

Home Study Test Questions - Shoulder Arm and Hand

**Please circle the correct answers on the Answer Sheet.*

Questions 1 - 12 (from the manual)

Preface / Introduction

1. In the Preface, I state that: “The neuro-reflexogenic relationship of muscles, _____, and joints is at the heart of Myoskeletal Alignment Techniques.”

- a. ligaments
- b. nerves
- c. bursae
- d. synovial fluid

Tip: When stretching myofascia, you're also stretching these sensitive structures

2. The hand can grasp with forces exceeding _____ pounds.

- a. 40
- b. 80
- c. 100
- d. 200

Tip: The grip is stronger than one might think

3. Tension, trauma and _____ movements can alter the position and function of associated joints.

- a. repetitive
- b. strenuous
- c. fast
- d. none of the above

Tip: Commonly seen in carpal tunnel cases

4. Active movement psychologically reinforces clients to move the arm through a greater range of motion. This is called _____.

- a. stretch tolerance
- b. contract relax
- c. muscle energy
- d. strain counterstrain

Tip: Pain-free stretching teaches the brain that it's OK to move into that range of motion.

5. Myoskeletal Techniques utilize _____ and _____.

- a. thrust and elbow
- b. knuckles and benchwork
- c. activators and enhancers
- d. all the above

Tip: Neurologically turning muscles on and off

6. Fiber tearing with inflammation is termed tendinitis, while fiber tearing without inflammation is called _____.

- a. tendinosis
- b. bursitis
- c. osteoarthritis
- d. fibromyalgia

Tip: Tendon tearing typically does not result in long-term inflammation

Introduction

7. A technique is a formal expression of _____ to affect the body.

- a. intention
- b. ability
- c. attitude
- d. belief

Tip: Keep a clear intent on the desired therapeutic goal

8. One question therapists should ask themselves during the evaluation process is “What type of tissue am I working.... hypermobile, fibrotic, fibrosed or _____?”

- a. sticky
- b. gliding
- c. sliding
- d. spasmed

Tip: Muscle guarding is neurologically tightened tissue, that is also called what?

9. Is it appropriate to perform the same techniques with _____ muscles as with _____ muscles?

- a. multifidus – rectus femoris
- b. subscapularis - infraspinatus
- c. tight – weak
- d. scalene – SCM

Tip: Think length- strength imbalances

Technique Tips

10. Pain is a ____ of the brain. a. perception

- b. receptor
- c. transducer
- d. none of the above

Tip: Pain lives in the brain, not in the tissue

11. The force applied should not create _____ pain.

- a. chronic
- b. tendoperiosteal
- c. neurogenic
- d. sinuvertebral nerve

Tip: Neuropathic pain falls under the category of this type of peripheral and central pain

12. Effective deep tissue work requires low shoulders, locked-in lumbar lordosis and force coming from the _____.

- a. shoulder girdle
- b. center of gravity
- c. ground
- d. fists

Tip: let the force come through the body from below

USB #1

THORACIC OUTLET

INTRO

13. Thoracic outlet syndrome is usually compression of the lower trunk of the _____ plexus.

- a. cervical
- b. brachial
- c. lumbar
- d. sacral

Tip: The name of the neurovascular structure coming through the clavicle

14. During the day as the clavicle and scapula drop they begin to compress the _____ branch of the brachial plexus.

- a. upper
- b. bottom
- c. medial
- d. rotational

Tip: The lower part of the brachial plexus can drop on the 1st rib

15. Nerve root compression can cause pain while it's being pinched, but nerve trunk compression causes more problems _____.

- a. at night
- b. when running
- c. while working out
- d. doing bodywork

Tip: Symptoms appear as a beat up brachial plexus has pressure taken off it

Is it a shoulder or neck problem?

16. How do you determine if it is a shoulder or neck problem?

- a. Evaluate movement restrictions
- b. Take a good history
- c. Consult with current practitioners
- d. All of the above

Tip: Perform a thorough exam including referring physicians

17. At the shoulder (not scapular rotation), there should be _____ degrees of abduction.

- a. 30
- b. 45
- c. 90
- d. 120

Tip: Other structures are involved once the humerus reaches shoulder height

18. There also should be approximately _____ degrees of medial and lateral horizontal humeral rotation.

- a. 30
- b. 45
- c. 90
- d. 120

Tip: Sometimes internal humeral rotation is less

Intertransversarii

19. Which tiny neck muscles are often the first to occlude nerve roots forming the brachial plexus?

- a. SCM
- b. Rectus capitis posterior minor
- c. Intertransversarii
- d. None of the above

Tip: These muscles run from transverse process to transverse process

20. When rotating the head to the right, the therapist is stretching the intertransversarii on the _____ side.

- a. right
- b. left
- c. lateral
- d. medial

Tip: When you lift client's right rotated head, which muscles are underneath?

Mobilizing First Rib to Create Space

21. Soft finger pads slide down under the clavicle making sure you're not on the transverse process of _____

- a. T-2
- b. T-1
- c. T-4
- d. T-7

Tip: The 1st rib attaches to this vertebra

22. Soft finger pads evaluate to see if the one 1st rib is more _____ than the other.

- a. elevated
- b. depressed
- c. sidebent
- d. rotated

Tip: What are you pushing down?

23. Tight/short anterior scalenes can bind down the first rib leading to a _____ posture.

- a. lower crossed
- b. forward head
- c. scoliosis kyphotic
- d. none of the above

Tip: What is an Upper Crossed posture?

Subclavius Release

24. When subclavius muscle is fibrotic, it can rub on a very sensitive _____.

- a. nerve root
- b. spinal cord
- c. brachial plexus
- d. none of the above

Tip: What neurovascular structure traverses under the clavicle?

25. What will break down before the nerve root itself?

- a. capillary beds
- b. dural membrane
- c. subclavius artery
- d. all the above

Tip: What are the vascular structures that surround the brachial plexus?

26. Double and triple crush syndromes start proximally but we often feel them _____?

- a. further down the arm
- b. in the spinal canal
- c. in the neck
- d. none of the above

Tip: Often leads to a misdiagnosis of carpal tunnel

Pec Minor Treatment

27. In the pec minor release, the therapist's flat forearm pins the pec minor attachment just below the _____ process.

- a. acromion
- b. coracoid
- c. transverse
- d. spinous

Tip: Where are the proximal pec minor attachments

28. Ida Rolf used to say _____ the front and _____ the back.

- a. down –up
- b. up- Down
- c. around- behind
- d. none of the above

Tip: Move the pectorals up

29. When accessing the pec minor with the axillary finger release, the therapist's soft finger pads scoop under _____ to contact the rib attachments of pec minor.

- a. pec major
- b. deltoid
- c. latissimus dorsi
- d. serratus anterior

Tip: Under the big chest muscle and on to the ribs

STERNOCLAVICULAR (SC) ANATOMY

30. The _____ is one of the most overlooked joints in therapy.

- a. metacarpal
- b. sternoclavicular
- c. elbow
- d. wrist

Tip: It attaches to the sternum

31. Sternoclavicular (SC) is the only shoulder joint containing a _____.

- a. meniscus (disc)
- b. ligament
- c. joint capsule
- d. none of the above

Tip: It resembles cartilage

32. How many movements are available at the SC joint?

- a. two
- b. five
- c. four
- d. one

Tip: Think scapular elevation and retraction.

33. In arm abduction and shoulder shrugging, the medial head of the clavicle should _____.

- a. drop down
- b. raise
- c. not move
- d. none of the above

Tip: When the lateral clavicle elevates the medial head does what?

SC Assessments

34. How high does the arm abduct before the SC joint comes into play?

- a. 60 degrees
- b. 90 degrees
- c. 120 degrees
- d. 150 degrees

Tip: The SC joint comes into play when the scapula stops moving

35. If there is restriction in the SC joint, it is found in the last ____ degrees of shoulder abduction.

- a. 30
- b. 60
- c. 90
- d. 150

Tip: The SC joint is only active at the end range of arm abduction

36. When shrugging the shoulders, the medial head of the _____ should.

- a. clavicle
- b. sternum
- c. humerus
- d. scapula

Tip: The lateral heads go up and medial go down during shrugging

37. If the medial head of the clavicle does not drop down while shrugging, the _____ joint is dysfunctional.

- a. acromioclavicular
- b. sternoclavicular
- c. glenohumeral
- d. sternocostal

Tip: Think about which joint the medial head of the clavicle is part of

38. One of the Myoskeletal goals is to assess SC restriction in _____

- a. scapular elevation
- b. scapular depression
- c. forward bending
- d. knee flexion

Tip: The medial clavicular heads drop down as the shoulders go up

39. When testing for SC forward flexion restriction therapist places _____ and _____ on medial clavicular heads.

- a. finger | thumb
- b. elbow | hand
- c. knuckle | fist
- d. forearm | fist

Tip: You are operating in a very small space.

40. In horizontal adduction the medial heads should move _____.

- a. superiorly
- b. posteriorly
- c. anteriorly
- d. sideways

Tip: Place fingers on the medial SC joint and feel the movement as the arms move forward

SC Treatment

41. In treating SC joint elevation restriction, therapist places fingers on the _____ border of the clavicle.

- a. posterior
- b. superior
- c. inferior
- d. lateral

Tip: Remember, the medial clavicle drops down during arm abduction

42. To correct an (SC) joint elevation restriction, the therapist fingers firmly hold the sternal head of the clavicle while he brings client's arm into _____.

- a. neutral flexion
- b. internal rotation
- c. external rotation
- d. extension

Tip: Bringing the arm back is called?

43. During SC forward flexion treatment, the therapist places his finger and thumb on the anterior clavicular heads and directs his finger pressure

- _____.
 a. superiorly
 b. inferiorly
 c. anteriorly
 d. posteriorly

Tip: The medial clavicular heads should drop back during forward shoulder flexion

44. Who said: “Roll the joints and they’ll come home”?

- a. Ida Rolf
 b. Moshe Feldenkrais
 c. A.T. Still
 d. Philip Greenman

Tip: The founder of osteopathic medicine

ACROMIOCLAVICULAR (AC) ANATOMY

45. To locate the AC joint, slide you fingers laterally along the clavicle until you palpate a ____ or

- _____.
 a. rib or vertebrae
 b. bump or groove
 c. spur or wedge
 d. nerve or artery

Tip: The AC joint connects the clavicle with the scapula at the acromion

46. When the AC joint is dysfunctional, it can inhibit arm _____.

- a. abduction
 b. sidebending
 c. internal rotation
 d. none of the above

Tip: Moving the arm away from the midline of the body is?

47. When fingers are on the AC joint and you elevate your shoulder you should feel the acromion moving _____ in relation to the clavicle.

- a. up
 b. down
 c. back
 d. forward

Tip: Which direction are your shoulders going?

48. Which shoulder joint provides the only true bone-on-bone connection to the axial skeleton?

- a. sternoclavicular
 b. acromioclavicular
 c. glenohumeral
 d. none of the above

Tip: Think about where the shoulder and clavicle meet

49. When the AC joint is dysfunctional, what arm motion is usually most affected?

- a. neutral flexion
 b. neutral extension
 c. adduction
 d. abduction

Tip: Taking the client may have difficulty moving her arm away from the body

AC Assess & Treat

50. When treating internal rotation restriction at the AC joint, abduct the client's arm to ___ degrees then adduct an extra ___ degrees to isolate movement at the AC joint.

- a. 90, 30
- b. 30, 90
- c. 45, 45
- d. 60, 30

Tip: Bring the arm out to the side and toward the midline

51. How many degrees of motion do we want to achieve in external rotation?

- a. 60
- b. 90
- c. 120
- d. 180

Tip: Don't try to get it all in one session

52. When treating an AC external rotation restriction, the client pushes against therapist's hand with a _____ percent effort.

- a. 10
- b. 20
- c. 90
- d. 100

Tip: Heavy pressure engages too many muscles

53. What does the T stand for in the acronym ART?

- a. time
- b. tenderness
- c. tissue texture abnormality
- d. tonus

Tip: We want to find palpable irregularities

GLENOHUMERAL (GH) ANATOMY

54. The glenohumeral (GH) joint is a _____ joint.

- a. hinge
- b. saddle
- c. polyaxial
- d. monoaxial

Tip: The glenohumeral is the most mobile joint in the body

55. Which of these is a movement of the GH joint? a. horizontal external rotation

- b. horizontal internal rotation
- c. circumduction
- d. all of the above

Tip: There are many movements available at the GH joint

56. The GH joint has ___ or ___ movements, depending on how you count them.

- a. 1 or 2
- b. 5 or 10
- c. 10 or 11
- d. 50 or 60

Tip: Think... most mobile joint in the body

57. The integrity of the GH joint comes from which structure?

- a. rotator cuff
- b. quadriceps
- c. multifidus
- d. rotatores

Tip: Think of the group of core muscles surrounding the humerus

GH Assess & Treat

58. If there is a restriction in any range of GH motion, the Myoskeletal therapist applies _____ energy techniques to restore mobility?

- a. muscle
- b. strain counter-strain
- c. high velocity thrust
- d. skin rolling

Tip: The technique involves the client actively contracting and relaxing specific musculature to achieve greater joint mobility

59. What are the two most common problems at the GH joint?

- a. rotation / flexion
- b. flexion/sidebending
- c. internal rotation/external rotation
- d. extension and counter rotation

Tip: You should have approximately 90 degrees of motion in both of these directions

60. During treatment of neutral GH external rotation, the therapist's hand first braces the client's _____ firmly against his body.

- a. elbow
- b. shoulder
- c. knee
- d. foot

Tip: Leave room for a 1 liner

61. In GH horizontal abduction treatment, the client's arm is held at _____ height with elbow extended.

- a. waist
- b. shoulder
- c. head
- d. 120

Tip: Leave room for a 1 liner

62. How many degrees of GH abduction do we want?

- a. 60
- b. 90
- c. 120
- d. 180

Tip: The client should be able to abduct their arm straight up from a resting position

USB #2

EVALUATING ELBOWS

Elbow Joint Anatomy

63. How many joints comprise the elbow?

- a. one
- b. two
- c. three
- d. four

Tip: Think about the movements we see at the elbow: flexion/extension, pronation/supination, and radial/ulnar deviation

64. Which of these is not one of joints of the elbow? a. proximal radial ulnar

- b. ulnar humerus
- c. radial humerus
- d. acromioclavicular

Tip: The clavicle articulates with the sternum and the acromion.

65. What motion(s) is the elbow joint capable of? a. supination

- b. pronation
- c. extension
- d. all of the above

Tip: The elbow is a hinge joint, but has some movement in other planes also

Elbow Assess & Treat....Seated & Supine

66. What is the best way to test elbow motion? a. arm abducted 90 degrees

- b. client lying prone
- c. elbow pinned to the client's side
- d. hand gripping top of therapy table

Tip: The elbow has to be stable in a controlled test of motion

67. When trying to create better supination, the therapist rotates the client's arm up to the first restrictive barrier and asks them to gently turn the palm down or _____ .

- a. pronate
- b. supinate
- c. extend the elbow
- d. flex the elbow

Tip: What is the opposite movement?

68. Which motion is usually most restricted?

- a. pronation
- b. supination
- c. extension
- d. flexion

Tip: You wouldn't be prone to spill in this position

69. To test elbow extension restrictions, therapist extends client's elbow to the 1st restrictive barrier and asks the client to contract the _____ muscle to the count of 5, and relax.

- a. quadriceps
- b. trapezius
- c. biceps
- d. triceps

Tip: What muscle (primarily) flexes the elbow

70. In the elbow extension test, the client flexes her biceps using a _____ percent effort and relaxes.

- a. 40
- b. 30
- c. 20
- d. 17

Tip: It's especially important during the elbow extension correction to instruct the client to use very little flexion effort

GOLFER'S ELBOW

71. Golfer's elbow is more common than _____ elbow

- a. wrestler's
- b. swimmer's
- c. shotputter's
- d. Tennis

Tip: Very different type swings

72. Which muscles get strained in golfer's elbow? a. Flexor Carpi Radialis

- b. Flexor Carpi Ulnaris
- c. Pronator Quadratus
- d. both a and b

Tip: Both attach to the medial epicondyle

73. When working the flexors therapist's forearm strips up to the _____.

- a. medial epicondyle
- b. lateral epicondyle
- c. musculotendinous junction
- d. muscle belly

Tip: Make sure to follow all the way to the bony attachment at the elbow

74. The _____ you go, the _____ you go a. slower, deeper

- b. slower, harder
- c. faster, deeper
- d. deeper, faster

Tip: Deep palpation requires patience

75. Ulnar nerve entrapment is often disguised as _____

- a. tennis elbow
- b. Carpal tunnel
- c. Golfer's elbow
- d. None of the above

Tip: Where does it hurt when you hit your "funny" bone?

76. To assess for ulnar entrapment, therapist's fingers palpate between the _____ and _____.

- a. medial epicondyle and olecranon process
- b. elbow and wrist
- c. glenoid and acromion
- d. none of the above

Tip: Think bones of the elbow

TENNIS ELBOW

77. Tennis elbow is also known as _____? a. lateral Epicondylitis
 b. medial Epicondylitis
 c. extensor Tendinosis
 d. none of the above

Tip: Tennis elbow with inflammation is “itis” – no inflammation is “osis”

78. Extensor carpi radialis brevis and longus attach to the _____ epicondyle.
 a. distal
 b. lateral
 c. medial
 d. none of the above

Tip: Clients with true tennis elbow have pain on which side of the forearm?

79. Which of the wrist extensors is the most vulnerable to fiber tearing
 a. extensor Carpi Radialis Brevis
 b. extensor Digiti Minimi
 c. extensor Carpi Ulnaris
 d. extensor Carpi Radialis Longus

Tip: It's a long name, but a “short” muscle

80. The extensors and their fascial bags like to stick to which bone?
 a. radius
 b. humerus
 c. ulna
 d. carpals

Tip: Which bone in the forearm is on the pinky side?

81. When we strip up the extensor muscles, the _____ is our finishing landmark.
 a. medial epicondyle
 b. lateral epicondyle
 c. musculotendinous junction
 d. muscle belly

Tip: At what bony prominence does the extensor muscle group originate

82. While holding static pressure on extensor carpi radialis brevis tendon, we instruct the client to:
 a. supinate
 b. pronate
 c. extend the elbow
 d. both a and b

Tip: They have to go back and forth

Hand Anatomy

83. There are multiple _____ and _____ in the wrists and hands.

- a. ligaments and brusae
- b. bones and Joints
- c. cartilage and Discs
- d. none of the above

Tip: Carpals are what? Radiocarpal is what?

84. There is a small meniscus or _____ where the triquetrum and ulna bones meet.

- a. capsule
- b. disc
- c. rib
- d. all the above

Tip: The only meniscus or cartilage in the wrist

85. Hook of hamate is one of the attachments of the transverse _____ ligament attaches.

- a. carpal
- b. rectal
- c. radial
- d. extensor

Tip: Bones of the wrist are called what?

86. Therapists work on the bony margins to keep from compressing the median nerve and inflamed _____.

- a. extensor tendons
- b. flexor Tendons
- c. bicipital Tendons
- d. imagined

Tip: What tendons travel under the transverse carpal ligament?

87. The _____ membrane can restrict pronation and supination.

- a. vastus lateralis
- b. medial lateralis
- c. interosseous
- d. none of the above

Tip: This ligamentous structure prevents shearing of the radius and ulnar bones

Seated Wrist & Hand

88. During wrist dorsiflexion, the goal is to increase palmar flexion, radial and _____ deviation.

- a. Ulnar
- b. Carpal
- c. Pisiform
- d. Hamate

Tip: A downward motion when shaking hands

89. To treat palmar flexion restriction, the therapist grasps client's wrists with elbow flexed at _____ degrees.

- a. 50
- b. 90
- c. 30
- d. 130

Tip: The elbow must be flexed and pinned to client's hip

90. To treat radial deviation restriction, client is asked to ulnar deviate _____ therapist's resistance to a count of 5 and relax.

- a. against
- b. toward
- c. firmly
- d. none of the above

Tip: Contract-relax techniques always ask for this motion before bringing the body part to the next restrictive barrier

91. To treat ulnar deviation restriction, therapist shakes client's hand and moves wrist _____ to 1st restrictive barrier.

- a. up
- b. down
- c. sideways
- d. backward

Tip: The ulnar bone has the knot at the wrist

CARPAL TUNNEL

92. When spreading the _____ aponeurosis, therapist must stay off the median nerve in the carpal tunnel area.

- a. bicipital
- b. plantar
- c. palmar
- d. palatine

Tip: Inside the hand, between the fingers and wrist

93. The hand and wrist _____ traverse through the carpal tunnel.

- a. flexors
- b. extensors
- c. pronators
- d. supinators

Tip: These muscles plantar flex the hand

94. What is a tendon that is sticking to the sheath? a. tendonitis

- b. tendinosis
- c. tenosynovitis
- d. strain

Tip: How does a synovial sheath protect the tendon?

95. Therapist places client's hand in _____ when stripping the flexor muscles.

- a. flexion
- b. extension
- c. medial deviation
- d. lateral deviation

Tip: We want to put the flexors on a stretch

96. What bone does the flexor carpi ulnaris attach to? a. Pisiform

- b. Hamate
- c. Scaphoid
- d. Lunate

Tip: Think pinky side

97. When working in the body we should always start in the spinal groove and work out way _____ to _____.

- a. distal to proximal
- b. proximal to distal
- c. anterior to posterior
- d. superior to inferior

Tip: Start nearer to the main mass of the body and then go further from it

TRIGGER FINGER

98. When treating trigger fingers, the goal is to release swollen digital _____ tendons.

- a. extensor
- b. flexor
- c. tight
- d. strong

Tip: What do these muscles do to the palm when flexed?

99. Trigger fingers typically involve the _____ and _____ digits.

- a. 5th and 6th
- b. 3rd and 4th
- c. 2nd and 4th
- d. None of the above

Tip: They typically run alongside one another

100. To work on most tenosynovitis cases, the client's fingers should be _____

- a. on a stretch
- b. contracted
- c. flexed
- d. none of the above

Tip: You want the related tissue to be lengthened

DEQUERVAIN'S SYNDROME

101. When treating DeQuervain's Syndrome, the goal is to release swollen (fragmented) tendons of _____ longus and _____ pollicis from sheath.

- a. abductor extensor
- b. flexor sidebender
- c. rotator flexor
- d. none of the above

Tip: Both have sheaths covering and protecting the tendon

102. To test for DeQuervain's Syndrome, bring the thumb into flexion and resist

- a. extension
- b. abduction
- c. adduction
- d. both a and b

Tip: Cup the thumb with the fingers and try and pull it out while resisting

103. What type of condition is DeQuervain's syndrome?

- a. tendonitis
- b. tendinosis
- c. tenosynovitis
- d. overuse

Tip: This is an inflammation of the fluid-filled sheath

USB #3

ROTATOR CUFF

Supraspinatus

104. Tendinosis is tearing without inflammation, and tendinitis is _____

- a. inflammation without tearing
- b. tearing with inflammation
- c. just inflammation
- d. none of the above

Tip: Tendon tearing usually produces very little inflammation

105. The first 10-20 degrees of arm abduction are mainly caused by the _____ muscle contraction

- a. supraspinatus
- b. deltoid
- c. pec minor
- d. subscapularis

Tip: This muscle moves the arm away from the body in abduction

106. The supraspinatus muscle grows out of the supraspinous _____.

- a. capsule
- b. fossa
- c. ligament
- d. fascia

Tip: Think proximal scapula

107. When working to lengthen the supraspinatus muscle, what activator can the client use to enhance the action?

- a. abduct the elbow
- b. adduct the elbow
- c. shrug the shoulder
- d. rotate the head

Tip: What does the supraspinatus do to the humerus?

108. In _____ tears, the therapist places their thumb in the “V” between the coracoid and acromion while rotating the client’s arm.

- a. tendoperiosteal
- b. musculotendinous
- c. ligamentoperiosteal
- d. musculoligamentous

Tip: It’s under the acromion

Webbing Techniques

109. The glenoid fossa is a ____shaped structure. a. oval

- a. pear
- a. orange
- a. rectangular

Tip: The top is narrower than the bottom

110. Therapist braces right elbow against his body and gently pushes with his _____ webbed hand while pulling with the _____ to create a counterforce.

- a. left – right
- b. right – left
- c. middle – lateral
- d. none of the above

Tip: The goal is to push the humeral head down in the glenoid fossa

111. As client inhales, she gently pulls her elbow toward her _____ to a count of 5 and relaxes.

- a. hip
- b. head
- c. nose
- d. none of the above

Tip: Think post-isometric relaxation

GTO Release of Lateral Arm Fascia

112. The goal of this technique is to strip to the _____ junction of the supraspinatus muscle.

- a. tendofascial
- b. musculofascial
- c. belly
- d. tendoperiosteal

Tip: Scrub the tendon at the greater tubercle

113. Standing to clients back, therapist grasps client's wrist and _____ her arm.

- a. tractions
- b. depresses
- c. compresses
- d. pushes

Tip: The goal is to pull the humerus down in the bottom part of the capsule

114. Therapist uses his _____ to scrub the supraspinatus tendon at the greater tubercle.

- a. knuckles
- b. fists
- c. forearm
- d. fingers

Tip: Use a broad tool to help gate the mechanoreceptors

Subscapularis

115. When working with subscapularis tendinosis, which is not one of our goals?

- a. GTO pressure to lengthen subscapularis attachments under the scapula
- b. friction the insertion at lesser tubercle of humerus
- c. stretch torn subscap fibers
- d. all of the above

116. Subscapularis is primarily an _____ of the arm

- a. internal rotator
- b. external rotator
- c. abductor
- d. adductor

Tip: Works with latissimus to roll the humerus forward

117. When working subscap in the armpit, reposition fingers if you feel a _____ or the client reports _____ pain (zingers).

- a. pulse – nerve
- b. vein – trembling
- c. knot – fever
- d. none of the above

Tip: A heartbeat causes this sensation

Infraspinatus- Teres Minor

118. Posterior rotator cuff pain is usually caused by weak _____ and _____ muscles.

- a. infraspinatus and teres minor
- b. subscapularis and teres major
- c. levator scapula and deltoid
- d. pec minor and latissimus dorsi

Tip: Two other rotator cuff muscles the externally rotate the humerus

119. When working on infraspinatus and teres minor, place the client's arm _____ if possible.

- a. over their head
- b. on their side
- c. in front of their body
- d. behind their back

Tip: Since they are external humeral rotators, placing them here exposes the tendons

120. To access many of the infraspinatus muscle fibers, the therapist's fingers will have to come underneath the _____ muscle.

- a. pec minor
- b. pec major
- c. deltoid
- d. rhomboid

Tip: This muscle has three parts

Bicipital Tenosynovitis

121. In cases of bicipital tenosynovitis, it is often best to do _____ frictioning.

- a. cross-fiber
- ba. longitudinal
- c. Counterrotational
- d. None of the above

Tip: We're trying to separate the fibrotic sheath from the tendon

122. In cases of bicipital tenosynovitis it often hurts to extend the elbow and also to _____ the shoulder:

- a. flex
- b. adduct
- c. abduct
- d. extend

Tip: Pulling the arm back stretches this tendon sheath

123. If the tendon has slipped over the lesser tubercle and out of the groove medially, place the client's elbow on the hip at ____ degrees, hook the tendon medially with curled fingers and pull up while you internally rotate the arm.

- a. 45
- b. 60
- c. 90
- d. 180

Tip: This position allows best access to the tendon

FROZEN SHOULDER

124. The technical term for frozen shoulder is adhesive_____.

- a. capsulitis
- b. maneuvering
- c. gliding
- d. all the above

Tip: What ligamentous structure encloses the glenohumeral joint?

125. When assessing frozen shoulder, the therapist's fingers monitor the _____scapular border.

- a. inferolateral
- b. superolateral
- c. anterior
- d. posteromedial

Tip: The scapula glides up and out during arm abduction...get down!

126. The lateral border of the scapula should not begin to move until _____ degrees of arm abduction.

- a. 50
- b. 90
- c. 60
- d. 140

Tip: When the arm reaches shoulder height, the scapula should move

127. In those with true frozen shoulders, the hard end-feel at end range of motion feels much like _____ on _____.

- a. leather on leather
- b. bone on bone
- c. ligament on ligament
- d. none of the above

Tip: What does a bony end-feel feel like?

Instability

128. When you compress the joint and there is pain, the condition may be joint _____ .

- a. amnesia
- b. osteoarthritis
- c. bursitis
- d. all the above

Tip: Cartilage degradation leads to this pervasive condition

129. The therapist _____ and _____ humeral head during the muscle-guarding test.

- a. compresses and distracts
- b. twists and torsions
- c. rolls and glides
- d. none of the above

Tip: Pain as the humerus is pulled away from the body indicates muscle guarding

Step 1

130. Client places her left arm on therapist's _____.

- a. waist
- b. buttocks
- c. shoulder
- d. arm

Tip: The technique is most effective when the therapist can maneuver the client using his body

132. Therapist plungers the joint while slowly moving _____.

- a. headward
- b. backward
- c. medially
- d. all the above

Tip: The goal is to increase abduction so the arm should move in which direction?

131. In order to break up adhesions, the therapist's hands compress, roll and _____ humeral head.

- a. jerk
- b. sidebend
- c. glide
- d. none of the above

Step 2 Latissimus Dorsi Release

133. During the lat release, therapist's hands contact the client's lateral _____

- a. ribcage
- b. humerus
- c. hip
- d. quadratus

Tip: Think lifting ribcage and lengthening lats

134. The therapist abducts client's arm to pain-free barrier and rests her _____ on the therapy table.

- a. hand
- b. elbow
- c. scapula
- d. all the above

Tip: Therapist must elevate client's arm as high as possible (pain-free) so he can get on the ribcage and under the armpit.

135. The latissimus dorsi release helps increase humeral _____ rotation.

- a. internal
- b. external
- c. gliding
- d. sliding

Tip: Since the lats are internal humeral rotators, lengthening causes what?

Step 3

136. Therapist's left hand contacts subscapularis and his right hand folds client's _____ over his soft-cupped fingers.

- a. leg
- b. arm
- c. fist
- d. knee

Tip: The goal is to get soft finger pads onto the subscapularis muscle under the scapula

137. Subscapularis, like the latissimus dorsi, is an _____ rotator of the humerus.

- a. internal
- b. external
- c. abductor
- d. adductor

Tip: The goal is to lengthen these muscles to allow more external humeral rotation

138. In the video, I'm attempting to get my thumb in the folds under the joint capsule which are preventing arm _____.

- a. abduction
- b. internal Rotation
- c. adduction
- d. extension

Tip: Bringing the arm away from the midline is called what?

Step 4 Creating Space

139. The primary goal of this technique is to move the humerus back down into the bottom of the _____ fossa.

- a. rectangular
- b. pear-shaped
- c. oblique
- d. rounded

Tip: The glenoid fossa is skinny at the top and widens at the bottom

140. Therapist's left arm snakes under client's elbow and grasps client's _____.

- a. fingers
- b. fist
- c. forearm
- d. belly

Tip: Therapist and client hands need to grasp each other for this technique.

141. As the therapist steps onto his right foot, his soft _____ hand loosens glenohumeral joint.

- a. Coiled
- b. Webbed
- c. Pointed
- d. Loose

Tip: The goal is to press the humerus down in the pear-shaped glenoid fossa using a broad tool