

Test Questions - Essential MAT Assessments Home Study Course

**Please circle the correct answers on the Answer Sheets*

- Note in the Introduction that we'll be addressing active and passive ranges of motion, _____, neurological deficits, and soft tissue injuries such as tendinopathies
 - lymphatic drainage
 - Reiki
 - craniosacral
 - pain provocation
- During ROM testing, always get informed consent from the client prior to _____
 - assessment
 - treatment
 - gait analysis
 - neurological exams
- In a Bone on Bone end feel, restriction occurs before the normal end of ROM often stemming from _____
 - osteophytes
 - muscle spasm
 - ligament adhesions
 - osteoporosis
- Pain may be described as an unpleasant sensory and emotional experience associated with actual or _____ tissue damage
 - potential
 - terrible
 - moderate
 - excruciating
- Orthopedic tests are used to evaluate pain, loss of joint play, and muscle extensibility, but they are not meant to _____ a condition
 - eliminate
 - treat
 - train
 - diagnose
- Ankle plantarflexion is 50° while dorsiflexion is only _____°
 - 10
 - 30
 - 25
 - 45
- In the Gait Assessment segment, it states that "Clients often reveal more information when performing normal _____ movements than when asked to execute tasks such as walking, forward bending, and ROM maneuvers."
 - neurologic
 - unconscious
 - everyday
 - none of the above
- When "Observing for a Client's Gait Abnormalities", the therapist is not looking for _____
 - rotator cuff tendinopathy
 - unequal arm swing
 - unlevel head
 - overpronation
- In the video, therapist notices that the toes of the client's right foot are visible from behind indicating an _____
 - externally rotated (everted) foot
 - internally rotated (inverted) foot
 - antalgic gait
 - ataxic gait
- During Erik's "Abnormal Gait" Demonstration, he first shows how the same arm and leg swing together during _____ gait
 - ataxic
 - arthrogenic
 - Steppage
 - homolateral

11. In Antalgic Gait, the client limps due to pain upon _____

- a. knee flexion
- b. hip flexion
- c. weight bearing
- d. ankle dorsiflexion

12. Ataxic Gait typically involves a _____ problem

- a. cerebellum
- b. prefrontal cortex
- c. hippocampus
- d. amygdala

13. Arthrogenic is a _____ gait

- a. smooth
- b. random
- c. compensated
- d. steady

14. During the Trendelenburg Gait, there is a drop in the _____ on the unaffected side

- a. arch
- b. pelvis
- c. shoulder
- d. knee flexors

15. In order to clear the toes, the foot may audibly slap the ground due to lack of _____ dorsiflexion

- a. concentric
- b. eccentric
- c. bilateral
- d. hip

16. When functioning properly, the PMRF _____ cervicothoracic flexion, which, in turn, effectively _____ gravitational exposure

- a. promotes - resists
- b. promotes - inhibits
- c. inhibits - promotes
- d. inhibits - resists

17. When Assessing PMRF Dysfunctions, the client is asked to take a couple of deep breaths, _____ and relax the shoulders

- a. slowly exhale
- b. exhale forcefully
- c. stand straight
- d. none of the above

18. The vestibular system's _____ houses organs that contribute to postural stability

- a. vestibules
- b. sensory nerves
- c. inner ear
- d. trigeminal nerve

19. The Romberg test is used to investigate the cause of loss of motor coordination or _____

- a. ataxia
- b. sensory input
- c. cranial lesions
- d. all the above

20. When the client closes his eyes, he should not orient himself by light, sense or _____

- a. touch
- b. sound
- c. feel
- d. balance

21. In the Cerebellum "Contralateral Knee Touch Test", the client slowly lifts one knee while reaching over with opposite _____ to touch the _____

- a. hand - thigh
- b. foot - leg
- c. elbow - foot
- d. elbow - shoulder

22. The therapist observes for any lagging or uncoordinated movement between the client's two _____

- a. elbows
- b. hands
- c. shoulders
- d. feet

23. When assessing with the Motor Cortex Test, therapist asks client to _____ his efforts to push the _____ down

- a. resist - foot
- b. resist - arm
- c. enhance - arm
- d. enhance - foot

24. If a muscle on the left side tests _____, there may be a problem with the _____ motor cortex

- a. weak - left
- b. strong - right
- c. strong - left
- d. weak - right

25. When Assessing the Sensory Cortex with the Spinal Push Test, therapist stands ____ client and begins gently pushing on _____ processes from T1- T-12

- a. behind – transverse
- b. beside – spinous
- c. beside – transverse
- d. behind – spinous

26. A weak spinal segment on the ____ indicates a possible ____ sensory cortex problem

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

27. When Assessing for Scapulocostal Rhythm, therapist notes the interplay of the _____, acromioclavicular, glenohumeral, and scapulothoracic joints

- a. costotransverse
- b. costovertebral
- c. sternoclavicular
- d. all the above

28. When assessing for upper cross syndrome using Wall Angels, the client stands a foot from the wall with _____ slightly flexed and _____ tucked

- a. knees – elbows
- b. knees – chin
- c. elbows – chin
- d. elbows – torso

29. Client is asked to deeply _____ and slowly begin gliding his arms up the wall attempting to keep his hands and _____ spine in contact

- a. inhale - lumbar
- b. exhale - lumbar
- c. inhale - thoracic
- d. exhale - cervical

30. When Assessing for Dominate Eye, therapist locates an object (like a can light in this video) and places the _____ around the can with both eyes _____

- a. circle – closed
- b. circle – open
- c. arm – open
- d. arm – closed

31. In the Kemp's Test for sciatic nerve root impingement, therapist asks client to extend his torso and _____ to painful side

- a. sidebend/forward bend
- b. rotate/sidebend
- c. rotate/forward bend
- d. none of the above

32. If the client's sciatic symptoms are _____, the therapist records his findings as a _____ on the Kemp's Test

- a. reproduced – negative
- b. lessened – positive
- c. reproduced – positive
- d. lessened – negative

33. Common upper extremity ranges of motions for the shoulder include 170° to 180° degrees of flexion, 50° to 60° of extension and _____° to _____° of abduction

- a. 150 - 160
- b. 180 - 190
- c. 170 - 180
- d. 190 - 200

34. Therapist observes for painful symptoms between _____° and _____° as the client raises and lowers the arm

- a. 60 -120
- b. 70 - 120
- c. 80-145
- d. 45 - 90

35. With arm flexed to _____°, elbow extended and arm supinated, client resists therapist's downward pressure

- a. 75
- b. 85
- c. 90
- d. 180

36. In the Frozen Shoulder section, the therapist asks the client to _____ his affected arm while his fingers palpate the _____ angle of the scapula

- a. abduct – inferior
- b. adduct – inferior
- c. abduct – superior
- d. abduct – superior

37. Using a gentle counterforce, the therapist pushes with left hand while resisting with the right to assess for ____° of internal humeral rotation

- 50
- 60
- 30
- 120

38. When Assessing Shoulder Girdle Joint dysfunction, remember that one of the primary and oft-overlooked causes of rotator cuff tendinopathy is insufficient _____ joint elevation of the clavicle

- sacroiliac
- acromion
- scapular
- sternoclavicular

39. To assess client's left SC joint, therapist's left hand grasps client's arm and _____ while palpating for inferior movement of the clavicle at around 90°

- sidebends
- extends
- abducts
- adducts

40. To determine if the client's medial clavicular heads are dropping _____ - during shoulder girdle protraction, therapist asks client to reach forward as therapist's fingers palpate the _____ clavicular heads

- posteriorly - anterior
- anterior - posterior
- medially - anterior
- laterally - posterior

41. Next, the therapist assesses for internal humeral rotation by monitoring the AC joint with the fingers of his right hand with shoulder _____30°

- extended
- flexed
- adducted
- abducted

42. In the Bruggen Test, the therapist's thumb and fingers palpate for hypertonic _____ muscles

- scalene
- masseter
- suboccipital
- longus capitis

43. If the lumbar spine still _____excessively, therapist records a positive on assessment sheet

- extends
- sidebends
- rotates
- rounds

44. The Adam's Test helps determine if the client has a functional or _____ scoliosis

- structural
- flexible
- rigid
- none of the above

45. In the Adam's Test, therapist sidebends and rotates the client's torso. If the curve gets better during any of these movements it's a _____ scoliosis

- structural
- functional
- idiopathic
- all the above

46. In the Active & Passive Torso Sidebending Test, the client right and left sidebends and therapist assesses pain provocation and degree of available motion before the _____ moves

- feet
- arms
- pelvis
- neck

47. When Testing Lumbar Mechanics, therapist's thumbs palpate the transverse processes of _____ bilaterally

- L5
- C5
- T5
- L4

48. In the Active & Passive Torso Rotation Test, therapist stabilizes client's _____ and asks him to rotate right and left, assessing for available range of motion or provocation

- shoulders
- hips
- arms
- spine

49. During clinical assessment we commonly see a squinting patella co-present with a chronically elongated medial and a tight lateral knee _____

- a. ligament
- b. tendon
- c. retinaculum
- d. cartilage

50. When assessing for calcaneal eversion, client slowly _____ as therapist observes the _____ tendon on both ankles

- a. sidebends - Achilles
- b. rotates - hamstring
- c. squats - Achilles
- d. squats - hamstring

51. In the Cervical Spine Assessment section, the client with a neck crick may present with symptoms ranging from general cervical _____ to complete _____ and unrelenting pain

- a. stiffness - immobility
- b. pain - hypermobility
- c. stiffness - hypermobility
- d. none of the above

52. During the Spurling Test, therapist stands behind client and gently places both hands atop client's _____

- a. shoulders
- b. hips
- c. ankles
- d. head

53. Therapist slowly begins to _____ client's head and asks client if the maneuver produces pain

- a. distract
- b. compress
- c. sidebend
- d. rotate

54. In the Passive Torso Sidebending Test, therapist places left hand on client's _____ and right hand on client's right _____

- a. shoulder – arm
- b. arm – shoulder
- c. thigh – shoulder
- d. none of the above

55. In the Seated Adam's Test, if spinal concavity or convexity appears during forward bending, it's indication of _____

- a. sciatica
- b. neck spasm
- c. scoliosis
- d. none of the above

56. In the Elbow Assessment, client flexes elbows to _____ degrees and places arms against his body

- a. 60
- b. 55
- c. 90
- d. 180

57. Therapist places his thumbs on top and index fingers on the proximal _____ row

- a. metacarpal
- b. radial
- c. ulnar
- d. carpal

58. When Assessing Carpal Bone Fixations, client is asked to rapidly touch all his fingertips to his _____ starting with the 5th digit

- a. palm
- b. wrist
- c. thumb
- d. all the above

59. The client is asked to raise his head and therapist observes which direction the client's chin moves in the first _____ inches

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

60. In the Alternate Cervical Spring Test, therapist's fingers come _____ cervical spine and push toward the _____ to assess facet joint restrictions

- a. over - table
- b. under - ceiling
- c. over - left shoulder
- d. under - left shoulder

61. Therapist grips the ends of the pillowcase and places his thumbs on client's _____

- a. jaw
- b. cheekbones
- c. forehead
- d. clavicle

62. When performing the Intertransversarii Nerve Root Test, therapist slowly begins to flex client's neck toward _____ while keeping the head fully rotated

- a. shoulder
- b. thorax
- c. left hip
- d. none of the above

63. In the Modified Adson's Test, the client is asked to _____ right arm off table and begin slowly externally and internally rotating

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

64. In the Tinel Tapping for Ulnar Nerve Test, therapist's left hand hyperextends client's _____ digits while right hand palpates and compresses the ulnar nerve at cubital tunnel

- a. 3rd – 4th
- b. 4th – 5th
- c. 2nd – 3rd
- d. 1st – 2nd

65. In the Tinel Tapping for Radial Nerve Test, therapist right hand compresses radial nerve while left hand extends, internally _____ and ulnarly deviates client's arm

- a. flexes
- b. extends
- c. rotates
- d. none of the above

66. In the Radial Nerve Assessment, therapist snakes his left hand under client's elbow and grasps his wrist and internally _____ his arm to the first pain free barrier

- a. abducts
- b. adducts
- c. rotates
- d. flexes

67. Therapist then assesses for pelvic asymmetry by monitoring client's _____ height

- a. AIIS
- b. ASIS
- c. PSIS
- d. all the above

68. When Assessing Hamstring Flexibility, therapist's left hand raises client's extended leg while the fingers of his right hand palpate the client's _____ ASIS

- a. ipsilateral
- b. unilateral
- c. bilateral
- d. contralateral

69. Therapist continues to _____ client's hip until he palpates the _____ move

- a. flex - PSIS
- b. extend - ASIS
- c. flex - ASIS
- d. extend - PSIS

70. Therapist slowly begins flexing client's hip while asking him to report any sharp sciatic-like pain radiating into the _____ or down into the lower leg

- a. quads
- b. adductors
- c. abductors
- d. hamstrings

71. To assess the tibial nerve, the therapist's right hand _____ and externally rotates (everts) the client's foot

- a. supinates
- b. pronates
- c. inverts
- d. plantarflexes

72. Therapist slightly _____ client's knee and gently begins assessing for joint play by rocking the knee up and down and side to side

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

73. In the Medial-Lateral Grind Test, therapist's right hand grasps client's knee so that his index finger palpates the _____ meniscus and thumb the lateral meniscus

- a. anterior
- b. posterior
- c. medial
- d. all the above

74. When assessing for proximal & distal tibia-fibula joint play, if client's _____ cannot translate side to side, the tib-fib joint is fixated

- a. tibia
- b. fibula
- c. femur
- d. humerus

75. When performing the Hip Range of Motion Tests, therapist begins by flexing client's knee and hip to 90-90 and slowly bringing client's left knee toward his _____ armpit

- a. contralateral
- b. unilateral
- c. ipsilateral
- d. none of the above

76. When performing the Adductor Magnus Assessment, therapist's right hand grasps client's left ankle and abducts his extended leg to allow his body to come between the leg and the _____

- a. ankle
- b. shoulder
- c. torso
- d. therapy table

77. To Distract, Compress, Internally and Externally Rotate Femur, therapist's left hand snakes under client's flexed right knee and he places right hand on client's _____ thigh

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

78. In the Greater Trochanteric Pain Syndrome section, it's stated that the _____ is one of the largest, strongest and most flexible joints in the human body

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

79. When Assessing for Greater Trochanteric Hip Bursitis, therapist slowly begins _____ the client's knee while adding a little femoral internal rotation

- a. abducting
- b. adducting
- c. flexing
- d. extending

80. When Assessing Tibiotalar Dorsiflexion, therapist's right hand braces the distal _____ bone and his left grasps client's _____

- a. tibia – toes
- b. fibula – toes
- c. tibia – heel
- d. fibular – heel

81. In the Alternate Foot & Ankle Assessment, therapist brings client's left leg off the therapy table and places the _____ between his _____

- a. ankle – hips
- b. knee – ankles
- c. ankle – knees
- d. knees – ankles

82. In the Assessing for Foot ROM & Joint Play, it is noted that the human foot is a strong mechanical structure containing _____ bones, _____ joints and more than a hundred muscles, tendons, and ligaments

- a. 26 - 33
- b. 33 - 46
- c. 30 - 26
- d. 31 - 66

83. During healthy gait, the talotibial or _____ joint should dorsiflex 15 degrees

- a. talocrural
- b. tibiofemoral
- c. femoroacetabular
- d. subtalar

84. When performing the Pain Provocation Test for Morton's Neuroma, therapist's hands web over client's metatarsal bones and apply a mild _____ force

- a. distraction
- b. sidebending
- c. compressive
- d. translation

85. When Assessing for Joint Play Restrictions using the "Figure 8" therapist's left hand grasps client's _____ bone and the forearm controls the _____

- a. calcaneus – ankle
- b. tibia – foot
- c. calcaneus – foot
- d. tibia – ankle

86. To assess for a Posterior Tibialis Tendinopathy, therapist drops his bodyweight and brings the client's foot into _____ while his fingers resist the motion

- a. plantarflexion
- b. translation
- c. dorsiflexion
- d. none of the above

87. In the Ely's Test for Rectus Femoris, therapist's left hand slowly flexes client's knee while right hand monitors _____ lifting off therapy table

- a. leg
- b. knee
- c. thorax
- d. hip

88. In the Apley's Compression Test, therapist gently drops his body weight and begins slowly internally and externally client's tibia assessing for pain or meniscus _____

- a. hypermobility
- b. hypomobility
- c. grinding
- d. none of the above

89. Client is then asked to deeply inhale and upon _____, therapist again springs the sacrum

- a. contraction
- b. exhaustion
- c. exhalation
- d. all the above

90. In the Backward Sacral Torsion Test, therapist's left hand lifts client's flexed knee off therapy table and his right hand braces at the _____ sacral border

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

91. In the SI Joint Pain Provocation Test, therapist's _____ or _____ palpate along the lateral sacral border

- a. fingers – thumbs
- b. knuckles - elbow
- c. fingers - elbows
- d. none of the above

92. In the Alternate Backward Sacral Torsion Test, therapist's hands cross over and lift the client's left _____ off table

- a. elbow
- b. knee
- c. ilium
- d. ankle

93. In the Lumbar Spring Test, a rigid or painful spine may indicate protective muscle guarding or _____ dysfunction

- a. ligament
- b. cervical
- c. thoracic
- d. facet

94. In the Modified Hip Abduction Firing Order Tests, the optimal firing order should be gluteus _____ with assistance from tensor fascia lata, and piriformis

- a. maximus
- b. medius/minimus
- c. adduction
- d. none of the above

95. If quadratus lumborum fires first, the ilium will _____ dramatically as the client abducts the leg

- a. drop
- b. hike
- c. invert
- d. invert

96. When performing the Resisted Hip Abduction Test, the client is asked to abduct the knee _____ degrees and resist as the therapist attempts to push the knees together

- a. 40
- b. 35
- c. 55
- d. 20

97. When Assessing Lumbar Spine Joint Play, therapist's left hand grasps around client's left ilium and his right palm braces on the soft tissues lateral to the ____ spine

- a. thoracic
- b. cervical
- c. lumbar
- d. all the above

98. When Assessing T-spine and Ribcage Joint Play, therapist's hands create a ____ with the right arm pulling while the left gently springs the ribcage

- a. tractioning force
- b. distraction force
- c. counterforce
- d. powerful thrust

99. When Assessing for Anterior Hip Capsule Adhesions, therapist's right hand flexes client's left knee to ____ degrees and places his right hip on the ankle to brace

- a. 50
- b. 20
- c. 90
- d. 45

100. If the client's hip ROM is less than ____ degrees make note of a possible hip capsule adhesion on that side

- a. 35
- b. 20
- c. 50
- d. 90