# Test Questions - Motion is Lotion Home Study Course <br> Please circle the correct letter on the Answer Sheets <br> USB \#1 

1. In Case Study \#1, Erik and Paul find that Matt has a $\qquad$ pattern that may be contributing to his neck pain.
a. rotational
b. sidebending
c. translational
d. hamstring
2. Viewed from behind, Matt's key back pain complaint is centered in his $\qquad$ spine.
a. transabdominal
b. thoracic
c. lumbar
d. none of the above
3. In the mid-thoracic spine, it is common to find an area around bra line where the facet joints are not $\qquad$ .
a. opening
b. closing
c. sidebending
d. rotating
4. When Matt flexes his neck toward his chest, the cervical spine $\qquad$ to the right.
a. sidebends
b. translates
c. extends
d. backbends
5. The goal of Myoskeletal Alignment is to level the $\qquad$ and $\qquad$ -
a. head and shoulders
b. hips and arches
c. head and tail
d. ribcage and pelvic girdle
6. When assessing to see if the client's head rolls back nicely on the neck, the client is asked to tuck his $\qquad$ toward his $\qquad$ —.
a. chin to chest
b. head to shoulder
c. chin to shoulder
d. none of the above
7. During the O-A Assessment and Treatment, therapist adds $\qquad$ seconds of overpressure as the chin reaches its end range of motion.
a. four
b. three
c. two
d. five
8. During the O-A maneuver, the therapist notes the type of $\qquad$ . Is it leathery, spongy or hard?
a. endfeel
b. rotation
c. sidebending
d. translation
9. During the atlas-axis (A-A) technique, the therapist flexes client's head $\qquad$ degrees to ligamentously lock the typical cervical vertebrae (C2-C7).
a. 75
b. 15
c. 45
d. 25
10. Therapist rotates client's head right and left along a $\qquad$ axis 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 $\qquad$ if they turn too hard.
a. an elbow
b. eye enhancers
c. your fingers
d. all the above
12. After performing the O-A and A-A routines, therapist's hands grasp client's neck with fingers draping the $\qquad$ muscles and gently decompress.
a. SCM
b. scalene
c. suboccipital
d. lower trapezius
13. To address client's tight diagonal line, therapist snakes his $\qquad$ arm around client's biceps and braces against his body.
a. left
b. right
c. extended
d. sidebent
14. Therapist's left hand softly contacts client's contralateral (lower) $\qquad$ .
a. pelvic girdle
b. cervical spine
c. lumbar spine
d. thorax (ribcage)
15. In this stretching routine, client is asked to gently pull his $\qquad$ towards his $\qquad$ hip.
a. knee - right
b. shoulder - left
c. elbow - right
d. elbow - left
16. In action B of this routine, therapist snakes
$\qquad$ arm around client's knee and client's leg.
a. left - abducts
b. right - abducts
c. left - adducts
d. left - adducts
17. In the Facet Closing routine, one of the goals is to release the $\qquad$ groove muscles that are preventing upper t -spine joints from
$\qquad$ .
a. erector spinae - opening
b. levator scapula- closing
c. transversospinalis - closing
d. transversospinalis - opening
18. With client prone and face in the cradle, therapist asks client to slowly $\qquad$ head while keeping his $\qquad$ tucked.
a. raise - chin
b. raise - pelvis
c. sidebend - chin
d. rotate - pelvis
19. In the Facet Closing routine, therapist uses both
$\qquad$ and $\qquad$ to glide into the lamina groove tissue and drag inferiorly.
a. fingers and knuckles
b. thumbs and elbows
c. fists and knuckles
d. knuckles and fists

## 20. In the Restoring Normal T-spine Kyphosis

 segment, if the client presents with a flat spot in the t -spine, therapist's fingers move the tissue$\qquad$ to $\qquad$ _.
a. lateral to medial
b. medial to lateral
c. superior to inferior
d. inferior to superior
21. To treat the flat spot, therapist's fingers contact the $\qquad$ lamina groove and push the tissue away from the spine.
a. ipsilateral
b. unilateral
c. contralateral
d. multilateral
22. In the Reposition Scapula technique, the therapist's left hand slides under client's anterior $\qquad$ and his right $\qquad$ braces client's scapula.
a. scalenes - arm
b. shoulder - palm
c. scapula - elbow
d. scalenes - scapula
23. Client is instructed to push his $\qquad$ towards the table to a count of $\qquad$ and relax.
a. elbow - five
b. shoulder - five
c. head - three
d. none of the above
24. Therapist awaits a $\qquad$ relaxation and gently increases the $\qquad$ muscles stretch.
a. post-isometric - pectoral
b. Golgi Tendon Organ - pectoral
c. post-isometric - rotator cuff
d. post-isometric - levator scapula
25. In the Home Retraining segment, the goal is to remove the restriction, $\qquad$ the weak line,
$\qquad$ the tight line and establish $\qquad$ stability.
a. lengthen - strengthen - trunk
b. strengthen - lengthen - core
c. lengthen - strengthen - core
d. release - strengthen - core
26. Client steps back into a $\qquad$ position with right leg and pulls against TheraBand resistance with his right arm at $\qquad$ —.
a. squat - his side
b. plank - 90-90
c. lunge - 90-90
d. warrior - rest
27. In section B of the retraining, the Turkish

Get-up starts in a $\qquad$ position with client on the floor.
a fetal
b. lunge
c. squat
d. supine
28. The client can use a $\qquad$ to increase strength during the Get-Up.
a. TheraBand
b. barbell
c. TRX
d. kettlebell
29. In Action C, the client begins the Bretzel exercise by pulling top leg to $\qquad$ and $\qquad$ under right leg to $\qquad$ the lateral calf.
a. chest - reaching - grasp
b. chest - grasping - depress
c. 90-90 - grasping - stretch
d. 90-90 - stretching - grasp
30. The final goal of the Bretzel is with both
$\qquad$ touching the floor.
a. arms
b. legs
c. shoulders
d. elbows
31. In Case Study \#2 Treating Dowager's Hump, therapist begins by lifting the client's ribcage using a seated $\qquad$ release to improve breathing. a.
diaphragm
b. pec minor
c. thoracolumbar fascia
d. psoas
32. In the diaphragm release, as the client turns her head and rotates her torso right, fingers of the therapist's $\qquad$ hand stretch the $\qquad$ side of the diaphragm.
a. right - right
b. left - left
c. right - left
d. left - right
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
$\qquad$
a. superiorly
b. laterally
c. inferiorly
d. medially
34. In action C, therapist's left arm comes under client's folded arms, grasps her body, and he
$\qquad$ his legs to lift client into extension.
a. bends
b. twists
c. lunges
d. extends
35. In the Table Dowager's Work, therapist's thumb and index finger, makes a $\qquad$ tool with and straddles both sides of the lamina groove.
a. flying V
b. knuckle
c. fist
d. tuning fork
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 V
c. lamina groove
d. levator scapula
37. Therapist pushes back the $\qquad$ muscles to contact the border of splenius capitis and splenius cervicis.
a. levator scapula
b. anterior scalenes
c. posterior scalenes
d. upper trapezius
38. In section B, the client places hands behind her neck, chin tucks, and reaches back with elbows to stretch the $\qquad$ and apply pressure to
$\qquad$ joints stuck in flexion.
a. front line - facets
b. back line - facets
c. arm line - ribcage
d. front line - ribcage
39. In Case Study \#3, if the curve improves during forward bending, sidebending or rotation, the client has a $\qquad$ or fixable scoliosis, if it stays the same or gets worse, it is a $\qquad$ scoliosis.
a. structural - functional
b. idiopathic - structural
c. functional - structural
d. idiopathic - functional
40. In section $B$, if the lumbar spine is sidebending right and rotating left, the convexity (hump) of the curve will appear on the $\qquad$ —.
a. left
b. right
c. superior
d. none of the above

## USB \#2

41. In Case Study \# 4, Action A, therapist assesses for $\qquad$ rotation restriction by bringing client's arm up to the first restrictive barrier.
a. internal
b. external
c. sidebending
d. diagonal
42. In action B, make sure the client keeps his
$\qquad$ up and $\qquad$ tucked to improve shoulder function.
a. chin - pelvis
b. pelvis - tucked
c. sternum - chin
d. sternum - pelvis
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 $\qquad$ _.
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 $\qquad$ while bracing client's scapula from behind.
a. scapula
b. elbow
c. chest
d. shoulder
45. To stretch the anterior glenohumeral capsule, therapist grasps, abducts, externally rotates, and
$\qquad$ both of client's arms.
a. extends
b. flexes
c. sidebends
d. translates
46. The last range of motion that needs to be addressed in those suffering a frozen shoulder is
$\qquad$ with client's arm on therapist's shoulder.
a. elbow extension
b. elbow flexion
c. bilateral flexion
d. horizontal abduction
47. In Case \#4 Low Back Assessment \&

Treatment, action A, client performs a forward bending (Adams Test) so the therapist can observe for scoliotic $\qquad$ _.
a. group curves
b. round curves
c. abdominals
d. hamstrings
48. In action B , the seated client is taught how to
$\qquad$ by bringing one arm under the contralateral flexed knee.
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
$\qquad$ t-spine.
a. lower
b. lateral
c. upper
d. anterior
50. In action A of the home retraining exercises, client holds medicine ball close to his $\qquad$ and swings the ball to $\qquad$ 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
$\qquad$ degrees and extends his arm to load the $\qquad$ chain.
a. 70 - inferior
b. 70 - superior
c. $90-$ posterior
d. 80 - anterior
52. In action A , assessing and treating ankles and knees, client keeps torso $\qquad$ while client slowly performs a $\qquad$ —.
a. flexed - lunge
b. flexed - squat
c. erect - lunge
d. erect - squat
53. When assessing for calcaneal eversion and inversion, it is best to first place a line along the angle of the client's $\qquad$ —.
a. Achilles' tendon
b. forefoot
c. knee
d. medial malleoli
54. If the client's Achilles tendon is everted (flat arch), the client would $\qquad$ the foot against therapist's resistance and relax.
a. evert
b. flex
c. extend
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 $\qquad$ .
a. extension
b. inversion
c. distraction
d. flexion
56. In action C, therapist's right webbed hand grasps below the medial and lateral $\qquad$ and his left drapes over his right so he can place foot between his $\qquad$ —.
a. condyles - arms
b. condyles - hands
c. malleoli - knees
d. malleoli - shoulders
57. In the right sidelying position (action D), therapist pulls client's $\qquad$ into plantar flexion while his fisted right hand contacts the navicular and $\qquad$ bones.
a. toes - cuneiform
b. toes - tarsal
c. ankle - cuneiform
d. ankle - calcaneus
58. The foot home retraining goal is to improve strength in the $\qquad$ muscles.
a. quadriceps
b. hamstring
c. arch
d. rotator cuff
59. In action B, client stands on a $\qquad$ platform to improve $\qquad$ .
a. rigid - stability
b. wobble - proprioception
c. wobble - nociception
d. rigid - mechanoreception
60. There are four side plank progressions and the final goal is to $\qquad$ the top leg while maintaining the side plank position.
a. adduct
b. extend
c. rotate
d. abduct
61. In Case Study \#6, therapist assesses and corrects clients with $\qquad$ -.
a. lower crossed syndrome
b. knee pain
c. pelvic misalignment
d. upper crossed syndrome
62. In action $B$, supine client perform an assessment called $\qquad$ 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 $\qquad$ 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 $\qquad$ junction.
a. lumbosacral
b. thoracolumbar
c. cervicothoracic
d. cervicocranial
65. In the Upper Crossed Syndrome home retraiing exercise action A, client grasps handles of training straps and steps forward into a $\qquad$ while keeping $\qquad$ up.
a. lunge - sternum
b. lunge - chin
c. scissor - sternum
d. scissor - chin

## USB \#3

66. In Case Study \# 7, therapist evaluates pelvic landmarks and discovers a $\qquad$ anteriorly/ inferiorly rotated ilium caused by $\qquad$ pelvic bowl rotation.
a. right - left
b. left - right
c. left - left
d. right - right
67. In action $B$, client performs a squat as therapist palpates her $\qquad$ spine observing for a $\qquad$ movement.
a. lumbar - trick
b. thoracic - trick
c. cervical - sidebending
d. lumbar - smooth
68. In the first step for correcting a sacral torsion, therapist's left hand cups client's left $\qquad$ and his right palm braces her right $\qquad$ -
a. PSIS - ASIS
b. ASIS - PSIS
c. PSIS - PSIS
d. ASIS - ASIS
69. In action $B$, the springing technique should be applied only to the $\qquad$ rotated side because the sacral base and inferior lateral angle are both flipped up.
a. inferiorly
b. superiorly
c. posteriorly
d. anteriorly
70. In action C, therapist brings client's hip into extension while resisting this motion with his other hand on the $\qquad$ sacral border.
a. medial
b. anterior
c. superior
d. lateral
71. In the DonTigny technique, therapist's $\qquad$ arm snakes under client's $\qquad$ 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
$\qquad$ while squeezing her knees together against therapist's resistance.
a. hips - heels
b. low back - heels
c. thorax - quads
d. none of the above
73. In home retraining for sacral torsions (action A), therapist places a TheraBand around client's pelvis and she is asked to perform a
$\qquad$ against slight traction.
a. lunge
b. bridge
c. squat
d. all the above
74. action B has the client go through a progression of exercises to help strengthen her hips, weak diagonal line, and $\qquad$ .
a. core
b. arms
c. ankles
d. neck
75. In Case Study \#8, the seated client drapes his arm over therapist's $\qquad$ so therapist can
$\qquad$ his body to the side opposite his rib fixation.
a. leg - flex
b. shoulder - translate
c. leg - translate
d. shoulder - sidebend
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 $\qquad$ fascia overlying client's 1st rib.
a. scalene
b. pectoralis
c. erector spinae
d. deltoid
77. To perform the action C technique effectively, therapist must first $\qquad$ client's right arm so his own right arm can traverse between client's arm and body.
a. adduct
b. sidebend
c. translate
d. abduct
78. In the chin-tucking exercise, the goal is to get the $\qquad$ back up on the neck and the $\qquad$ back up on the shoulders.
a. chin - neck
b. head - dowager's hump
c. head - neck
d. none of the above
79. The goal of action B is to release tension in the $\qquad$ muscles that may be restricting smooth occipitoatlantal O-A movement.
a. scalene
b. SCM
c. longus colli
d. suboccipital
80. In action C, client performs the same technique this time using the web of his hand along the
$\qquad$ arch.
a. maxillary
b. mammillary
c. zygomatic
d. none of the above
81. The goal of action $D$ is to help client open up the $\qquad$ line and correct his upper crossed syndrome pattern.
a. lateral
b. back
c. front
d. arm
82. In action D, therapist uses $\qquad$ relaxation to help lift clients chest wall.
a. Golgi tendon
b. counter-strain
c. post-isometric
d. none of the above
83. In action E, client is instructed to pin elbows to his side, chin tuck, and gently pull his scapulas to his $\qquad$ .
a. back pocket
b. side
c. chest wall
d. feet
84. In action F , therapist grasps client's shoulder at the $\qquad$ joint in front and $\qquad$ in back.
a. glenohumeral - scapula
b. sternoclavicular - scapula
c. acromioclavicular - triceps
d. glenohumeral - trapezius
85. In action B of the "Simple 7" home retraining exercises, client lies supine with knees $\qquad$ , elbows $\qquad$ , and arms abducted to 90 degrees.
a. extended - flexed
b. flexed - extended
c. flexed - flexed
d. none of the above
86. In the next progression, the client $\qquad$ her right leg and reaches toward the ceiling with her $\qquad$ arm to train her weak diagonal line.
a. extends - ipsilateral
b. flexes - contralateral
c. flexes - ipsilateral
d. extends - contralateral
87. In action D, the client places ankles on a
$\qquad$ , bridges into a plank position, and lifts right leg off the ball toward the $\qquad$ .
a. physioball - wall
b. TheraBand - wall
c. physioball - ceiling
d. TheraBand - ceiling
88. In progression 2, client raises left arm toward ceiling while maintaining the position above for
$\qquad$ to $\qquad$ seconds.
a. $15-30$
b. $30-60$
c. $60-90$
d. $10-20$
89. Action E introduces a "straddle plank" exercise
to work the $\qquad$ spring system.
a. frontal
b. posterior
c. anterior
d. lateral
90. In the straddle plank, the top leg should be extended $\qquad$ into a scissors position.
a. backward
b. vertically
c. forward
d. none of the above
91. In the upper crossed training, the client pulls her elbows back to fire the $\qquad$ chain and
$\qquad$ stabilizers.
a. posterior - spinal
b. anterior - spinal
c. posterior - shoulder
d. anterior - shoulder
92. In action G, client pulls elbows to her side; tucks chin, $\qquad$ arms, and $\qquad$ her torso 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
$\qquad$ joint movement by placing fingers on the $\qquad$ border of the medial clavicle.
a. acromioclavicular - lateral
b. sternoclavicular - lateral
c. acromioclavicular - medial
d. sternoclavicular - superior
94. In test 2 , the client $\qquad$ his shoulder girdle and the therapist's fingers monitor if the medial clavicular heads are dropping back.
a. retracts
b. protracts
c. elevates
d. depresses
95. In action B, the therapist treats client's SC joint fixation by bringing his arm back while keeping a $\qquad$ force on the dysfunctional clavicle
a. torsional
b. distracting
c. sidebending
d. compressive
96. To assess for $\qquad$ rotation restriction at the acromioclavicular joint, therapist flexes client's elbow to 90 degrees and $\qquad$ the arm to 90 degrees.
a. external - abducts
b. external - adducts
c. internal - adducts
d. internal - adducts
97. When stretching the client's intertransversarii muscles, the goal is to relieve $\qquad$ compression of the brachial plexus.
a. nerve root
b. nerve trunk
a. medial - shoulder
b. lateral - shoulder
c. medial - trapezius
d. lateral - trapezius
98. In the anterior scalene release (Action B), therapist's soft finger pads scoop under client's right $\qquad$ muscle so his finger pads contact the anterior scalenes.
a. longissimus
b. iliocostalis
c. spinalis
d. sternocleidomastoid
99. To stretch SCM and anterior scalenes
(action C), therapist slowly drop client's head towards the floor while right hand braces the pectoral tissues of the $\qquad$ .
a. cervical spine
b. thoracic spine
c. lumbar spine
d. front line
100. In action D, therapist's left hand $\qquad$ sidebends and $\qquad$ rotates client's head while right gently pushes down on client's $\qquad$ shoulder to stretch.
a. left - right- right
b. right - left - right
c. left - left - left
d. right - right -right
