on the dysfunctional	hands right sidebend client's neck while the right
clavicle	thumb presses against the side of the
a. torsional	a. transverse process
b. distracting	b. odontoid process
c. sidebending	c. spinous process
d. compressive	d. all the above
96. To assess forrotation restriction at	101. When translating the cervical joints,
the acromioclavicular joint, therapist flexes client's	therapist's pushes the spinous processes
elbow to 90 degrees and the arm to 90	when he steps to his left foot.
degrees.	a. left thumb
a. external – abducts	b. right thumb
b. external – adducts	c. index finger
c. internal – adducts	d. ring finger
d. internal – adducts	100 I d d d d d d d d d d
	102. In the sternoclavicular correction (Action
97. When stretching the client's intertransversarii	A), therapist's right hand blocks the
muscles, the goal is to relieve	clavicular head while his left pulls up on client's
compression of the brachial plexus.	a. medial – shoulder
a. nerve root	
b. nerve trunk	b. lateral – shoulder
c. nerve cord	c. medial – trapezius
d. none of the above	d. lateral – trapezius

105. In action D, therapist's left hand sidebends and rotates client's head while right gently pushes down on client's shoulder to stretch.
 a. left – right- right b. right – left – right c. left – left – left d. right – right -right