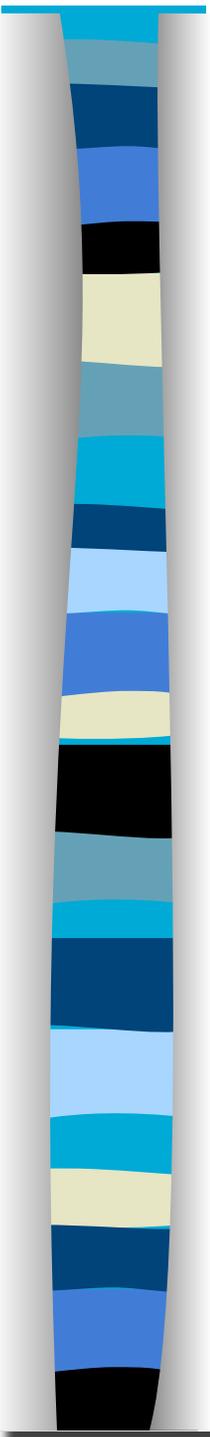


74a MBLEx Prep

ABMP Exam Coach

Massage Theory

- History of Massage
- Research Literacy
- Benefits and Effects
- Cautions & Contraindications



74a MBLEx Prep

Class Outline

Quizzes:

- 75a Kinesiology Quiz (gluteals, erectors, lats, biceps femoris, quadratus femoris, piriformis)
- 78a Kinesiology Quiz (erectors, lats, quadratus lumborum, multifidi, rotatores)

Spot Checks:

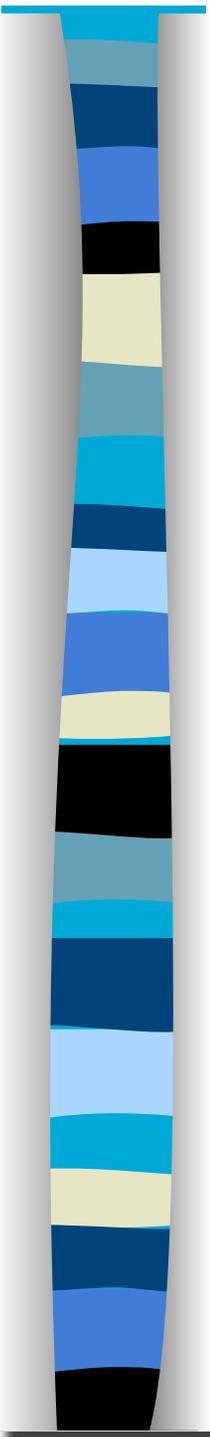
- 75b Orthopedic Massage: Spot Check – Piriformis and Sacroiliac
- 78b Orthopedic Massage: Spot Check – Low Back Pain

Assignments:

- 85a Orthopedic Massage: Outside Massages (2 due at the start of class)

Preparation for upcoming classes:

- 75a MBLEx Prep
 - Using ABMP Exam Coach, select “Study Subjects”, and then “Massage Professional Practices”
 - For each of the 4 Massage Theory Topics, “Take a Practice Quiz” 4 times (16 total)
 - Research anything that isn’t clear on the Internet and bring what you find to class
- 75b Orthopedic Massage: Spot Check - Piriformis and Sacroiliac
 - Packet J: 63-64.
 - Packet A: 91-92, and 97-98.



Classroom Rules

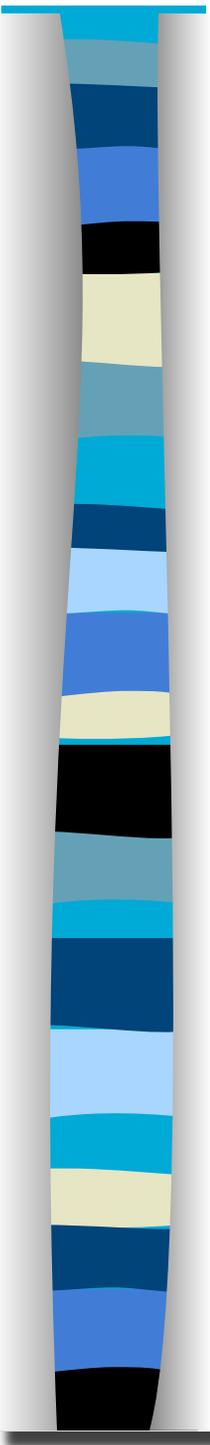
Punctuality - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

The following are not allowed:

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

You will receive one verbal warning, then you'll have to leave the room.

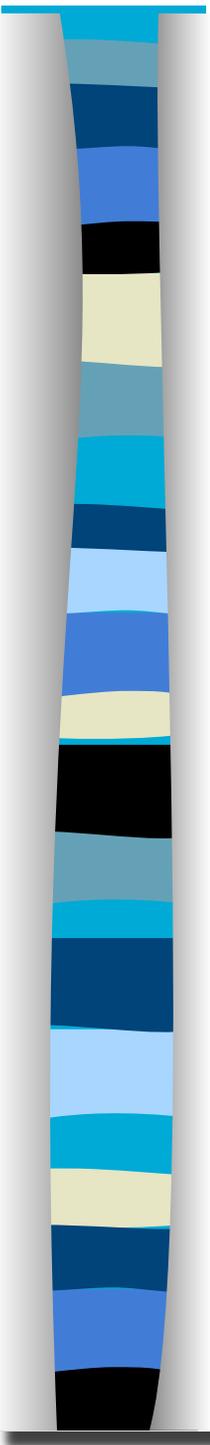


74a MBLEx Prep

ABMP Exam Coach

Massage Theory

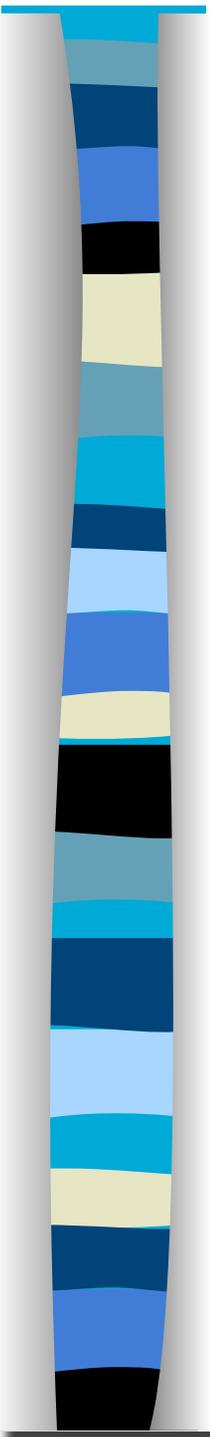
- History of Massage
- Research Literacy
- Benefits and Effects
- Cautions & Contraindications



MBLEx Basic Information

Applying to take the MBLEx

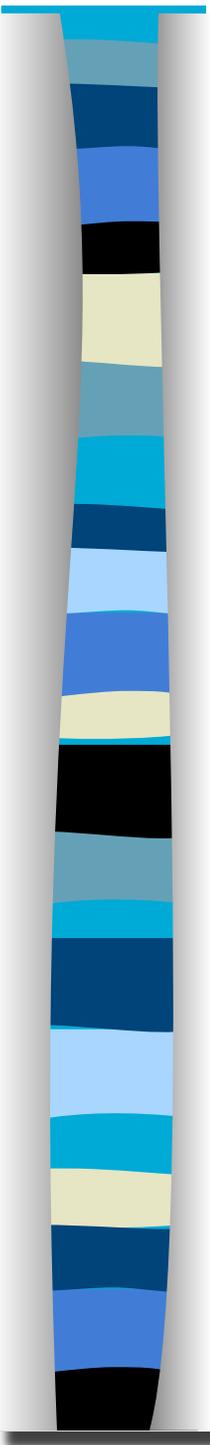
- www.fsmtb.org
- Online application form and \$195 application fee
- A school transcript is not a requirement to take the MBLEx
- Within 5 business days, you will receive your Authorization To Test (ATT)



MBLEx Basic Information

Authorization To Test (ATT)

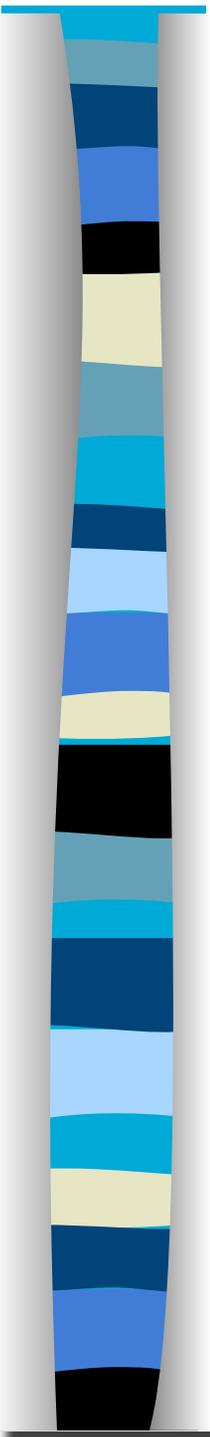
- Sent by email within 5 business days of submitting your application
- You must take the test within 90 days
- Confirmation of test date will be emailed to you



MBLEx Basic Information

Retaking the MBLEx

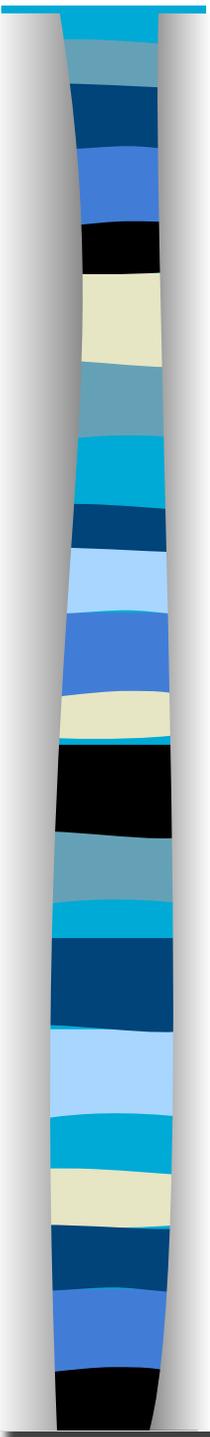
- To retake the MBLEx, you must reapply, including paying \$195 fee
- You must wait 30 days before retaking your MBLEx



MBLEx Basic Information

Scope of the MBLEx

- There are no trick or ambiguous questions
- There may be a small number of questions outside the training of every individual.
- This will vary from person to person depending on one's training.
- The number of these questions, however, is not enough to pose a barrier to passing the MBLEx.
- Qualified candidates who are adequately prepared should pass the examination.



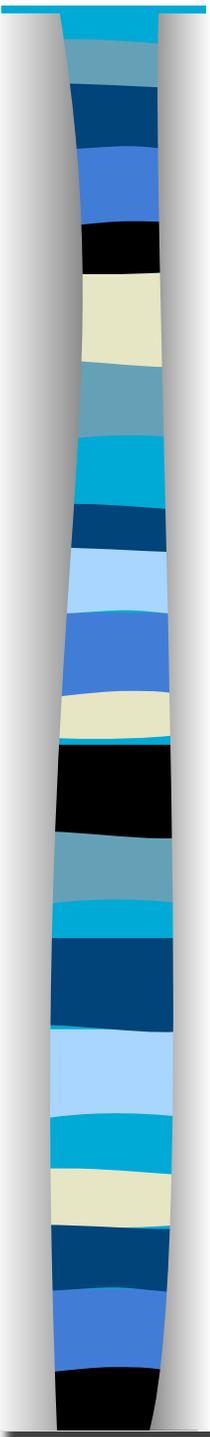
MBLEx Basic Information

- 100 multiple-choice questions
- 2 hours

- 12% - A&P
- 11% - Kinesiology
- 13% - Pathology, contraindications, areas of caution, special populations

- 14% - Benefits and physiological effects of soft tissue techniques
- 17% - Client assessment, reassessment & treatment planning
- 5% - Overview of massage and Bodywork modalities / culture / history

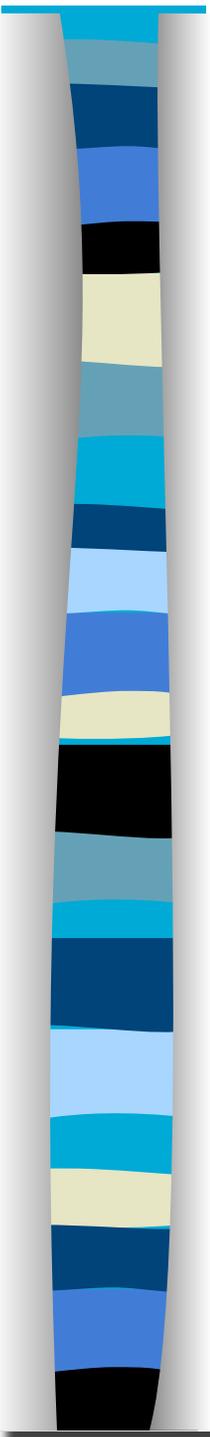
- 15% - Ethics, boundaries, laws, regulations
- 13% - Guidelines for professional practice



MBLEx Basic Information

Development of the MBLEx

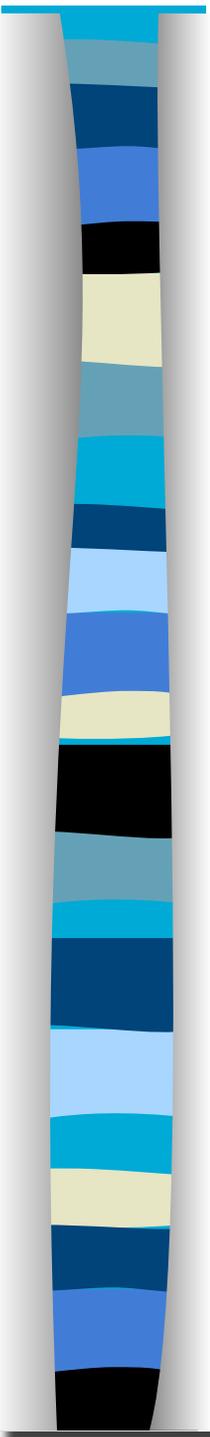
- **Stage 1:** A Job Task Analysis (JTA) is performed. This is an extensive survey of people in the massage therapy industry to create a snapshot of the industry. The results of the JTA paint a picture of the functions performed and knowledge required by those participating in the survey.
- **Stage 2:** Writing, editing, and choosing exam questions (on-going)



MBLEx Basic Information

Computer Adaptive Testing (CAT)

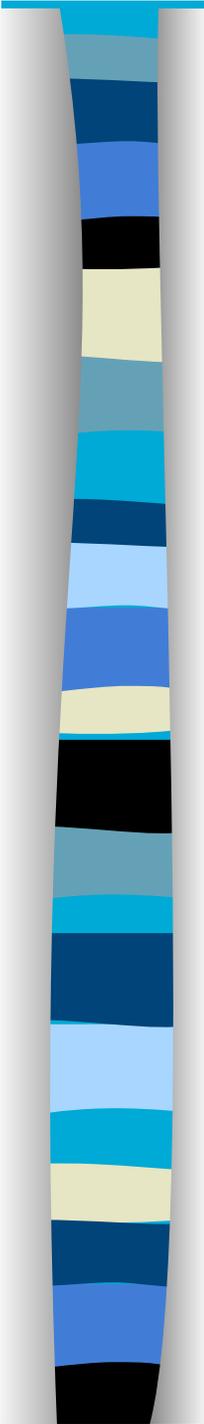
- Each question must be answered in the order presented
- If a question is answered **correctly**, the next question will be slightly **more difficult**
- If a question is answered **incorrectly**, the next question will be slightly **less difficult**
- Each candidate must answer enough difficult questions to achieve a score that is at or above the passing standard
- Scores will no longer be given, only PASS or FAIL



MBLEx Basic Information

Determining the Passing Score for the MBLEx

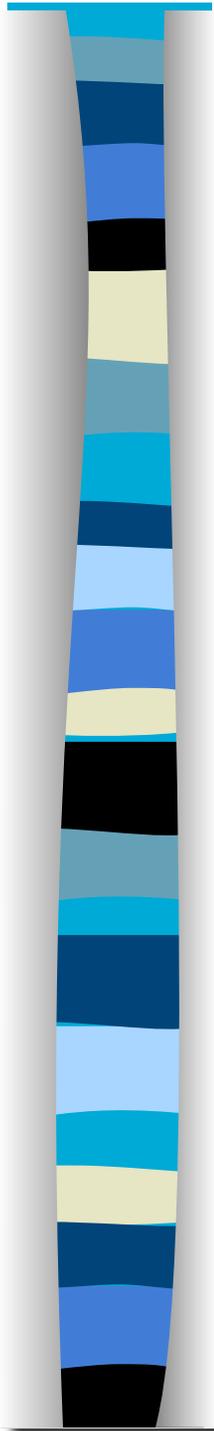
- The Modified Angoff Method is used to determine a passing score.
- Its a statistical procedure for establishing the minimum pass level using the judgment of experts.
- 100 experts give their opinion on exam questions stating “How likely would a minimally competent practitioner answer this question correctly”? Each question is rated.
- These ratings are averaged across all items and across all experts to determine the passing score

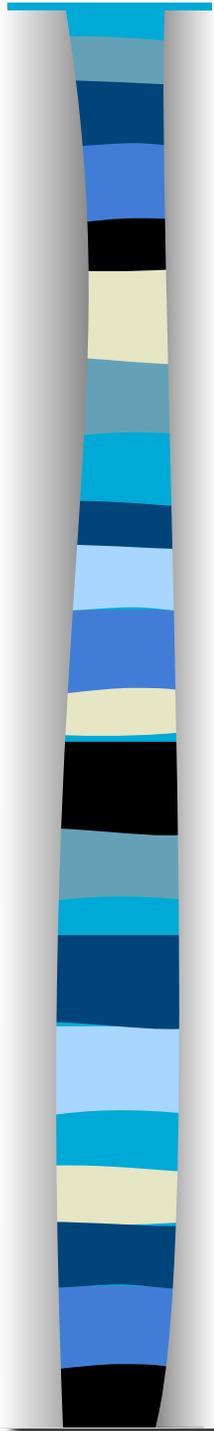


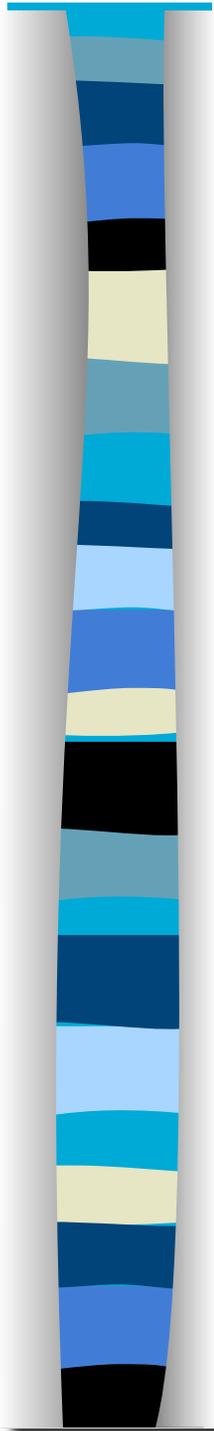
MBLEx Basic Information

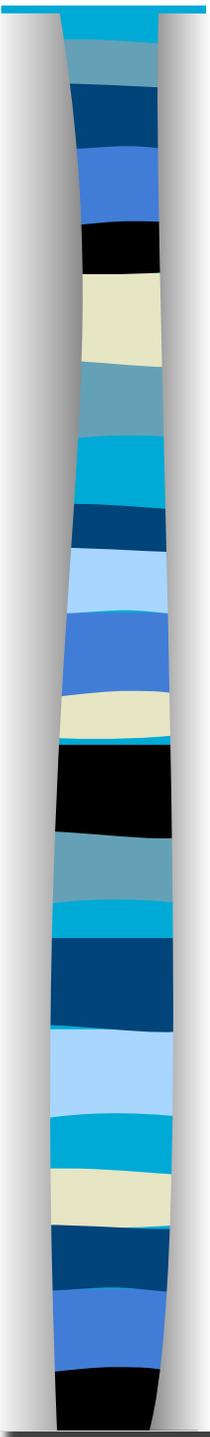
Any Questions?

For more information, go to www.fsmtb.org









Massage Theory

History of Massage

- Timeline 19-34
- People 38-56
- Modalities 69-85
- Written Documents 92-102
- Early Origins 108-138

Research Literacy

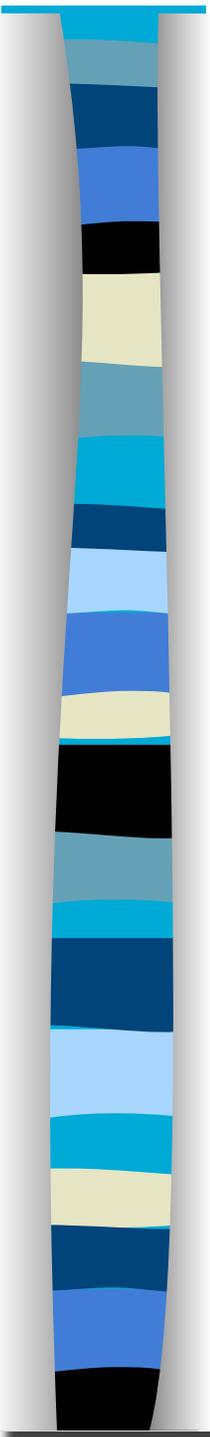
- Basic Terminology 145-155
- Health Care Type 159-165
- Organizations 169-177
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- Research Section 207-219

Benefits and Effects

- Effects 223-269
- Benefits 273-313
- Chemicals 317-345
- Strokes 349-355
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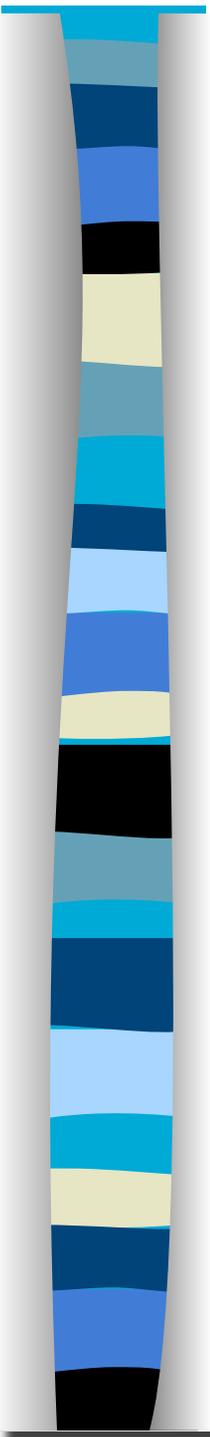
- Endangerment Areas 377-449
- Absolute Contraindications 453-485
- Adaptive Measures / Local Contraindications 489-553
- Indications 557-567
- Miscellaneous 571-581



ABMP Exam Coach

Massage Theory: History of Massage

Time Line

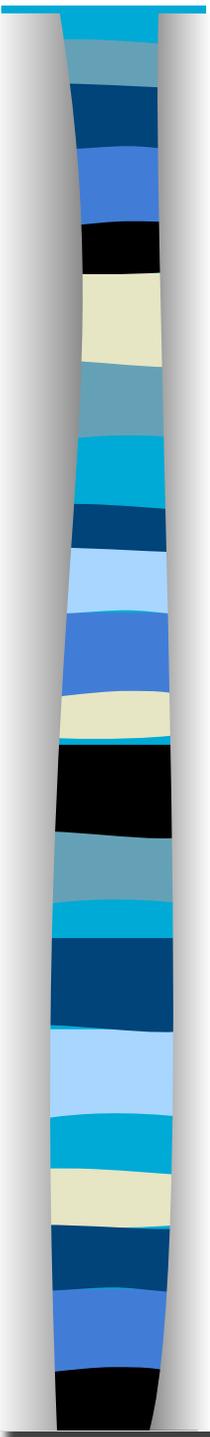


Timeline: 1700-1100 BCE

Ayurveda The traditional medical system of India that developed in India and Sri Lanka more than 5,000 years ago and was written in four texts called "The Vedas." The "Rig Veda," compiled from an earlier oral history between 1700 and 1100 BCE, outlines the main concepts in ayurveda. Ayurveda includes a strong emphasis on manual therapies and massage.

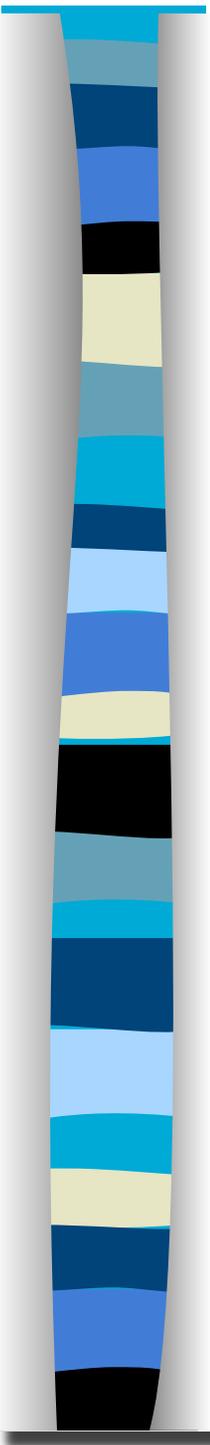
Abhyanga The Sanskrit word for oil massage in the ayurvedic medical system of India.

Ebers Papyrus An ancient document dating to 1550 BCE that contains around 700 formulae and remedies that demonstrate Egypt's advanced understanding of anatomy and pathology.



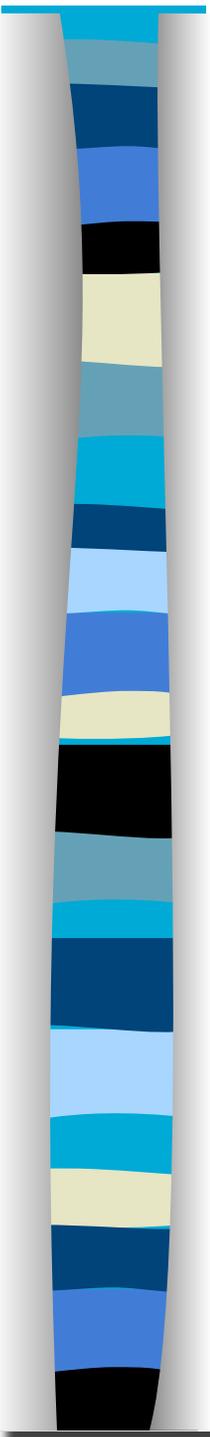
Timeline: 1000 BCE

Yellow Emperor's Classic of Internal Medicine An important early text on Chinese medicine believed to originate as early as 1000 BCE, which provides the philosophical foundation on which Chinese traditional medicine is founded.



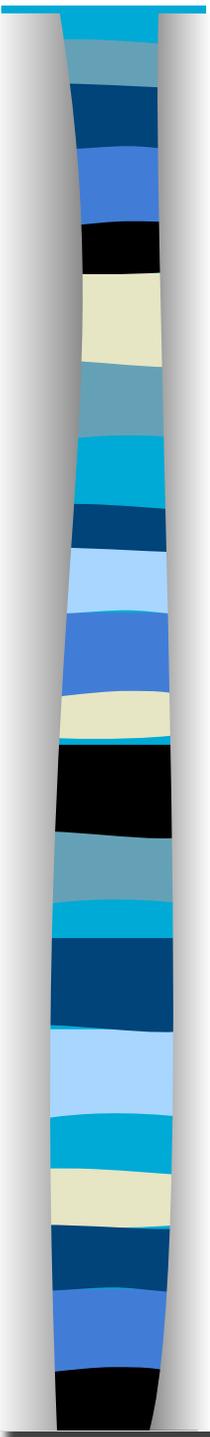
Timeline: 800 BCE - 200 CE

Greek medicine In the early history of medicine, the Greeks are recognized as moving medicine away from magic, ritual, and superstition and toward observation and logical reasoning from 800 BCE to 200 CE.



Timeline: 500-400 BCE

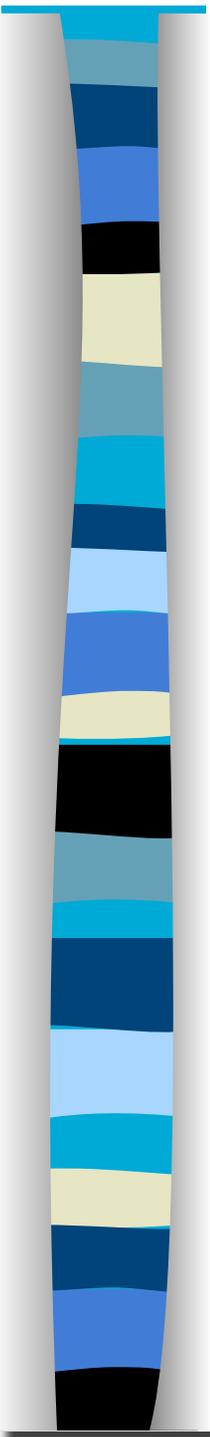
Hippocrates An early Greek physician (460–377 BCE), widely regarded as the "father of Western medicine," because he based his practice on observation, extensive study of anatomy, and rational explanations of symptoms and underlying causes.



Timeline: 100-200 CE

Asclepius (AKA: Asklepios) The Greek god of healing depicted with a staff and single snake that is used today as part of the American Medical Association crest.

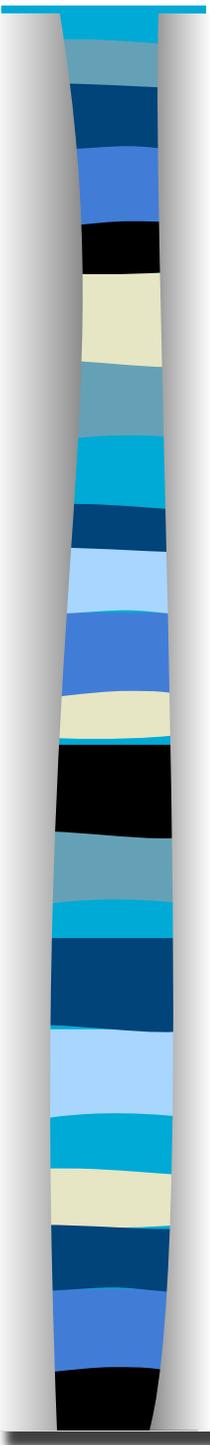
Claudius Galenus (AKA: Galen) A Greek physician (130–200 CE) who built on the theories and medical practices of Hippocrates. He was the first to discover the circulation of blood.



Timeline: 600-1100 CE

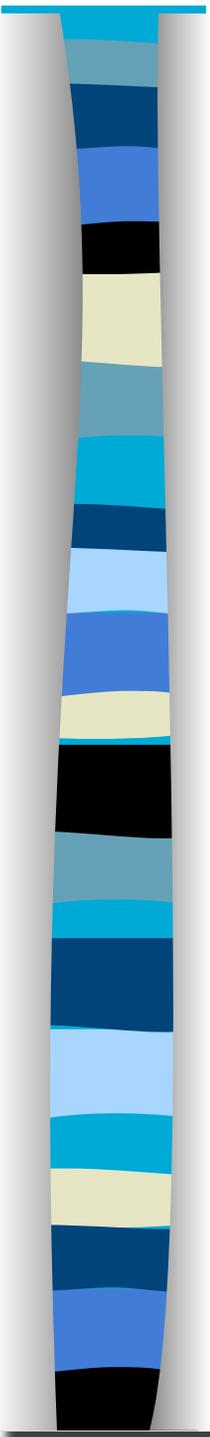
Arab medicine After the fall of Rome in the 5th century, the Arabs preserved Greek and Roman medical knowledge and integrated it with their own understanding. By the 9th century, the Arabs had well-developed pharmacies and an advanced understanding of herbal medicine. Al-Razi (865–925 CE) and Ibn Sina (980–1037) are regarded as great thinkers and clinicians in Arab medicine.

Ibn Sina An Arab physician and philosopher (980–1037 CE) who brought together and organized existing medical knowledge from the Romans, Greeks, and India in a monumental manuscript titled the "Canon of Medicine." It became a highly regarded standard European medical reference for over 500 years.



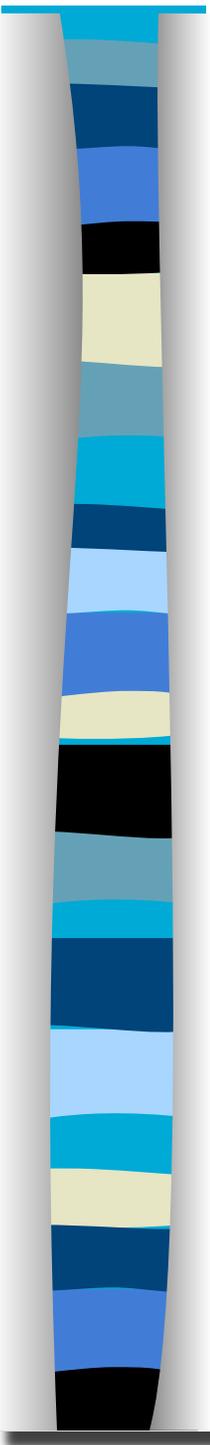
Timeline: 1200 – 1400 CE

Mondino de Liuzzi An Italian anatomist and author (1275–1326 CE) who systemized dissection and published a manual called "Anathomia" (1315), which became a medical textbook that was used by schools for three centuries.



Timeline: 1400 - 1500 CE

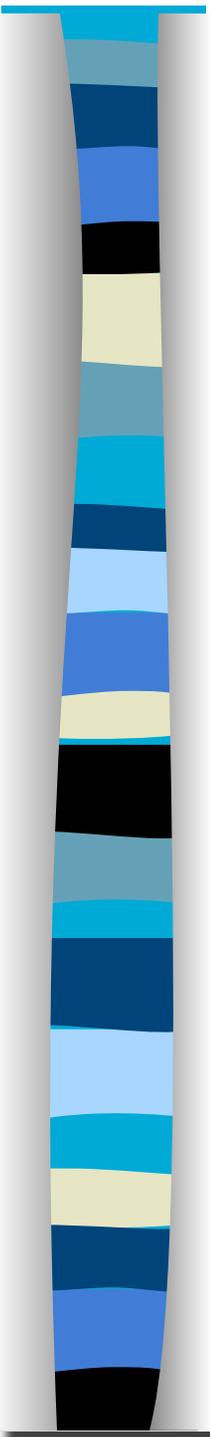
Leonardo da Vinci An Italian painter (1452–1519 CE) who is widely regarded as one of the greatest painters of all time. He advanced anatomy as part of his studies in painting.



Timeline: 1550 - 1600 CE

Andreas Vesalius A Flemish anatomist, born in Brussels (1514–1564 CE) , who wrote "On the Workings of the Human Body" in 1543 and corrected many of the anatomical assertions made by Galen.

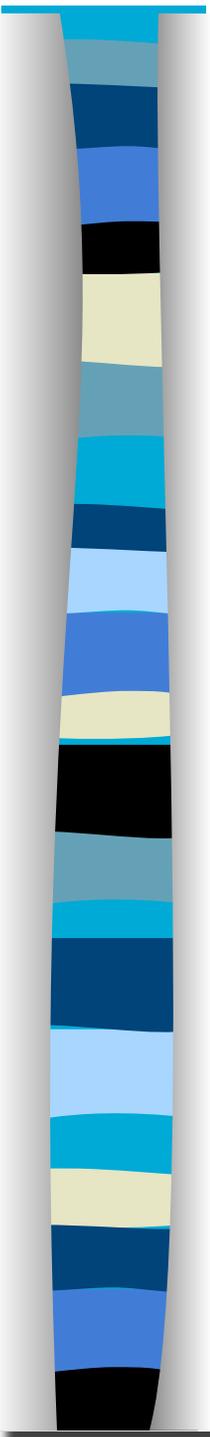
Geronimo Mercuriali An Italian philologist and physician (1530–1606) who explained principles of physical therapy in the "Art of Gymnastics" (1569).



Timeline: 1700 – 1800 CE

Per Henrik Ling A Swedish theologian and fencing master (1776–1839) who developed a structured movement system called the Swedish Movements, building off the work of many other people. Ling's work was integrated with the work of Dutch physician Dr. Johann Mezger, resulting in many of the methods that we now call Swedish massage.

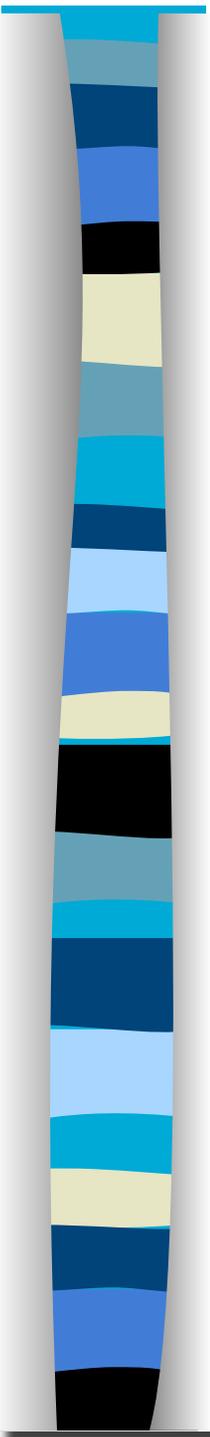
Swedish gymnastics The system developed by Per Henrik Ling that classified movements as "active," "passive," and "active-passive" and formed the basis for modern Swedish massage.



Timeline: 1800 – 1900 CE

Johann Mezger A Dutch physician (1838–1909) who provided the names for passive soft-tissue manipulation in Swedish massage.

John Harvey Kellogg An American physician (1852–1943) who embraced massage as part of a healthy lifestyle and wrote "The Art of Massage, Its Physiological Effects and Therapeutic Applications," which outlined the mechanical, reflexive, and metabolic effects of massage on different body systems.

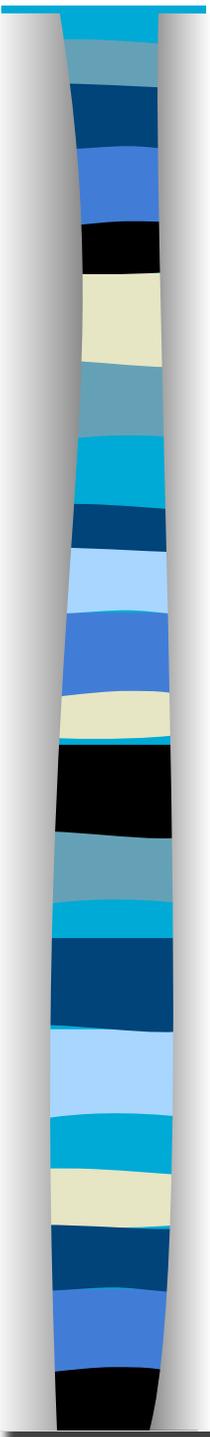


Timeline: 1900-1950 CE

Wilhelm Reich An Austrian psychoanalyst (1897–1957) who studied with Sigmund Freud and is considered the founder of psychotherapeutic body therapies, sometimes called body-mind therapy or somatic therapy. Reich introduced the idea of "body armor" to explain what he called unreleased psychosexual energy that produced physical blocks in muscles and organs. He is the author of a number of books, most notably "Character Analysis" (1933).

Body-mind therapy Also referred to as somatic therapy and introduced by Wilhelm Reich, this therapeutic approach to the body and mind of an individual includes both manual therapy (like massage) and talk therapy (as in psychotherapy).

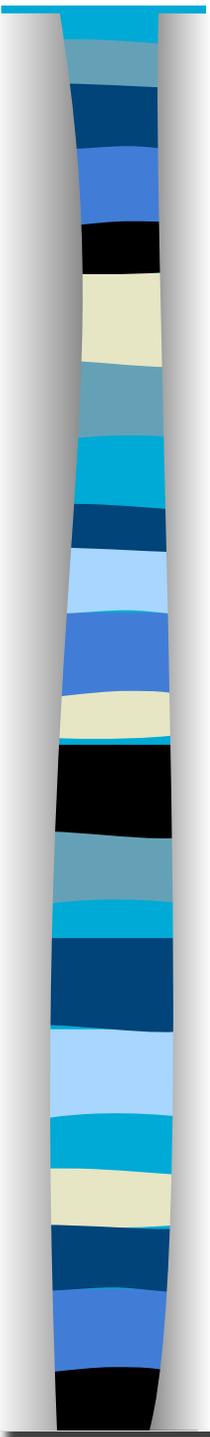
Body armor A term developed by Wilhelm Reich to describe what he called unreleased psychosexual energy that produced physical blocks in muscles and organs.



Timeline: 1960s CE

Human potential movement A spiritual and alternative health movement promoted at the Esalen Institute in California in the 1960s. The movement believed that humans have a large store of untapped creative and intellectual potential that can be improved through spiritual practice and bodywork.

Esalen Institute A center for the exploration of human potential that included spiritual practices like meditation, Buddhism, and yoga, as well as massage and bodywork. It was founded by Michael Murphy and Dick Price in 1962 in Big Sur, California, and is still running as a massage school and human potential center today.

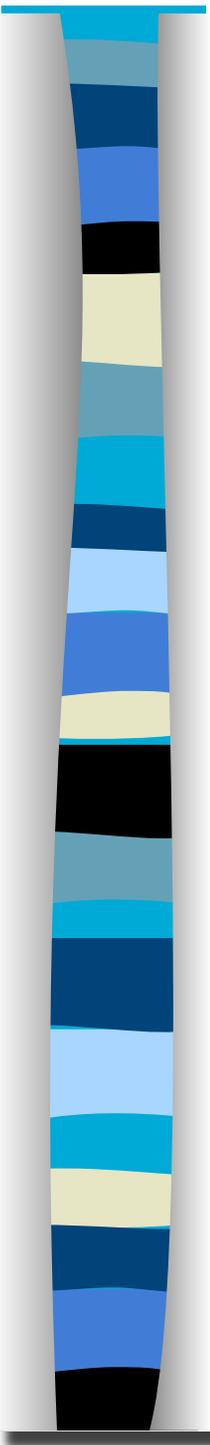


Timeline: 1960s CE

Frances Tappan An American physical therapist (1915–1999) who wrote numerous important books on massage therapy, including "Massage Techniques: A Case Method Approach" (1961). She also helped promote the regulated practice of massage during her lifetime.

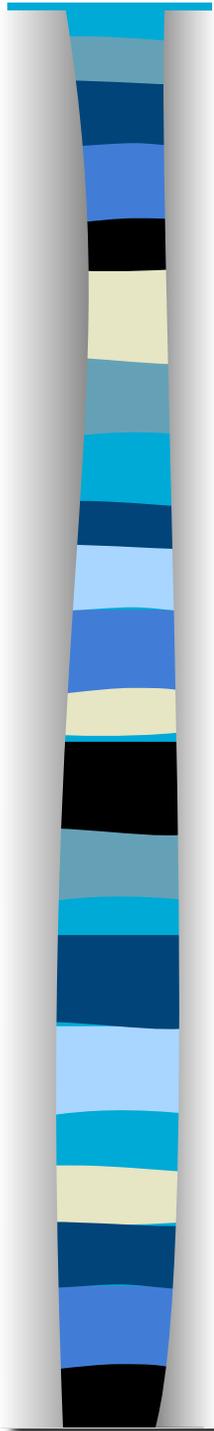
Ida Rolf An American biochemist (1896–1979) who extensively researched musculoskeletal components and developed structural integration. Her methods continue to profoundly influence massage today.

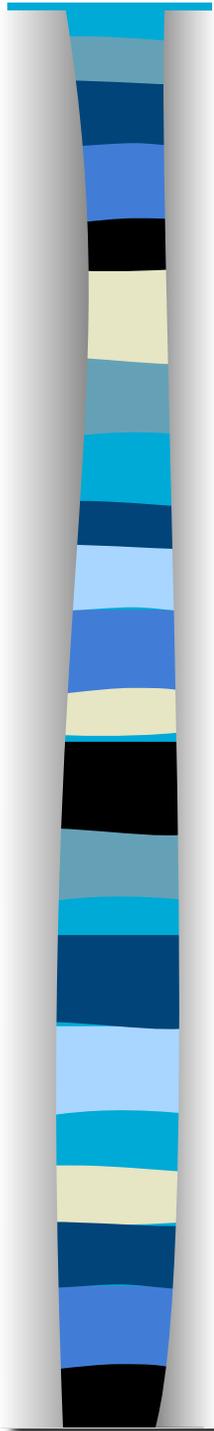
Janet Travell An American physician (1901–1997) who had a special interest in musculoskeletal pain and developed a number of methods for treating muscle pain in her extensive work on trigger points. "The Trigger Point Manual" (that she co-wrote in 1968) continues to profoundly influence massage today.

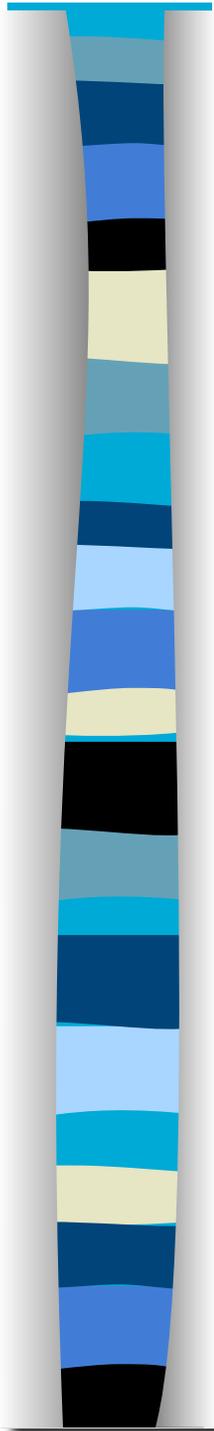


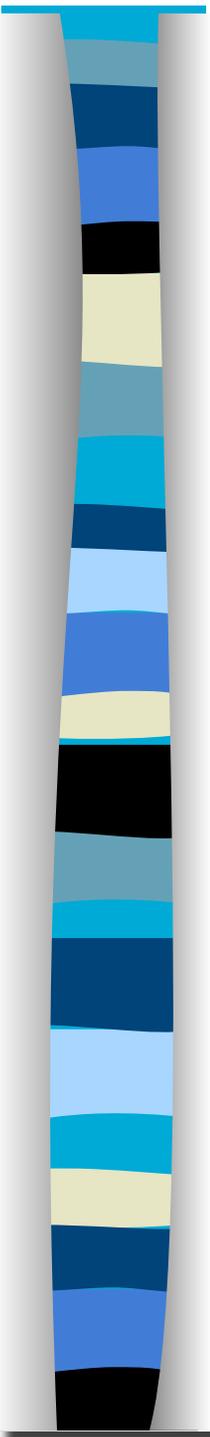
Timeline: 1990s CE

Tiffany Field An American psychologist who founded the Touch Research Institute in 1992 to scientifically prove the benefits of massage.





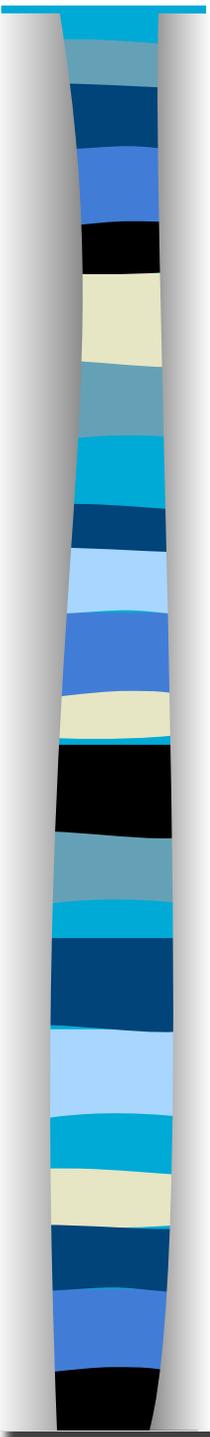




ABMP Exam Coach

Massage Theory: History of Massage

People

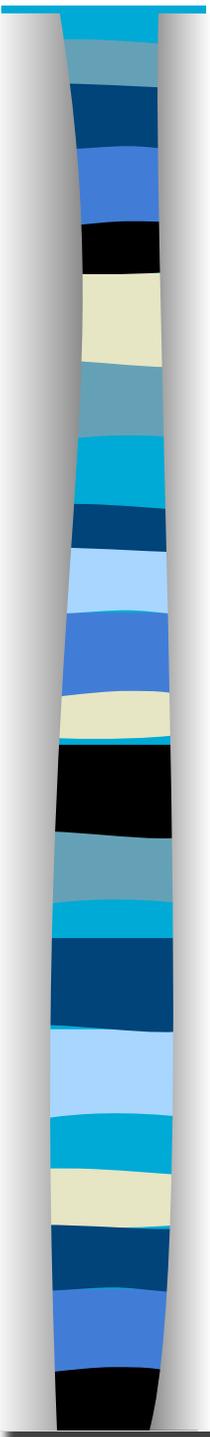


People

The practitioner who wrote "The Art of Massage, Its Physiological Effects and Therapeutic Applications" is:

- A. Dr. Johann Mezger
- B. Per Henrik Ling
- C. Andreas Vesalius
- D. Dr. John Harvey Kellogg

Q

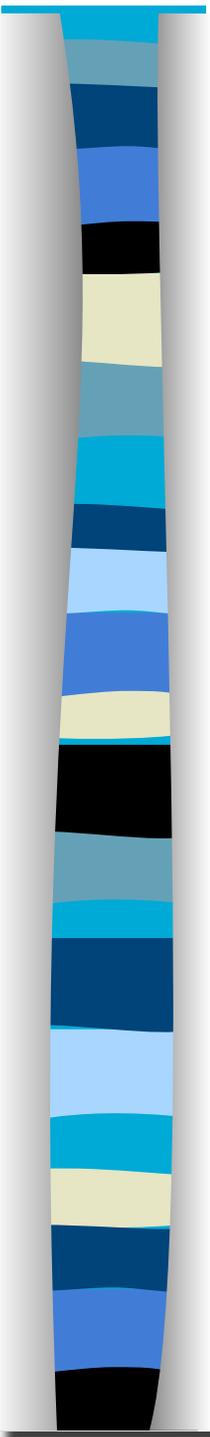


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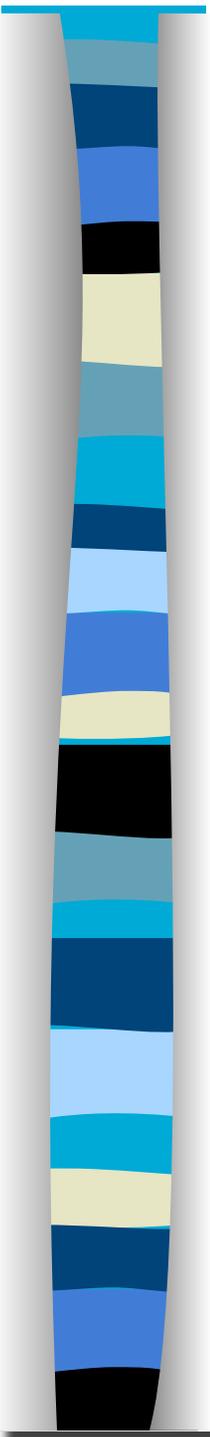


People

Michael Murphy and Dick Price established the Esalen Institute in 1962 in Big Sur, California, as the center for:

- A. The Human Potential Movement
- B. The Mind-Body-Spirit Movement
- C. The Per Henrik Ling Movement
- D. The Psychotherapeutic Body Therapies Movement

Q

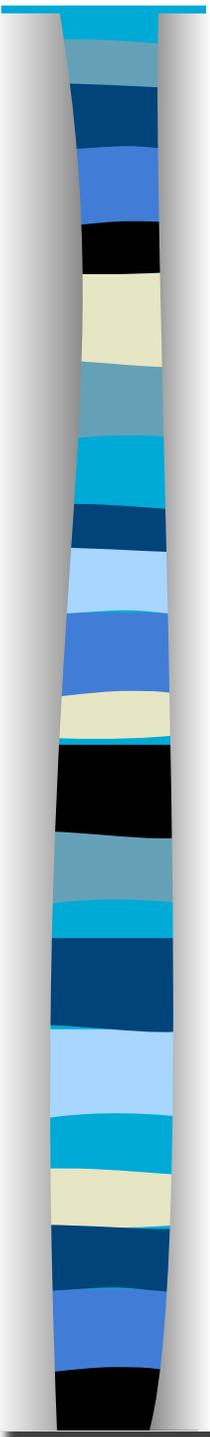


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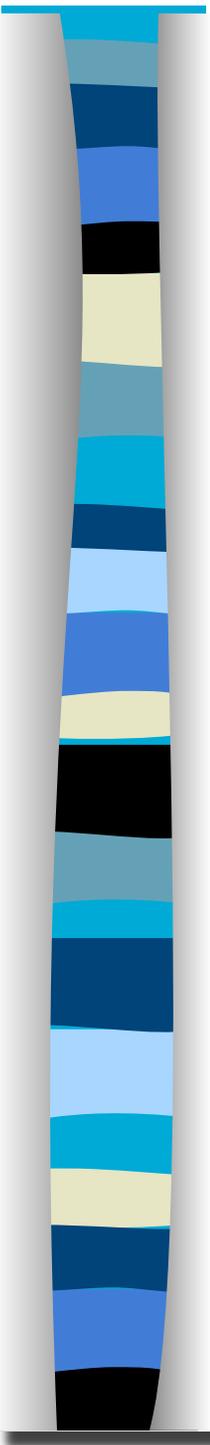


People

Ibn Sina (often called Avicenna) brought together and organized existing medical knowledge from the Romans, Greeks, and India in a manuscript titled:

- A. "Ebers Papyrus"
- B. "Canon of Medicine"
- C. "Chinese Medical Dictionary"
- D. "Chinese Medical Textbook"

Q

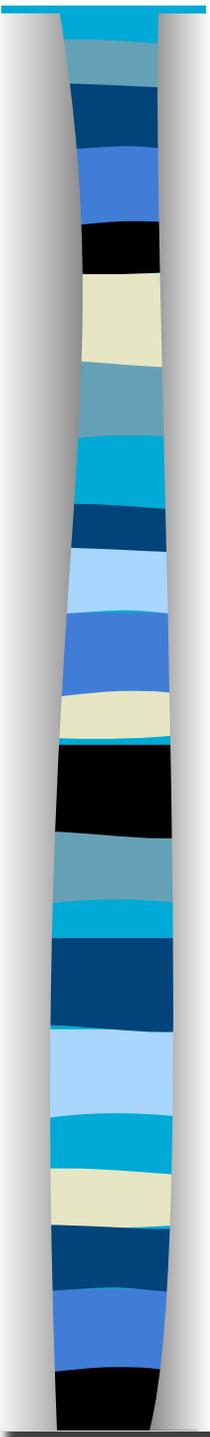


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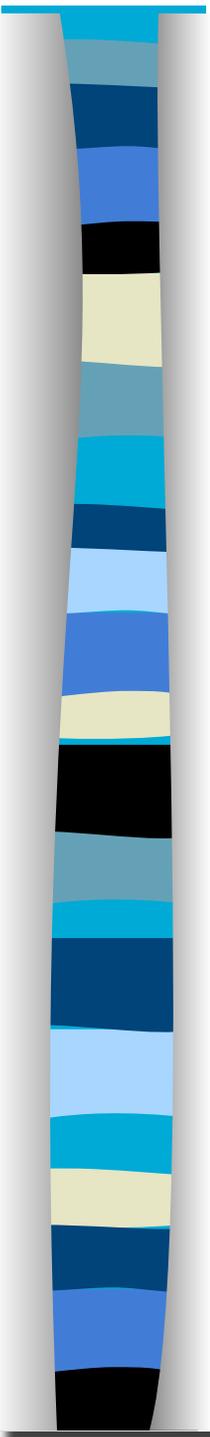


People

This practitioner is considered the founder of psychotherapeutic body therapies, sometimes called body-mind therapy or somatic therapy:

- A. Andreas Vesalius
- B. Geronimo Mercuriali
- C. Mondino de Liuzzi
- D. Wilhelm Reich

Q

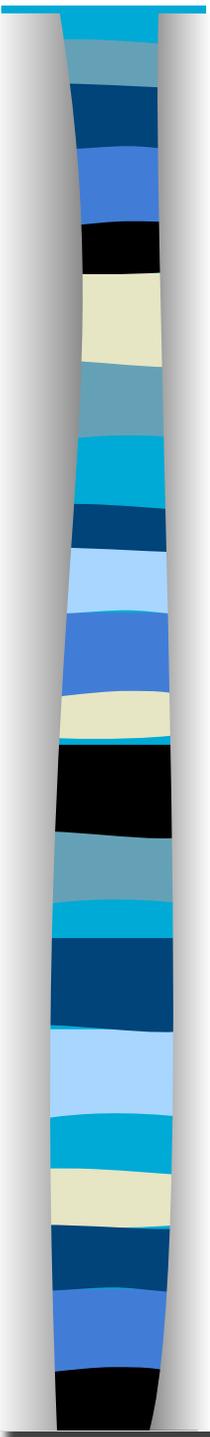


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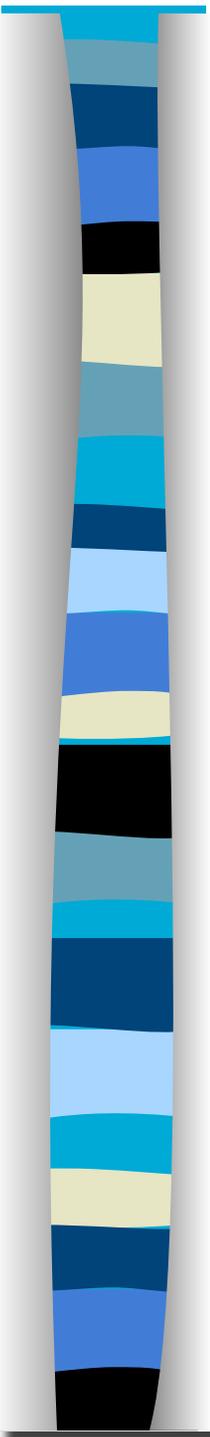


People

From the 1920s to the 1950s, this group—influenced by the work of Florence Nightingale—promoted the use of massage and wrote numerous books about massage therapy:

- A. Massage therapists
- B. Physicians
- C. Nurses
- D. Psychotherapists

Q



People

From the 1920s to the 1950s, this group—influenced by the work of Florence Nightingale—promoted the use of massage and wrote numerous books about massage therapy:

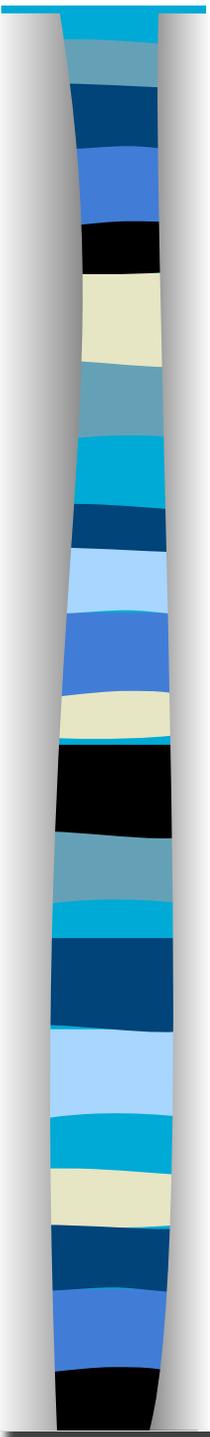
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A

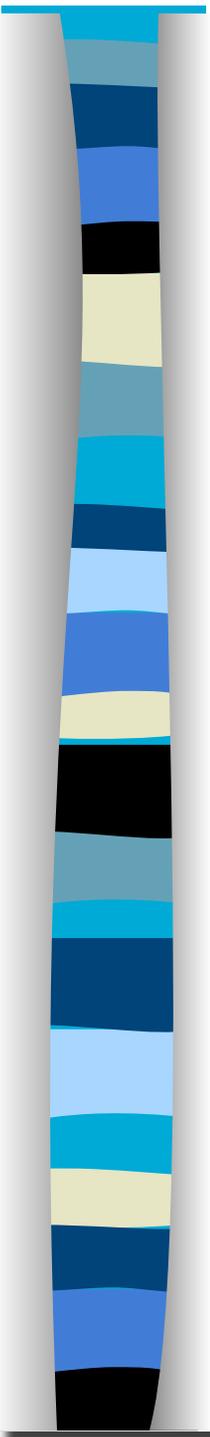


People

Hippocrates (460–377 BCE) is widely regarded as:

- A. The "Father of Psychotherapy"
- B. The "Father of Hydrotherapy"
- C. The "Father of Movement Therapies"
- D. The "Father of Western Medicine"

Q

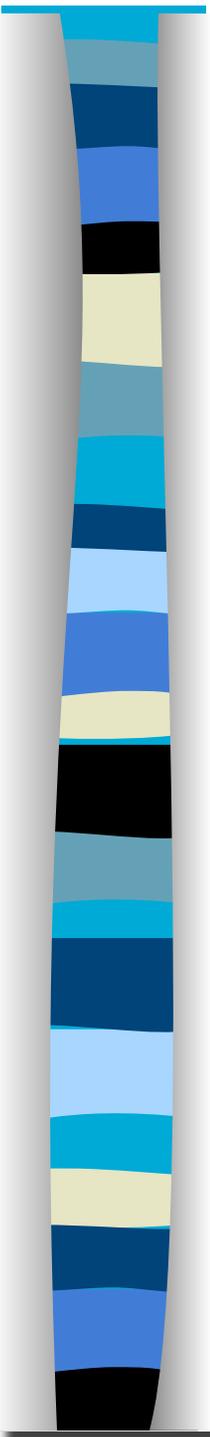


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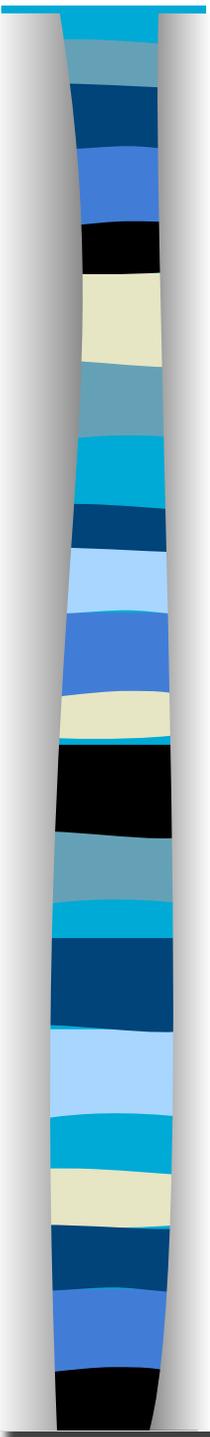


People

Galen (129–200 CE) was a(n):

- A. Arab physician who used massage and hydrotherapy
- B. Greek physician who opposed the use of massage and hydrotherapy
- C. Arab physician who opposed the use of massage and hydrotherapy
- D. Greek physician who used massage and hydrotherapy

Q



People

Galen (129–200 CE) was a(n):

- A. Arab physician who used massage and hydrotherapy
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- D. Greek physician who used massage and hydrotherapy**

A

People

The key proponent of Swedish gymnastics for health was:

- A. Per Henrik Ling
- B. Mondino de Liuzzi
- C. Geronimo Mercuriali
- D. Andreas Vesalius

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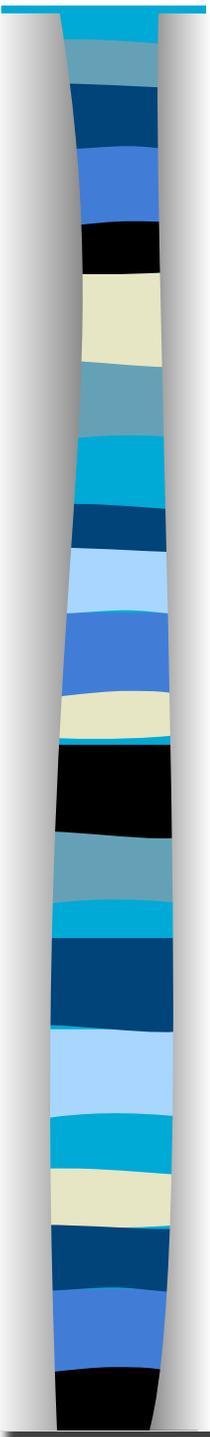
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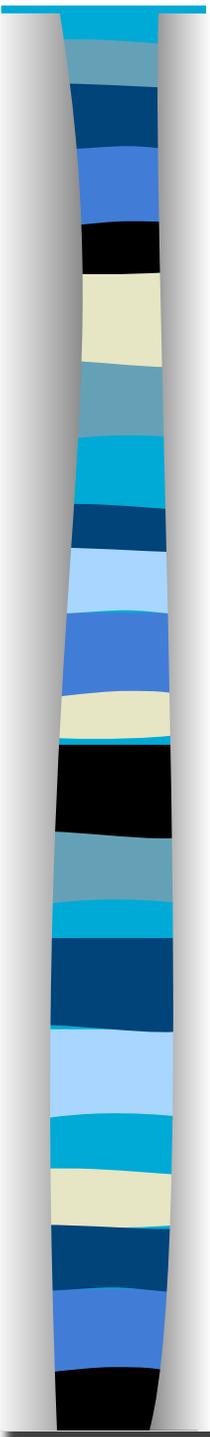


People

John Harvey Kellogg An American physician (1852–1943) who embraced massage as part of a healthy lifestyle and wrote "The Art of Massage, Its Physiological Effects and Therapeutic Applications," which outlined the mechanical, reflexive, and metabolic effects of massage on different body systems.

Human potential movement A spiritual and alternative health movement promoted at the Esalen Institute in California in the 1960s. The movement believed that humans have a large store of untapped creative and intellectual potential that can be improved through spiritual practice and bodywork.

Definitions

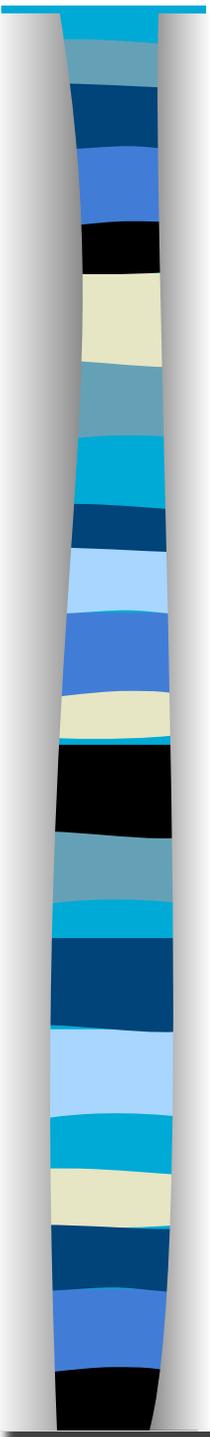


People

Ibn Sina An Arab physician and philosopher (980–1037 CE) who brought together and organized existing medical knowledge from the Romans, Greeks, and India in a monumental manuscript titled the "Canon of Medicine." It became a highly regarded standard European medical reference for over 500 years.

Wilhelm Reich An Austrian psychoanalyst (1897–1957) who studied with Sigmund Freud and is considered the founder of psychotherapeutic body therapies, sometimes called body-mind therapy or somatic therapy. Reich introduced the idea of "body armor" to explain what he called unreleased psychosexual energy that produced physical blocks in muscles and organs. He is the author of a number of books, most notably "Character Analysis" (1933).

Definitions

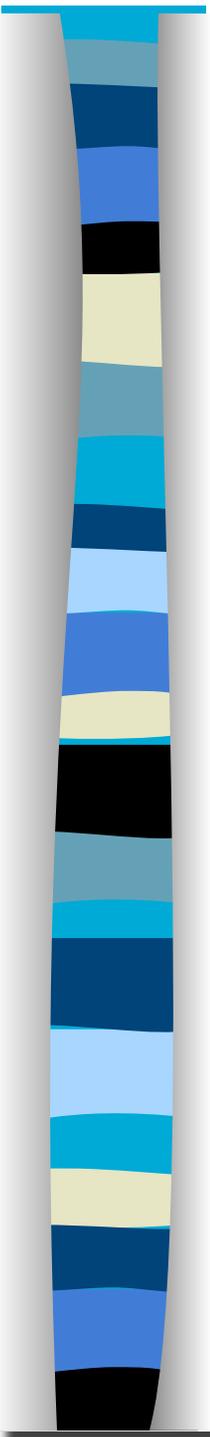


People

Hippocrates An early Greek physician (460–377 BCE), widely regarded as the "father of Western medicine," because he based his practice on observation, extensive study of anatomy, and rational explanations of symptoms and underlying causes.

Claudius Galenus A Greek physician (130–200 CE), also known as Galen, who built on the theories and medical practices of Hippocrates. He was the first to discover the circulation of blood.

Definitions

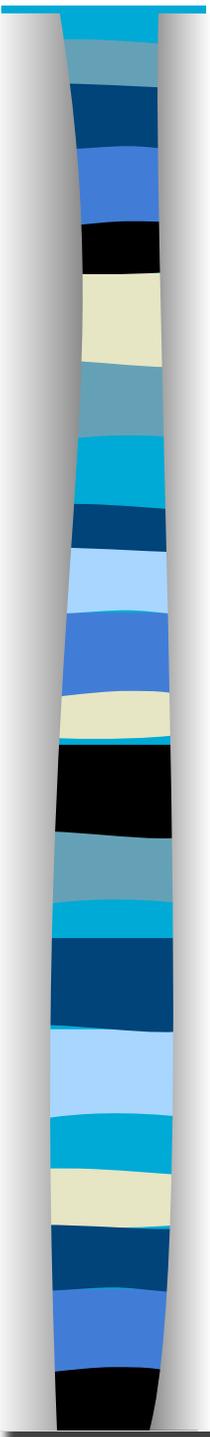


People

Per Henrik Ling A Swedish theologian and fencing master (1776–1839) who developed a structured movement system called the Swedish Movements, building off the work of many other people. Ling's work was integrated with the work of Dutch physician Dr. Johann Mezger, resulting in many of the methods that we now call Swedish massage.

Johann Mezger A Dutch physician (1838–1909) who provided the names for passive soft-tissue manipulation in Swedish massage.

Definitions

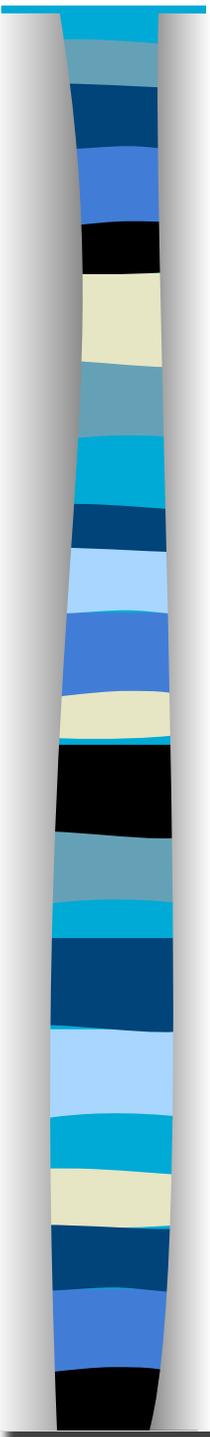


People

Andreas Vesalius A Flemish anatomist, born in Brussels (1514–1564 CE) , who wrote "On the Workings of the Human Body" in 1543 and corrected many of the anatomical assertions made by Galen.

Asclepius The Greek god of healing (also known as Asklepios) depicted with a staff and single snake that is used today as part of the American Medical Association crest.

Definitions

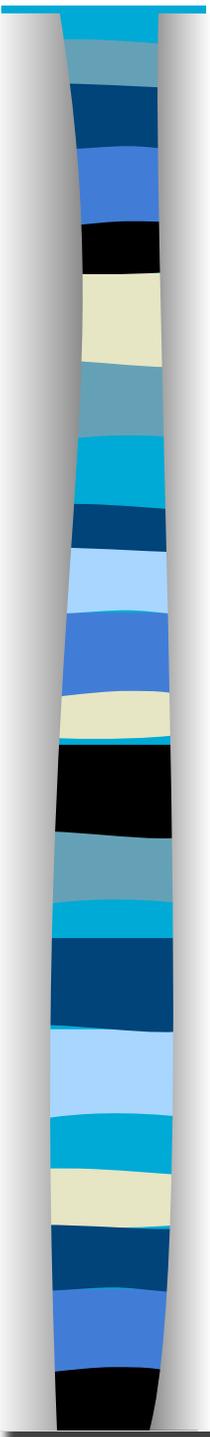


People

Frances Tappan An American physical therapist (1915–1999) who wrote numerous important books on massage therapy, including "Massage Techniques: A Case Method Approach" (1961). She also helped promote the regulated practice of massage during her lifetime.

Geronimo Mercuriali An Italian philologist and physician (1530–1606) who explained principles of physical therapy in the "Art of Gymnastics" (1569).

Definitions

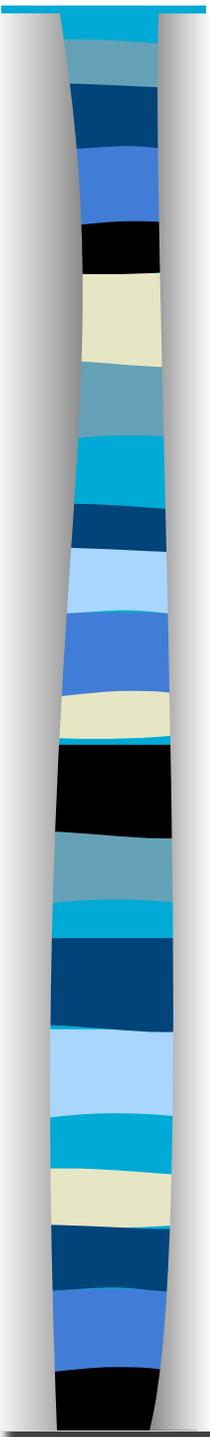


People

Ida Rolf An American biochemist (1896–1979) who extensively researched musculoskeletal components and developed structural integration. Her methods continue to profoundly influence massage today.

Janet Travell An American physician (1901–1997) who had a special interest in musculoskeletal pain and developed a number of methods for treating muscle pain in her extensive work on trigger points. "The Trigger Point Manual" (that she co-wrote in 1968) continues to profoundly influence massage today.

Definitions

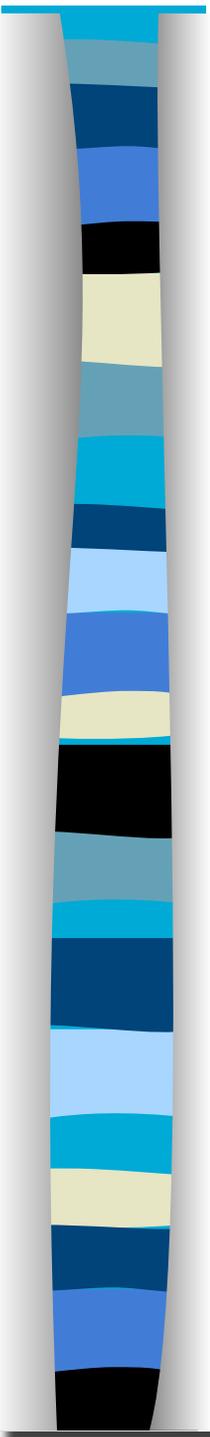


People

Leonardo da Vinci An Italian painter (1452–1519 CE) who is widely regarded as one of the greatest painters of all time. He advanced anatomy as part of his studies in painting.

Mondino de Liuzzi An Italian anatomist and author (1275–1326 CE) who systemized dissection and published a manual called "Anathomia" (1315), which became a medical textbook that was used by schools for three centuries.

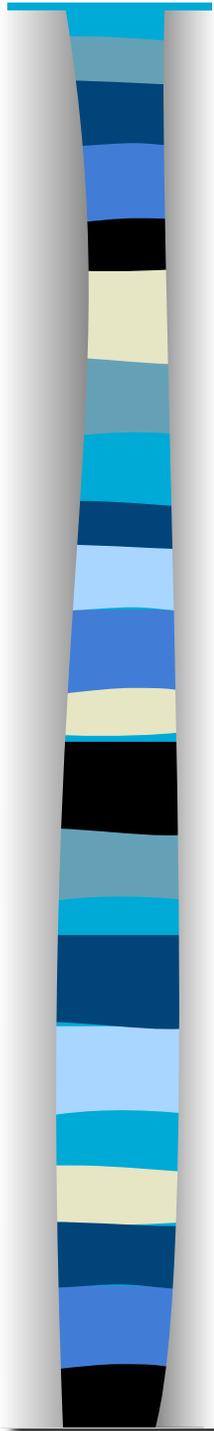
Definitions

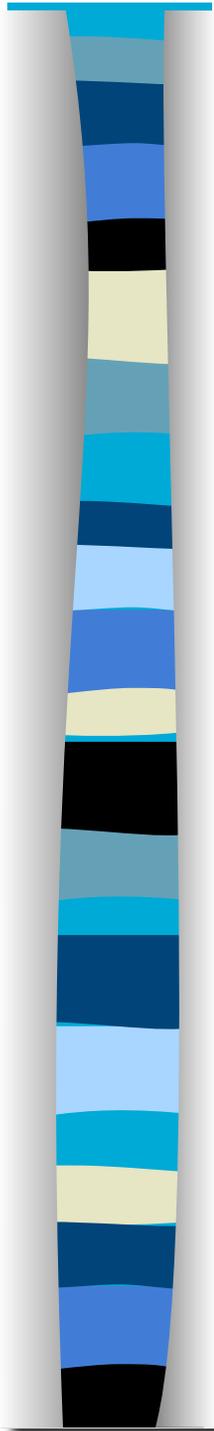


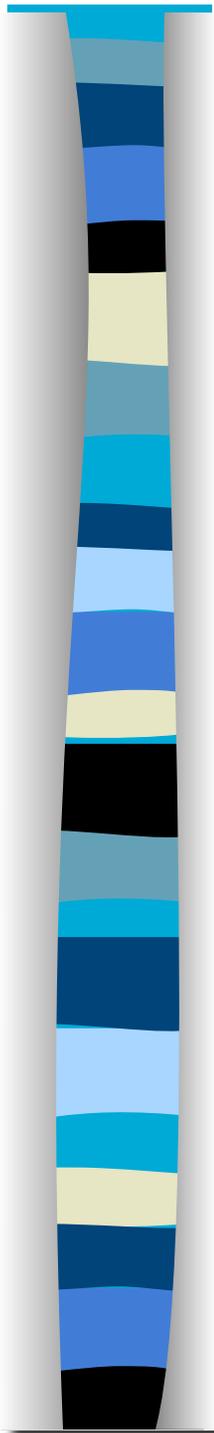
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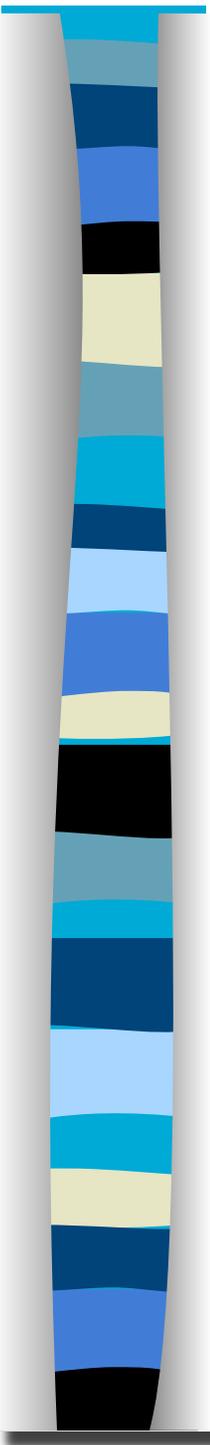
Tiffany Field An American psychologist who founded the Touch Research Institute in 1992 to scientifically prove the benefits of massage.

Definitions





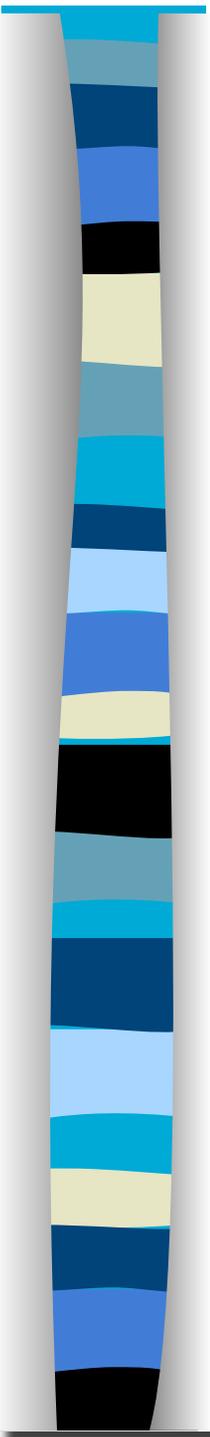




ABMP Exam Coach

Massage Theory: History of Massage

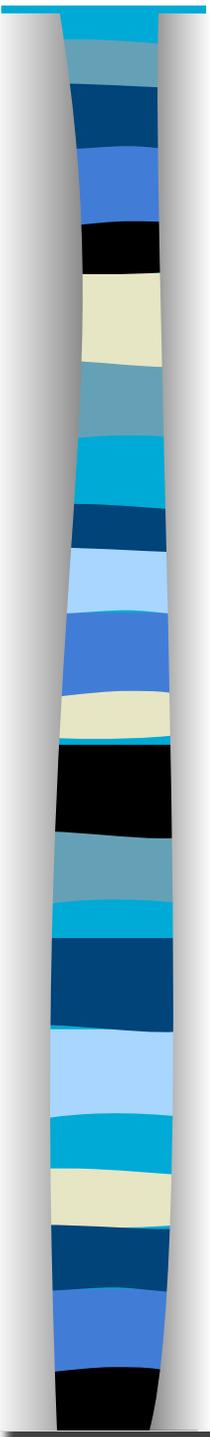
Modalities



Modalities

Thai medicine has four traditional elements including:

- A. Herbal medicine
- B. Surgery
- C. Roman hydrotherapy
- D. Mud bathing

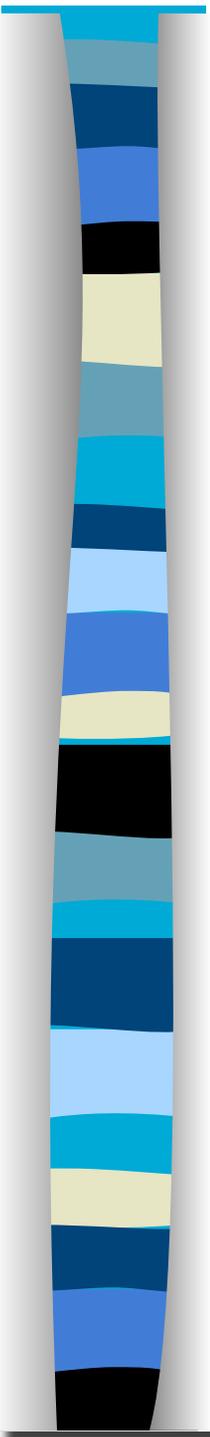


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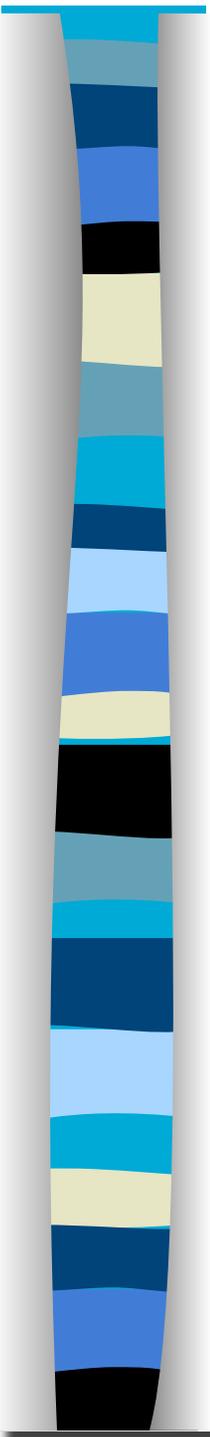


Modalities

A massage provided to decrease stress, promote relaxation, and support the body's natural restorative mechanisms is defined as:

- A. Orthopedic massage
- B. Wellness massage
- C. Health-care massage
- D. Animal massage

Q

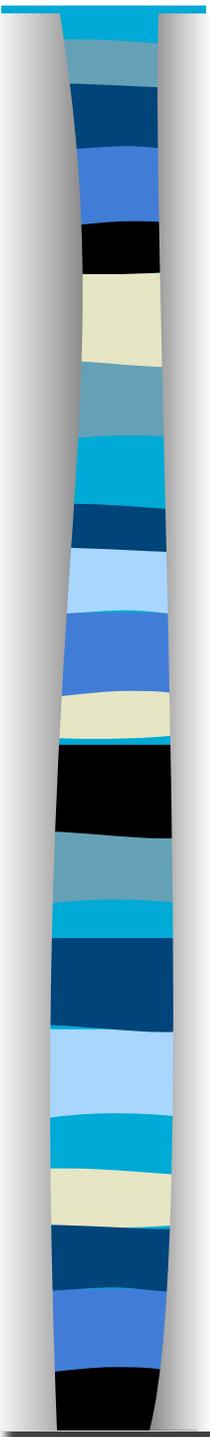


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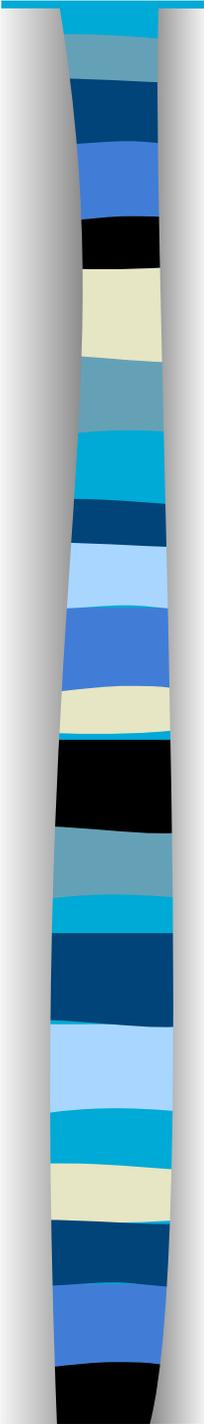


Modalities

A massage provided to address chronic soft-tissue holding patterns, soft-tissue injury, or chronic pain is defined as:

- A. Spa massage
- B. Health-care massage
- C. Stress management massage
- D. Wellness massage

Q

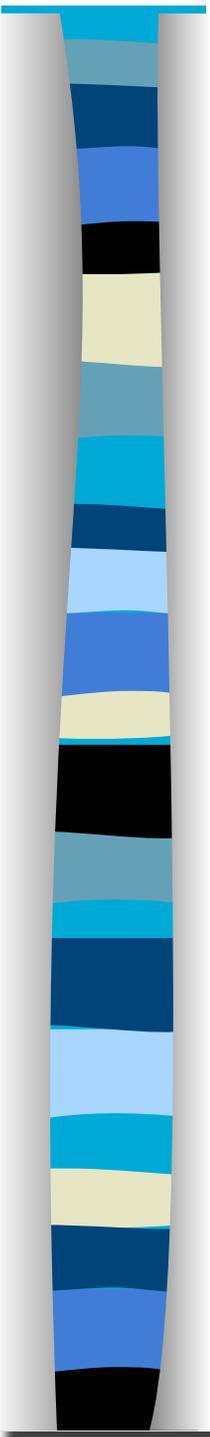


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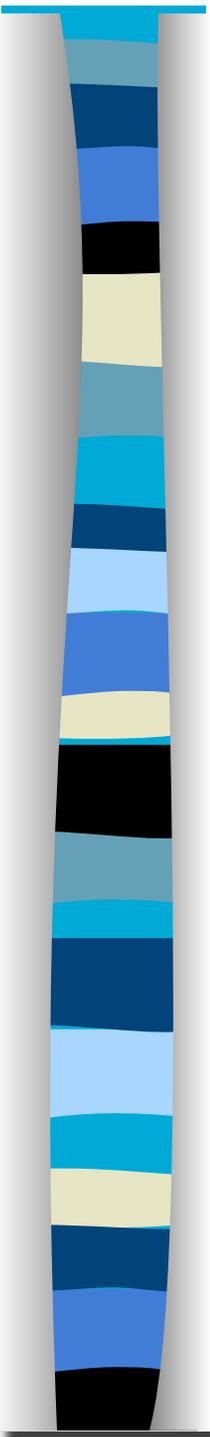


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Passive treatment in this massage system includes terms like effleurage, petrissage, and tapotement:

- A. Neuromuscular therapy
- B. Swedish massage
- C. Eastern massage
- D. Myofascial release

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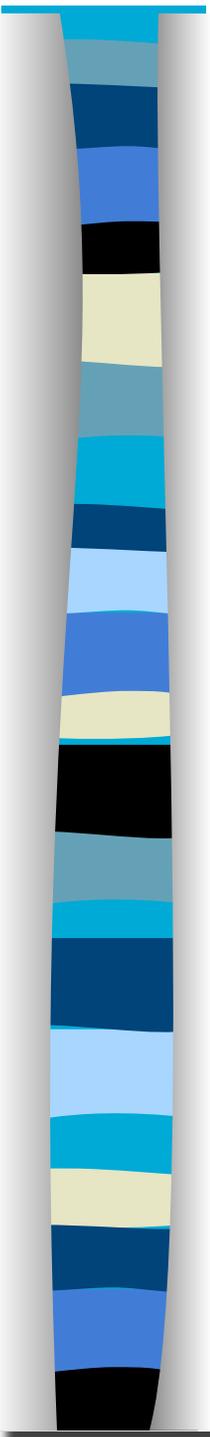


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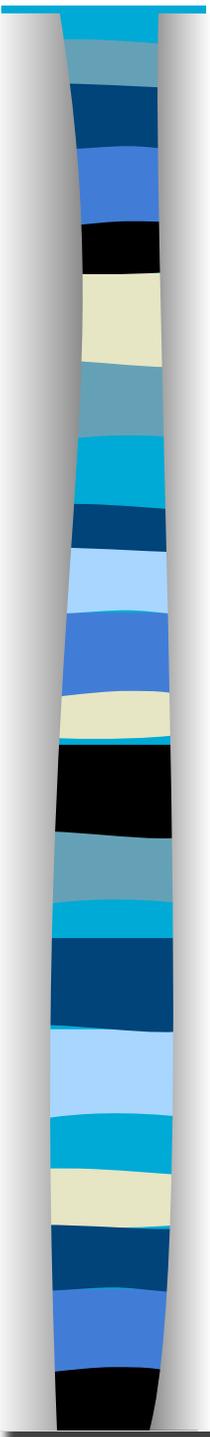


Modalities

In Swedish gymnastics, this type of movement was performed under the direction of an attendant and was basically an exercise routine:

- A. Active
- B. Passive
- C. Passive-Resisted
- D. Active-Passive

Q



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Modalities

Abhyanga is the Sanskrit word for:

- A. Pita massage
- B. Kapha massage
- C. Gel massage
- D. Oil massage

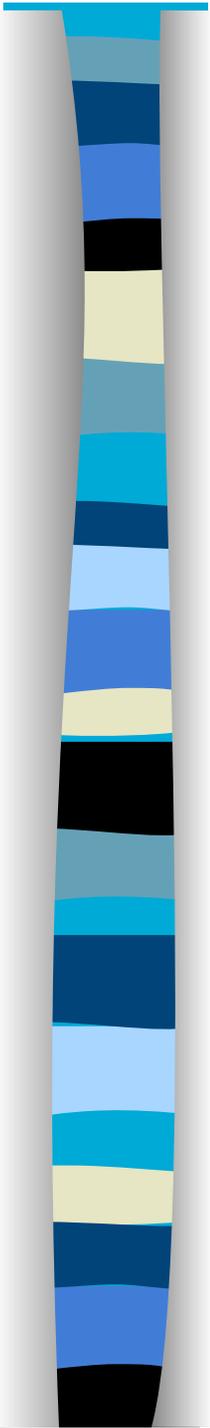
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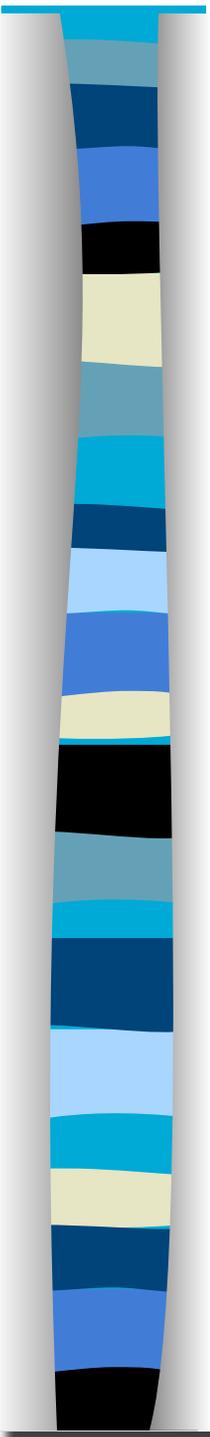
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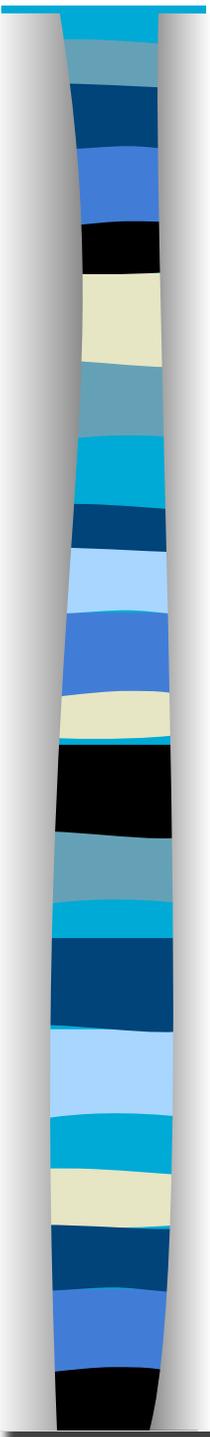




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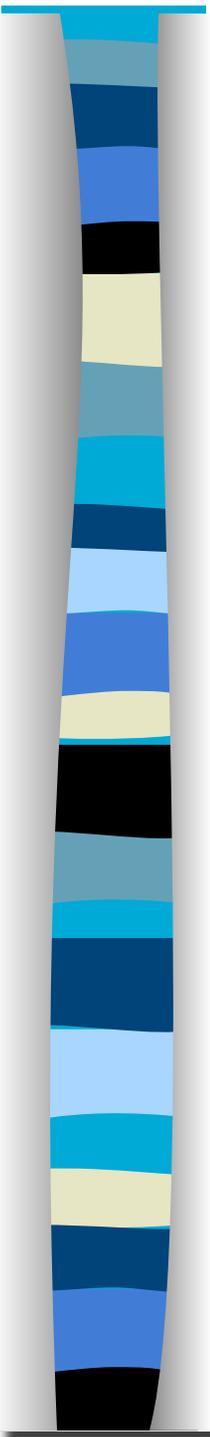


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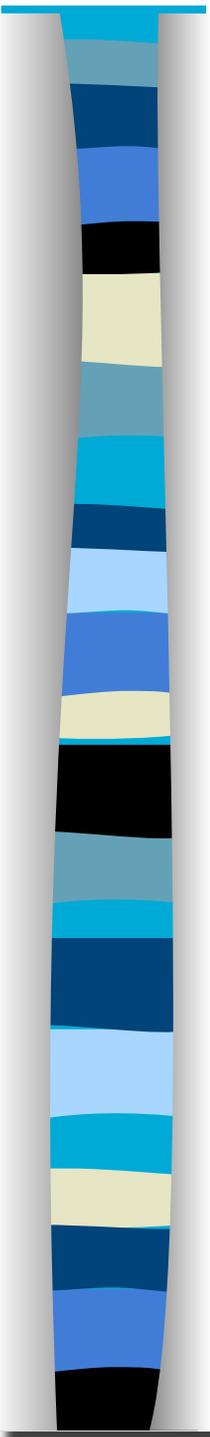


Modalities

One of the primary reasons contemporary clients seek out massage therapy is for:

- A. Hydrotherapy
- B. Manual lymphatic drainage
- C. Pain relief
- D. Professional sports massage

Q

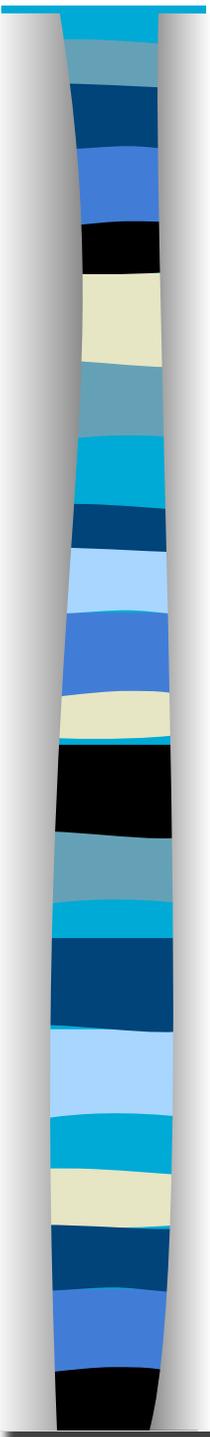


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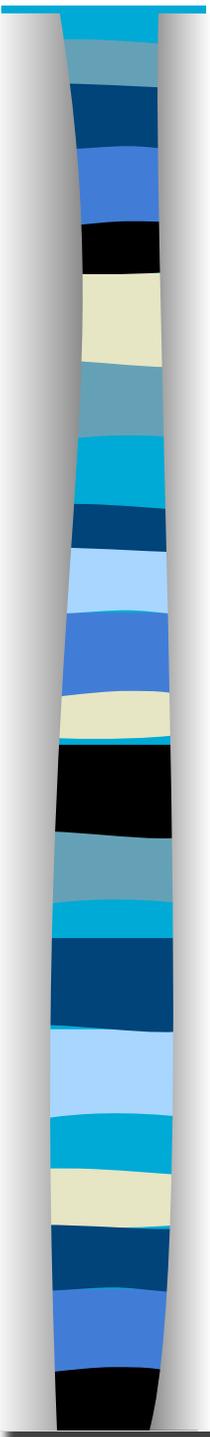


Modalities

Wellness-oriented massage Massage performed in wellness- or relaxation-oriented environments to facilitate stress reduction, relaxation, or wellness.

Health-care-oriented massage A massage provided to address chronic soft-tissue holding patterns, soft-tissue injury, or chronic pain. It also refers to massage provided in medical settings to provide comfort, therapeutic change, or condition management under the supervision of a physician.

Definitions

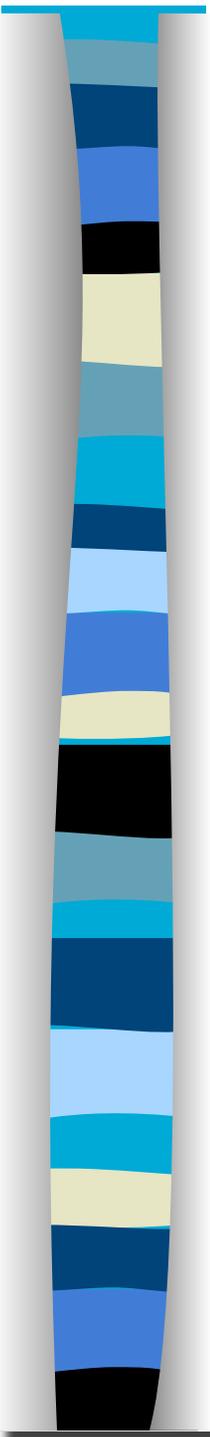


Modalities

Swedish gymnastics The system developed by Per Henrik Ling that classified movements as "active," "passive," and "active-passive" and formed the basis for modern Swedish massage.

Abhyanga The Sanskrit word for oil massage in the ayurvedic medical system of India.

Definitions

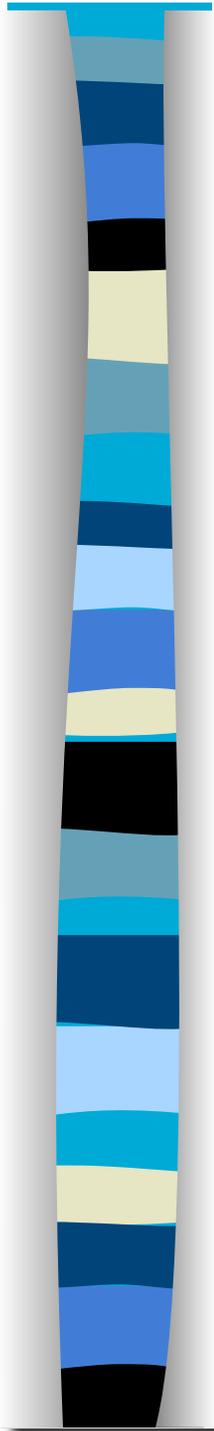


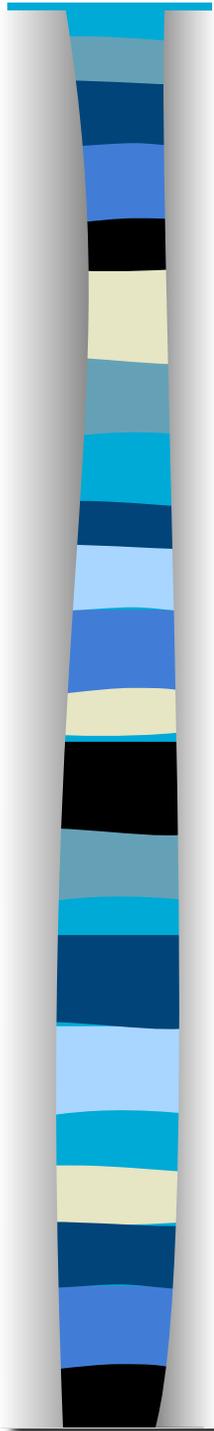
Modalities

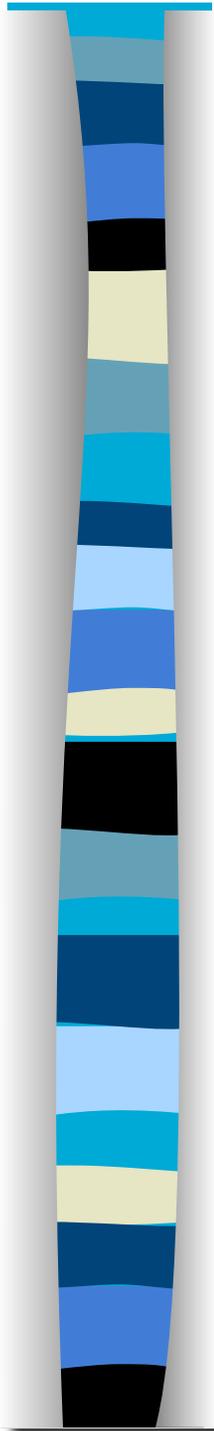
Ayurveda The traditional medical system of India that developed in India and Sri Lanka more than 5,000 years ago and was written in four texts called "The Vedas." The "Rig Veda," compiled from an earlier oral history between 1700 and 1100 BCE, outlines the main concepts in ayurveda. Ayurveda includes a strong emphasis on manual therapies and massage.

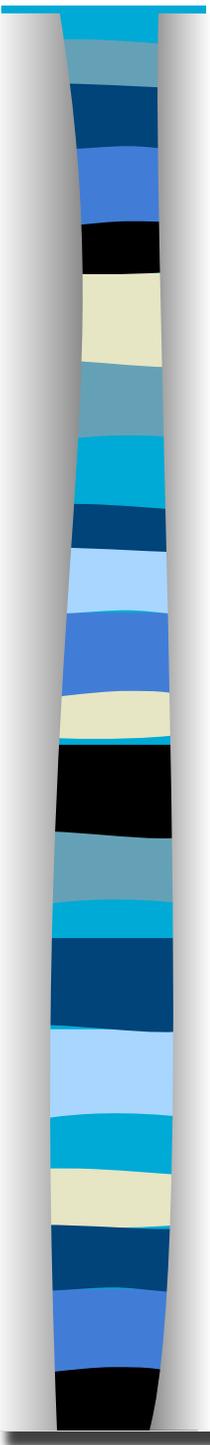
Body-mind therapy Also referred to as somatic therapy and introduced by Wilhelm Reich, this therapeutic approach to the body and mind of an individual includes both manual therapy (like massage) and talk therapy (as in psychotherapy).

Definitions





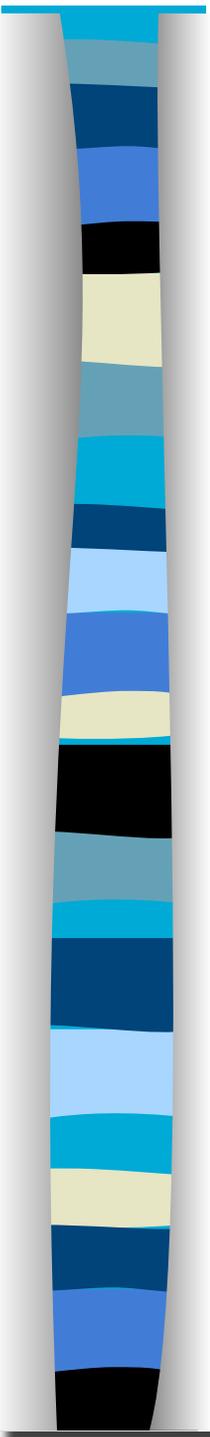




ABMP Exam Coach

Massage Theory: History of Massage

Written Documents

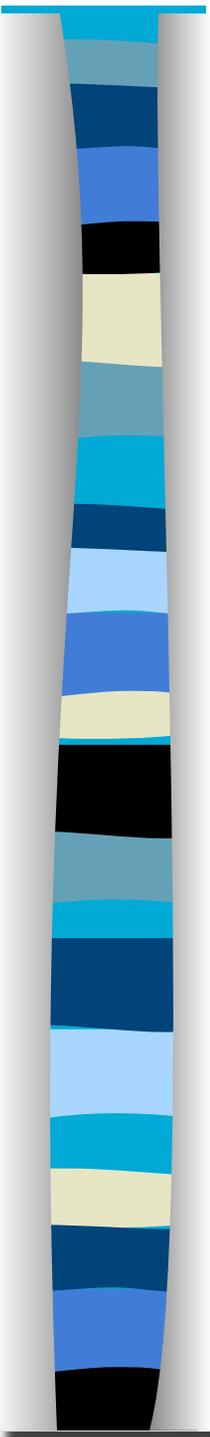


Written Documents

The Egyptians documented their medical practices on a type of paper called:

- A. Patter
- B. Papyrus
- C. Tabloid
- D. Daphne

Q

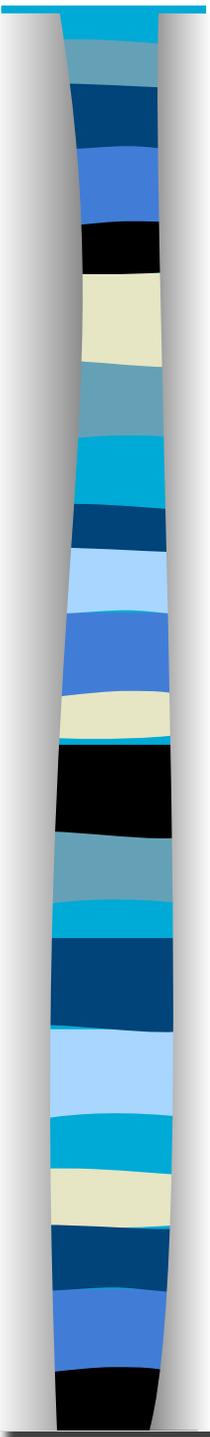


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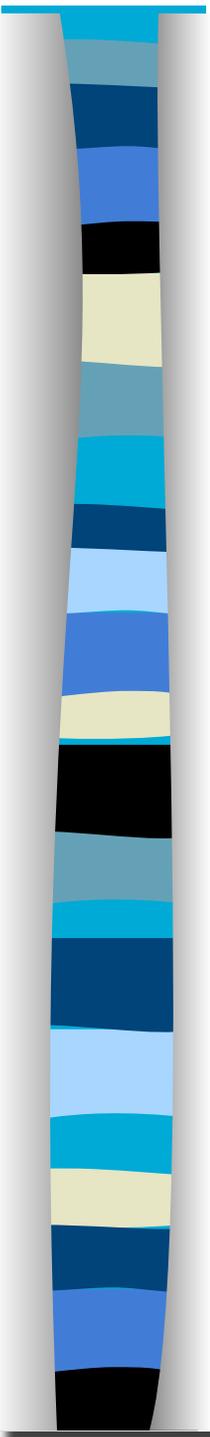


Written Documents

The "Ebers Papyrus" is important to medical history because it:

- A. Demonstrates India's advanced understanding of anatomy and pathology
- B. Demonstrates South America's advanced understanding of anatomy and pathology
- C. Demonstrates Egypt's advanced understanding of anatomy and pathology
- D. Demonstrates China's advanced understanding of anatomy and pathology

Q

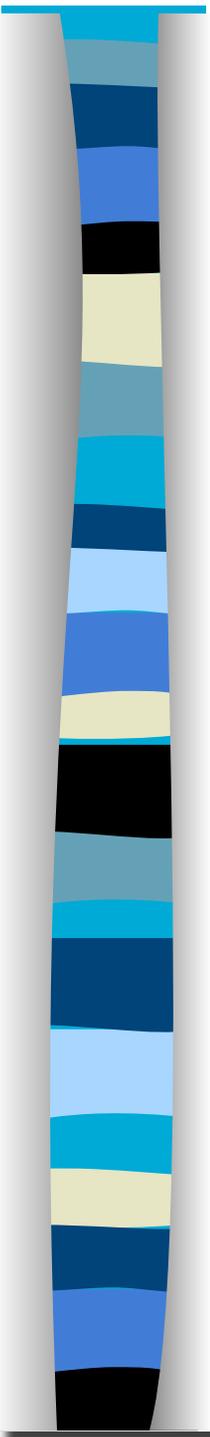


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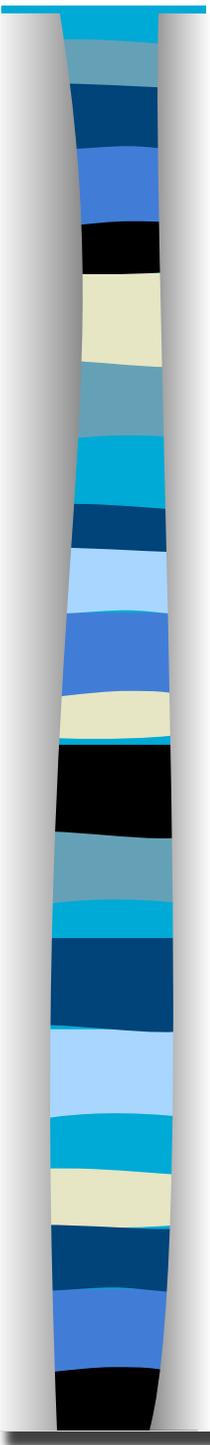


Written Documents

Important early textbooks on Chinese medicine include:

- A. "Yellow Emperor's Classic of Internal Medicine"
- B. "Rig Veda"
- C. "Golden Emperor's Classic of Internal Medicine"
- D. "Ebers Papyrus"

Q

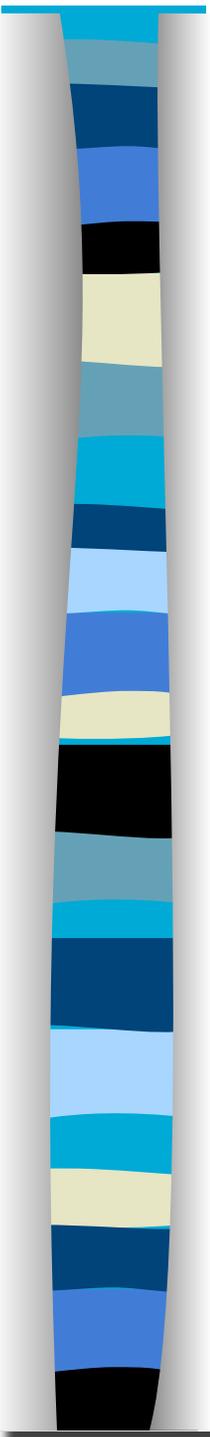


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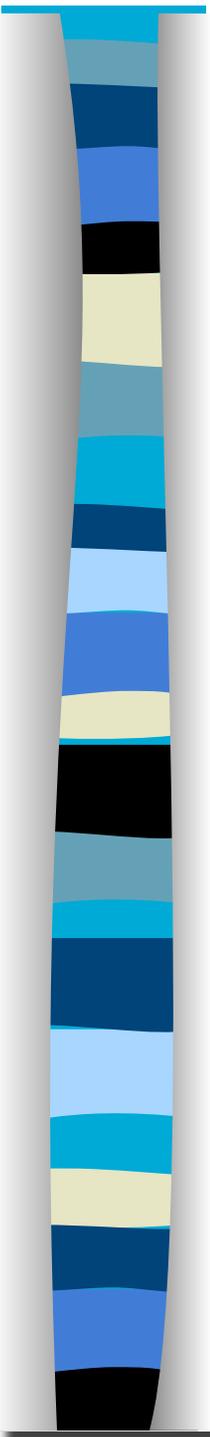


Written Documents

One key textbook of ayurvedic medicine is:

- A. "Chinese Medical Textbook"
- B. "Rig Veda"
- C. "Ebers Papyrus"
- D. "The Canon of Medicine"

Q

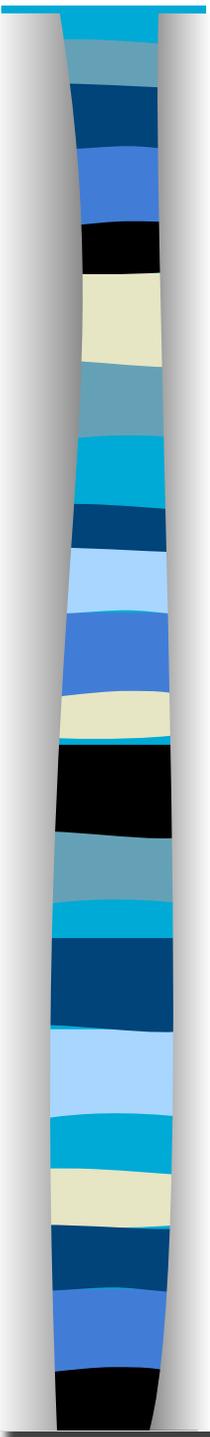


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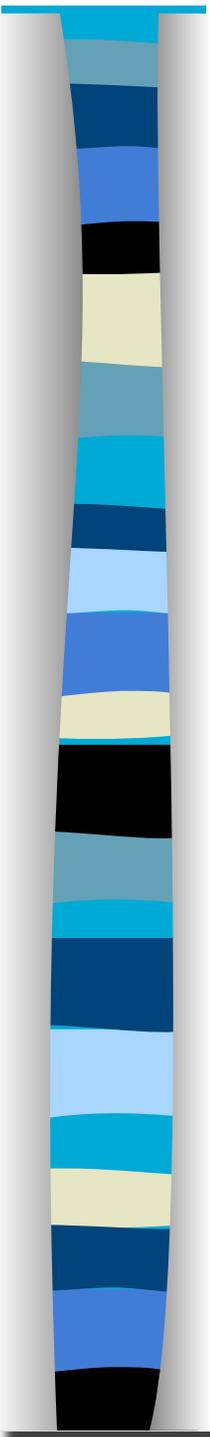


Written Documents

"Character Analysis" (1933), written by Wilhelm Reich, introduced this group of therapies in America:

- A. Physical therapies
- B. Mind therapies
- C. Energetic therapies
- D. Body-mind therapies

Q

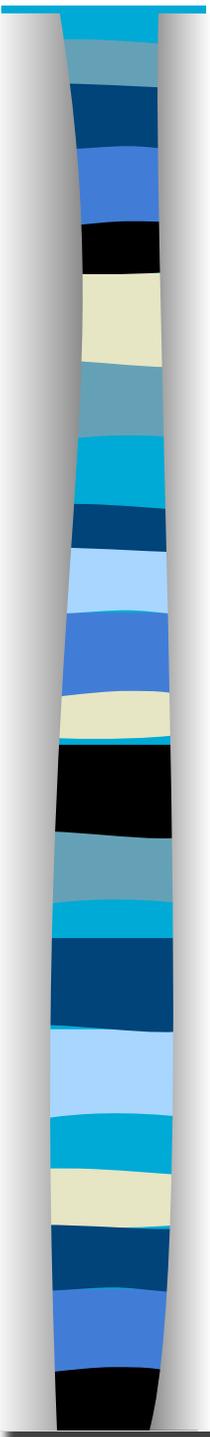


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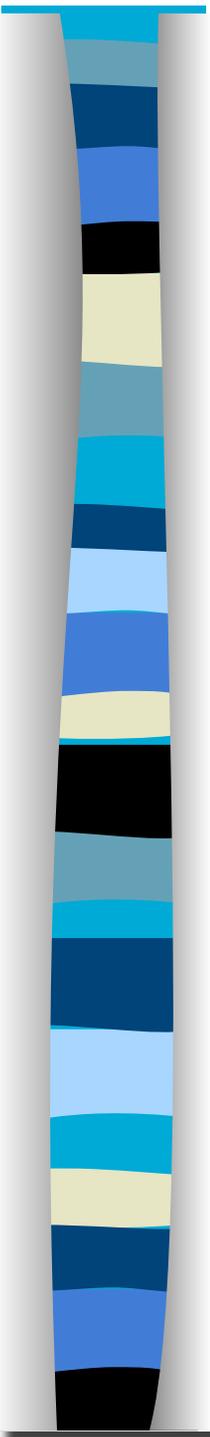


Written Documents

"Ebers Papyrus" An ancient document dating to 1550 BCE that contains around 700 formulae and remedies that demonstrate Egypt's advanced understanding of anatomy and pathology.

"Yellow Emperor's Classic of Internal Medicine" An important early text on Chinese medicine believed to originate as early as 1000 BCE, which provides the philosophical foundation on which Chinese traditional medicine is founded.

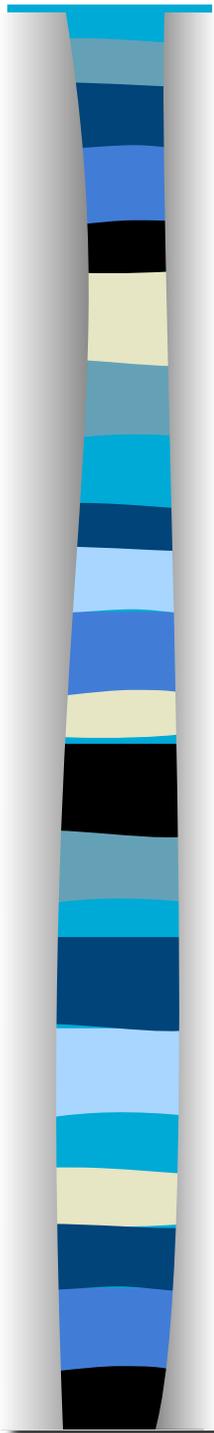
Definitions

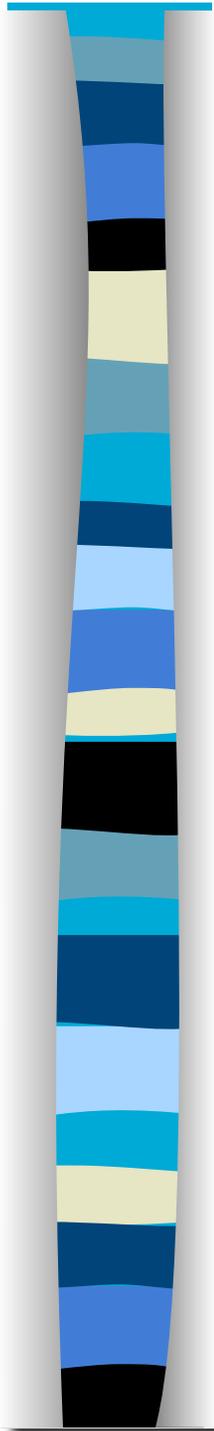


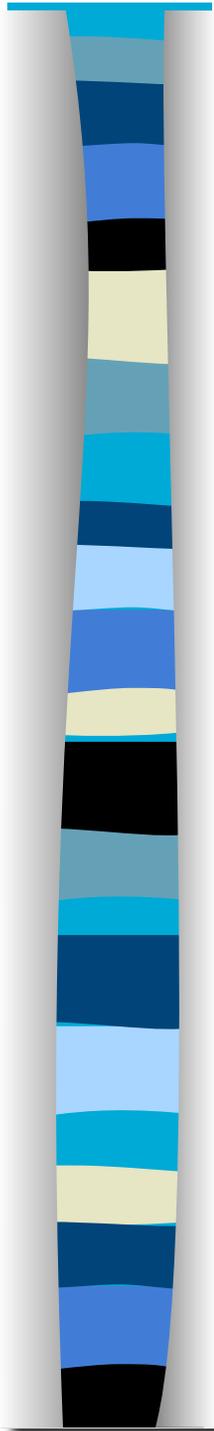
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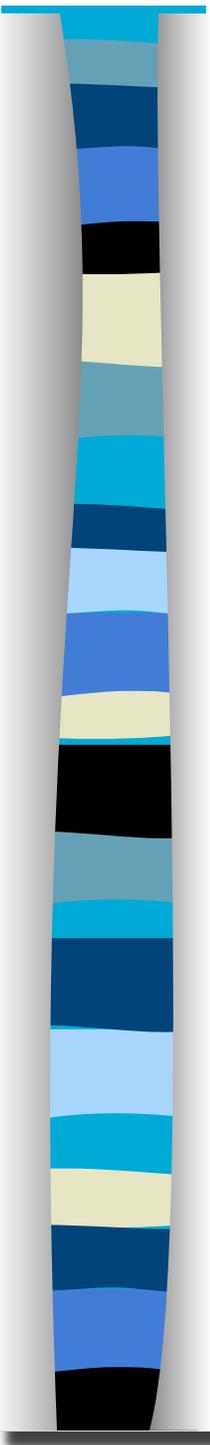
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Definitions





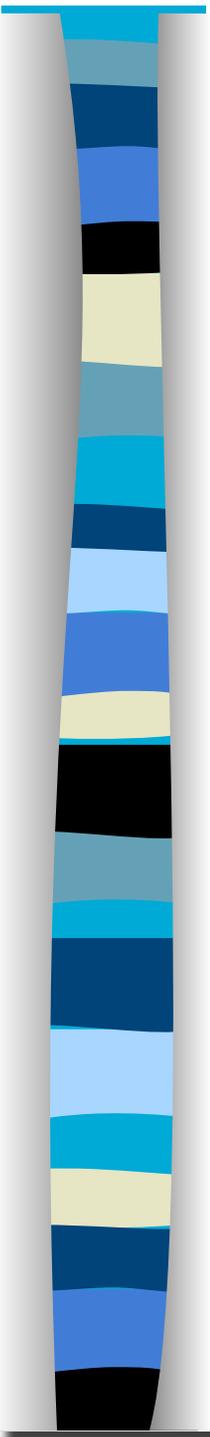




ABMP Exam Coach

Massage Theory: History of Massage

Early Origins

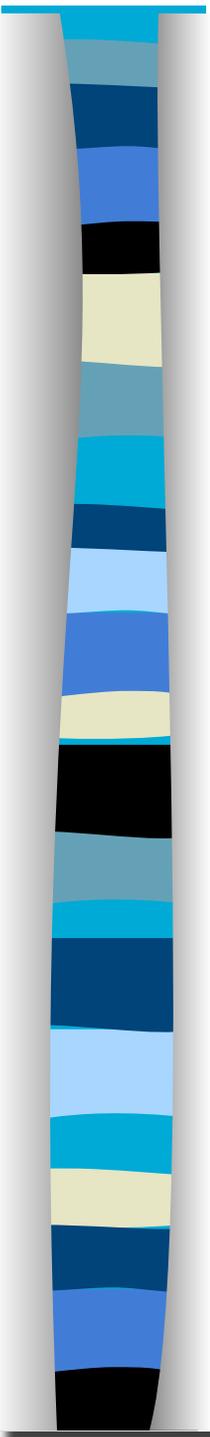


Early Origins

From 800 BCE to 200 CE, Greek medicine:

- A. Moved away from magic, ritual, and superstition toward logical reasoning
- B. Adopted practices from Arab healers
- C. Adopted practices from Chinese healers
- D. Moved away from logical reasoning to magic, superstition, and ritual

Q

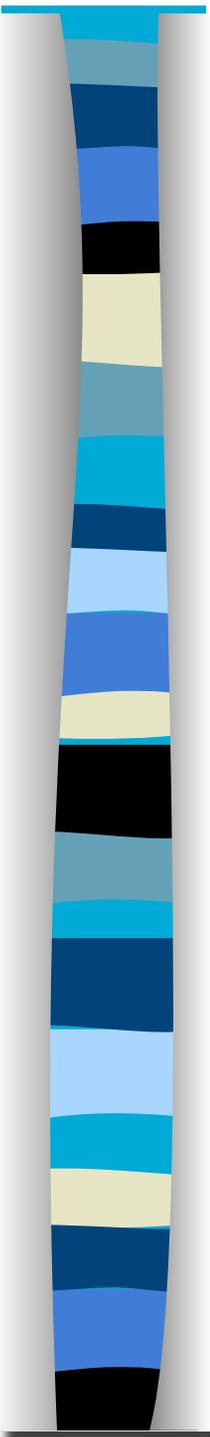


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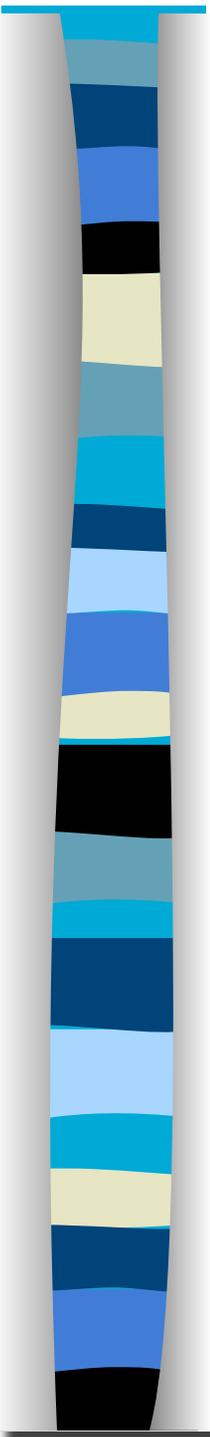


Early Origins

Through a desire to maintain a healthy army, the Romans developed:

- A. A public health system that included ritual and magic
- B. A public health system that included hydrotherapy
- C. A public health system that included acupuncture
- D. A public health system that included psychotherapy

Q

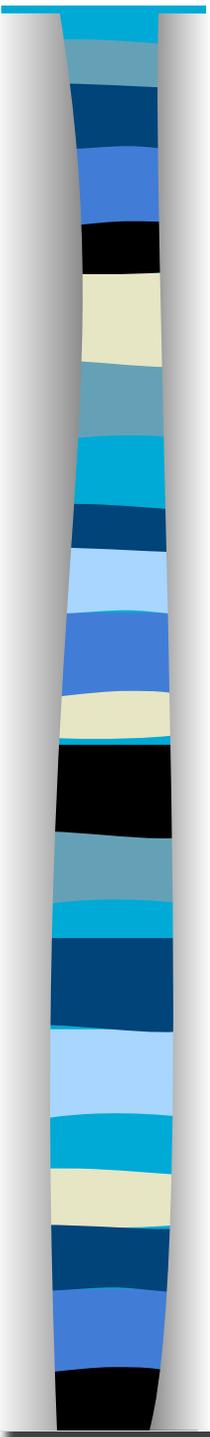


Early Origins

Through a desire to maintain a healthy army, the Romans developed:

- A. A public health system that included ritual and magic
- B. A public health system that included hydrotherapy**
- C. A public health system that included acupuncture
- D. A public health system that included psychotherapy

A

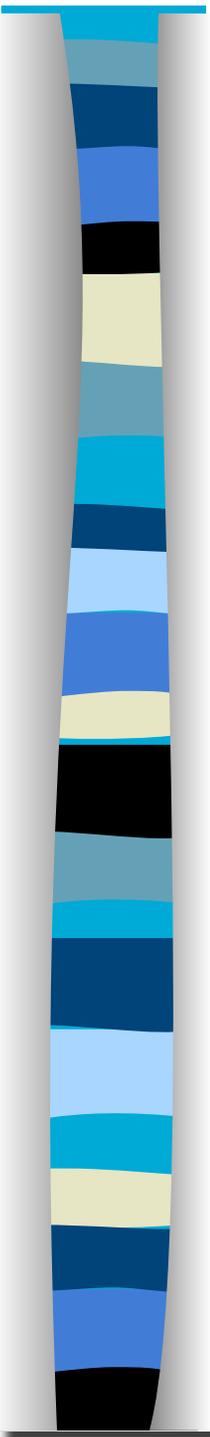


Early Origins

By the 9th century, the Arabs had well-developed:

- A. Surgical practices
- B. Yoga practices
- C. Pharmacies
- D. Massage clinics

Q

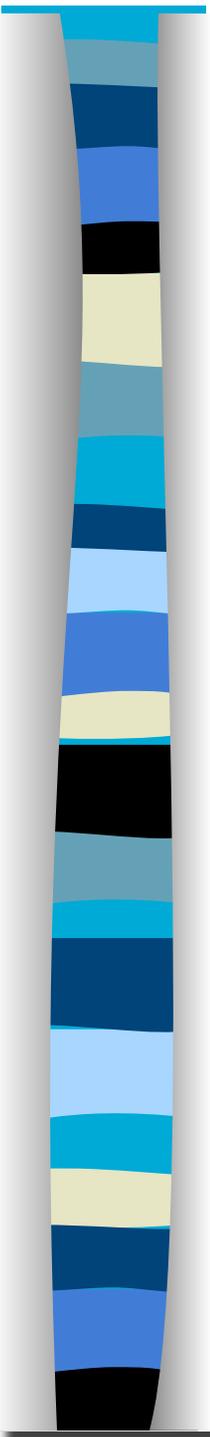


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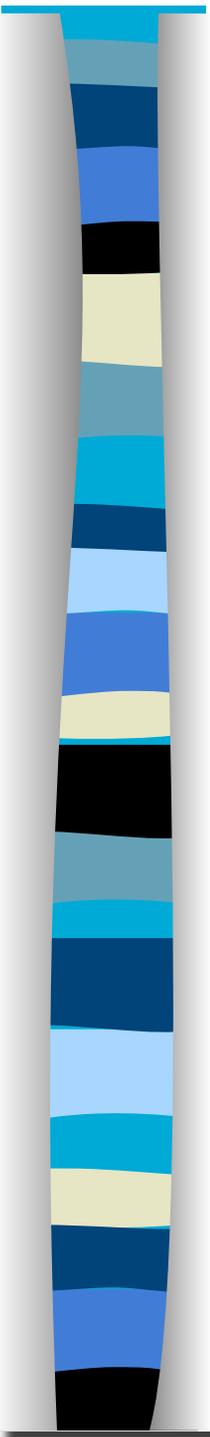


Early Origins

During the 17th and 18th centuries, advances in the physical sciences (especially the popularity of exercise as a means of healing) led to:

- A. The Swedish Movements
- B. The Swedish exercise craze
- C. The English Movements
- D. The English exercise craze

Q

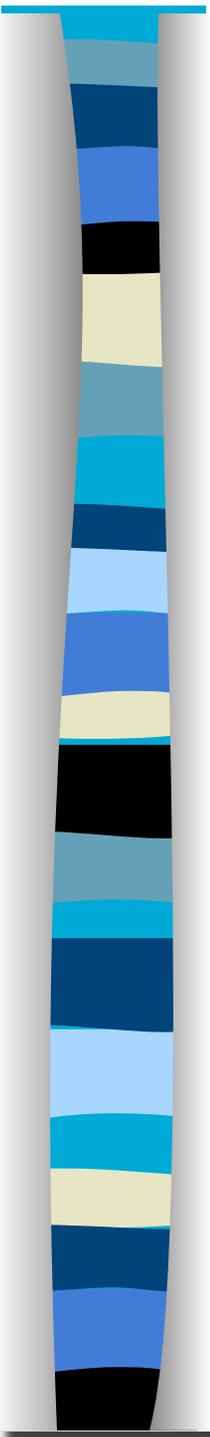


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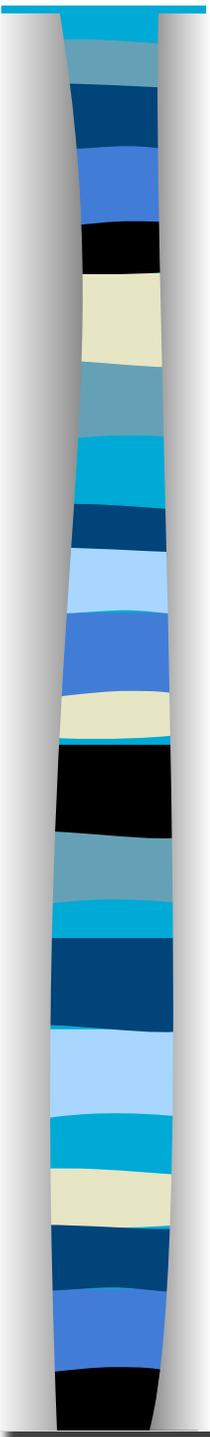


Early Origins

In 19th-century America, massage therapy was:

- A. Embraced by quacks and charlatans
- B. Rejected by physicians and the public
- C. Embraced by physicians and the public
- D. Rejected by quacks and charlatans

Q

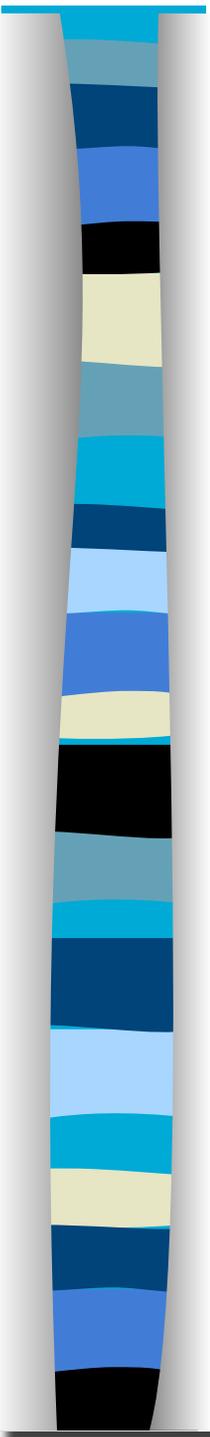


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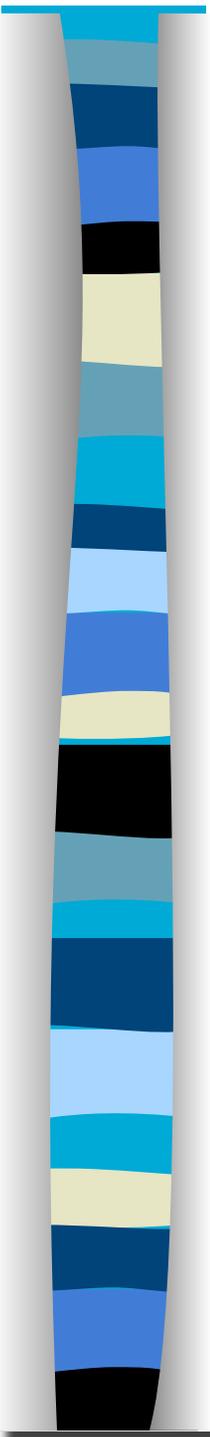


Early Origins

Many cultures had a version of a medicine man, healer, shaman, witch, midwife, or witch doctor who worked to:

- A. Remove "evil" influences that caused disease
- B. Provide comfort through immersion in water
- C. Remove foods from the diet that were not nutritional
- D. Provide comfort through immersion in mud

Q

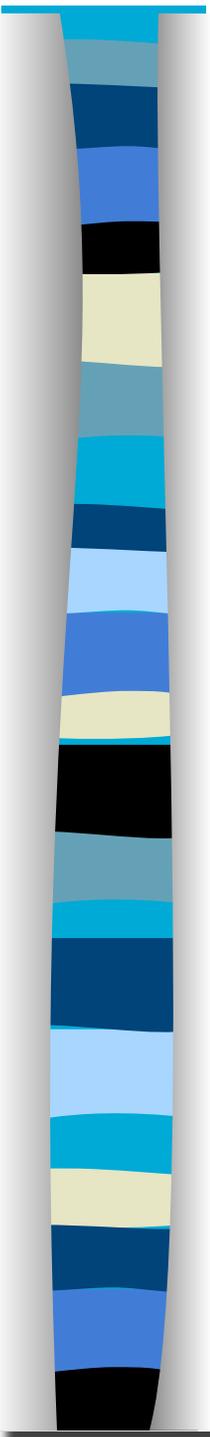


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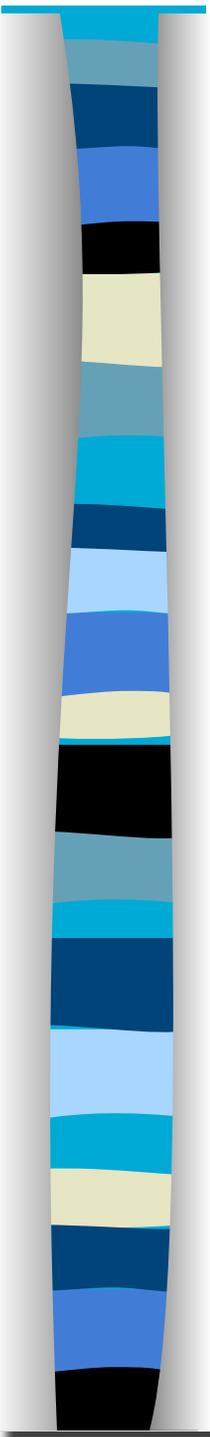


Early Origins

Beginning in the 1950s, the term "massage" has often been used as a cover for:

- A. Prostitution
- B. Money laundering
- C. Tax evasion
- D. Drug dealing

Q

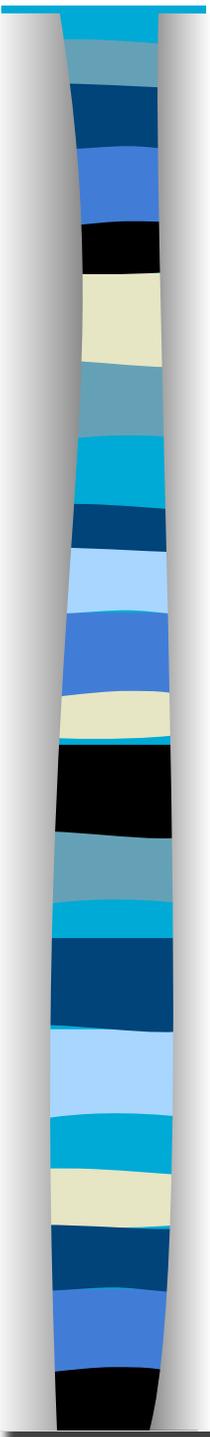


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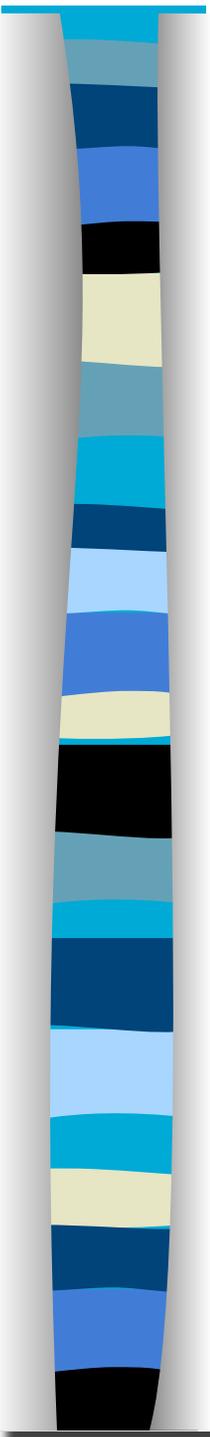


Early Origins

Massage was a highly regarded therapy practiced at:

- A. Philosophical gatherings
- B. Roman baths
- C. Religious ceremonies
- D. Pagan rituals

Q

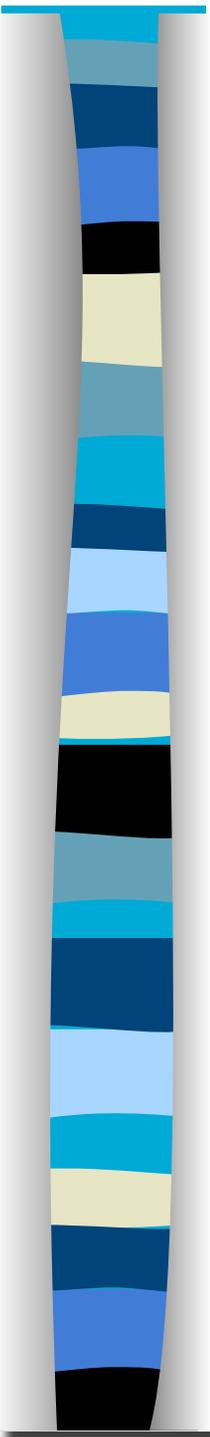


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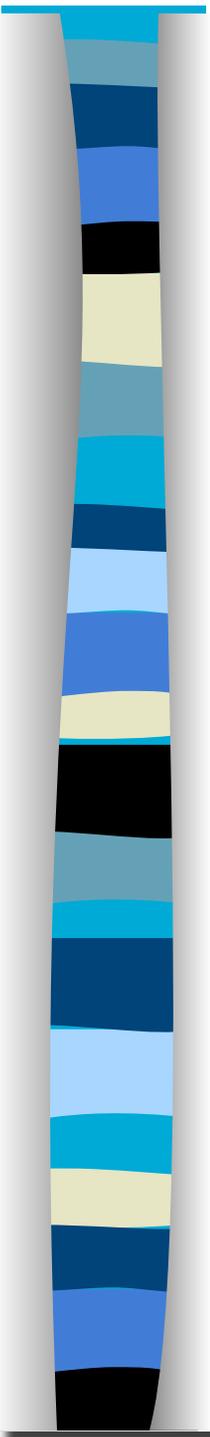


Early Origins

In the early history (3500 BCE or before) of many cultures around the world, medicine was closely associated with:

- A. Cave painting and art
- B. Christian beliefs
- C. Eastern spirituality
- D. Magic, superstition, and ritual

Q

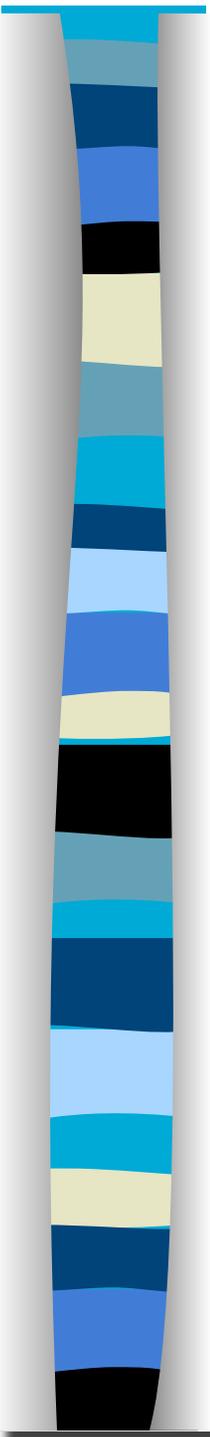


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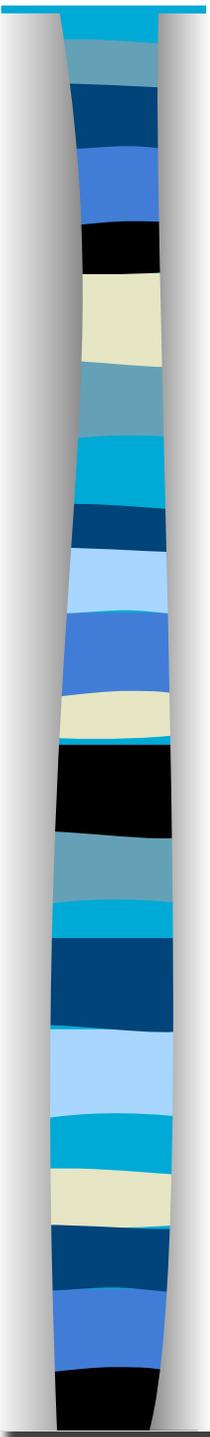


Early Origins

In the early history (3500 BCE or before) of many cultures, little distinction was made between:

- A. The health of the body and health of the spirit
- B. The health of the body and heavenly influences
- C. The health of the body and correct spiritual practice
- D. The health of the body and the health of relationships

Q

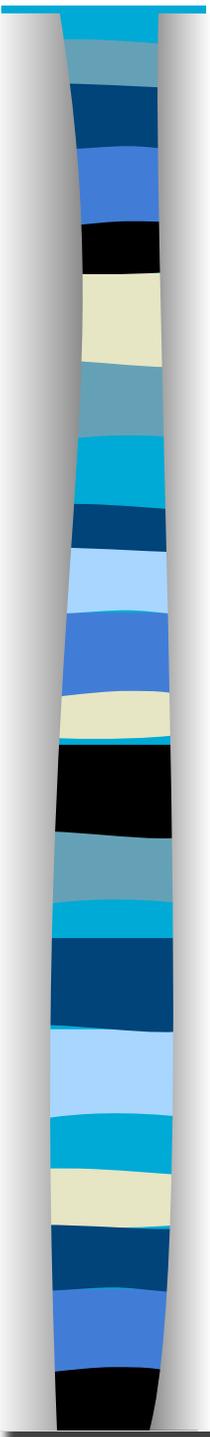


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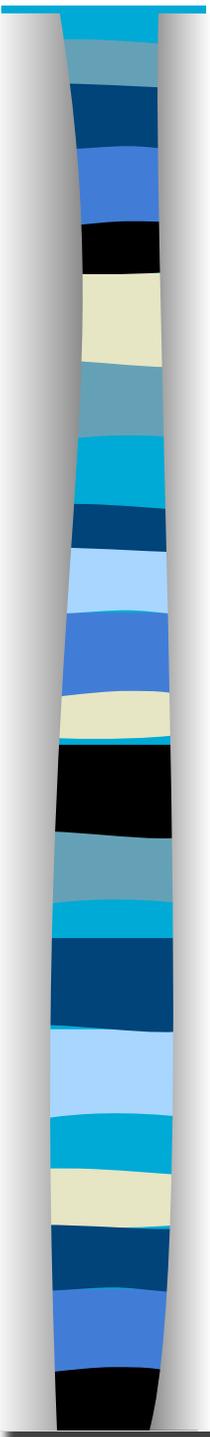


Early Origins

The study of anatomy dramatically advanced during the period known as:

- A. The Age of Enlightenment
- B. The Renaissance
- C. The Age of Despair
- D. The Dark Ages

Q

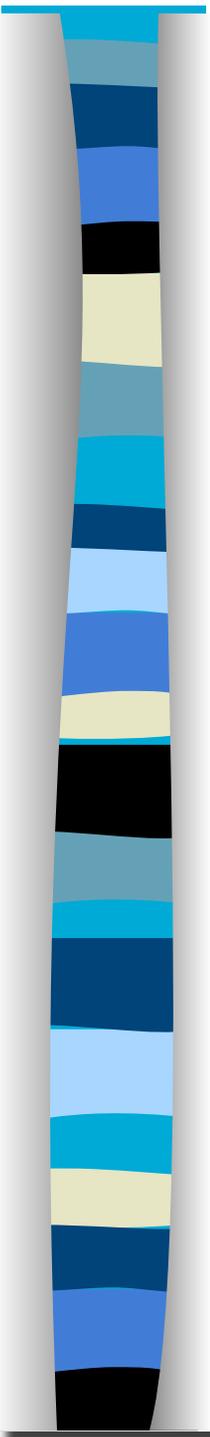


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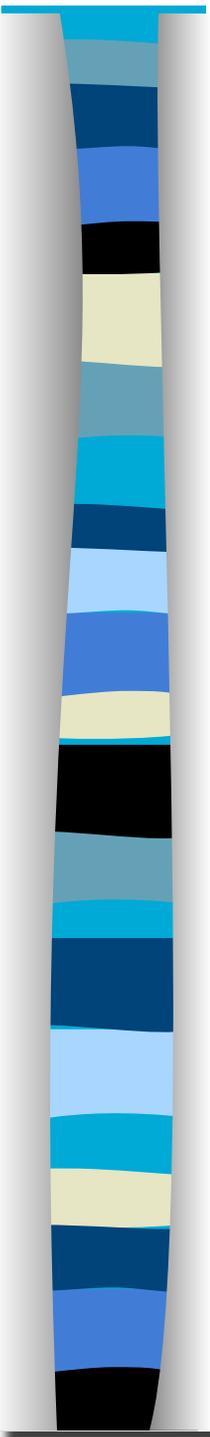


Early Origins

China's medical systems were developed some 5,000 years ago and led to the formation of:

- A. Traditional Chinese medicine
- B. "The Canon of Medicine"
- C. The "Chinese Medical Textbook"
- D. The "Chinese Medical Dictionary"

Q

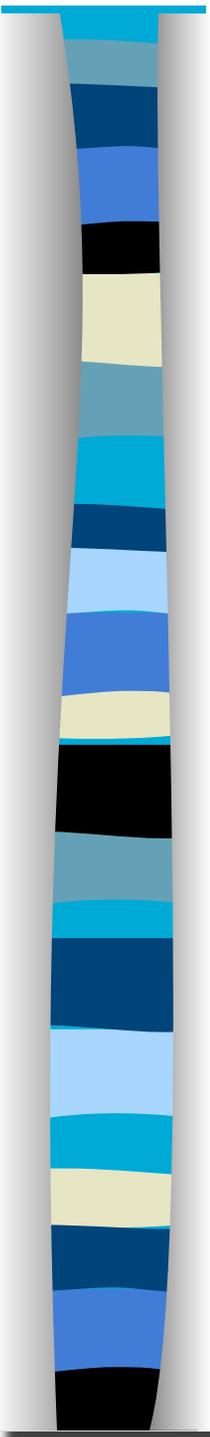


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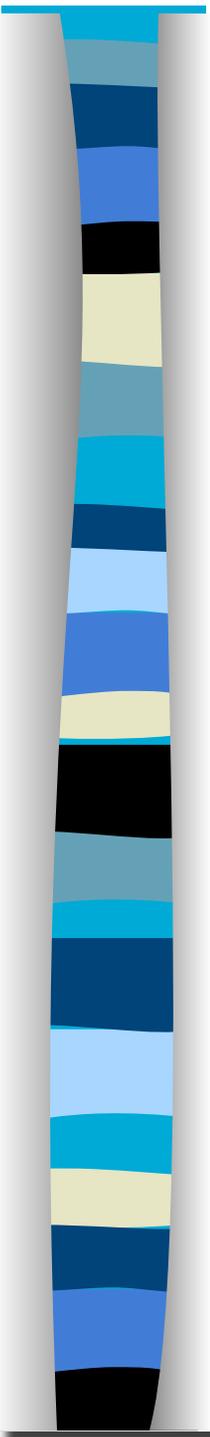


Early Origins

Documentation of early Native American healers demonstrates that they were skilled:

- A. Physicians
- B. Psychologists
- C. Herbalists
- D. Physical therapists

Q

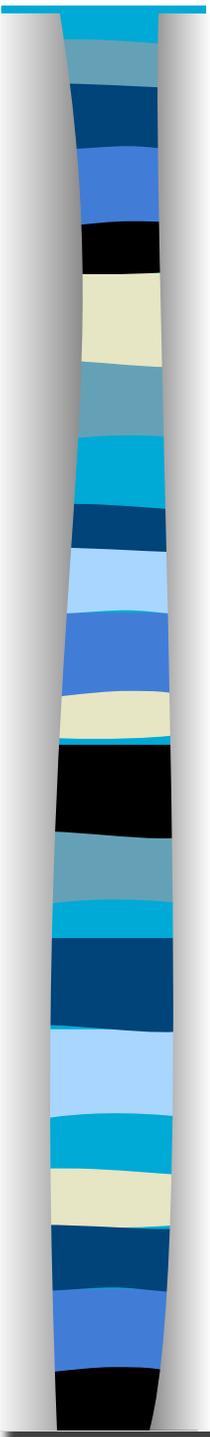


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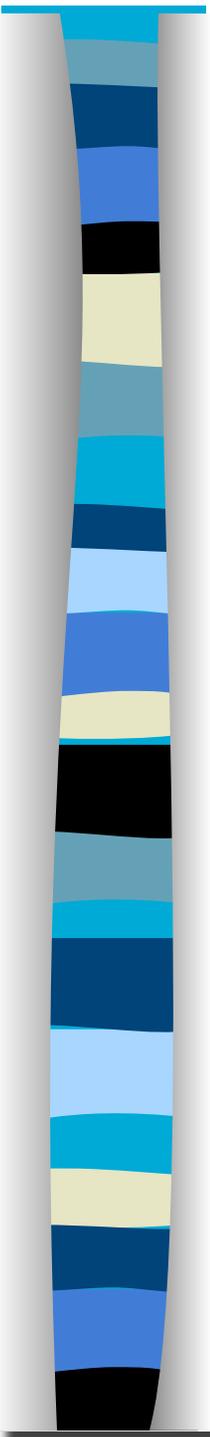


Early Origins

Ayurveda is the traditional medical system of:

- A. Tibet
- B. China
- C. Australia
- D. India

Q

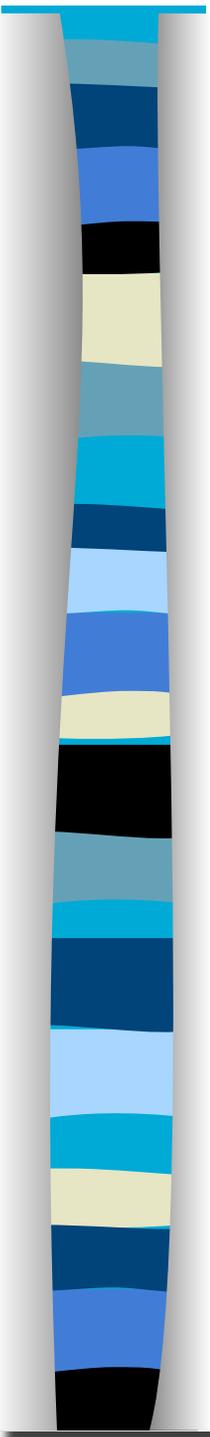


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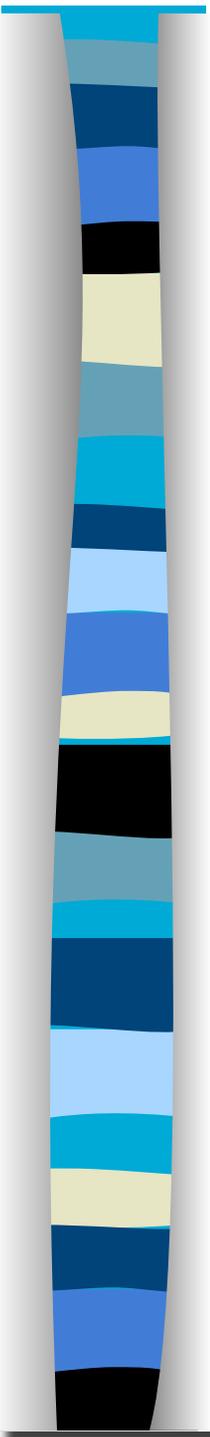


Early Origins

Because it is a natural response to physical pain, this therapy was practiced widely all over the world before recorded history:

- A. Surgery
- B. Massage
- C. Colonics
- D. Psychotherapy

Q

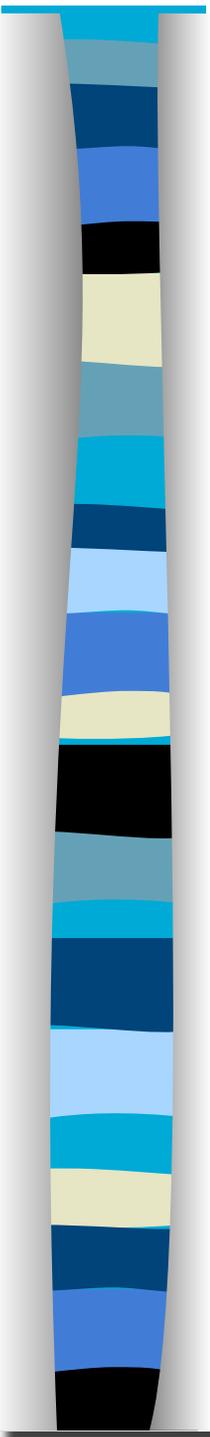


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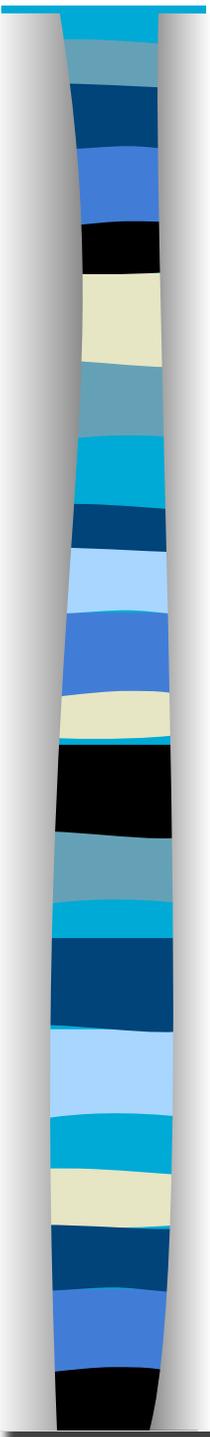


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Greek medicine In the early history of medicine, the Greeks are recognized as moving medicine away from magic, ritual, and superstition and toward observation and logical reasoning from 800 BCE to 200 CE.

Arab medicine After the fall of Rome in the 5th century, the Arabs preserved Greek and Roman medical knowledge and integrated it with their own understanding. By the 9th century, the Arabs had well-developed pharmacies and an advanced understanding of herbal medicine. Al-Razi (865–925 CE) and Ibn Sina (980–1037) are regarded as great thinkers and clinicians in Arab medicine.

Definitions

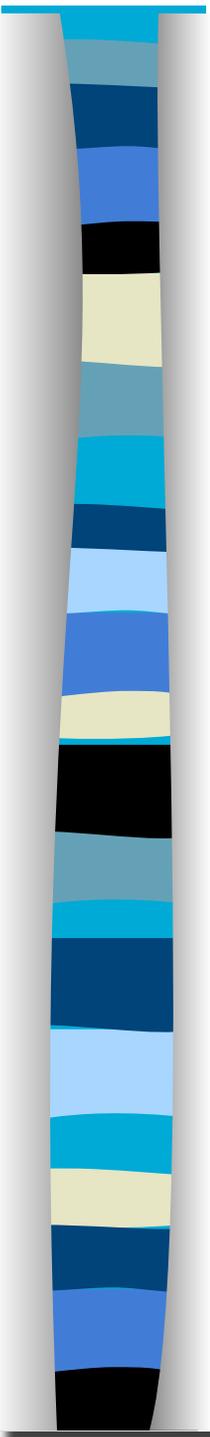


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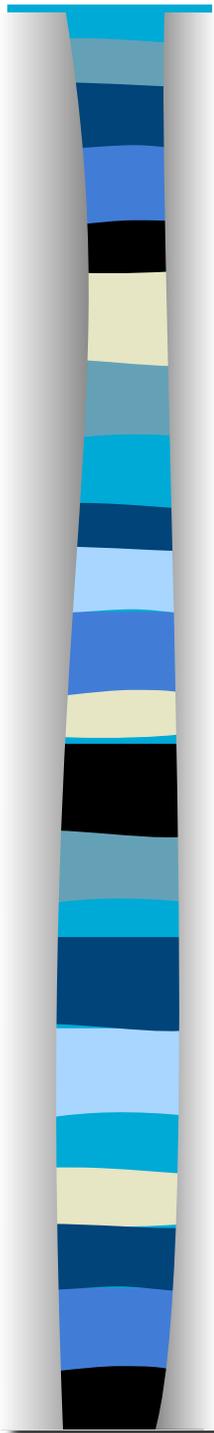
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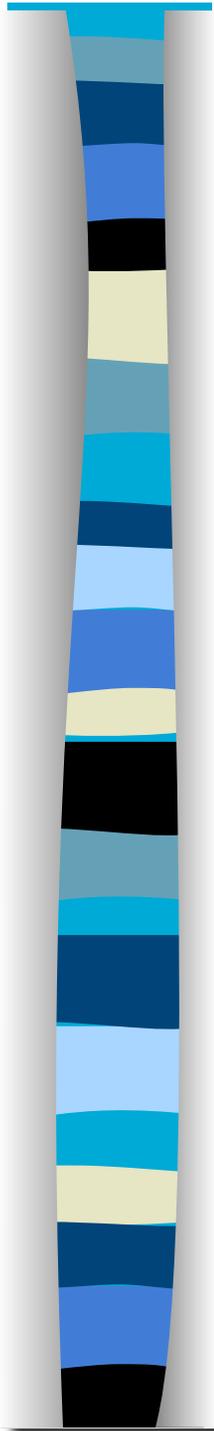


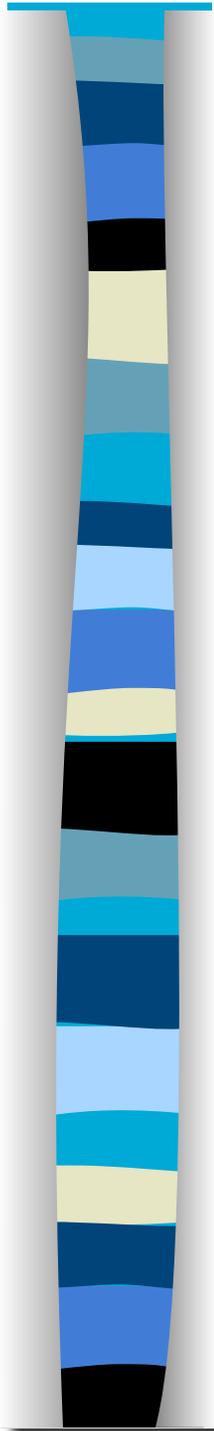
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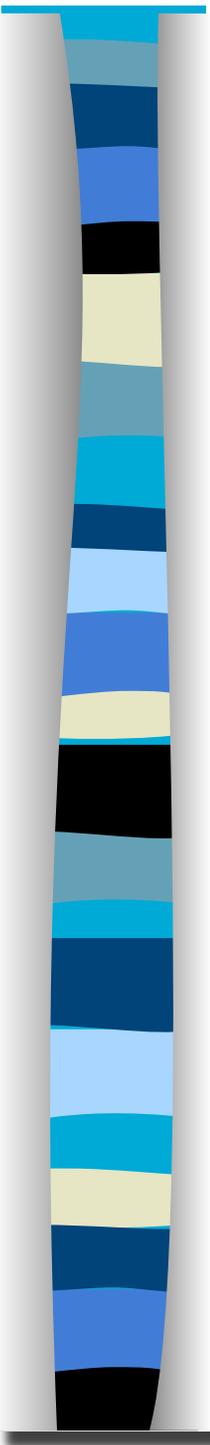
Ayurveda The traditional medical system of India that developed in India and Sri Lanka more than 5,000 years ago and was written in four texts called "The Vedas." The "Rig Veda," compiled from an earlier oral history between 1700 and 1100 BCE, outlines the main concepts in ayurveda. Ayurveda includes a strong emphasis on manual therapies and massage.

Definitions





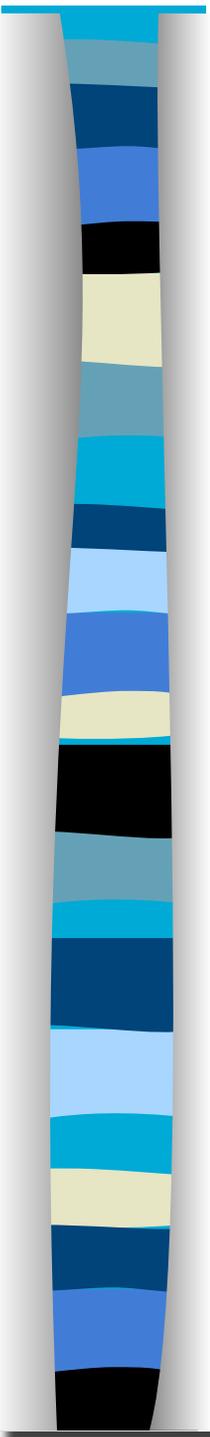




ABMP Exam Coach

Massage Theory: Research Literacy

Basic Terminology

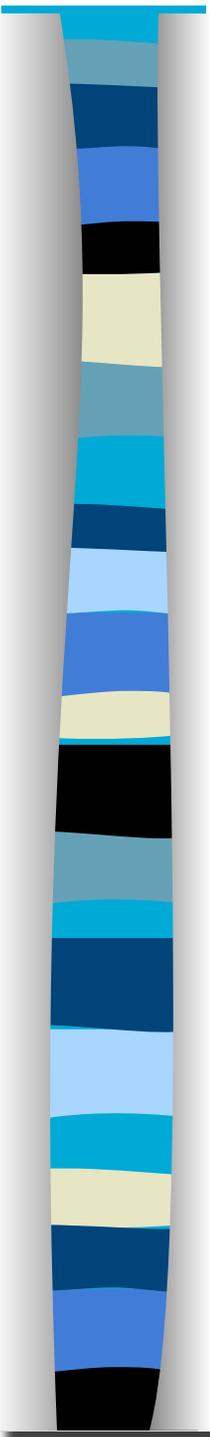


Basic Terminology

A process that researchers use to investigate phenomena is called:

- A. A placebo
- B. A premise
- C. The scientific method
- D. The modern research method

Q

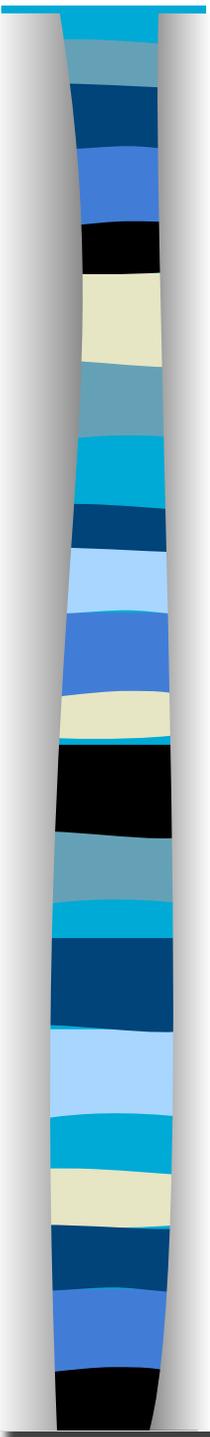


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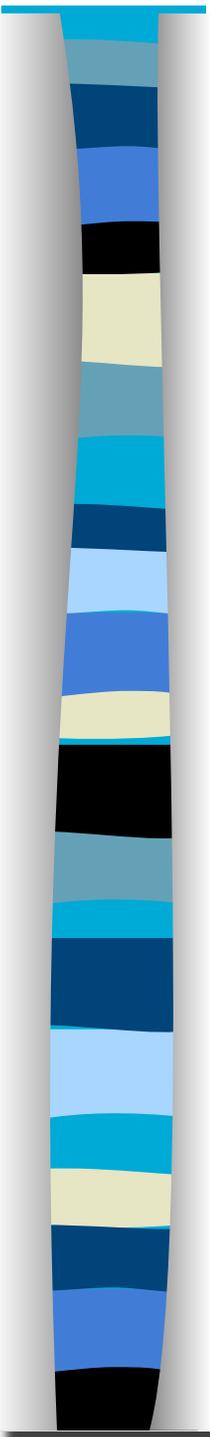


Basic Terminology

A massage therapist with an evidence-based practice would:

- A. Use clinical trials with fewer than 5 participants to determine the efficacy of a massage treatment
- B. Suggest the use of medically proven herbs or supplements to promote client health and wellness
- C. Use reliable research studies to guide the selection of methods used during client treatment
- D. Use placebo medications to support client health and wellness

Q

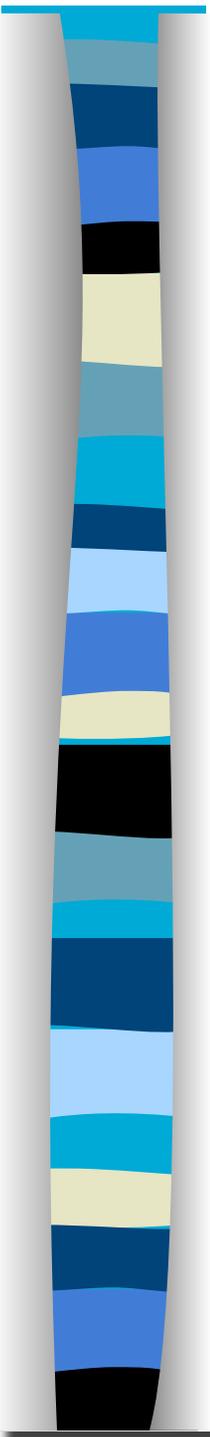


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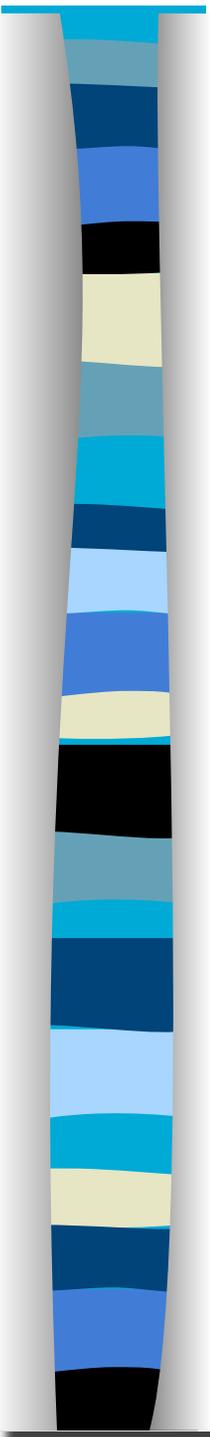


Basic Terminology

The ability to recognize when information is needed and have the skills to locate, evaluate, and use the needed information effectively is called:

- A. Deductive reasoning
- B. Applied theory
- C. Inductive reasoning
- D. Research literacy

Q

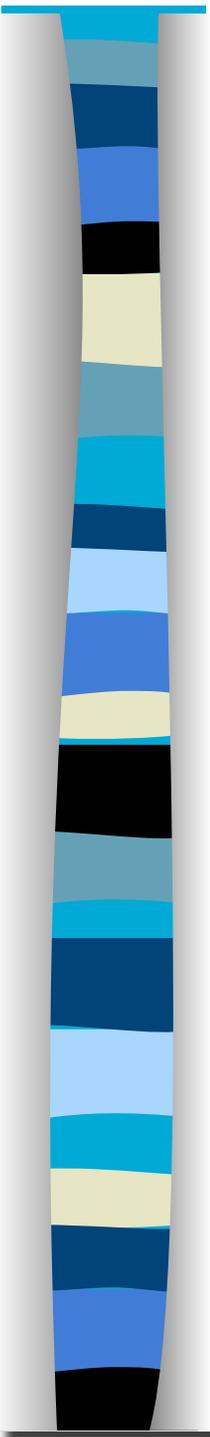


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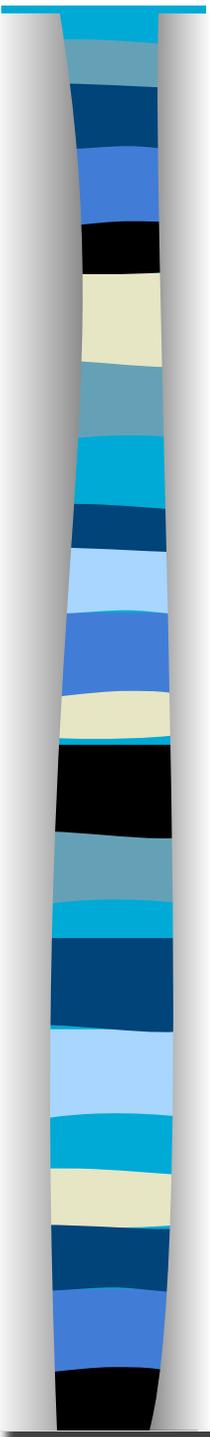


Basic Terminology

A source of knowledge acquired by means of observation or experimentation that originates from the Greek word for experience is:

- A. Premise
- B. Deduction
- C. Empirical evidence
- D. Reliable evidence

Q

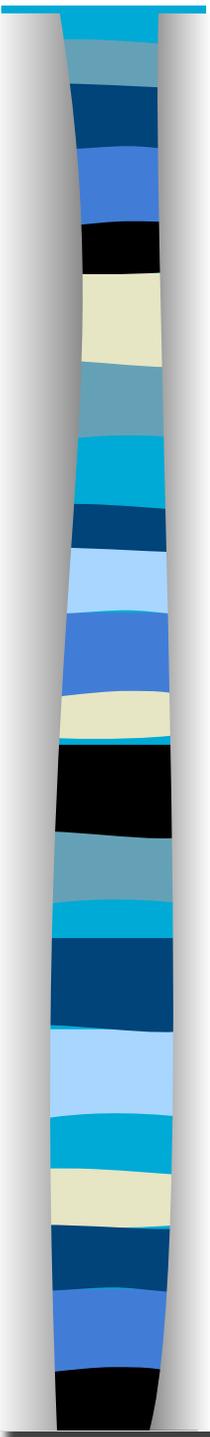


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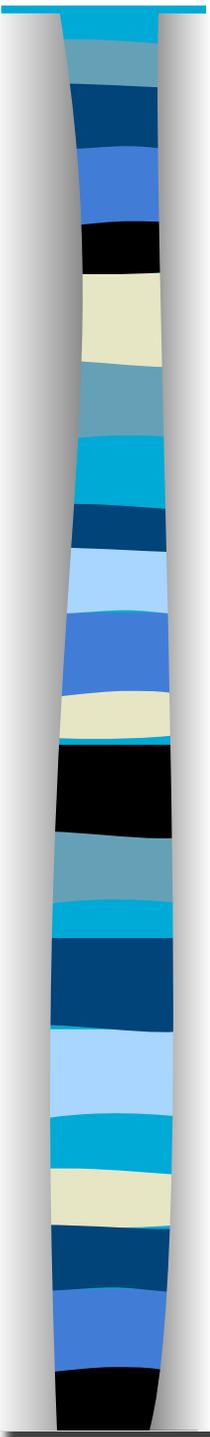


Basic Terminology

An inactive treatment or a medication with no active ingredient is called a(n):

- A. Placebo
- B. A false med
- C. An inactive treatment group
- D. Active treatment group

Q

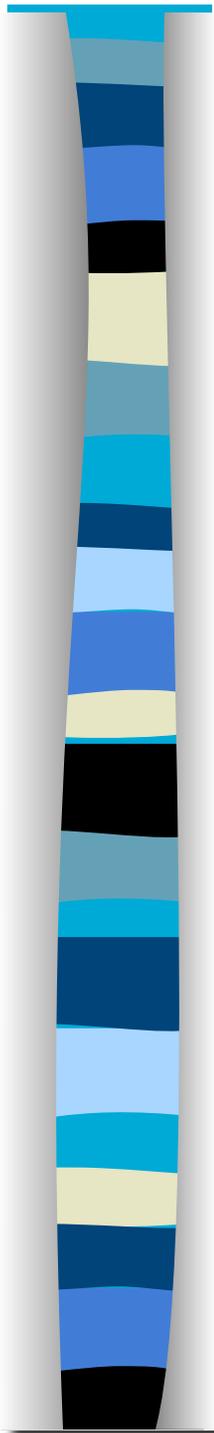


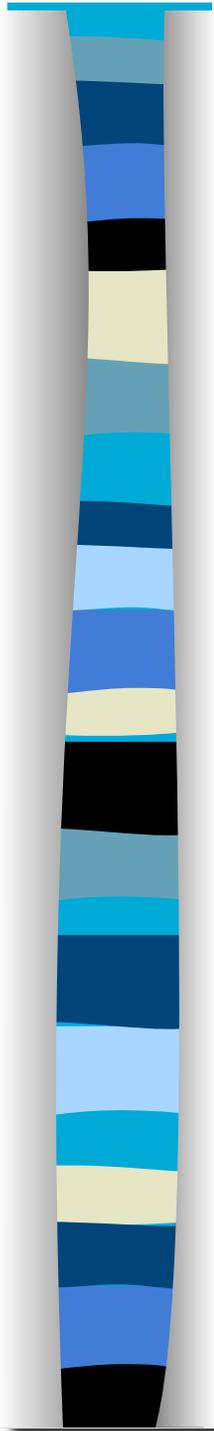
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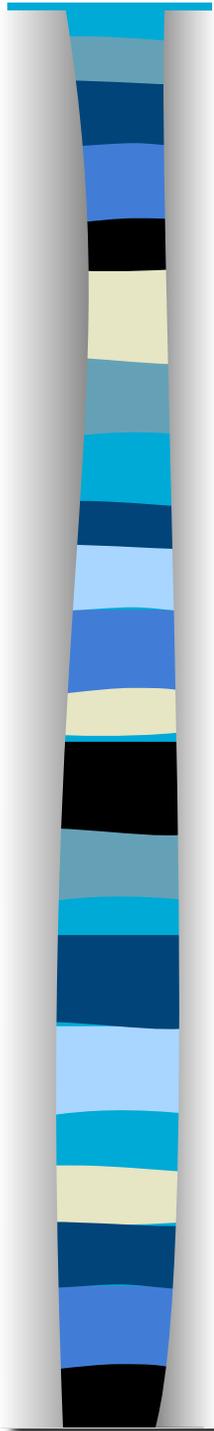
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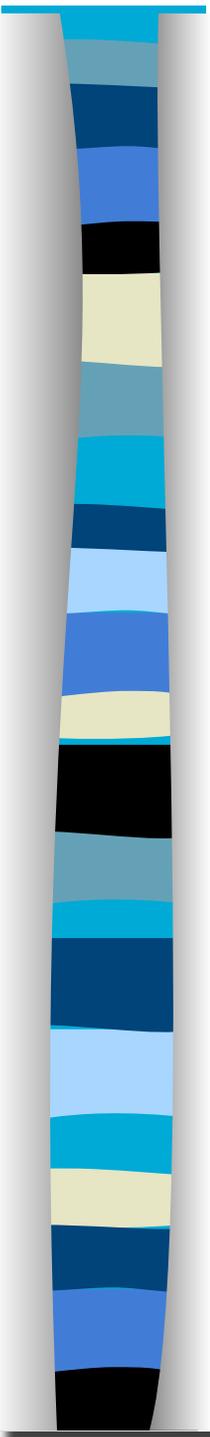
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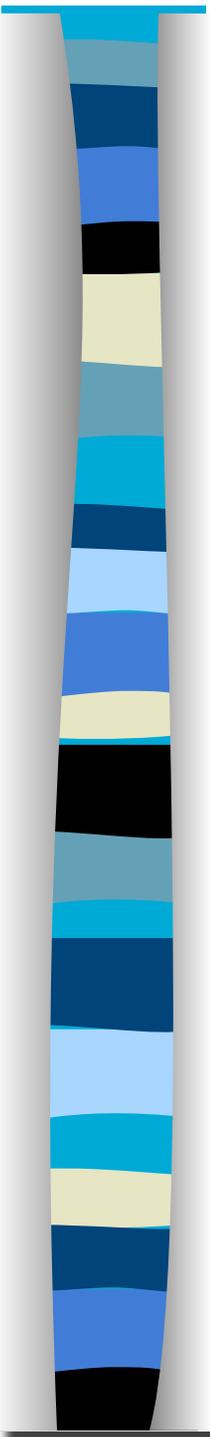




ABMP Exam Coach

Massage Theory: Research Literacy

Health Care Type

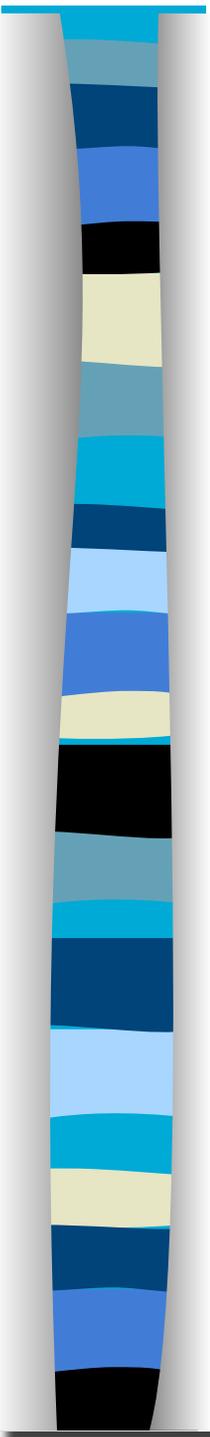


Health Care Type

Collaborative health care that uses a team of medical and alternative health professionals to address aspects of health is called:

- A. Integrative medicine
- B. Reliable evidence medicine
- C. Complementary medicine
- D. Alternative medicine

Q

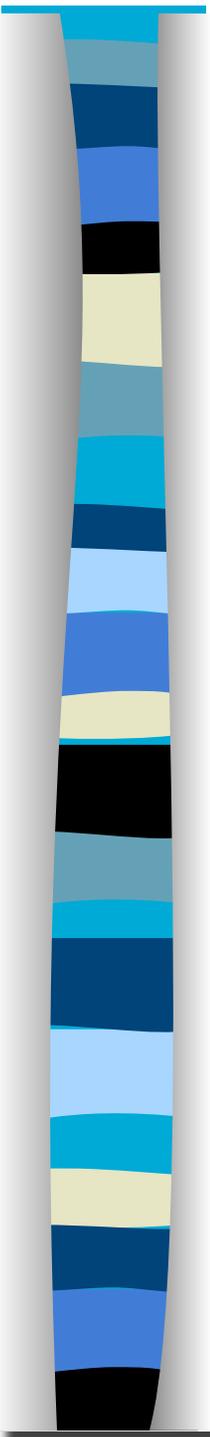


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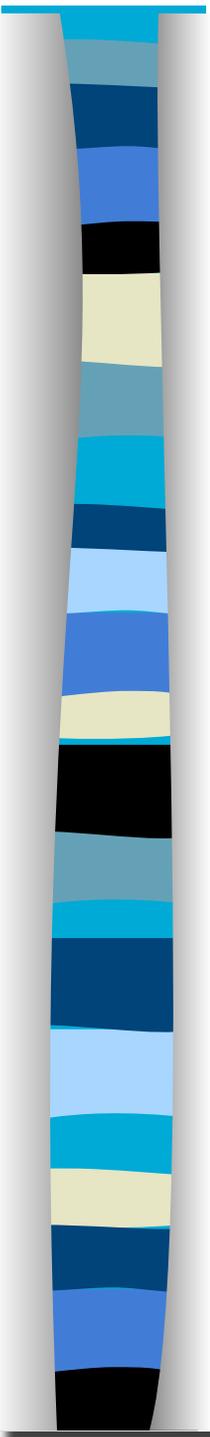


Health Care Type

Alternative healing methods used to supplement conventional medicine to address a condition or disease is called:

- A. Touch research
- B. Alternative medicine
- C. Complementary medicine
- D. Reliable evidence medicine

Q

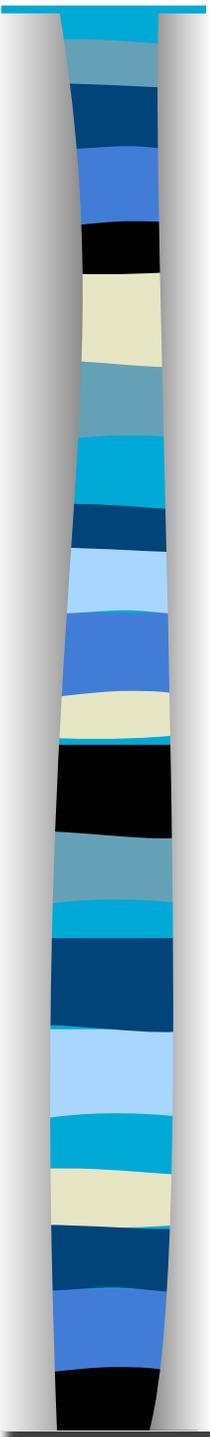


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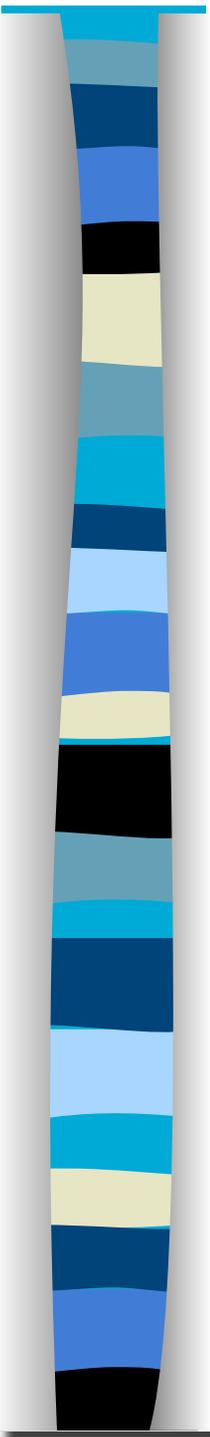


Health Care Type

Unconventional healing methods not traditionally practiced by medical doctors or hospitals is commonly referred to as:

- A. Alternative medicine
- B. Touch research
- C. Complementary medicine
- D. Reliable evidence medicine

Q

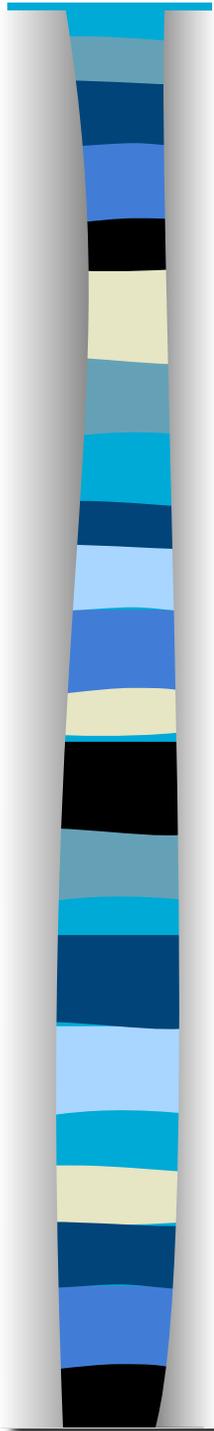


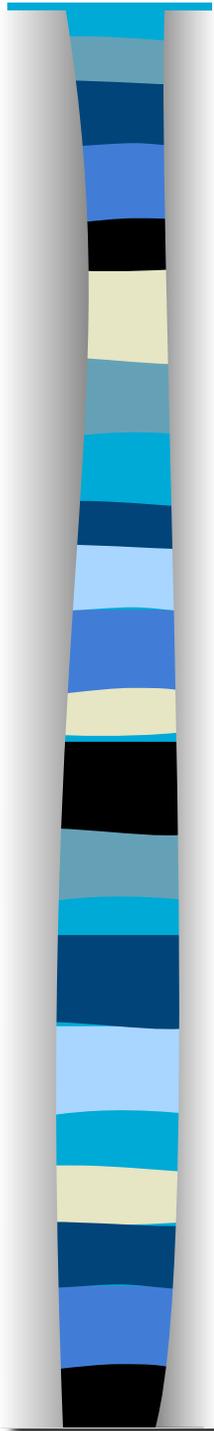
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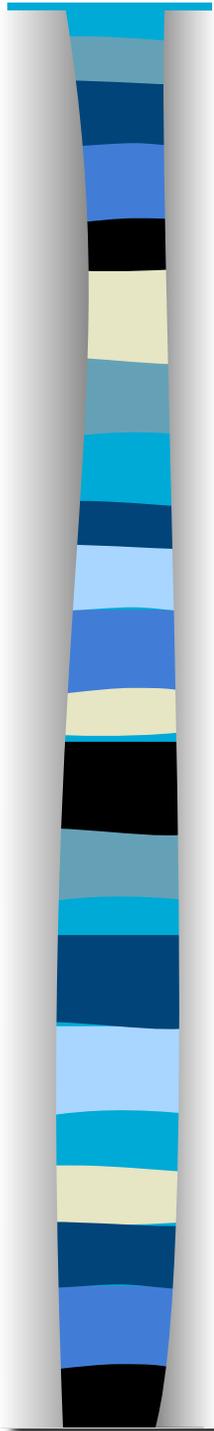
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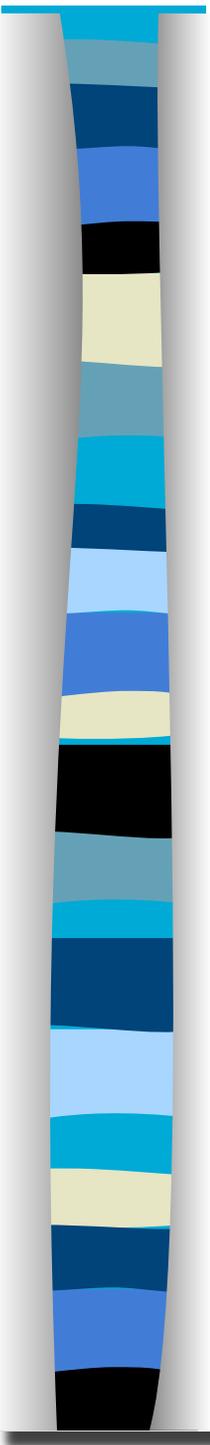
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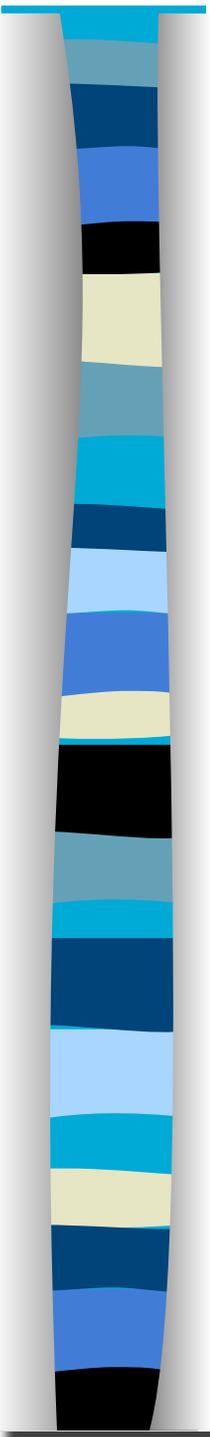




ABMP Exam Coach

Massage Theory: Research Literacy

Organizations

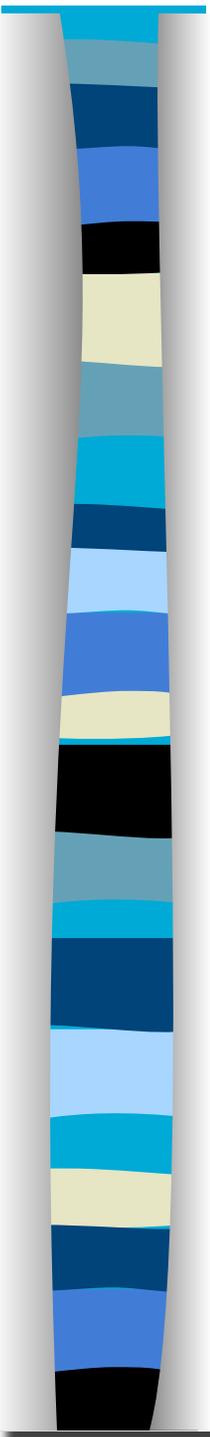


Organizations

The first organization in the world dedicated to scientifically exploring how touch affects health and well-being was:

- A. The Touch Research Institute
- B. The Touch Research Foundation
- C. The Massage Therapy Foundation
- D. The Massage Therapy Institute

Q

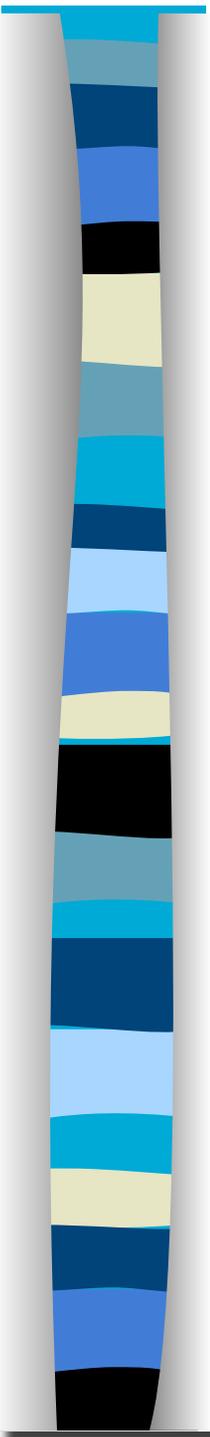


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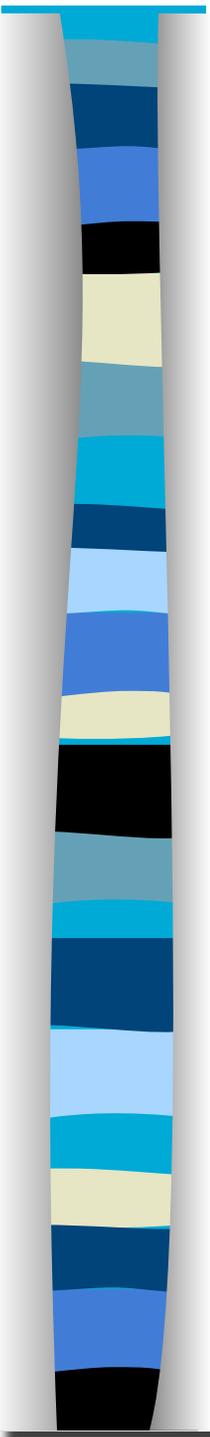


Organizations

This organization was established to promote research into the benefits of massage:

- A. Premise International
- B. The Massage Therapy Foundation
- C. PubMed
- D. The Empirical Evidence Group

Q

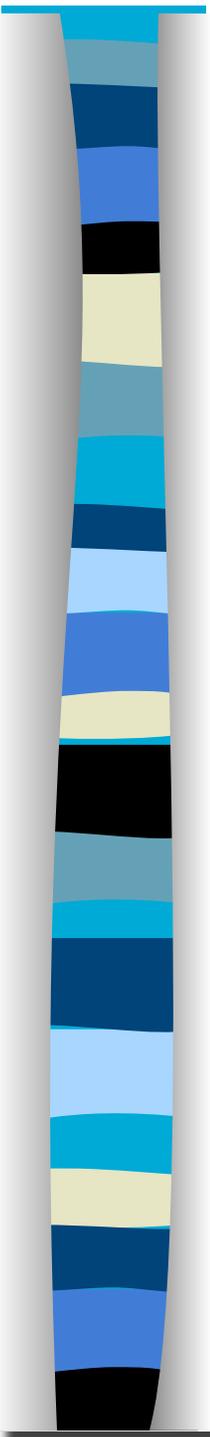


Organizations

This organization was established to promote research into the benefits of massage:

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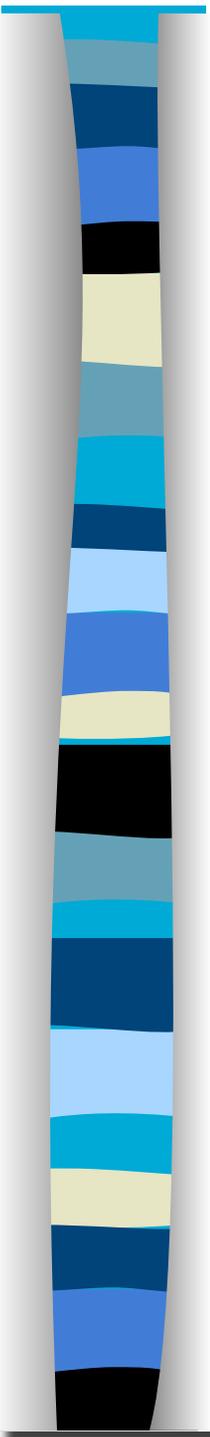


Organizations

This service of the US National Library of Medicine includes 15 million citations from peer-reviewed scientific journals and is a good resource for massage therapists:

- A. Publications Unlimited
- B. Touch Research Method
- C. NCCAM
- D. PubMed

Q



Organizations

This service of the US National Library of Medicine includes 15 million citations from peer-reviewed scientific journals and is a good resource for massage therapists:

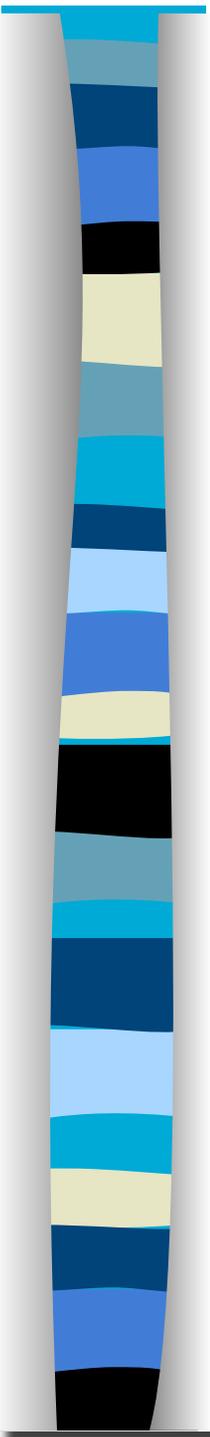
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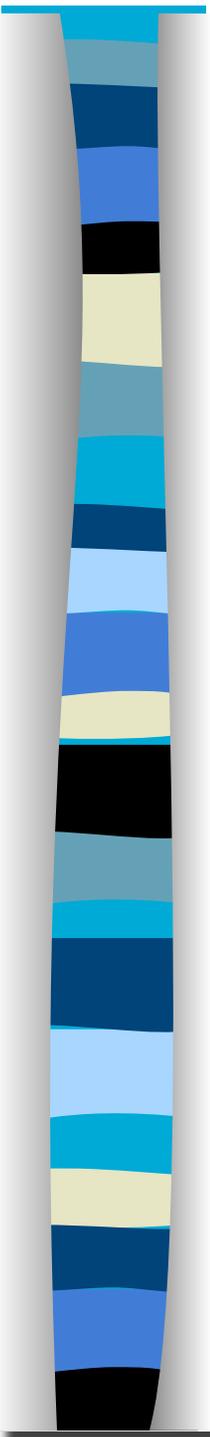


Organizations

The National Center for Complementary and Integrative Health is dedicated to:

- A. Exploring the efficacy of complementary and alternative healing practices using nonscientific methods
- B. Exploring all medical traditions through meta-analysis
- C. Investigating the efficacy of complementary and alternative healing practices using rigorous scientific methodology
- D. Exploring traditional medical systems developed through clinical trials

Q



Organizations

The National Center for Complementary and Integrative Health is dedicated to:

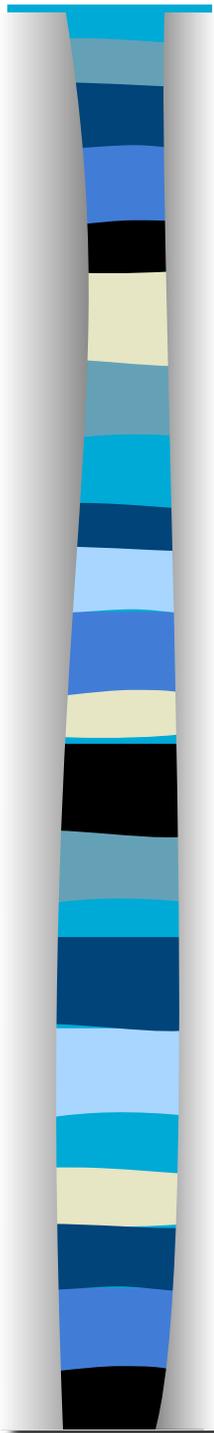
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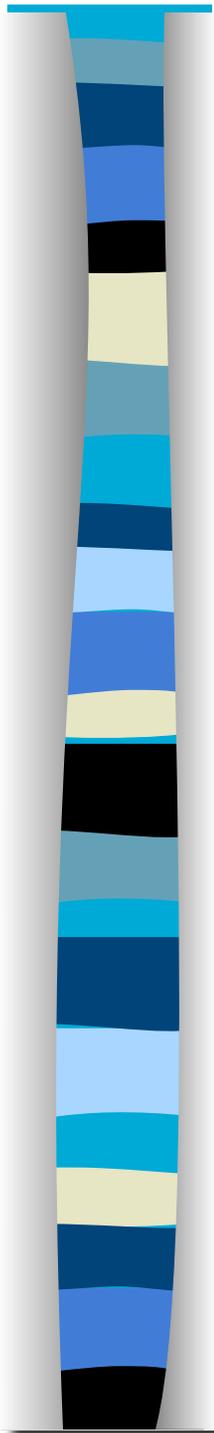
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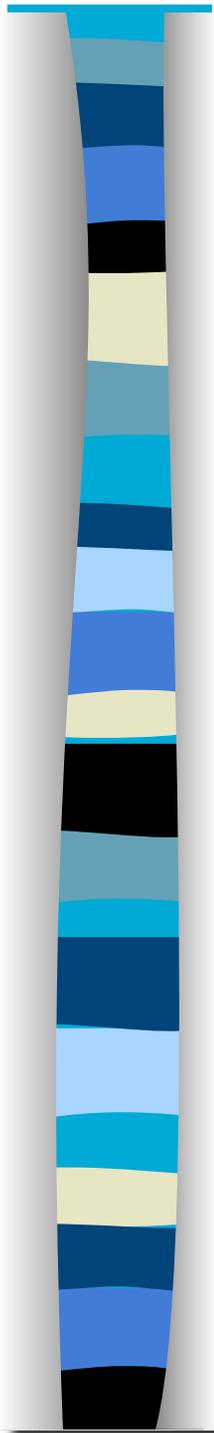
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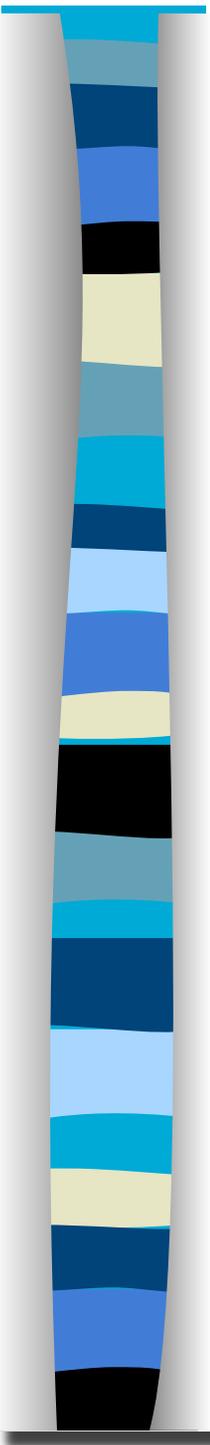
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A





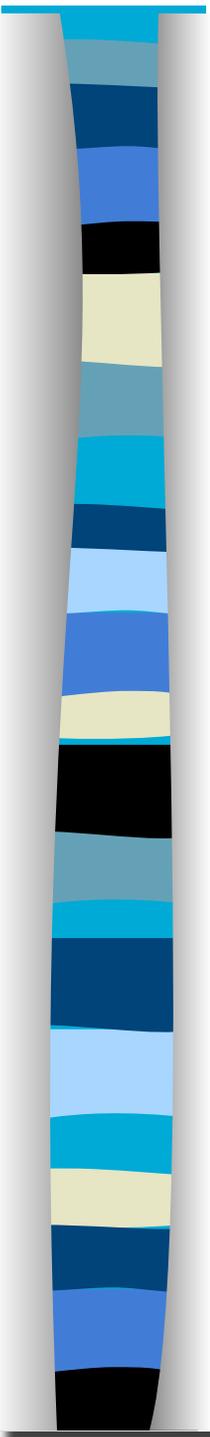




ABMP Exam Coach

Massage Theory: Research Literacy

Study Types

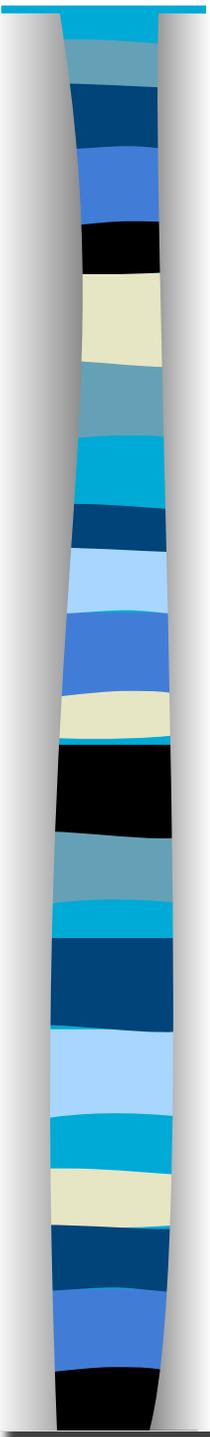


Study Types

A study that performs a systematic review using defined statistical methods to combine the findings of several primary studies is called:

- A. Meta-analysis
- B. Case report
- C. Correlation study
- D. Clinical trial

Q

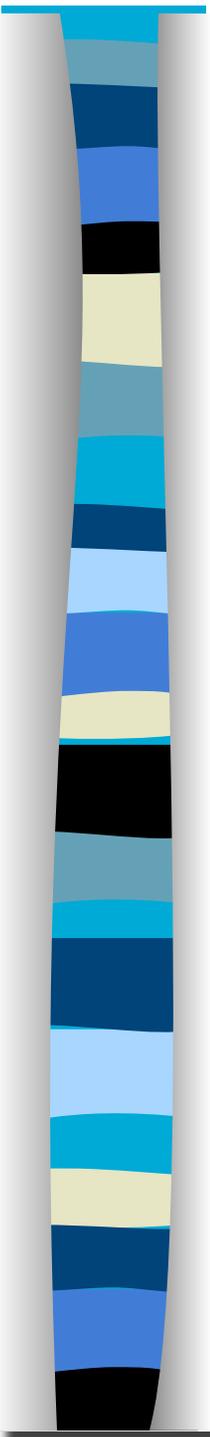


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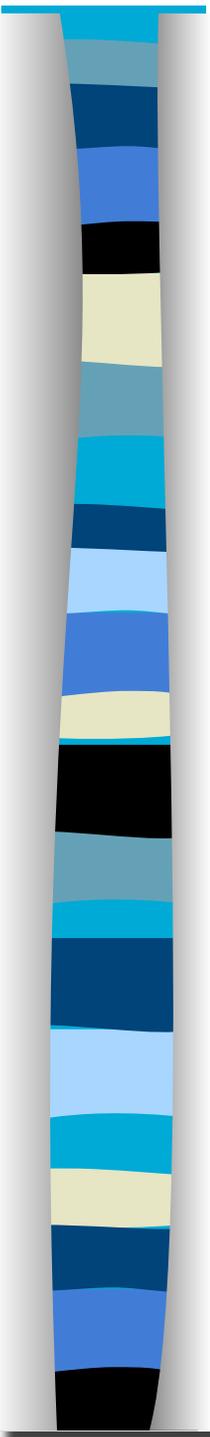


Study Types

A study that demonstrates a relationship or lack of relationship between two variables is called:

- A. Case-control study
- B. Case series
- C. Correlation study
- D. Case report

Q

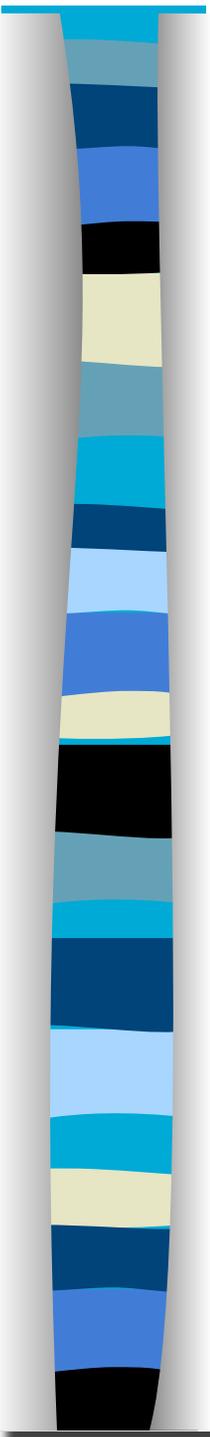


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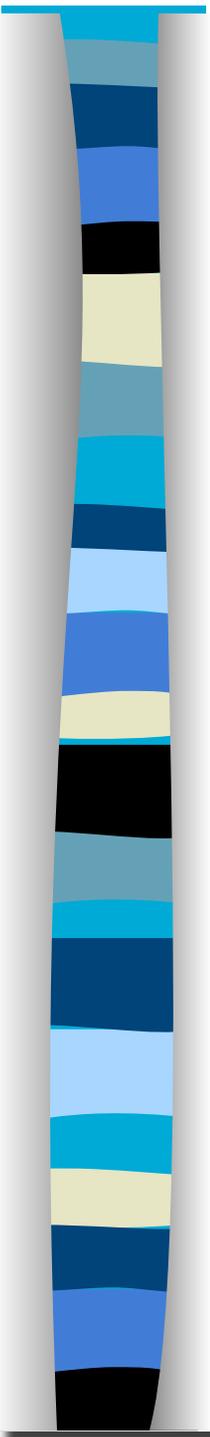


Study Types

In a clinical trial, randomized group selection:

- A. Reduces the likelihood that results are accurate
- B. Increases the amount of bias that may occur in a group study
- C. Increases the likelihood that results are unusable
- D. Reduces the amount of bias that might occur in a study

Q

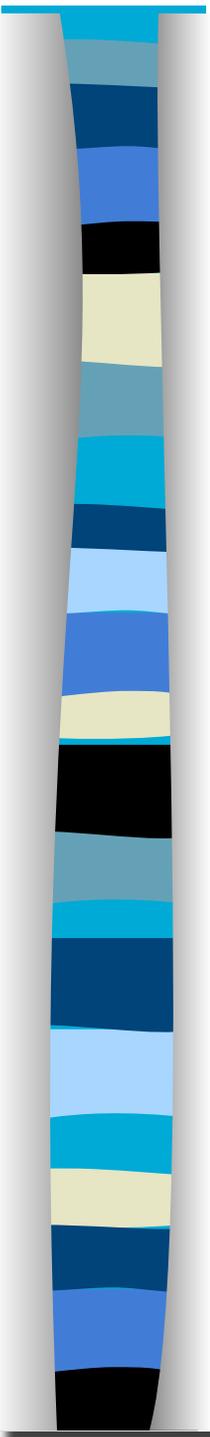


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- D. Reduces the amount of bias that might occur in a study**

A

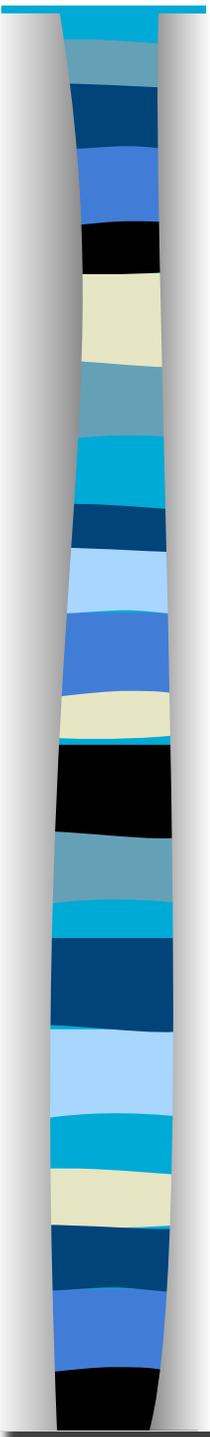


Study Types

A careful study that is done to find and report new knowledge about something is:

- A. Theory
- B. Premise
- C. Research
- D. Outcome

Q



Study Types

A careful study that is done to find and report new knowledge about something is:

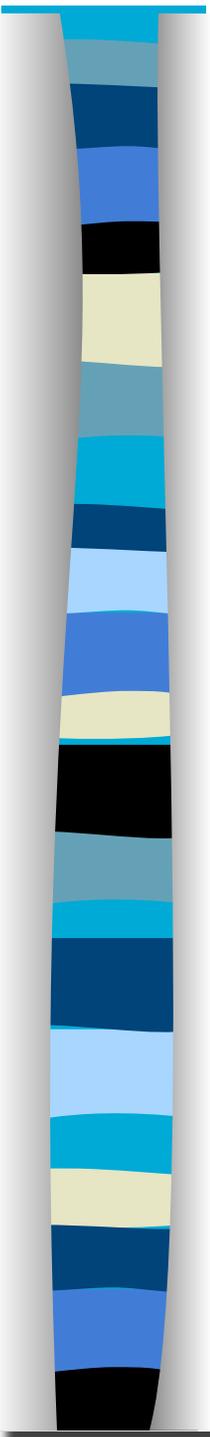
A. Theory

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C. Research

D. Outcome

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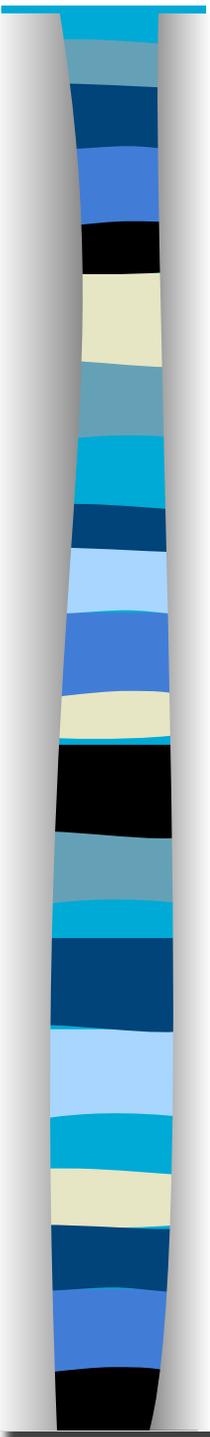


Study Types

A study that examines the health histories of similar people with and without a particular condition to identify risk factors for the condition is called a:

- A. Case series
- B. Case-control study
- C. Case report
- D. Meta-analysis

Q

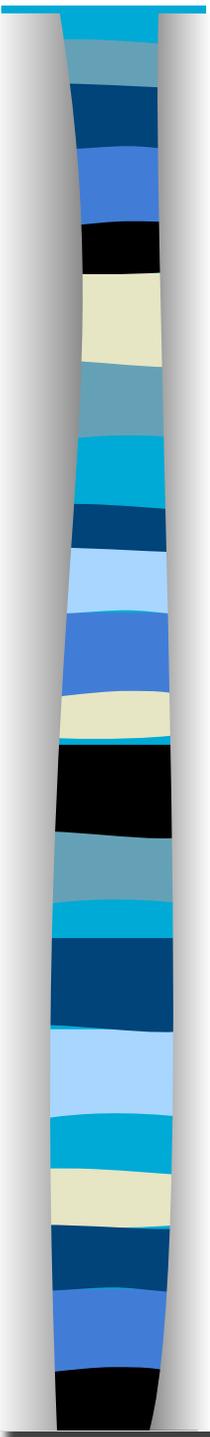


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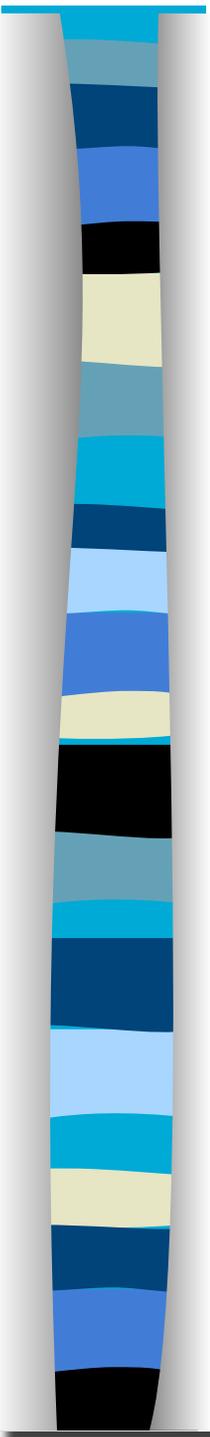


Study Types

A study that analyzes and summarizes published literature on a particular question or treatment is called:

- A. Systematic review
- B. Correlation study
- C. Case-control study
- D. Clinical trial

Q

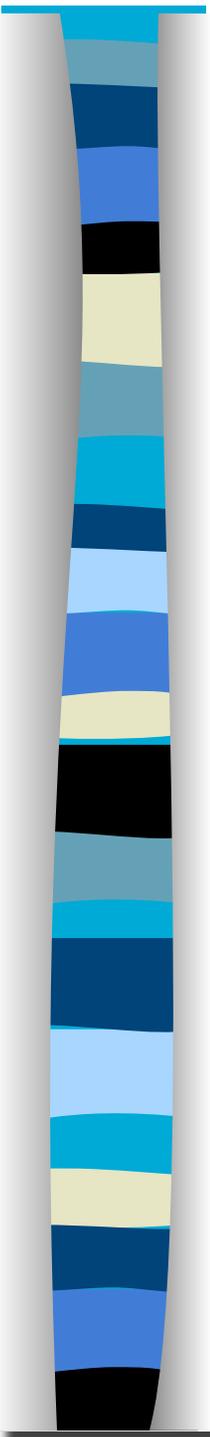


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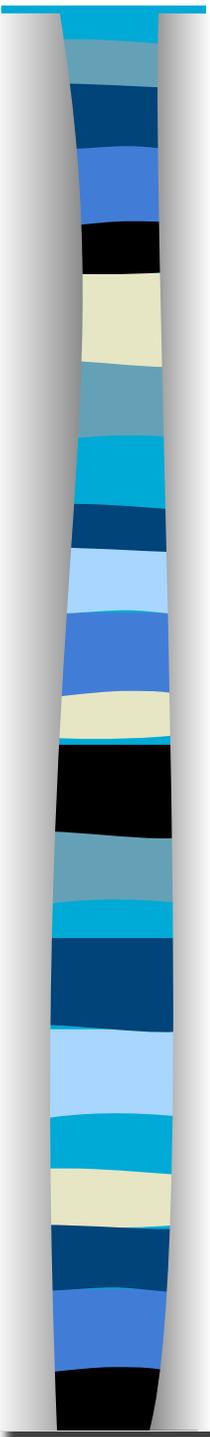


Study Types

A study that describes the outcome from the treatment of more than one client or patient is called a:

- A. Clinical trial
- B. Case series
- C. Meta-analysis
- D. Correlation study

Q

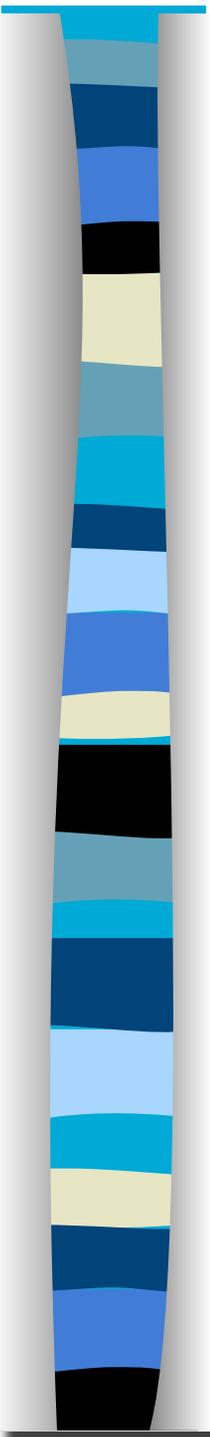


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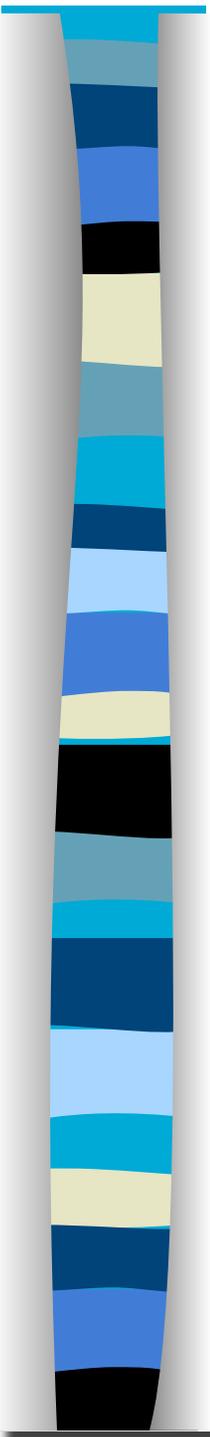


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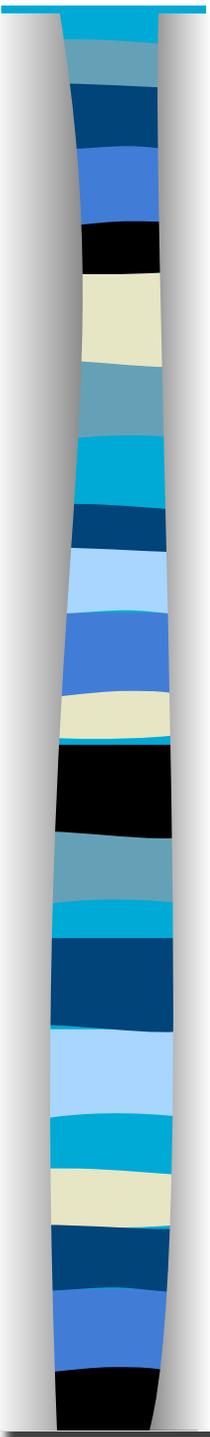


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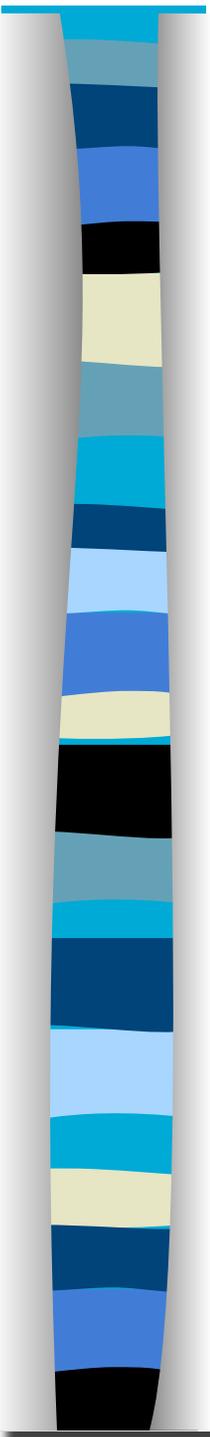


Study Types

Using randomization and controls in its design, a study that compares a treatment to one with a placebo (inactive treatment), to another treatment, or to standard treatment to establish safety and efficacy is called:

- A. Clinical trial
- B. Case report
- C. Case series
- D. Case-control study

Q

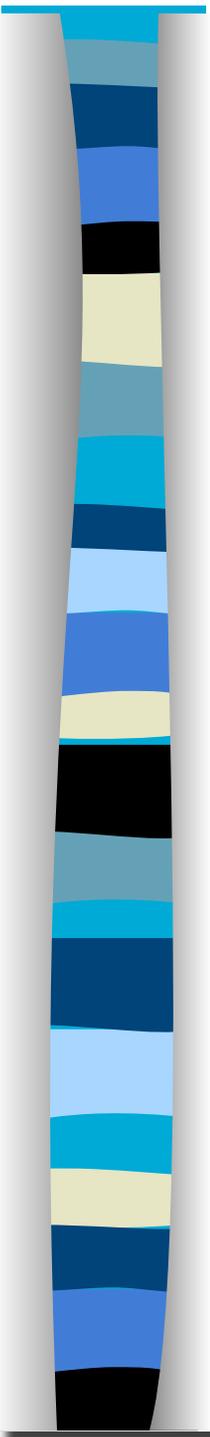


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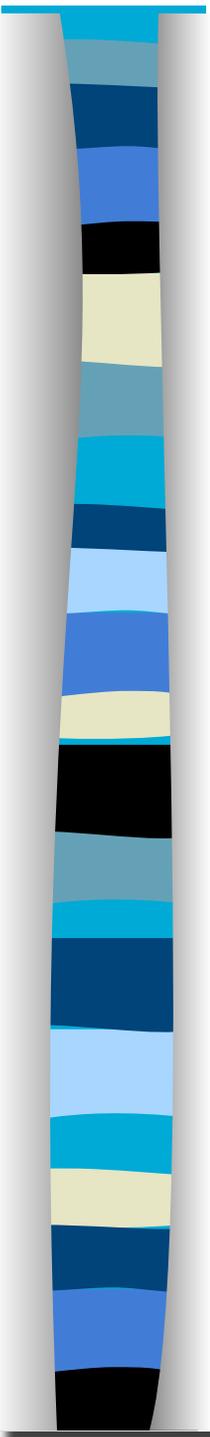


Study Types

In a clinical trial, the control group:

- A. Is selected using a randomized premise
- B. Receives the placebo
- C. Receives the real treatment
- D. Is selected using a nonrandomized premise

Q

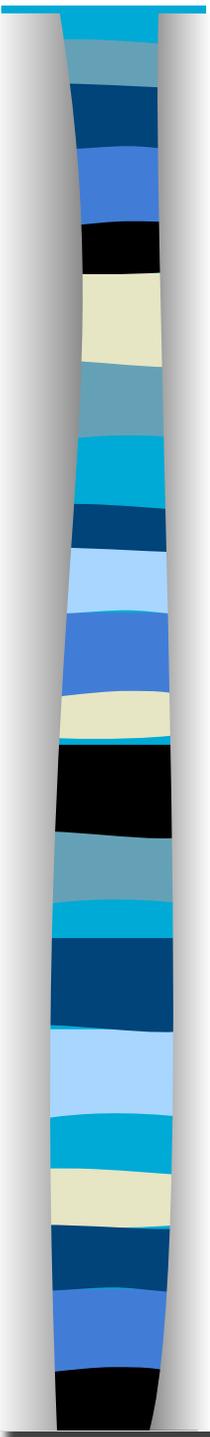


Study Types

In a clinical trial, the control group:

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A

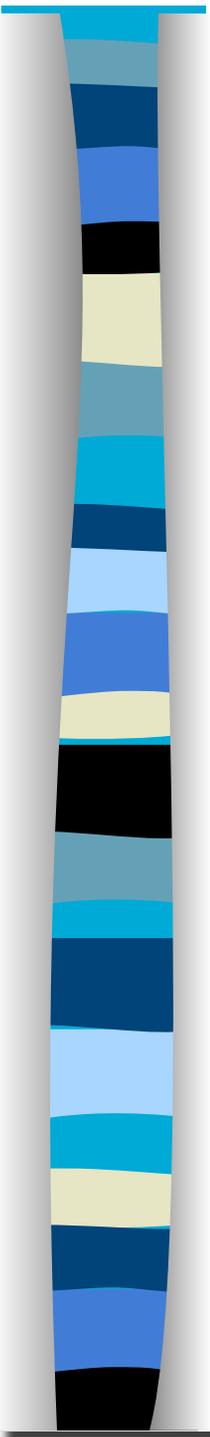


Study Types

In a clinical trial, the active treatment group:

- A. Receives a placebo
- B. Receives the real treatment or medication
- C. Is selected using a randomized premise
- D. Is selected using a nonrandomized premise

Q

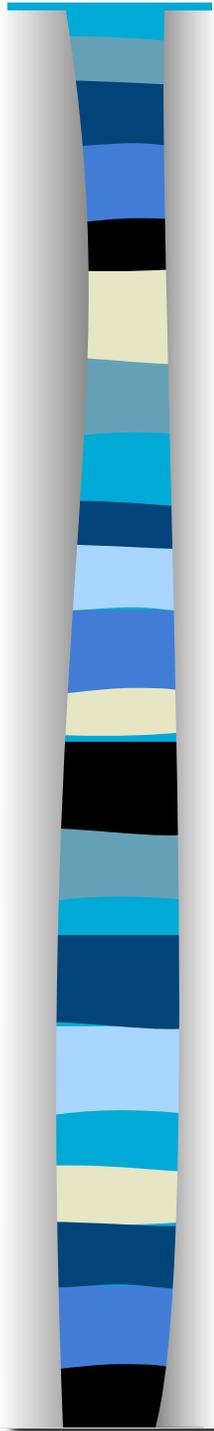


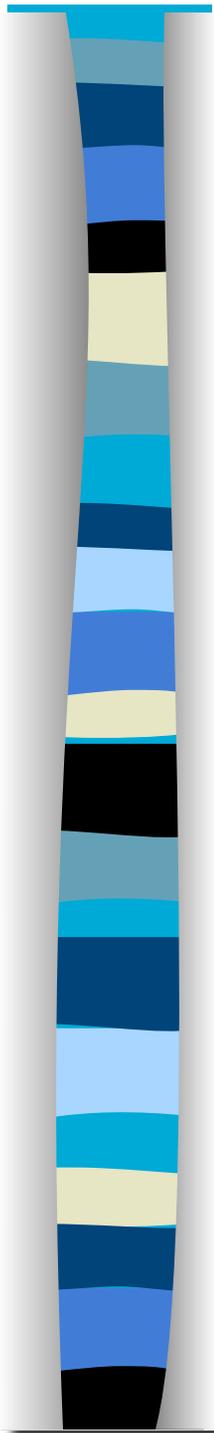
Study Types

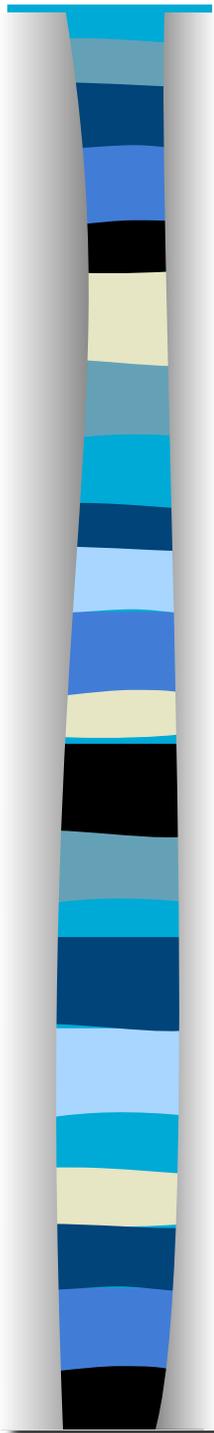
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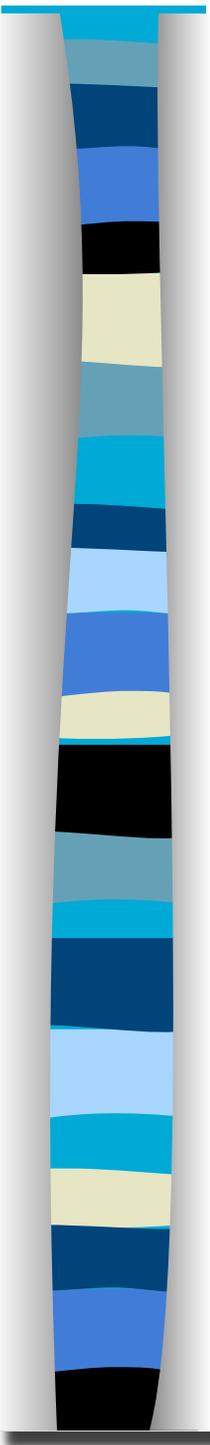
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- B. Receives the real treatment or medication**
- C. Is selected using a randomized premise
- D. Is selected using a nonrandomized premise

A





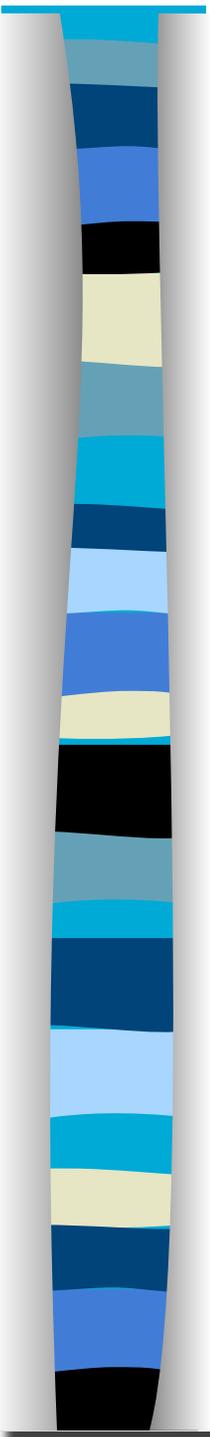




ABMP Exam Coach

Massage Theory: Research Literacy

Research Section



Research Section

This section of a research article describes the history of the question under investigation, why the research study is important, and its objectives:

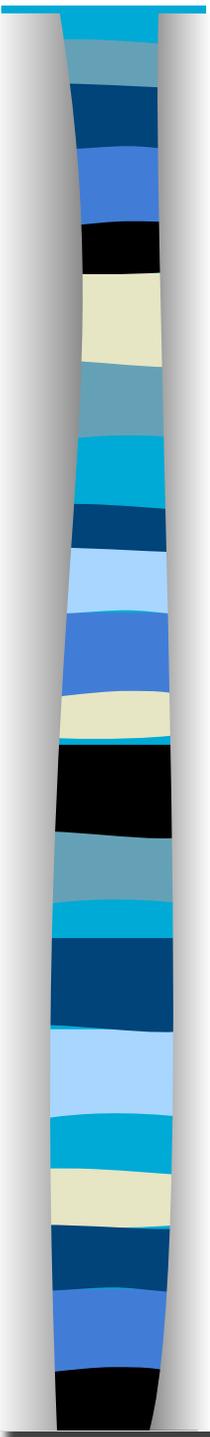
A. Results

B. References

C. Methods

D. Introduction

Q



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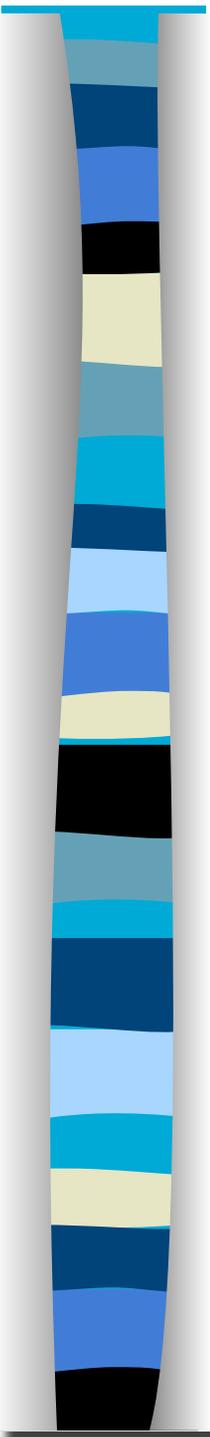
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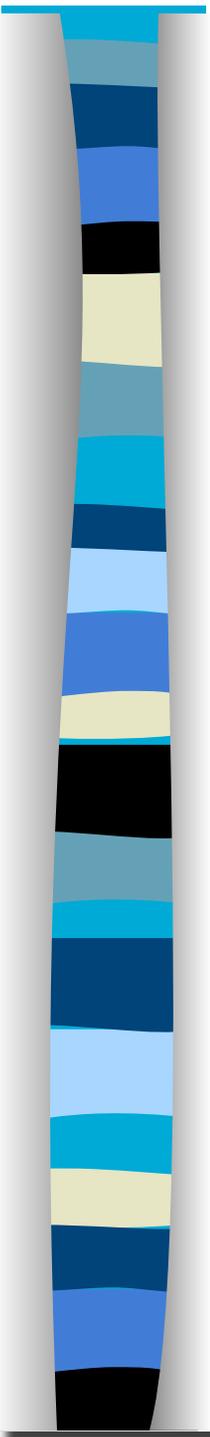


Research Section

This section of a research article describes the research plan and how each step was carried out:

- A. Abstract
- B. Results
- C. Methods
- D. Introduction

Q



Research Section

This section of a research article describes the research plan and how each step was carried out:

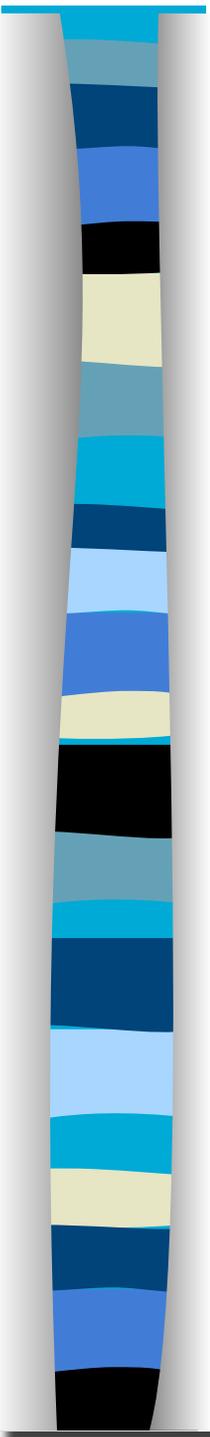
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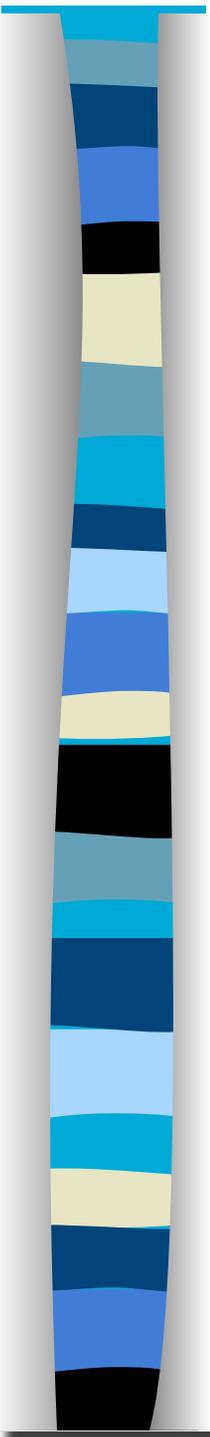


Research Section

This section of a research article interprets the meaning of results, explains their implications, provides links to other research, and draws conclusions:

- A. Methods
- B. Discussion
- C. Introduction
- D. Abstract

Q



Research Section

This section of a research article interprets the meaning of results, explains their implications, provides links to other research, and draws conclusions:

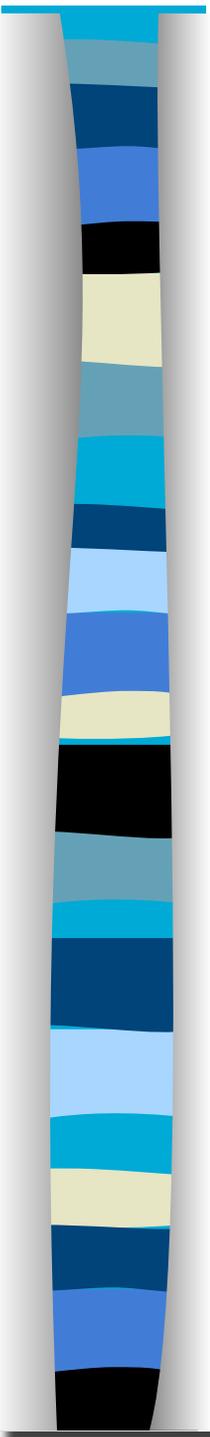
A. Methods

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A



Research Sections

This section of a research article analyzes the data gathered and outcomes:

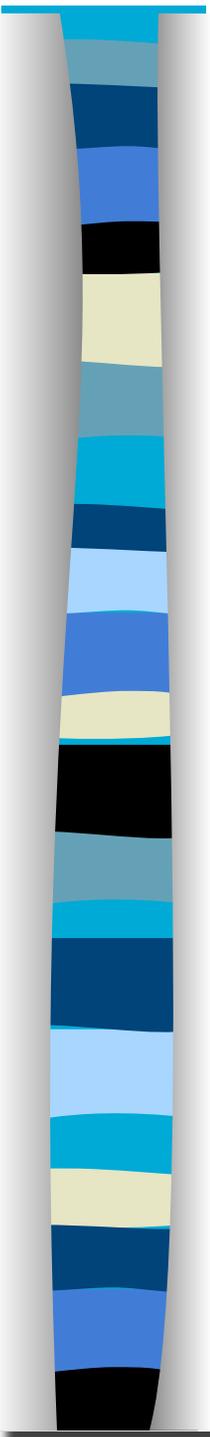
A. Introduction

B. Methods

C. References

D. Results

Q



Research Sections

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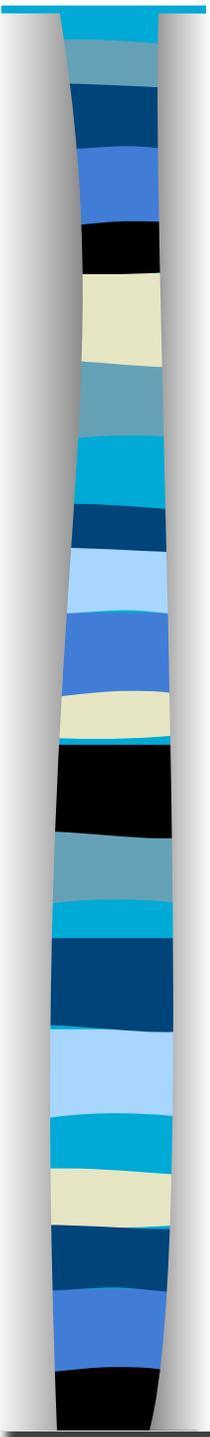
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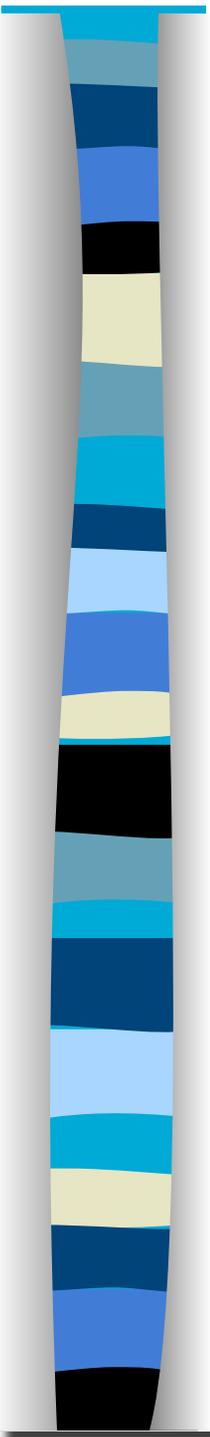


Research Section

The section of a research article that summarizes the research in a quick overview is called the:

- A. Methods
- B. Results
- C. Introduction
- D. Abstract

Q

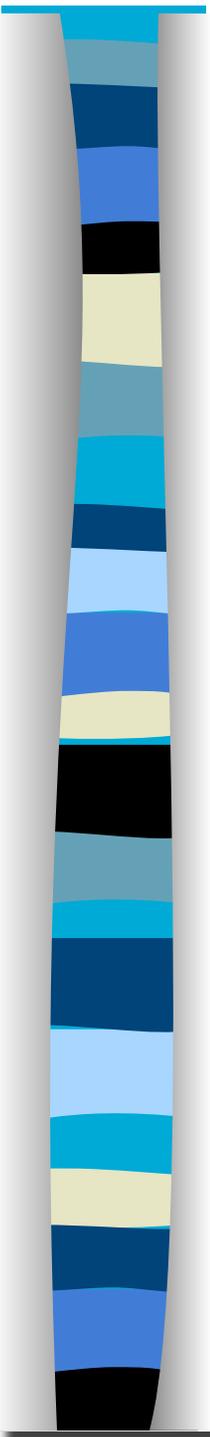


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Research Section

This section of a research article lists the texts, articles, or other research used in the development of the study:

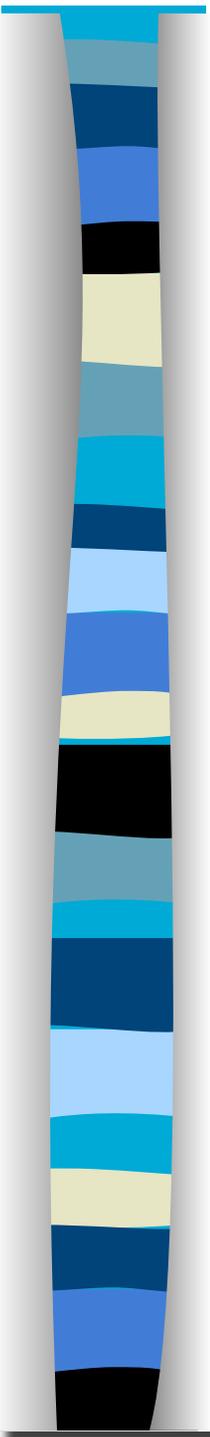
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Q



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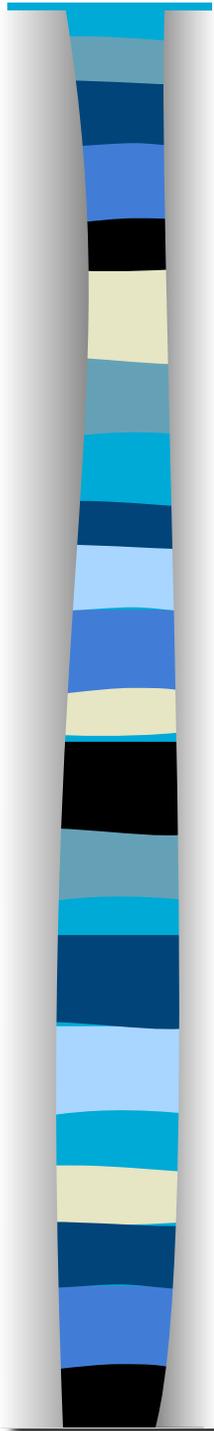
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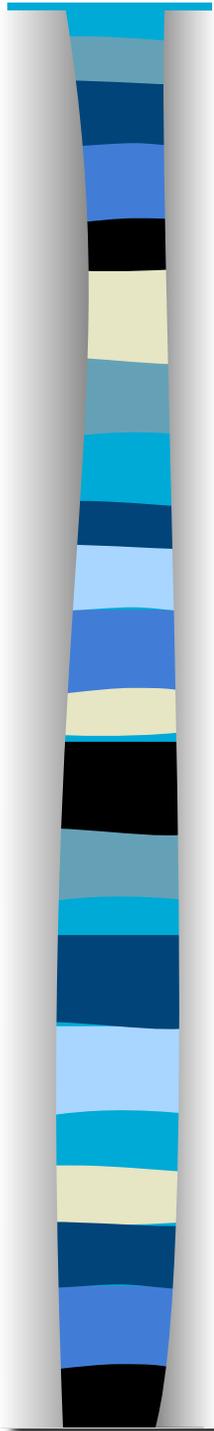
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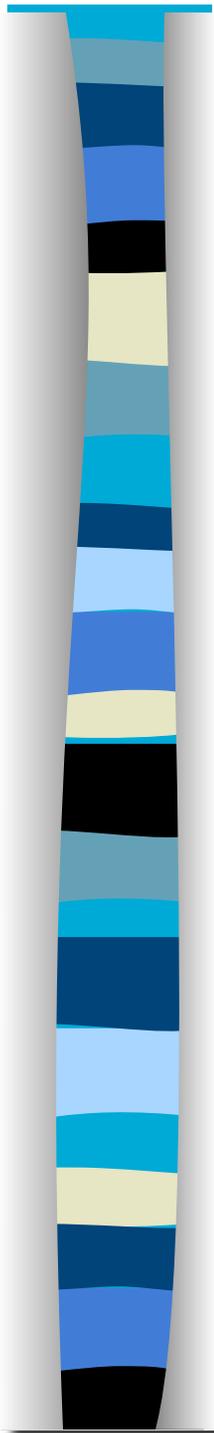
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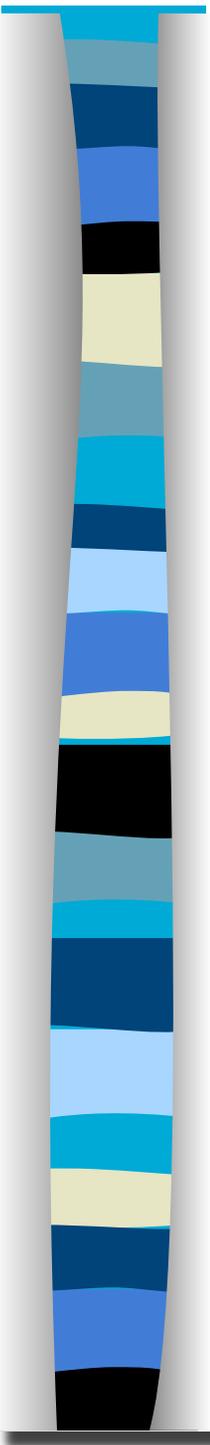
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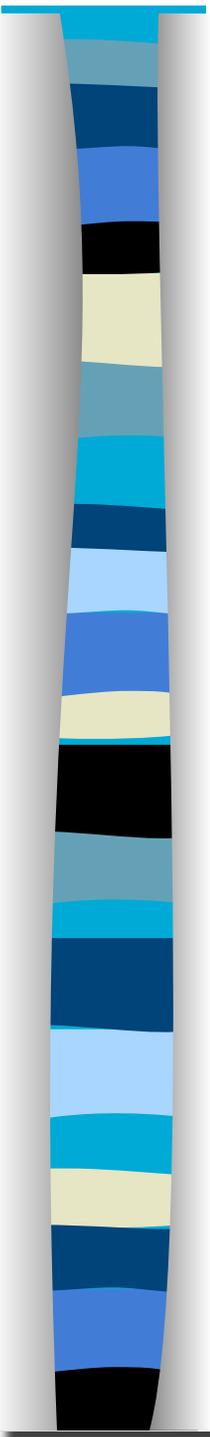




ABMP Exam Coach

Massage Theory: Benefits & Effects

Effects

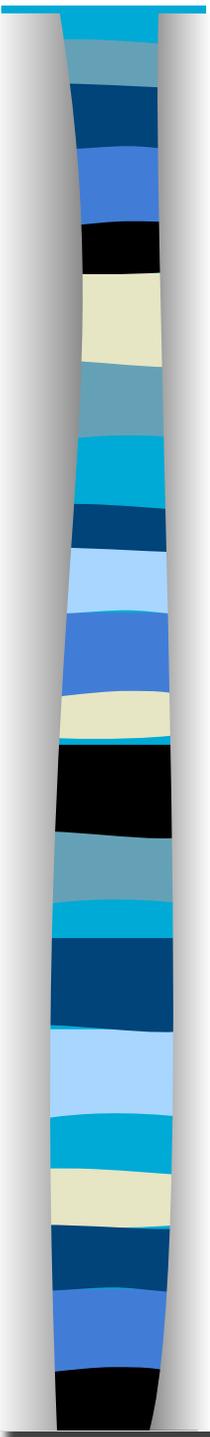


Effects

An "effect" in massage is best described as:

- A. The result or consequence of a contraindication
- B. The result or consequence of a thought pattern
- C. The result or consequence of an area of caution
- D. The result or consequence of an action

Q



Effects

An "effect" in massage is best described as:

- A. The result or consequence of a contraindication
- B. The result or consequence of a thought pattern
- C. The result or consequence of an area of caution
- D. The result or consequence of an action**

A

Effects

Primary effects from massage are:

- A. The first effects to occur in the tissue
- B. The first effects to occur in the nervous system
- C. The first effects to occur in the psychometric system
- D. The first effects to occur in the endocrine system

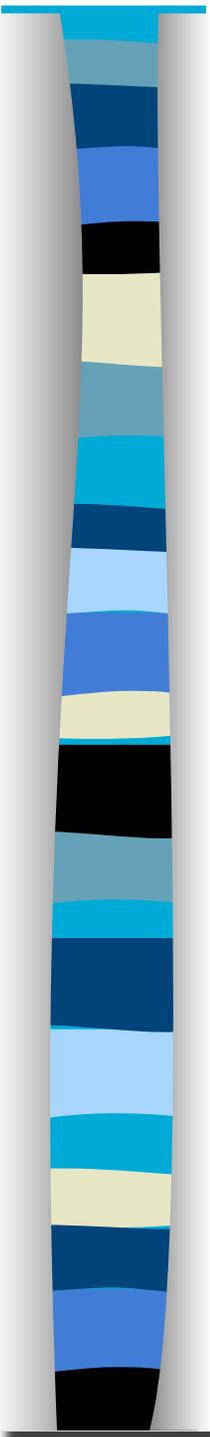
Q

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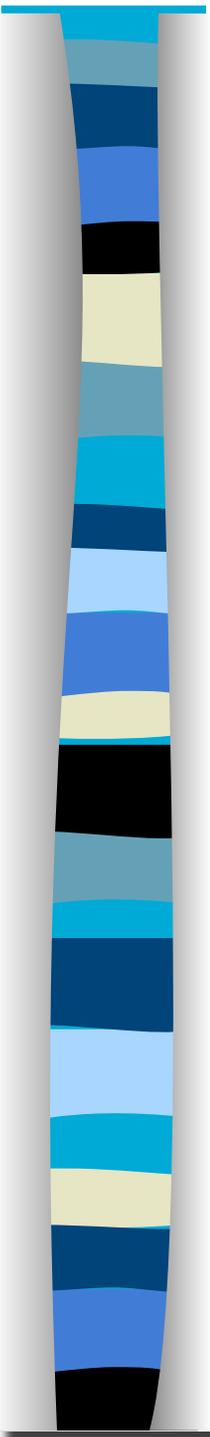


Effects

Secondary effects of massage are:

- A. Effects that occur as a result of primary effects
- B. Effects that occur as a result of involuntary effects
- C. Effects that occur as a result of structural effects
- D. Effects that occur as a result of systemic effects

Q



Effects

Secondary effects of massage are:

- A. Effects that occur as a result of primary effects**
- B. Effects that occur as a result of involuntary effects
- C. Effects that occur as a result of structural effects
- D. Effects that occur as a result of systemic effects

A

Effects

Physical changes that improve the health of soft tissues in the body are referred to as:

- A. Psychological effects
- B. Systemic effects
- C. Structural effects
- D. Nerve effects

Q

Effects

Physical changes that improve the health of soft tissues in the body are referred to as:

- A. Psychological effects
- B. Systemic effects
- C. Structural effects**
- D. Nerve effects

A

Effects

Structural effects of massage are:

- A. Effects on the structures of the body
- B. Effects on growth hormone and lean muscle mass
- C. Effects on nervous tissue that result in mental/emotional health
- D. Effects on the piezoelectricity of the body

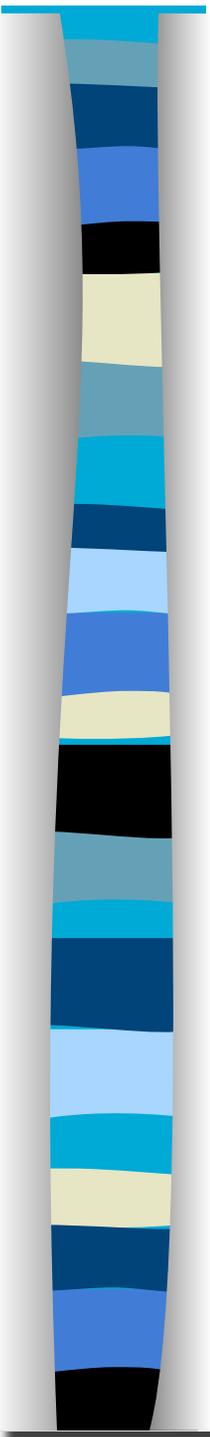
Q

Effects

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- A. Effects on the structures of the body**
- B. Effects on growth hormone and lean muscle mass
- C. Effects on nervous tissue that result in mental/emotional health
- D. Effects on the piezoelectricity of the body

A



Effects

Systemic effects of massage are:

- A. Effects that cause changes to the body's chemistry, circulation, metabolism, and nervous system
- B. Effects that cause the nervous system to become hyperactive, and lead to homeostatic shifts at a cellular level
- C. Effects that cause reflexes to fire and change the resting length of muscles
- D. Effects that cause changes to the entire skeletal system and thereby influence muscular length and tone

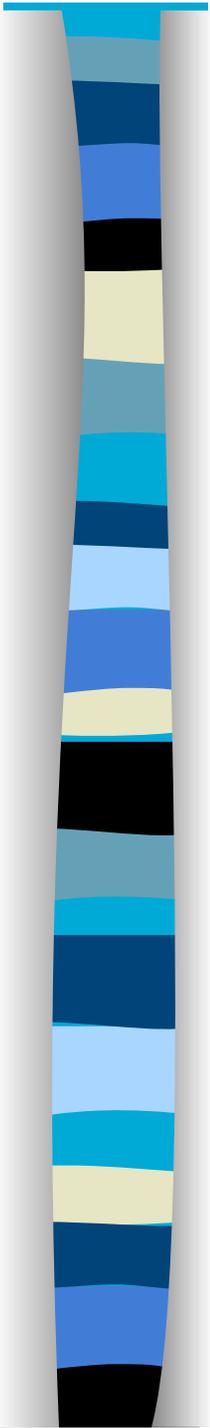
Q

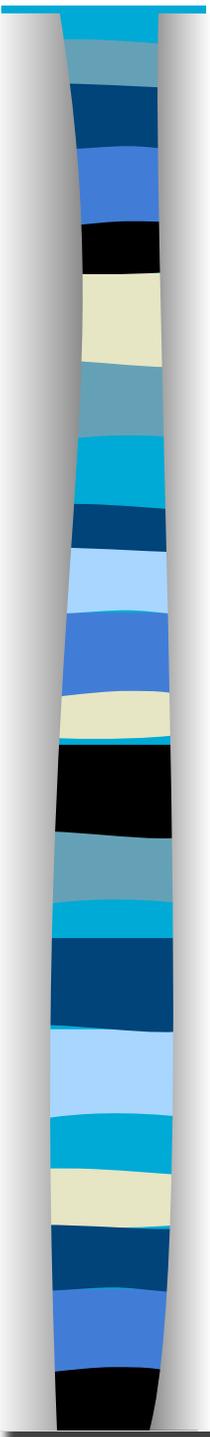
Effects

Systemic effects of massage are:

- A. Effects that cause changes to the body's chemistry, circulation, metabolism, and nervous system**
- B. Effects that cause the nervous system to become hyperactive, and lead to homeostatic shifts at a cellular level
- C. Effects that cause reflexes to fire and change the resting length of muscles
- D. Effects that cause changes to the entire skeletal system and thereby influence muscular length and tone

A





Effects

Psychological effects of massage are:

- A. Effects that occur in the emotions
- B. Effects that occur in the spirit
- C. Effects that occur in the body
- D. Effects that occur in the mind

Effects

Psychological effects of massage are:

- A. Effects that occur in the emotions
- B. Effects that occur in the spirit
- C. Effects that occur in the body
- D. Effects that occur in the mind**

A

Effects

The client's mental and emotional experience of a massage session is a result of:

- A. Physiological effects
- B. Psychological effects
- C. Mechanical effects
- D. Structural effects

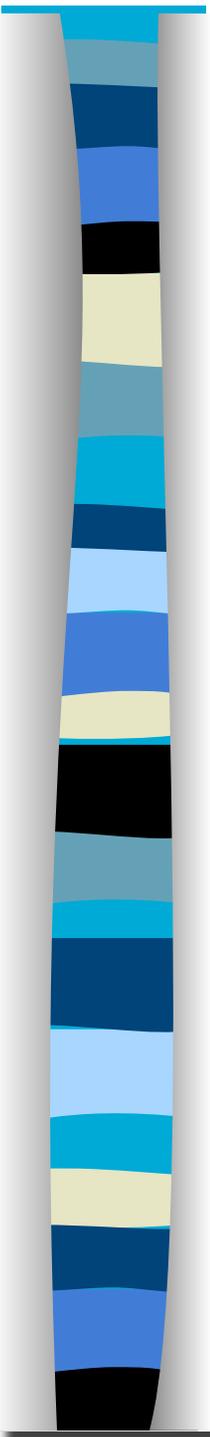
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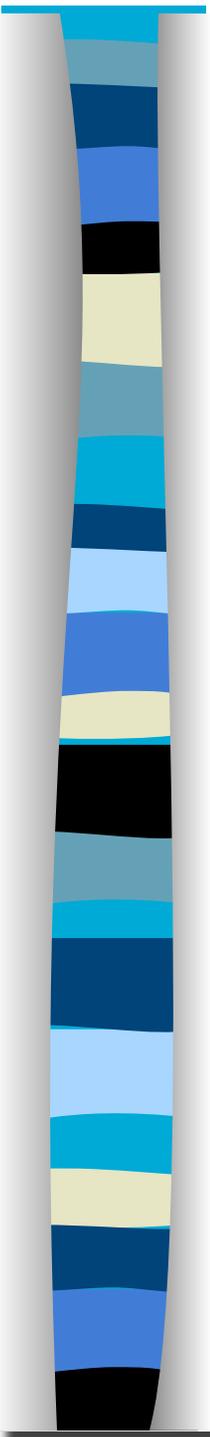


Effects

A common psychological side effect of chronic pain conditions such as fibromyalgia or myofascial pain syndrome is some level of:

- A. ADHD
- B. Depression
- C. Bulimia
- D. Schizophrenia

Q

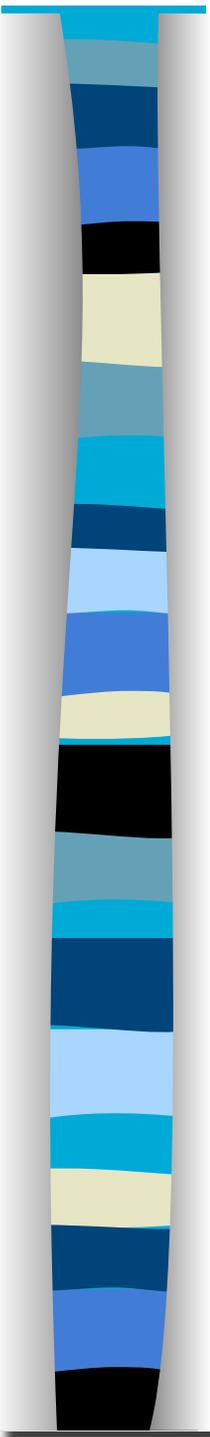


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Effects

Physiological effects of massage are:

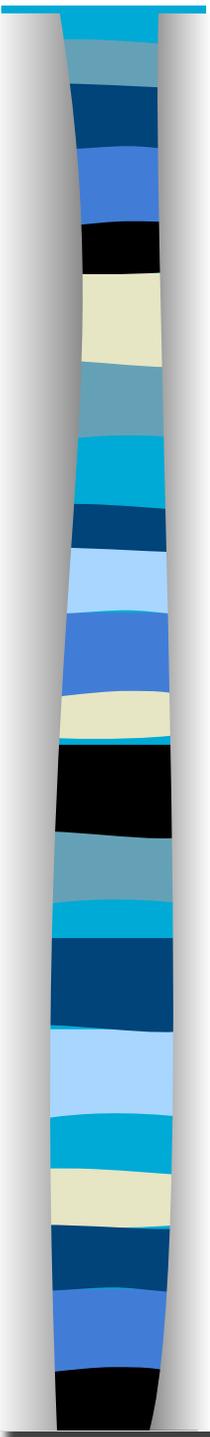
- A. Effects that occur in the emotions
- B. Effects that occur in the body
- C. Effects that occur in the mind
- D. Effects that occur in the spirit

Effects

Physiological effects of massage are:

- A. Effects that occur in the emotions
- B. Effects that occur in the body**
- C. Effects that occur in the mind
- D. Effects that occur in the spirit

A

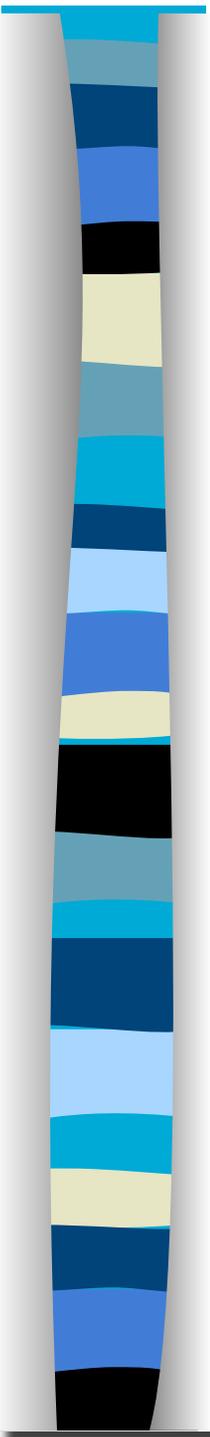


Effects

A physiological effect of massage that supports stress management is:

- A. Activation of trigger points to improve immune function
- B. Activation of the parasympathetic nervous system response
- C. Activation of the sympathetic nervous system response
- D. Activation of reflex mechanisms to support full-body blood circulation

Q

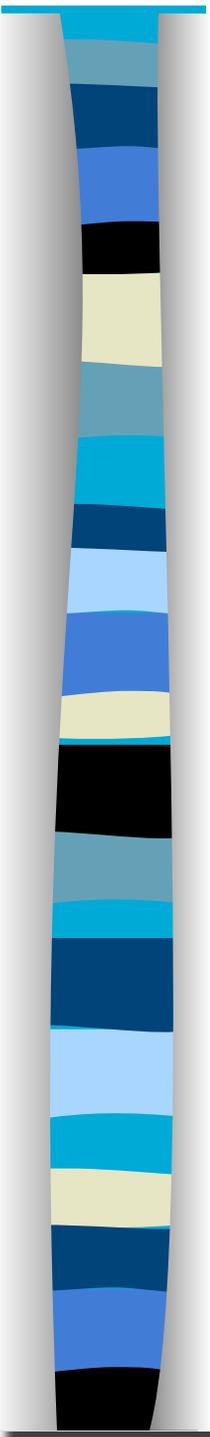


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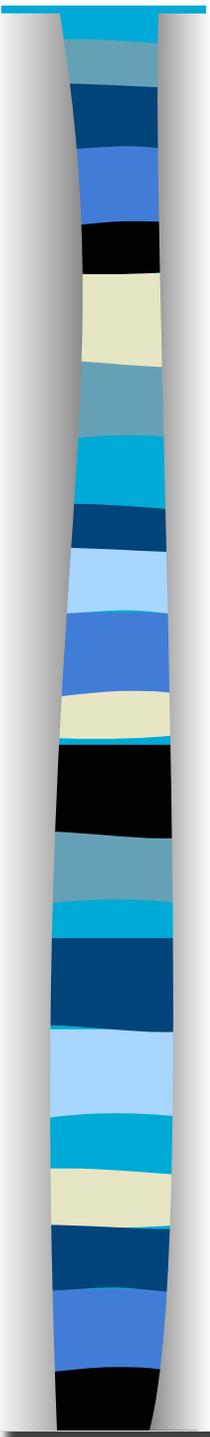


Effects

A mechanical effect might be caused if the therapist:

- A. Lifts, compresses, rubs, twists, or pulls on the client's soft tissue
- B. Influences the endocrine system with touch so that the entire body benefits
- C. Focuses his or her energy to do the client good
- D. Influences the nervous system with touch so that the entire body benefits

Q



Effects

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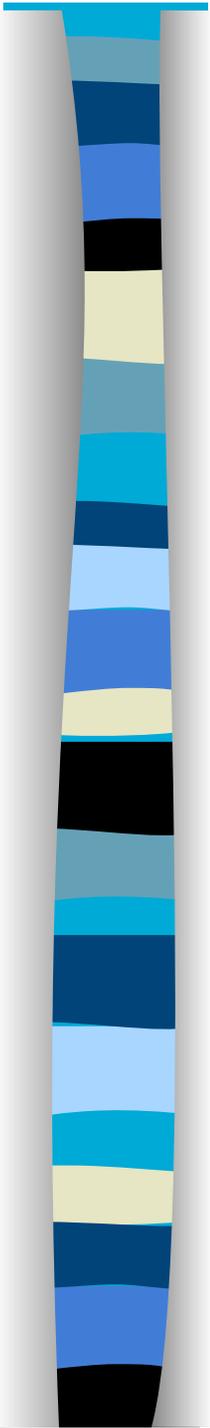
A

Effects

Mechanical effects from massage occur from:

- A. The direct manipulation of the client's tissue by the therapist's hands
- B. The indirect manipulation of the client's electromagnetic field by the therapist's intent
- C. The direct manipulation of the client's electromagnetic field by the therapist's intent
- D. The indirect manipulation of the client's tissue by use of massage tools

Q

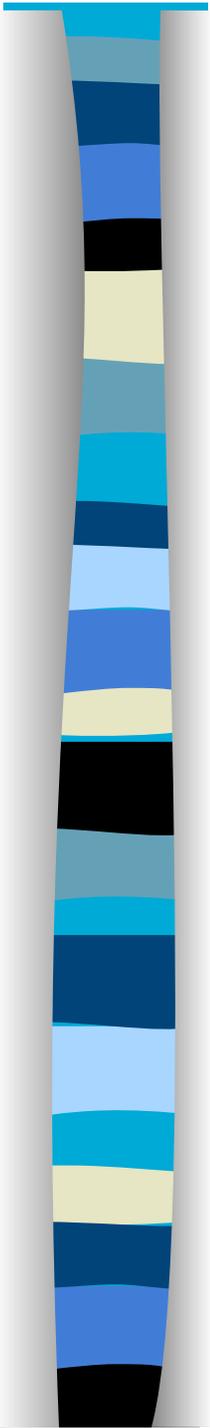


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- D. The indirect manipulation of the client's tissue by use of massage tools

A



Effects

Massage techniques stimulate sebaceous gland activity. This is a:

- A. Mechanical effect
- B. Energetic effect
- C. Psychological effect
- D. Systemic effect

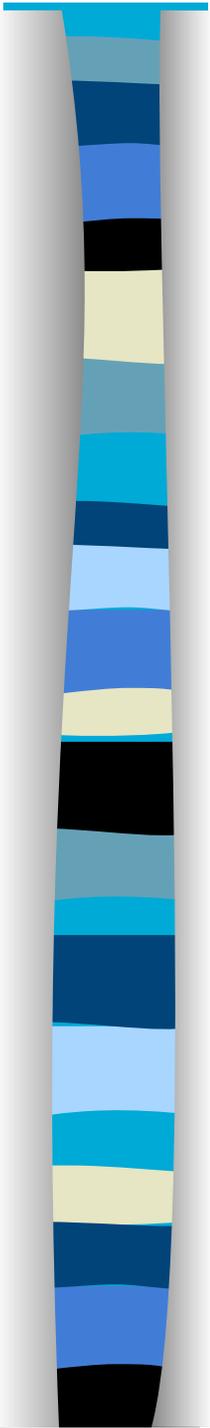
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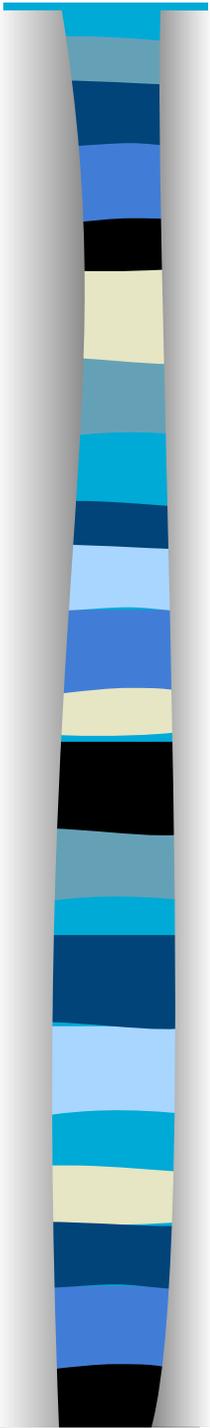


Effects

These types of effects are the direct result of manual manipulation of soft tissue, for example, the separation of muscle fibers that occurs with moderate to deep pressure.

- A. Reflexive
- B. Bioenergetic
- C. Secondary
- D. Mechanical

Q

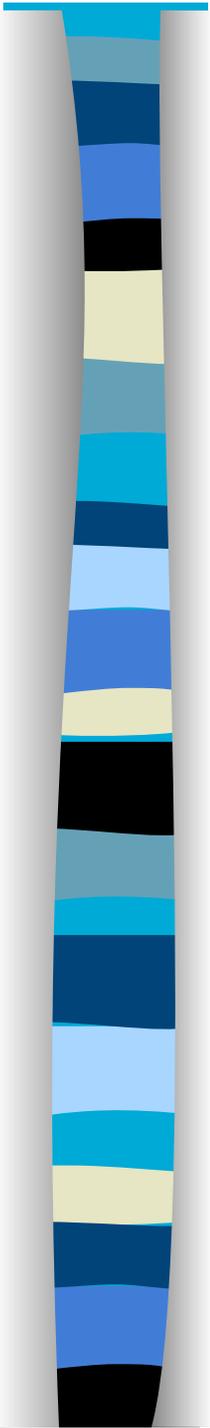


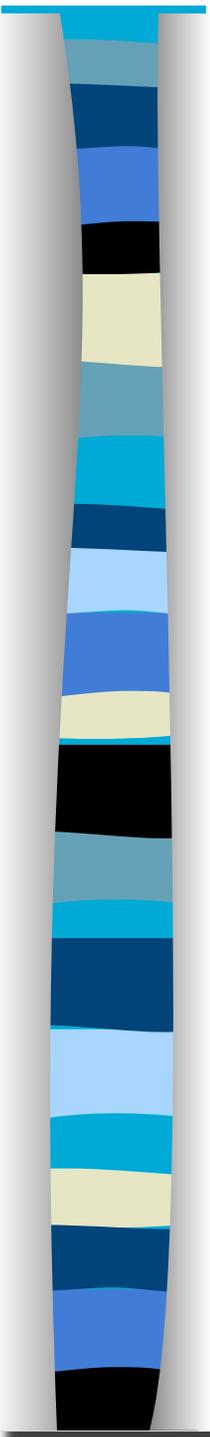
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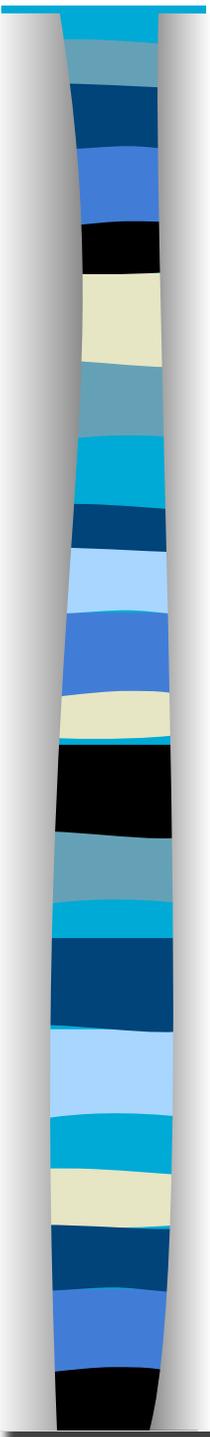


Effects

Massage demonstrates positive effects on some reflexes of the body that help support homeostasis. A reflex is best defined as:

- A. A voluntary response to a stimulus
- B. An involuntary response to a stimulus
- C. An involuntary response of the nervous system that allows a voluntary response of the muscular system
- D. An involuntary response of the muscular system that allows a manipulated voluntary response of the nervous system

Q



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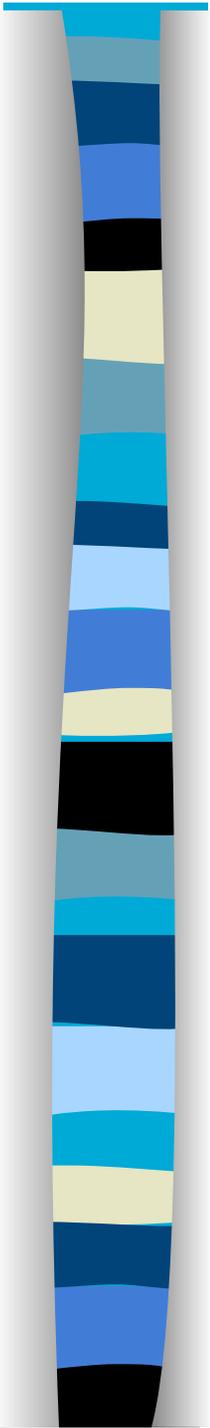
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Effects

The relaxation response brought on by activation of the parasympathetic nervous system is an example of this effect.

- A. Reflexive
- B. Stimulating
- C. Structural
- D. Mechanical

Q

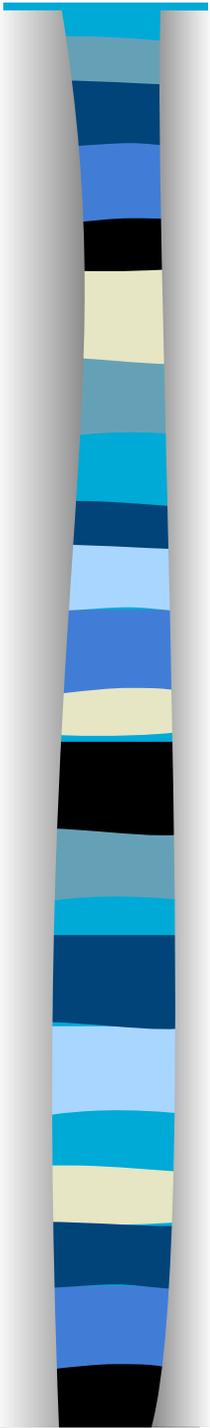


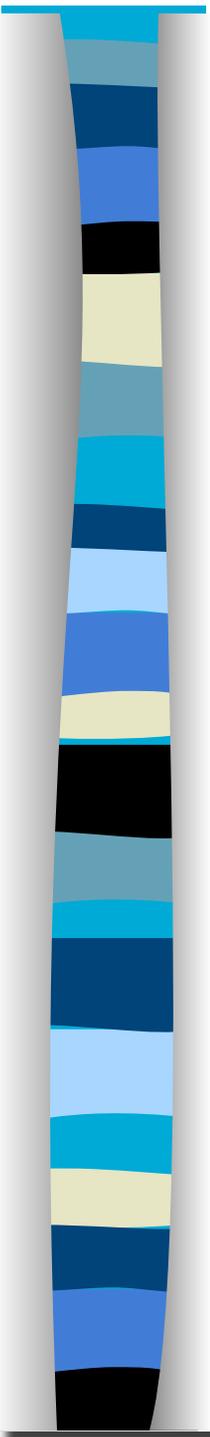
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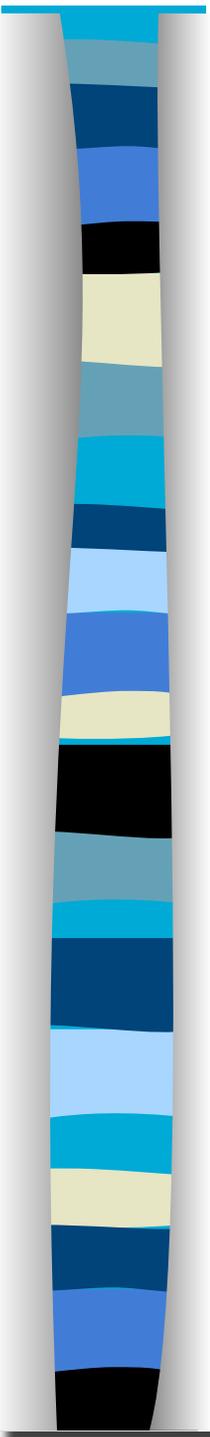


Effects

If massage stimulates a sense organ in a particular area of the body, it may cause an involuntary and rapid response of the nervous system leading to:

- A. An energetic effect
- B. A psychosomatic effect
- C. A mechanical effect
- D. A reflexive effect

Q



Effects

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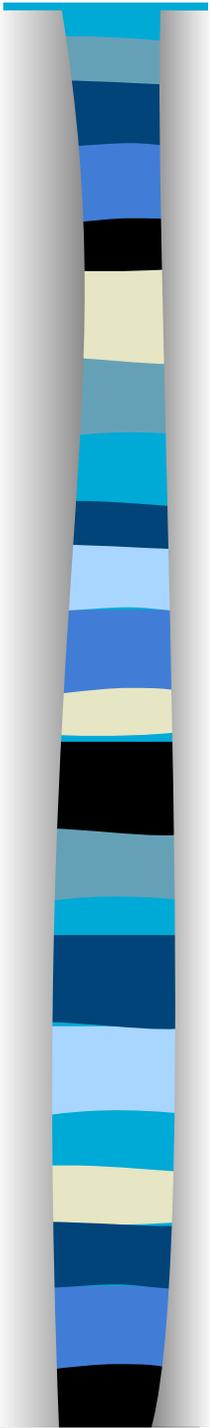
A

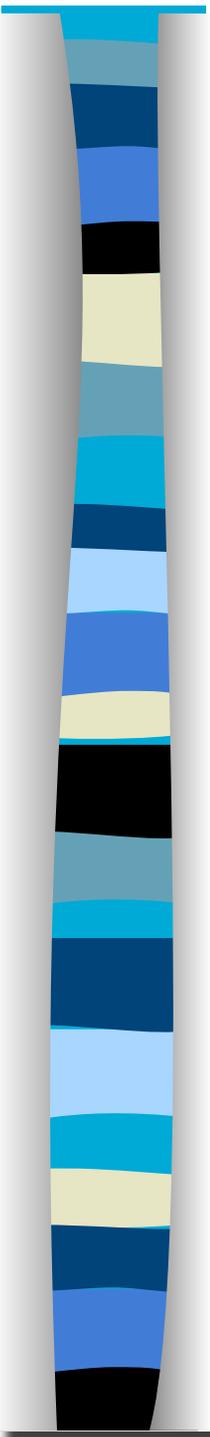
Effects

Neuromuscular and somatic mechanisms can be manipulated by massage techniques to alter muscle tension patterns and "reeducate" proprioceptors. This is an example of:

- A. A reflexive effect on the muscular system that produces a physiological effect in the nervous system
- B. A systemic effect of the muscular system produced by a secondary effect on the nervous system
- C. A systemic effect of the endocrine system produced by a primary effect on the muscular system
- D. A reflexive effect on the nervous system that produces a physiological effect on the muscular system

Q



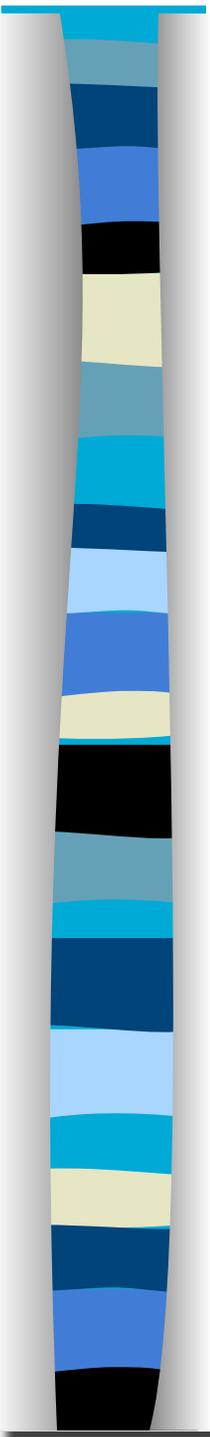


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A

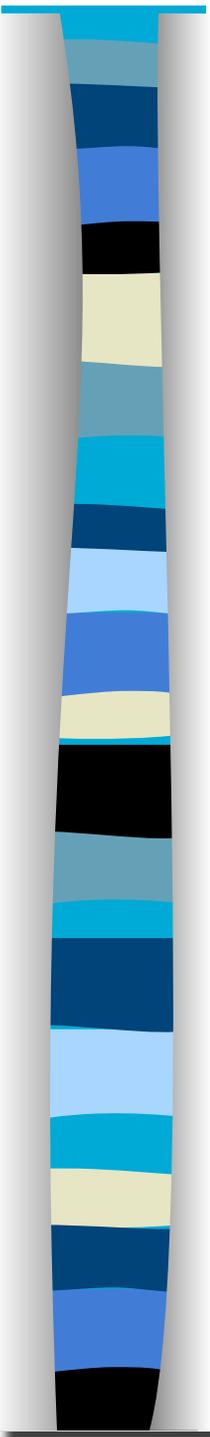


Effects

The environment, the attitude of the person administering the treatment, and the client's confidence in the effectiveness of the treatment all contribute to the:

- A. Hyperstimulation analgesia
- B. Resistance reaction
- C. Placebo effect
- D. General adaptation syndrome

Q



Effects

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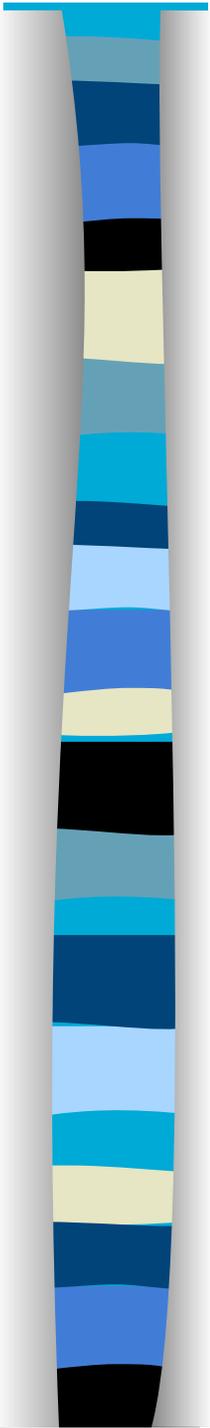
A

Effects

An example of a somatic reflex is:

- A. A trigger-point response
- B. The stretch reflex
- C. An area of edema forming at the end of the massage
- D. The axon reflex

Q

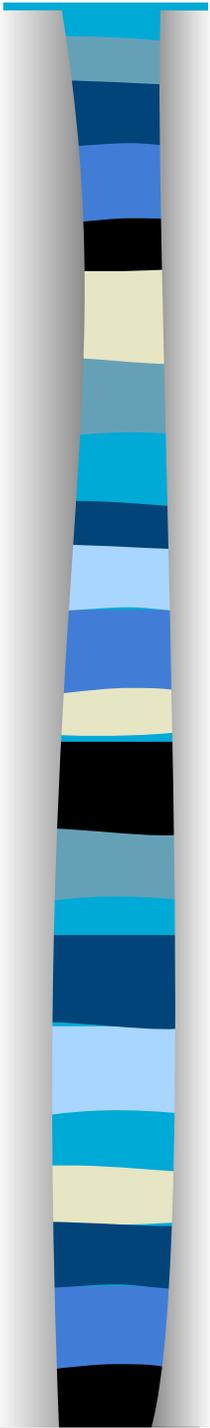


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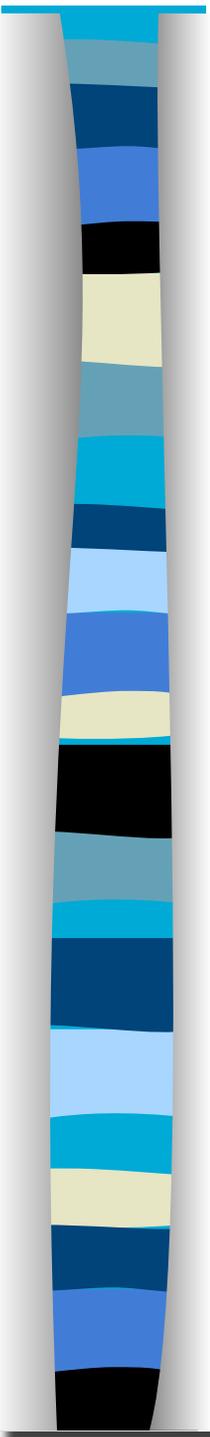


Effects

Cumulative effects of massage are:

- A. The buildup of positive effects and benefits to the body over time
- B. The primary effect of massage as the result of one session
- C. The primary effect of massage on the endocrine system
- D. The buildup of muscular tension that occurs when massage is not received regularly

Q



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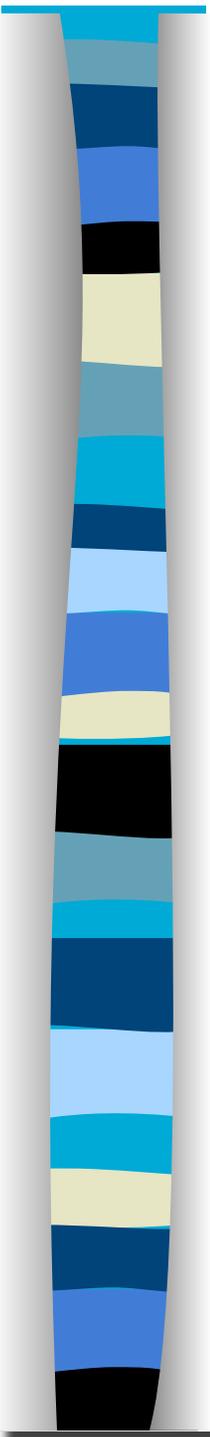
A

Effects

Which of the following is an effect of massage on the respiratory system?

- A. Reduces lung damage from heavy metals
- B. Increases respiration rate
- C. Reduces spread of lung cancer
- D. Slows respiration rate

Q

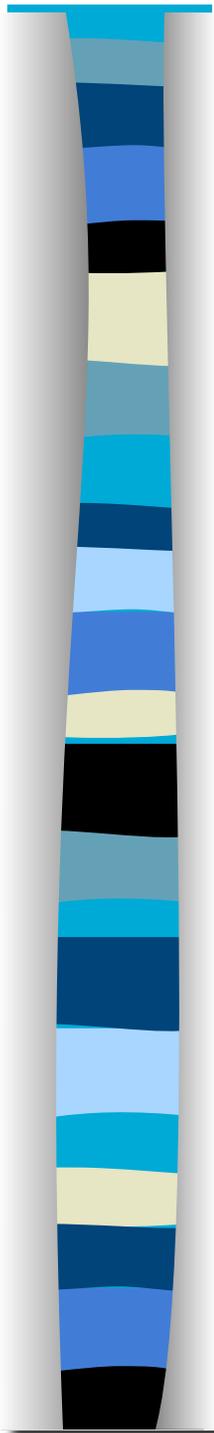


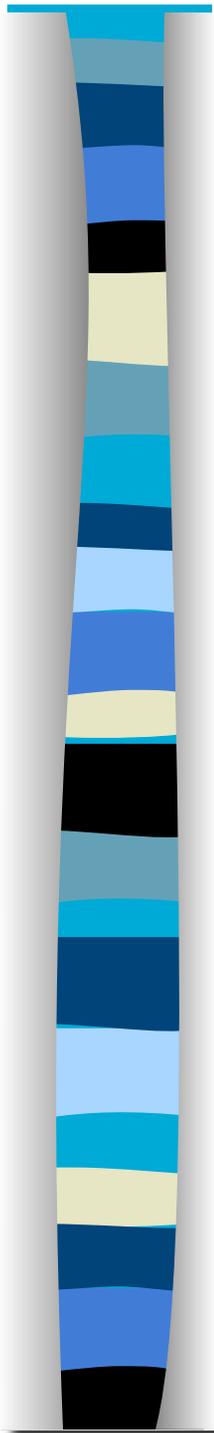
Effects

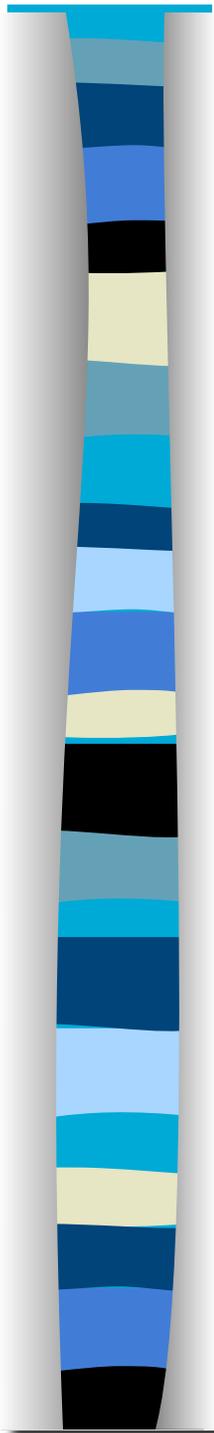
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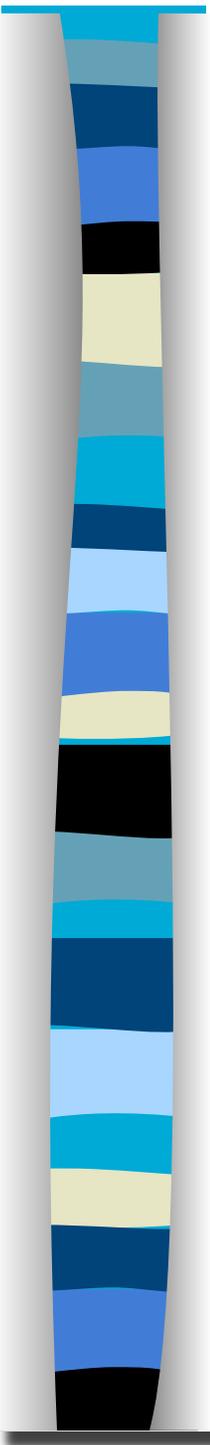
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A





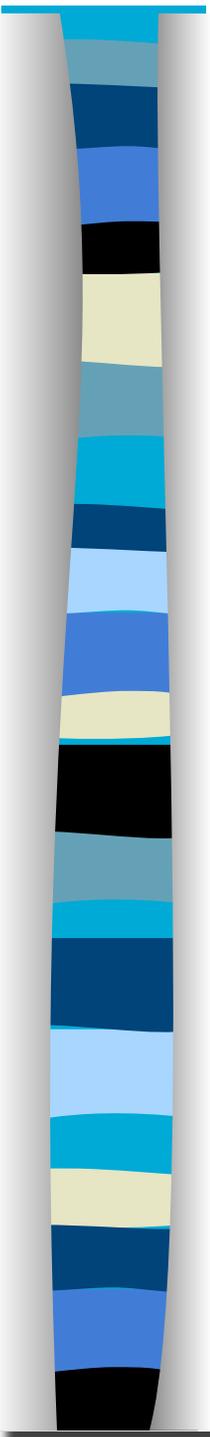




ABMP Exam Coach

Massage Theory: Benefits & Effects

Benefits

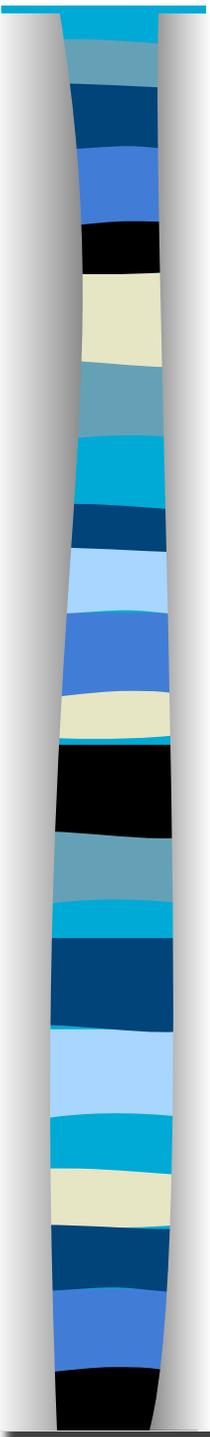


Benefits

In massage therapy, "indication" means:

- A. That the application of massage may cause complications
- B. That the application of massage is advisable and likely to benefit the client positively
- C. That the application of massage is contraindicated
- D. That the application of massage is unadvised and likely to harm the client in some way

Q



Benefits

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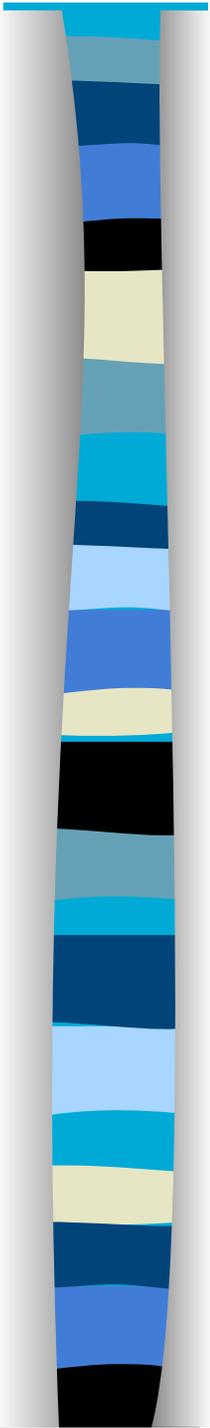
A

Benefits

Massage can help reduce feelings of anxiety commonly associated with hyperstimulation of this branch of the autonomic nervous system:

- A. Motor
- B. Peripheral
- C. Sympathetic
- D. Parasympathetic

Q

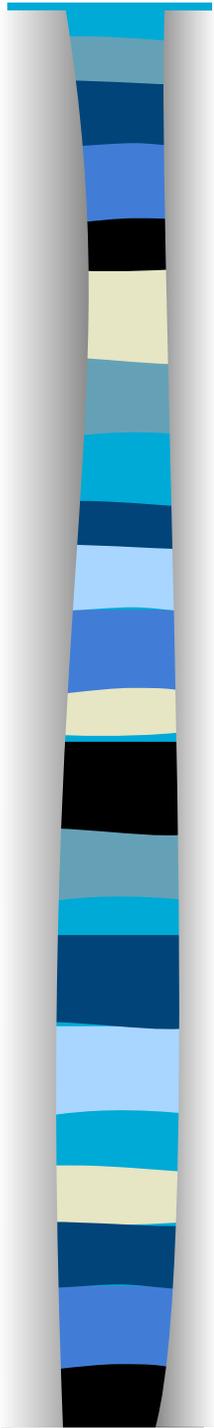


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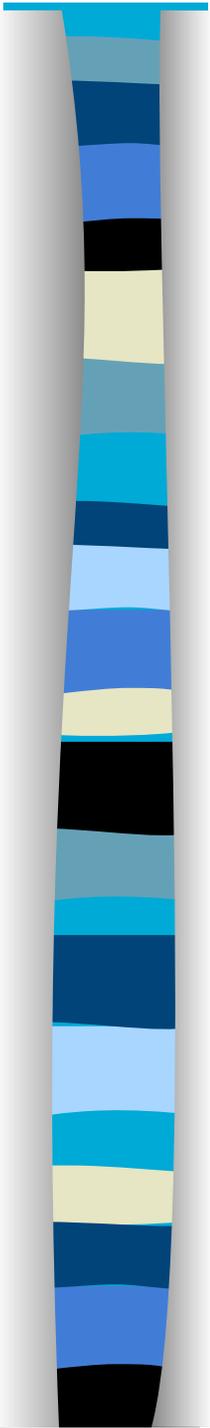


Benefits

One somatic reflex that can be manipulated by massage application methods is:

- A. The trigger-point reflex
- B. The axon reflex
- C. The tendon reflex
- D. The respiratory reflex

Q

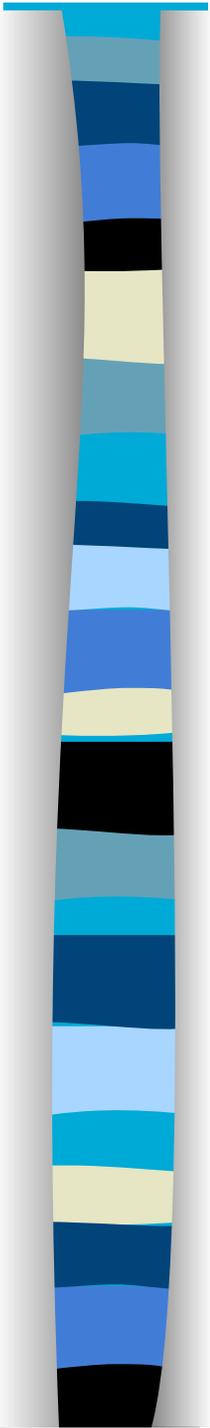


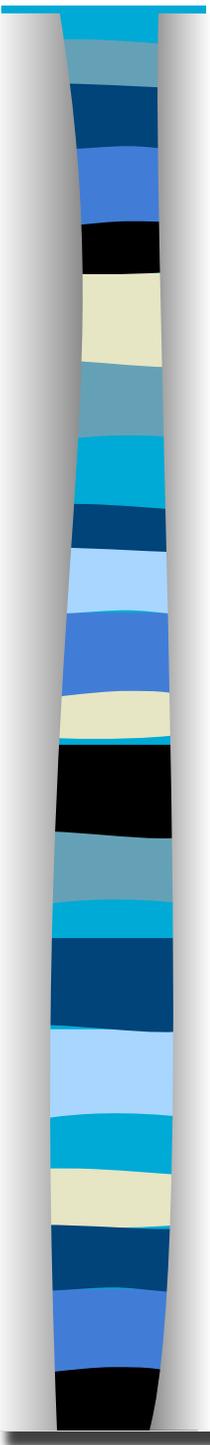
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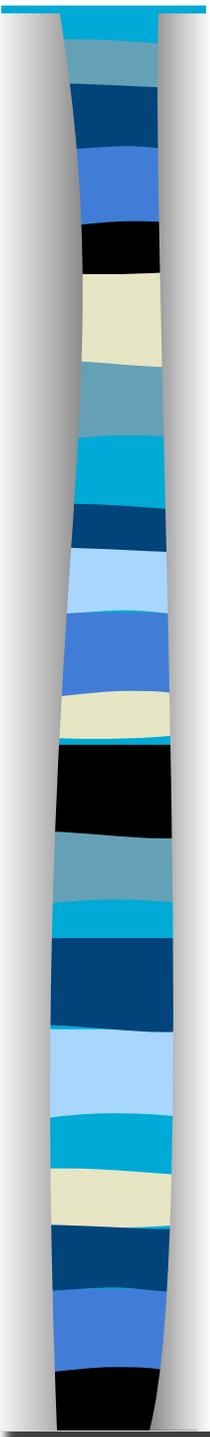


Benefits

In a study, 19 women diagnosed with anorexia nervosa were given standard treatment and massage, or just standard treatment. The massage group had lower cortisol levels and reported less stress, anxiety, and body dissatisfaction than the standard treatment-only group. Based on this study, massage is:

- A. Indicated for people with anorexia nervosa
- B. Indicated for people with anorexia nervosa and also indicated for people with cerebral palsy
- C. Contraindicated for people with anorexia nervosa
- D. Contraindicated for people with anorexia nervosa but indicated for people with bulimia

Q



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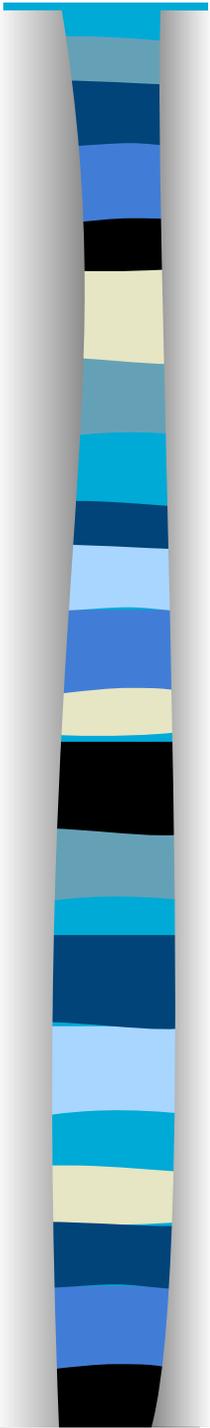
A

Benefits

The nervous system branch that is responsible for slowing the heart rate, increasing digestive activity, and encouraging rest is the:

- A. Motor nervous system
- B. Sensory nervous system
- C. Sympathetic nervous system
- D. Parasympathetic nervous system

Q

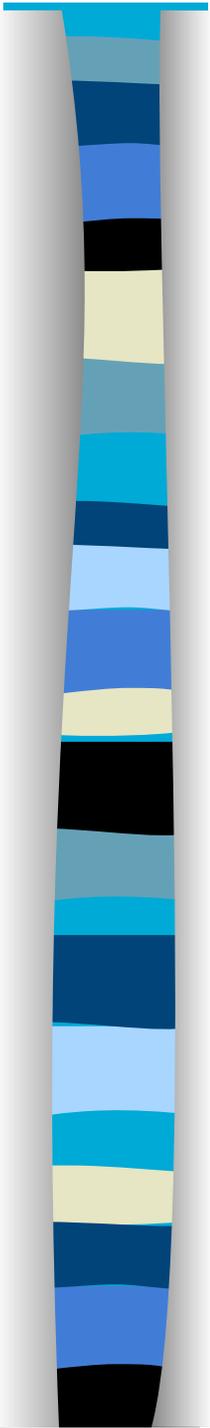


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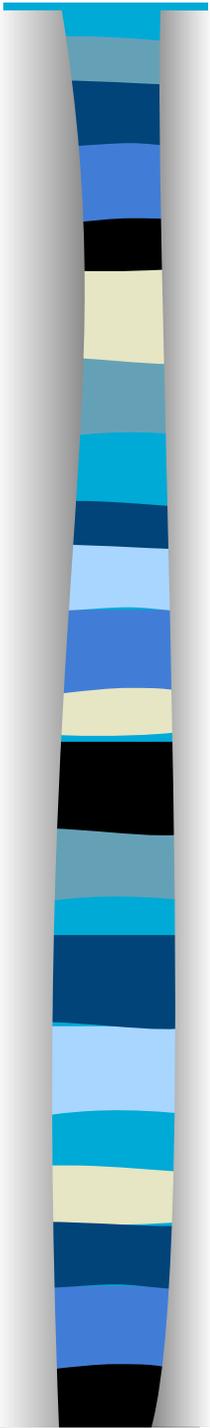


Benefits

By inducing this type of nervous system response, massage promotes relaxation.

- A. Parasympathetic
- B. Somatic
- C. Sympathetic
- D. Motor

Q



Benefits

By inducing this type of nervous system response, massage promotes relaxation.

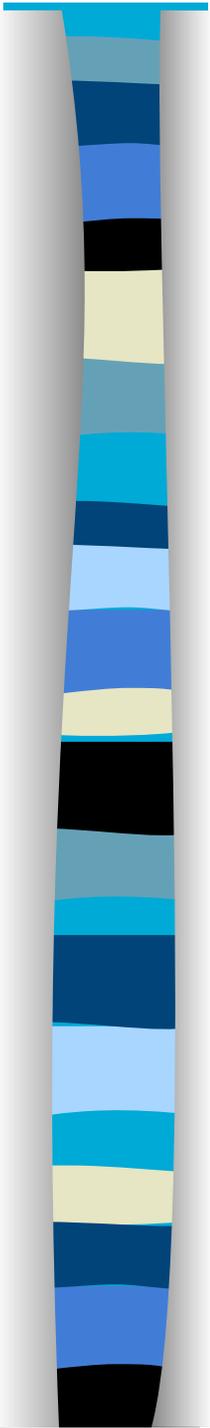
A. Parasympathetic

B. Somatic

C. Sympathetic

D. Motor

A



Benefits

Stimulation of large-diameter fibers that suppress the sensation of pain transmitted by small-diameter fibers is known as:

- A. Piezoelectricity
- B. Hyperstimulation analgesia
- C. Somatic nerve stimulation
- D. Noxious stimulation

Q

Benefits

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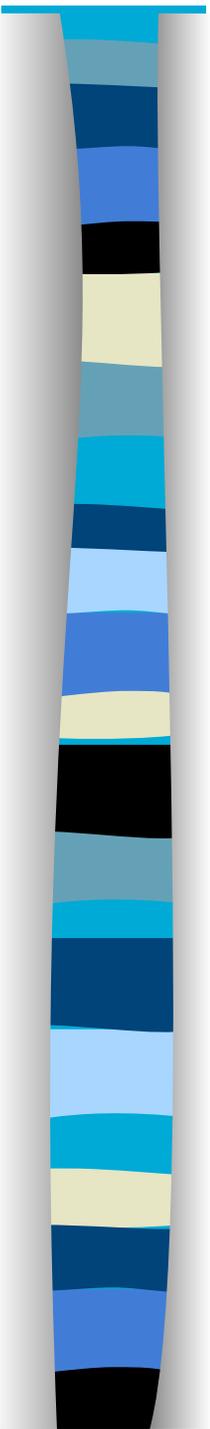
- A. Piezoelectricity
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- D. Noxious stimulation

A

Benefits

The movement of the therapist's hands over the skin desquamates dead skin cells. This is a physiological effect of massage on the:

- A. Integumentary system
- B. Muscular system
- C. Endocrine system
- D. Nervous system



Q

Benefits

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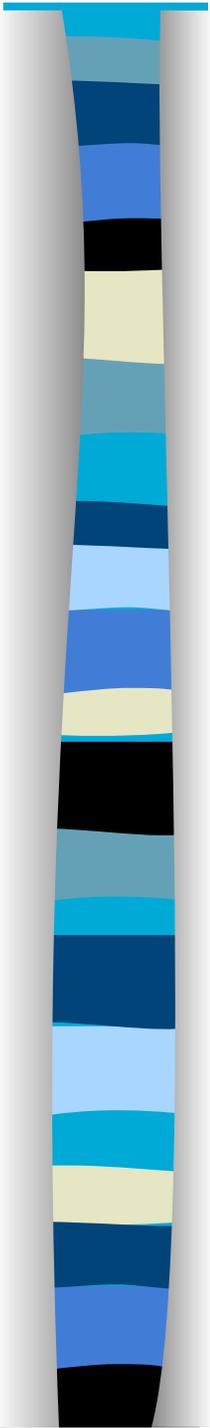
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A

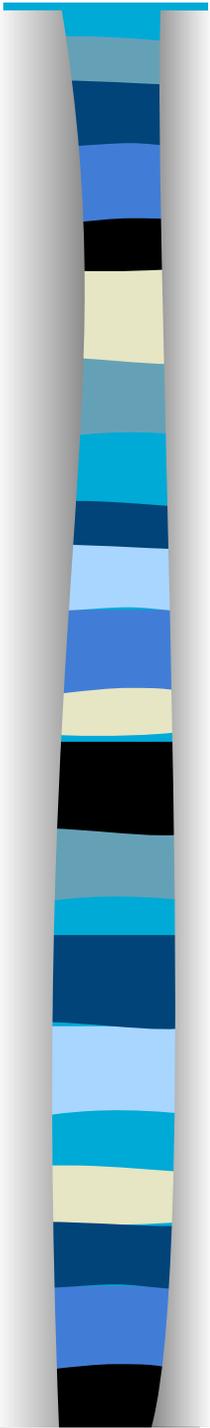


Benefits

Avid athletes seek massage as part of their training regimen because of its effectiveness in reducing muscle:

- A. Fatigue
- B. Length
- C. Tone
- D. Bulk

Q



Benefits

Avid athletes seek massage as part of their training regimen because of its effectiveness in reducing muscle:

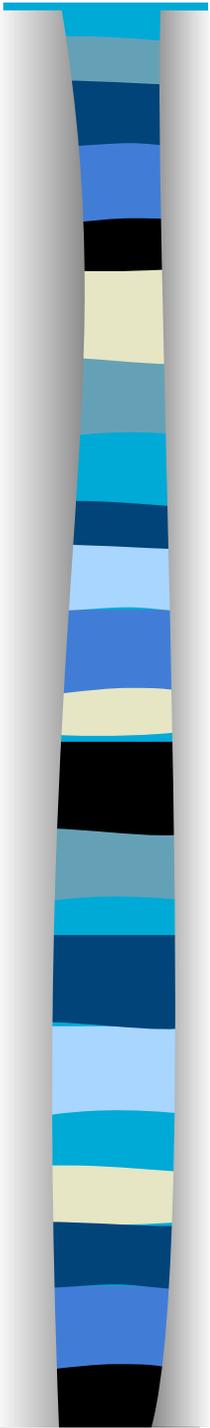
A. Fatigue

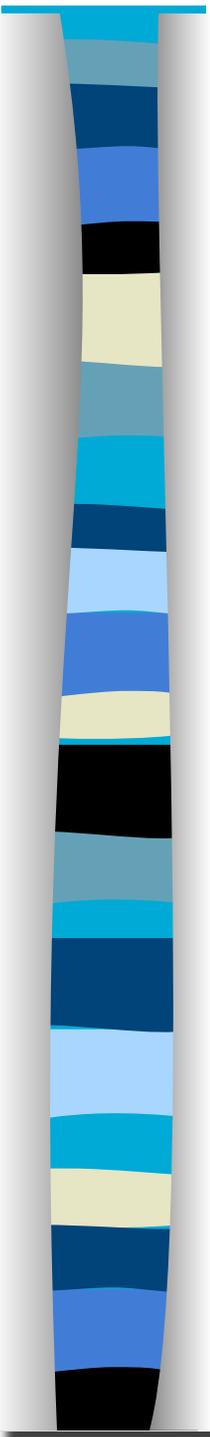
B. Length

C. Tone

D. Bulk

A



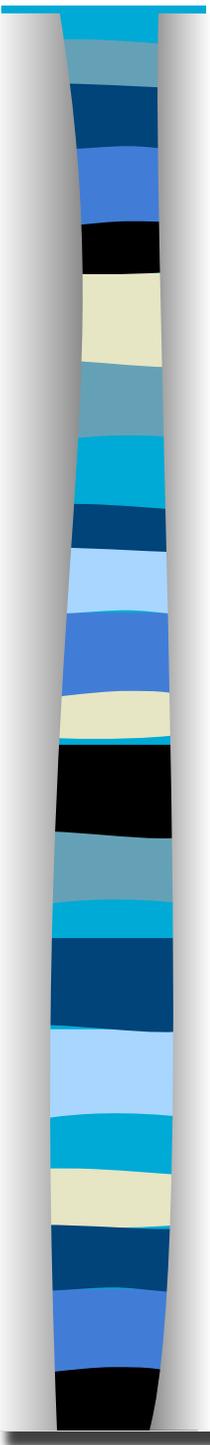


Benefits

When a client remarks that they are feeling a “good pain” during the massage, this is an example of:

- A. Toughening and hardening
- B. Entrainment
- C. Neuromuscular effect
- D. Counterirritation

Q



Benefits

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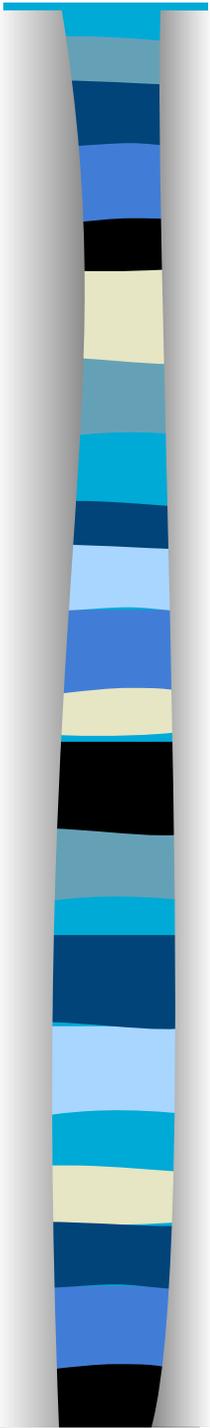
A

Benefits

Massage encourages the coordination or synchronization of the body's rhythms. This reflexive effect is known as:

- A. Conservation
- B. Placebo
- C. Entrainment
- D. Counterirritation

Q



Benefits

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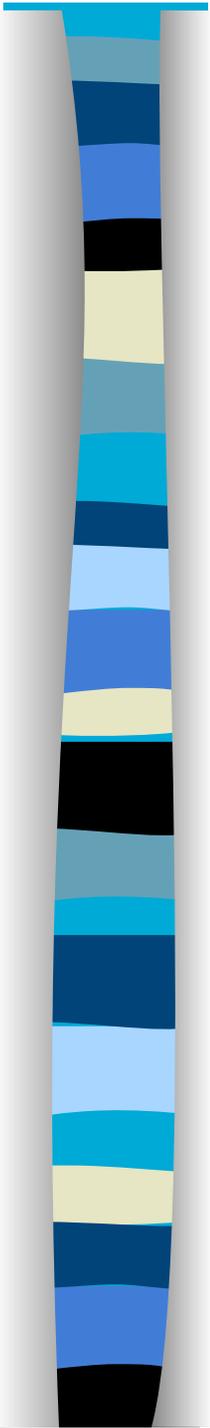
A

Benefits

When soft tissue such as muscles and ligaments exert excessive pressure on nerve tissue, this is known as:

- A. Piezoelectricity
- B. Entrapment
- C. Entrainment
- D. Subluxation

Q

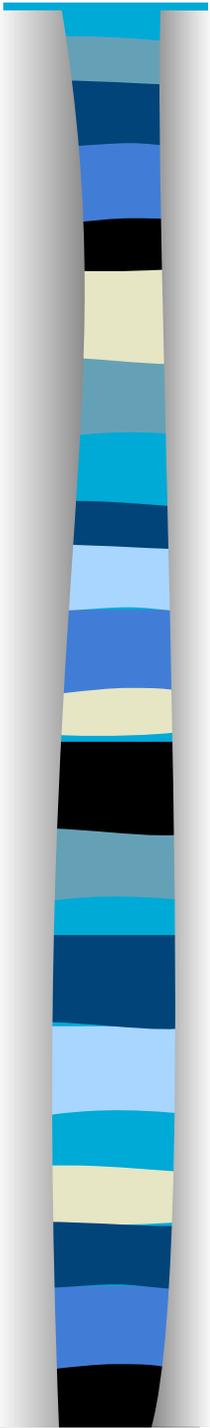


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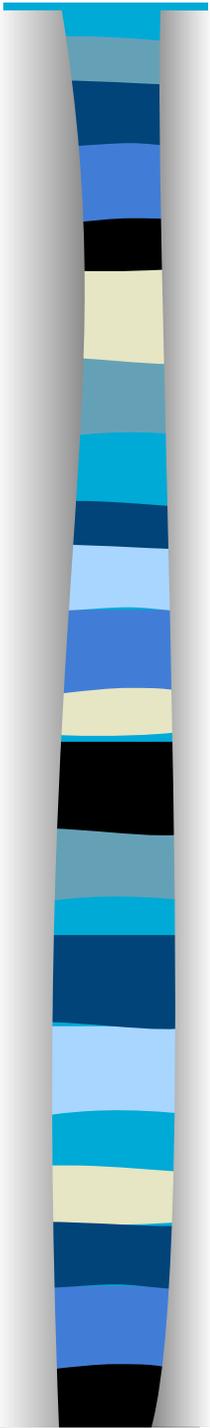


Benefits

Massage relieves constipation and gas because it increases the muscular contractions of the colon, known as:

- A. Peristalsis
- B. Expiratory flow
- C. Respiration
- D. Evacuation

Q

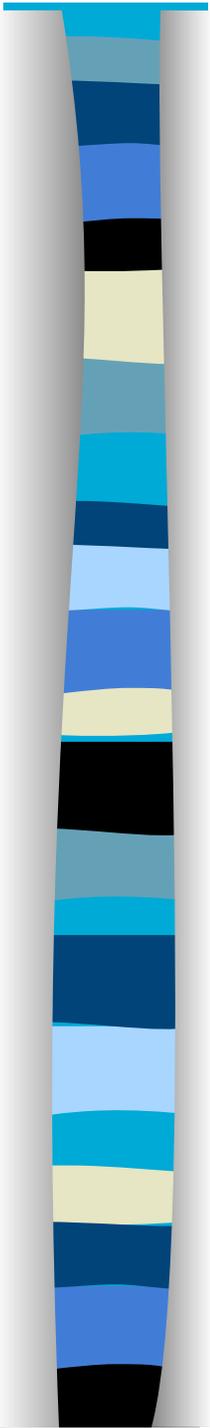


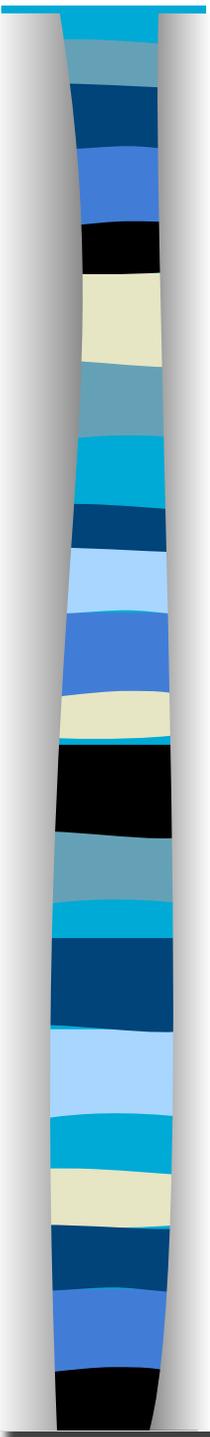
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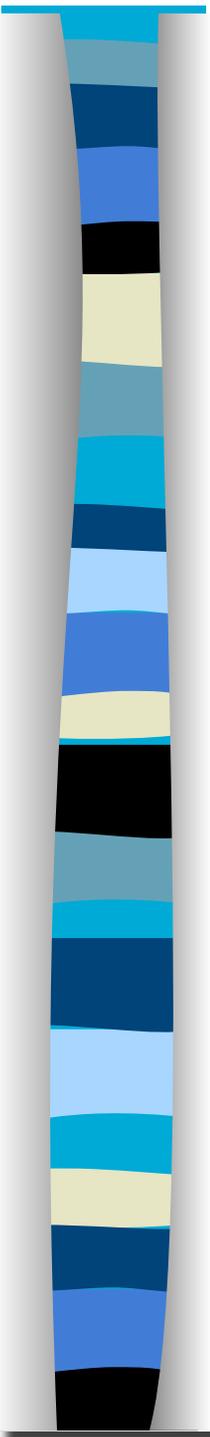


Benefits

Which of the following benefits directly correlates to the release of muscle tension that massage provides?

- A. Increased mental alertness
- B. Increased range of motion in joints
- C. Increased serotonin production
- D. Improved digestion

Q

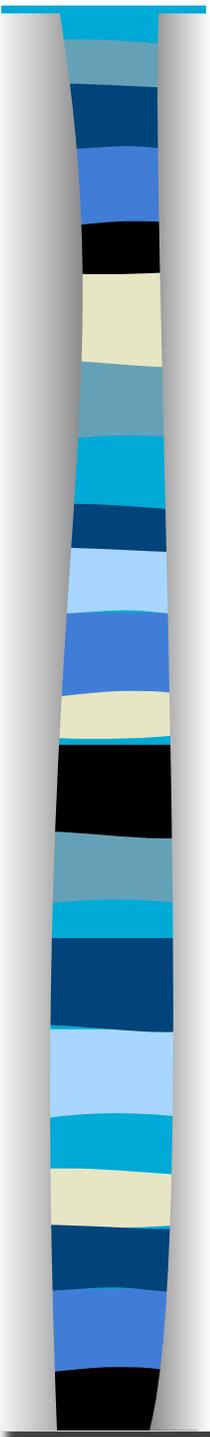


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Benefits

Research has determined that relaxation massage can decrease:

- A. Red blood cell count
- B. Oxygen saturation
- C. White blood cell count
- D. Blood pressure

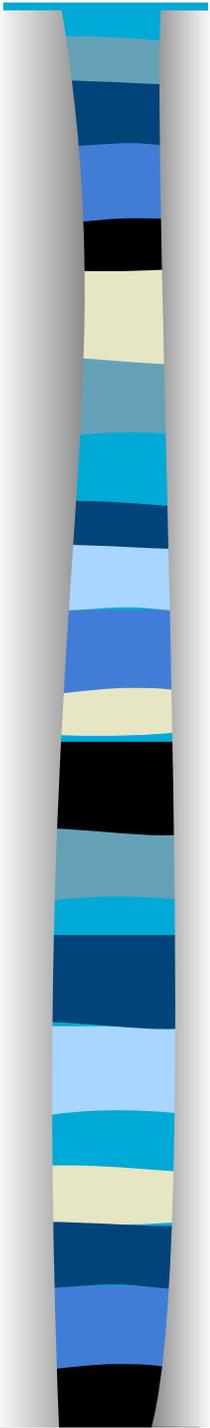
Q

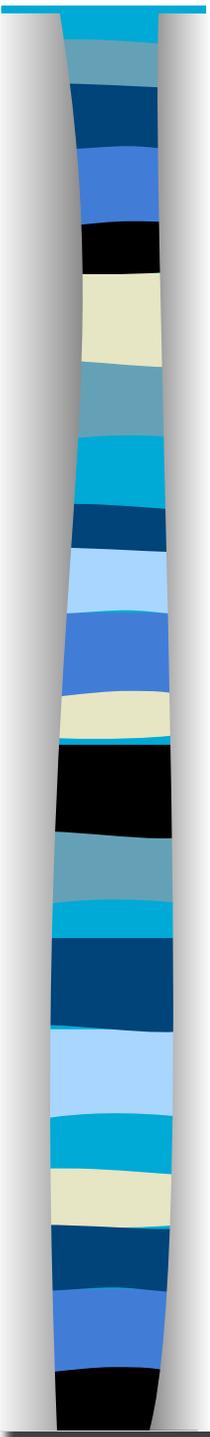
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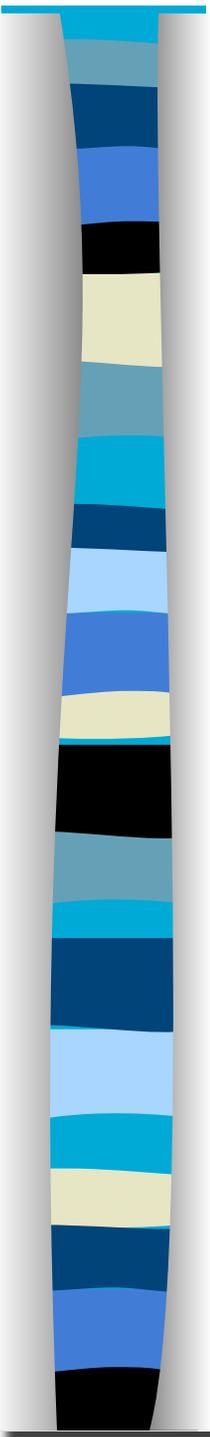


Benefits

Aside from the positive physiological effects of massage, hospice patients and others with chronic illness benefit emotionally from the compassionate application of:

- A. Exercise
- B. Heat
- C. Touch
- D. Education

Q



Benefits

Aside from the positive physiological effects of massage, hospice patients and others with chronic illness benefit emotionally from the compassionate application of:

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Benefits

Massage has been shown to stimulate more rapid and elaborate development of this part of the brain, which is related to memory:

- A. Hypothalamus
- B. Hippocampus
- C. Pineal gland
- D. Pituitary gland

Q

Benefits

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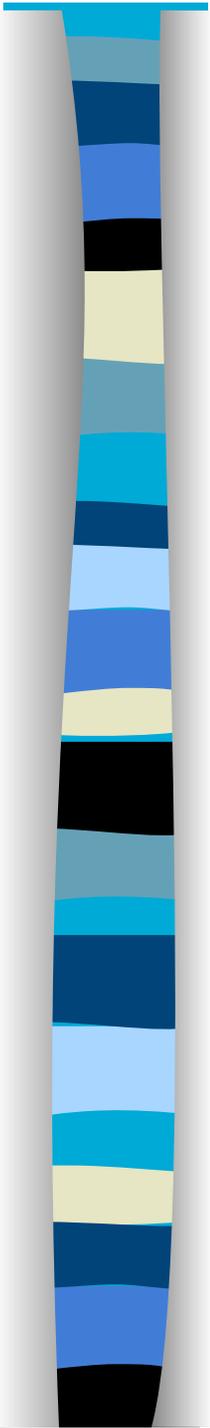
A. Hypothalamus

B. Hippocampus

C. Pineal gland

D. Pituitary gland

A



Benefits

Massage can reduce stress by regulating the body's wake and sleep cycles, also known as:

- A. Cyclic rhythm
- B. Circadian rhythm
- C. Oscillation
- D. Homeostasis

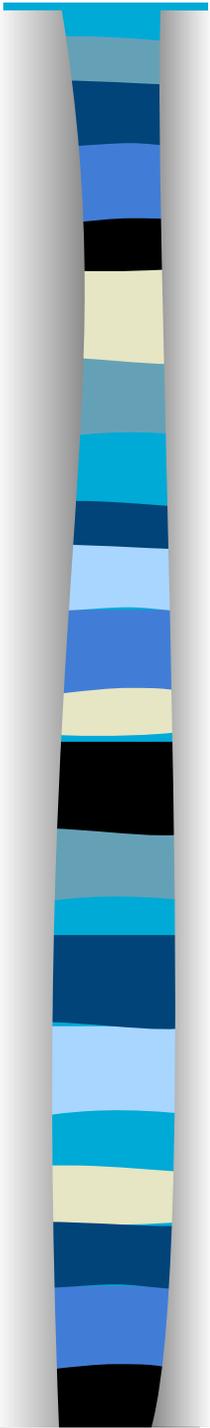
Q

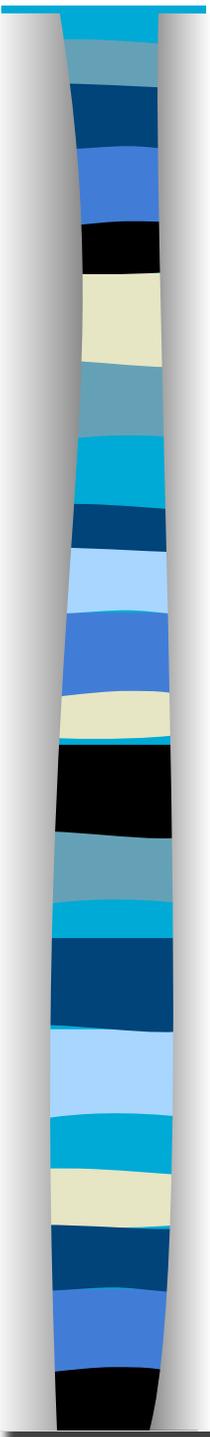
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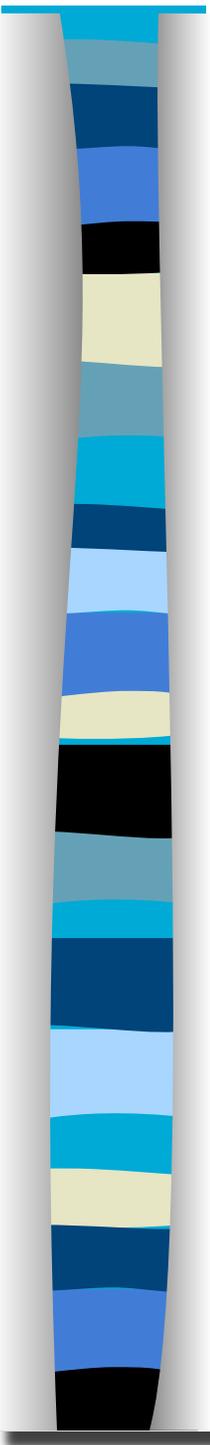


Benefits

Anxiety is defined as:

- A. Flashbacks from past events that are stressful
- B. A muscular condition that leads to shortness of breath
- C. Fear or nervousness about what might happen
- D. An endocrine condition that leads to an imbalance in hormone levels

Q



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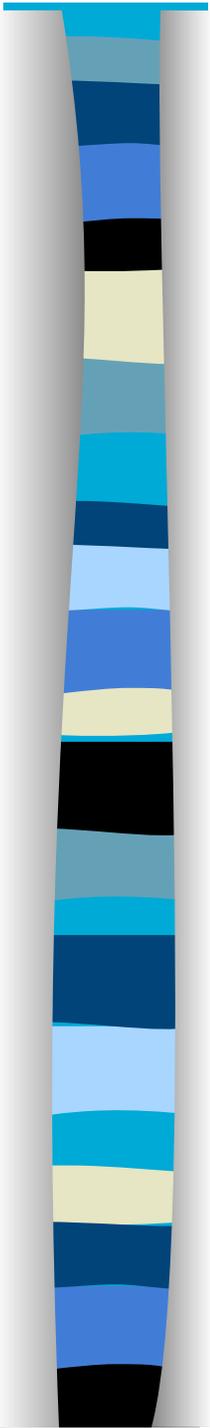
A

Benefits

Aside from the positive effect on a person's mood, the relaxation response promoted by massage also decreases sensations of:

- A. Pain
- B. Digestion
- C. Blood flow
- D. Range of motion

Q

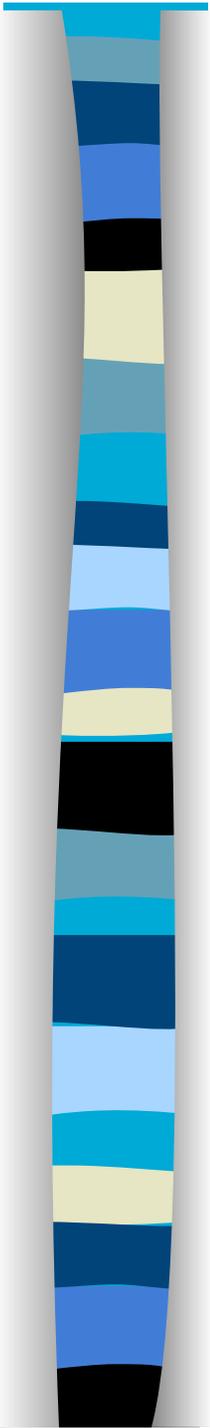


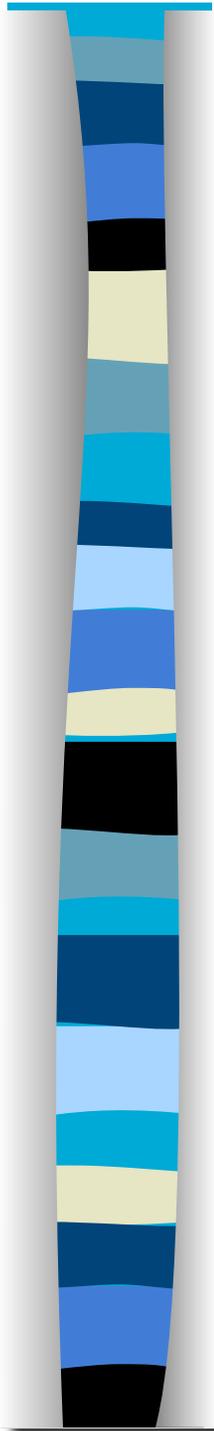
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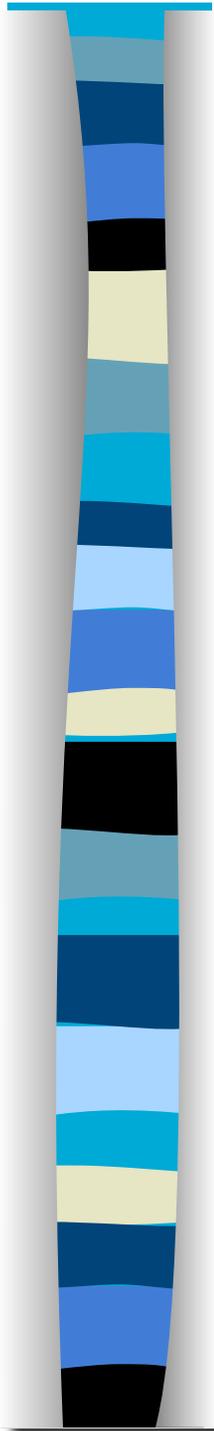
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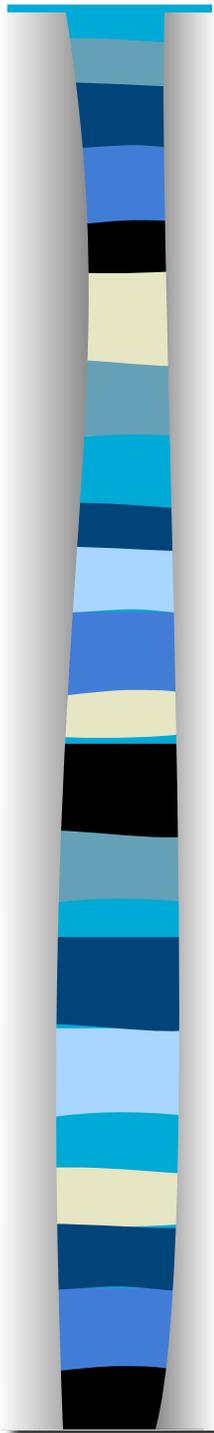
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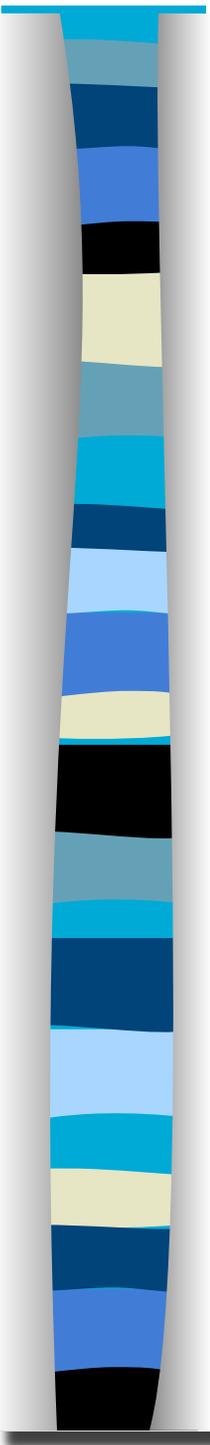
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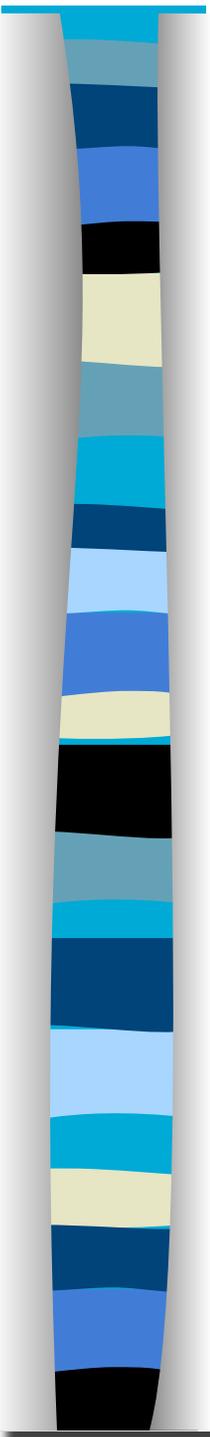




ABMP Exam Coach

Massage Theory: Benefits & Effects

Chemicals

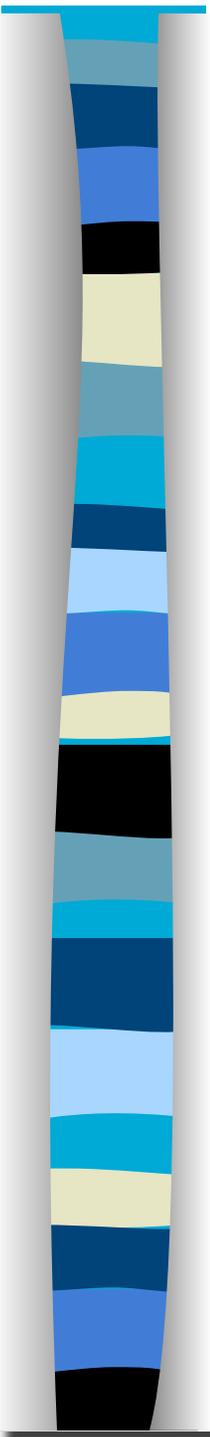


Chemicals

This chemical causes local blood vessels to dilate, thus increasing local circulation when it is released.

- A. Cortisol
- B. Adrenaline
- C. Serotonin
- D. Histamine

Q

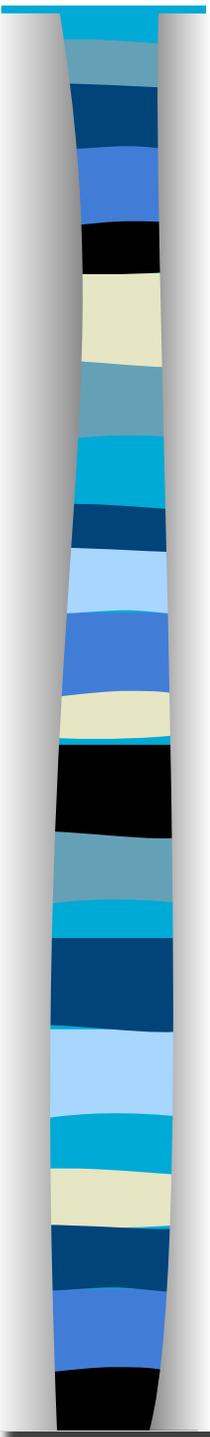


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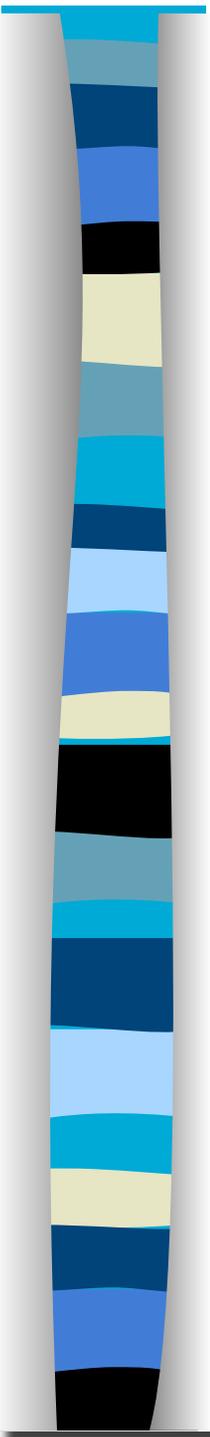


Chemicals

By decreasing the activity of this enzyme, massage helps decrease chronic muscle contraction:

- A. Endogenous morphine
- B. Keratin
- C. Cortisol
- D. Creatine kinase

Q

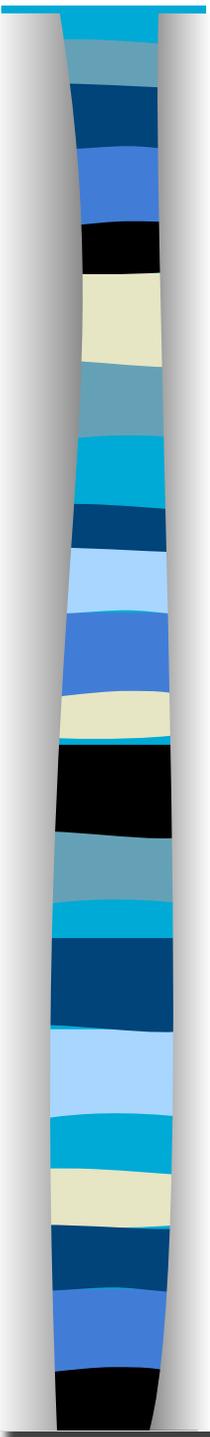


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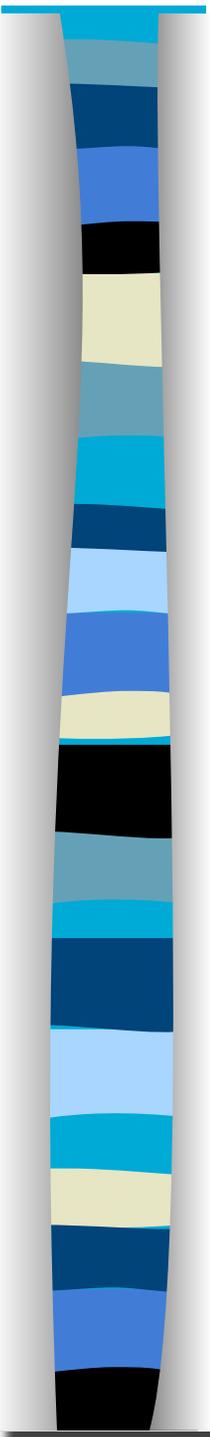


Chemicals

Massage increases available amounts of “feel-good” chemicals in the body such as dopamine, oxytocin, and:

- A. Adrenaline
- B. Norepinephrine
- C. Cortisol
- D. Serotonin

Q

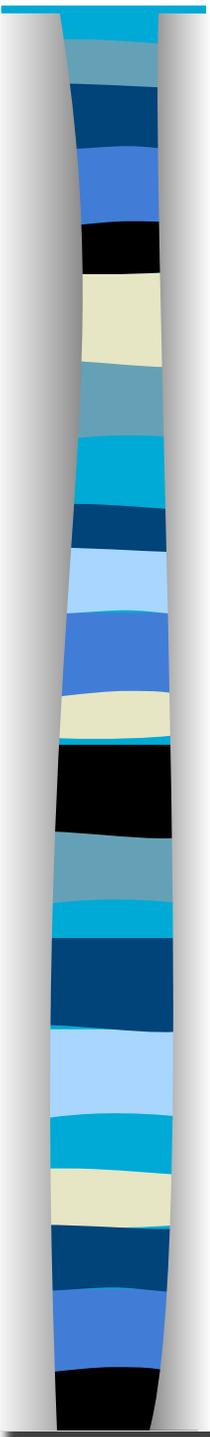


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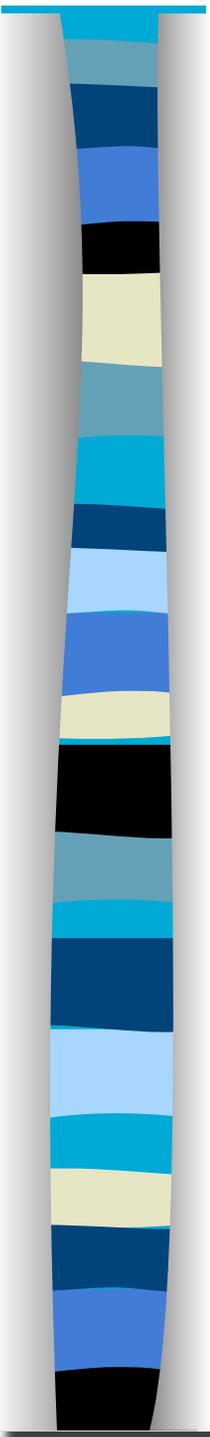


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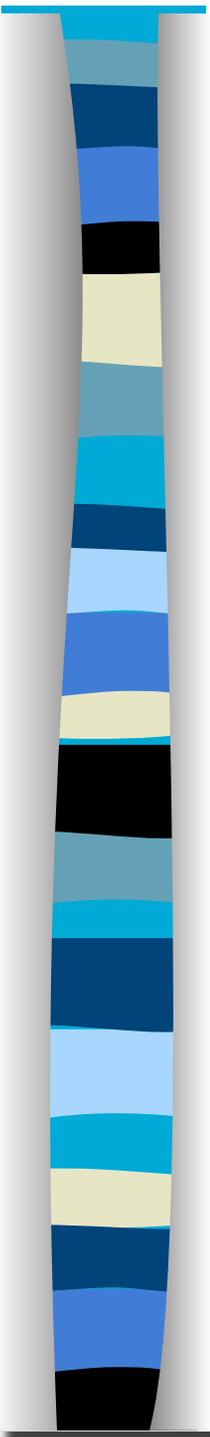
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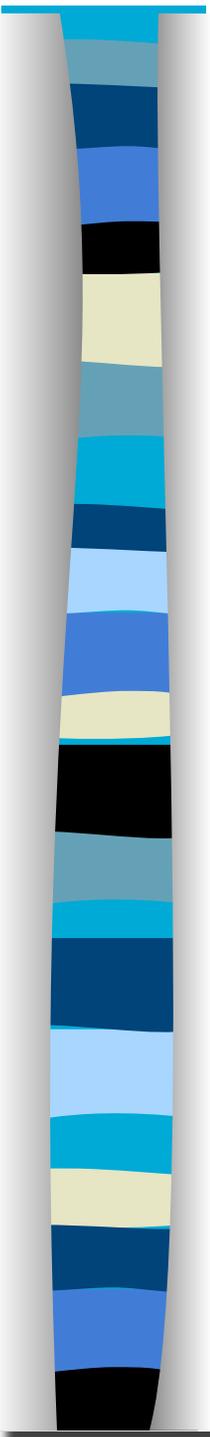


Chemicals

Research indicates that massage decreases this stress-related chemical in the body:

- A. Oxytocin
- B. Serotonin
- C. Cortisol
- D. Dopamine

Q

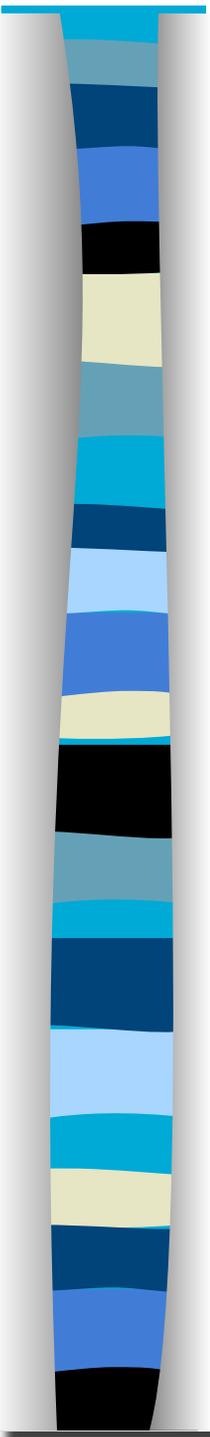


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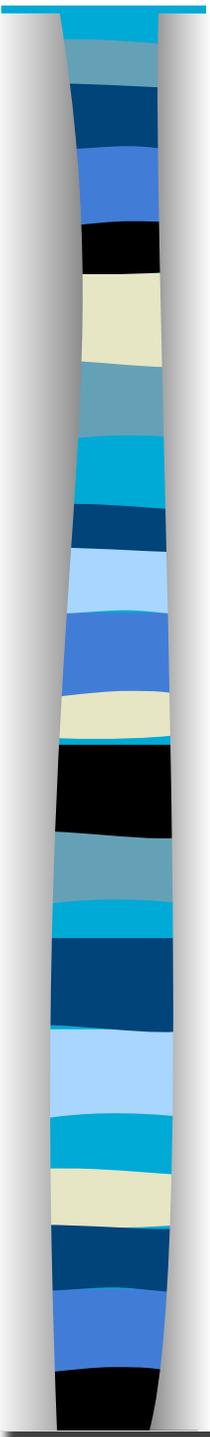


Chemicals

Along with a boost in mood, increased levels of dopamine can also positively affect a person's:

- A. Respiration
- B. Concentration
- C. Digestion
- D. Endurance

Q

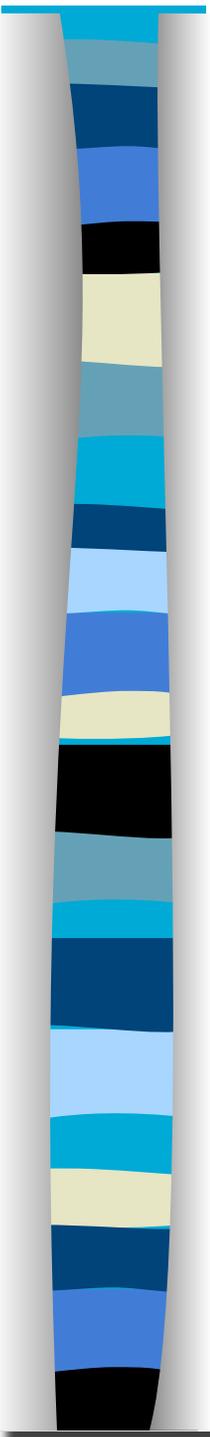


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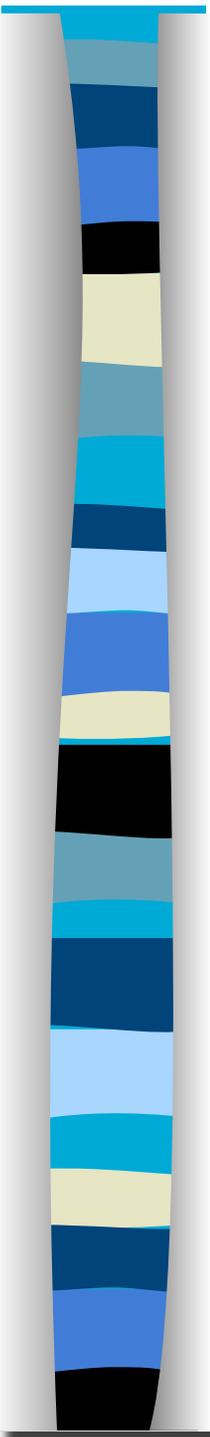


Chemicals

Cortisol is a hormone produced by the adrenal glands in response to events that trigger the fight-or-flight response. Because massage activates the parasympathetic nervous system response, it makes sense that massage:

- A. Decreases cortisol
- B. Balances cortisol and adrenaline levels
- C. Balances cortisol and epinephrine levels
- D. Increases cortisol

Q

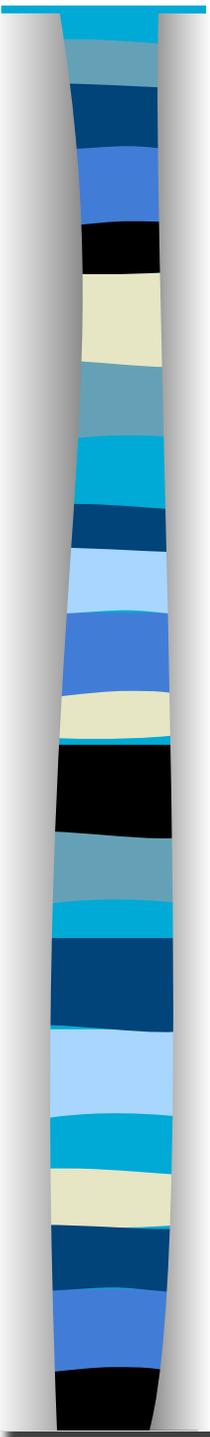


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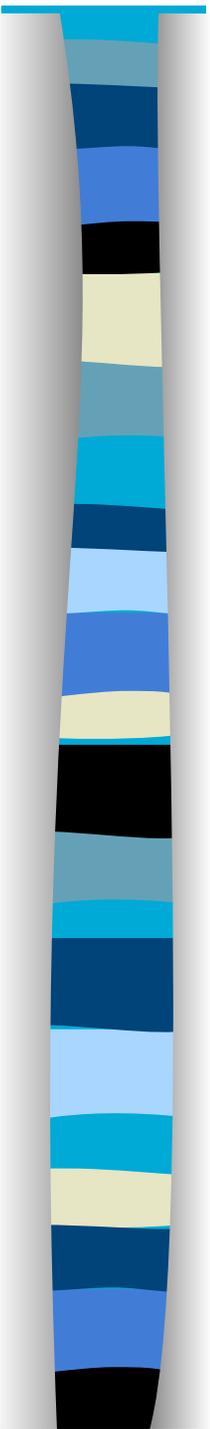


Chemicals

With the improved quality of sleep that massage provides, production of this chemical, which reduces pain in the body, is increased:

- A. Norepinephrine
- B. Adrenaline
- C. Somatostatin
- D. Cortisol

Q

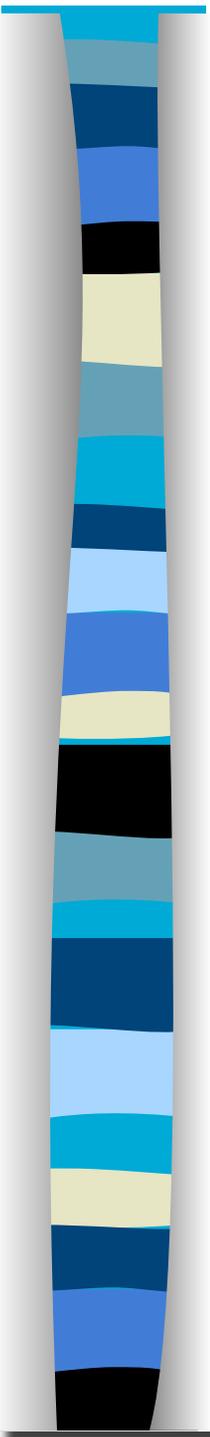


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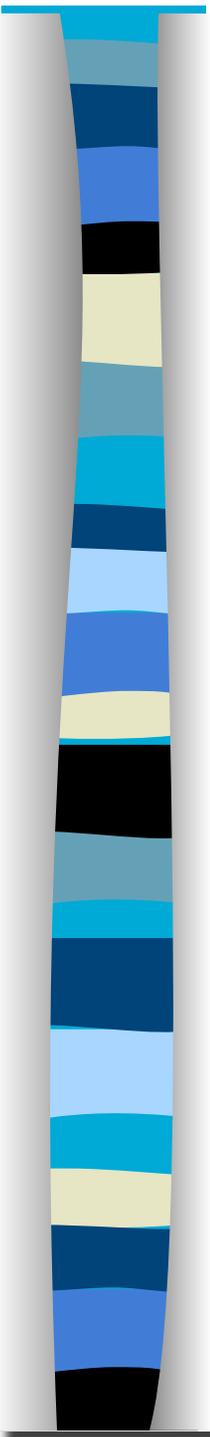


Chemicals

This hormone, which promotes cell division, is most actively produced during sleep.

- A. Serotonin
- B. Growth hormone
- C. Dopamine
- D. Norepinephrine

Q

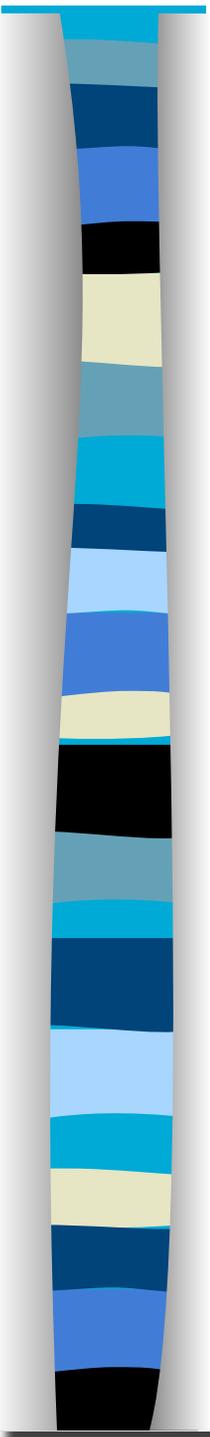


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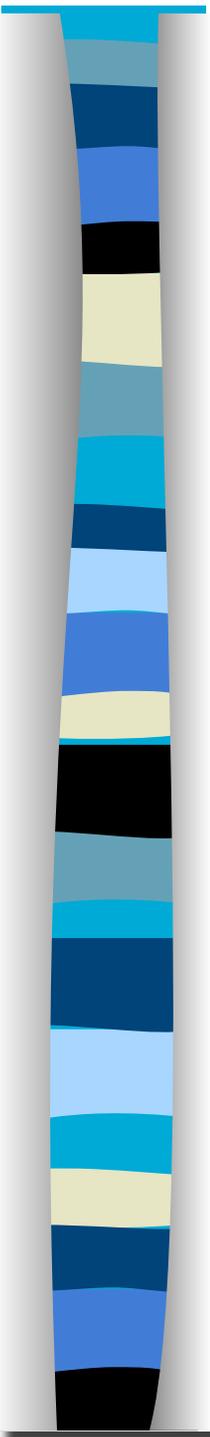


Chemicals

Massage research demonstrates that clients experience increased levels of this chemical after a massage session. This chemical is most often related to maternal behavior, adult bonding, and feelings of affection. It is:

- A. Cortisol
- B. Epinephrine
- C. Oxytocin
- D. Adrenaline

Q

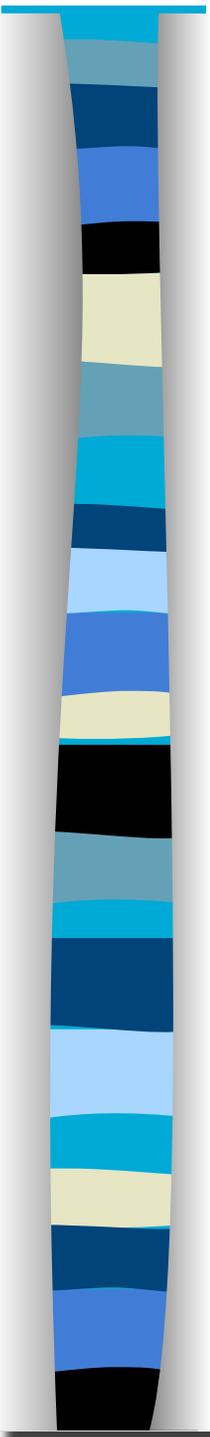


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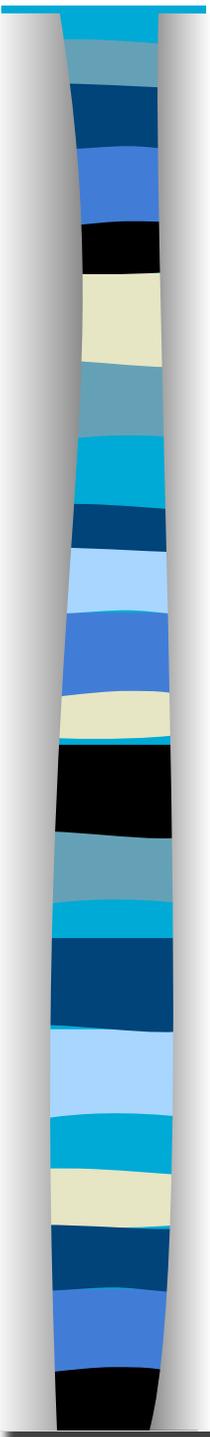


Chemicals

Adrenaline is associated with the “fight or flight” stress response and is also known as:

- A. Histamine
- B. Norepinephrine
- C. Cortisol
- D. Epinephrine

Q

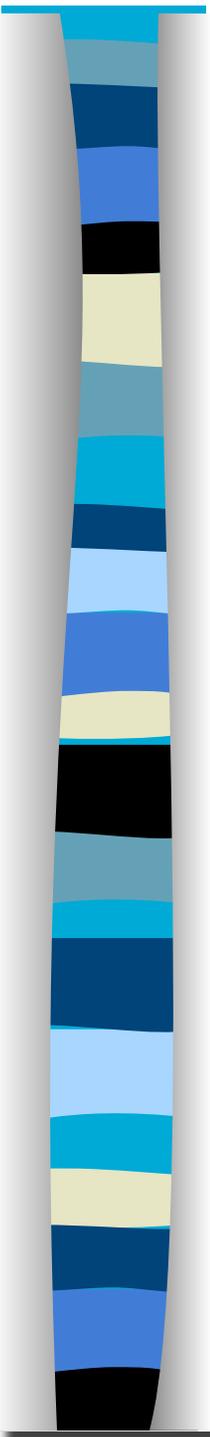


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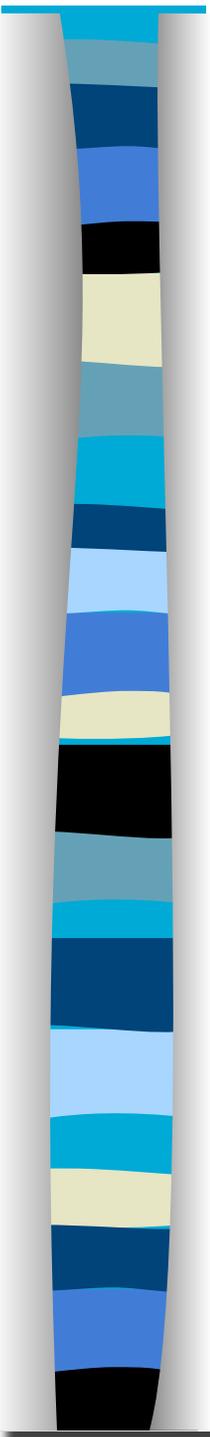


Chemicals

Substance P is a neuropeptide that relates sensory information to the brain associated with:

- A. Pleasure
- B. Palpitations
- C. Proprioception
- D. Pain

Q

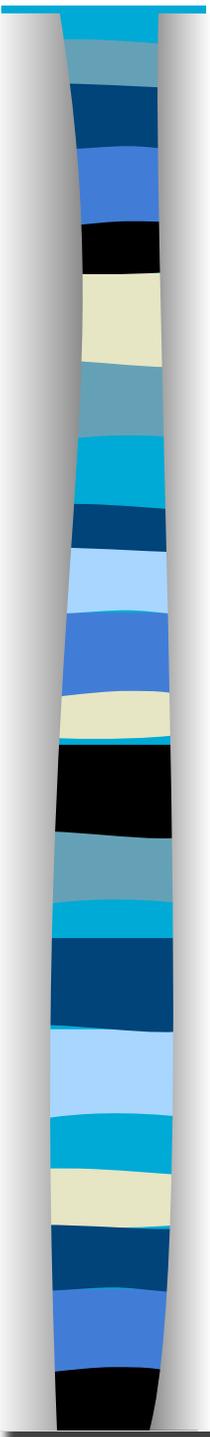


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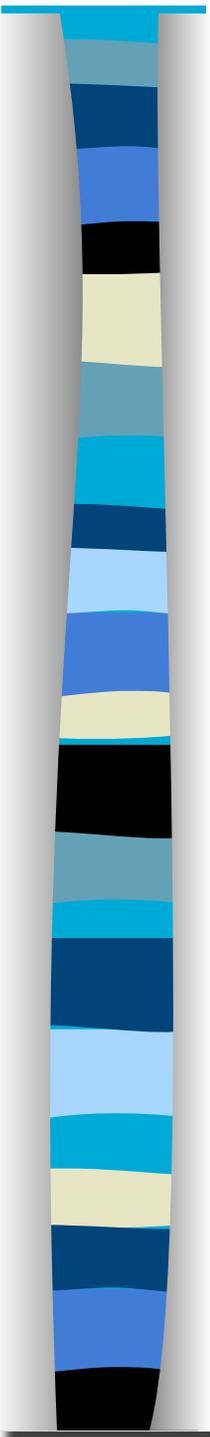


Chemicals

The increase in serotonin production stimulated by massage is linked to a **DECREASE** in symptoms of depression and:

- A. Memory
- B. Stress
- C. Sleep
- D. Injury

Q

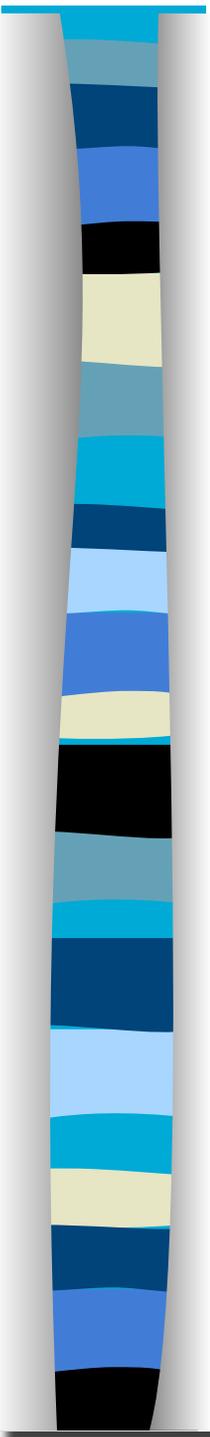


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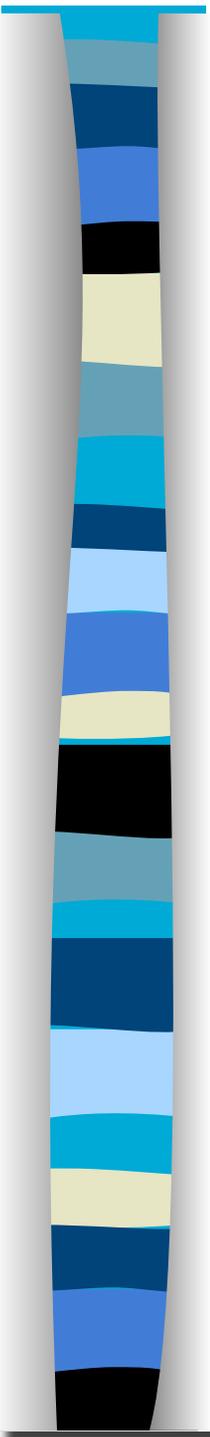


Chemicals

Research indicates that massage positively influences serotonin and dopamine levels in the body and is associated with increased well-being. Based on this research, massage is:

- A. Indicated for people with muscular tension
- B. Indicated for people with depression
- C. Contraindicated for people with depression
- D. Contraindicated for people with muscular tension

Q

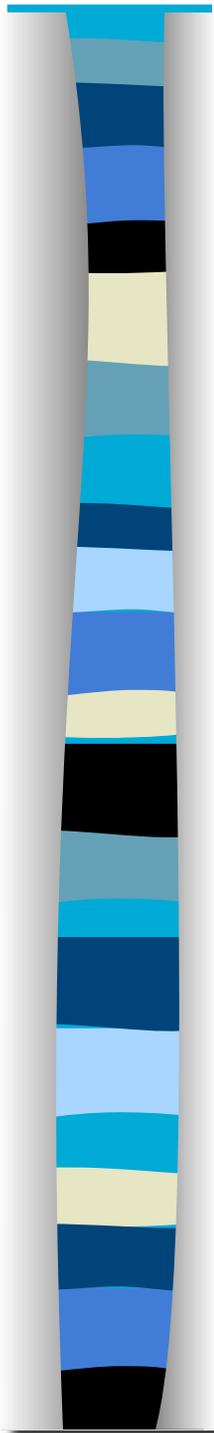


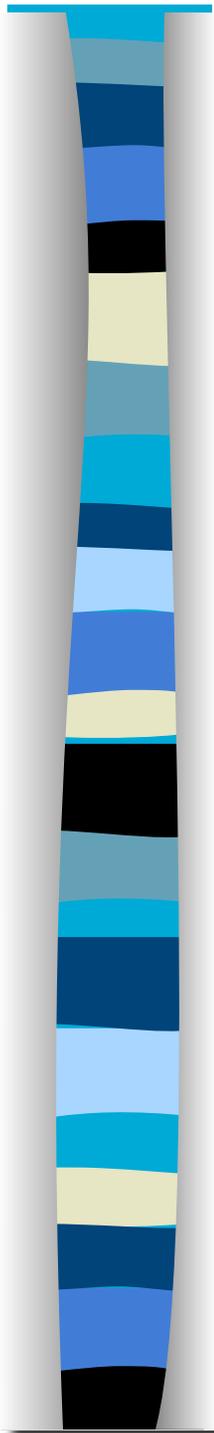
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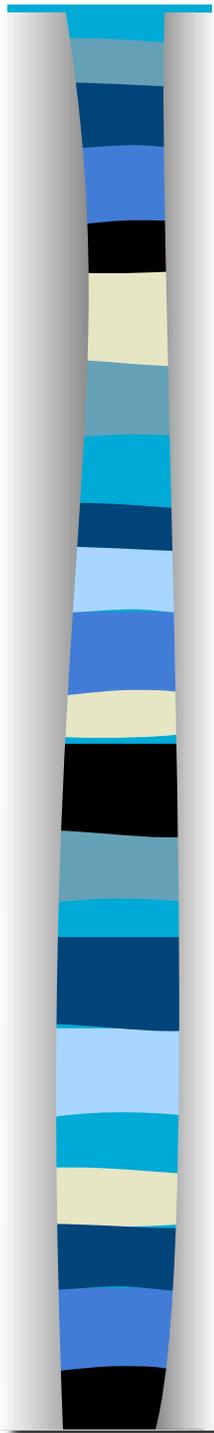
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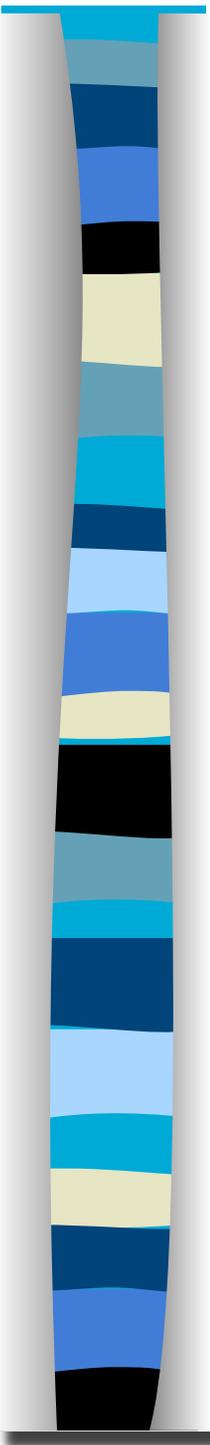
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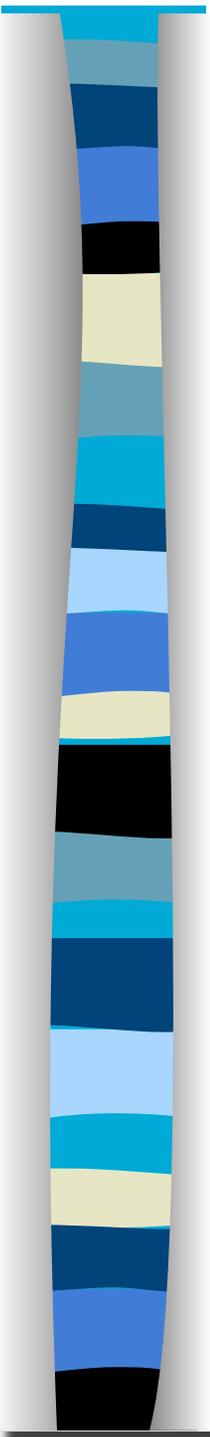




ABMP Exam Coach

Massage Theory: Benefits & Effects

Strokes

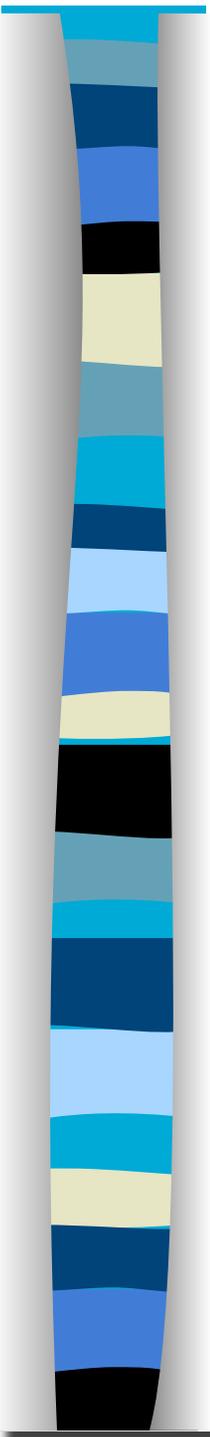


Strokes

Which massage technique is most commonly used to loosen and discharge phlegm?

- A. Tapotement
- B. Lymphatic drainage
- C. Reflexology
- D. Trigger-point work

Q



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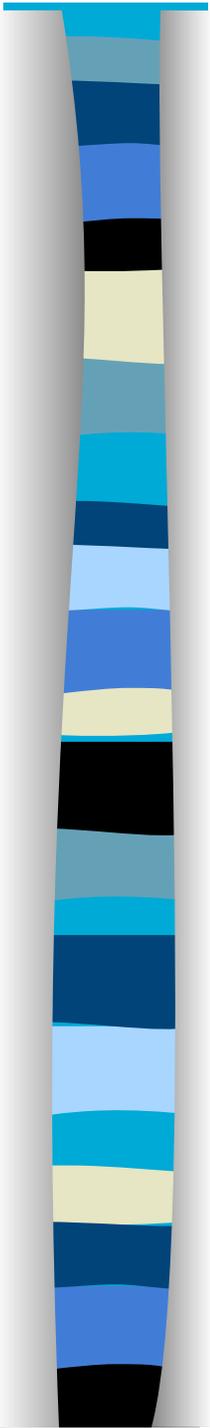
A

Strokes

This elongated stroke glides across the client's skin with minimal drag, warming the tissues and promoting relaxation:

- A. Effleurage
- B. Rocking
- C. Petrissage
- D. Stretching

Q



Strokes

This elongated stroke glides across the client's skin with minimal drag, warming the tissues and promoting relaxation:

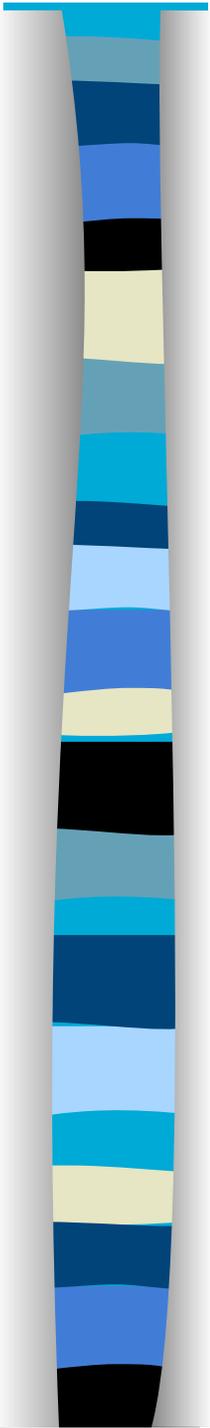
A. Effleurage

B. Rocking

C. Petrissage

D. Stretching

A

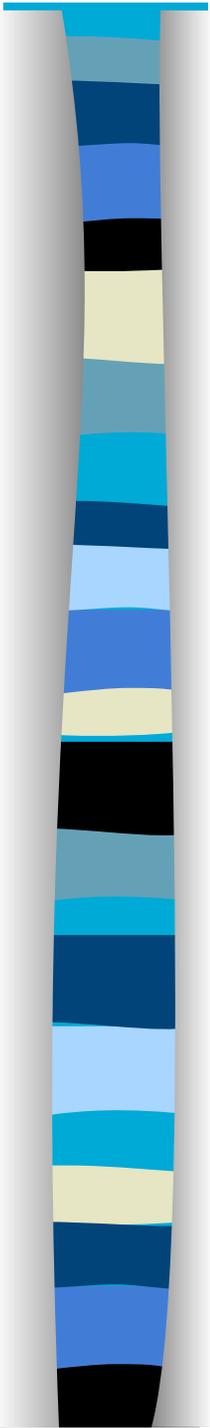


Strokes

This type of massage stroke stops the flow of blood, building temporary pressure that, when released, results in stronger circulation and warming of soft tissues:

- A. Friction
- B. Tapotement
- C. Compression
- D. Effleurage

Q

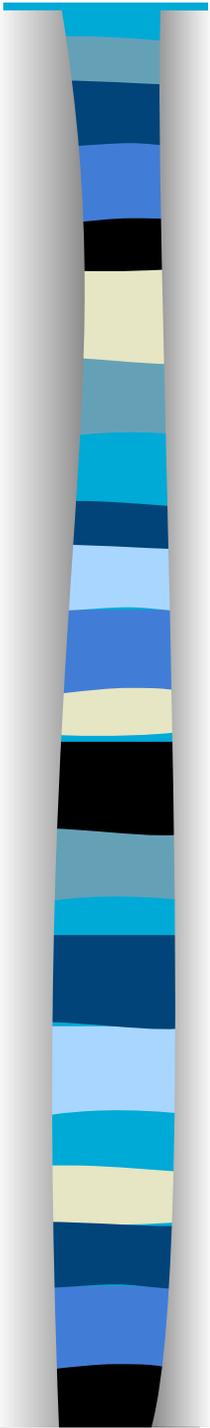


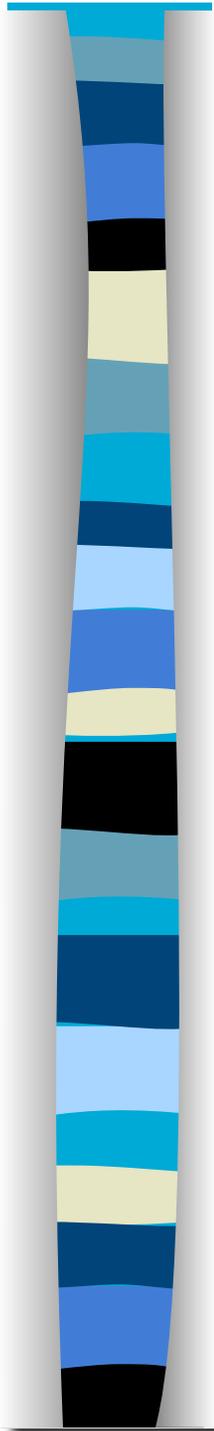
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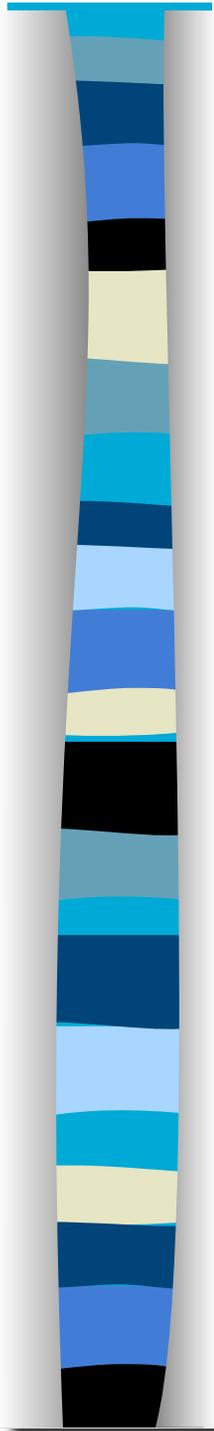
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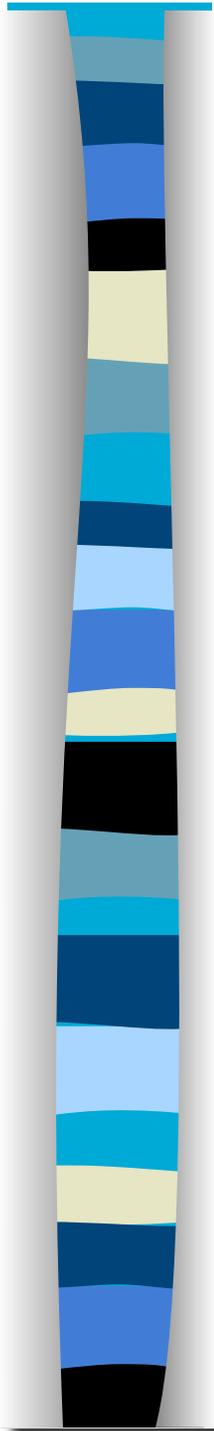
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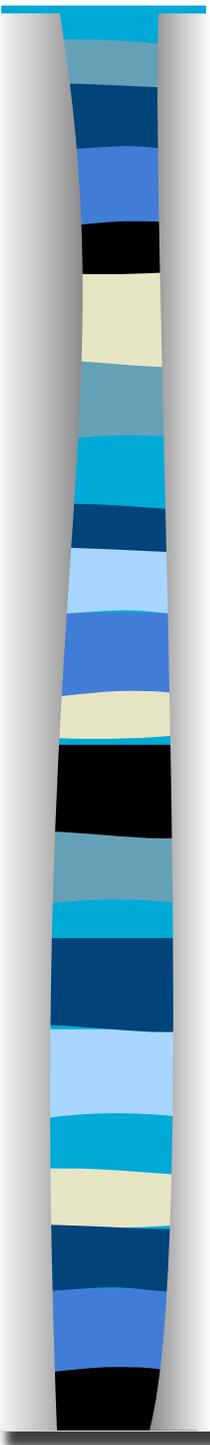
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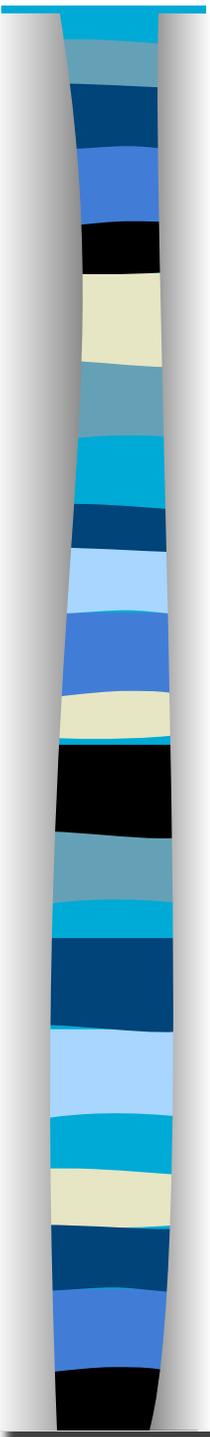




ABMP Exam Coach

Massage Theory: Benefits & Effects

People

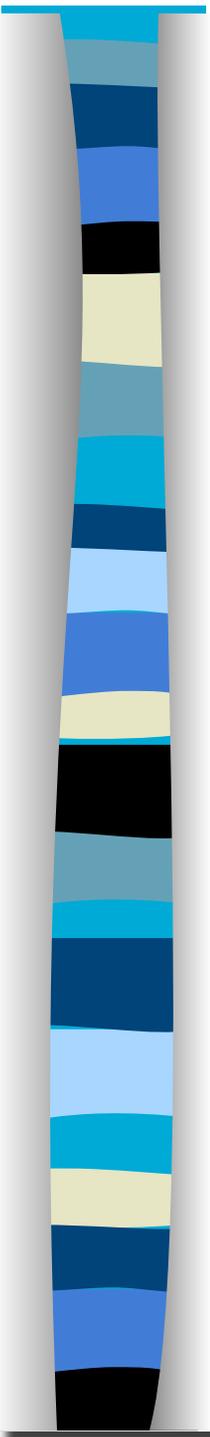


People

Dr. Tiffany Field of the Touch Research Institute began her research on the effects of touch by working with:

- A. Hospice patients
- B. Premature babies
- C. Elderly people
- D. Cancer survivors

Q

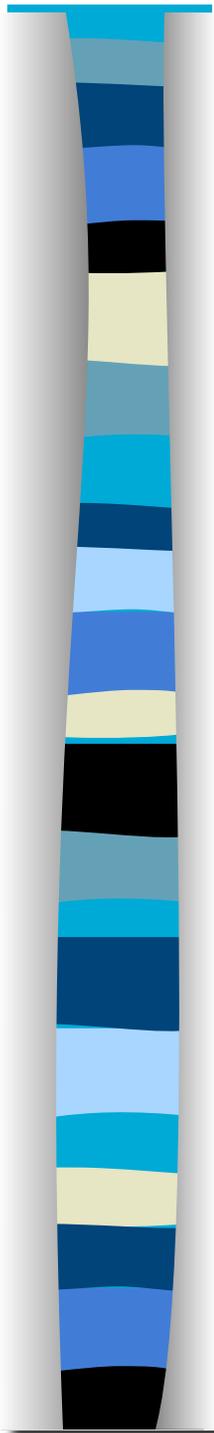


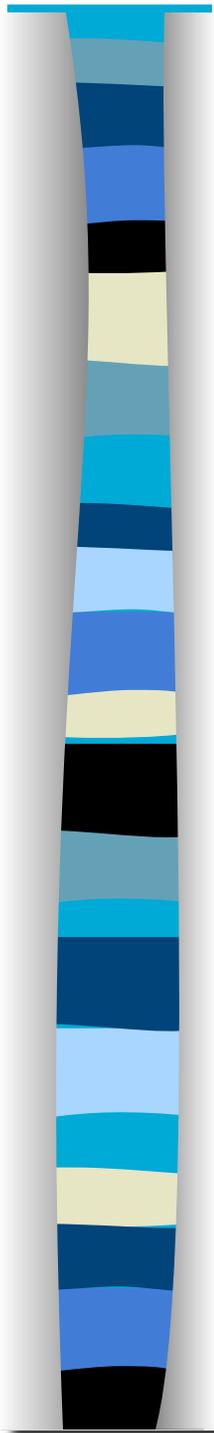
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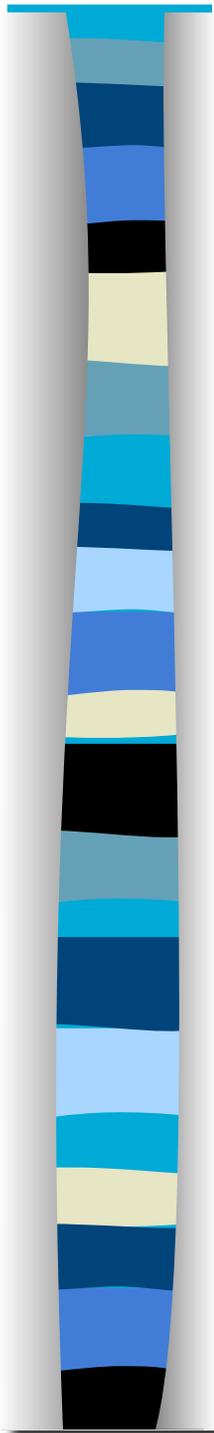
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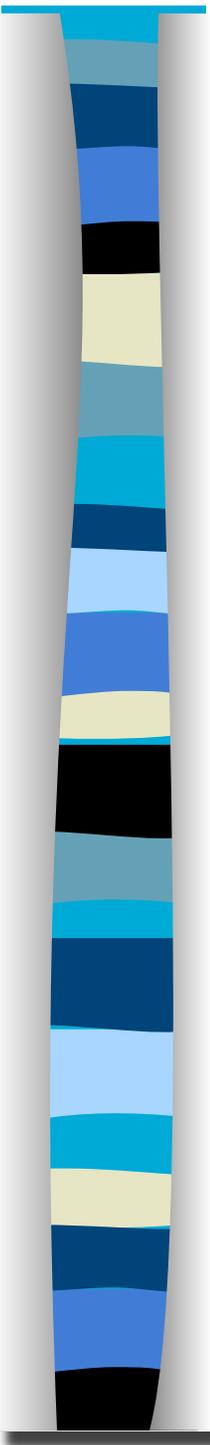
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ABMP Exam Coach

Massage Theory: Benefits & Effects

Brain Waves

Brain Waves

Studies have documented the positive effect massage has on these brain waves, associated with deep relaxation and sleep.

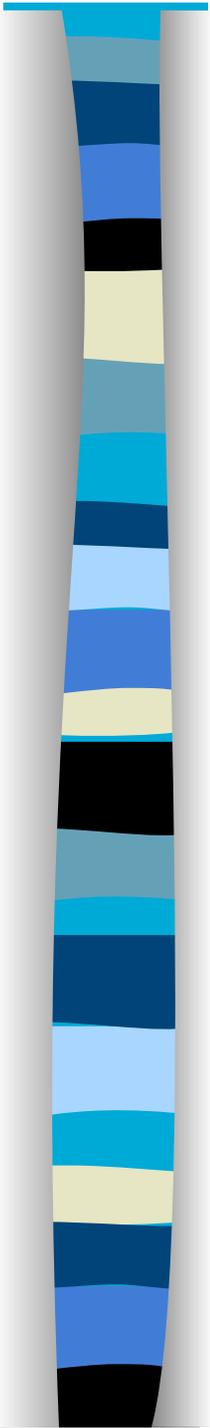
A. Delta

B. Beta

C. Alpha

D. Theta

Q



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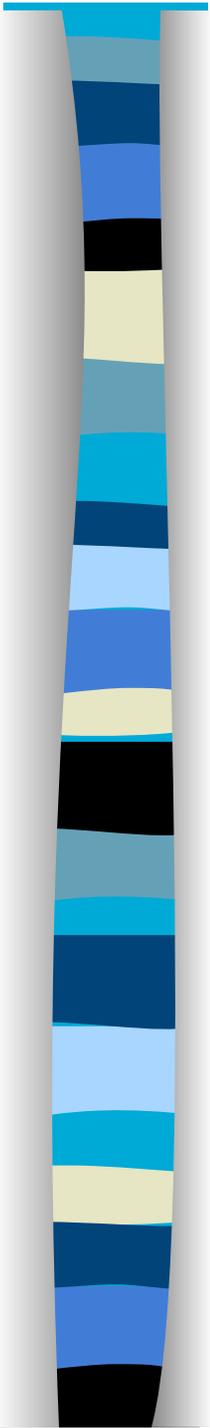
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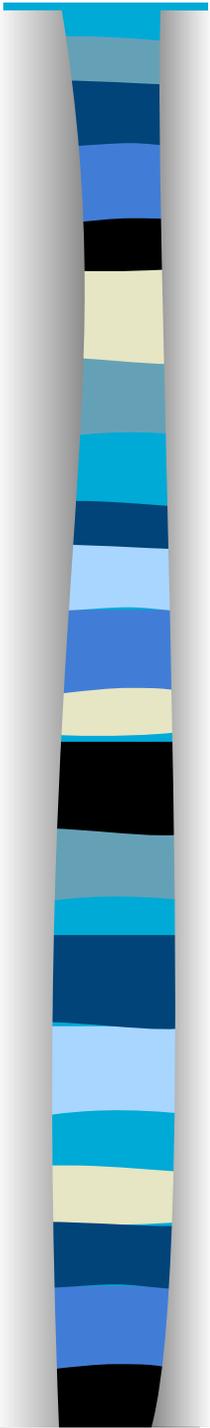


Brain Waves

Massage has been shown to DECREASE this type of brain wave, thus stimulating greater relaxation:

- A. Alpha
- B. Delta
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Q

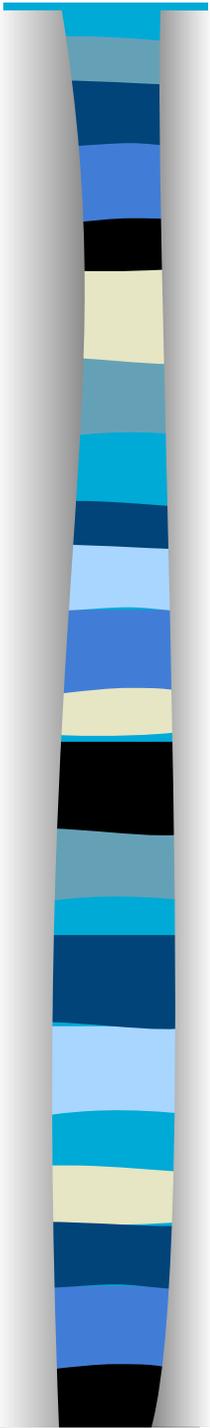


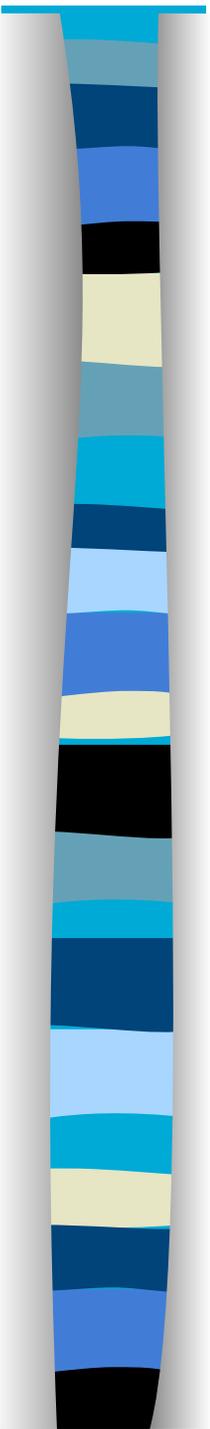
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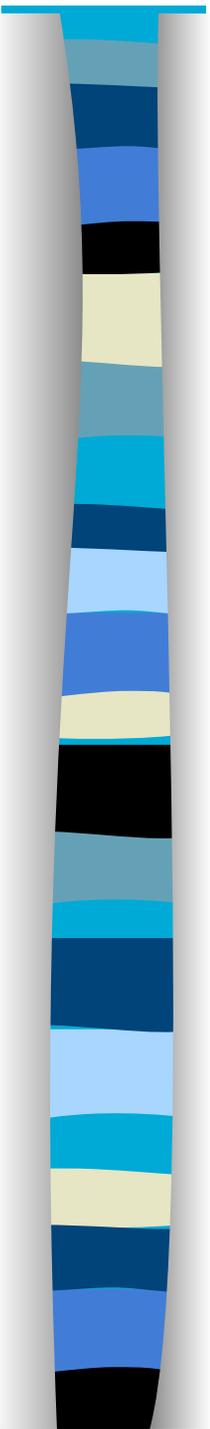


Brain Waves

The increase in delta wave activity in the brain, which is promoted by massage, is linked to enhanced:

- A. Respiration and oxygen saturation
- B. Relaxation and sleep
- C. Mental alertness and memory
- D. Digestion and elimination

Q

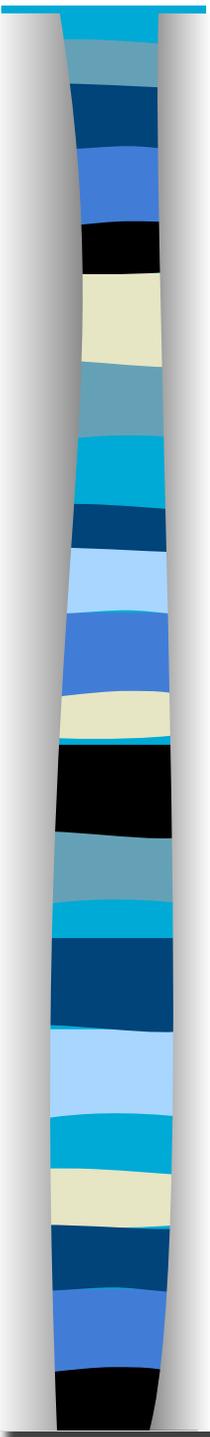


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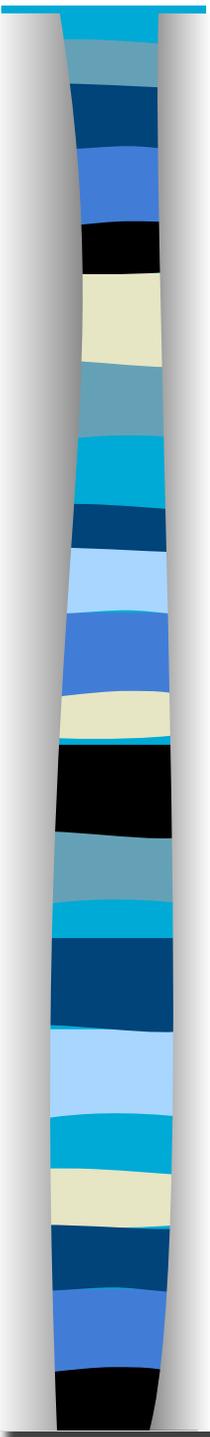


Brain Waves

What type of machine do researchers use to measure brain wave activity when performing studies on massage recipients?

- A. MRI
- B. CAT
- C. EKG
- D. EEG

Q

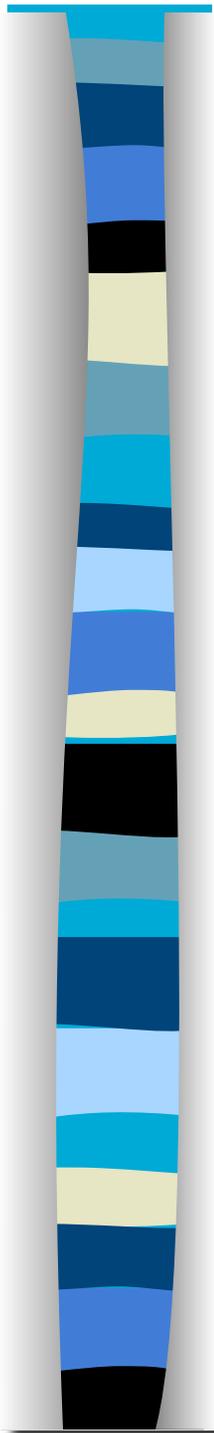


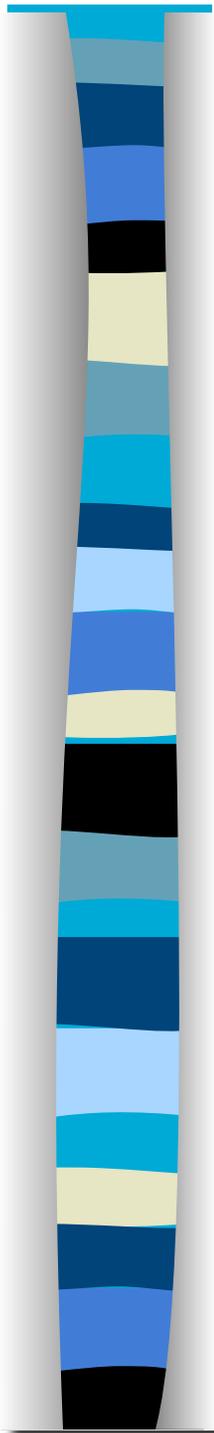
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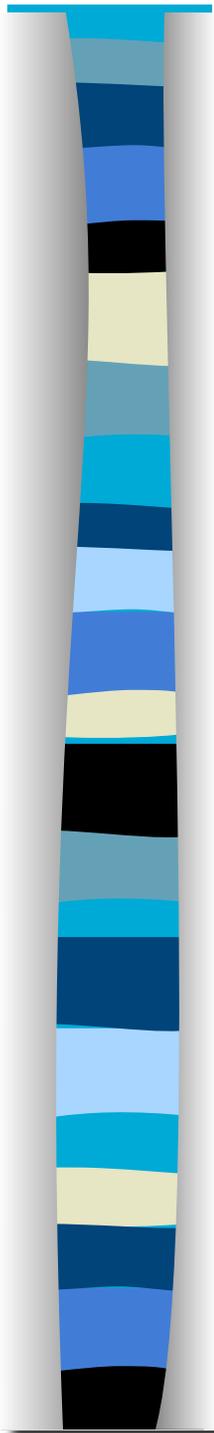
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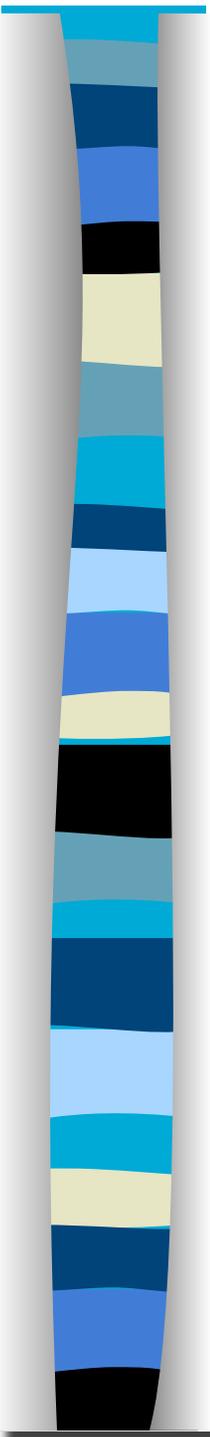
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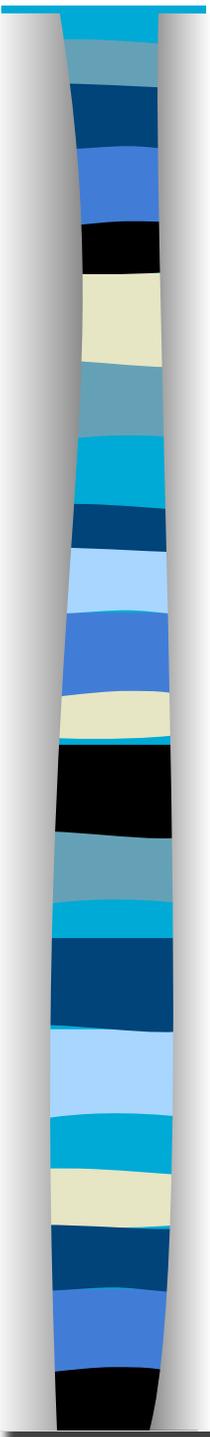




ABMP Exam Coach

Massage Theory: Cautions &
Contraindications

Endangerment Areas

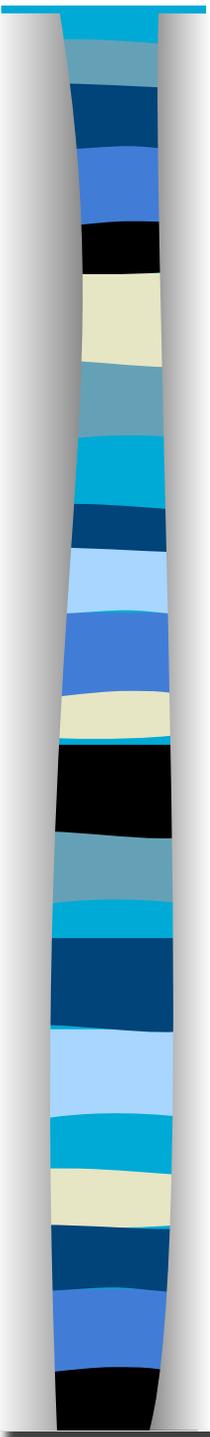


Endangerment Areas

An acute, systemic condition is defined as:

- A. A condition that affects the entire body and not just one local region
- B. A condition that influences the client's response to hot and cold. Massage is OK, but hydrotherapy is contraindicated
- C. A condition that affects the nervous system
- D. A condition that affects the immune system and causes the client to pick up diseases more easily

Q



Endangerment Areas

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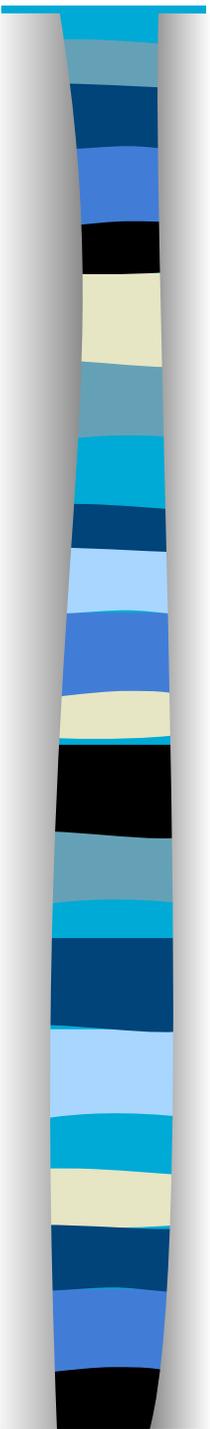
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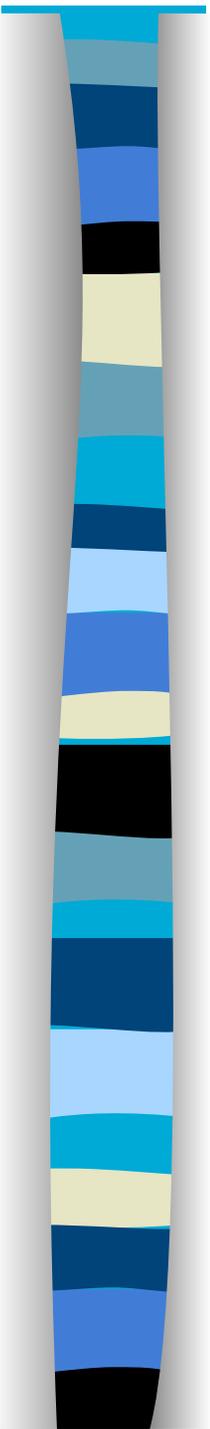


Endangerment Areas

An area of the body where delicate structures like nerves, blood vessels, bony prominences, organs, and lymph nodes are more superficial than in other areas is referred to as:

- A. An endangerment area
- B. An indication area
- C. A contraindication
- D. A side effect region

Q



Endangerment Areas

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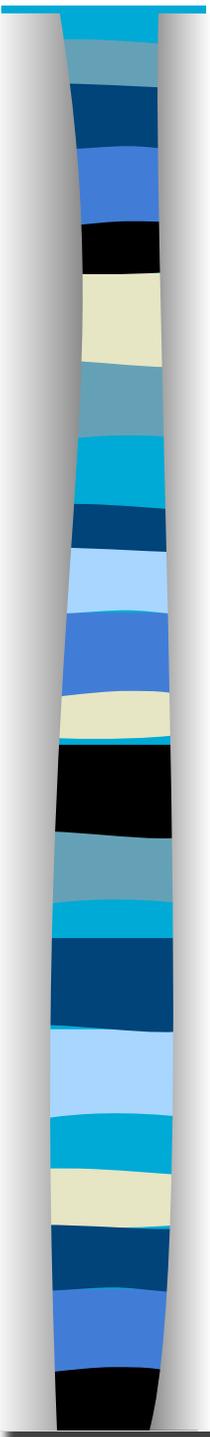
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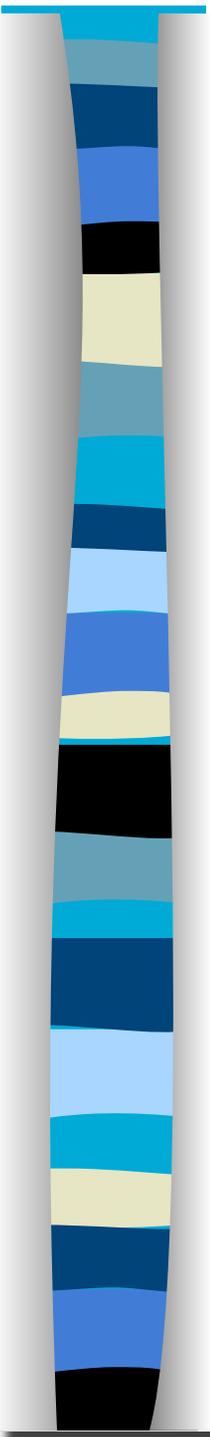


Endangerment Areas

Endangerment areas are:

- A. Massage establishments where massage is practiced illegally
- B. Regions of the body where massage could cause adverse reactions due to somatic reflexes
- C. An injury site most often contraindicated for massage
- D. Regions of the body where delicate structures are superficial and may be damaged by techniques applied too forcefully

Q

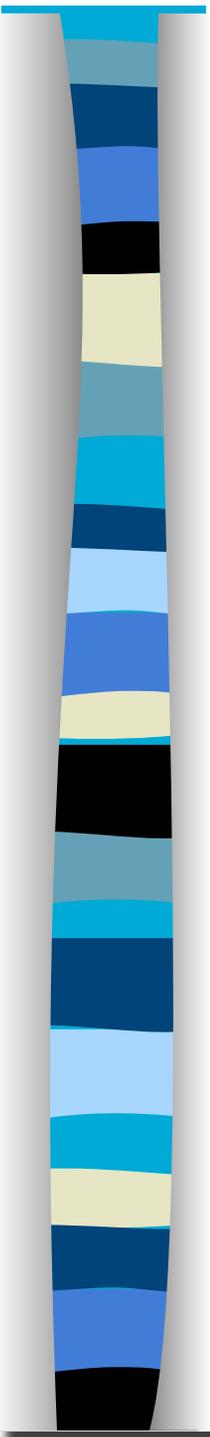


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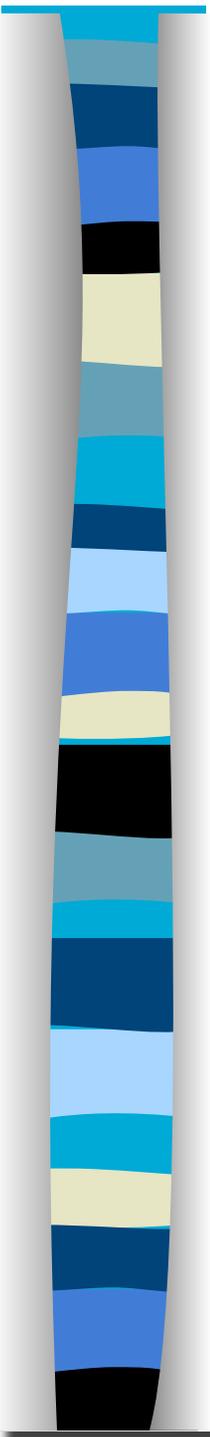


Endangerment Areas

In endangerment areas, heavy massage pressure over veins can:

- A. Block oxygen delivery to the brain
- B. Encourage venous return to the heart
- C. Block oxygen delivery to the heart
- D. Damage the veins' one-way valves

Q



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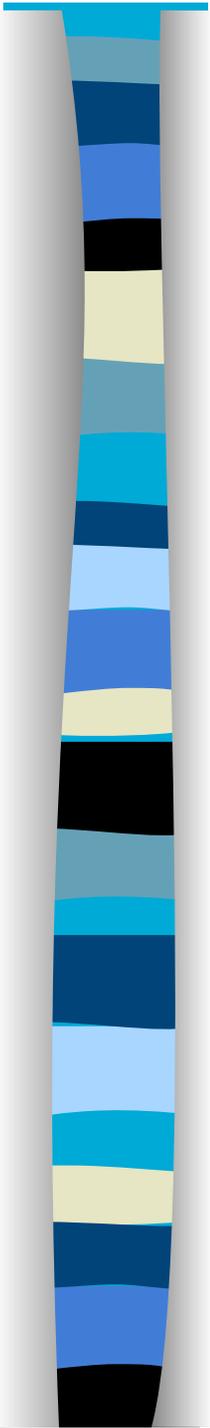
A

Endangerment Areas

The cubital region is defined as the:

- A. Armpit area
- B. Thigh area
- C. Elbow area
- D. Knee area

Q

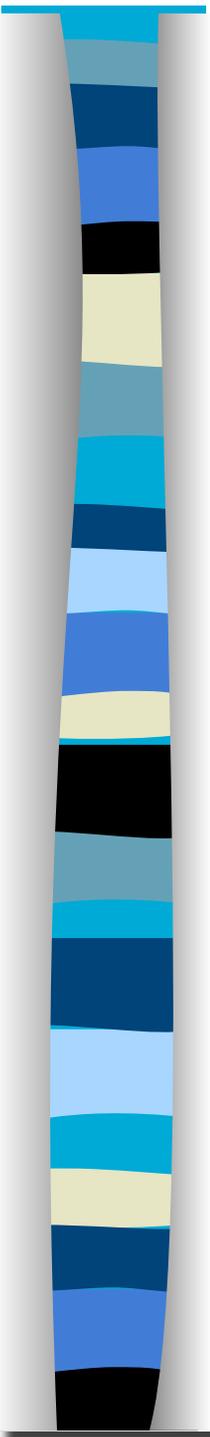


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Endangerment Areas

The axilla area is defined as the:

- A. Knee area
- B. Thigh area
- C. Elbow area
- D. Armpit area

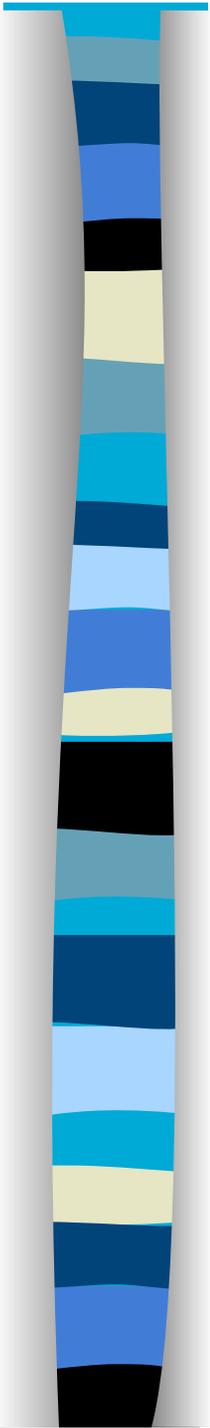
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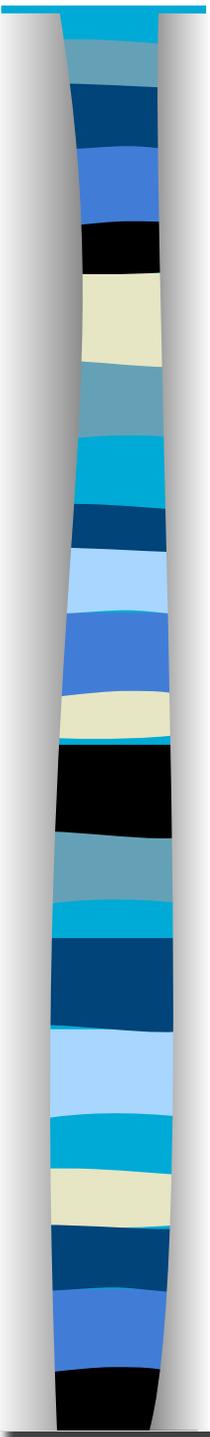
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A



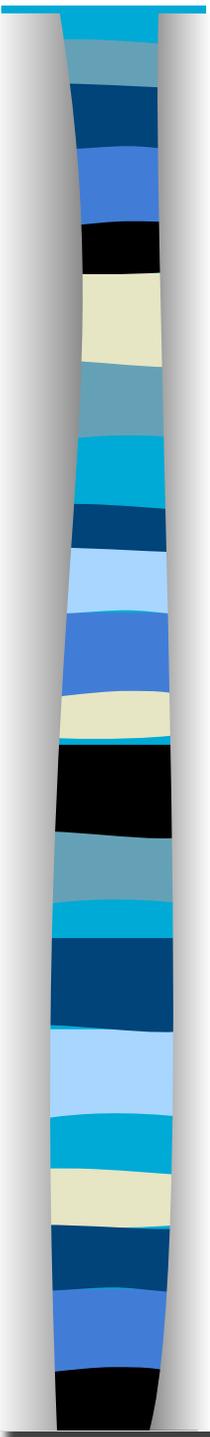


Endangerment Areas

The popliteal region is defined by:

- A. The sartorius, adductor longus, and gastrocnemius
- B. The gastrocnemius, biceps femoris, and adductor longus
- C. The gastrocnemius, biceps femoris, and semimembranosus
- D. The inguinal ligament, gastrocnemius, and biceps femoris

Q

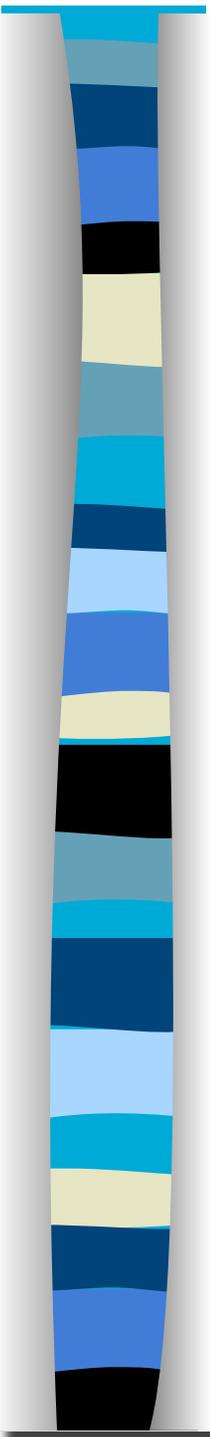


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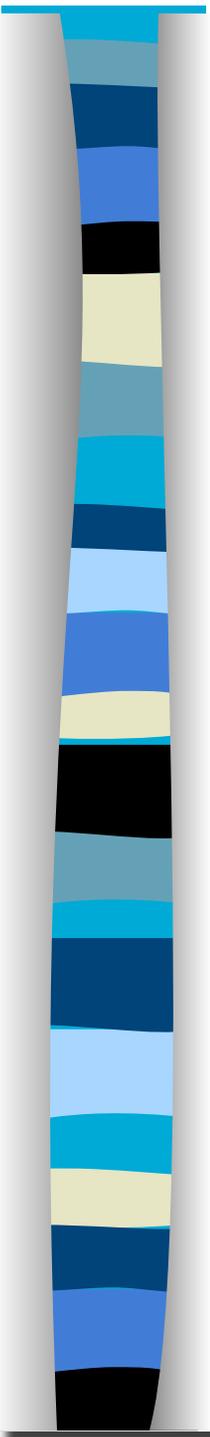


Endangerment Areas

One structure that requires caution in the popliteal region is the:

- A. Femoral artery
- B. Great saphenous vein
- C. Inguinal lymph nodes
- D. Upper fibers of the gastrocnemius

Q



Endangerment Areas

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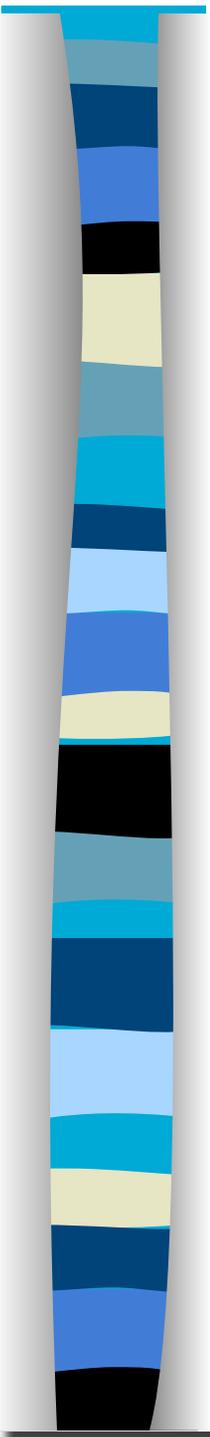
A

Endangerment Areas

The femoral triangle is defined by:

- A. The inguinal ligament, sartorius, and adductor longus
- B. The gastrocnemius, biceps femoris, and adductor longus
- C. The inguinal ligament, gastrocnemius, and biceps femoris
- D. The sartorius, adductor longus, and gastrocnemius

Q

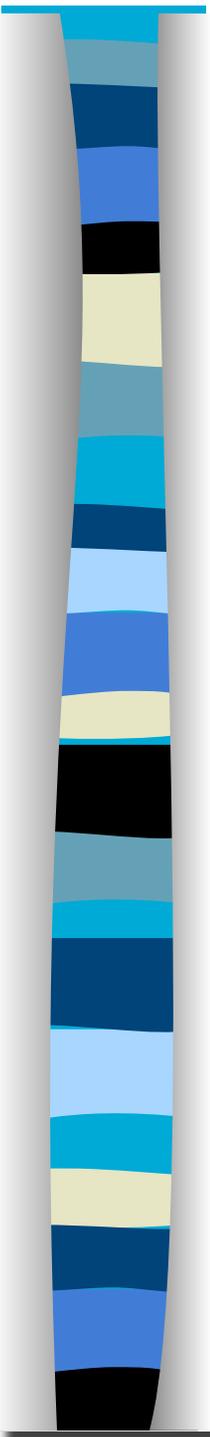


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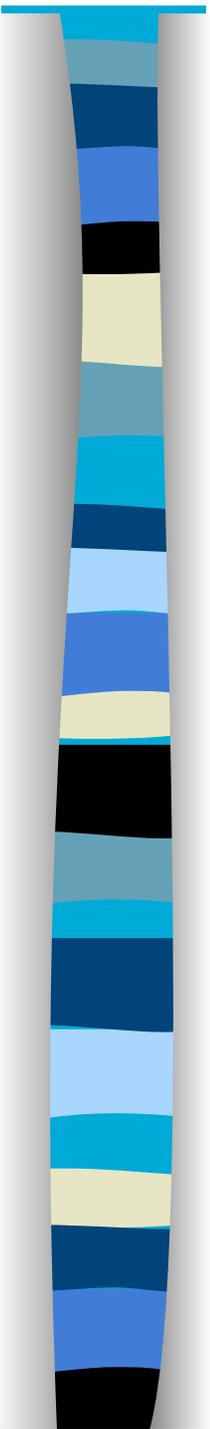


Endangerment Areas

In the lower extremity, lymph nodes are superficial and might be damaged in the:

- A. Femoral triangle and anterior triangle
- B. Femoral triangle and posterior triangle
- C. Popliteal region and axilla area
- D. Femoral triangle and popliteal region

Q

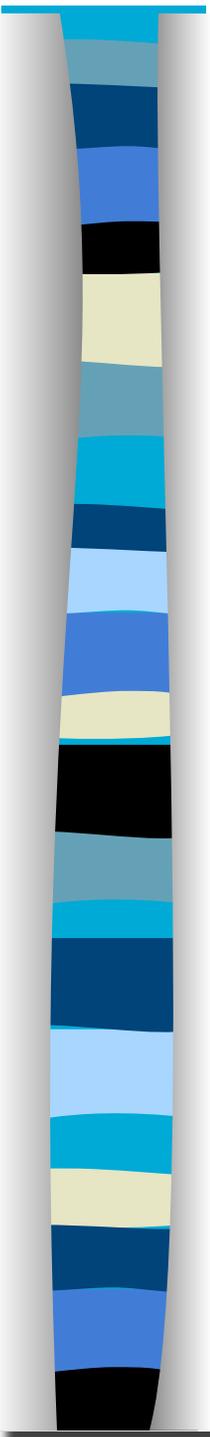


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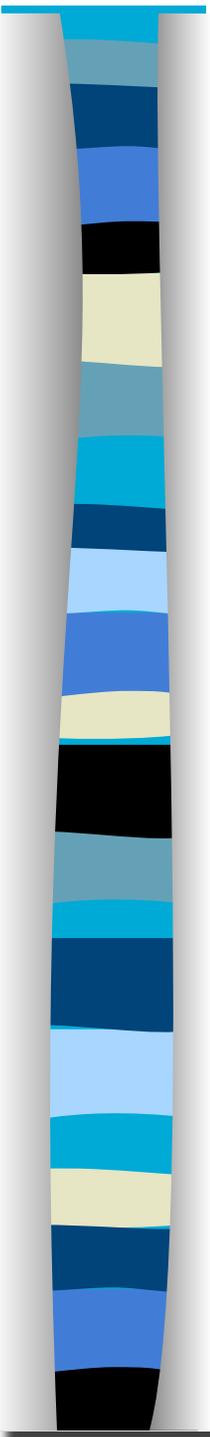


Endangerment Areas

Massage practitioners should use caution when massaging the medial thigh of a pregnant client because:

- A. The iliac, great saphenous, and femoral veins are more prone to develop blood clots during pregnancy
- B. The sciatic nerve running through the area becomes swollen and painful during pregnancy
- C. The subclavian vein and artery are more prone to develop blood clots during pregnancy
- D. Massaging the legs of women during pregnancy is contraindicated

Q

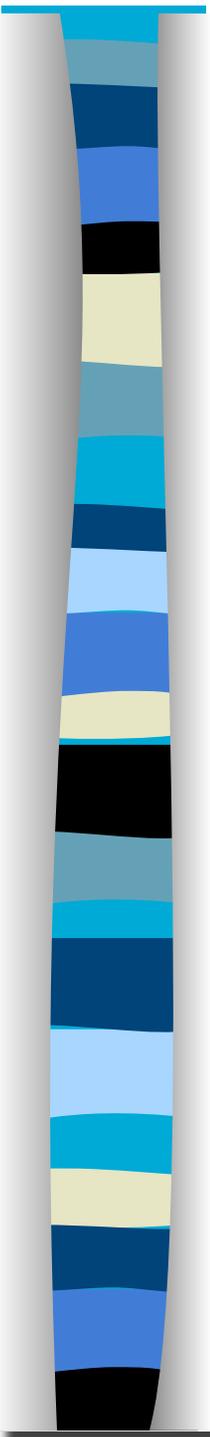


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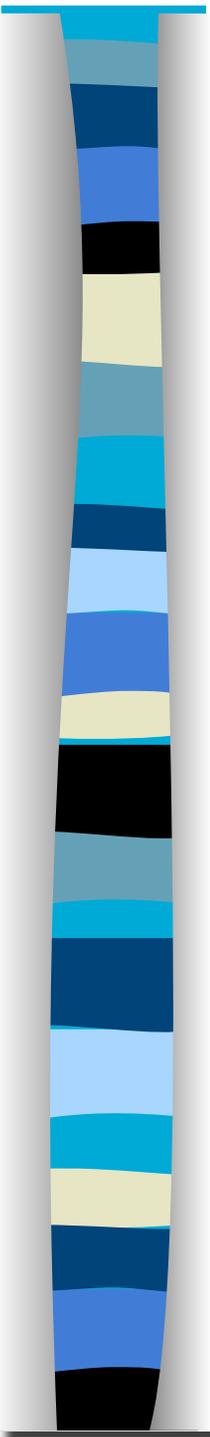


Endangerment Areas

In the upper extremity, lymph nodes require caution in the:

- A. Posterior triangle and cubital fossa
- B. Brachial plexus and ulnar plexus zones
- C. Axilla area and cubital fossa
- D. Femoral triangle and anterior triangle

Q

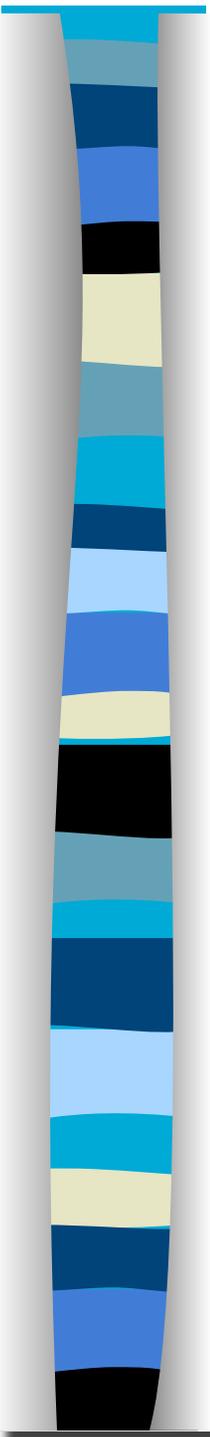


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Endangerment Areas

Deep strokes on this muscle can cause damage to the facial nerve:

- A. The sternocleidomastoid muscle
- B. The deltoid muscle
- C. The masseter muscle
- D. The trapezius muscle

Q

Endangerment Areas

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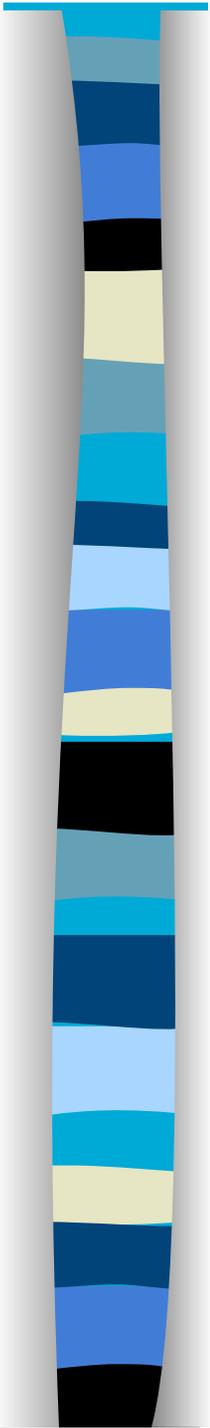
A

Endangerment Areas

The neck can be divided into four triangular endangerment areas. These areas are:

- A. Two lymphatic zones and two muscle zones
- B. Two anterior triangles, a posterior triangle, and a posterior zero point
- C. Two anterior triangles and two posterior triangles
- D. Two sternocleidomastoid zones and two mandible zones

Q

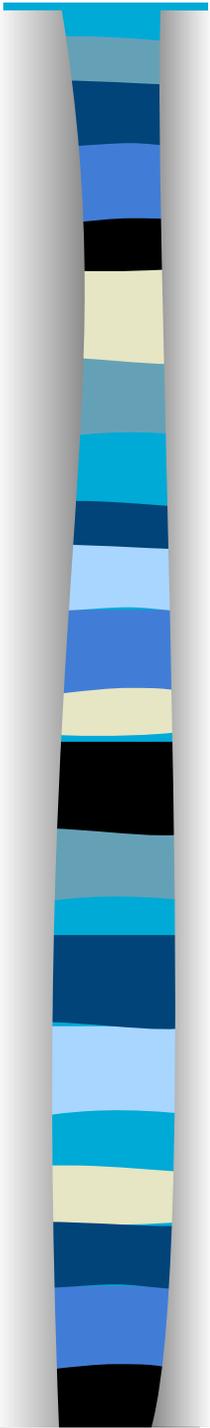


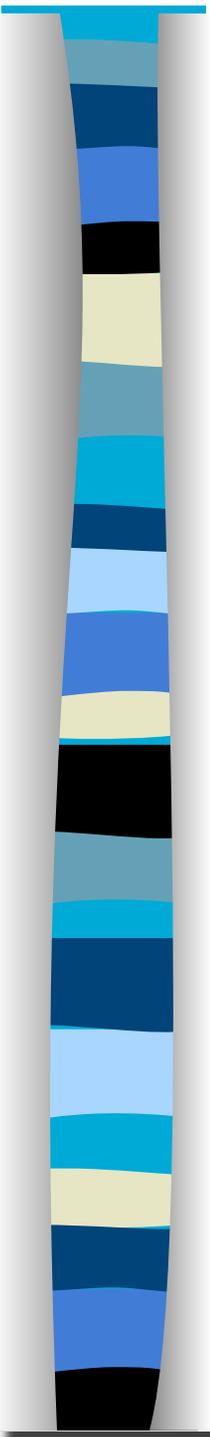
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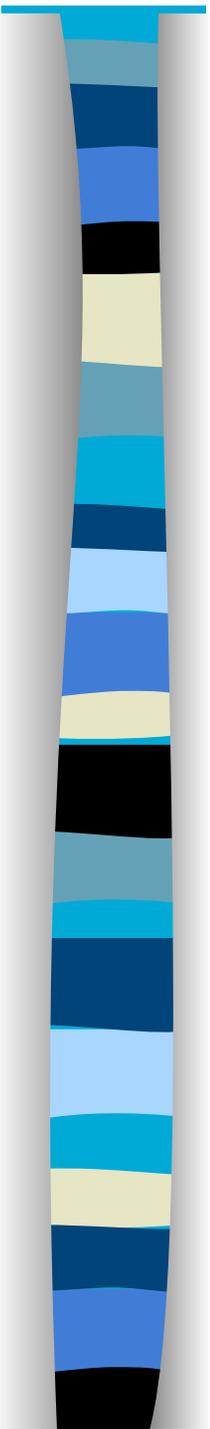


Endangerment Areas

A structure that requires caution in the anterior triangle of the neck is the:

- A. Subclavian vein
- B. Internal jugular vein
- C. External jugular vein
- D. Brachial plexus

Q

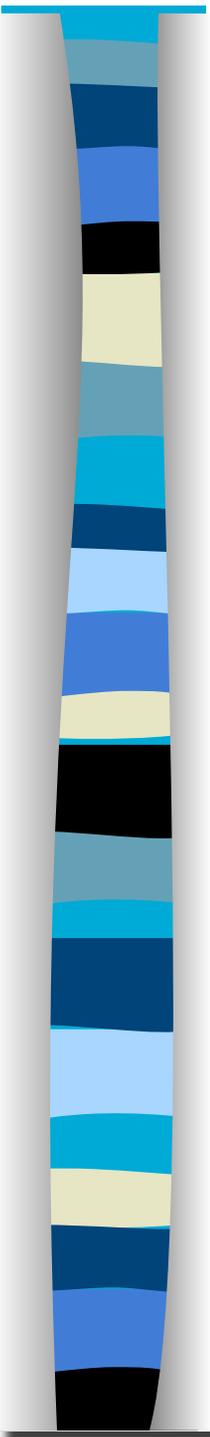


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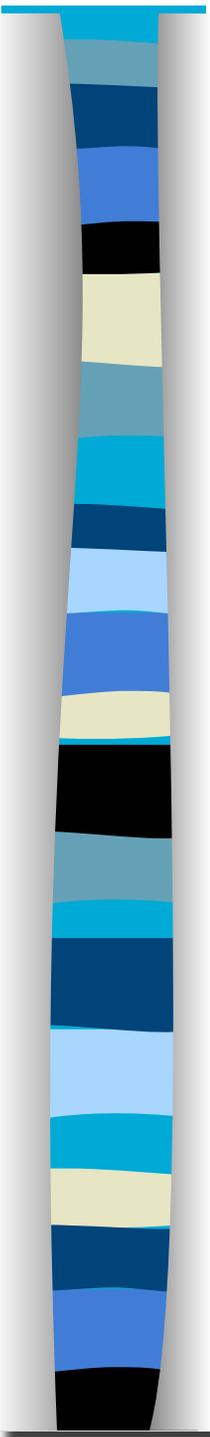


Endangerment Areas

The trachea, mandible, and sternocleidomastoid muscles on each side of the neck define the:

- A. Posterior triangle endangerment areas
- B. Popliteal triangle endangerment area
- C. Anterior triangle endangerment areas
- D. Femoral triangle endangerment area

Q

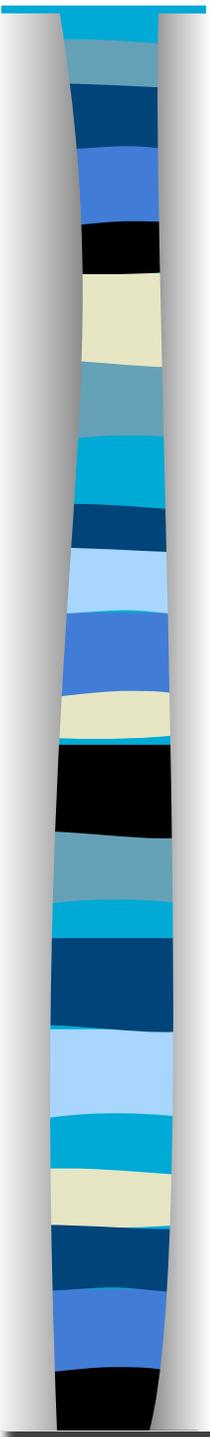


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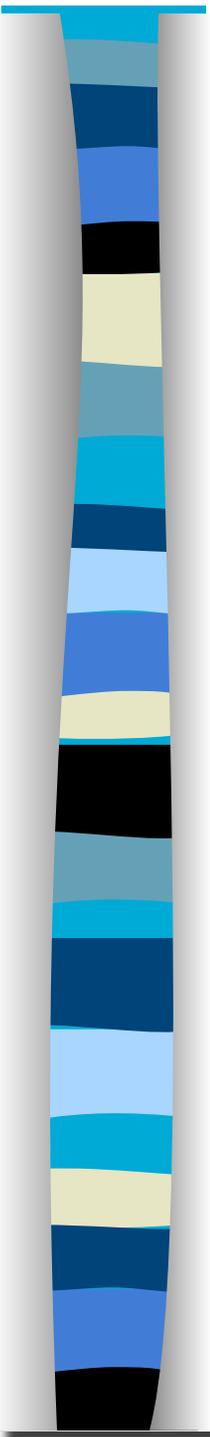


Endangerment Areas

The clavicles, sternocleidomastoid muscles, and the trapezius muscles define the:

- A. Anterior triangle endangerment areas
- B. Posterior triangle endangerment areas
- C. Femoral triangle endangerment area
- D. Popliteal triangle endangerment area

Q

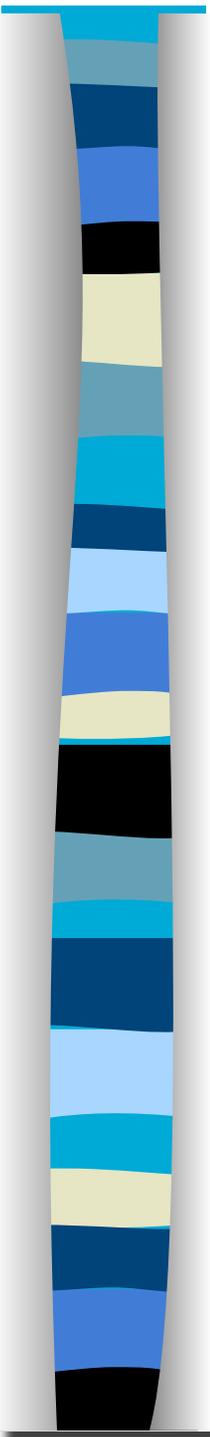


Endangerment Areas

The clavicles, sternocleidomastoid muscles, and the trapezius muscles define the:

- A. Anterior triangle endangerment areas
- B. Posterior triangle endangerment areas**
- C. Femoral triangle endangerment area
- D. Popliteal triangle endangerment area

A

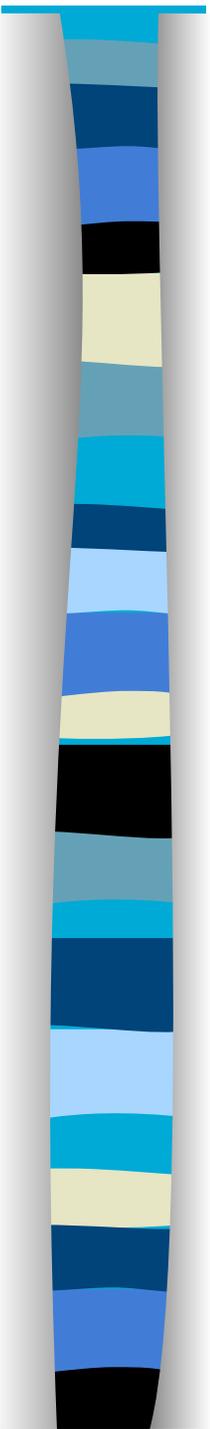


Endangerment Areas

A structure that requires caution in the anterior triangle of the neck is the:

- A. Trachea
- B. Subclavian vein
- C. Brachial plexus
- D. External jugular vein

Q

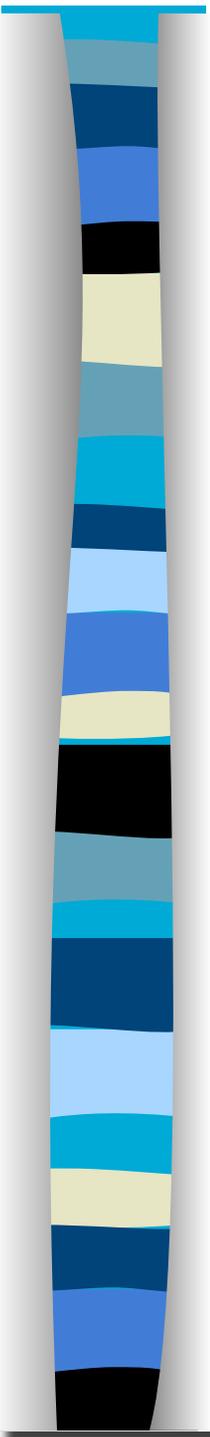


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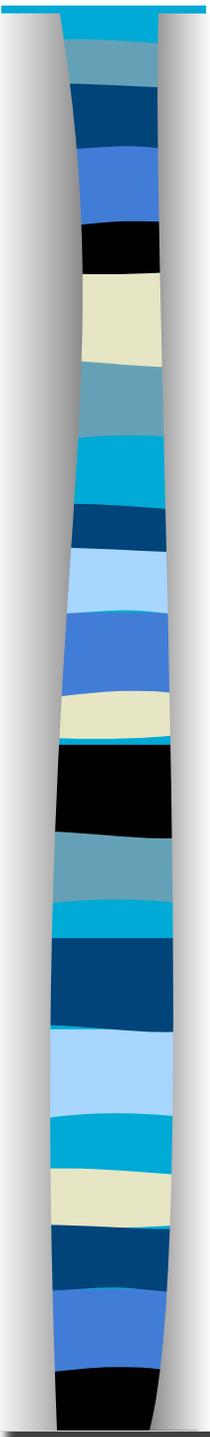


Endangerment Areas

A structure that requires caution in the anterior triangle of the neck is the:

- A. Carotid artery
- B. Subclavian vein
- C. Subclavian artery
- D. Brachial plexus

Q

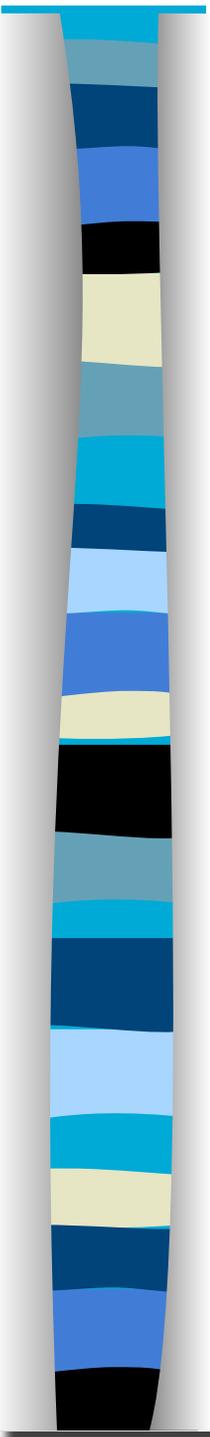


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A structure that requires caution in the anterior triangle of the neck is the:

- A. Carotid artery
- B. Subclavian vein
- C. Subclavian artery
- D. Brachial plexus

A



Endangerment Areas

The collection of nerves that might be damaged if too much pressure is applied in the posterior region of the neck or in the upper extremity is the:

- A. Sciatic plexus
- B. Median plexus
- C. Ulnar plexus
- D. Brachial plexus

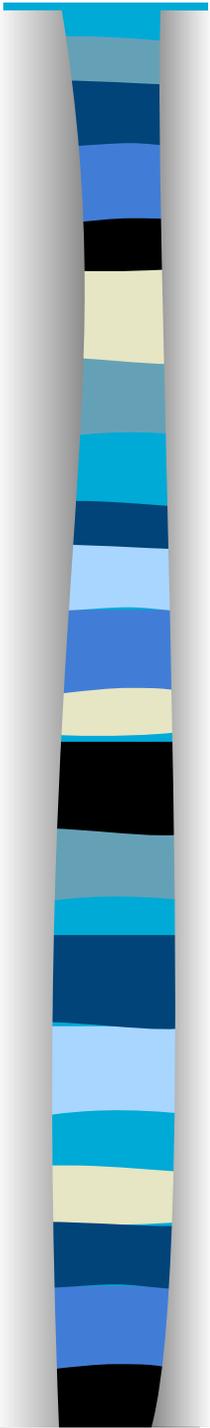
Q

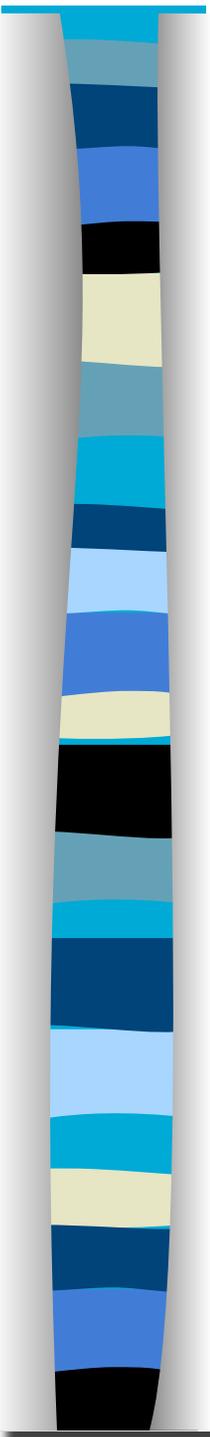
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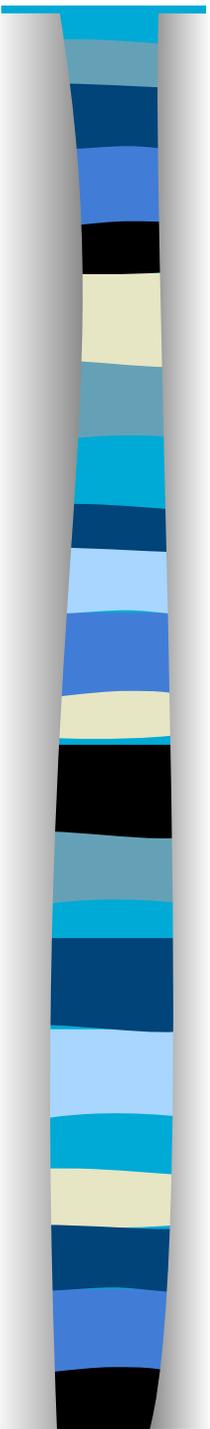


Endangerment Areas

A structure that requires caution in the posterior triangle of the neck is the:

- A. Brachial plexus
- B. Carotid artery
- C. Trachea
- D. Internal jugular vein

Q

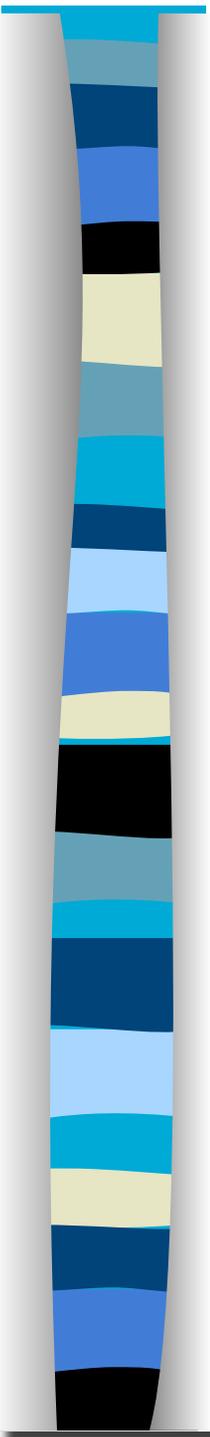


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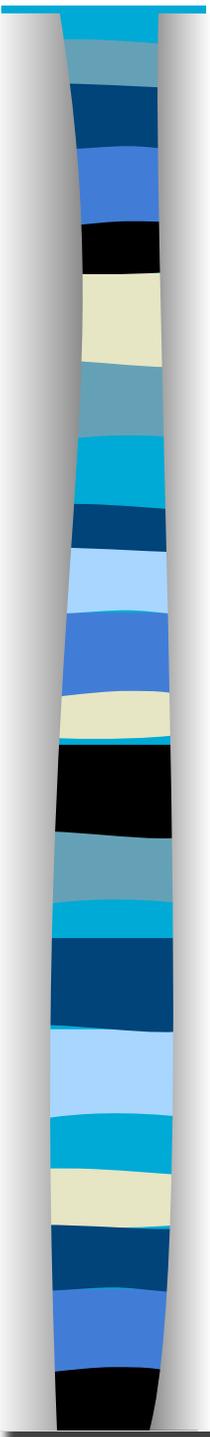


Endangerment Areas

If you block an artery with a massage stroke in the anterior region of the client's neck, it can lead to feelings of:

- A. Pain and throbbing in the hands
- B. Discomfort and panic, but clients do not lose consciousness no matter how long pressure is applied
- C. Discomfort, panic, or loss of consciousness
- D. Pain and throbbing in the feet

Q

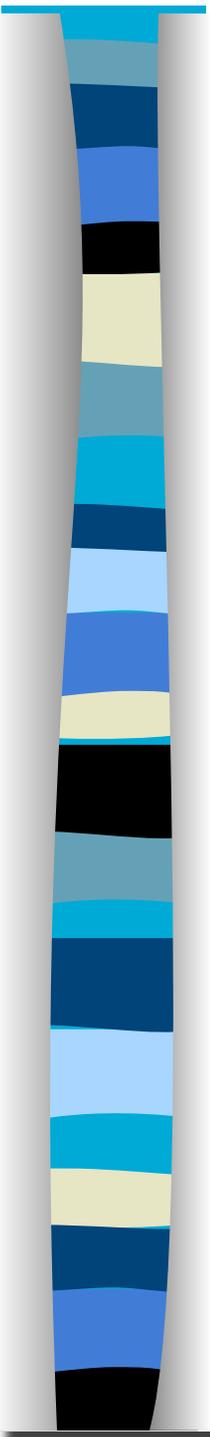


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If you block an artery with a massage stroke in the anterior region of the client's neck, it can lead to feelings of:

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- B. Discomfort and panic, but clients do not lose consciousness no matter how long pressure is applied
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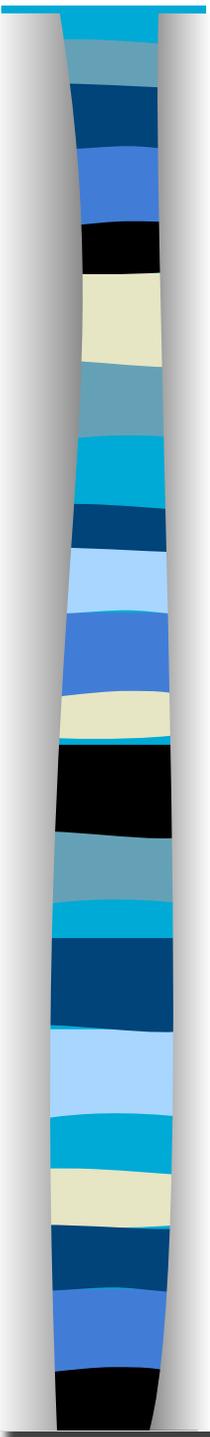


Endangerment Areas

If arteries are blocked for too long by a massive stroke:

- A. The delivery of oxygen distal to the blockage site is delayed
- B. The delivery of oxygen distal to the blockage site is enhanced
- C. The delivery of oxygen proximal to the blockage site is delayed
- D. The delivery of oxygen proximal to the blockage site is enhanced

Q

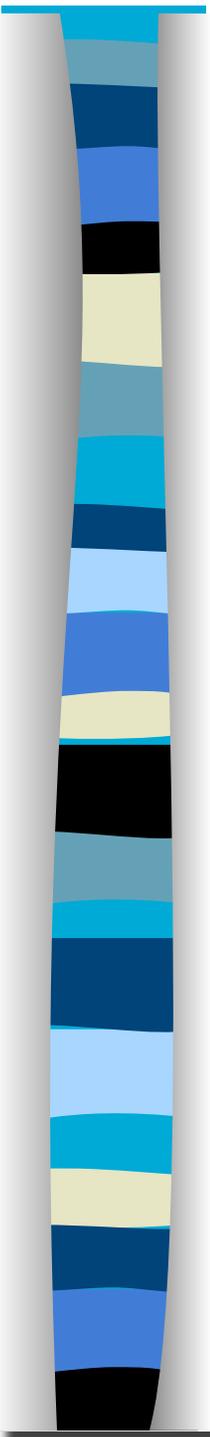


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A

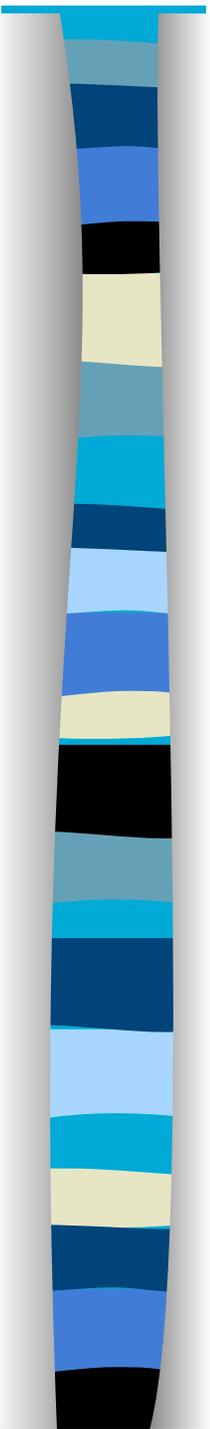


Endangerment Areas

Deep compression of a nerve by a massage stroke can:

- A. Cause appropriate reduction in muscle tissue using the nerve reflex
- B. Cause increased edema in a region
- C. Cause pain, numbness, tingling, and discomfort
- D. Cause appropriate stretching of the nerve to increase motor firing rates

Q

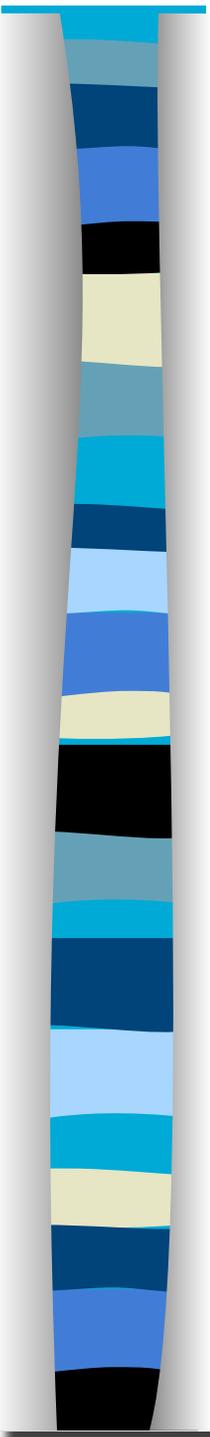


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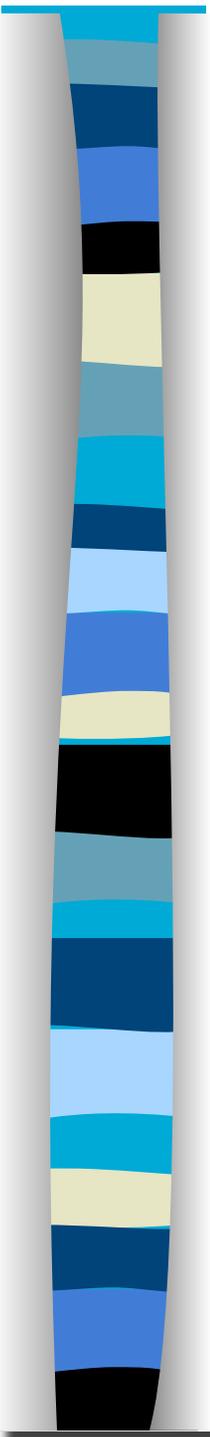


Endangerment Areas

The collection of nerves that innervates the upper extremity is the:

- A. Brachial plexus
- B. Ulnar plexus
- C. Median plexus
- D. Deltoid plexus

Q

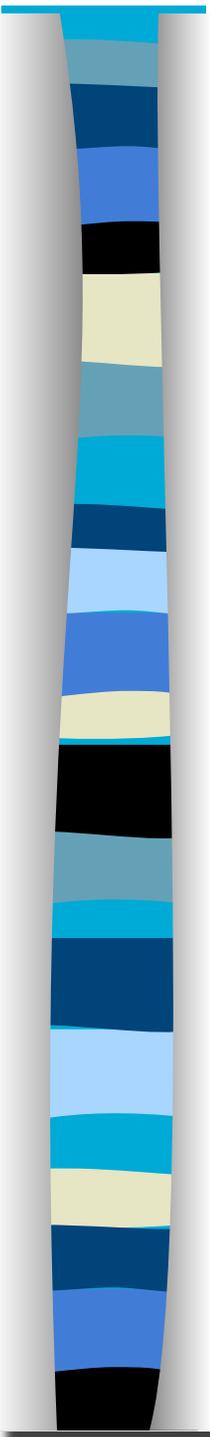


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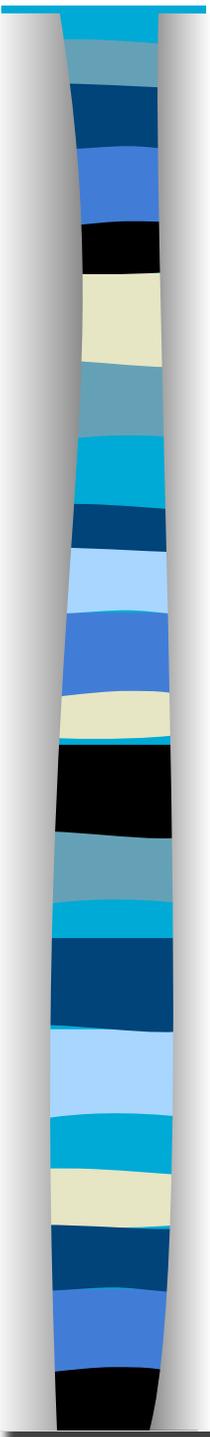


Endangerment Areas

Deep pressure in the gluteal region can cause pain or irritation to the:

- A. Sciatic nerve
- B. Ulnar nerve
- C. Brachial plexus
- D. Tibial nerve

Q

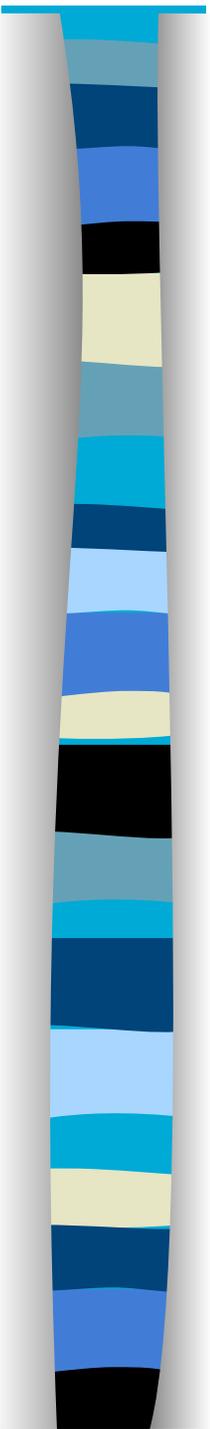


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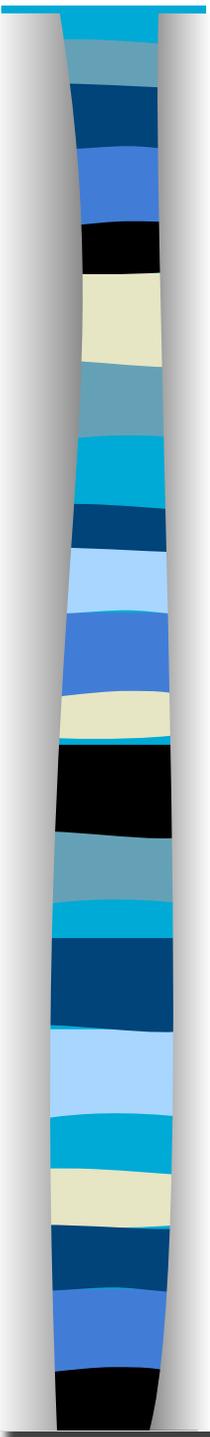


Endangerment Areas

If you feel a strong pulse while doing abdominal work, change the position of your hands to avoid disrupting circulation because you may be placing too much pressure on the:

- A. Abdominal aorta only
- B. Abdominal aorta and carotid artery
- C. Abdominal aorta or inferior vena cava
- D. Inferior vena cava only

Q

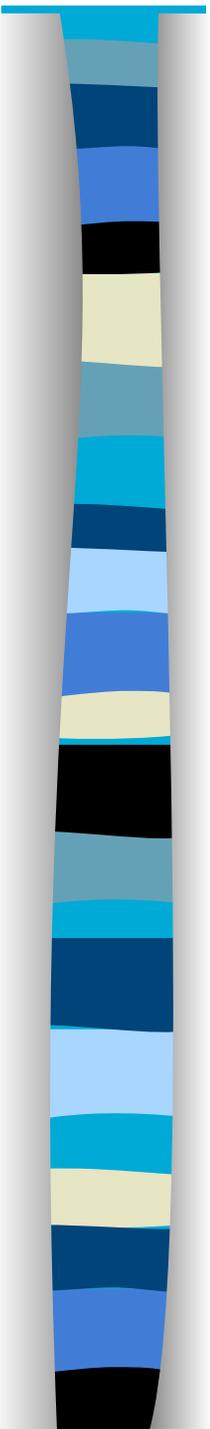


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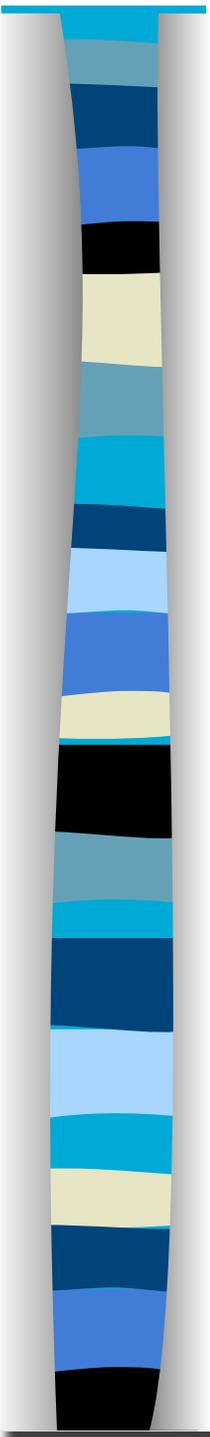


Endangerment Areas

These veins are common sites of varicosities and require caution when working in the lower extremities:

- A. Great and small saphenous veins
- B. Basilica and brachial veins
- C. Internal and external jugular veins
- D. Great and small femoral veins

Q

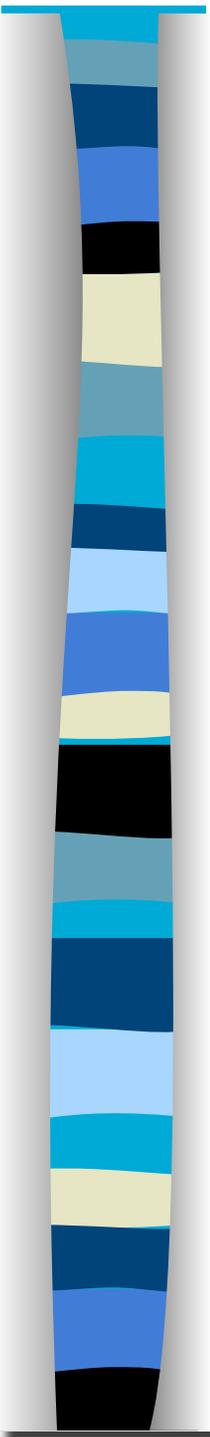


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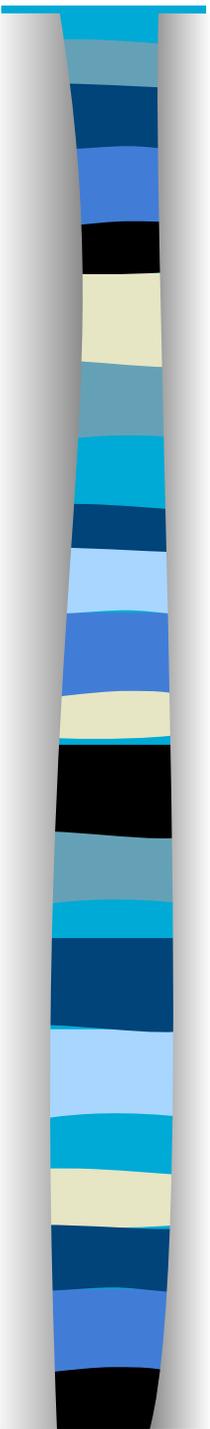


Endangerment Areas

With the client in the prone position, striking techniques like tapotement can damage the:

- A. Sternal lymph nodes
- B. Abdominal aorta
- C. Kidneys
- D. Liver

Q

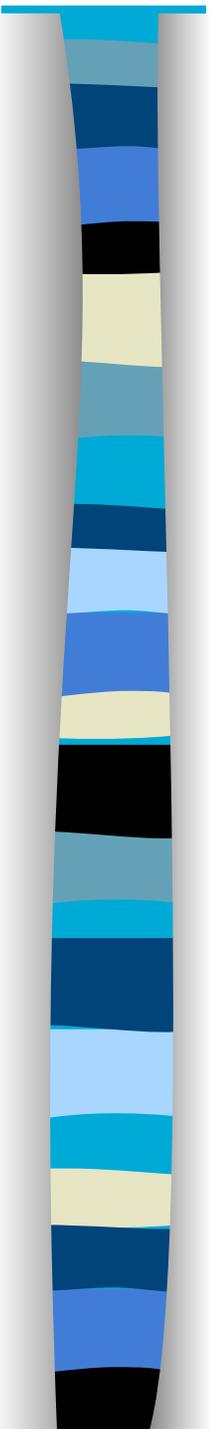


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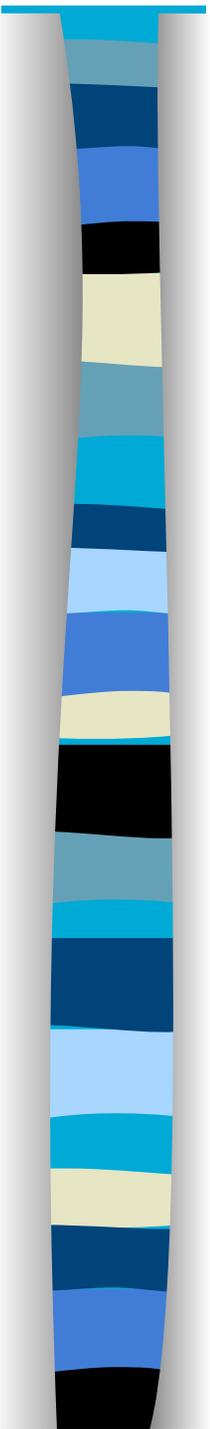


Endangerment Areas

An organ that is unprotected and requires caution when applying certain massage techniques to the back is / are the:

- A. Kidneys
- B. Lymph nodes
- C. Liver
- D. Trachea

Q

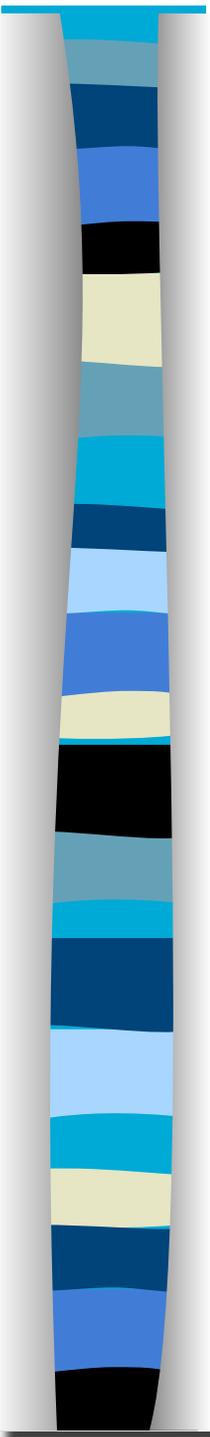


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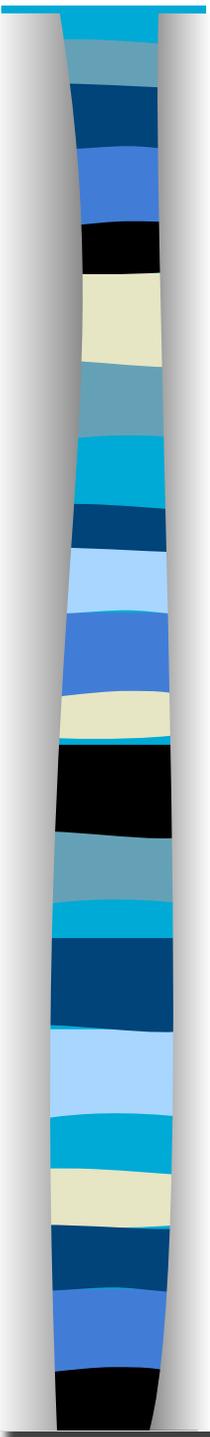


Endangerment Areas

A varicose vein might be caused when:

- A. Heavy pressure is applied to veins in the anterior triangle of the neck
- B. Heavy pressure is applied to veins in endangerment areas
- C. Heavy pressure is applied to lymph nodes causing primary edema and secondary varicosities
- D. Blood flow in arteries is blocked for prolonged periods

Q

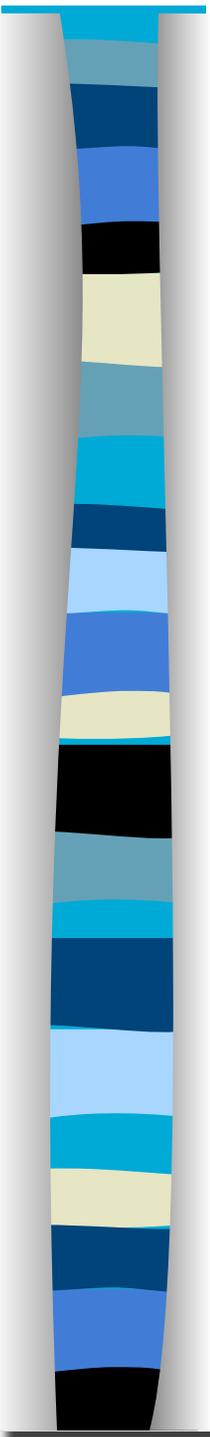


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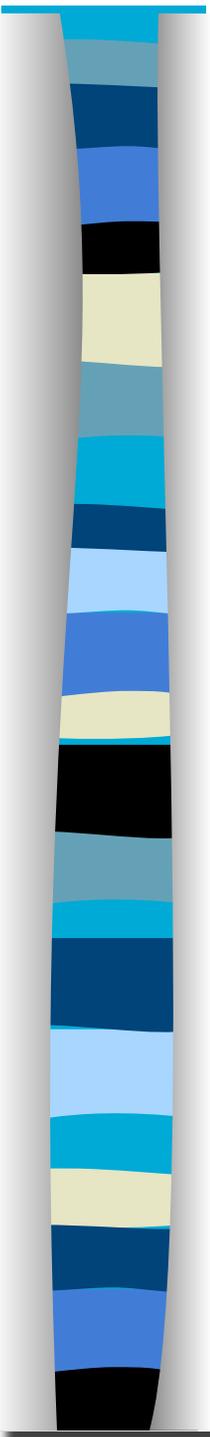


Endangerment Areas

A structure that requires caution in the femoral triangle is/are the:

- A. Inguinal lymph nodes
- B. Common peroneal nerve
- C. Popliteal artery
- D. Tibial nerve

Q

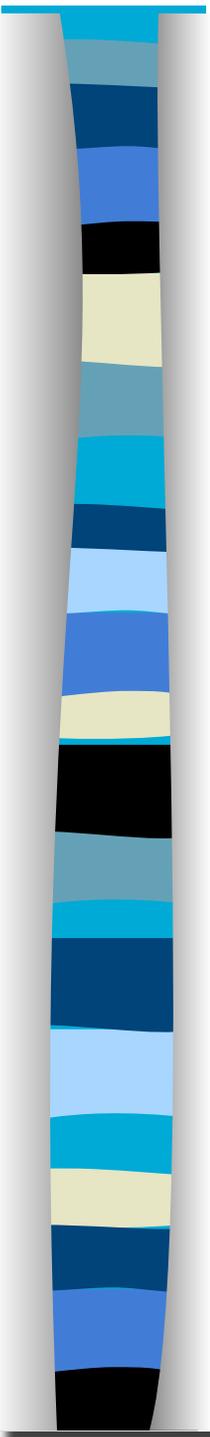


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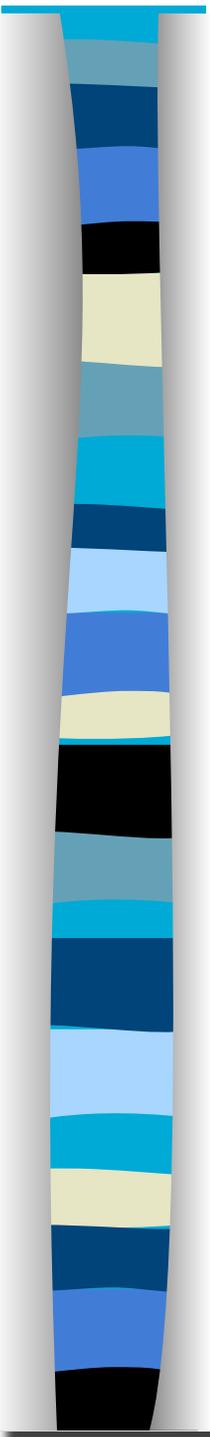


Endangerment Areas

Damage or too much pressure to this nerve can cause numbness, pain, or tingling in the little finger. This nerve is the:

- A. Radial nerve
- B. Sciatic nerve
- C. Ulnar nerve
- D. Median nerve

Q

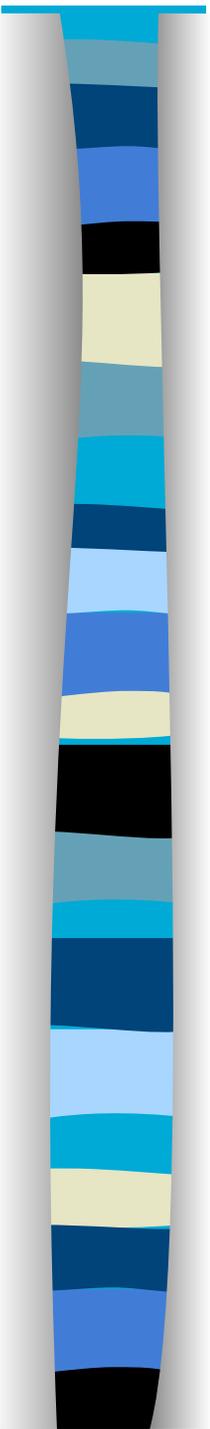


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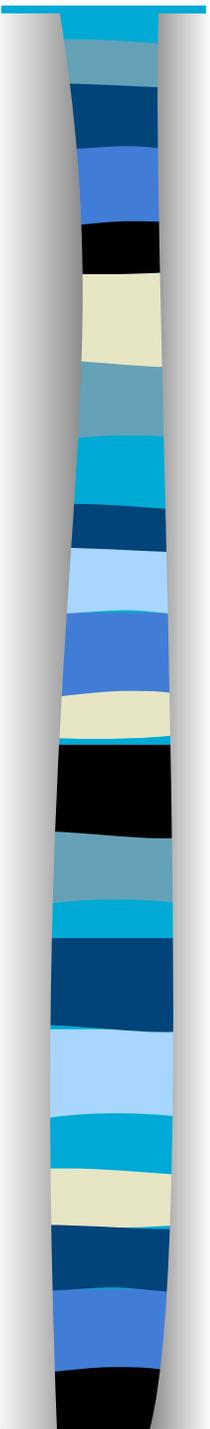


Endangerment Areas

The styloid process of the temporal bone is tender to even moderate pressure. It should be avoided when the practitioner is working the:

- A. Neck and lateral portions of the face
- B. Forehead and chin
- C. Neck and medial portions of the face
- D. Forehead and scalp

Q

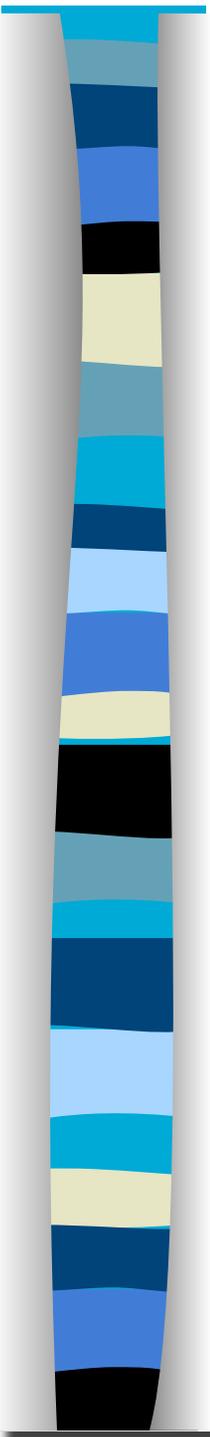


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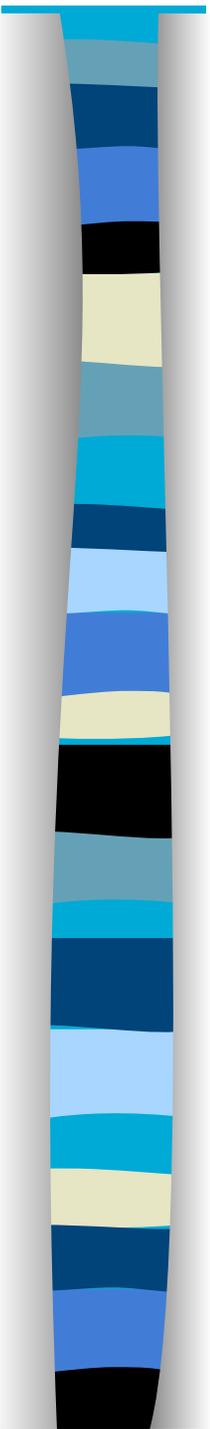


Endangerment Areas

Advanced techniques that access the psoas may cause damage to this structure if the techniques are applied incorrectly:

- A. The popliteal artery
- B. The liver
- C. The peroneal nerve
- D. The kidneys

Q

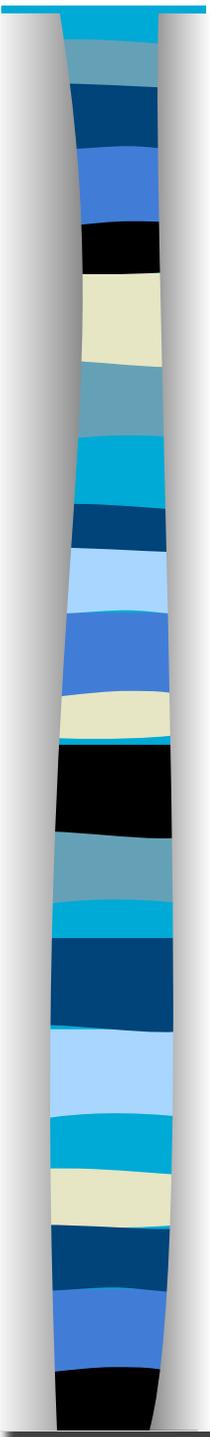


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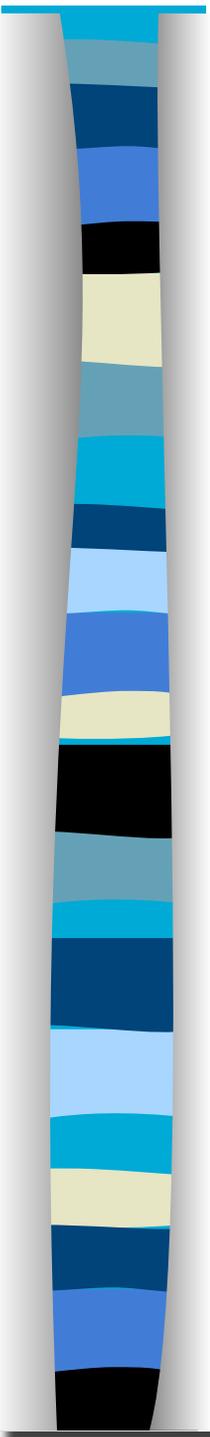


Endangerment Areas

The temporal artery and facial artery require caution when a practitioner is working:

- A. In the cubital fossa
- B. On the abdominal area
- C. On the back
- D. On the face

Q

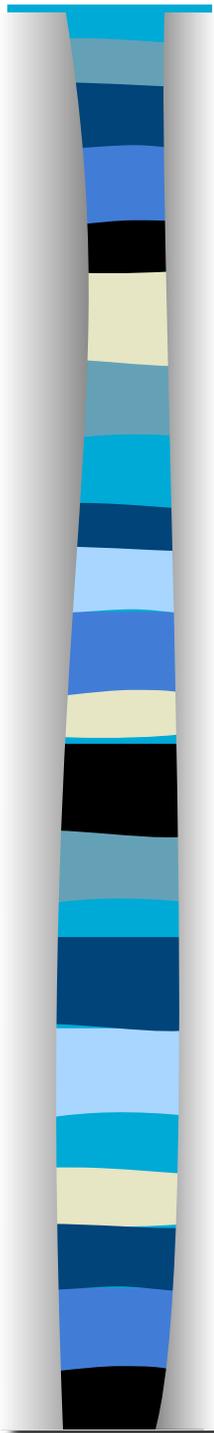


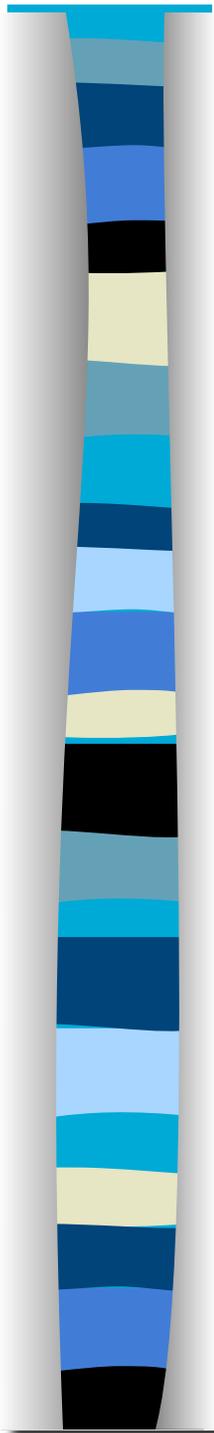
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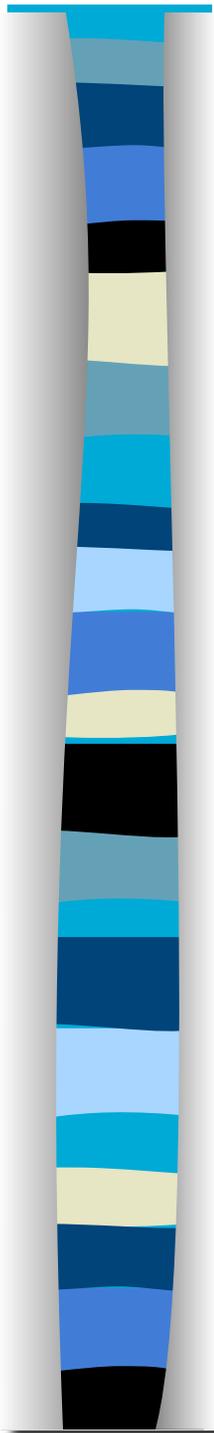
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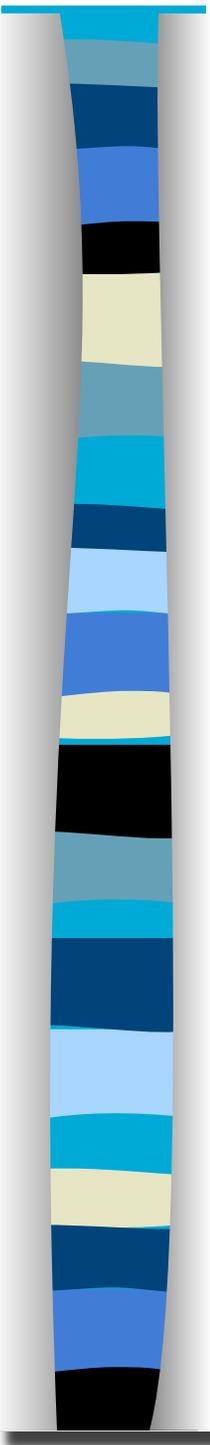
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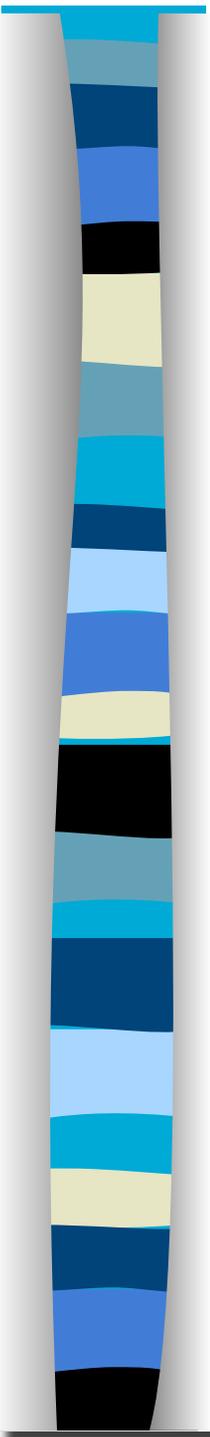




ABMP Exam Coach

Massage Theory: Cautions &
Contraindications

Absolute Contraindications

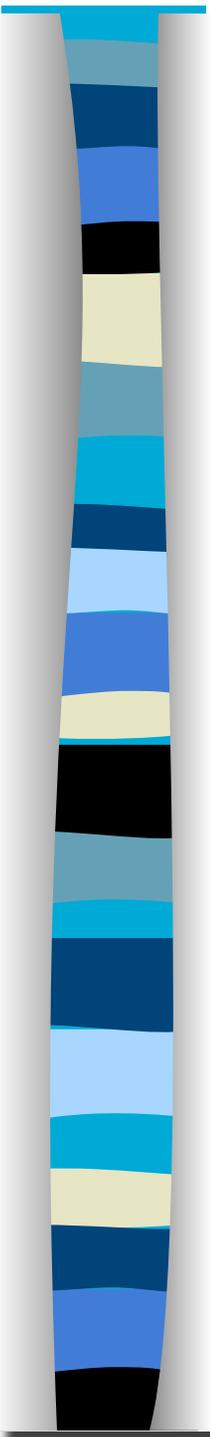


Absolute Contraindications

If the client has an absolute contraindication, he or she should:

- A. Receive a shortened massage that lasts no longer than 30 minutes
- B. Not receive massage
- C. Not receive massage until a physician's release is obtained
- D. Receive a massage only on the proximal regions of the body

Q

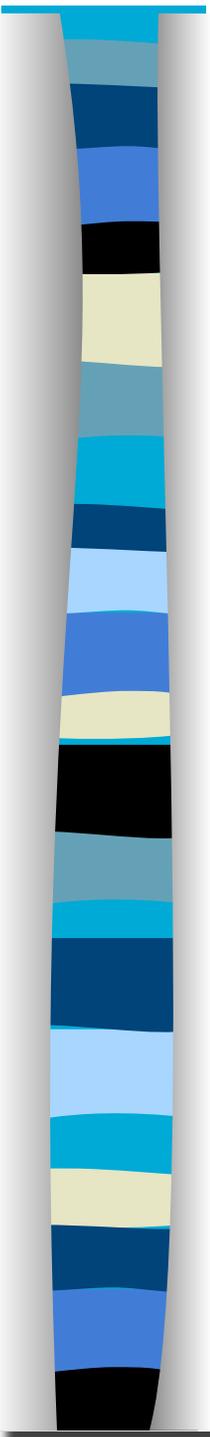


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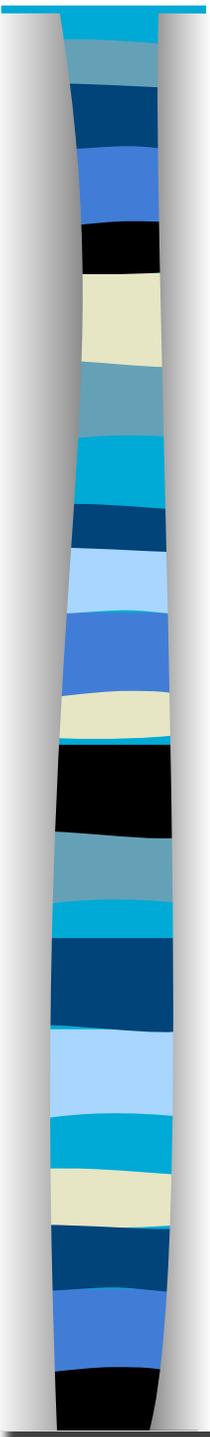


Absolute Contraindications

Any condition that makes the application of massage unadvised or potentially dangerous to the health of a client is:

- A. An area of caution
- B. A contraindication
- C. An endangerment area
- D. An indication

Q

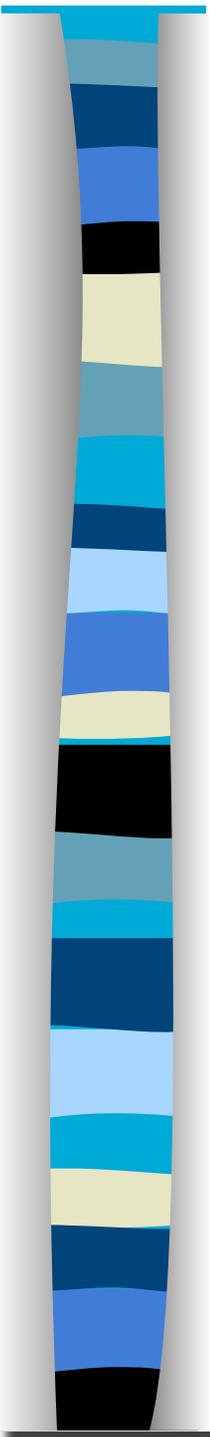


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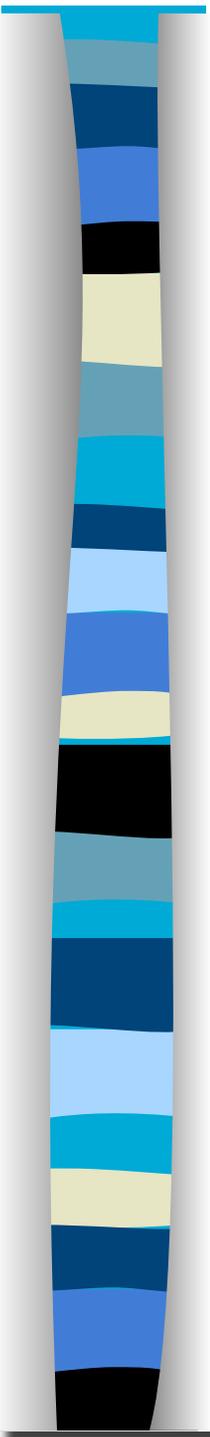


Absolute Contraindications

Clients tend to be contraindicated for massage with any condition that is in:

- A. A chronic stage and is stable
- B. An acute inflammatory stage or has "flared up"
- C. A chronic stage and is not progressing
- D. A late, sub-acute stage that is progressing toward a chronic stage

Q

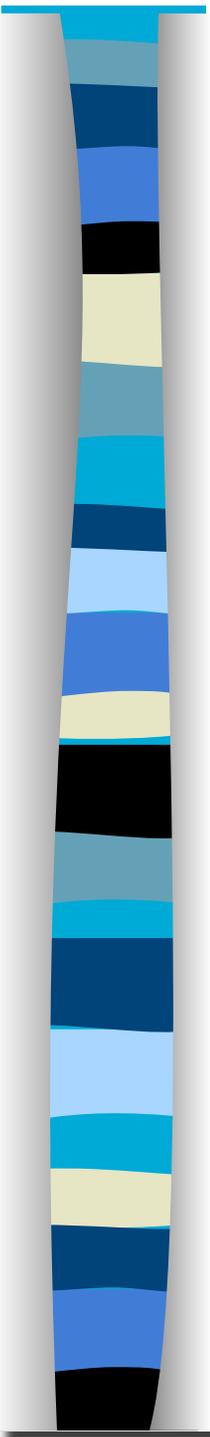


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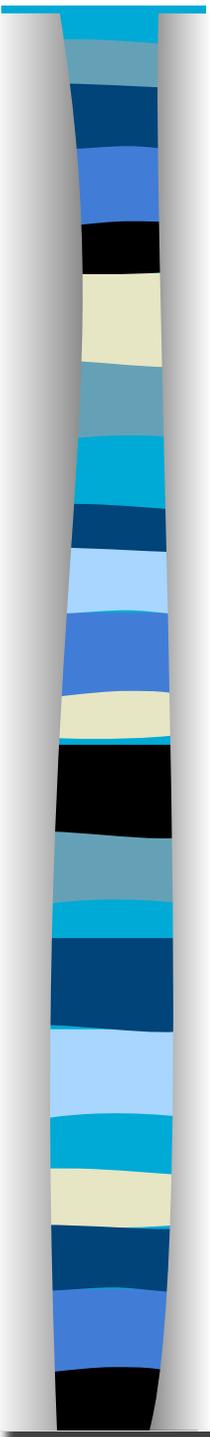


Absolute Contraindications

If the client has a significant fever, vomiting, or an active cold where symptoms have been present less than five days, he or she is:

- A. Contraindicated for massage without a note from a physician
- B. Contraindicated for massage
- C. Contraindicated for massage in a clinic but not in a therapist's home
- D. Contraindicated for massage for 24 hours

Q

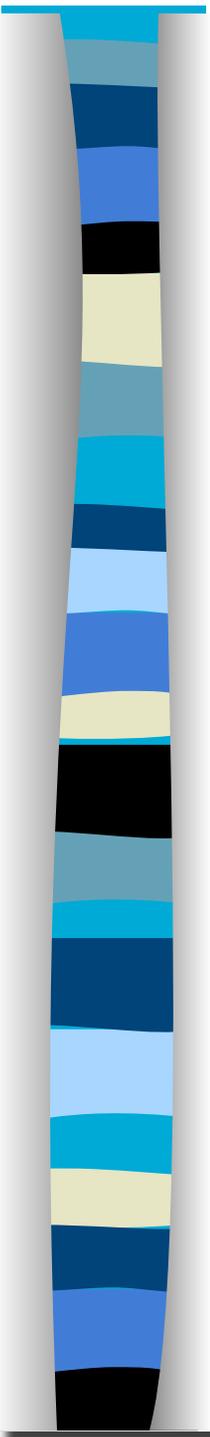


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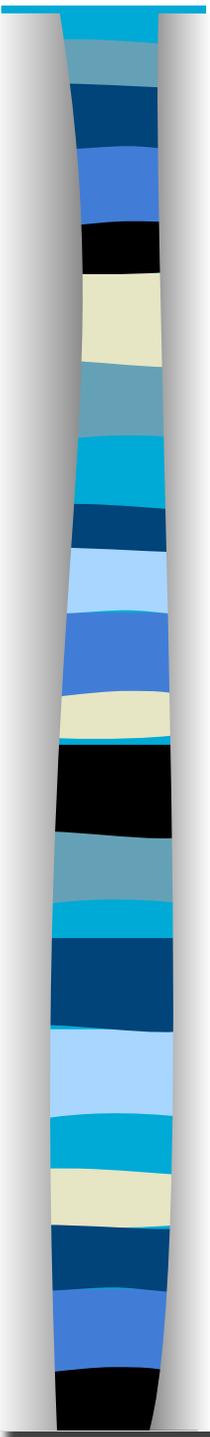


Absolute Contraindications

Acute rheumatoid arthritis:

- A. Is a condition that requires a physician's release
- B. Is contraindicated for massage
- C. Is indicated for massage
- D. Is a local contraindication

Q

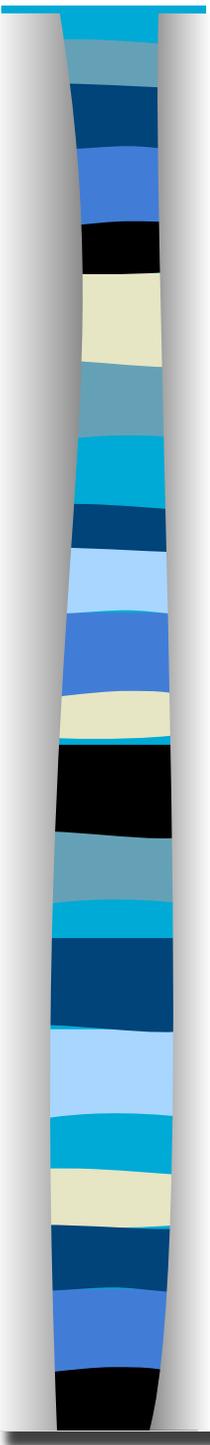


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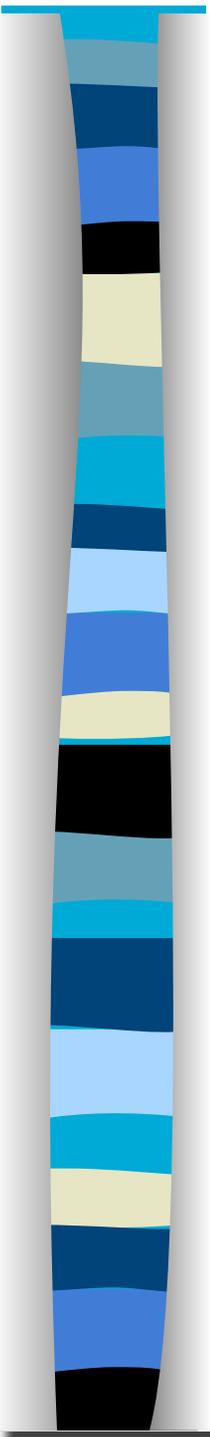


Absolute Contraindications

Acute bronchitis is:

- A. A condition that requires a physician's release
- B. A condition that benefits from deep-tissue work
- C. Contraindicated for massage
- D. A local contraindication

Q

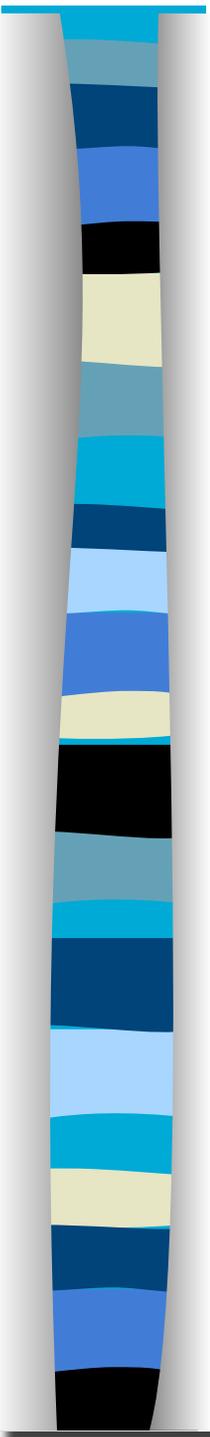


Absolute Contraindications

Acute bronchitis is:

- A. A condition that requires a physician's release
- B. A condition that benefits from deep-tissue work
- C. Contraindicated for massage**
- D. A local contraindication

A

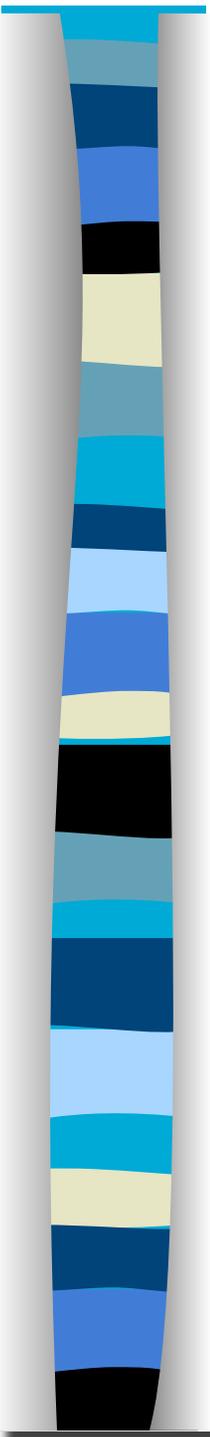


Absolute Contraindications

A client with impetigo:

- A. Is contraindicated for massage
- B. Is indicated for massage
- C. Can only receive massage from a practitioner with specialized training
- D. Must obtain a physician's release before he/she can receive massage

Q

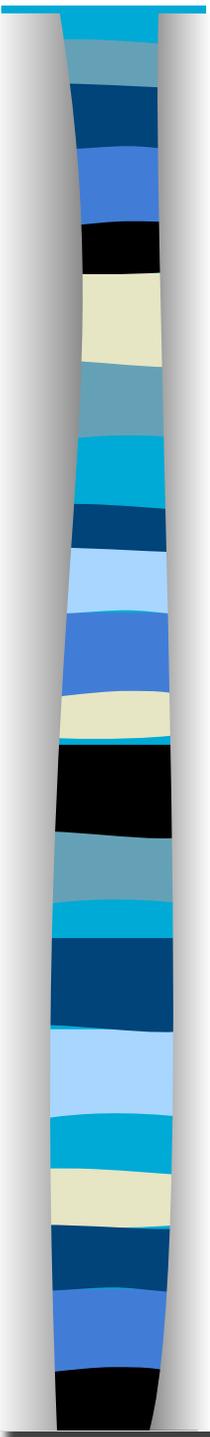


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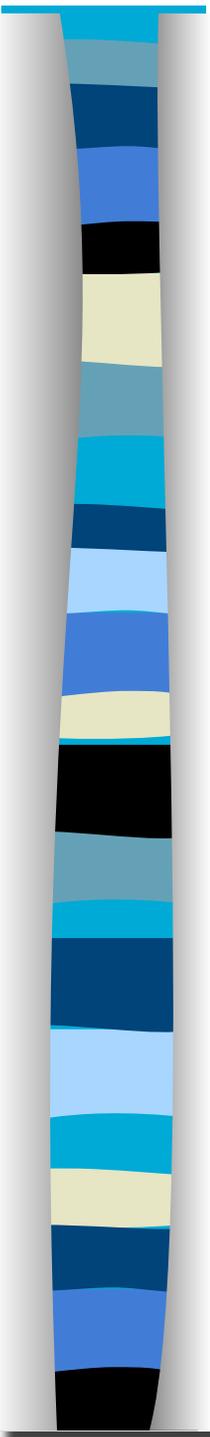


Absolute Contraindications

If a healthy pregnant client arrives for her session complaining of back pain and abdominal cramps, the practitioner should:

- A. Refer the client to her physician immediately because a serious underlying condition may exist; massage is contraindicated
- B. Proceed with the massage if the client has no other symptoms; if the client also has pitting edema in the extremities, refer her to a physician immediately
- C. Proceed with massage; these are not symptoms that cause concern
- D. Proceed with the massage; the low-back and abdominal areas are local contraindications

Q

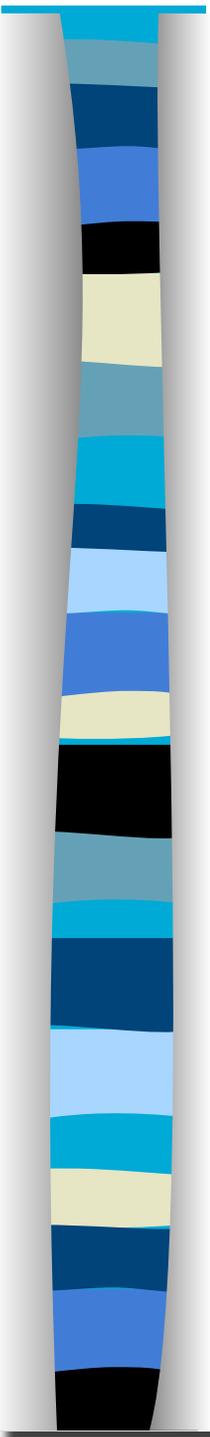


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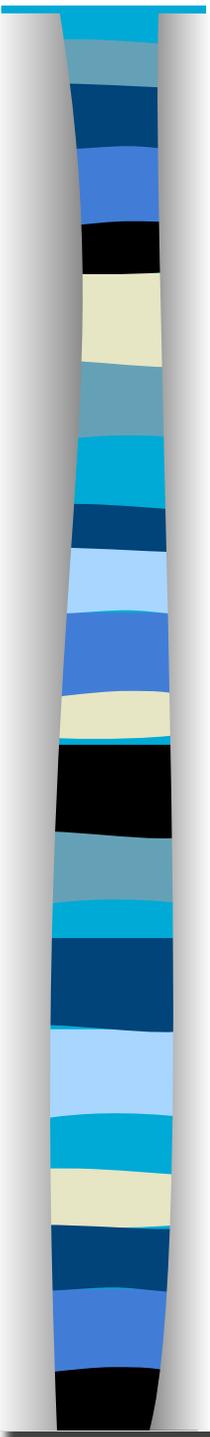


Absolute Contraindications

A client with lice:

- A. Can only receive massage from a practitioner with specialized training
- B. Is indicated for massage
- C. Is contraindicated for massage
- D. Must obtain a physician's release before he/she can receive massage

Q

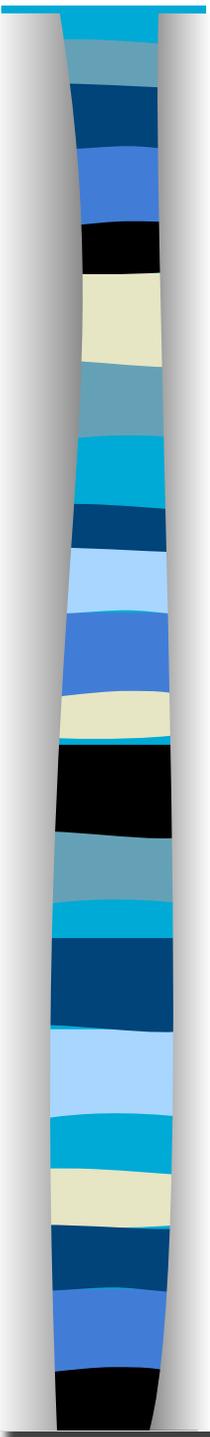


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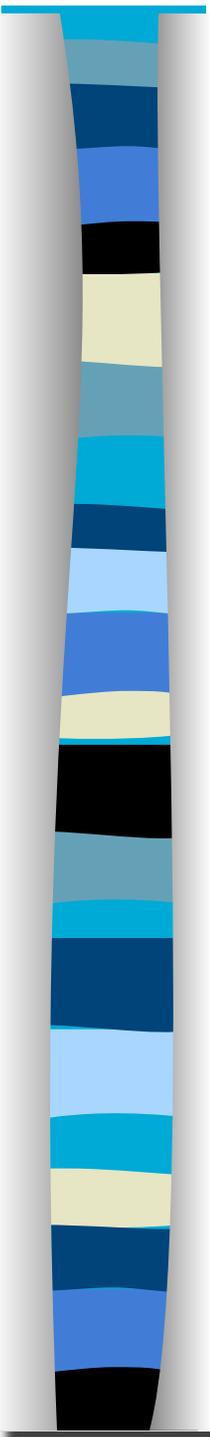


Absolute Contraindications

A sudden onset headache with associated neck stiffness, a fever, and possible slurred speech is:

- A. cervical contraindication (massage the face but not the cervical region)
- B. A local indication (only massage the face, head, and cervical region)
- C. A local contraindication (avoid the face)
- D. An absolute contraindication

Q

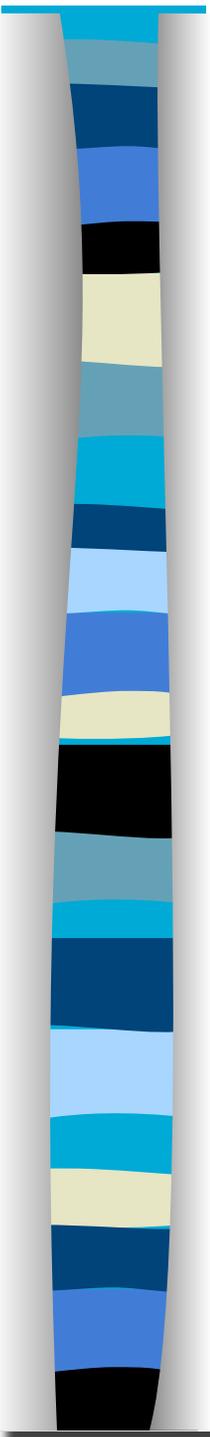


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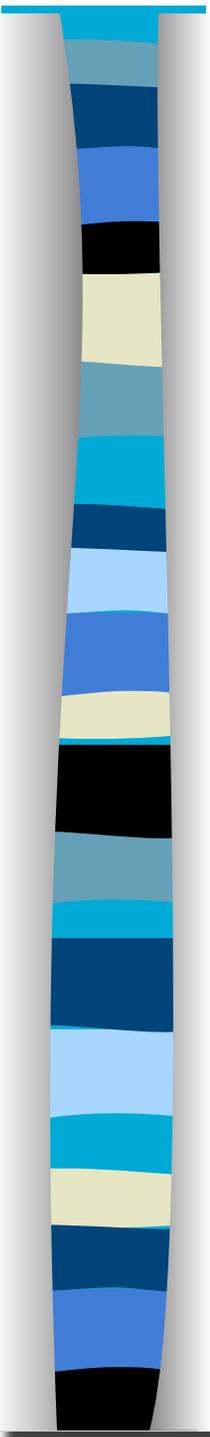


Absolute Contraindications

Acute sinus headaches lead to pain and pressure around the eyes, cheeks, and forehead. These headaches:

- A. Are a local indication (only massage the face, head, and cervical region)
- B. Are a local contraindication (avoid the face)
- C. Require a physician's release
- D. Are an absolute contraindication

Q

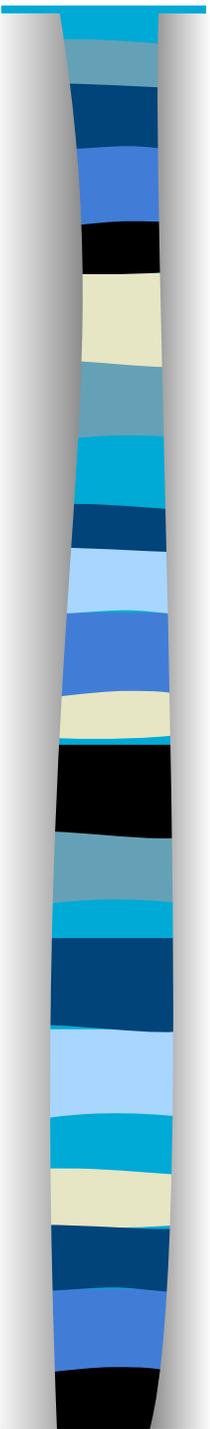


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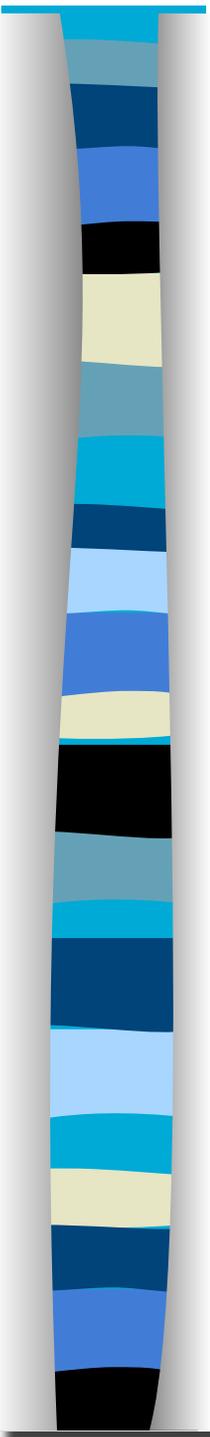


Absolute Contraindications

If the client reports to the massage practitioner that he or she has experienced an intense, unexplained headache in the last 24 hours, the practitioner should:

- A. Send the client to a chiropractor because the headache is likely due to a subluxation of the cervical vertebrae
- B. Send the client to a physician because he or she is contraindicated for massage
- C. Apply massage to the upper back and cervical region to reduce headache pain
- D. Apply massage to the posterior cervical region, face, and scalp to reduce headache pain

Q

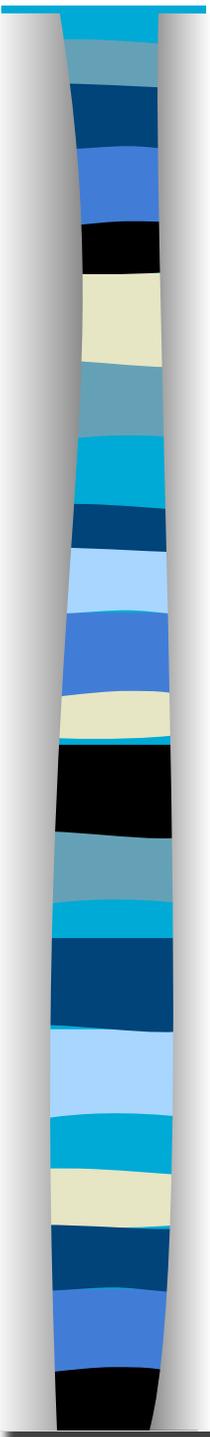


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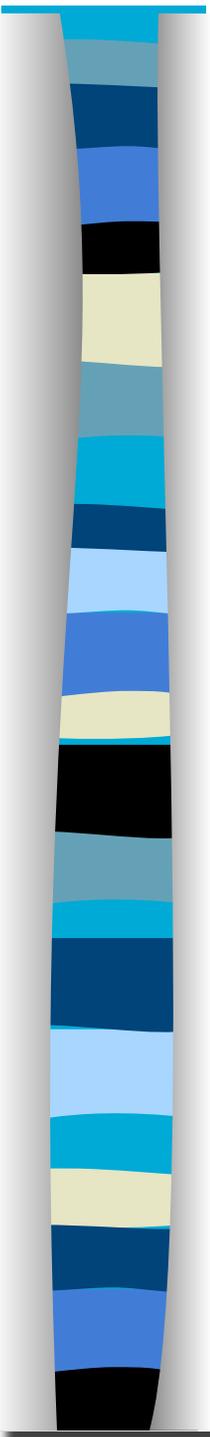


Absolute Contraindications

Chemical headaches are triggered by chemical imbalances in the body and may resemble tension headaches. They:

- A. Are a local indication (only massage the face, head, and cervical region)
- B. Are a local contraindication (avoid the face)
- C. Are an absolute contraindication
- D. Require a physician's release

Q

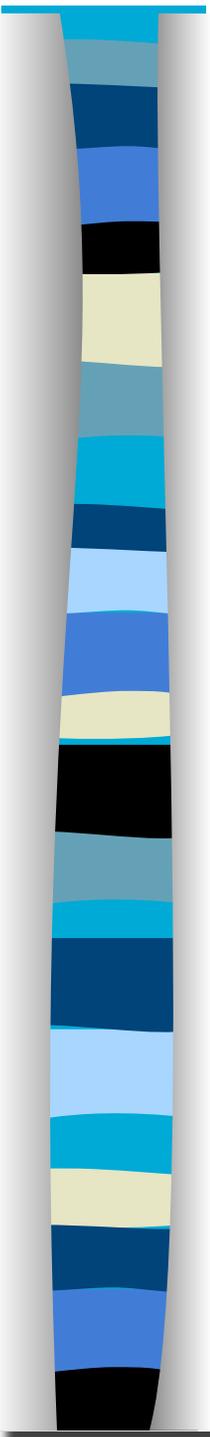


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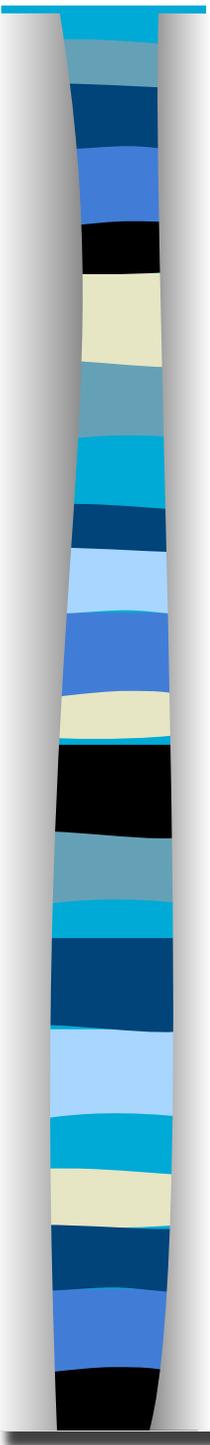


Absolute Contraindications

A client with chicken pox is:

- A. Contraindicated for massage without a note from a physician
- B. Contraindicated for massage in a clinic but not in a therapist's home
- C. Contraindicated for massage for 24 hours
- D. Contraindicated for massage

Q

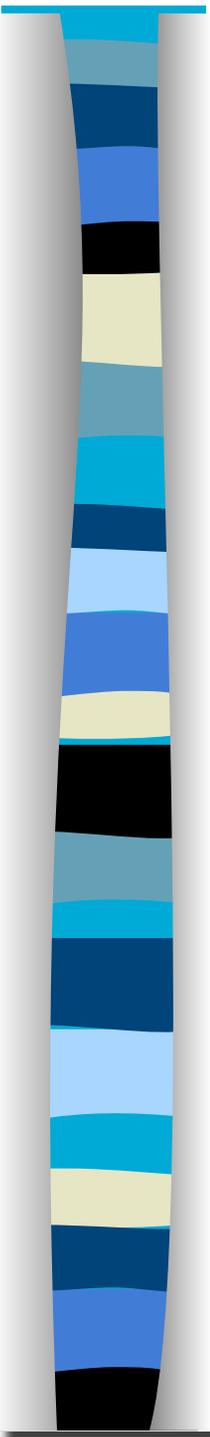


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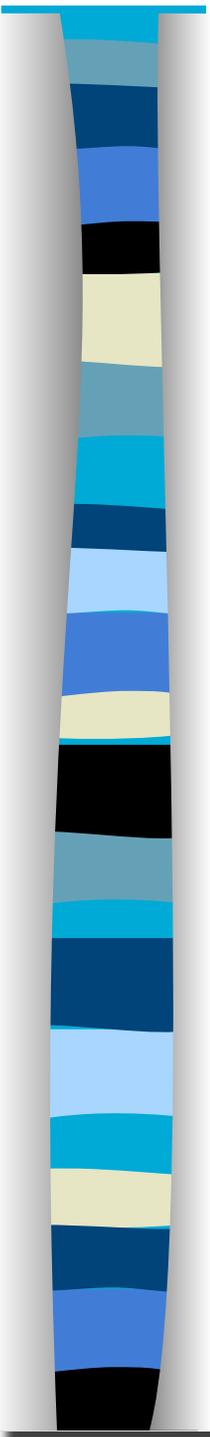


Absolute Contraindications

A client with pinkeye is:

- A. Contraindicated for massage
- B. Contraindicated for massage for 24 hours
- C. Contraindicated for massage of the neck and face
- D. Contraindicated for massage without a note from a physician

Q

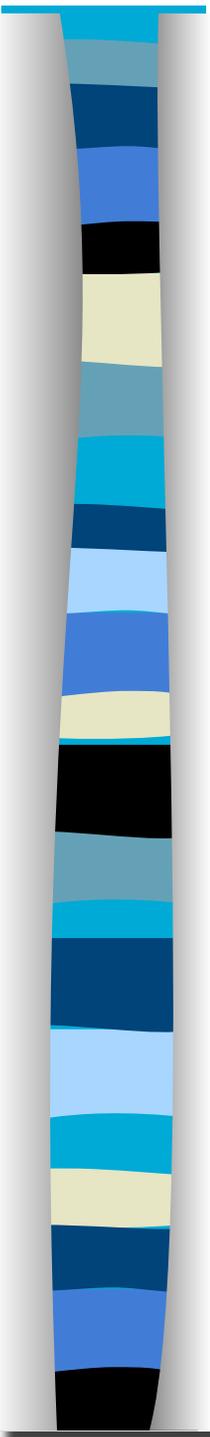


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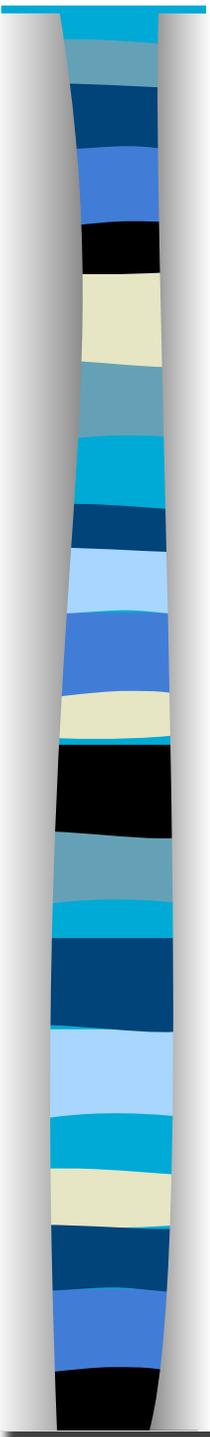


Absolute Contraindications

If a practitioner is uncertain about the implications of a client's condition, he should:

- A. Proceed as if everything is OK, but pay close attention to any negative responses
- B. Perform only energetic techniques with the client
- C. Obtain a physician's release before providing massage
- D. See how the client responds after one session

Q

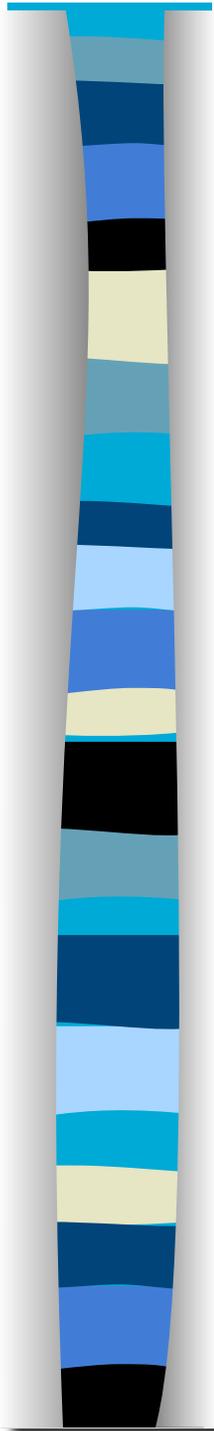


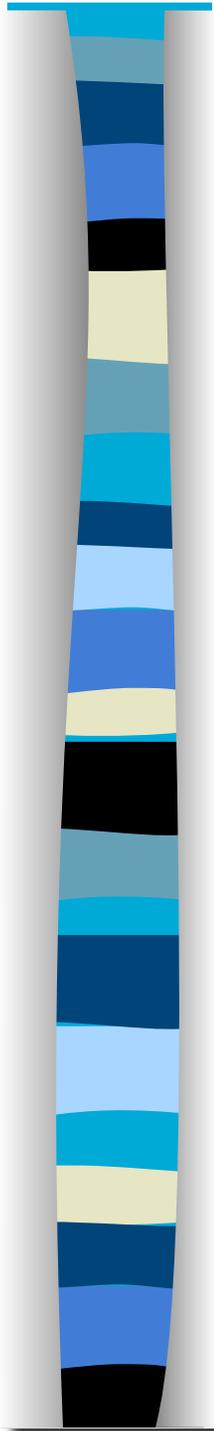
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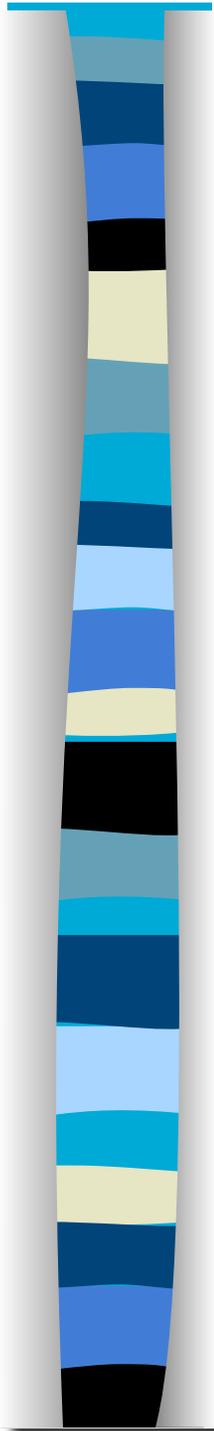
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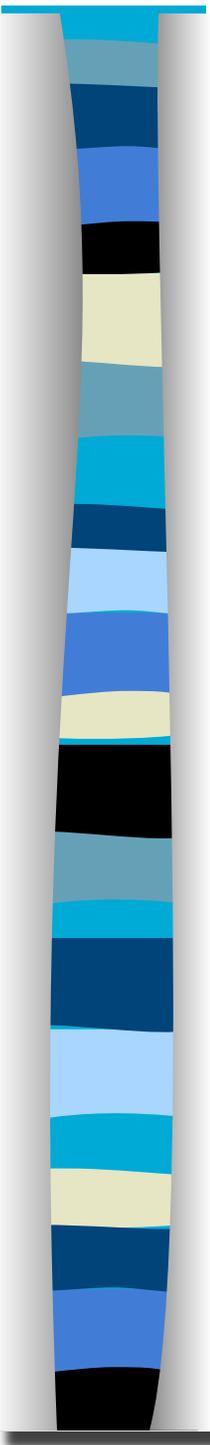
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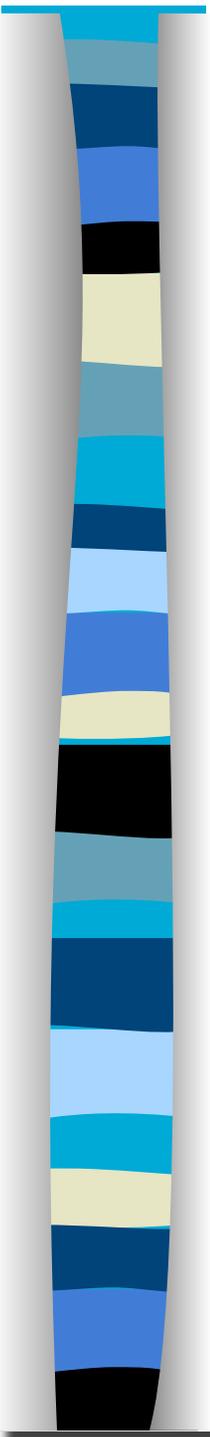




ABMP Exam Coach

Massage Theory: Cautions &
Contraindications

Adaptive Measures / Local
Contraindications

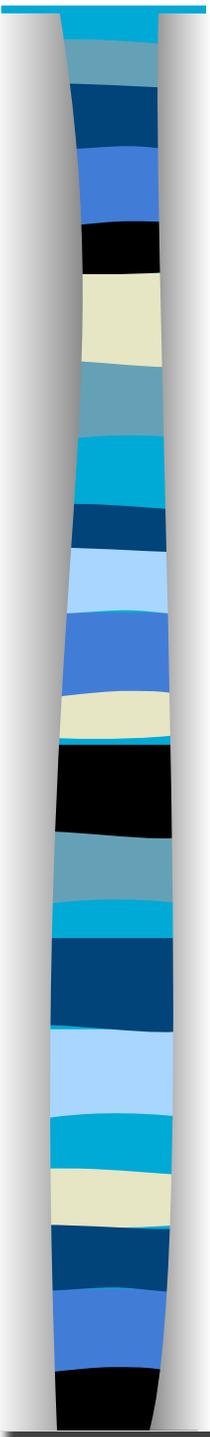


Adaptive Measures & Local Contraindications

Adaptive measures are:

- A. The changes a therapist makes in session structure to ensure client safety
- B. The changes a practitioner makes to his or her self-care program to ensure he/she does not get an injury
- C. The changes a client makes in a self-care program that leads to wellness
- D. The changes a client makes in response to a massage session

Q

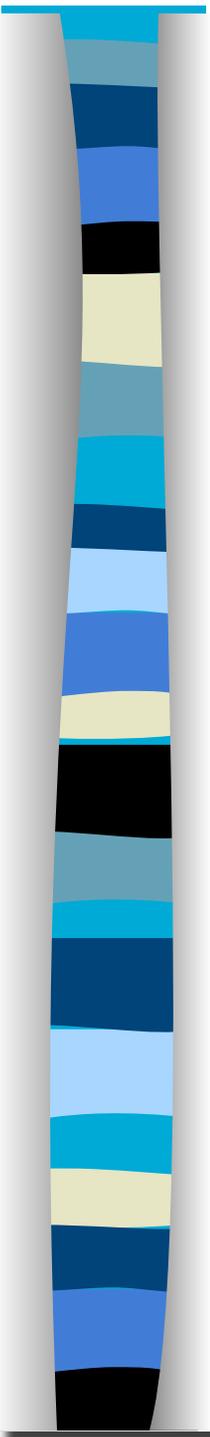


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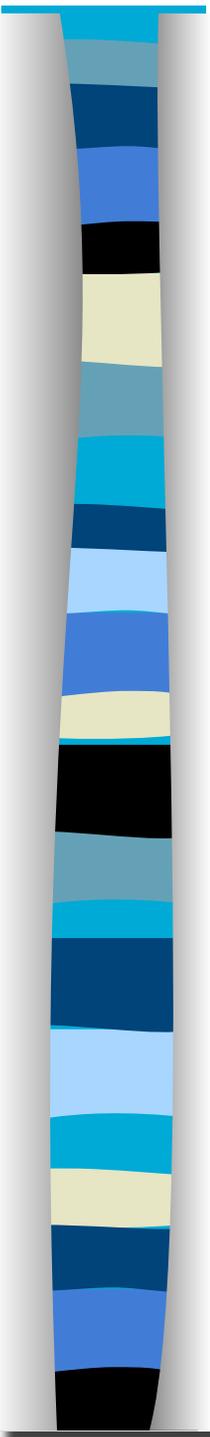


Adaptive Measures & Local Contraindications

If a client takes lithium, it is important to avoid:

- A. Scalp massage, as lithium causes hair shafts to weaken and thins the hair
- B. Massage of the extremities, as lithium causes extreme neuropathy
- C. Abdominal massage, as lithium causes stomach cramping
- D. A warm session room, as lithium causes hot flashes

Q

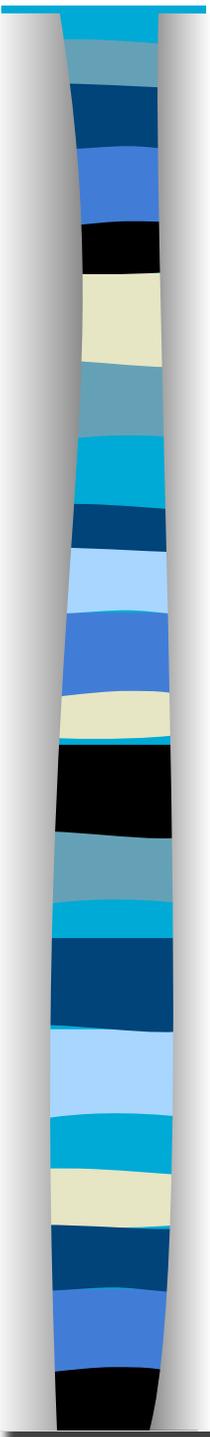


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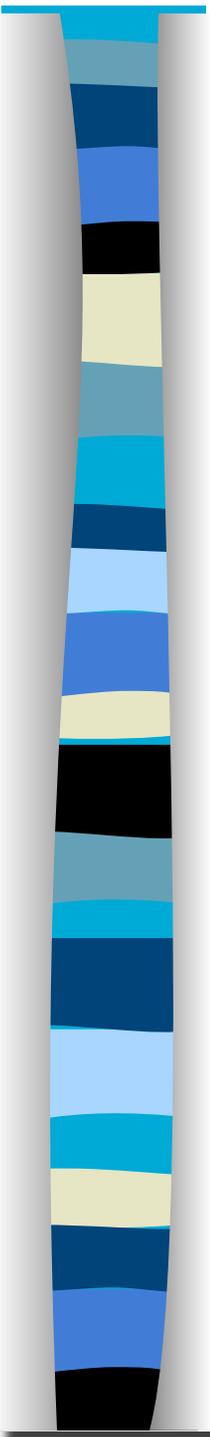


Adaptive Measures & Local Contraindications

If a client is seeking massage for relaxation but presents with a swollen knee from a skiing accident, the practitioner would:

- A. Provide massage to the client with extra focus on the knee and the areas surrounding the knee
- B. Explain to the client that he/she is contraindicated for massage
- C. Provide massage to appropriate areas of the body but avoid the knee and the area distal to the swelling
- D. Provide massage to appropriate areas of the body but avoid the knee and the area proximal to the swelling

Q

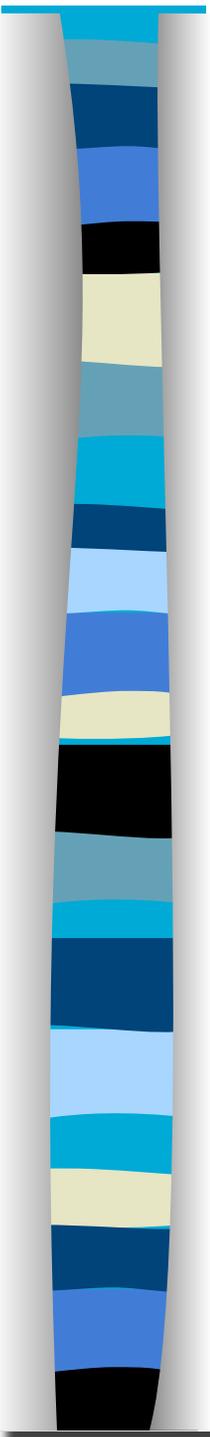


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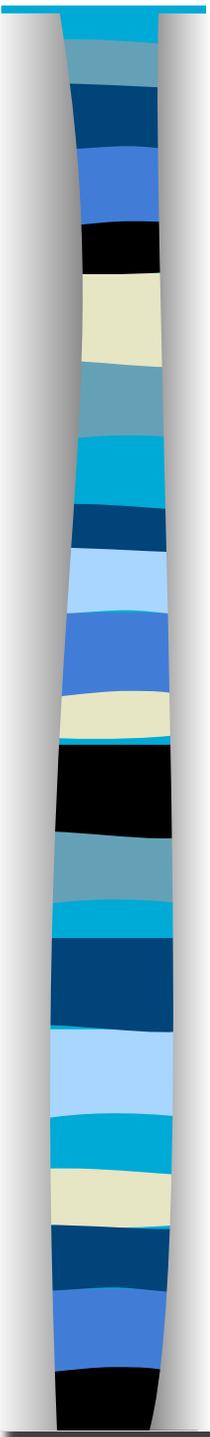


Adaptive Measures & Local Contraindications

Older adult clients often:

- A. Require a physician's release whenever they are taking medications
- B. Experience greater side effects from medications than younger clients, and may require session adaptations as a result
- C. Experience extreme side effects from medications. As a result, older adult clients on medications are contraindicated for massage
- D. Experience fewer side effects from medications than younger clients, because their systems do not process medications as effectively; they don't require session adaptations related to medications

Q

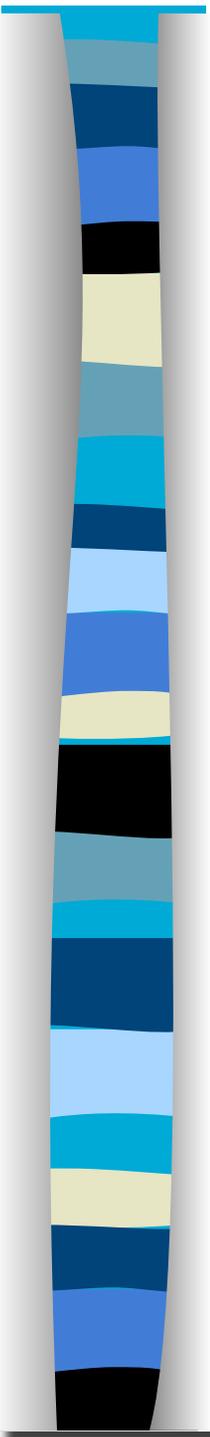


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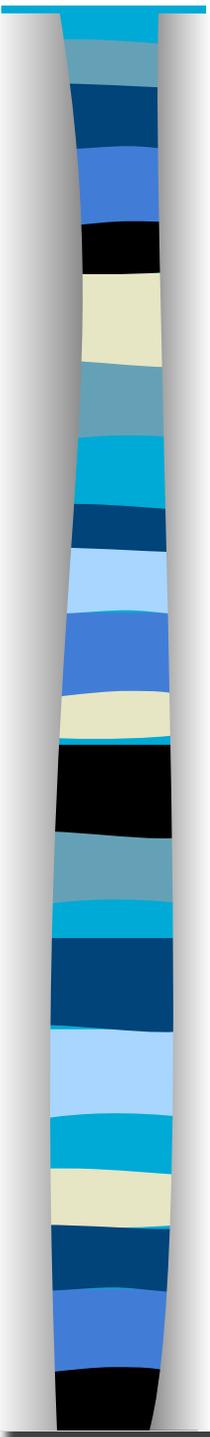


Adaptive Measures & Local Contraindications

When a lymph node is enlarged because the body is fighting an infection, a practitioner should:

- A. Massage the node with deep pressure to clear the area of edema
- B. Avoid placing any pressure on the node
- C. Place direct pressure on the node and hold it for up to three minutes
- D. Massage the node with light pressure to clear out the infection

Q

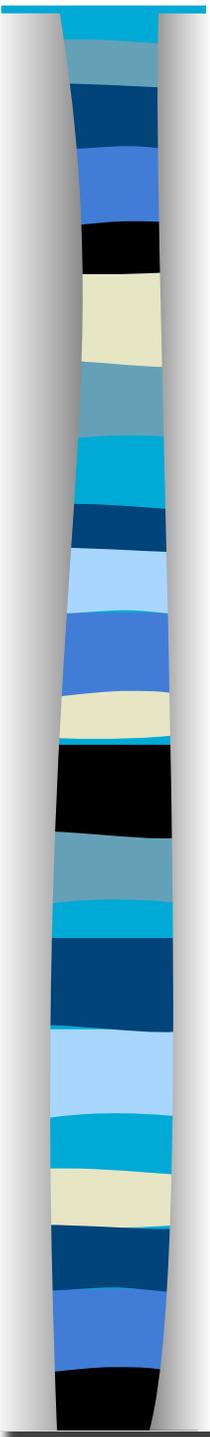


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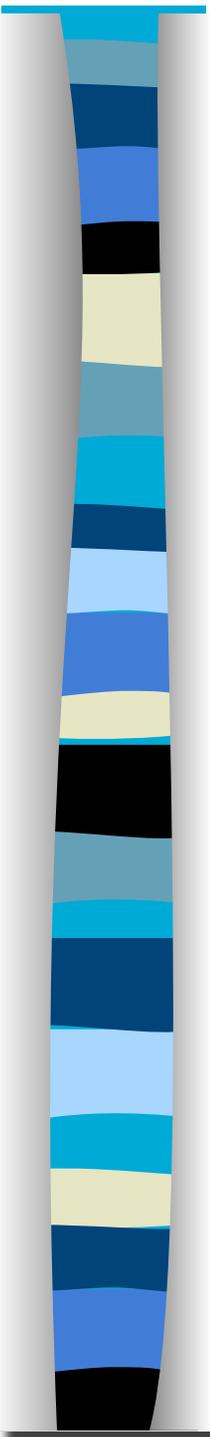


Adaptive Measures & Local Contraindications

If a practitioner finds that a condition listed on the client's health form is unfamiliar, he or she should:

- A. Refer the client to a chiropractor who will likely have more experience with the condition
- B. Refer the client to a physical practitioner who will likely have more experience with the condition
- C. Require a physician's release before providing massage
- D. Look up the condition in a pathology reference or on the Internet to determine if massage is contraindicated

Q

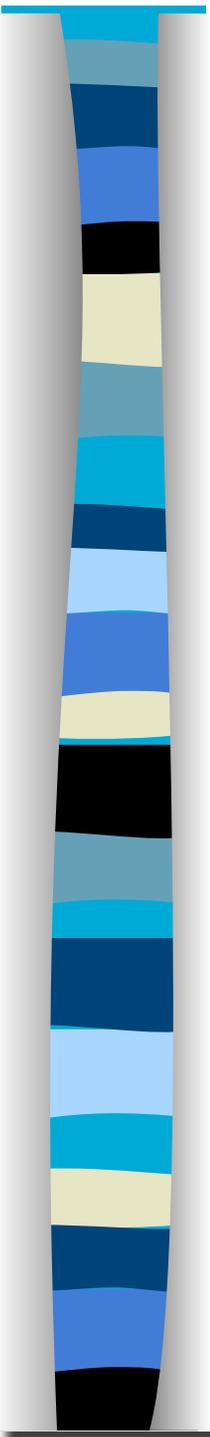


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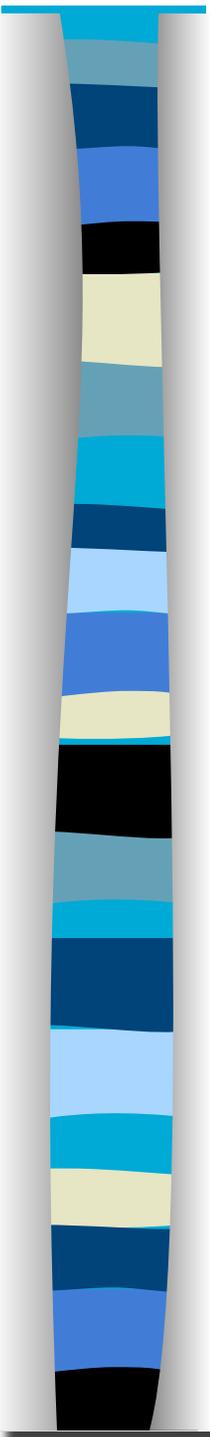


Adaptive Measures & Local Contraindications

Anticoagulant medications may cause:

- A. The client to bruise more easily in response to massage
- B. The client to experience numbness and the need for deeper work to "feel" the massage
- C. The client to faint more easily at the end of the massage
- D. The client to experience hot flashes and the need for better ventilation in the session room

Q

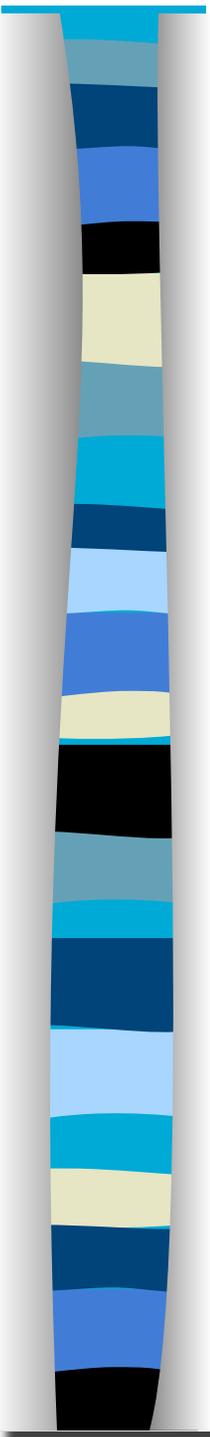


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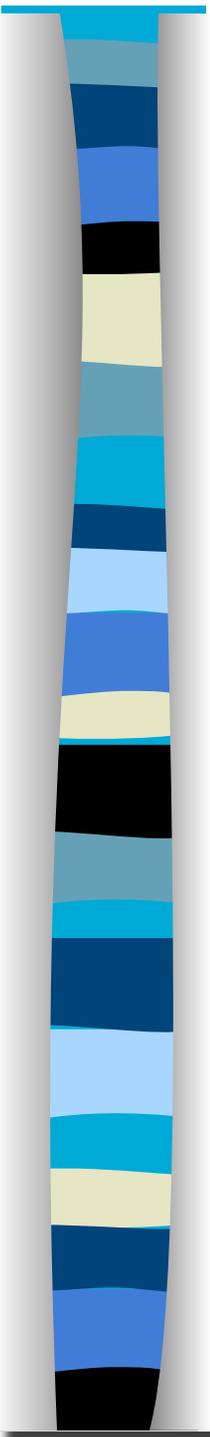


Adaptive Measures & Local Contraindications

Massage positions for pregnant clients in the first trimester include:

- A. All positions, with the exception of the supine position, which is not used during pregnancy
- B. Only the semi-reclined position
- C. Only side-lying positions
- D. Supine, prone, side-lying, and semi-reclined

Q

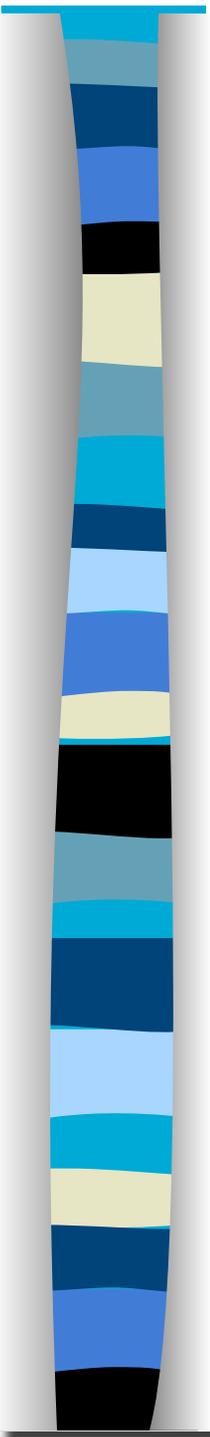


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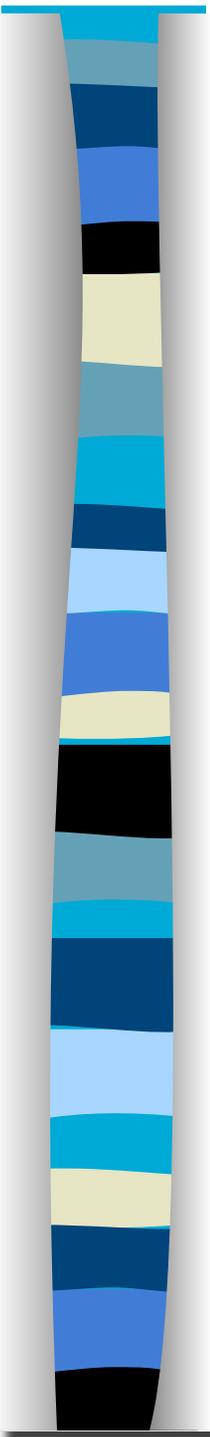


Adaptive Measures & Local Contraindications

Massage positions for pregnant clients in the late second trimester include:

- A. All positions, with the exception of the supine position, which is not used during pregnancy
- B. Side-lying and semi-reclined positions
- C. Prone and semi-reclined positions
- D. Only the semi-reclined position

Q

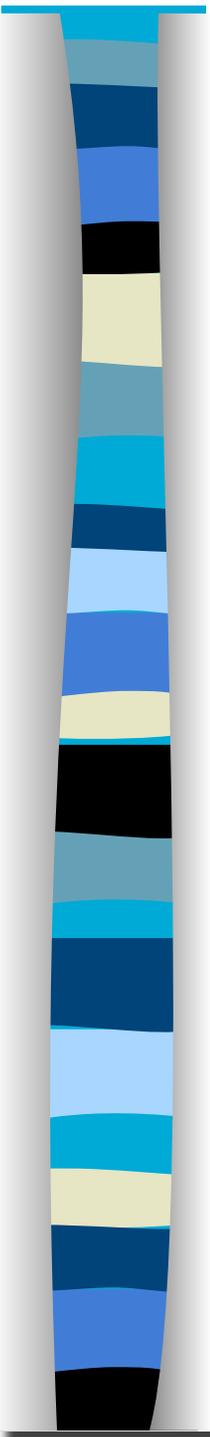


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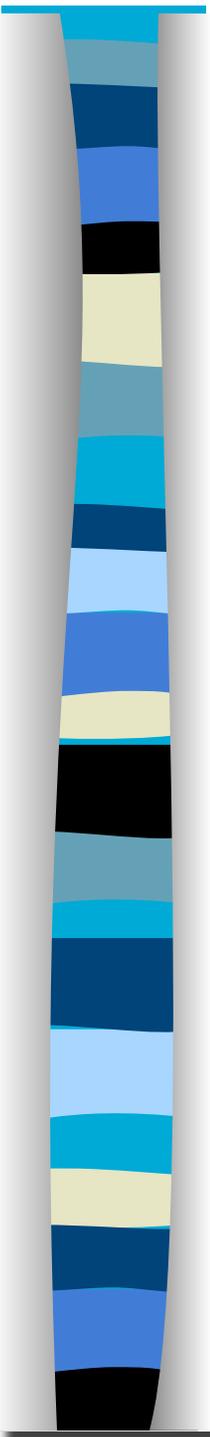


Adaptive Measures & Local Contraindications

A condition that affects only one area of the body but allows massage to other areas is called:

- A. An absolute contraindication
- B. An endangerment area
- C. An indication
- D. A local contraindication

Q

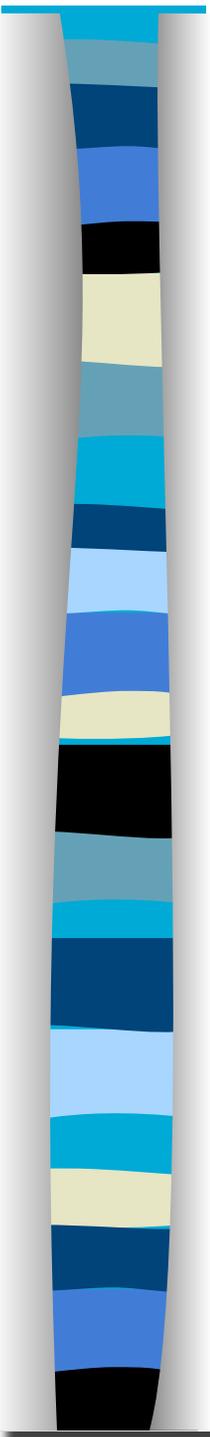


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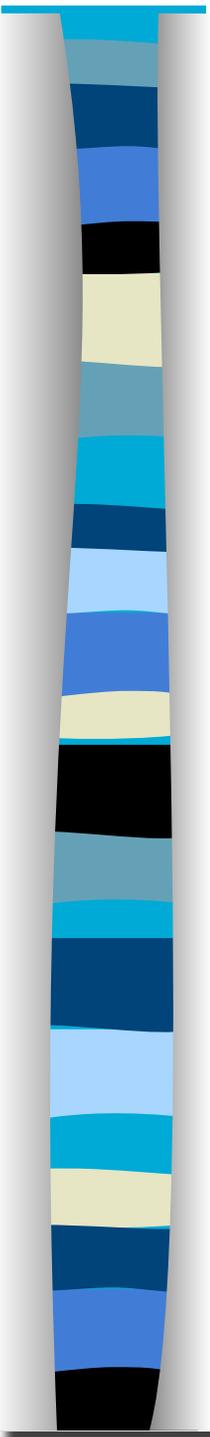


Adaptive Measures & Local Contraindications

A local contraindication is defined as:

- A. A condition that affects the immune system and causes the client to pick up diseases more easily
- B. A condition that affects the nervous system
- C. A condition that influences the client's response to hot and cold; Massage is OK but hydrotherapy is contraindicated
- D. A condition that affects only one area of the body

Q

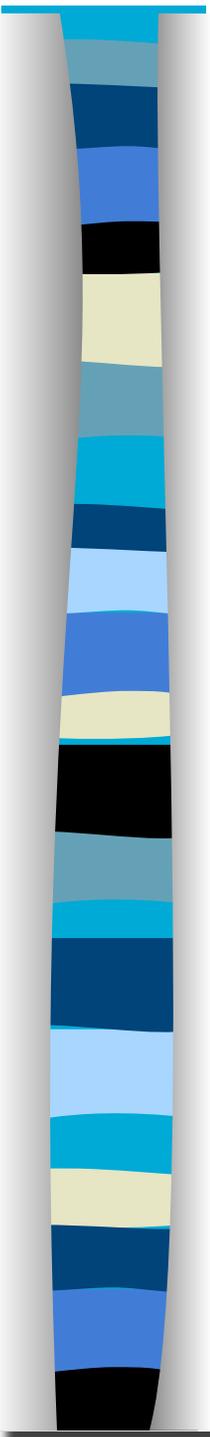


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- D. A condition that affects only one area of the body

A

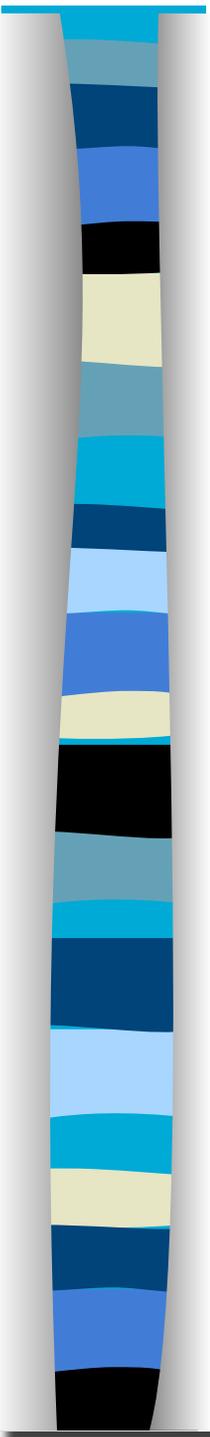


Adaptive Measures & Local Contraindications

If a client has a rash on her lower leg, this is an example of a(n):

- A. Absolute contraindication
- B. Local contraindication
- C. Extreme contraindication
- D. General contraindication

Q

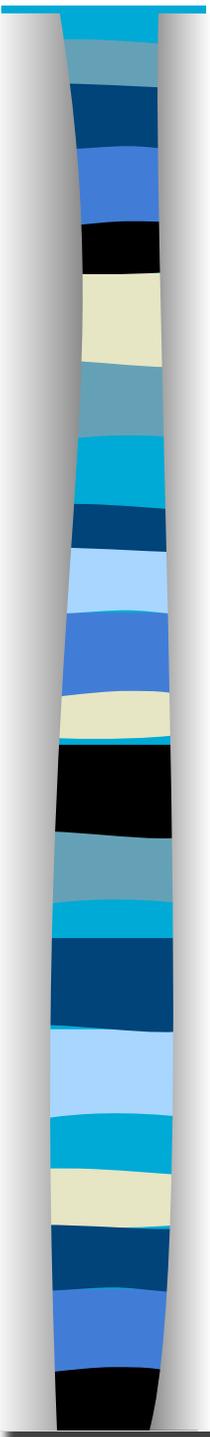


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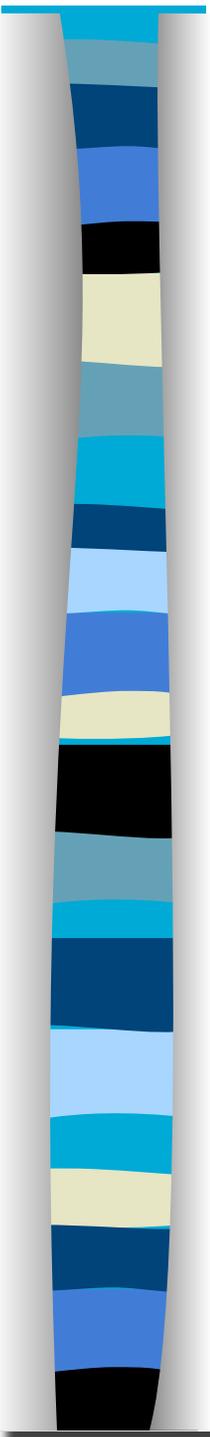


Adaptive Measures & Local Contraindications

A client with systemic, acute gout:

- A. Has a local contraindication
- B. Must obtain a physician's release before he/she can receive massage
- C. Is contraindicated for massage
- D. Can only receive massage from a practitioner with specialized training

Q

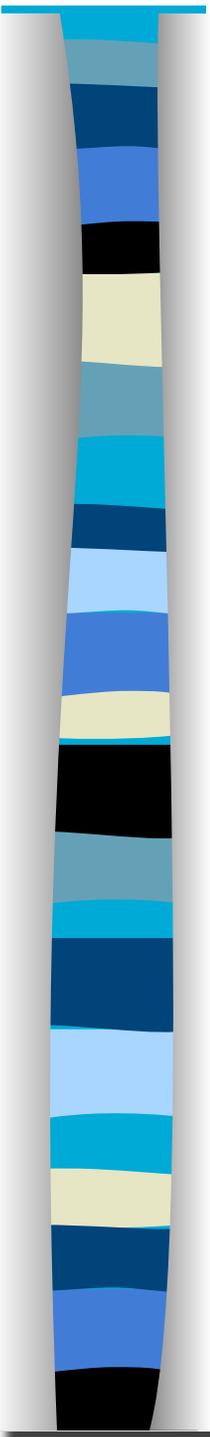


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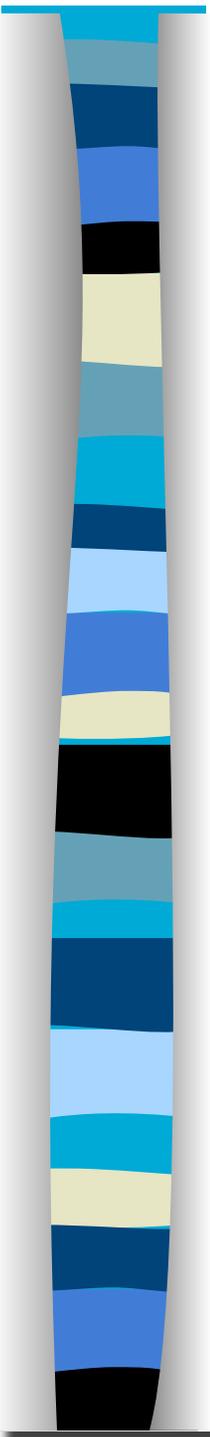


Adaptive Measures & Local Contraindications

A client with chronic hepatitis:

- A. Can only receive massage from a practitioner with specialized training
- B. Is contraindicated for massage
- C. Must obtain a physician's release before he/she can receive massage
- D. Has a local contraindication

Q

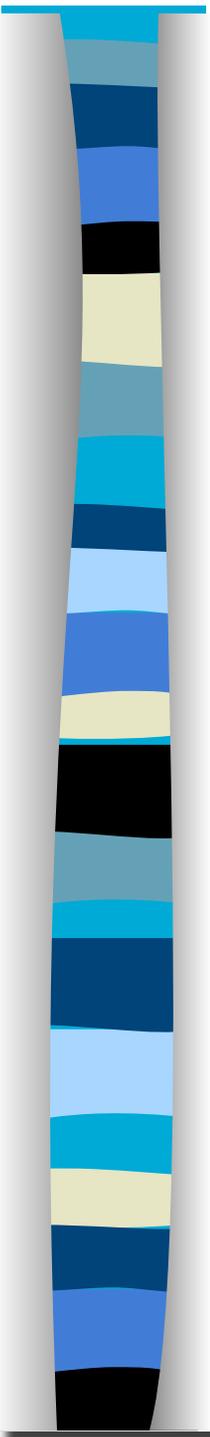


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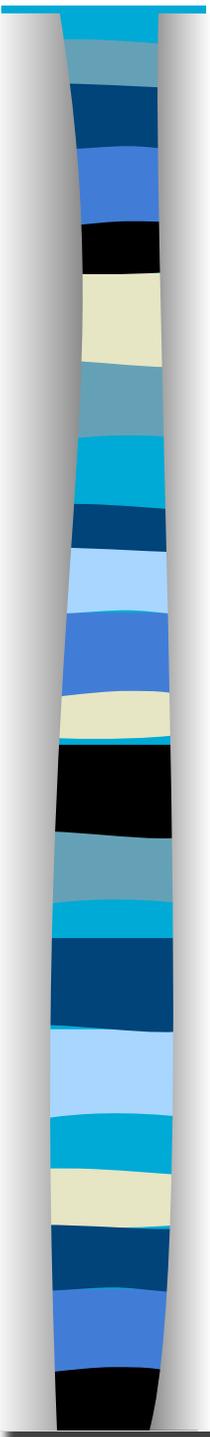


Adaptive Measures & Local Contraindications

An acute, systemic condition is defined as:

- A. A condition that affects the nervous system
- B. A condition that affects the entire body and not just one local region
- C. A condition that influences the client's response to hot and cold; Massage is OK, but hydrotherapy is contraindicated
- D. A condition that affects the immune system and causes the client to pick up diseases more easily

Q

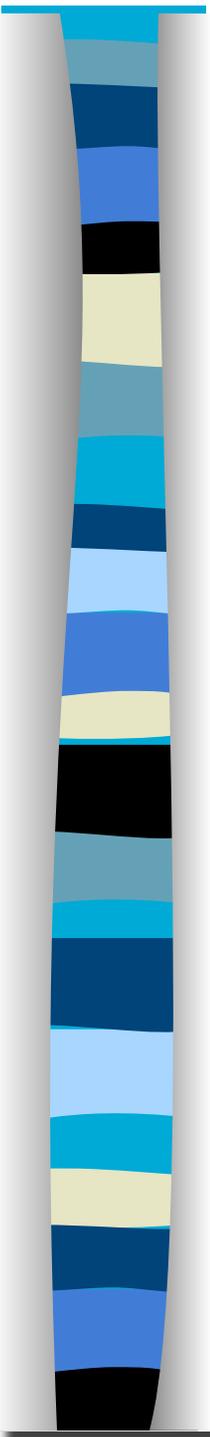


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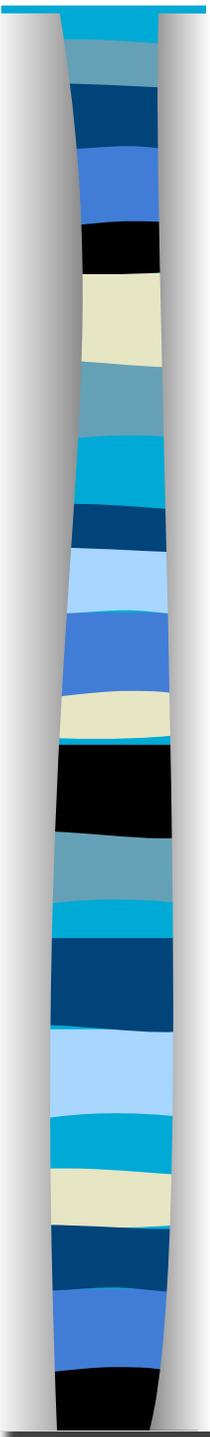


Adaptive Measures & Local Contraindications

Clients taking over-the-counter medications like analgics, or allergy medication:

- A. May require session adaptations to ensure the massage is safe for the client
- B. Are not contraindicated for massage, do not require a physician's release, and do not require session adaptations to receive massage
- C. Usually require a physician's release to receive massage
- D. Are contraindicated for massage until they have been medication-free for 24 hours

Q

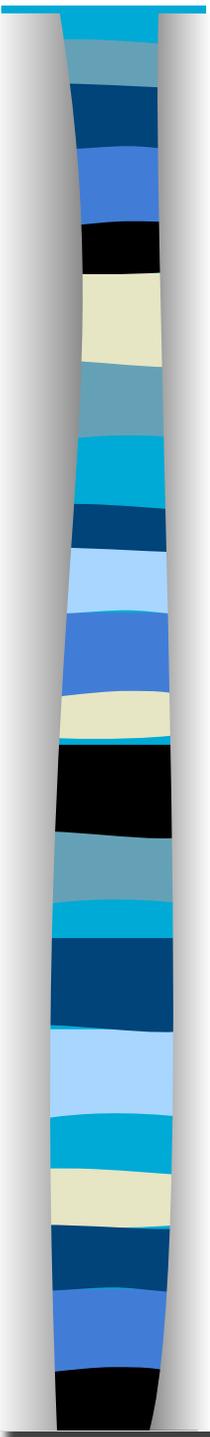


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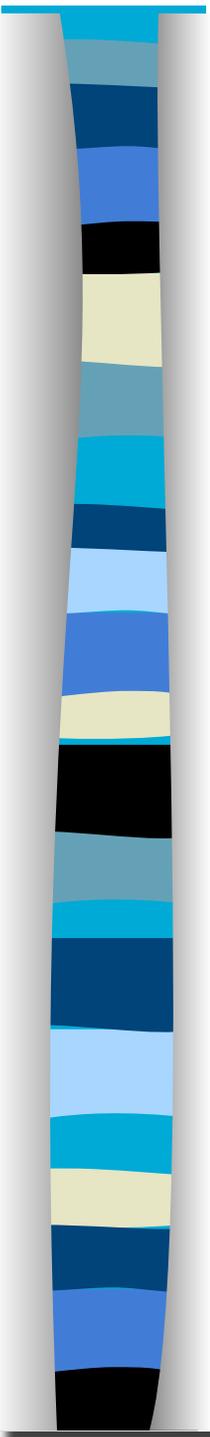


Adaptive Measures & Local Contraindications

If a client reports pain, numbness, or tingling when a massage stroke is applied to a region, the practitioner:

- A. Should immediately lighten the pressure to prevent irritation to superficial nerves
- B. Communicate with the client about breathing and therapeutic pain
- C. Should maintain the same pressure but encourage the client to breathe, facilitating proper therapeutic change
- D. Deepen the stroke because temporary numbness, tingling, or pain is a sign that the techniques are working

Q

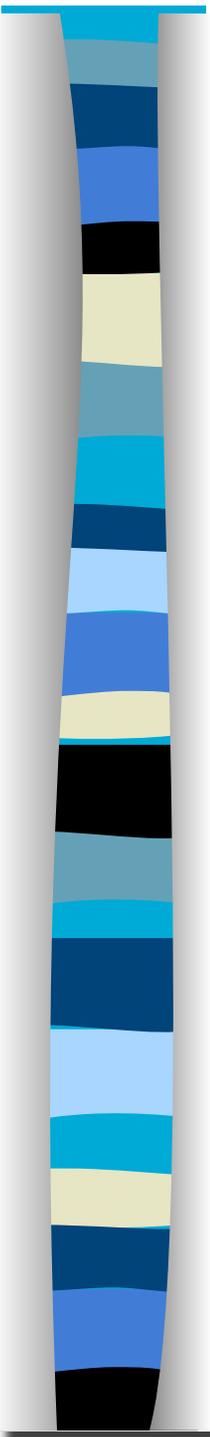


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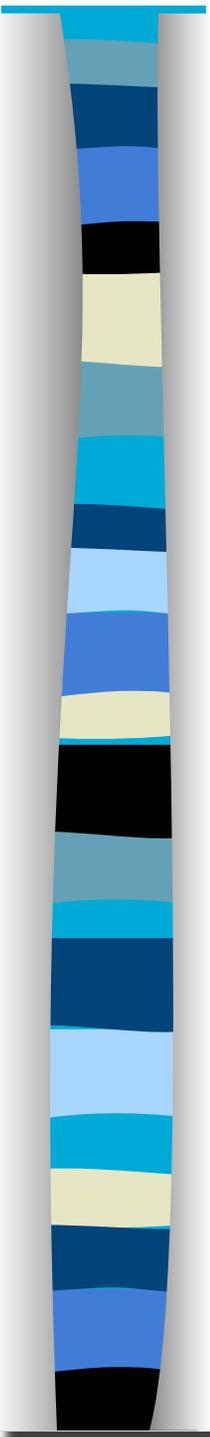


Adaptive Measures & Local Contraindications

Antianginal medications may cause:

- A. Peripheral neuropathy that contraindicates massage for this client
- B. Low blood pressure and dizziness at the end of the massage
- C. High blood pressure and hyperactivity at the end of the massage
- D. Peripheral neuropathy that contraindicates massage to the extremities

Q

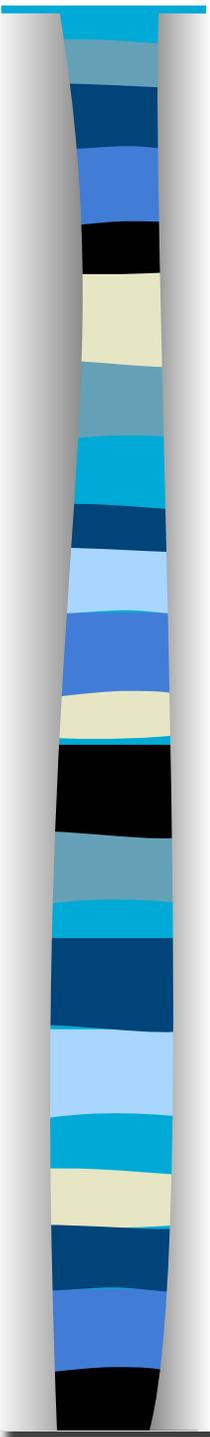


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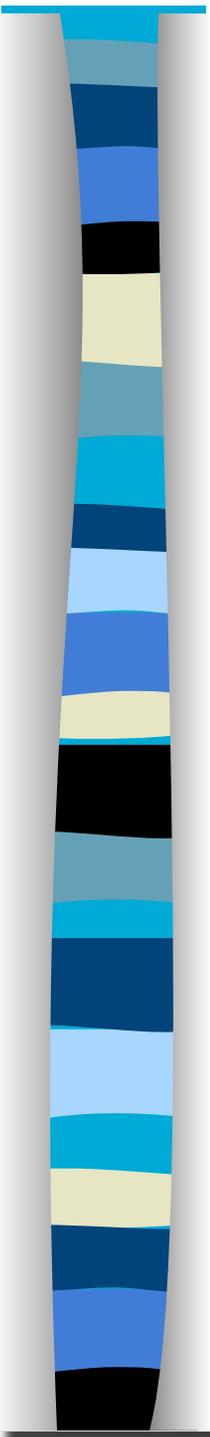


Adaptive Measures & Local Contraindications

Clients with fibromyalgia:

- A. Respond badly to trigger-point work
- B. Respond best to longer sessions of 90 minutes or more
- C. Respond badly to hot, moist hydrotherapy applications
- D. May experience flare-ups if techniques are too deep or muscles are overstretched

Q

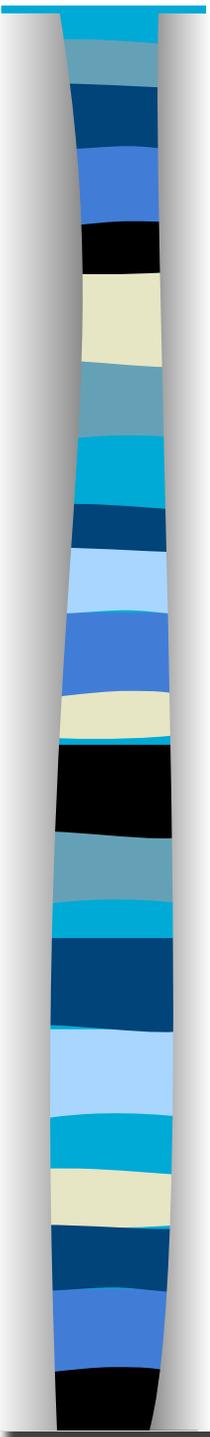


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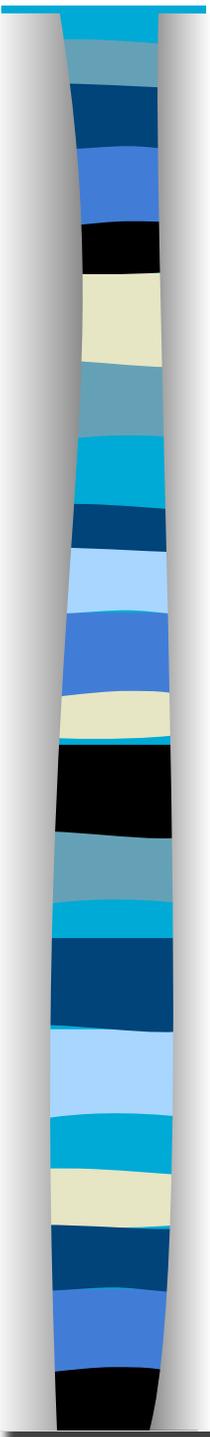


Adaptive Measures & Local Contraindications

Clients with rheumatoid arthritis may experience flare-ups if:

- A. Myofascial techniques are used around chronically restricted joints
- B. May experience flare-ups if gentle stretches are applied to stiff joints within the client's comfort tolerance
- C. Swedish massage is used to reduce sympathetic nervous system firing
- D. Hot hydrotherapy is used during a session

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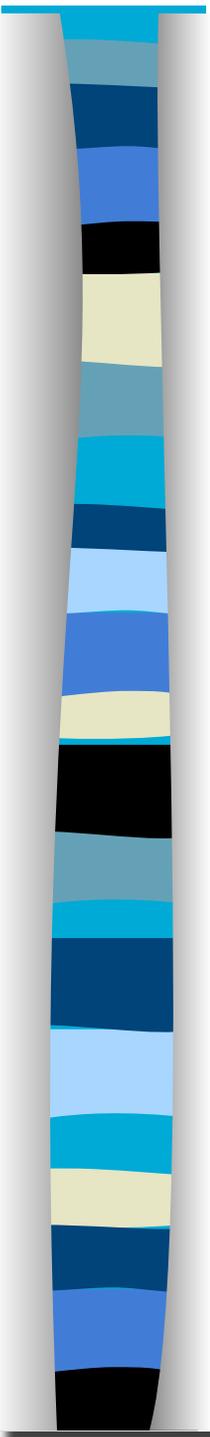


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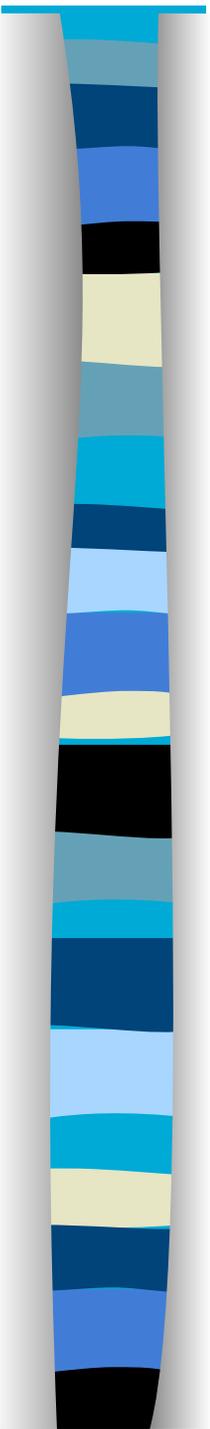


Adaptive Measures & Local Contraindications

Osteoporosis contraindicates techniques that:

- A. Place undue pressure on tendons
- B. Place undue pressure on any soft tissue
- C. Place undue pressure on muscles like the biceps
- D. Place undue pressure on bones like the floating ribs

Q

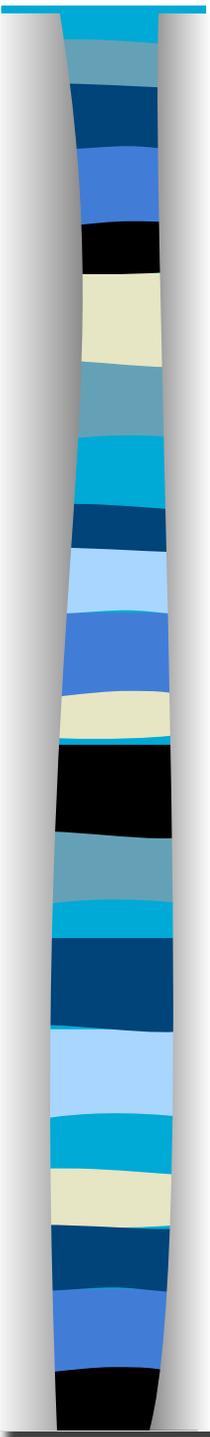


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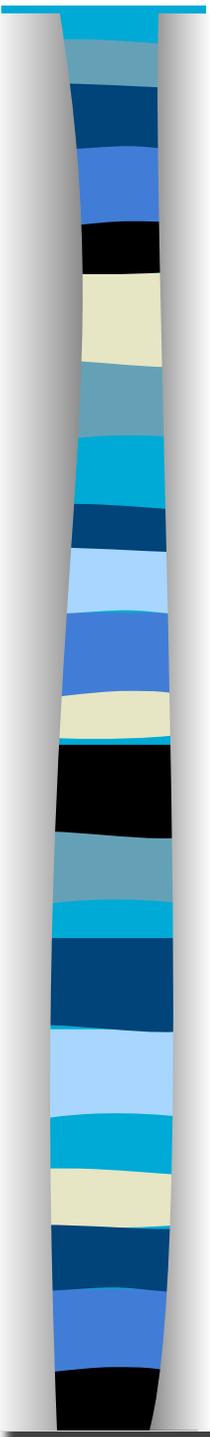


Adaptive Measures & Local Contraindications

If a client is receiving treatment for cancer and has received recent external radiation treatments, he or she:

- A. Is cleared to receive massage with a physician's release, with an emphasis on reducing scar tissue at radiation sites
- B. Should not receive massage, as it is contraindicated for all types of cancer
- C. Should not receive massage, as it is contraindicated for this client
- D. Is cleared to receive massage with a physician's release, but skin damaged by radiation is a local contraindication

Q

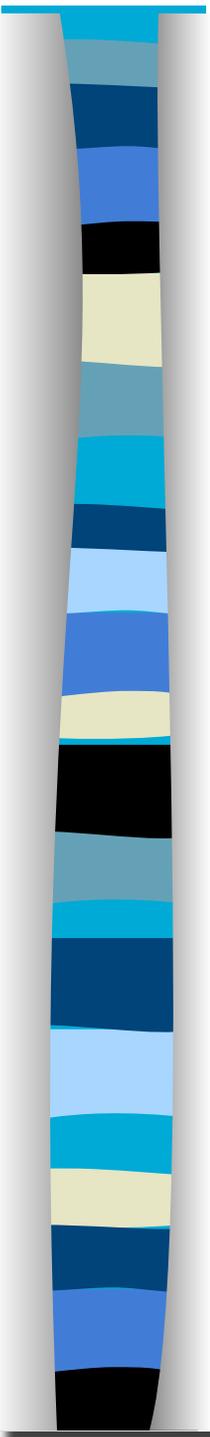


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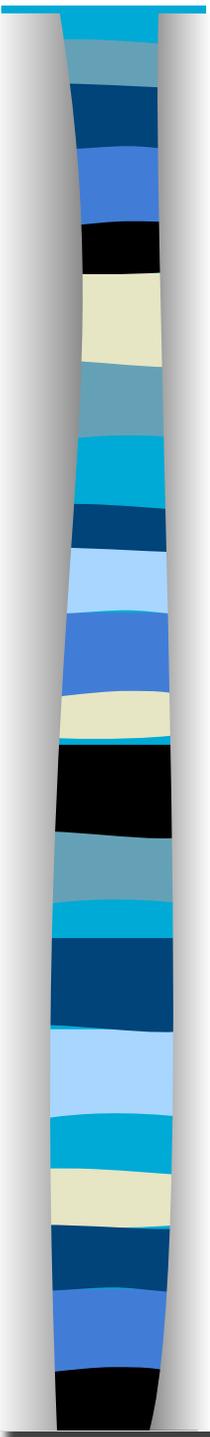


Adaptive Measures & Local Contraindications

If a client is receiving treatment for cancer and has had surgery to remove a tumor, he or she:

- A. Is cleared to receive massage with a physician's release, but the recent surgery site is a local contraindication
- B. Should not receive massage, as it is contraindicated for all types of cancer
- C. Is cleared to receive massage with a physician's release, with an emphasis on reducing scar tissue over the recent surgery site
- D. Should not receive massage as it is contraindicated for this client

Q

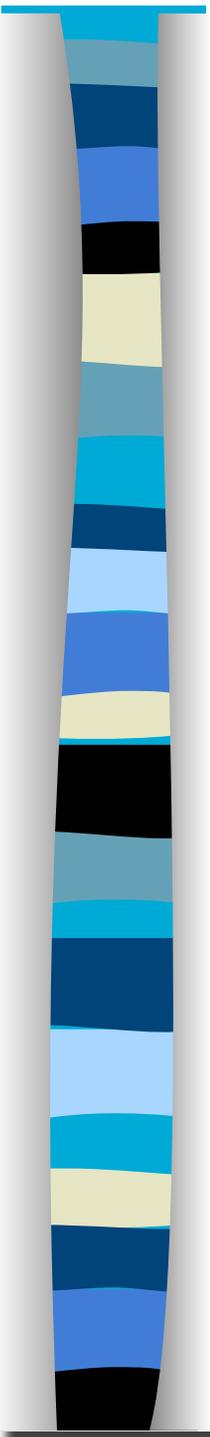


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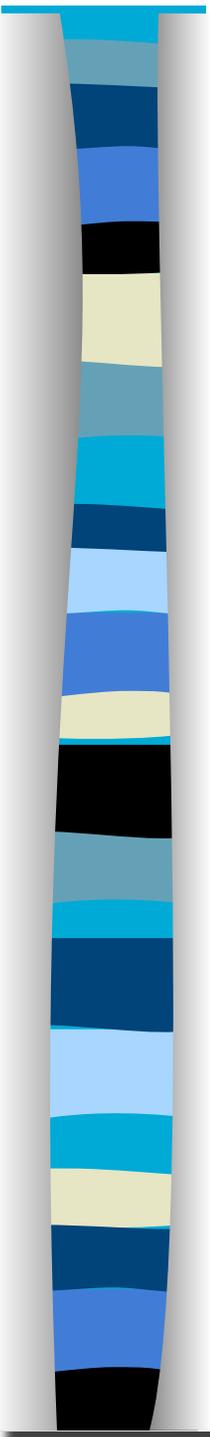


Adaptive Measures & Local Contraindications

If a client has a rash on her lower leg, this is an example of a(n):

- A. Absolute contraindication
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- C. Extreme contraindication
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Q

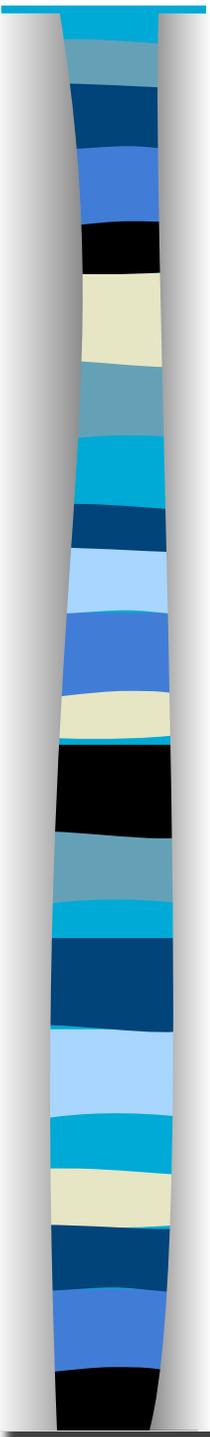


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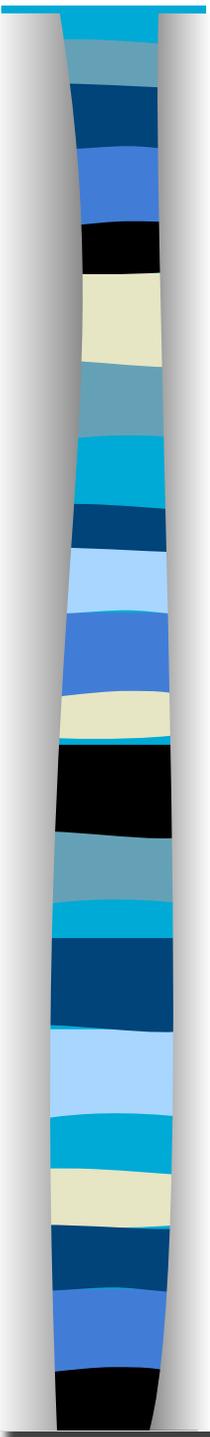


Adaptive Measures & Local Contraindications

Chronic neuropathy is:

- A. A local contraindication
- B. A condition that indicates massage
- C. A condition that requires massage from a practitioner with specialized training
- D. An absolute contraindication

Q

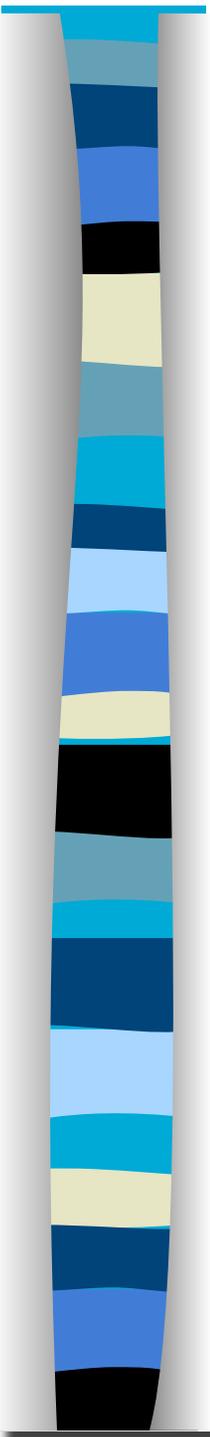


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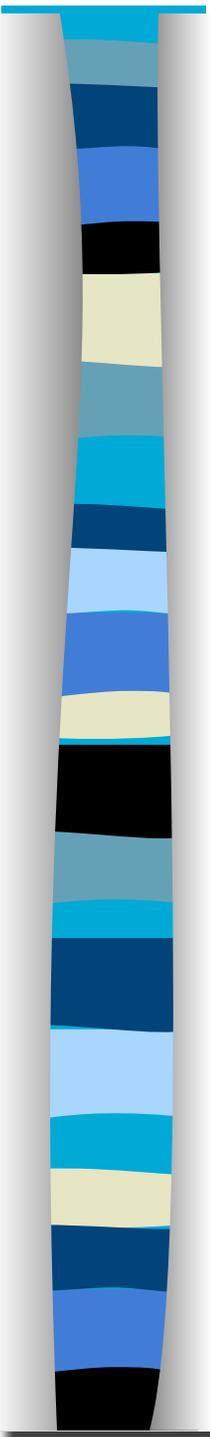


Adaptive Measures & Local Contraindications

If the practitioner encounters an unfamiliar medication on a client's health form, he or she should:

- A. Proceed with the massage, as medications are rarely influenced by massage sessions
- B. Look up the medication in a drug reference book
- C. Stop the session; massage is contraindicated for clients on medications
- D. Require a physician's release before proceeding

Q

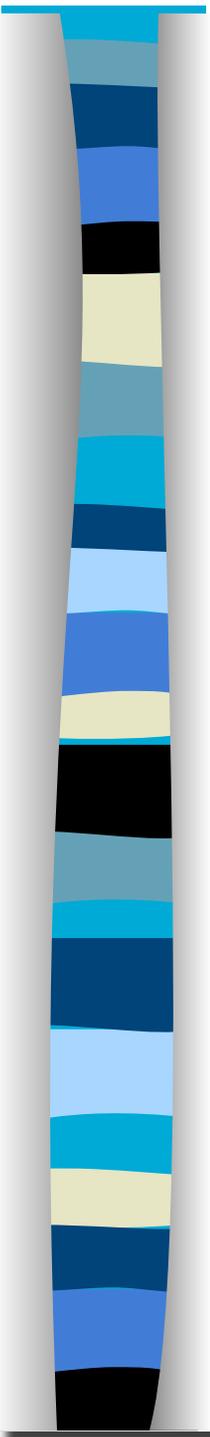


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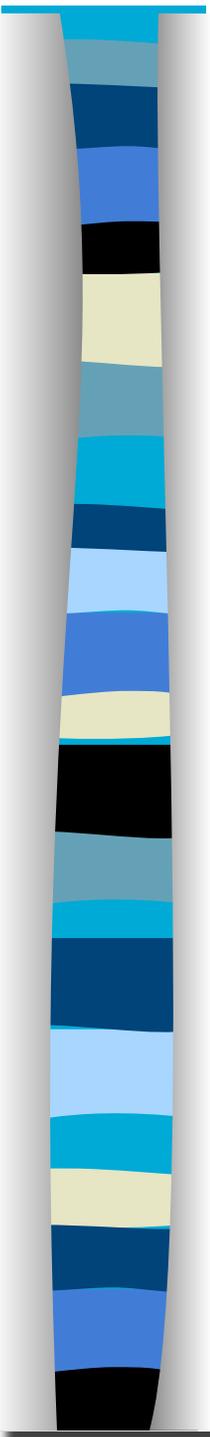


Adaptive Measures & Local Contraindications

One adaptive measure a practitioner might make to ensure a client's safety during a massage session is:

- A. The massage is shortened to reduce the load on the client's body
- B. Hot and cold applications are used, in addition to massage, to support the circulatory system
- C. The massage is lengthened in order to address more client muscles
- D. A variety of techniques are used to ensure that adhesions in muscles are considerably reduced

Q

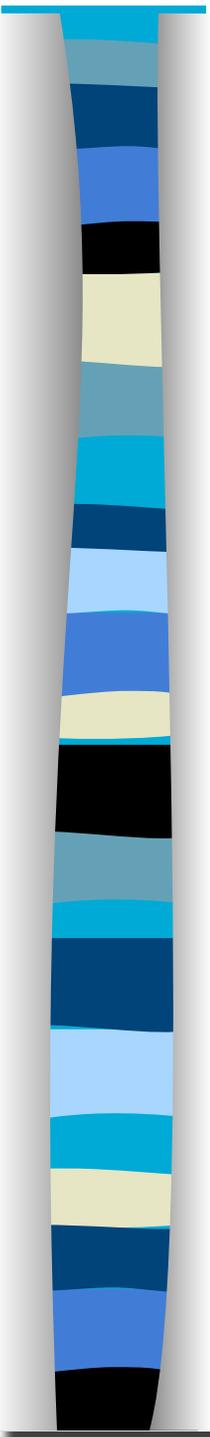


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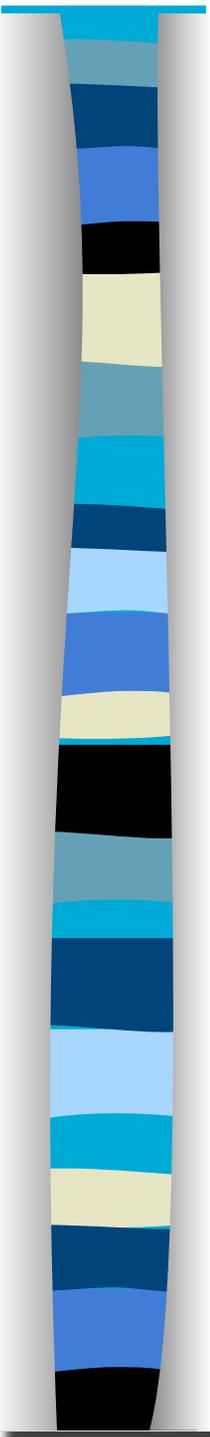


Adaptive Measures & Local Contraindications

A client on an over-the-counter analgesic should:

- A. Not receive deep massage work
- B. Receive light work on the abdominal area but deeper work on the extremities
- C. Not receive Swedish massage
- D. Receive deep massage work to alleviate side-effects related to the medication

Q



Adaptive Measures & Local Contraindications

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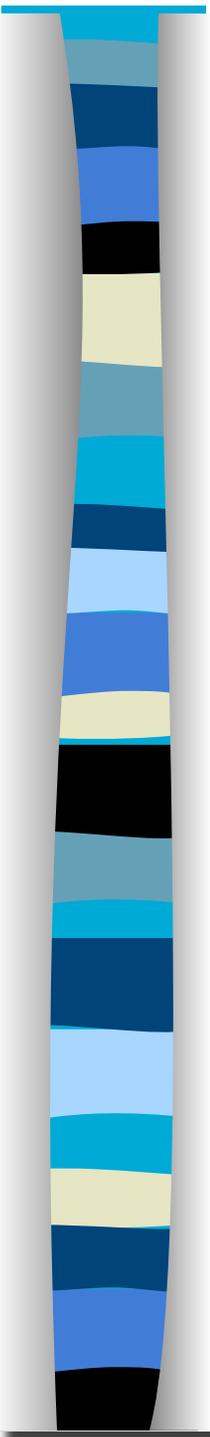
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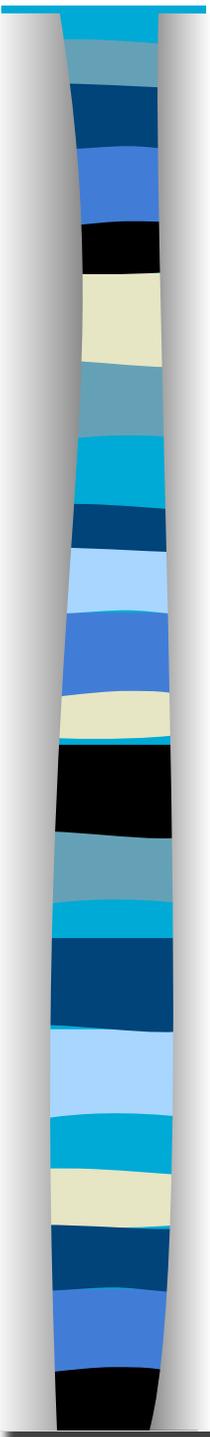


Adaptive Measures & Local Contraindications

Clients with osteoarthritis in a chronic state:

- A. May experience flare-ups if gentle stretches are applied to stiff joints within the client's comfort tolerance
- B. Respond well to hot, moist hydrotherapy used in combination with massage
- C. Respond well to forceful stretches applied at levels that are slightly beyond the client's pain and comfort tolerance
- D. May experience flare-ups if myofascial techniques are used around chronically restricted joints

Q

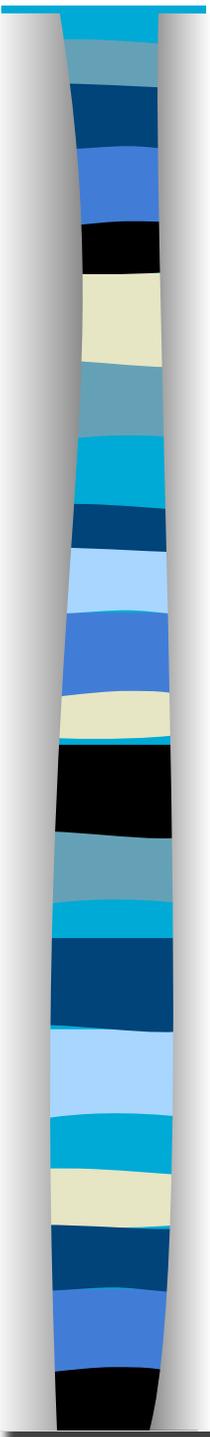


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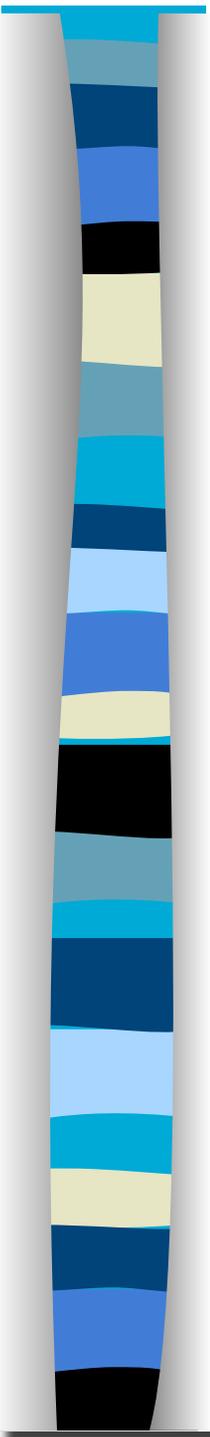


Adaptive Measures & Local Contraindications

A primary adaptive measure used with pregnant women is:

- A. The shortening of the session to 30 minutes in the second and third trimesters
- B. The shortening of the session to 30 minutes in the first trimester
- C. Positioning of the client in the side-lying position on the massage table in the first trimester
- D. Positioning of the client in the side-lying position on the massage table in the second and third trimester

Q

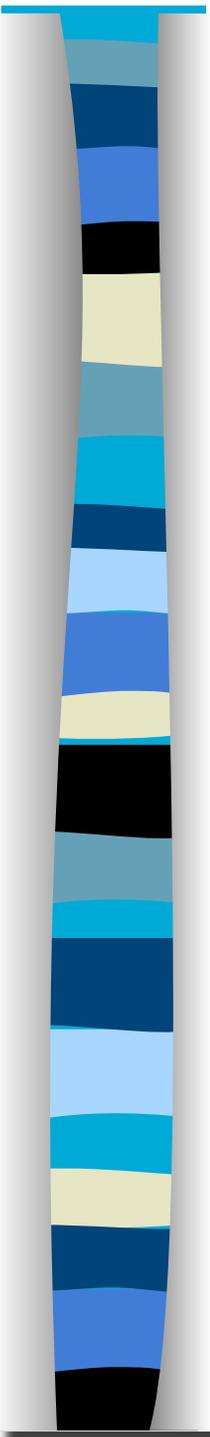


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A

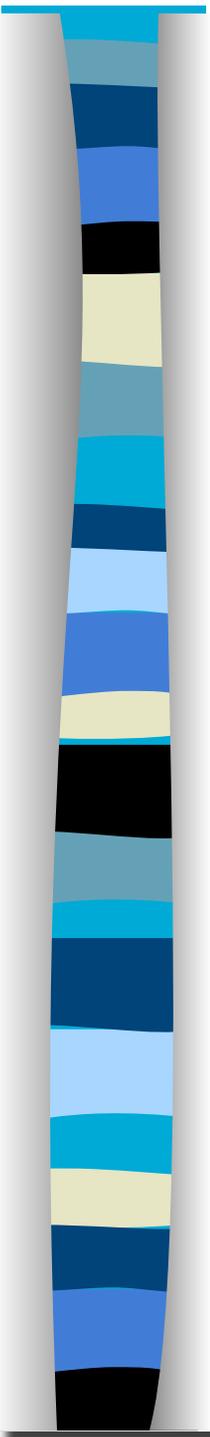


Adaptive Measures & Local Contraindications

If a client takes insulin via injection, the practitioner should:

- A. Avoid the injection site during massage
- B. Apply light effleurage to the injection site to speed absorption of the insulin
- C. Require the client to inject insulin directly before the massage begins to avoid an insulin drop
- D. Require the client to inject insulin directly after the massage to avoid an insulin drop

Q

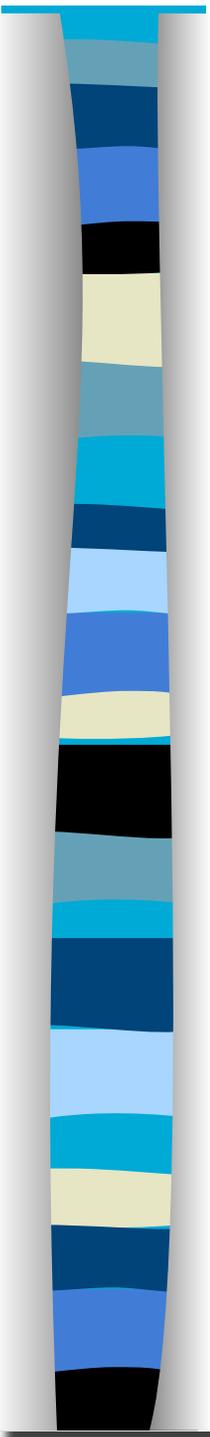


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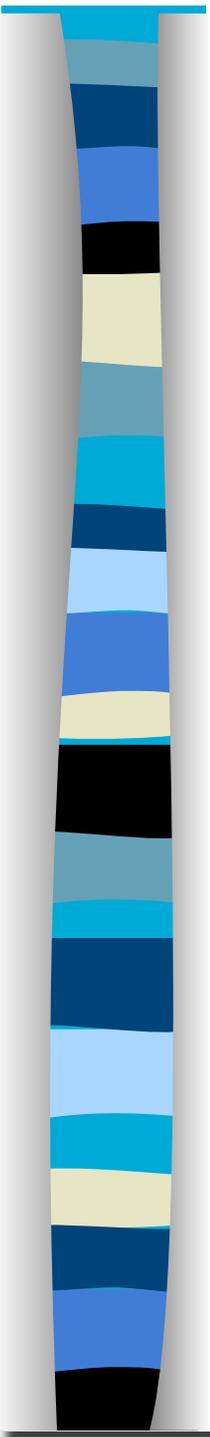


Adaptive Measures & Local Contraindications

If a client is taking antidiabetic medications, the practitioner should be aware that:

- A. Cautions about massage for diabetic clients are overblown and the practitioner should simply proceed with a massage that meets the client's session goals
- B. Massage should not be provided to clients taking antidiabetic medications; this is an absolute contraindication
- C. Massage decreases the use of glucose and insulin in the body, which could lead to adverse reactions
- D. Massage increases the use of glucose and insulin in the body, which could lead to adverse reactions

Q

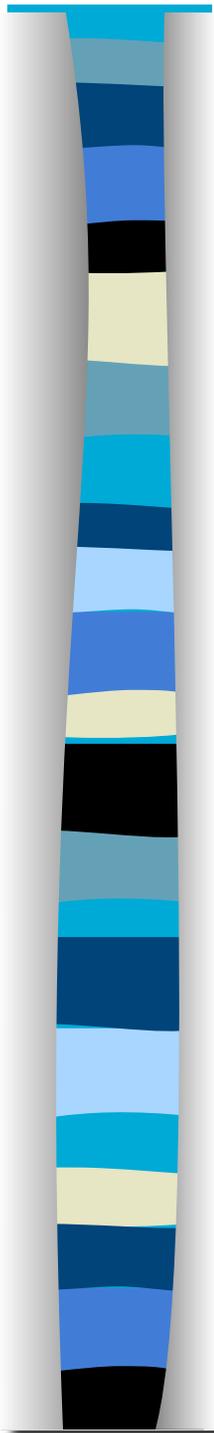


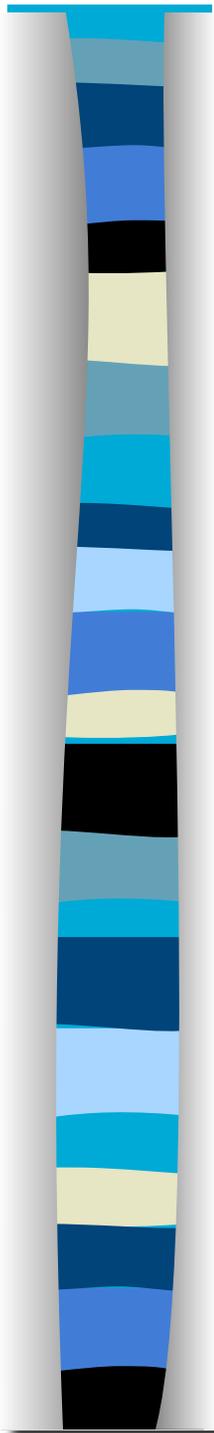
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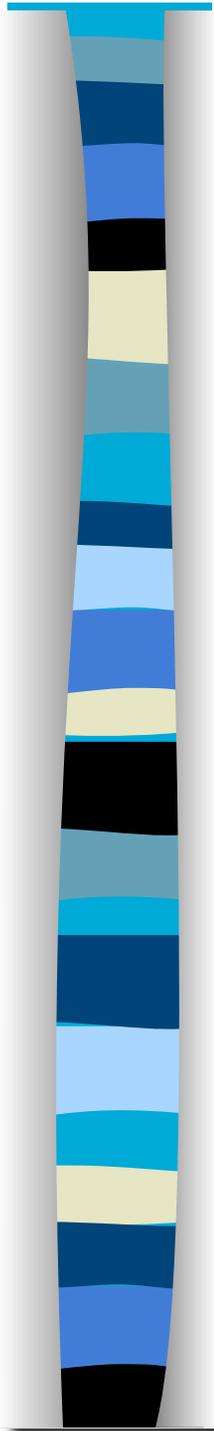
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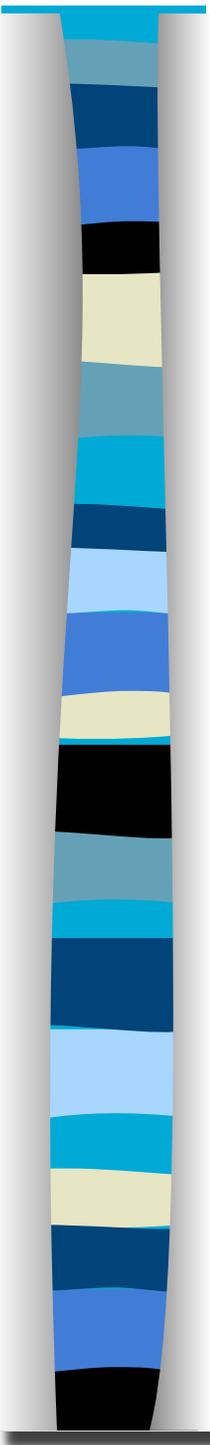
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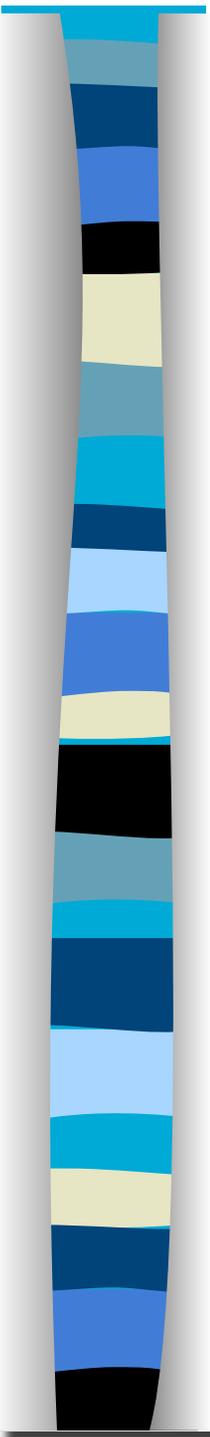




ABMP Exam Coach

Massage Theory: Cautions &
Contraindications

Indications

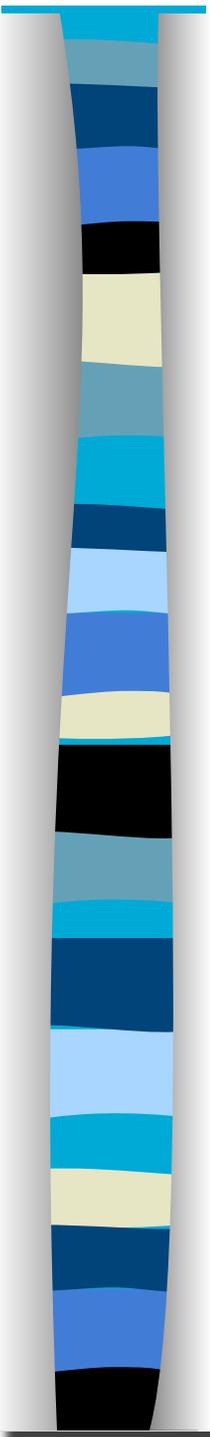


Indications

A client with mild depression:

- A. Must obtain a physician's release before he/she can receive massage
- B. Can only receive massage from a practitioner with specialized training
- C. Is contraindicated for massage
- D. Is indicated for massage

Q

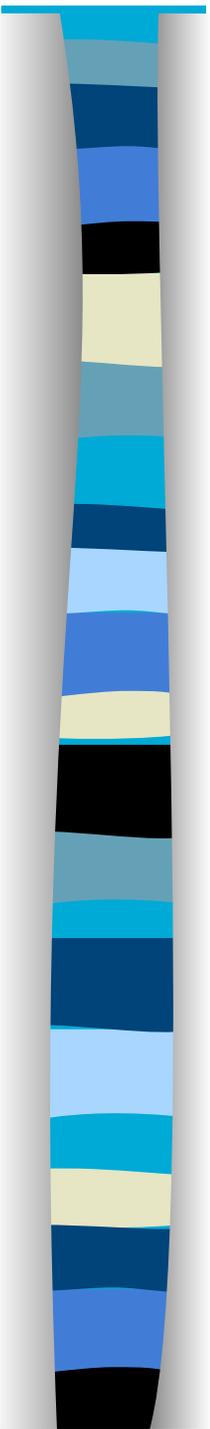


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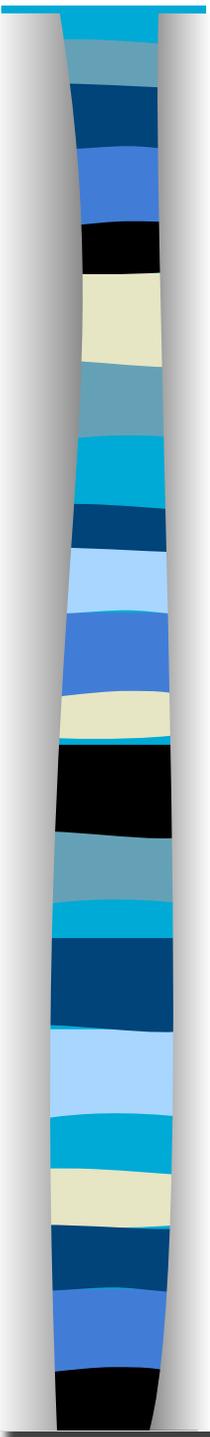


Indications

A client with a sleep disorder:

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Q

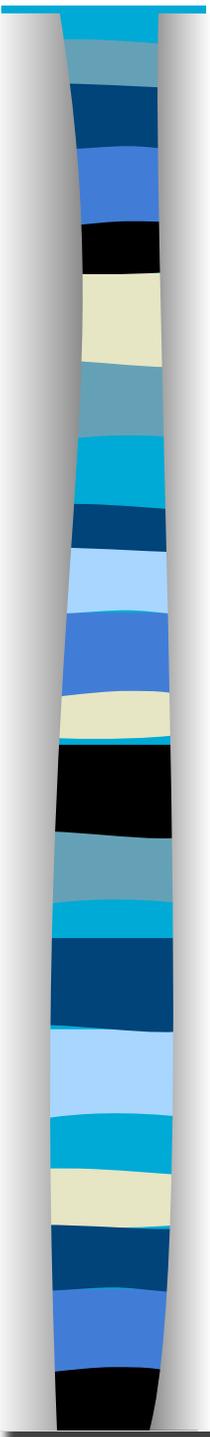


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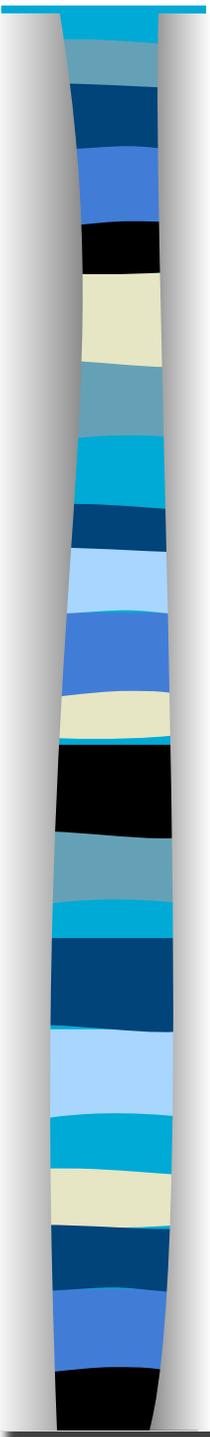


Indications

If a healthy pregnant client arrives for her massage with mild low-back pain and foot pain, the practitioner should:

- A. Require a physician's release before providing massage
- B. Avoid the low-back area and the feet because they are local contraindications
- C. Refer the client to her physician immediately because a serious underlying condition may exist; massage is contraindicated
- D. Proceed with massage; these are not symptoms that cause concern

Q

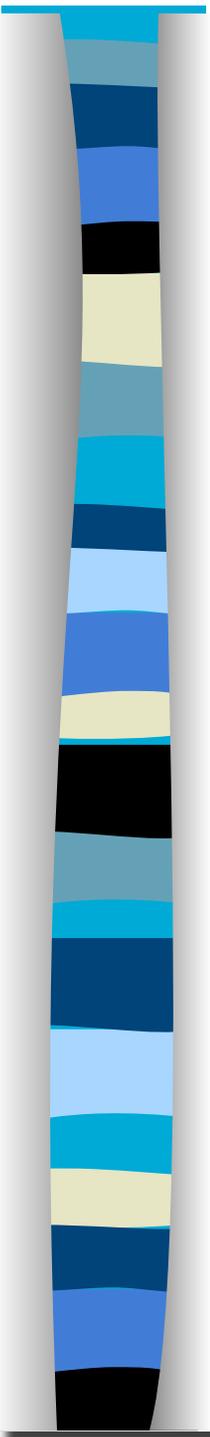


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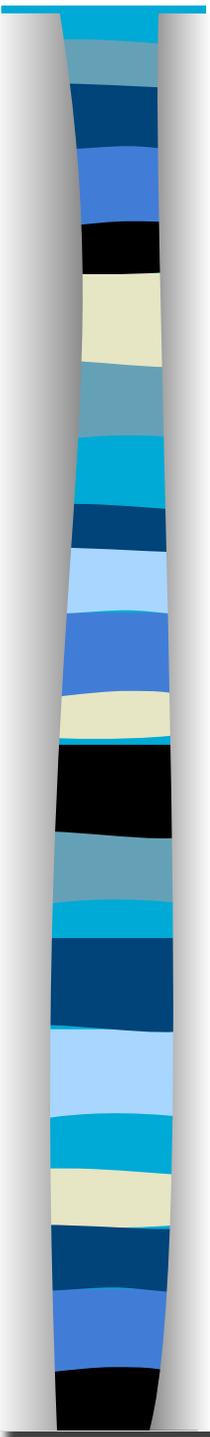


Indications

A client with a common cold who seeks massage five days after symptoms presented themselves:

- A. Is no longer contagious and can receive massage
- B. Can receive massage so long as he/she has started antibiotics
- C. Must obtain a physician's release before he/she can receive massage
- D. Is contraindicated for massage

Q

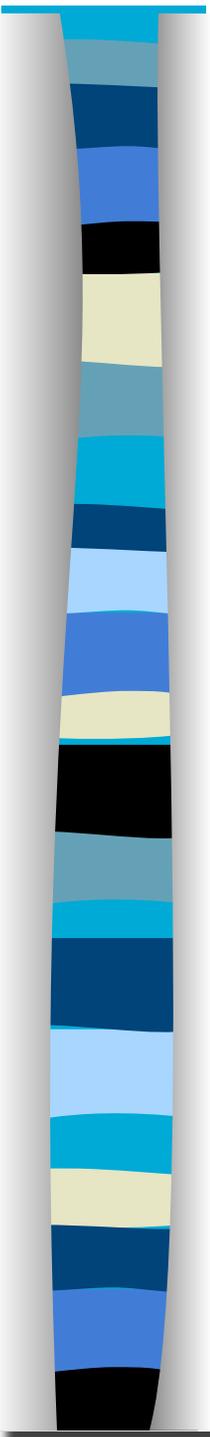


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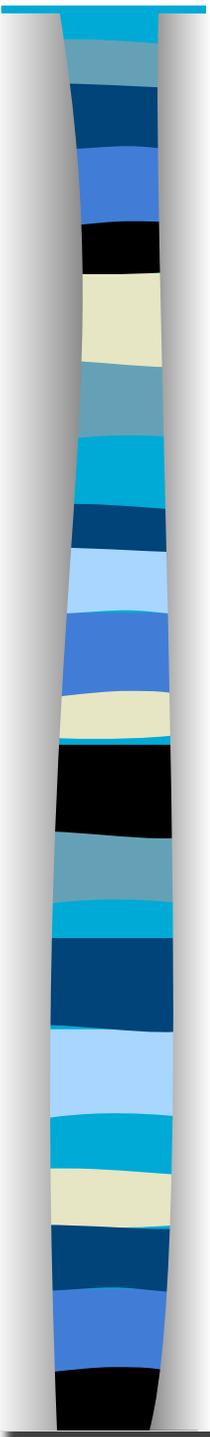


Indications

Women who are pregnant can receive:

- A. No massage and no touch on the abdominal area
- B. Moderate strokes that engage the tissue on the abdominal area
- C. Light, nurturing strokes, or holding strokes on the abdominal area
- D. Deep strokes that reduce muscle tension on the abdominal area

Q

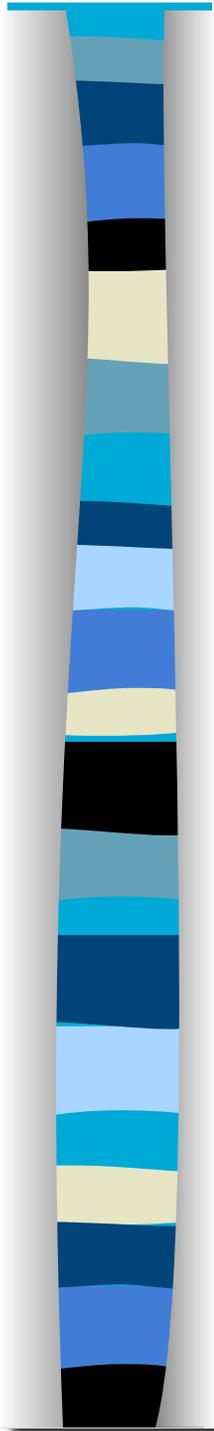


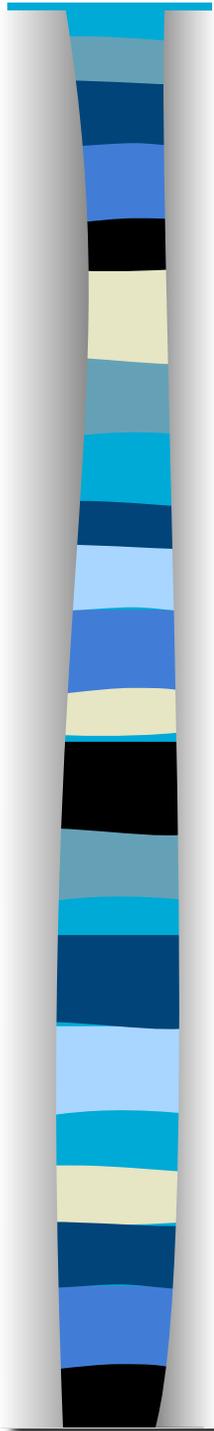
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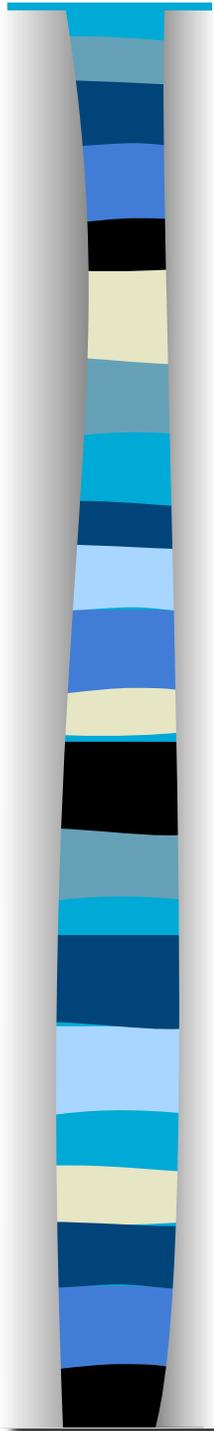
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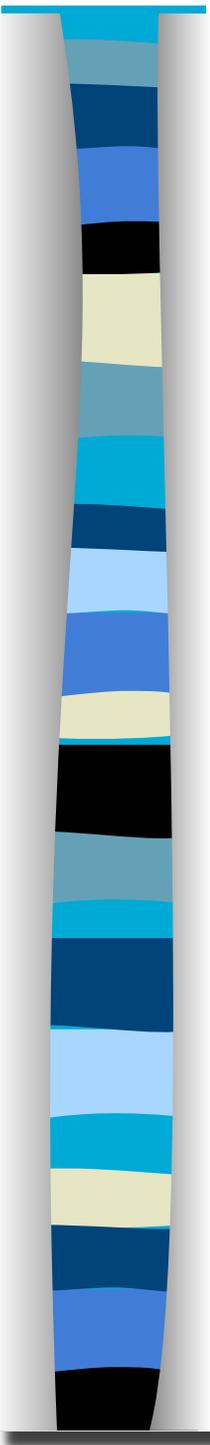
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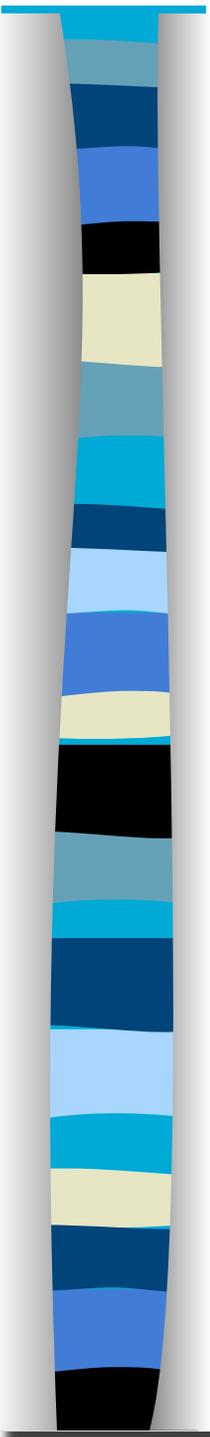




ABMP Exam Coach

Massage Theory: Cautions &
Contraindications

Miscellaneous

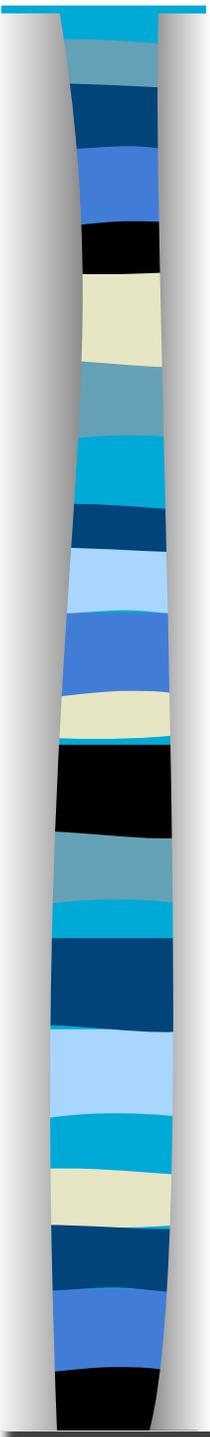


Miscellaneous

A physician's release is defined as:

- A. A document from a physician that states the physician believes massage will not harm the client
- B. A document from a physician that prescribes massage for a certain condition
- C. A document from a physician that gives a massage practitioner the right to suggest over-the-counter pain medications for soft-tissue conditions
- D. A document from a physician that gives a massage practitioner permission to diagnose a soft-tissue condition

Q

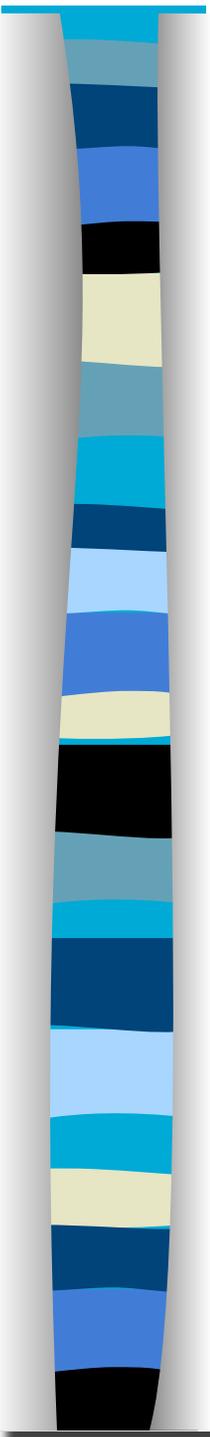


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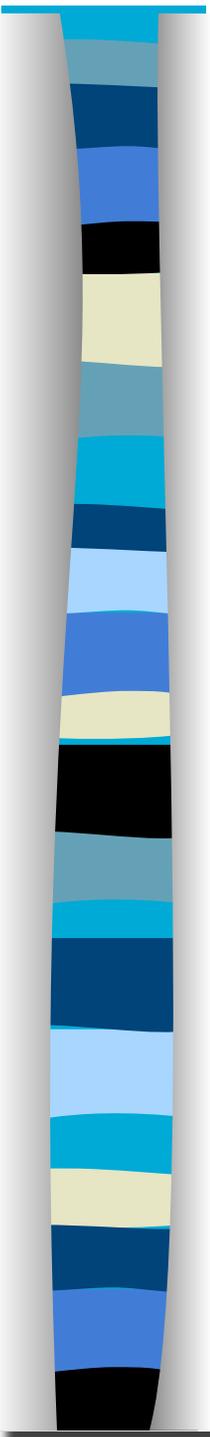


Miscellaneous

On a health form, clients should:

- A. Keep their medications, vitamins, and supplements personal and not disclose them. However, they must share side effects on the health form
- B. List every medication they have taken in the last week, including over-the-counter medications, vitamins, or herbal supplements
- C. List only their prescription medications
- D. List prescription medications and over-the-counter medications, but not vitamins or herbal supplements

Q

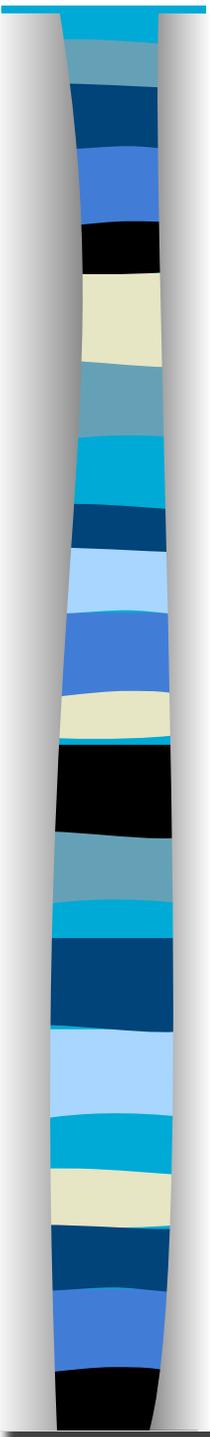


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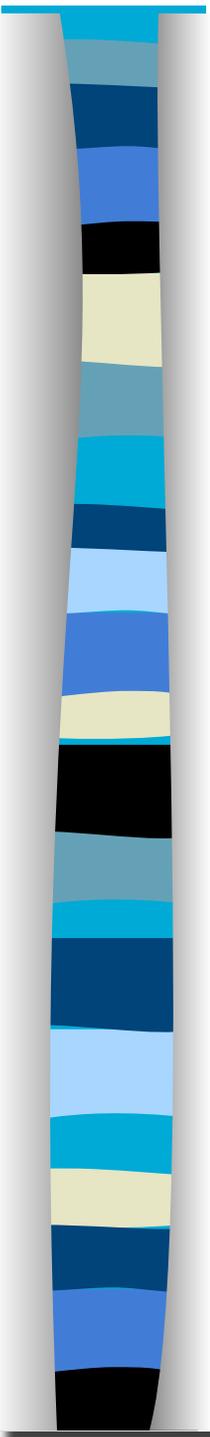


Miscellaneous

A secondary effect of a medication or therapy that goes beyond the desired effect, or causes unwanted responses in addition to the therapeutic effect, is a(n):

- A. Adverse effect
- B. Placebo effect
- C. Side effect
- D. Contraindication

Q



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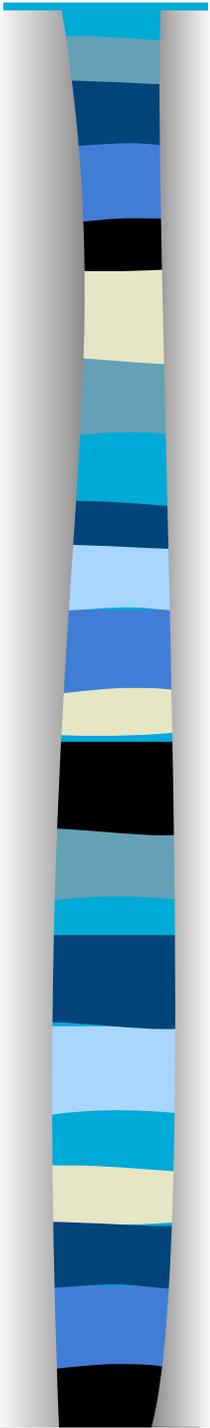
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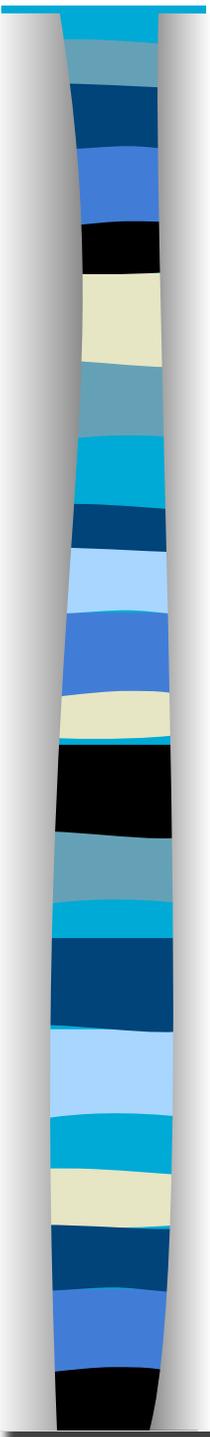
Miscellaneous

Osteoarthritis is:

- A. A condition related to the wear and tear of the temporomandibular joint's structure
- B. A condition related to the wear and tear of a gliding joint's structure
- C. A condition related to the wear and tear of a synovial joint's structure
- D. A condition related to the wear and tear of a suture's structure

Q



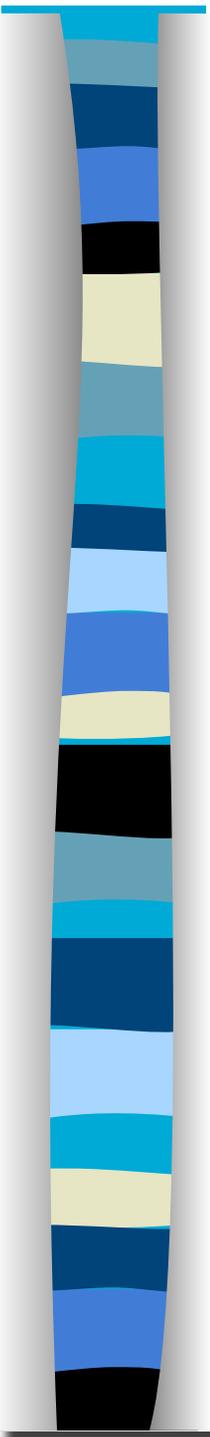


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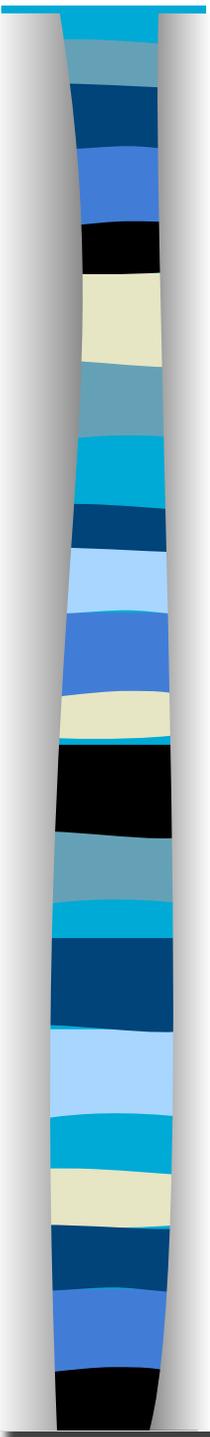


Miscellaneous

Rheumatoid arthritis is:

- A. An autoimmune disorder that affects the synovial membranes of joints
- B. A condition that contraindicated massage during the chronic stage
- C. A wear-and-tear condition that affects joints
- D. A condition that contraindicates the use of cold hydrotherapy

Q

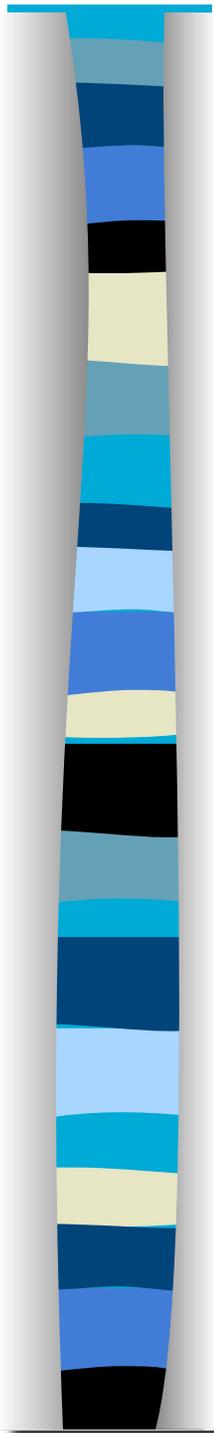


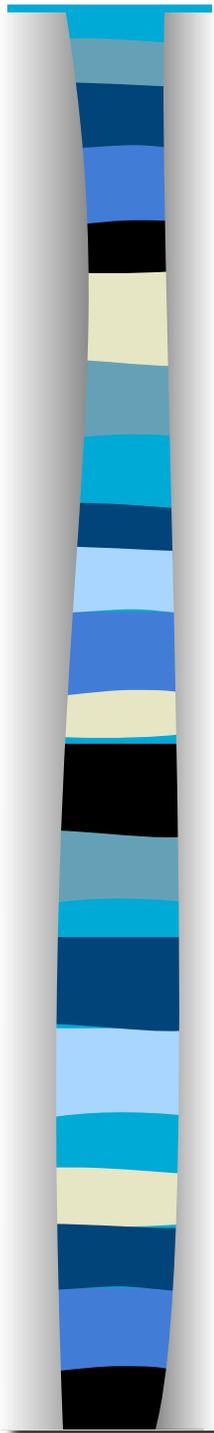
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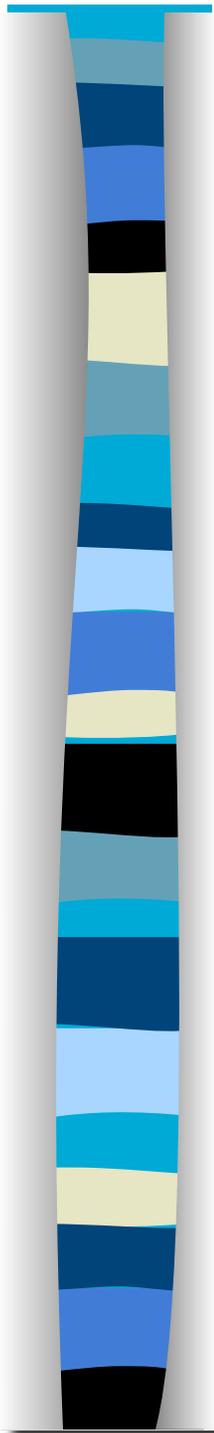
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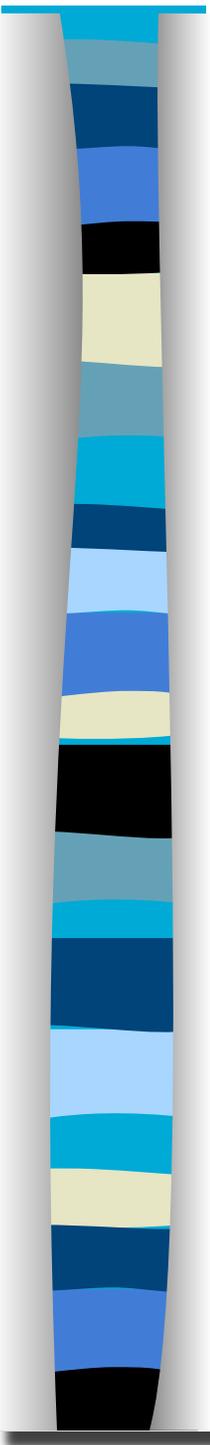
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74a MBLEx Prep

ABMP Exam Coach

Massage Theory

- History of Massage
- Research Literacy
- Benefits and Effects
- Cautions & Contraindications