

Flex Therapist CEUs

IMT Part 1 - Muscle Energy and 'Beyond' & Strain/Counterstrain for Extremity Hypertonicity

Chapter 1: Postural Compensations of the Upper and Lower Extremity Joints

1. When evaluating posture, the feet should be acetabular distance apart with approximately what degree of equal external rotation of the feet?

- A. 5 to 10 degrees
 - B. 10 - 15 degrees
 - C. 15 - 20 degrees
 - D. 20 - 25 degrees
-

2. Which degree of postural dysfunction will pain and compensation patterns only be observed in outer ranges of motion and postural deviations slight?

- A. Severe dysfunction
 - B. Moderate dysfunction
 - C. Mild dysfunction
 - D. None of the above
-

3. Limitations of ranges of motion should correspond with compensatory patterns observed during static postural assessment.

- A. True
 - B. False
-

Chapter 2: Muscle Energy and 'Beyond' Techniques

4. During motion on a coronal plane, there is a similar motion, i.e., the sacrum side bends in the same direction of L5 side bending.

- A. True
 - B. False
-

5. There is no difference between L5 and other lumbar segments which have reciprocal motion present on three planes of motion.

- A. True**
 - B. False**
-

6. The amount of available motion on any one of the three planes for L5 and S1 is much greater than at any other vertebral segment.

- A. True**
 - B. False**
-

7. Which of the following is the accessory glide when the moving surface is convex with the stable and fixed non-moving surface concave?

- A. Flexion: Anterior glide**
 - B. Extension: Posterior glide**
 - C. Abduction: Caudal glide**
 - D. Internal rotation: Medial glide**
-

8. When there are decreases in the density of the synovial fluid within the joint space, proteins, long chain fatty acids, and toxins will be trapped inside the joint spaces, as the interstitium is affected.

- A. True**
 - B. False**
-

Chapter 3: Laws of Biomechanics

9. Type I movement is movement in neutral. Rotation and side bending in neutral occur to opposite sides.

- A. True**
 - B. False**
-

Chapter 4: Muscle Energy Technique and 'Beyond' for the Lower Extremities

10. If the femoral head distracts, there is a medial pull palpated at the greater trochanter.

- A. True
 - B. False
-

11. Type II knee joint movements include all of the following, except:

- A. During flexion, if the proximal tibial head glides laterally, it also externally rotates.
 - B. During flexion, if the proximal tibial head glides medial, it also internally rotates.
 - C. During extension, if the proximal tibial head glides laterally, it also internally rotates.
 - D. During extension, if the proximal tibial head glides medial, it also internally rotates.
-

12. In regards to a positional diagnosis for the knee joint, if dysfunctional glides and rotations occur in knee flexion:

- A. The knee cannot flex.
 - B. The knee is stuck in extension.
 - C. There is an extended type II knee joint dysfunction.
 - D. All of the above.
-

Chapter 5: Muscle Energy Technique and 'Beyond' for the Upper Extremities

13. Internal rotation occurs with adduction in type II movement, while external rotation occurs with abduction in type II movement.

- A. True
 - B. False
-

14. When assessing the sternoclavicular joint, all the following apply except?

- A. Palpate the movement barrier at the distal head of the clavicle
 - B. Assess: lateral distraction and approximation
 - C. Lateral distraction occurs with abduction
 - D. Approximation occurs with adduction
-

15. For position of treatment, and treatment of type II wrist joint dysfunction, each of the following procedures should be abided by, except:

- A. While in supine or sitting, position the shoulder in 0 degrees abduction, 0 degrees rotation, and 0 degrees flexion.
 - B. Position the elbow joint at 0 degrees flexion.
 - C. Position the forearm in 0 degrees supination/pronation.
 - D. Begin from 0 degrees neutral wrist flexion/extension.
-

Chapter 6: Synergic Pattern Imprint and Synergic Pattern Release

16. The presentation of the typical synergic pattern of hypertonicity is present in all persons, but inhibited until there is a release of this inhibition.

- A. True**
 - B. False**
-

17. Contracting muscle _____ momentum.

- A. Resists**
 - B. Retards**
 - C. Absorbs**
 - D. Arrests**
-

Chapter 7: A Hypothetical Model

18. Which of the following are true about muscle spindles?

- A. Are within the muscle itself, arranged in parallel to muscle fibers, attached to them at both ends**
 - B. When a muscle is stretched, it is reflexively stimulated by its spindles to contract thereby resisting stretch**
 - C. Can cause the muscle to resist change in length in either direction**
 - D. All of the above are true**
-

19. When there is a dysfunction in one or more of the tissues and structures which are innervated by the C5 embryologic segment, there is a resultant increase in gamma gain and protective muscle spasm of the musculature innervated by that same C5 segment.

- A. True**
 - B. False**
-

Chapter 8: The Muscle Barrier

20. Which of the following is NOT true regarding muscle barriers?

- A. Is the place in the active range of motion when the first muscle fibers contract**
- B. Is the threshold of the muscle spindle of the stretched muscle to stimulus of stretch**

- C. The interbarrier zone is a few degrees of motion before the muscle barrier
 - D. All are true
-

Chapter 10: Treatment of Lower Quadrant Hypertonicity

21. Only when the patient and the therapist no longer experience any tissue changes or movement during treatment of muscle fiber hypertonicity with Strain and Counterstrain techniques, can the body part be slowly and gently returned to a neutral position.

- A. True
 - B. False
-

22. Which of the following treatments of pelvic dysfunction should be conducted while in the prone position?

- A. Gluteus Medius treatment
 - B. Iliacus treatment
 - C. Medial Hamstrings treatment
 - D. Adductor treatment
-

23. The sacral tender point location for PS 2 is which of the following?

- A. 1.5 cm medial to the inferior aspect of the posterior superior iliac spine.
 - B. Midline on the sacrum between the first and second spinous tubercles.
 - C. Midline on the sacrum between the second and third spinous tubercles.
 - D. Midline on sacrum just superior to the sacral hiatus.
-

24. Each of the following are important positions for treatment of the posterior fifth lumbar upper pole for thoracolumbar and lumbosacral mobility, except for:

- A. Prone.
 - B. Hip flexion to 120 degrees on the ipsilateral side.
 - C. Slight hip adduction on the ipsilateral side.
 - D. Slight hip external rotation on the ipsilateral side.
-

25. Knee flexion to _____ degrees on the ipsilateral side should be performed while undergoing medial meniscus treatment for knee dysfunction.

- A. 0
 - B. 10
 - C. 40
 - D. 90
-

26. Medial ankle treatment for foot/ankle dysfunction should cause a medial shear force of 5 to 10 lbs. when pushing from the lateral side of the talus downward towards the floor.

- A. True**
 - B. False**
-

27. The talus technique for foot/ankle dysfunction is excellent for treatment of the pronated, flat foot.

- A. True**
 - B. False**
-

Chapter 11: Treatment of Upper Quadrant Hypertonicity

28. A common site of direct compression of the plexus is which of the following?

- A. Between the middle and the anterior scalene muscles.**
 - B. Within the costoclavicular joint space, between clavicle and the first rib.**
 - C. Underneath the pectoralis minor.**
 - D. All of the above.**
-

29. Which of the following is the most valuable Strain and Counterstrain technique for the thoracic inlet?

- A. Anterior First Thoracic**
 - B. Third and Fourth Anterior Thoracic**
 - C. First Elevated Rib**
 - D. Depressed Second Rib**
-

30. The most significant postural deviations caused by the pectoralis minor is the protracted shoulder girdle.

- A. True**
 - B. False**
-

31. Which of the following Strain and Counterstrain techniques will decrease the spasm of the middle scalene muscles?

- A. Anterior Eighth Cervical**
- B. Lateral Cervicals**
- C. Posterior Cervicals**

D. None of the above

32. The subscapularis technique for upper extremity dysfunction will cause the external rotation of the glenohumeral joint whenever there is muscle spasm.

- A. True**
 - B. False**
-

33. Which of the following is the most valuable Strain and Counterstrain technique for the shoulder girdle?

- A. Subscapularis**
 - B. Biceps (Long Head)**
 - C. Latissimus Dorsi**
 - D. Radial Head (RAD)**
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