

Test Questions - Art of MAT Home Study Course

Please circle the correct letter on the Answer Sheets

USB #1

DEANA Thoracic Outlet & Back Pain

A. Assessing Deana's Thoracic Outlet Syndrome

1. Client presents with _____ hypertonicity from her occupation as an Ashiatsu bar therapist
- triceps
 - hamstring
 - arm flexor
 - abductor

Technique Tip: What happens when she grips the bar?

2. Client's tight arm flexors are pulling her shoulder girdle forward possibly contributing to her _____ symptoms
- low back
 - facet joint
 - rotator cuff
 - thoracic outlet syndrome

Technique Tip: She is having tingling and pain into her arms and hands.

3. The therapists describe possible back pain causation due to vertebrae jamming and accompanying _____
- SI joint syndrome
 - sciatica
 - trigger points
 - protective muscle guarding

Technique Tips: The brain layers the area with spasm in cases of joint dysfunction

B. Graded exposure stretches for tight arm lines

4. The goal is to open the client's _____ to help relieve shoulder girdle downward drag
- lateral line
 - front line
 - back line
 - arm lines

Technique Tip: Think biceps femoris hypercontraction

5. The therapist first interlaces fingers with the client so his _____ can open the client's palms
- thumbs
 - forearm
 - elbow
 - knuckles

Technique Tip: This tool works best to open palms

6. Therapist's fist contacts the distal biceps at the elbow and performs a _____ technique using arm and wrist extension as a lever
- muscle energy
 - high velocity thrust
 - craniosacral
 - pin and stretch

Technique Tip: Always work across the fibers when applying this stretch

C. Treating Deana's Thoracic Outlet Syndrome

7. Therapist abducts clients arm so his soft fingertips can slide into the armpit and contact ribs _____
- 5 through 7
 - 2 through 7
 - 3 through 7
 - 3 through 5

Technique Tip: What ribs does pec minor insert into?

8. Therapist's right fingertips pin pec minor while his left hand _____ client's arm up to her ear with fingers extended
- extends and abducts
 - extends and adducts
 - extends and sidebends
 - flexes and rotates

Technique Tip: Therapist straightens the elbow and raises her arm to her side

9. Client begins _____ her head as the therapist brings the arm into greater abduction to increase stretch on client's radial nerve
- left rotating
 - right rotating
 - right sidebending
 - right rotating

Technique Tip: To floss, the head must turn away from the affected arm

D. Addressing Deana's Back Pain

10. The goal is to decompress the lumbar _____ and surrounding soft tissues
- rib heads
 - discs
 - lordosis
 - facet joints

Technique Tip: The intervertebral joints that provide spinal movement

11. Therapist braces client's knee with his body so he can increase _____
- hip extension
 - hip flexion
 - hip abduction
 - hip adduction

Technique Tip: Flexion asks the client's facet joints to open or close?

12. Therapist's fingers contact the vertebra below the fixation and help _____ as hip flexion is increased
- push it up
 - drag it down
 - sidebend it across
 - rotate it around

Technique Tip: You pull to decompress

E. Digging spasm out of spinal groove and mobilizing facets stuck open

13. Therapist's fingers move the _____ away from the midline to allow the spine a place to come back to
- upper traps
 - levator scapula
 - splenius cervicis
 - erectors

Technique Tips: What are the spinalis, longissimus and iliocostalis muscles?

14. The client performs pelvic tilts while the therapist springs the _____ to mobilize
- vertebrae and ribs
 - scapula and ribs
 - vertebrae and scapula
 - vertebrae and shoulder

Technique Tip: We're trying to free up the joints and ribcage

15. The client assumes an extended sphinx position which asks the joints to _____
- sidebend
 - rotate
 - close
 - open

Technique Tip: Extension asks the superior vertebra to slide down on its inferior neighbor

F. Pelvic Clock home retraining

16. The client is asked to visualize a clock on her belly with the 12-hand in line with her _____ and the 6 at the _____ bone
- chin – pubic
 - shoulder – pubic
 - shoulder – chin
 - shoulder - pelvis

Technique Tip: Imagine a vertical line down the mid-body

17. The client is then asked to try and rotate from _____ in a pain free motion
- 4 – 8
 - 2 – 7
 - 3 – 9
 - 12 – 6

Technique Tip: Moving side-to-side

18. The client repeats this routine once a day to strengthen the deep _____ and _____ core muscles
- lumbar and thoracic
 - cervical and thoracic
 - lumbar and pelvic
 - pelvic and cervical joint dysfunction

Technique Tips: Client must strengthen around her facet

G. Alternate Techniques for referred nerve pain

19. In this mobilization technique, the therapist right rotates client's head so his fingers can grasp her

- _____
- a. transverse processes
 - b. articular pillars
 - c. spinous processes
 - d. none of the above

Technique Tip: What are the bony knots that run down the middle of the spine called?

20. Therapist's left hand _____ client's shoulder and client is asked to slowly left rotate her head against therapist's resistance

- a. elevates
- b. depresses
- c. lifts
- d. all the above

Technique Tip: The shoulder must be firmly pinned to the table while she rotates

21. Therapist's hands create a _____ as he left rotates client's neck while dragging the tissue with his right hand

- a. slider
- b. counterforce
- c. frictioning
- d. manipulation

Technique Tip: One hand braces and the other moves against it

H. Alternate thoracic outlet nerve stretch

22. Therapist's right hand grasps client's anterior shoulder and his left braces at the _____

- a. acromion
- b. ribcage
- c. upper traps
- d. scapula

Technique Tip: Shoulder blade is what?

23. In the second technique, therapist's right hand grasps client's right wrist and his left braces under client's _____ shoulder

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

Technique Tip: The hand must come under to the front part of the client's shoulder to lift

24. Therapist's right hand _____ client's arm and his left hand assists by lifting the shoulder off the table

- a. abducts
- b. circumducts
- c. adducts
- d. depresses

Technique Tip: Bringing the arm toward the midline is

JAMIE Functional Scoliosis & Low Back

A. Assessing Jamie's Functional Scoliosis

25. Client discusses her structural scoliosis diagnosis and pending _____ surgery

- a. spinal stenosis
- b. microdiscectomy
- c. Harrington Rod
- d. laminectomy

Technique Tip: A surgery commonly performed for scoliosis

26. Therapists ask client to perform a forward bending _____ test to determine if there is a functional component to her S-shaped scoliosis

- a. Spurling
- b. empty can
- c. Adams
- d. none of the above

Technique Tip: Most common test for scoliosis

27. Therapists point out how some of her curve improves during forward bending, sidebending and rotation indicating a _____ or fixable component

- a. structural
- b. functional
- c. situational
- d. justifiable

Technique Tip: If something works properly it is what?

B. Assessing & treating Jamie's functional scoliosis in extension

28. The goal is to backward bend client over therapist's _____ feeling for resistance in extension

- a. knee
- b. fingertips
- c. elbow
- d. fulcrum

Technique Tip: To create a counterforce there must be a mover and a stabilizer called a what?

29. Therapist's left arm comes under client's arms to lift and _____ her thorax

- a. disengage
- b. decompress
- c. stabilize
- d. none of the above

Technique Tip: We're trying to relieve joint compression in this technique

30. Therapist hyperextends, _____ and _____ client's thoracic spine over his soft palm searching for areas that resist extension

- a. flexes and rotates
- b. flexes and extends
- c. sidebends and rotates
- d. flexes and sidebends

Technique Tip: Think side-to-side and circular.

C. Evaluate and treat SI joint and lumbar restrictions that may be causing Jamie's back pain

31. Therapist uses hands and thumbs to spring across the _____ line from the sacral base to the inferior lateral angle (ILA)

- a. transverse
 - b. vertical
 - c. horizontal
 - d. diagonal
- Technique Tip: Crossing from one side to another is what?*

32. To treat the therapist places client's right _____ between his _____ and the heel of his left hand contacts the client's ILAs

- a. leg – knees
- b. arm – knees
- c. arm – fists
- d. leg – fists

Technique Tip: The goal is to pull with the knees while pushing on the ILA.

33. What does it do when the therapist asks the client to take a deep breath?

- a. increase lumbar lordosis
- b. flatten lumbar lordosis
- c. increase craniosacral pressure
- d. decrease craniosacral pressure

Technique Tip: The goal is to get the sacral bases to go posterior using the breath.

D. Texas Twister

34. The goal is to reduce excessive _____ on client's scoliotic hump.

- a. lordosis
- b. sidebending
- c. kyphosis
- d. extension

Technique Tip: Too much curve in the thoracic spine is called what?

35. How much pressure is applied to the client's spine and ribs to take out the slack?

- a. 30 – 40
- b. 40 – 50
- c. 20 – 30
- d. none of the above

Technique Tip: Doesn't take much pressure to take out the slack.

36. The therapist's hands gently apply a _____ maneuver in opposing directions to test areas that resist extension

- a. spreading
- b. springing
- c. sliding
- d. none of the above

Technique Tip: Think gentle pumping of the ribs

E. Jelly Roll

37. The goal of this trunk flexion technique is relieve compression at the _____ junction

- a. thoracolumbar
- b. cervicothoracic
- c. cervicocranial
- d. lumbosacral

Technique Tip: Think L5 – S1

38. As client's hips are lifted away from the table, therapist's right hand slips under client's _____

- a. abdomen
- b. thorax
- c. ribcage
- d. pelvis

Technique Tip: Think hips

39. This maneuver creates a tractioning of the sacrum that helps disengage and decompress it from _____

- a. L4
- b. L2
- c. C7
- d. L5

Technique Tip: Think lumbosacral junction

F. Jamie's scoliosis home retraining

40. This corrective exercise is designed to strengthen the muscles of the client's _____ curve

- a. kyphotic
- b. lordotic
- c. scoliotic
- d. none of the above

Technique Tip: Think side-to-side curve

41. The client is instructed to push _____ with her left flexed knee while she pushes _____ with her right hand against therapist's resistance

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

Technique Tip: Her left flexed knee must push toward table opposite her right hand

42. The client is asked to perform several reps of the technique every day and progress to additional reps as her _____ strengthens

- a. hip
- b. arm
- c. core
- d. leg

Technique Tip: The goal is to stabilize the deep abdominal muscle

G. Alternate hip and low back decompression

43. The goal of this technique is hip and low back _____

- a. high velocity thrust
- b. decompression
- c. compression
- d. relaxation

Technique Tip: What is pulling two surfaces apart?

44. The therapist's right hand braces client's ankle and his left braces her right _____

- a. PSIS
- b. ASIS
- c. AIIS
- d. none of the above

Technique Tip: Bony landmark where sartorius attaches

45. Client is asked to gently bring her _____ toward the ceiling against therapist's resistance to a count of five and relax

- a. knee
- b. hip
- c. thigh
- d. ankle

Technique Tip: This action causes the knee to extend

H. Alternate stretch for low back pain

46. Therapist's right hand reaches across and grasps client's right thigh while his left hand braces at the _____

- a. buttock
- b. lumbosacral joint
- c. thoracolumbar joint
- d. none of the above

Technique Tip: Think hip!

47. Therapist's hands create a counterforce as the right hand _____client's hip and the left hand resists

- a. flexes
- b. sidebends
- c. rotates
- d. extends

Technique Tip: Therapist is lifting the client's hip

48. Client is asked to gently pull thigh to the table to a count of five and therapist brings hip to its new _____ barrier

- a. flexion
- b. anatomic
- c. restrictive
- d. none of the above

Technique Tip: Another name for physiologic barrier

USB #2

MATT: Rib & Thorax Pain

A. Assessing and mobilizing the T-spine

49. The goal of "Mobilizing the T-spine" is to:

- a. Improve trunk flexion
- b. Improve cervical range of motion
- c. Improve thoracic extension and mobilize facet joints that won't close
- d. All of the above

Technique Tip: Trunk backward bending causes the facets to open or close?

50. This seated technique can be performed:

- a. As the client enters the office before the table work
- b. With the client flexed forward
- c. With the therapist's arm bracing on top of the client's folded arms
- d. With therapist bracing at the lumbar spine

Technique Tip: Can be performed with clothes on

51. Why is the therapist coming under client's folder arms instead of above?

- a. to get a better grip
- b. to help decompress the vertebrae prior to applying extension
- c. to keep the client from falling off the table
- d. to keep from hurting the therapist's back

Technique Tip: Lifting causes decompression of the joints

B. Treating thoracic and rib restrictions

52. In the introduction, Erik explains how hypertonic rotatores and multifidi (groove) muscles can lock facet joints _____ when the trunk is brought into flexion

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

Technique Tip: Tight groove muscle may prevent the joints from opening

53. As the therapist flexes, sidebends and rotates client's torso, his right thumb applies pressure in the groove to help _____ facets stuck closed

- a. open
- b. close
- c. sidebend
- d. none of the above

Technique Tip: Trunk flexion asks the joints to open

54. The therapist applies thumb pressure in the lamina groove on the _____ side he's sidebending and rotating the client's trunk to

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

Technique Tip: As the client left sidebends and rotates, the facet joints on the right side are attempting to open

C. Soft Tissue Technique

55. The goal of the soft tissue work is to help address the right motor dominant shoulder by releasing _____

- a. protective muscle spasm
- b. latissimus dorsi contraction
- c. rotator cuff symptoms
- d. all the above

Technique Tip: Think tight line muscle guarding

56. The therapist's left hand _____ and _____ client's head

- a. flexes and rotates
- b. flexes and sidebends
- c. sidebends and rotates
- d. extends and rotates

Technique Tip: Therapist has to pull and turn head toward him

57. A counterforce occurs as therapist increases _____ as his right elbow pulls the shoulder girdle musculature back

- a. right sidebending
- b. left sidebending
- c. left translation
- d. right rotation

Technique Tip: Which direction is he sidebending to?

D. Seated 1st rib – scalenes correction

58. The client's first rib is _____ on his left side

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

Technique Tip: Anterior scalenes pull this rib up

59. Therapist's right hand braces his left so he can _____ and _____ client's neck

- a. depress and rotate
- b. sidebend and extend
- c. sidebend and flex
- d. rotate and extend

Technique Tip: The rib is elevated and must come down

60. By depressing the first rib, the therapist can stretch the tight _____ muscles

- a. QL
- b. upper trap
- c. scalene
- d. rotatores

Technique Tip: Which muscles pull the first rib up?

E. Diaphragm Stretch

61. The goal of the diaphragm stretch is to lift the _____ and improve _____

- a. front line and breathing
- b. ribcage and mobility
- c. front line and pain
- d. none of the above

Technique Tip: Improved respiration and better posture is the goal

62. The client grasps his neck, forward bends and the therapist's fingers hook under the _____

- a. scapula
- b. costal arch
- c. sternum
- d. all the above

Technique Tip: Part of the lower ribcage

63. As the client extends his torso, the therapist's right hand stretches the tight tissue and his left increases _____

- a. right sidebending
- b. left sidebending
- c. lumbar lordosis
- d. right rotation

Technique Tip: Therapist is trying to help client extend his torso

F. Graded exposure for quadratus lumborum

64. Why does therapist place his left hand on client's thigh?

- a. to keep the client's left hip down so therapist's right arm can stretch QL
- b. to form a counterforce against sidebending and rotation
- c. to stretch client's right psoas
- d. both a & b

Technique Tip: You're stretching QL but need the hip stabilized so the two hands can form a counterforce

65. In the video, Erik explains that in a right motor dominant pattern, the _____ pulls the right hip forward and the _____ flattens lumbar lordosis on the left
- a. psoas & quadratus lumborum
 - b. piriformis & hip adductors
 - c. thoracic erectors & psoas
 - d. piriformis & psoas

Technique Tip: The psoas and the QL do opposite things to the pelvic bowl

66. Quadratus lumborum is known as a _____ because it posteriorly and superiorly rotates the ilium
- a. hip flexor
 - b. hip hinge
 - c. hip capsule
 - d. hip hiker

Technique Tip: The QL flattens lumbar lordosis and lifts the hip

G. “Table Angel” assess and treat

67. The table angel is used to both _____ and _____ shoulder girdle mobility
- a. assess and treat
 - b. diagnose and treat
 - c. stabilize and restore
 - d. manipulate and assess

Technique Tip: The table angel serves as an evaluative and corrective technique

68. The therapist taps on client’s elbow to remind him to keep the arm _____ on the table
- a. up
 - b. down
 - c. rotated
 - d. sidebent

Technique Tip: The client tries to keep in contact with the table at all times

69. The biggest movement fault during this maneuver is that the client will raise the _____ spine off the table
- a. sacral
 - b. cervical
 - c. thoracic
 - d. scapular

Technique Tip: Think mid-back

H. Kettlebell home retraining

70. Therapist is attempting to strengthen client’s weak diagonal _____
- a. anterior string system
 - b. posterior chain
 - c. posterior serratus anterior
 - d. anterior chain

Technique Tip: Think back diagonal line

71. Therapist holds Kettlebell in his left hand and his _____ foot steps forward
- a. left
 - b. right
 - c. non-dominant
 - d. none of the above

Technique Tip: He steps forward with his motor dominant leg

72. Client is instructed to practice this routine every day to retrain his _____ pattern
- a. muscle energy
 - b. upper cross
 - c. lower cross
 - d. right motor dominant

Technique Tip: The pattern that results from overuse of one limb

I. Muscle activation for Posterior Spring System

73. What muscles are we trying to activate?
- a. erectors
 - b. hamstrings
 - c. gluteals
 - d. quads

Technique Tip: These hip muscles are commonly neurologically inhibited

74. Therapist lets client’s right leg come off the therapy table in order to place the gluteal muscles on a _____
- a. level surface
 - b. uneven surface
 - c. perpendicular surface
 - d. stretch

Technique Tip: The muscle must be taut to kick in a mild stretch reflex

75. Using soft fists, therapist begins a fast paced muscle spindle stimulating maneuver for how long on each side?

- a. 3 minutes
- b. 5 minutes
- c. 2 minutes
- d. 1 hour

Technique Tip: It doesn't take long to stimulate tone in the weak gluteals

HAYDEN: Scoliosis, QL/ Diaphragm

A. Assessing a left thoracolumbar scoliosis

76. During the Adam's test, the client's thoracic and lumbar spines were not able to _____

right and _____ left

- a. flex and sidebend
- b. flex and extend
- c. sidebend and extend
- d. sidebend and rotate

Technique Tip: These motions must include rotation

77. Client experiences cramping in the area of her _____

- a. pec minor
- b. pec major
- c. iliopsoas
- d. diaphragm

Technique Tip: Muscle of respiration

78. There is always a _____ component to every structural scoliosis

- a. functional
- b. missing
- c. painful
- d. all the above

Technique Tip: There are two types of scoliosis, structural and what?

B. Diagonal diaphragm release

79. Why does the therapist grasp the client's leg? a. to create a traction or counterforce

- b. to stretch the hip muscles
- c. to address the rotational pattern
- d. to strengthen the lateral line

Technique Tip: Always pushing and pulling

80. Therapist creates a counterforce as his webbed hand contacts the client's _____ arch

- a. costal
- b. medial
- c. supinated
- d. pronated

Technique Tip: What is the bottom of the ribcage called?

81. Therapist retrains a diagonal pattern as the client brings arm overhead and begins _____

and _____ rotating arm

- a. flexing and extending
- b. abducting and adducting
- c. internally and externally
- d. sidebending and rotating

Technique Tip: Rotating the arm in both directions is what?

C. Opening the lateral line (QL and Lats)

82. This technique can be performed with the client grasping the _____ if only one therapist is

- working a. ribcage
- b. upper trapezius
- c. opposite arm
- d. therapy table

Technique Tip: As the therapist pulls on the hip, the client must grasp something to resist

83. Client's extended left leg is placed off the therapy table to _____ stretch along the lateral line

- a. decrease
- b. increase
- c. prevent
- d. none of the above

Technique Tip: You want to create as much stretch as possible

84. Therapist's hands grasp the client's iliac crest and his _____ brace the pelvis

- a. legs
- b. shoulders
- c. arms
- d. hips

Technique Tip: The therapist must get a good grip with hands and what?

D. Freeing the ribcage to improve diaphragmatic function

85. What "landmark" is used in this routine? a. costal ribcage and diaphragm

- b. 12th rib
- c. scalenes and upper traps
- d. shoulder girdle

Technique Tip: You're working under the ribcage

86. The client uses _____ as a movement enhancer to create space and enhance respiration

- a. deep breathing
- b. arm rotation
- c. pelvic tilting
- d. pulling up on the therapy table

Technique Tip: Performed with motion through the hips

87. This sidelying position doesn't allow the therapist to directly contact the _____ muscle, but bilateral pressure under the costal cage does help release it

- a. quadratus lumborum
- b. lower trapezius
- c. diaphragm
- d. gluteus maximus

Technique Tip: The primary muscle of respiration is what?

E. Treating a right thoracolumbar scoliosis seated

88. Therapist places his left hand on the client's lumbosacral junction for what reason?

- a. to release the C7-T1 restriction
- b. to treat her rotator cuff restriction
- c. to brace and help form a counterforce
- d. to keep her from falling backward

Technique Tip: Always thinking push and resist

89. Therapist's right hand mobilizes the right side of the client's _____ scoliosis

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

Technique Tip: Where is her primary scoliosis

90. The client instructed to use her right hand and reach for her _____ ankle to help left rotate her spine and _____ the stretch

- a. right – stabilize
- b. right – stabilize
- c. left – enhance
- d. right – enhance

Technique Tip: To left rotate she must reach in which direction?

F. Corrective functional exercise for a left thoracolumbar scoliosis

91. Client planks on her right elbow and _____ her flexed leg

- a. pronates
- b. kicks
- c. abducts
- d. supinates

Technique Tip: Bringing a limb away from the midline is what?

92. Client _____ by swinging her buttocks back and abducting her flexed knee

- a. strengthens her arms
- b. hip hinges
- c. destabilizes her sacrum
- d. fires her upper traps

Technique Tip: Bending at the hips is called what?

93. This maneuver trains _____ stability on both sides

- a. knee
- b. ankle
- c. dynamic
- d. shoulder girdle

Technique Tip: As opposed to static

G. Alternate lateral line stretch for scoliosis

94. Left sidelying client grasps right knee with her left hand and pulls toward _____

- a. low back
- b. thoracic spine
- c. chest
- d. shoulder girdle

Technique Tip: Client must flex hip to stabilize lumbar spine

95. Therapist lifts client's right leg and slips his _____ under her medial thigh

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

Technique Tip: Therapist's leg acts as a fulcrum

96. Therapist's right hand braces at the knee and his left contacts client's lateral _____

- a. thigh
- b. hip
- c. shoulder
- d. ribcage

Technique Tip: The goal is to get separation between shoulder and pelvic girdles

Gwen: Post Surgical Neck & Abdominal Work

A. Intake evaluation for post-surgical head and abdominal trauma

97. Client describes chronic _____ and _____ pain from a brain surgery procedure

- a. back and leg
- b. shoulder and arm
- c. head and neck
- d. piriformis and sciatic

Technique Tip: What area did she have the brain surgery?

98. The surgeons had to repair her abdomen procedure using a hernia-type _____

- a. mesh
- b. Herrington rod
- c. micro laminectomy
- d. back brace

Technique Tip: It's a fiber product that holds back the abdominal content

99. Client presents with loss of left head _____ from her brain tumor surgery

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

Technique Tip: Why can't she turn her head?

B. Corkscrew technique

100. Therapist's left hand lifts client's head and his soft thumb pad contacts the _____ on the client's left side

- a. erector spinae
- b. upper trapezius
- c. levator scapula
- d. lamina groove

Technique Tip: Think transversospinalis muscles

101. Following the corkscrew technique, the therapist performs a _____ stretch maneuver to test client's range of motion

- a. graded exposure
- b. hamstring
- c. low back
- d. thrusting

Technique Tip: This type of stretch works with the client's nervous system

102. Therapist also checks for _____ joint restrictions by chin tucking and asking for eye movements

- a. cervicothoracic
- b. lumbosacral
- c. craniosacral
- d. occipitoatlantal

Technique Tip: What is the uppermost joint in the body?

C. Opening Gwen's Front Line

103. Standing on client's right side, therapist places soft heel of hand just above the _____ with gentle pressure directed toward the table and headward

- a. iliac crest
- b. sternoclavicular joint
- c. diaphragm
- d. pubic bone

Technique Tip: Think pubic symphysis

104. Client is asked to begin a slow _____ maneuver to help release and to activate the inhibited pelvic floor muscles

- a. pelvic tilting
- b. deep breathing
- c. sidebending
- d. rotational

Technique Tip: What pelvic enhancer do we use in MAT?

105. Why does the therapist place client's arms above her head?

- a. to enhance the abdominal lifting maneuver
- b. to relieve her back pain
- c. to enhance her arm flexibility
- d. to strengthen her back line

Technique Tip: We are lifting her front line

D. Alternate Stretch for Opening Front Line

106. Client begins the routine by grasping around therapist's _____

- a. shoulder girdle
- b. neck
- c. low back
- d. SI joint

Technique Tip: The best grip is at waistline

107. As the client _____ and begins pelvic tilting, therapist applies a graded exposure stretch through client's front line

- a. reaches for the ceiling
- b. extends her low back
- c. tucks her chin
- d. all the above

Technique Tip: Client must flatten her cervical curve to get good extension

108. As the client gently pulls on therapist's back against his resistance, the therapist increases the _____ lifting maneuver

- a. abdominal and ribcage
- b. pelvic and low back
- c. hip and hamstring
- d. none of the above

Technique Tip: We're lifting the front line

E. Alternate cervical stretch (prone)

109. Therapist's soft palm contacts the right side of client's head and his left crosses under to brace client's right _____

- a. hip
- b. ribcage
- c. shoulder
- d. abdominal wall

Technique Tip: The torso must be pinned down to reinforce the stretch

110. Client is asked to gently rotate her head left by gently pushing against the _____

- a. therapy table
- b. therapist's elbow
- c. therapist's forearm
- d. therapist's fingers

Technique Tip: What happens to her head as she left rotates?

11. This graded exposure stretch technique mobilizes the head, neck and upper _____ spine

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

Technique Tip: Vertebrae that sit below the cervical spine are what?

F. Alternate cervical stretch (supine)

112. Therapist lifts client's head so he can slide his right _____ under her neck with palm up

- a. elbow
- b. forearm
- c. fist
- d. knee

Technique Tip: Therapist's arm is used as a lever in this technique

113. To traction and decompress client's neck therapist _____ his forearm while gently pulling with his right hand

- a. supinates
- b. pronates
- c. sidebends
- d. rotates

Technique Tip: Turning of the palm down is what?

114. Therapist's arm returns back to _____ and the maneuver is repeated trying to keep the client's chin tucked as much as possible

- a. pronation
- b. the midline
- c. the lateral line
- d. supination

Technique Tip: Turning of the palm up is what?

USB #3

PAM: Feet, Ankles, Knees and Hips

A. Assessing knee pain

115. As the client walks, we look for _____ that may be contributing to her knee and hip pain

- a. landmarks
- b. pain patterns
- c. compensations
- d. none of the above

Technique Tip: Looking for aberrant movement patterns

116. The client's right tibia is _____ rotated and her femur is _____ rotated causing a tibial torsion

- a. externally – internally
- b. internally – externally
- c. laterally – medially
- d. none of the above

Technique Tip: Her femur turns out

117. The client's ankles are assessed for _____ and _____ problems

- a. inversion and eversion
- b. abduction and adduction
- c. pronation and supination
- d. plantar and dorsi-flexion

Technique Tip: Flat and high arches are what?

B. Assessing and correcting an iliosacral pelvic torsion

118. The therapist's hands contact the client's anterior superior _____

- a. iliac crests
- b. iliac spines
- c. ischial tuberosities
- d. all the above

Technique Tip: ASIS is what?

119. Therapist's palms alternately push on each ASIS to see which moves more _____
- a. posteriorly
 - b. anteriorly
 - d. caudally
 - e. ventrally

Technique Tip: The one that moves toward the table is what?

120. The client's right ASIS does not move posteriorly as easily as the left telling the therapist that it is the more _____ rotated
- a. anteriorly-inferiorly
 - b. superiorly-posteriorly
 - c. posteriorly
 - d. none of the above

Technique Tip: The ASIS is moving forward and down and the pelvic bowl is left rotating

121. To correct, the therapist's right hand comes under the client's left hip at the _____ and his left palm remains on the right ASIS
- a. anterior superior iliac spine
 - b. anterior inferior iliac spine
 - c. posterior superior iliac spine
 - d. posterior inferior iliac spine

Technique Tip: Think back of the pelvic bowl

C. Internally rotate client's externally rotated femur

122. This technique is called the _____
- a. femur roll
 - b. tibia roll
 - c. log roll
 - d. none of the above

Technique Tip: Named after Ida Rolf

123. Therapist's right hand comes under client's femur and internally rotates client's entire leg and asks her to gently _____ rotate her thigh against his resistance
- a. internally
 - b. externally
 - c. posteriorly
 - d. anteriorly

Technique Tip: She rotates outward against his resistance

124. To relieve the top half of the tibial torsion, the therapist's hands bring client's femur and hip into greater _____ rotation
- a. external
 - b. internal
 - c. posterior
 - d. anterior

Technique Tip: The femur is already externally rotated

D. Correcting internally rotated tibia

125. Therapist brings client's knee to _____ and _____ rotates the tibia to the first restrictive barrier
- a. hip and internally
 - b. hip and externally
 - c. 90-90 and externally
 - d. 90-90 and internally

Technique Tip: If client's tibia is internally rotated on femur the goal is to bring it in the opposite direction

126. Therapist introduces more knee flexion while externally rotating client's _____ and _____ to the next restrictive barrier
- a. femur and tibia
 - b. femur and fibula
 - c. tibia and fibula
 - d. none of the above

Technique Tip: What are the two bones of the lower leg?

127. Therapist repeats this technique 3 to 5 times and retests for improved _____ alignment
- a. tibiofibular
 - b. tibiofemoral
 - c. talofibular
 - c. tibiocalcaneal

Technique tip: At what joint does the lower and upper leg meet?

E. Correcting calcaneal and dorsiflexion restrictions

128. Therapist's left hand braces on client's right thigh above the knee to keep the client's knee in _____
- a. flexion
 - b. hyperextension
 - c. extension
 - d. rotation

Technique Tip: The knee must remain flat and pinned to the therapy table

129. Therapist right hand grasps client's right heel and brings her foot to the first _____ and _____ restrictive barrier
- dorsiflexion and inversion
 - dorsiflexion and eversion
 - plantarflexion and eversion
 - plantarflexion and inversion

Technique Tip: If the client's calcaneus is everted, the goal is to introduce more what?

130. Therapist brings client's ankle to the new restrictive or _____ barrier
- anatomical
 - physiological
 - pathological
 - all the above

Technique Tip: What is another name for a restrictive barrier?

F. Mobilize foot, ankle and toes

131. Therapist's hands grasp client's _____ and _____ and begin a twisting motion to mobilize the bones of client's arch.
- talus and calcaneus
 - navicular and cuboid
 - forefoot and mid-foot
 - rearfoot and forefoot

Technique Tip: Therapist is twisting the front from the back

132. Therapist performs a plantar fascia activation technique using his fist while client wiggles her toes to activate the _____ arch muscles
- supinated
 - pes cavus
 - hypertonic
 - pronated

Technique Tip: Another name for a dropped arch

133. Therapist's right hand webs the client's _____ and _____ bones and brings the foot off the table and places between his legs
- cuneiform and navicular
 - cuboid and cuneiform
 - navicular and cuboid
 - none of the above

Technique Tip: There is a row of one of these bones

G. Create stability and improved foot proprioception

134. In the _____ technique, the client attempts to bring her first metatarsal toward her heel

- arch drop
- inchworm
- plantar fascia
- calcaneal inversion

Technique Tip: Contracting the foot inch at a time

135. In the _____ technique, she balances on her right leg while holding resistance from Theraband tubing

- ankle mobility
- ankle stability
- foot mobility
- Pallof

Technique Tip: Named after a Boston-based physical therapist

136. The Pallof builds strength and endurance in the client's ankle, knee and hip joints while improving _____

- trunk rotation
- trunk extension
- proprioception
- torso sidebending

Technique Tip: What are the balance receptors?

H. Hip mobilization for legs and knees

137. In Step 1, therapist's right arm snakes on the _____ of client's flexed knee and _____ on his own arm

- outside and braces
- inside and braces
- top and extends
- bottom and extends

Technique Tip: The arm must come on the medial side of client's knee

138. In Step 2, the therapist flexes client's hip toward her _____ armpit to assess and treat her hip flexion restriction

- contralateral
- ipsilateral
- anterior
- posterior

Technique Tip: Therapist flexes vertically to the same side he's standing

139. In Step 5, the therapist picks up client's right leg and places her in a _____ position with her right foot bracing her left knee
- lateral recumbent
 - sphinx
 - comfortable
 - figure 4

Technique Tip: This position occurs with the knee flexed and abducted

BRIAN: Neck, Hips and Knees

A. Assessing Brian's Knees and Neck

140. The client believes his bowed or _____ knees are causing his back problems
- valgus
 - pronated
 - supinated
 - varus

Technique Tip: The femurs are externally rotated

141. Gait analysis is helpful in distinguishing between _____ and _____ knees
- varus and valgus
 - abducted and rotated
 - adducted and rotated
 - none of the above

Technique Tips: Bowed and knock-knees are what?

142. The client also presents with neck and head pain that refers into his _____ eye
- third
 - right
 - dominant
 - left

Technique Tips: If the O-A dysfunction is on the left, pain travels up which side?

B. Assessing Brian's O-A dysfunction and possible occipital neuralgia

143. Therapists observe client's high left eye indicating possible _____ dysfunction
- A-A
 - diaphragm
 - vertigo
 - O-A

Technique Tip: Top joint in the body

144. To treat, therapist's right hand slips under client's _____ and his left braces his forehead
- neck
 - dowager's hump
 - scapula
 - cranium

Technique Tip: Therapist is holding client's head.

145. The therapist mobilizes client's O-A joint and suboccipitals by repeating the _____ maneuver several times on both sides
- chin-tucking
 - craniosacral
 - myotherapy
 - rotating

Technique Tip: The therapist follows client's head flexion movement

C. Treating Brian's fixated Atlas-Axis joint

146. Therapist's hands grasp both sides of client's head and flex the neck to _____ degrees
- 90
 - 75
 - 20
 - 45

Technique Tip: Therapist flexes client's neck to ligamentously lock typical cervical vertebrae

147. Therapist notices that the client's head is restricted in right rotation, so he brings his head to the first _____ barrier
- anatomic
 - obstructive
 - restrictive
 - none of the above

Technique Tips: Therapist takes out the slack in right head rotation

148. Therapist asks client to turn his _____ as far to the left against his resistance to a count of five and relax

- a. neck
- b. eyes
- c. shoulder girdle
- d. all the above

Technique Tip: The suboccipitals are neurologically connected to the optic nerve

D. Table training to strengthen Brian's gluteal muscles and core stabilizers

149. Supine client flexes _____ and _____ and places feet flat on the table

- a. ankles and hips
- b. feet and hips
- c. knees and hips
- d. hips and thorax

Technique Tip: The position needed for a supine bridge

150. Therapist places his arm between client's knees and client slowly _____ through the hips while attempting to spread his knees against therapist's resistance

- a. flexes
- b. sidebends
- c. rotates
- d. bridges

Technique Tips: When client extends hips in this position it is called what?

151. Client is asked to slowly return hips to the table while _____ his knees and firing his _____ muscles

- a. extending – gluteal
- b. adducting – gluteal
- c. sidebending – psoas
- d. rotating – psoas

Technique Tips: Client is still pushing knees out which fires which hip muscles?

E. Addressing mobility restrictions in Brian's ankle, knee and hip

152. Therapist's right hand dorsiflexes client's ankle while his left hand assesses for side-to-side movement at client's _____ joint

- a. tibiofibular
- b. tibiofemoral
- c. femoroacetabular
- d. none of the above

Technique Tip: What bones form a joint at the knee?

153. Therapist assesses for _____ glide by performing a shelf test

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

Technique Tip: Therapist is testing front to back glide

154. To assess the client's hip mobility, I take him into hip _____ and _____ femoral rotation

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

Technique Tip: Therapist introduces trunk flexion and outward femoral rotation

F. Home retraining lunge exercises to strengthen torso, hips and legs

155. Client is asked to step forward into a lunge position allowing his _____ to approximate the floor

- a. hips
- b. pelvis
- c. lumbar spine
- d. knee

Technique Tip: As he steps forward with his right leg, what approximates the floor?

156. Therapist asks client to reverse this lunge by stepping back to a _____ stance position

- a. horizontal
- b. flexed
- c. extended
- d. neutral

Technique Tip: When he comes back up the starting position it is called what?

157. Client progresses to a point when he can go from neutral to a _____ lunge and back into a _____ lunge with little time spent in the neutral stance

- a. flexed – backward
- b. front – backward
- c. sidebent – front

Technique Tip: Client moved forward first and then back

G. Alternate hip mobilization (supine)

158. Therapist's right hand pushes client's hip into _____ in order to lift the hip off the table allowing his knee to contact client's _____ hip rotators
- adduction – lateral
 - abduction – lateral
 - adduction – medial
 - abduction – medial

Technique Tip: Pushes across the body to work piriformis

159. Therapist gently pulls on client's knee and uses his _____ as a tool to work her tight hip external rotator muscles
- elbow
 - forearm
 - knuckles
 - knee

Technique Tip: Therapist's leg acts as a fulcrum

160. By _____ the leg and hip back and forth, the hip external rotator muscles begin to relax
- abducting
 - spinning
 - pulling
 - rocking

Technique Tip: Pushing back and forth is what?

H. Alternative hip mobilization technique (sidelying)

161. Therapist places his right forearm across the hip external rotators at the _____ and his left hand braces at client's ribcage
- lesser trochanter
 - greater tubercle
 - lesser foramen
 - greater trochanter

Technique Tip: External hip rotators insert along the what?

162. Therapist's elbow and hand create a counterforce and client is asked to begin performing slow _____ as an enhancer
- breathing
 - internal and external rotations
 - pelvic tilts
 - foot dorsiflexion

Technique Tip: Moving the pelvis from 12 to 6 on a clockwise motion

163. Therapist assesses up and down the hip _____ looking for restrictions
- internal rotators
 - external rotators
 - flexors
 - extensors

Technique Tip: What is the piriformis muscle?

I. Alternative hip mobilization techniques (prone)

164. Therapist brings client's left knee into _____ and _____ his left arm around her ankle
- flexion and hooks
 - extension and hooks
 - abduction and braces
 - adduction and braces

Technique Tip: You must flex the hip first

165. Therapist places his soft forearm (elbow) just lateral to the _____ so he can palpate the deep hip external rotators
- coccyx
 - sacrum
 - femoroacetabular joint
 - greater trochanter

Technique Tip: Think tailbone

166. To add a bit of hip _____, therapist's left arm can lift client's hip while his right elbow massages the hip external rotators
- flexion
 - abduction
 - adduction
 - extension

Technique Tip: The hip does what when the quads are stretched with client prone?