Flex Therapist CEUs

Gluteal Amnesia

1. Which of the following best describes gluteal amnesia?

A. A condition in which the gluteal muscles become overactive due to excessive exercise and strain.
B. A condition where the gluteal muscles become inhibited or underactive due to prolonged sitting and poor movement habits.
C. A disorder involving muscle hypertrophy caused by repetitive gluteal strengthening exercises.
D. A neurological condition that permanently damages the gluteal nerves and prevents muscle activation.

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2. Which of the following statements best explains the primary cause of gluteal amnesia?

A. It results from overuse of the gluteal muscles during excessive physical activity, leading to fatigue and inhibition.
B. It develops when the gluteal muscles become permanently damaged from direct trauma or nerve injury.
C. It occurs due to prolonged sitting and a sedentary lifestyle, which cause tight hip flexors and weak, underactive gluteal muscles.
D. It is caused by excessive stretching of the hamstrings, which reduces gluteal activation and strength.

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3. Patients with gluteal amnesia commonly experience pain and tightness in the lower back and hamstrings due to:

A. Overactivation of the gluteal muscles during hip extension
B. Compensatory overuse of surrounding muscles caused by poor glute activation
C. Increased flexibility in the hip flexors and quadriceps
D. Reduced activity in the lumbar extensors and hamstrings

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4. What functional consequence can result from weakness of the gluteus maximus?

A. Trendelenburg gait, characterized by excessive pelvic drop on the opposite side
B. Improved hip extension and stronger posterior pelvic tilt
C. Increased lateral stability of the pelvis during single-leg stance
D. Enhanced hip external rotation and running performance

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5. Proper activation and strength of the gluteus maximus help prevent musculoskeletal injuries by:

A. Increasing reliance on the hamstrings and lower back during movement
B. Limiting hip extension and reducing power output in athletic activities
C. Encouraging anterior pelvic tilt and excessive lumbar lordosis
D. Improving movement efficiency, stability, and reducing the risk of lower back, knee, and hip injuries

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6. During single-leg stance and gait, the gluteus medius primarily functions to:

A. Stabilize the pelvis and prevent contralateral hip drop
B. Flex the hip and extend the knee
C. Rotate the spine and support lumbar extension
D. Lengthen the hamstrings and increase stride length

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7. The high proportion of type I fibers in the gluteus minimus makes it particularly well-suited for:

A. Explosive power and sprinting activities
B. Endurance and postural control during prolonged weight-bearing tasks
C. Rapid hip extension and jumping
D. Lumbar spine rotation and trunk flexion

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8. What is the primary function of the deep lateral rotators of the hip during walking, running, or squatting?

A. Facilitate hip flexion and knee extension
B. Increase lumbar spine mobility and trunk rotation
C. Maintain proper femoral head alignment and provide rotational control
D. Strengthen the quadriceps and hamstrings for propulsion

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9. Strengthening the deep lateral rotators of the hip is important for athletes because it:

A. Increases hip flexion strength and knee extension power exclusively
B. Improves lumbar spine rotation while decreasing hip stability
C. Reduces the need for gluteus medius and minimus activation during single-leg stance
D. Enhances rotational control, lateral movement, and deceleration, reducing injury risk

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10. What happens during reciprocal inhibition in the hip muscles?

A. The gluteal muscles become overactive and inhibit the hamstrings
B. Overactive hip flexors suppress the activation of their antagonist muscles, such as the glutes
C. Lumbar extensors prevent hip flexion during walking
D. Pelvic tilt automatically corrects itself without muscular involvement

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11. Which assessment can be used to identify compensatory patterns caused by gluteal amnesia?

A. Prone Hip Extension Test, Overhead Squat Assessment, and gait analysis
B. Sit-and-Reach Test exclusively
C. Shoulder Flexion and Elbow Extension Test
D. Grip Strength Assessment

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12. Hyperreflexia and hyporeflexia are abnormal reflex responses that can indicate:

A. Dysfunction of the vestibular system
B. Impaired cerebellar coordination
C. Overactive Golgi tendon organ activity
D. Central nervous system or peripheral nerve dysfunction

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13. How do mirror therapy and mental imagery benefit patients in rehabilitation?

A. By strengthening muscles through high-intensity exercise
B. By replacing the need for cognitive or behavioral interventions
C. By promoting motor learning and neuroplastic changes without requiring physical movement
D. By directly improving joint range of motion without neural involvement

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14. Which strategies can be used to enhance cortical activation of the glutes?

A. Passive stretching and joint mobilization only
B. High-intensity cardiovascular exercise without targeting the glutes
C. Solely strengthening the hamstrings and lower back muscles
D. Neuromuscular re-education, motor imagery, and functional electrical stimulation

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15. Why is core stabilization important for enhancing glute activation?

A. The glutes and core work together to stabilize the pelvis and improve motor coordination
B. Core exercises directly strengthen the hamstrings, replacing glute function
C. Core stabilization reduces the need for task-specific training
D. Strengthening the core decreases the brain’s involvement in glute activation

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16. What is a key first step when implementing motor imagery for gluteal rehabilitation?

A. Performing high-intensity glute exercises immediately
B. Mentally visualizing the target movement in a quiet, distraction-free environment
C. Focusing solely on hamstring activation before glutes
D. Ignoring kinesthetic sensations and only watching the movement

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17. What is a common method of providing biofeedback for patients who have difficulty activating their glutes?

A. Passive stretching of the hamstrings

B. Performing cardiovascular exercises without focusing on the glutes
C. Isolating the lower back muscles exclusively
D. Surface electromyography (sEMG) that gives visual feedback on muscle activation

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18. Which of the following exercises is commonly used during the glute activation phase?

A. Banded glute bridges
B. Leg press with heavy weights
C. Barbell back squats without focus on glute engagement
D. Seated calf raises

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19. How does progressive overload contribute to glute strengthening?

A. By focusing only on bodyweight exercises without increasing load
B. By isolating the hamstrings and quadriceps to compensate for weak glutes
C. By gradually increasing resistance, repetitions, or time under tension to maximize strength adaptations
D. By performing exercises exclusively at a fast tempo without holds

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20. Which component of Pilates helps coordinate glute activation with other muscle groups?

A. High-speed, repetitive motions without focus
B. Isolating only the hamstrings during exercises
C. Performing maximal resistance exercises from the start
D. Controlled breathing and deliberate movement patterns

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21. Which of the following exercises emphasizes glute activation while maintaining pelvic stability?

A. Fast-paced jumping jacks
B. Side-lying clamshells
C. Seated leg extensions without glute focus
D. Bicep curls with dumbbells

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22. How can resistance training complement Pilates in glute rehabilitation?

A. By replacing Pilates entirely without focus on movement quality
B. By targeting only the hamstrings and quadriceps while ignoring glute activation
C. By performing rapid, uncontrolled movements to fatigue the muscles
D. By providing progressive overload to strengthen the glutes and reinforce proper movement patterns

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23. What approach helps translate glute activation into real-world functional movements?

A. Functional movement training, including squats, lunges, and balance exercises

B. Only performing isolated glute bridges without variation
C. Rapid, high-repetition exercises without focus on form
D. Stretching the upper body exclusively

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24. Why is it important to create a comprehensive treatment plan?

A. To focus only on stretching the glutes without strengthening
B. To provide the same exercises to every patient regardless of lifestyle
C. To restore strength, improve motor control, and reinforce neuromuscular activation
D. To avoid using progressive strengthening strategies

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25. What is the primary purpose of a thorough assessment in gluteal rehabilitation?

A. To immediately start high-intensity strengthening exercises
B. To identify muscle imbalances, compensatory patterns, mobility restrictions, and functional deficits
C. To focus only on core muscles and ignore the glutes
D. To avoid tracking patient progress over time

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26. Which approach is emphasized in athletic gluteal rehabilitation to improve performance and prevent injury?

A. Plyometric exercises, sprint drills, and dynamic resistance training
B. Static stretching only
C. Light walking and basic core exercises
D. Passive range-of-motion exercises without load

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27. How can eccentric loading help reduce the risk of injury during rehabilitation?

A. By decreasing muscle flexibility
B. By isolating only the quadriceps
C. By promoting faster fatigue without strength gains
D. By increasing posterior chain strength and improving muscle control

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28. Which type of exercises are recommended in the early stages of post-surgical glute rehabilitation to activate muscles safely?

A. High-intensity squats and lunges
B. Isometric glute squeezes and glute bridge holds
C. Sprinting and plyometric jumps
D. Heavy resistance band hip thrusts

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29. What exercise is particularly effective for improving single-leg stability in older adults?

A. Chair squats
B. Seated bridges
C. Controlled step-ups on a low platform
D. Banded lateral steps

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30. Which strategy helps reduce lumbar strain while restoring gluteal function in patients with chronic pain?

A. High-impact plyometrics
B. Core-glute synergy exercises
C. Maximal resistance training
D. Ignoring compensatory patterns

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