Test Questions - Treating Trapped Nerves Home Study Course

Please circle the correct letter on the Answer Sheets

USB #1 INTRODUCTION

1. In the Introduction, Michael Shacklock stated that (nerve) movement is quite dramatic and it is not hard to imagine that fluid such as blood, a constricting scar or _____around the nerve could lead to pain.

A. Inflammation

B. Fibrosis

C. Adhesion

D. Hyaluronic Acid

2. It has not been shown that lumbar nerve root compression necessarily causes _____ or neurologic dysfunction

A. back pain

B. bursitis

C. inflammation

D. leg pain

3. When combining soft tissue mobilization modalities such as massage, active isolated stretching, and muscle energy with gentle joint mobilization maneuvers such as traction and gliding, the benefit is mobilization of the _____ system

A. visceral

B. circulatory

C. musculoskeletal

D. nervous

4. In “Double Crush Nerve Damage” Harvard University plastic surgeons Albert Upton and Alan McComas wrote, “Neural function is impaired when compressed _____at one site cause the nerve to become especially susceptible to damage at another site

A. axons

B. dendrites

C. cell bodies

D. dura mater

5. Neural compression of the _____ is suitably called neurogenic thoracic outlet syndrome (NTOS)

A. carotid artery

B. subclavian vein

C. brachial plexus

D. diaphragm

6. Many NTOS studies recommend postural corrections, including muscle _____ and lengthening for double crush complaints

A. activation

B. balancing

C. strengthening

D. all the above

7. In clients with a drooping clavicle, the underlying _____ muscle can reduce the costoclavicular canal size and compress the brachial plexus against the first rib

A. intertransversarii

B. subclavius

C. pectoralis

D. subscapularis

8. Repetitive movements of the arms above the head, common among tennis enthusiasts, may cause friction and overstretch the nerve plexus under the _____ at the coracoid

A. pectoralis minor

B. subclavius

C. anterior scalenes

D. none of the above

9. In “Technique Tips” we emphasize that _____ is a perception of the brain, and your goal is to make the brain happy.

A. trauma

B. alignment

C. biomechanics

D. pain

10. Work at the client’s _____ barrier but don’t bulldoze the barrier.

A. physiologic

B. anatomic

C. restrictive

D. none of the above

11. Use _____ such as arm movement, deep breathing and other movement cues to restore better f u nct ion

A. activators

B. depressors

C. inhibitors

D. enhancers

USB #1

12. On USB 1 in the Crossed Armed Stretch, to bring the client’s neck to the first flexion barrier, I straighten my legs while pressing down on her _____.

A. shoulders

B. traps

C. lats

D. clavicle

13. In order for the scalene nerve stretch to be effective,
my right hand _____sidebends_____rotates and client’s neck to first restrictive barrier

A. left and right

B. right and left

C. right and right

D. left and left

14. The therapist rolls client’s head in a _____ circular motion

A. clockwise

B. rotational

C. backward

D. counter-clockwise

15. Running from transverse process to transverse process, the _____ are the first muscular structures that can compress the nerve roots as they leave the cervical spi ne

A. scalenes

B. pectoralis

C. intertransversarii

D. subclavius

16. The intertransversarii do not compress the nerve trunk, but rather the _____

A. nerve roots

B. subclavian artery

C. carotid artery

D. none of the above

17. To stretch the intertransversarii on the right, the client’s head must be rotated to the_____

A. right

B. left

C. back and forth

D. up and down

18. A f ter performing this technique, slowly bring the client's head back to neutral and _____the neck

A. decompress

B. translate

C. flex

D. compress

19. The chin-jutting technique not only helps mobilize fixated nerve roots, but also works to restore_____

A. cervical curve

B. lumbar alignment

C. pelvic alignment

D. thoracic alignment

20. If performed properly, the client's chin should jut toward the _____

A. chest wall

B. right

C. left

D. ceiling

21. In the sidebending nerve mobilization technique, the therapist's left thumb braces against the body of the spinous process as he steps to his _____ foot

A. right

B. left

C. back

D. front

22. The goal is to sidebend the client's neck using the _____ as a fulcrum

A. thumbs

B. fingers

C. knuckles

D. palms

23. By bracing C-5 with the right thumb during right sidebending, the therapist can determine if ____ is moving properly on _____

A. C-5 – C-6

B. C-7 – T-1

C. C-6 – C-5

D. all the above

24. In the translation/undulation routine, the therapist's left thumb braces against the body of the spinous process as he steps to his _____ foot

A. right

B. left

C. back

D. front

25. To create space in the interscalene triangle, the therapist left rotates client's head as soft finger pads come under SCM and onto the anterior tubercles (C2-C6) where the _____muscles attach

A. anterior scalene

B. rectus capitis

C. posterior scalene

D. middle scalene

26. Therapists must be careful when working between the anterior and middle scalene muscles to prevent irritation of the _____ and _____

A. nerves and artery

B. glands and ligaments

C. nerves and cerebrospinal fluid

D. all of the above

27. To access the _____scalene muscle, which originates on the posterior tubercles (C2-C6) and insert on the 1st rib, therapist right rotates client's head as his right thumb glides down the lateral neck, hooks the muscle, and tractions it posteriorly.

A. posterior

B. anterior

C. superior

D. middle

28. The therapist can also use soft _____ instead of thumbs to access the middle scalene muscle.

A. finger pads

B. fists

C. forearms

D. knuckles

29. To open the costoclavicular canal for the brachial plexus to glide through, the therapist's fingers scrub the subclavius muscle with fingers positioned _____ the clavicle.

A. below

B. above

C. on

D. all the above

30. Subclavius muscle originates at the _____ joint and inserts on the scapula

A. occipitoatlantal (O-A)

B. lumbosacral

C. sternoclavicular

D. humeroulnar

31. In the video, I demonstrate scrubbing the subclavius with a _____ technique.

A. gentle touch

B. firm connection

C. counterforce

D. none of the above

32. To stretch the scalenes from below, the therapist must use the _____ as a lever

A. first rib

B. second rib

C. clavicle

D. scapula

33. The anterior scalene originates on the cervical spine and attaches to the _____rib

A. 3rd

B. 6th

C. 1st

D. 2nd

34. Pectoralis minor originates at the _____ and inserts on ribs 3 through 5

A. spinous process

B. coracoid process

C. transverse process

D. medial epicondyle

35. To create space under pec minor, therapist's elbows hook the pec fascia and move the tissue _____

A. medially

B. posteriorly

C. anteriorly

D. laterally

36. If the therapist chooses to use a unilateral pec release, his right forearm hooks below the coracoid and applies a constant (gentle) pressure, while his left hand brings client's arm into _____ rotation

A. internal

B. external

C. counter

D. none of the above

37. If the client experiences tingling numbness or pain during the pec minor techniques, you may be putting pressure on the underlying _____

A. brachial plexus

B. carotid artery

C. aorta

D. hernia

38. The elbow is often referred to as a _____hinge joint, but is actually much more complex

A. hinge

B. facet

C. sacroiliac

D. none of the above

39. When performing elbow mobilization, if the client can't completely turn her palm down, she may have a _____restriction

A. supination

B. pronation

C. facet joint

D. metacarpal

40. When testing for a supination restriction, therapist _____ client's forearm to first restrictive barrier and asks client to gently pronate against his resistance

A. pronates

B. supinates

C. flexes

D. extends

41. To treat an elbow_____ restriction, therapist must use a counterforce so that his right hand braces above her elbow allowing his left hand to bring client's elbow to first restrictive barrier

A. flexion

B. extension

C. abduction

D. adduction

42. When testing for elbow extension, it is often helpful to _____ the client's wrist and fingers

A. flex

B. extend

C. abduct

D. adduct

USB #2

43. When performing the radial nerve soft tissue prep techniques, the therapist begins _____ and works _____.

A. distally – proximally

B. proximally – distally

C. laterally – medially

D. medially – laterally

44. To release radial nerve entrapments in the _____ muscle, the therapist uses the sling and resist (S & R) and duck-grip maneuvers

A. triceps

B. biceps

C. latissimus dorsi

D. pec minor

45. Radial nerve irritation at the elbow often imitates _____

A. golfer's elbow

B. tennis elbow

C. plantar fasciitis

D. carpal tunnel syndrome

46. The radial nerve has two branches at the elbow. One runs under the _____

A. pronator teres

B. extensor carpi radialis brevis

C. adductor longis

C. longis capitis posterior minor

47. The very important first step when setting up for the radial mobilization routine is for the therapist to brace the client's _____ with his leg

A. forearm

B. wrist

C. elbow

D. shoulder

48. To traction the radial nerve distally, the client's head is in neutral and the therapist fully extends her elbow, internally rotates her arm and _____ her wrist

A. flexes

B. extends

C. abducts

D. adducts

49. The ulnar nerve runs through the armpit, through the _____muscles, and down the arm

A. biceps

B. triceps

C. quadriceps

D. forearm extensors

50. The ulnar nerve soft tissue prep begins with _____ armpit work

A. teres major

B. latissimus dorsi

C. subscapularis

D. infraspinatus

51. To stretch the ulnar nerve, the therapist flexes and abducts client's left elbow with wrist radially deviated and extendeD. The fingers are also extended, particularly the _____digit

A. 5th

B. 3rd

C. 4th

D. 1st

52. Ulnar nerve irritation at the elbow often imitates _____

A. tennis elbow

B. greater trochanteric bursitis

C. carpal tunnel

D. golfer's elbow

53. The ulnar nerve runs under the _____muscle at the elbow

A. flexor carpi ulnaris

B. supinator

C. extensor carpi radialis brevis

D. none of the above

54. In the median nerve soft tissue prep, a counterforce is produced as the therapist internally rotates client's arm while resisting with his right hand on her _____muscle

A. triceps

B. biceps

C. deltoid

D. trapezius

55. The median nerve exits the neck from _____

A. C7- T1

B. C2 –C5

C. C5- T1

D. C2 – C-7

56. The median nerve traverses through the _____ muscles

A. triceps

B. biceps

C. erector spinae

D. quadratus lumborum

57. To mobilize the median nerve, the therapist's right forearm rests on the table _____the client's shoulder to prevent scapular rotation

A. below

B. above

C. beside

D. none of the above

58. To stretch the median nerve, the client left rotates and sidebends her neck while therapist extends and _____ rotates her arm, wrist and fingers

A. internally

B. laterally

C. medially

D. externally

59. To floss the median nerve proximally, the client gently increases left neck sidebending as the therapist slowly flexes her elbow and extends her wrist. Flexing her wrist and elbow _____ tension at the distal end of the ner ve

A. decreases

B. increases

C. creates

D. none of the above

60. One branch of the median nerve can become entrapped under the _____muscle

A. pronator teres

B. abductor longis

C. supinator

D. extensor carpi radialis brevis

61. The radial nerve home retraining exercise is called the _____

A. sling and resist

B. duck grip

C. waiter's tip

D. spindle stim

62. The radial nerve exercise requires that the client keep the shoulder _____ to enhance the stretch

A. depressed

B. elevated

C. abducted

D. adducted

63. The key to getting a good radial nerve stretch is to have the elbow _____ and _____rotated

A. extended – internally

B. flexed – externally

C. flexed - internally

D. extended - externally

64. To enhance the ulnar nerve stretch, the client should slowly sidebend _____ the painful side

A. away from

B. toward

C. against

D. all the above

65. In the median nerve stretch, Amanda's arm is abducted and her shoulder _____ rotated to stabilize

A. internally

B. externally

C. slightly

D. none of the above

66. If the client has carpal tunnel syndrome, she will feel the stretch on the palmar surface of the _____, _____ and _____

A. thumb – index finger – middle finger

B. little finger – thumb – ring finger

C. middle finger – ring finger – thumb

D. none of the above

67. In the shotgun technique, the arm is abducted to _____degrees, client's extended fingers contact the wall

A. 70

B. 40

C. 30

D. 90

68. The shotgun home retraining exercise begins with Amanda's fingers pointed at the _____position on the wall

A. 6 o'clock

B. 3 o'clock

C. 12 o'clock

D. 9 o'clock

USB #3

69. To floss the nerves using this technique, the client sidebends (spelling in manual) her head toward the painful side while rotating the fingers toward _____ and then reverses toward _____ as she sidebends away from the painful side

A. 6 o'clock – 12 o'clock

B. 12 o'clock – 6 o'clock

C. 3 o'clock – 6 o'clock

D. none of the above

70. To create space in the lumbar spine for the nerve roots, the therapist searches for protective muscle guarding and releases any _____

A. contractures

B. lactic acid

C. joint fixations

D. all the above

71. Therapist begins rocking back and forth, pushing and pulling on lumbar fascia assessing for _____

A. ART

B. MET

C. trigger points

D. tender points

72. In the Iliolumbar ligament routine, the therapist uses the _____ maneuver to access the fibrotic ligaments

A. flexed finger

B. Flying V

C. knuckle in groove

D. none of the above

73. A jolting action helps drive the extended fingers down to_____ to scrub the fibrotic ligaments

A. L3-4

B. L2-3

C. T12-L1

D. L5-S1

74. In this Iliolumbar ligament routine, the fingers and forearms must stay_____

A. firm

B. relaxed

C. soft

D. none of the above

75. In the Freeing the Lumbars technique, the therapist's left hand braces the _____, and his right palm contacts the _____

A. sacrum – lumbar spine

B. lumbar spine – sacrum

C. pelvis – ribcage

D. ribcage - pelvis

76. A _____occurs as the therapist pushes with his left hand and resists with his right

A. release

B. compression

C. counterforce

D. all the above

77. Therapist's thumbs come under the gluteal fold to contact the sacrospinous ligaments on the _____side
A. ipsilateral
B. downhill
C. uphill
D. contralateral

78. Work each sacrospinous ligament for _____ and reassess for improved ligament mobility
A. 6 minutes
B. 4 minutes
C. 2 minutes
D. 10 minutes

79. To put the piriformis muscle on a stretch, the therapist pulls on her ankle which _____her femur
A. externally rotates
B. internally rotates
C. internally flexes
D. externally flexes

80. Therapist hooks the tissue along the sacrum and drags it _____and _____ while externally and internally rotating client's leg
A. headward – backward
B. cranially – caudally
C. internally – externally
D. none of the above

81. The goal of the Iliosacral alignment technique is to restore _____ alignment and level the _____
A. torso – hips
B. cranial – O-A joint
C. pelvic – sacral base
D. all the above

82. With both elbows extended, therapist (spelling in manual) pulls with his _____palm and resists with his _____to improve nerve mobility at the Iliosacral joint
A. left – right
B. right – left
C. uphill – downhill
D. none of the above

83. This Iliosacral alignment technique is used to correct a an _____ rotated ilium
A. anteriorly-inferiorly
B. inferolateral
C. contralateral
D. anteriorly – superiorly

84. The Jelly-Roll is used to mobilize fibrotic _____ muscles and _____
A. thoracic - ligaments
B. thoracic – joints
C. lumbar - ligaments
D. cervical – ligaments

85. Therapist rolls the client into trunk_____ allowing his opposite hand to come under and grasp client's sacrum or lumbar vertebrae
A. flexion
B. extension
C. sidebending
D. rotation

86. Discontinue this technique if the client reports _____pain during trunk flexion
A. head
B. rib
C. sciatic nerve
D. stomach

87. Slowly rock for _____minutes and reassess for improved lumbar mobility
A. 2 – 3
B. 1 – 2
C. 5 – 6
D. none of the above

88. In the sciatic nerve mobilization routine, the client is left sidelying with _____ and _____flexed
A. hip and knees
B. knees and ankles
C. thorax and lumbars
D. knees and chest

89. To traction sciatic nerve, client tucks chin as therapist introduces knee_____ and foot_____ to barrier
A. flexion – dorsiflexion
B. extension – dorsiflexion
C. dorsiflexion – extension
D. none of the above

90. To floss proximally, client _____ as therapist slowly flexes her knee
A. extends chin
B. chin tucks
C. rotates head
D. sidebends neck

91. Repeat this pain-free technique _____ times and reassess for reduced sciatic nerve pain
A. 3 – 5
B. 2 -5
C. 5 – 10
D. 10- 12

92. In the straight leg raise for sciatica, therapist's left hand crosses on_____ of client's thigh above the_____ and extends her hip to allow his right hand to come under and grasp her left foot
A. top – knee
B. top – ankle
C. the side – hip
D. the side – knee

93. The therapist rests clients extended leg on his shoulder while his right hand _____ client's ankle
A. plantarflexes
B. dorsiflexes
C. abducts
D. adducts

94. To traction the sciatic nerve, the client is asked to _____ to painful barrier
A. sidebend head
B. rotate head
C. extend head
D. chin tuck

95. Repeat this pain-free nerve flossing techniques _____ times and reassess
A. 3 – 5
B. 5 – 10
C. 10 – 20
D. none of the above

96. Because of the location, the superficial branches of the peroneal nerve can imitate _____
A. shin splints
B. Achilles tendinosis
C. runner's knee
D. none of the above

97. The tibial nerve is about _____as big as the peroneal ner ve
A. half
B. twice
C. three times
D. four times

98. Because of its location, the tibial nerve often imitates _____
A. shin splints
B. runner's knee
C. plantar fasciitis
D. SI joint pain

99. Because branches also run in the posterior calf, tibial nerve entrapment can also imitate _____
A. Achilles tendinosis
B. runner's knee
C. shin splints
D. hamstring injury

100. To mobilize smaller sciatic nerve branches such as the _____, superior and inferior gluteal nerves, therapist adds internal and external femoral rotation
A. obturator
B. femoral
C. pudendal
D. all the above

101. The femoral nerve exits the lumbar spine at _____

A. L4-5
B. L1-4
C. L2-L4
D. L5 S1

102. In the femoral nerve mobilization technique, the client assume a _____position of the table

A. prone
B. supine
C. sidelying
D. all the above

103. In this technique, it is imperative that the client pulls her _____ knee up toward her _____

A. bottom – chest
B. bottom – chin
C. top – chest
D. top – chin

104. Therapist's _____ hand grasps client's left _____and his left hand grasps her knee

A. right – ankle
B. right – knee
C. left – ankle
D. left - knee

105. It is important the therapist steps behind client's ____ as it is brought into _____

A. knee – extension
B. knee – flexion
C. ankle – extension
D. ankle – flexion

106. With his left hand on her knee and his right securing her ankle, he can create _____ flexion or ____extension

A. knee – hip
B. hip – knee
C. ankle – knee
D. ankle – hip

107. Therapist extends client's hip to painful femoral nerve barrier and backs off to the _____

A. hip flexion zone
B. ankle inversion zone
C. inter-barrier zone
D. hip extension zone

108. The client tucks her chin to _____ the femoral nerve

A. floss
B. traction
C. release
D. none of the above

109. In _____ clients, the therapist removes his right hand from the ankle and places it on the client's____

A. resistant – coccyx
B. muscle bound – quads
C. hypermobile – hip
D. all the above

110. The obturator nerve exits the lumbar spine from _____

A. L1 – L4
B. L2 – L4
C. L5 – S1
D. L4 – L5

111. If possible, therapist places client's foot in his _____ for additional control

A. belly
B. elbow
C. armpit
D. all the above

112. To isolate the obturator nerve, therapist hip flexes, internally _____, and _____client's leg to barrier

A. rotates – abducts
B. rotates – adducts
C. rotates – extends
D. flexes – abducts

113. In the seated slump test, client begins by _____her head and neck to see if it elicits pain
A. extending
B. rotating
C. sidebending
D. flexing

114. The therapist can increase traction on the dural membrane by having the client slump through her _____
A. knees
B. thorax
C. elbows
D. none of the above

115. If extending the knee causes pain, the client brings the head back to neutral. If the client is still unable to extend the knee due to pain, the test is considered _____
A. positive
B. negative
C. acceptable
D. not reliable

116. If extending the knee doesn't elicit pain, ask the client to _____ the ankle
A. plantarflex
B. dorsiflex
C. extend
D. rotate

117. In the straight leg raise test, the client uses a rope or _____ strap around the arch of foot to help extend the leg
A. bungee cord
B. rubber band
C. Theraband strap
D. all the above

118. In the peroneal stretch, the client supinates and _____ her ankle to isolate the nerve
A. everts
B. inverts
C. plantar flexes
D. dorsiflexes

119. In the tibial nerve stretch, the setup is the same as the peroneal except the clients _____ and _____ her ankle to isolate the nerve
A. pronates – everts
B. supinates – everts
C. supinates – inverts
D. pronates – inverts

120. The key factor in performing the femoral nerve stretch correctly is for the client to maintain her_____ level as she leans forward
A. sacrum
B. pubic symphysis
C. pelvis
D. shoulders

121. To stretch the obturator nerve, the client brings her affected leg into _____ to painful barrier
A. adduction
B. internal rotation
C. abduction
D. external rotation