

# Flex Therapist CEUs

## Cervical Spondylosis: Deep Cervical Flexor Training

**1. Muscle spindles are accepted as being the primary cervical receptors responsible for position sense and are coupled to supplementary afferent input from the cutaneous and joint receptors.**

- A. True
  - B. False
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**2. With regard to cervical muscles, the high density concentrations of muscle spindles have been identified in the \_\_\_\_\_ and the deeper cervical muscles.**

- A. Trapezius muscles
  - B. Suboccipital muscles
  - C. Splenius capitis muscles
  - D. Sternocleidomastoid muscles
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**3. Which of the following specific proprioceptive training regimes are designed for controlling neck posture and relieving pain, which in turn leads to improvement of proprioception and dizziness?**

- A. Gaze stability exercises
  - B. Eye-head coordination
  - C. Practice of relocation of the head on the trunk
  - D. All of the above training regimes are designed for controlling neck posture and relieving pain
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**4. Clinical trials examining the effectiveness of a DCFs training regime have demonstrated positive outcomes in terms of all of the following, except:**

- A. Decrease in neck pain and disability
  - B. Improvement in sitting posture
  - C. Decreased dizziness
  - D. Enhanced neuromuscular control of the cervical flexors in patients with chronic neck pain
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**5. The results of the current study showed that the DCFs training group had a significant improvement in proprioception compared to the group that received traditional physical therapy.**

- A. True
  - B. False
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**6. The DCFs training activates the deep cervical flexors via an indirect method.**

- A. True
  - B. False
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**7. Which of the following components of DCF training may improve muscle spindle function, which translates to improved cervical proprioception?**

- A. Repeated contractions
  - B. High load training
  - C. Short duration of each hold
  - D. Increasing head rotation
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**8. A second explanation for the significant improvement of proprioception in the study group compared to the control group in the current study may be attributed to improvement of cervical neuromuscular control gained after DCFs training which lead to decrease stresses placed on the \_\_\_\_\_ and other structures of the cervical region.**

- A. Muscles
  - B. Joints
  - C. Ligaments
  - D. Tendons
- 

**9. As measured with electromyography, it has been previously reported that \_\_\_\_\_ muscle activity is reduced and DCFs activity is increased following DCFs training.**

- A. Sternocleidomastoid
  - B. Anterior scalene
  - C. Longus capitis
  - D. Longus colli
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**10. This study found no significant difference between DCFs training and conventional proprioceptive training in improving chronic neck pain.**

- A. True
  - B. False
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**11. It has been previously stated that weakness of DCFs tend to cause neck pain.**

- A. True
  - B. False
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**12. Regarding the severity of dizziness and DHI, the results revealed no statistically significant changes between the study group and the control group.**

- A. True
  - B. False
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