

Test Questions - Dalton Technique Tour Home Study Course

Please circle the correct letter on the Answer Sheets

Questions 1 - 15 are from the Technique Tour manual

Preface and Introduction

1. In the Preface, I state that: "Pain may be described as an unpleasant sensory and emotional experience associated with actual or _____ tissue damage".
 a. acute
 b. nervous
 c. potential
 d. chronic
2. Many clients report pain in the _____.
 a. abdomen during stretching
 b. absence of tissue damage
 c. upper crossed syndrome
 d. right motor dominant pattern
3. If the client labels her experience as pain and reports it in a way consistent with pain caused by tissue damage, _____.
 a. it should be accepted as pain
 b. she should be treated with pain relieving medication
 c. it should be viewed as muscle spasm
 d. all of the above
4. Pain is always an unpleasant feeling and is conveyed to the brain by:
 a. sensory neurons
 b. vascular connections
 c. the brachial plexus
 d. the carpal tunnel
5. When asked what they considered to be the primary cause of most bodily pain and dysfunction, who said "lack of variety of movement patterns"?
 a. Ida Rolf
 b. Daniel David Palmer
 c. Andrew Taylor Still
 d. Moshe Feldenkrais
6. With proper treatment, each cycle is usually characterized by:
 a. greater improvement
 b. less frequent reversals
 c. less severe reversals
 d. all the above
7. Who said "the body is always working towards order"?
 a. Ida Rolf
 b. Daniel David Palmer
 c. Andrew Taylor Still
 d. Moshe Feldenkrais
8. In the "Introduction," I state: "For therapists working in a pain management setting, a sound _____ is key to creating a treatment plan."
 a. grasp of massage techniques
 b. posturofunctional evaluation
 c. client relationship
 d. mind and body
9. A technique is:
 a. a formal expression of intention to affect the body
 b. a way of touching that always helps
 c. how massage therapists know what to do
 d. a procedure that works the same on everybody
10. It is important to ask yourself: "Are the tight muscles _____ or _____ contracted and why?"
 a. fully or partially
 b. concentrically or eccentrically
 c. actively or passively
 d. isometrically or isotonicly

11. In the “Technique Tips” section of the manual, I state: “The force applied should not create _____ pain.”

- a. referred
- b. sciatic nerve
- c. thoracic outlet syndrome
- d. cranial nerve

12. Think _____ when performing deep tissue myofascial work.

- a. structure
- b. function
- c. pain
- d. none of the above

13. Visualize the _____ and _____ anatomy beneath your fingers.

- a. osseous and neural
- b. fascial and cranial
- c. ligament and muscle
- d. none of the above

14. Work at the client’s restrictive barrier but don’t _____ the barrier.

- a. bulldoze
- b. back off
- c. exert pressure on
- d. elbow

15. Effective deep tissue work requires low shoulders, locked in _____, and force coming from the ground.

- a. lumbar lordosis
- b. joints
- c. knee extension
- d. none of the above

USB #1

Iliosacral Alignment Techniques

16. What is one of the primary goals of Myoskeletal Alignment?

- a. create a level sacral base
- b. mobilize every joint
- c. focus on the most painful areas
- d. to diagnose joint restrictions

17. How is the client positioned?

- a. supine
- b. sidelying
- c. prone
- d. seated

18. Where does the therapist make contact?

- a. ASIS
- b. PSIS
- c. Coccyx
- d. Both A & B

19. How much effort should the client use when pushing their hip down to the table?

- a. 20%
- b. 30%
- c. 40%
- d. 50%

20. What should be done after meeting the restrictive barrier?

- a. let them down slowly
- b. gently rock them on the table
- c. recheck anatomical landmarks
- d. all of the above

Alternate O-A Technique

21. Which plane is the joint being mobilized in? a. frontal
 b. coronal
 c. transverse
 d. sagittal
22. How is the client positioned?
 a. supine
 b. sidelying
 c. mastoid process
 d. flexion
23. Where should the finger pads contact in the beginning?
 a. lateral part of the suboccipitals
 b. directly on the occipital ridge
 c. mastoid process
 d. behind the jaw
24. Bodywork is about
 a. good technique
 b. fascial adhesions
 c. rhythm
 d. muscle stretching
25. The goal is for the therapist's fingers to slowly make their way up under the transverse process of:
 a. c4
 b. c3
 c. Atlas
 d. Axis
26. This technique helps:
 a. open the contralateral occipito-atlantal condyles
 b. open the ipsilateral occipito-atlantal condyles
 c. increase muscular flexibility
 d. none of the above

Plantar Fasciitis

27. What is usually the primary problem with Plantar Fasciitis?
 a. weakness in the toes
 b. arches of the feet
 c. fascial bag adhesions (gluing) of the lower leg and retinacula
 d. the knees
28. How many pieces are there to the plantar fascia?
 a. 1
 b. 2
 c. 3
 d. 4
29. When calcium is deposited on the _____ of the bone instead of being absorbed into the bone matrix, it leaves the bone porous and fragile.
 a. inside
 b. distal end
 c. proximal end
 d. outside
30. Although the spur itself is not a pain generator, the highly innervated _____ may become inflamed from pressure and friction.
 a. periosteum
 b. retinaculum
 c. talus bone
 d. fascia
31. In the spindle-stim maneuver, the client's knee is flexed to ___ degrees.
 a. 60
 b. 70
 c. 90
 d. 120

Pec Release - Repositon Scapula

32. Which of these is NOT a goal of the pec release technique?

- a. stretch pectorals
- b. reposition scapula
- c. open anterior chest wall
- d. protract the shoulder girdle

33. Where should the client's arm be placed?

- a. by their side
- b. over their head
- c. behind their back
- d. off the table

34. Ida Rolf used to say "Put it where it belongs and make it _____"

- a. stay there
- b. feel better
- c. move
- d. dance

35. What is the therapist "putting back where it belongs?"

- a. the scapula
- b. the arm
- c. the pecs
- d. the front line

36. In the second technique for protracted shoulder girdle, the therapist brings the client to their first _____ restrictive barrier.

- a. abduction
- b. adduction
- c. internal rotation
- d. external rotation

Spinal Stenosis

37. The goal of the mobilization is to relieve _____ pressure on the spinal cord.

- a. mechanical
- b. perpendicular
- c. calcium buildup
- d. peer

38. The primary landmark is the _____ spine .

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

39. The therapist palpates the _____ spinous process.

- a. L5
- b. T12
- c. T2
- d. C7

40. The client is positioned much like the "_____ roll" often performed by chiropractors.

- a. super
- b. awesome
- c. miracle
- d. lumbar

41. The _____ the extended leg is moved forward, the _____ in the lumbar spine you are mobilizing.

- a. further, lower
- b. awesome
- c. less, higher
- d. none of the above

Glute Max / Spindle Stim

42. "If your back hurts, it's your _____ fault."

- a. butt's
- b. mother's
- c. own
- d. posture's

43. With the knee extended, the prone client raises her leg as high as possible to test how much _____ she has.

- a. Hamstring flexibility
- b. Knee health
- c. Knee extension
- d. Hip extension

44. The spindle stim maneuver is meant to kick in a _____.

- a. functional release
- b. Golgi Tendon Organ release
- c. mild stretch reflex
- d. field goal

45. The goal is to _____ the weak glute.

- a. deactivate
- b. stretch
- c. release
- d. activate

46. About how much time should this technique be applied per side?

- a. 20 seconds
- b. 30 seconds
- c. 45 seconds
- d. 1 - 2 minutes

Coccyx - Seat of the Soul

47. Which of these is a synovial joint that should have movement?

- a. sacrococcygeal
- b. sacrotuberous
- c. sacrospinous
- d. sacrum

48. Which of these ligaments is involved in this technique?

- a. sacrotuberous
- b. sacrospinous
- c. lateral sacrococcygeal
- d. all of the above

49. "If you cannot feel the _____ of the coccyx, you have coccyx dysfunction."

- a. side
- b. top
- c. tip
- d. joint

50. Addressing a misaligned coccyx can cause a client to become very emotional, due to the vertebra's direct attachment to the dural membrane through the _____.

- a. filum terminale
- b. tilum ferminale
- c. ferminal tilume
- d. dura mater

51. Client performs a _____ as an enhancer to the technique.

- a. hip extension
- b. pelvic tilt
- c. hip shift
- d. side bend

Dowager's Hump

52. The goal is to restore capsular flexibility and joint play to facets stuck _____.

- a. closed
- b. sidebent
- c. open
- d. rotated

53. In medical terms, the dowager's hump is called _____.

- a. hyperlordosis
- b. hypolordosis
- c. hypokyphosis
- d. hyperkyphosis

54. The therapist's forearm hooks the fascia at _____ and lift's the client's trapezius.

- a. T2
- b. T1
- c. C7
- d. C1

55. When the client raises their head out of the cradle, we are asking their facets to _____.

- a. open
- b. close
- c. sidebend
- d. rotate

56. One of the primary goals for today's manual therapist is restoration and maintenance of _____.

- a. atrophied tissues
- b. flat feet
- c. vertebral curves
- d. suboccipital muscles

Hip Arthritis and Low Back Pain

57. The goal of this technique is to release the fibrotic _____ hip capsule.

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

58. The client's knee is flexed to _____.

- a. 30 degrees
- b. 60 degrees
- c. 90 degrees
- d. 120 degrees

59. The bracing hand should be placed _____ the ischial tuberosity.

- a. above
- b. below
- c. on top of
- d. lateral to

60. The therapist is mainly focusing on _____ of the hip.

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

61. The client should easily have about ____ degrees of hip extension off the table. _____.

- a. 20 degrees
- b. 45 degrees
- c. 90 degrees
- d. 120 degrees

Janda Upper Crossed Correction (LPL)

62. These techniques are performed with the client _____.

- a. prone
- b. supine
- c. sidelying
- d. seated

63. The therapist's elbow should be bringing the tissue _____ to _____.

- a. superior to inferior
- b. inferior to superior
- c. medial to lateral
- d. lateral to medial

64. In the pec stretches, the client's hand is placed _____.

- a. behind their head
- b. behind their back
- c. over their head
- d. on their side

65. In the Lat release, the client's arm is placed _____.

- a. behind their head
- b. behind their back
- c. over their head
- d. on their side

66. In the Wall Angel retraining exercise, the client should have _____ point(s) of contact against the wall. _____.

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

67. In the Floor Angel retraining exercise, maximal extension should be held for _____ seconds.

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

USB #2

Hamstrings

68. The adductor magnus may be a hamstring because it is partially enclosed in a fascial bag with _____.

- a. semimembranosus
- b. gastroc
- c. tibialis anterior
- d. multifidus

69. While internally rotating the femur, the therapist's palm resists and rolls the tissue _____.

- a. medially
- b. laterally
- c. inferiorly
- d. superiorly

70. While externally rotating the femur, the therapist's palm resists and rolls the tissue _____.

- a. medially
- b. laterally
- c. inferiorly
- d. superiorly

71. In the pin and stretch technique, the therapist pins the hamstrings with constant pressure moving in a _____ to _____ direction.

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

72. The goal of the pin and stretch technique is to pin the fascial bag and ask the muscle to move _____ in its own bag.

- a. medially
- b. laterally
- c. inferiorly
- d. longitudinally

Rhomboids, Traps, and Rotator Cuff

73. The spindle stim maneuver is used because lower shoulder stabilizers are often _____.

- a. strong
- b. in pain
- c. stretch-weakened
- d. concentrically tight

74. These muscles are often overpowered by tight _____.

- a. pectorals
- b. abdominals
- c. neck flexors
- d. biceps

75. Which direction should the tissue be moved?

- a. superiorly
- b. inferiorly
- c. medially
- d. all directions

76. The client raises their arm to check for scapular _____.

- a. retraction
- b. protraction
- c. depression
- d. elevation

77. For this spindle-stim technique, the client's arm is placed _____.

- a. off the table
- b. under the chest wall
- c. behind their back or over their head
- d. at their side

SI Joint Dysfunction

78. This technique mobilizes the sacrum using the _____ as a lever.

- a. spine
- b. ilium
- c. tibia
- d. femur

79. Therapist's thumbs spring sacral base and _____ along an oblique angle.

- a. Posterior Superior Iliac Spine
- b. Anterior Superior Iliac Spine
- c. Sacrococcygeal Joint
- d. Inferior Lateral Angle

80. If resistance is felt while springing the ILA on one side, it indicates a restriction at the sacral base on the _____.

- a. opposite side
- b. same side
- c. femur
- d. oblique side

81. As the therapist brings the femur into abduction and internal rotation, it stretches the _____.

- a. long dorsal SI ligaments
- b. lumbar spine
- c. peroneals
- d. IT band

82. If ilium is posterior, therapist places a flat palm on the high _____ and repeats the maneuver.

- a. ASIS
- b. Ischial Tuberosity
- c. PSIS
- d. Sacrum

O-A Joint Release

83. The goal of the first technique is to increase head-on-neck _____.

- a. rotation
- b. extension
- c. sidebending
- d. flexion

84. The inability of the occiput to flex on atlas is thought to be a common cause of chronic _____ pain.

- a. head and neck pain
- b. fibromyalgia pain
- c. short leg syndrome
- d. all of the above

85. Patterns that start at the O-A or TMJ and compensate further down are called _____ syndromes.

- a. ascending
- b. headache
- c. descending
- d. scoliotic

86. When the therapist sidebends the head and tests neck flexion, they are checking how the _____ on that side is moving.

- a. temporomandibular joint
- b. transverse process of axis
- c. mandibular condyle
- d. occipital condyle

87. As the suboccipital space narrows, _____ structures are compressed

- a. neurovascular
- b. muscular
- c. fascial
- d. synovial

Upper Cervical Atlas-Axis

88. The goal of this technique is to release the _____ restriction of atlas on axis.

- a. rotational
- b. flexion
- c. extension
- d. axial

89. Bringing the client into extreme neck flexion locks the _____ cervical vertebrae.

- a. thoracic
- b. typical
- c. atlantal
- d. axial

90. The head should be brought into _____ degrees of neck flexion..

- a. 20
- b. 30
- c. 45
- d. 90

91. Which of the following is not a typical cervical vertebra?

- a. C6
- b. C5
- c. C4
- d. C1

92. Once _____ degrees of atlas-axis rotation (in each direction) is achieved, the technique is successfully completed.

- a. 20
- b. 30
- c. 45
- d. 90

Foot, Ankle, & Knee Alignment

93. These techniques are performed with the client _____.
- a. supine
 - b. prone
 - c. sidelying
 - d. seated
94. Therapist's hands form a web with _____ and _____ securing the client's ankle.
- a. fingers and thumbs
 - b. knuckles and fists
 - c. elbows and knuckles
 - d. fingers and knuckles
95. When the therapist applies traction, the webbed fingers and thumbs decompress the _____ joint(s).
- a. talocalcaneal
 - b. talocrural
 - c. femoracetabular
 - d. both A and B
96. Valgus knee is often associated with _____ of the foot
- a. pronation
 - b. supination
 - c. flexion
 - d. extension
97. When mobilizing the knee, pain and/or _____ laxity should be noted.
- a. ligament
 - b. disc
 - c. muscle
 - d. cartilage

DonTigny's SI Joint Routine

98. DonTigny's routine attempts to address an _____ rotated ilium to relieve SI joint pain.
- a. upslipped
 - b. anteriorly/inferiorly
 - c. bifurcated
 - d. posteriorly/superiorly
99. The therapist distracts the client's femoroacetabular joint to _____ rotate the ilium.
- a. posteriorly
 - b. anteriorly
 - c. externally
 - d. internally
100. The therapist compacts the client's femoroacetabular joint to _____ rotate the ilium.
- a. posteriorly
 - b. anteriorly
 - c. externally
 - d. internally
101. With both knees in flexion, the therapist leans both knees away from him so the line of drive is _____ and _____.
- a. superior and lateral
 - b. superior and medial
 - c. inferior and medial
 - d. inferior and lateral
102. The client is asked to _____ the ilium using quadratus lumborum.
- a. hip-hike
 - b. pelvic tilt
 - c. flare
 - d. none of the above

Neck Flexion Test & Treat

103. Firing order should be:

- a. anterior scalenes, sternocleidomastoid, longus colli, longus capitis
- b. longus capitis, longus colli, anterior scalenes, sternocleidomastoid
- c. sternocleidomastoid, longus colli, anterior scalenes, longus capitis
- d. longus colli, sternocleidomastoid, longus capitis, anterior scalenes

104. Therapist observes movement of the chin during the first _____ inches of neck flexion.

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

105. If the chin _____ or stays level, there is a substitution pattern in neck flexion.

- a. raises toward the ceiling
- b. tucks between the legs
- c. cocks back into extension
- d. all the above

106. The SCM release technique is performed with the client _____.

- a. prone
- b. supine
- c. sidelying
- d. seated

107. The client controls the SCM release by the amount of _____ they feel is tolerable

- a. flexion
- b. extension
- c. rotation
- d. sidebending

Anterior Scalene Release

108. The scalene release technique is performed with the client _____.

- a. prone
- b. supine
- c. seated
- d. sidelying

109. The therapist's soft finger pads should come underneath the _____ border of SCM. .

- a. anterior
- b. lateral
- c. cocks back into extension
- d. all the above

110. The SCM release technique is performed with the client _____.

- a. prone
- b. supine
- c. sidelying
- d. seated

111. The therapist looks for scalene fibrosis along the anterior tubercles of ____ to ____.

- a. C1-C4
- b. C2-C6
- c. C1-C7
- d. C2-C4

112. If thickness or knots are palpated, client deeply inhales or tucks (and releases) as therapist holds _____.

- a. sustained gentle pressure
- b. deep jerky pressure
- c. vibrational pressure
- d. on-and-off pressure

Hiatal Hernia Technique

113. A hiatal hernia occurs when the stomach is pulled through the hole in the _____.

- a. esophagus
- b. greater omentum
- c. lesser omentum
- d. diaphragm

114. Which of these structures goes through the hole in the diaphragm?

- a. esophagus
- b. vena cava
- c. abdominal aorta
- d. all the above

115. The therapist should palpate the client's _____ process

- a. mastoid
- b. xiphoid
- c. acromion
- d. styloid

116. The therapist's _____ fingers should slowly sink into the soft tissue space between the xiphoid and costal ribcage on the client's left side only.

- a. index and middle
- b. third and forth
- c. thumb and index
- d. all the above

117. In the second technique, the therapist should hook the abdominal fascia with their _____.

- a. fingertips
- b. elbow
- c. thenar eminence
- d. forearm

Abdominal Scar Release

118. Diastasis Recti is a tearing of the _____.

- a. linea alba
- b. external obliques
- c. transverse abdominis
- d. internal obliques

119. Before anything else, the therapist's fingers should work _____ the scar.

- a. directly on
- b. under and around
- c. nowhere near
- d. all the above

120. With a _____ the therapist should rotate and check where the scar does not want to go.

- a. flat palm
- b. knuckle
- c. fist
- d. elbow

121. If a restriction is felt, the therapist's hand holds at the adhesive barrier and the client is asked to _____.

- a. forcibly exhale
- b. take a deep breath in
- c. pelvic tilt
- d. do a leg lift

122. As the tissue releases, the therapist's hand _____ the release to the new barrier until full movement is restored in all directions.

- a. resists
- b. follows
- c. pushes
- d. none of the above

USB #3

Treating TMJ Pain

123. The goal of this routine is to decompress the _____ from the temporalis bone.
- a. frontalis
 - b. temporal bone
 - c. zygomatic bone
 - d. mandible
124. This protocol helps with jaw _____.
- a. retrusion
 - b. protrusion
 - c. intrusion
 - d. confusion
125. These problems are often associated with _____ head posture..
- a. upward
 - b. backward
 - c. forward
 - d. none of the above
126. The client is asked to slowly open and close the mouth to help the therapist release restrictions above and below the _____ arch.
- a. temporal
 - b. zygomatic
 - c. aortic
 - d. transverse
127. During the history intake, make sure the client has had no jaw surgeries or _____ .
- a. bridges
 - b. plates
 - c. chronic TMJ problems
 - d. all of the above

Sacral Base Decompression

128. What is the most operated on disc in the body?
- a. C6/C7
 - b. T12/L1
 - c. L4/L5
 - d. L5/S1
129. The therapist drops body weight into the hand with a soft but firm pressure, moving the sacrum _____.
- a. superiorly
 - b. laterally
 - c. inferiorly
 - d. anteriorly
130. Joints live for _____.
- a. pressure
 - b. stability
 - c. motion
 - d. none of the above
131. During the sacral roll, do not drop onto the _____, stay on the bone.
- a. gluteals
 - b. hamstrings
 - c. lumbar fascia
 - d. adductors
132. If the _____ are extremely tender, there is SI joint dysfunction
- a. long dorsal sacroiliac ligaments
 - b. coccyx muscles
 - c. erector spinae muscles
 - d. core muscles

Hyperkyphosis & Flat Spots

133. The goal of these techniques is to reduce excessive _____ curve.

- a. cervical
- b. thoracic
- c. lordotic
- d. sacral

134. The therapist initially applies _____ pounds of pressure.

- a. 20
- b. 30
- c. 40
- d. 50

135. Therapist adds an additional _____ pounds of pressure to spring the ribcage.

- a. 20
- b. 30
- c. 40
- d. 50

136. With excessive kyphosis, the therapist should move the tissue _____ to _____.

- a. superior to inferior
- b. inferior to superior
- c. medial to lateral
- d. lateral to medial

137. If the therapist encounters a flat spot, they should move the tissue _____ to _____.

- a. superior to inferior
- b. inferior to superior
- c. medial to lateral
- d. lateral to medial

Shoulder Girdle Function & Dysfunction

138. Physiologically, active movement assists the healing _____ tissue to align itself along normal stress lines.

- a. dermal
- b. neural
- c. collagen
- d. scar

139. Musculotendinous structures return to their resting length within _____ following active isolated stretching

- a. a few minutes
- b. a few hours
- c. a few days
- d. a few weeks

140. When evaluating the sternoclavicular joint, the _____ heads of the clavicle must drop down during shoulder elevation.

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

141. There are _____ motions of the sternoclavicular joint that become dysfunctional.

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

142. There are _____ motions of the acromioclavicular joint that become dysfunctional.

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

Sternoclavicular Joint

143. When the arm abducts, at _____ degrees the clavicle should start rolling...

- a. 90
- b. 110
- c. 120
- d. 135

144. The sternoclavicular joint provides the only firm attachment for the _____ to the axial skeleton.

- a. upper extremity
- b. lower extremity
- c. rotator cuff
- d. proximal radioulnar joint

145. Because it functions as a _____ joint, it can allow for clavicular motion in horizontal abduction/adduction and elevation/depression.

- a. saddle
- b. ball and socket
- c. hinge
- d. gliding

146. The SC joint always moves in the opposite direction as the _____.

- a. occiput
- b. scapula
- c. pelvic girdle
- d. L5 vertebra

147. Thoracic outlet syndrome, rotator cuff tears, and frozen shoulders sometimes originate with _____ joint fixations.

- a. O-A
- b. A-A
- c. SC
- d. AC

Assess & Treat Acromioclavicular Joint

148. The goal is to treat the AC joint in _____ planes.

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

149. While treating internal rotation, the therapist's hand braces the medial AC joint and monitors joint movement with the _____.

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

150. What is the most common restriction at the AC joint?

- a. internal rotation
- b. external rotation
- c. abduction
- d. all of the above

151. While treating external rotation, the key is to maintain the arm in _____ degrees of horizontal adduction so the glenohumeral does not come into play.

- a. 20
- b. 30
- c. 40
- d. 50

152. AC joint restrictions typically limit end-range elevation and cross-body _____.

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

Restoring Lumbar Curve

153. Monkeys have flat backs causing them to not have a _____ gait.

- a. cross-pattern
- b. spring system
- c. pelvic
- d. pronate

154. With lumbar hypolordosis, the therapist should move the tissue from _____ to _____.

- a. medial to lateral
- b. lateral to medial
- c. superior to inferior
- d. inferior to superior

155. _____ used to say, “dig a hole to allow the spine a place to come back to.”

- a. Ida Rolf
- b. Philip Greenman
- c. Moshe Feldenkrais
- d. Vladimir Janda

156. When warming up the tissue, the therapist should evaluate for _____.

- a. asymmetry
- b. restriction of motion
- c. tissue texture abnormality
- d. all of the above

Facet Opening for Low Back Pain

157. The lumbar facet opening techniques are done with the client _____.

- a. prone
- b. supine
- c. sidelying
- d. seated

158. When the therapist asks the client to flex their knees, this causes the _____ facets to open.

- a. cervical
- b. lumbar
- c. thoracic
- d. none of the above

159. The key is isolating to the dysfunctional segment and dragging the inferior vertebra _____ as the hip is hyper-flexed.

- a. down
- b. sideways
- c. up
- d. none of the above

160. When you find a lumbar facet joint that is not closing, you will have to put the client in the _____ position.

- a. sidelying
- b. seated
- c. prone
- d. supine

161. If nothing is felt during the maneuver, try moving the thumbs closer to the _____.

- a. transverse process
- b. spinous process
- c. sacrum
- d. head

Simplifying Scoliosis

162. A fixed scoliosis _____.

- a. does not change during any movement
- b. changes in flexion
- c. changes in extension
- d. changes in sidebending

163. On the convex side of the curve, where there is a prominent ribcage and scapula, the therapist should move the tissue from _____ to _____.

- a. superior to inferior
- b. inferior to superior
- c. lateral to medial
- d. medial to lateral

164. On the concave side of the curve, where the hypertonic tissues are bowing the spine, the therapist should move the tissue from _____ to _____.

- a. superior to inferior
- b. inferior to superior
- c. lateral to medial
- d. medial to lateral

165. During the seated correction, the therapist should sidebend and rotate the body in the _____ direction of the scoliotic pattern.

- a. opposite
- b. same
- c. oblique
- d. none of the above

166. With the client supine, the therapist should try to create length in the _____ fascia.

- a. thoracolumbar
- b. plantar
- c. trans-abdominal
- d. none of the above

Closing Stretches

167. During the cross-arm technique, what is the focus of the stretch?

- a. Semispinalis capitis
- b. Semispinalis cervicis
- c. both
- d. neither

168. With the head sidebent and rotated to the same side, the therapist is primarily stretching _____.

- a. multifidus
- b. levator scapula
- c. splenius cervicis
- d. both b and c

169. With the head sidebent and rotated to opposite sides, the therapist is able to stretch _____.

- a. multifidus
- b. sternocleidomastoid
- c. upper trapezius
- d. both b and c

170. During the trunk stretch, the therapist and client grasp each other's _____.

- a. fingers
- b. hands
- c. wrists
- d. elbows