# TLC Contact Information

Lauterstein Conway Massage School 4701-B Burnet Rd., Austin, Tx 78756	(512) 374 - 9222
<b>David Lauterstein</b> – Founder By appointment	Ext. 23
John Conway – Founder By appointment	Ext. 23
Mark Dauenhauer – Director Monday thru Friday 9:30am – 6pm	Ext. 17
Eric Tebbetts – Controller Monday thru Friday 9am – 6pm	Ext. 12
Erin Wyatt – Marketing and Sales Director	Ext. 25
Amanda Porterfield – Admissions Advisor	Ext. 14
<b>Tila Tapp</b> – Student Administrator Tuesday and Thursday thru Saturday 12:30pm – 7pm	Ext. 13
<b>Jessica Lydon</b> – Front Desk, Books and Student Supply Sales & Workshops Monday thru Friday 9am - 4pm	Ext. 10
<b>Tammie Culley</b> – Clinic Director Monday thru Friday 9:30am – 5pm	Ext. 30
Cristel McCarthy – Education Director By appointment	Ext. 27

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## What You Can Expect From Us

- 1. We are always open to receiving feedback. The surest way for us to pay attention is for you to put it in writing. The primary tool for feedback is our "Concern / Suggestion" form, which is kept in the information hallway. Feel free to fill one out whenever you please and put it in the "Administration" slot of the assignment box.
- 2. We will respond to your calls and notes. If there is an emergency, we will try to respond right away. If not, we will get back to you within 5 working days.
- 3. We will be happy to meet with you in our offices if you make an appointment, by contacting the receptionist or us. Please do not enter the administrative area without checking with the receptionist first. Feel free to engage us in the public areas of the school at any time, realizing that it is usually not possible for us to have an extended conversation with you at that moment.
- 4. We will be timely with regard to: grading (most assignments submitted on-time will be graded and returned within a maximum of two weeks from the date they were handed in), progress reports (issued quarterly), and notifications of overdue payments.
- 5. We will treat you with respect.
- 6. We will be proactive regarding our boundaries if we feel you are not treating us with respect.
- 7. We will maintain firm boundaries as part of your training in professionalism, and as part of our running the school responsibly.
- 8. If we are aware of a breach of our conduct policy by any student, staff or faculty member, we will inform them in a confidential and compassionate way within no more than 10 working days.
- 9. We will do our best to deliver the high quality educational service to which we aspire.
- 10. We will be honest if we make mistakes.

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# What We Expect Of You

- 1. **Attendance** we encourage you to attend every class, if well and able.
  - Do not come if you have a fever or contagious condition. Missing an entire class constitutes an absence.
  - Any class missed in the 500-Hour Program must be made up.
  - State regulations require us to drop a student who has been absent for 10 consecutive days. This requirement is regardless of time made up and includes classroom and internship hours.
- 2. **Punctuality** we support your arriving 5 to 10 minutes early for class, being ready to begin on time, and returning promptly from breaks.
  - Tardy arriving after the starting time of the class constitutes a tardy.
  - Arriving more than 10 minutes tardy, or leaving more than 10 minutes early necessitates a make-up of at least one hour.
- 3. **Participation** you learn best by giving and receiving massage.
  - If you can only give work but not receive it, one-half "NP" (not participating) is recorded. The same holds if you can only receive but not give work. If you can do neither, a full NP is recorded. After a total of 4
  - NPs each additional one recorded is considered an absence, which must be made up.
- 4. **Proactivity** in succeeding as a student, especially regarding:
  - Absences: track your own absences and look ahead to when and how you
    can make them up. Sign up at least a week ahead of time for scheduled
    make up classes, or request to sit in with another section as early as you
    can. Late sign ups or requests to sit in with a class that is already full will
    most likely not be allowed.
  - Assignments: keep track of what you have and have not turned in.

#### 5. Timeliness -

- Assignments receive full credit if turned in when due. If late, 20 points will be deducted.
- If you miss a class in which an assignment is due, turn it in at the next class you attend (write "absent on due date" along with the date you are turning it in and there will be no points deducted).
- Quizzes and Exams if made up within 2 weeks when missed due to absence, there will be no points deducted.
- Tuition Payments 10 day grace period after due date after the 10<sup>th</sup> day, late fee of \$10 assessed and attendance at class not allowed. If you are on a payment plan with TFC, ANY late payments beyond the 10<sup>th</sup> day will delay release of your transcript!!
- Post-dated checks are not accepted.
- Returned check/credit card fee \$10 first time, \$20 second time, after which only cash or money order is accepted.

## What We Expect Of You

- 6. **Communication** Make connections with us and your classmates.
  - Let us know what is on your mind, ask for what you want in a clear and compassionate way.
  - Be honest in your feedback regarding work you give or receive, as well as other in-class issues.

#### 7. **Behavior** in class:

- Avoid the following: side-talking during class, sleeping in class, not following directions, eating in the classroom, dressing inappropriately (too skimpy or seductive).
- Feet must be covered at all times (unless receiving massage) with shoes or socks.
- Use of cell phones or cameras is not allowed in the classroom, clinic or bathrooms. If you have an emergency situation, let the instructor know and an exception can be made to set the device to vibrate.
- Computers may be used during class for note-taking only. The webcam feature must be blocked for confidentiality/privacy reasons.
- 8. **Etiquette** on school grounds and act responsibly regarding:
  - Smoking: outside only, avoid doorways, butts put in containers.
  - Parking: follow directions regarding church parking (not available on Sundays), be respectful of nearby businesses and residential neighbors.
  - Public space: help keep it clean, including doing your own dishes; be fully clothed outside classrooms.
  - Dress: when outside the classroom, students must be fully clothed, including shoes.
- 9. **Responsibility** regarding the energy of the class and school.
  - The learning atmosphere is something you and all of us create together.
    Cultivate sensitivity in words and deeds, hold yourself accountable for
    your moods and emotions, and ask for support from classmates and staff
    when you want it.
- 10. **Willingness** to respond constructively to change.
  - Learning results in change of body, mind and spirit that can be stressful as well as empowering. Please cultivate compassion, curiosity and courage towards yourself and others here as you meet these positive challenges.

### **MBLEx**

#### **FSMTB** The Federation of State Massage Therapy Boards

- To ensure that massage therapy is provided in a safe and effective manner
- Texas and most other states are FSMTB members
- Kansas, Minnesota, Vermont, and Wyoming are not
- Hawaii, New York, and Massachusetts are regulated but not using the MBLEx
   yet
- The MBLEx is the licensing exam offered by FSMTB...

#### MBLEx Massage and Bodywork Licensing Exam

- To apply for the exam, complete the online application and pay \$265
- 100 multiple-choice questions from 8 categories:
  - Anatomy and Physiology 11%
  - Kinesiology 12%
  - Pathology, Contraindications, Areas of Caution, Special Populations 14%
  - Benefits and Physiological Effects of Techniques that Manipulate soft tissue 15%
  - Client Assessment, Reassessment and Treatment Planning 17%
  - $_{\circ}$  Ethics, Boundaries, Laws, and Regulations 16%
  - Guidelines for Professional Practice 15%
- Pearson Vue has multiple testing facilities where you can take the MBLEx

### **MBLEx**

#### How to apply for the MBLEx:

- 1. www.fsmtb.org
- 2. Click on MBLEx Online Application on the right in purple
- 3. Read the Online Handbook
- 4. Click on I understand and agree to comply with the information in the Candidate Handbook
- 5. Fill out the Demographic Information
  - a. Name
  - b. Address
  - c. Phone number and email address
  - d. State (Tx) and School (Lauterstein Conway Massage School)
  - e. Language used to take the exam (English or Spanish)
  - f. Special accommodations (requires an ADA Accommodations Request Form)
  - g. To which state do you want your results sent?
  - h. I agree to the terms and conditions above
- 6. Submit payment of \$265
- 7. When you receive approval for testing, schedule your testing appointment online

More than 6 incorrect answers out of 22 total questions is not passing. Maximum quiz time is 20 minutes.

*Multiple-choice – Write a CAPITAL LETTER A, B, C, or D on the line for each question.* 11% of the questions are in the category of Anatomy & Physiology 1. What is the enlargement of the vascular lumen's diameter called? A. Vasodilation B. Vasoconstriction C. Vasostasis D. None of the options 2. What are the three parts of a neuron called? A. Presynaptic neuron, interneuron, and postsynaptic neuron B. Dendrites, cell body, and axon C. Synaptic bulb, synaptic vesicles, and synaptic cleft D. None of the options 3. Which is not a function of the respiratory system? A. Gas exchange B. Olfaction C. Sound production D. All of the options are functions of the respiratory system 4. Who is regarded as the father of Swedish massage?

B. Hippocrates

A. Johann Mezger

C. Pehr Ling

D. None of the options

11% of the questions are in the category of Kinesiology

	5. Your client is experiencing a lack of range of motion in her glenohumeral joint during flexion. During palpation you assess that the muscle inhibiting glenohumeral flexion is the long head of triceps. What is the name of the role that this muscle plays in the action of glenohumeral flexion?
	A. Agonist B. Synergist C. Stabilizer D. None of the options
	6. Your client complains of pain in the back of her thigh when she flexes her knee. Which of the following is not involved in producing this action?  A. Biceps femoris B. Semitendinosus C. Tibialis anterior D. Semimembranosus
14%	of the questions are in the category of Pathology, Contraindications, Areas of
Caut	cion, and Special Populations
_	<ul> <li>7. What is joint trauma that permanently stretches or tears ligaments?</li> <li>A. Sprain B. Strain C. Tenosynovitis D. None of the options</li> <li>8. Which of the following is not true of scabies?</li> <li>A. It is the formation of congealed blood over a recent cut in the skin</li> <li>B. It is caused by pathogenic animals called mites</li> <li>C. It resembles psoriasis, eczema, and several other skin conditions</li> <li>D. It is an absolute contraindication for massage</li> </ul>
	<ul><li>9. What is the best measure to prevent the transmission of infectious disease in the context of massage therapy?</li><li>A. Health insurance</li><li>B. Cleaning hands with soap and water or an alcohol-based hand sanitizer</li><li>C. Asking the client about their medical history during the interview</li><li>D. None of the options</li></ul>

15% of the questions are in the category of Benefits and Effects of Massage

	10. Ulnar hacking performed parallel to the muscle fibers produces which result?
	A. Muscular contraction
	B. Stimulation of the muscle spindles
	C. Muscular relaxation
	D. None of the options
	11. Which of the following is not an effect of cryotherapy?
	A. Reduces nerve fiber conduction rate
	B. Vasoconstriction
	C. Decreases collagen extensibility
	D. All of the options are effects of cryotherapy
	12. Your client has come to you for treatment of her anxiety and stress. To which
	of the following categories of massage effects does this belong?
	A. Psychological B. Physiologic C. Mechanical D. None of the options
	13. What is described as lifting soft tissues vertically, and then compressing and
	releasing them?  A. Effleurage B. Petrissage C. Friction D. Compression
15% o	f the questions are in the category of Guidelines for Professional Practice
	14. What is the purpose of draping?
	A. To provide a professional atmosphere
	B. To support the client's need for emotional privacy (modesty)
	C. To provide warmth
	D. All of the options

	4= T17]
—	15. What are the ideas, strategies, and activities to aid in attracting and retaining
	clients?
	A. Liability insurance
	B. Marketing
	C. Sole proprietorship
	D. None of the option
17%	of the questions are in the category of Client Assessment, Reassessment, and
Trea	tment Planning
	16. What is not involved in developing a treatment plan or plan of care?
	A. Forming a strategy to help the client achieve his or her therapeutic goals
	B. Rewarding loyal customers with discounted massage sessions
	C. Collecting client information
	D. Performing basic client assessments
	17. A popular format used to organize client information is SOAP notes. Which
	of the following is not true of the SOAP note format?
	A. It is the most complex format and is chiefly used by the medical community
	B. The S refers to subjective information reported by the client
	C. The P refers to detailed information about the pain the client is experiencing
	D. None of the options
	18. What is the process involved in evaluating or appraising a client's condition
	based on subjective reporting and objective findings?
	A. Documentation
	B. Assessment
	C. Diagnosis
	D. None of the options

	19. What is permission for treatment given by a client after he or she has been informed of the risks, benefits, and consequences of the techniques and procedures that will be used in a massage session?  A. Client intake  B. Treatment planning  C. Informed consent  D. Documentation
15%	of the questions are in the category of Ethics, Boundaries, Laws, and Regulations 20. Which of the following includes making non-professionally relevant comments made about the client's body?
	A. Countertransference
	B. Dual relationship
	C. Sexual misconduct
	D. None of the options
	21. According to the Texas Department of State Health Services, for how long is an LMT required to keep accurate records for each client of the dates of massage therapy services, types of massage therapy, and billing information?  A. Forever
	B. 2 years C. 7 years
	D. None of the options
	22. What is an outline of activities and procedures that can be performed by members of a licensed profession?
	A. Countertransference
	B. Sexual misconduct
	C. Scope of practice
	D. None of the options

Name		Group	Date	
Start time	End time_		_ Total test time	
	Number of wrong answers	Final Grade		
	0 to 6	= Pass		
	7 or more	– Fail		

# Study Skills

### **Learning How to Learn**

Adult learners in vocational education have multiple responsibilities.

Think of s	7011r rosn	onsibilities a	and how	vo11 will	manage	vour time	with	school.
THIIIK OF V	our respo	onsionnies a	iiiu iiow	you will	manage	your ume	· will :	SCHOOL.

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### **Daily Goals for Good Grades**

- Active Reading Forms (10 pages of active reading every day)
- Active Study Skills (30 minutes every day)
- Massage Practice (30 minutes every day)

# Quizlet Flashcards by LautersteinConway

#### Quizlet: Online and Mobile Flashcards

#### **Study Modes**

"Flashcards" – Start here to familiarize yourself with the terms and definitions.

"Learn" – It prompts you with the definition. You type in the term. Spelling counts but there's a way to get around having to spell them correctly. Just ask me!

"Speller" – The term is read to you aloud. You type what you hear.

"Test" – WARNING! Multiple-choice mode may give you a false sense of security because the questions are too easy. Use matching, true/false, and fill in the blank to really test your knowledge.

"Scatter" – Drag and drop the terms on the definitions. Fastest time wins!

"Space Race" – As the definitions move across the screen, type the answer.

#### Signing up for Quizlet is free!

- 1. Go to quizlet.com
- 2. "Create a Quizlet Account" using one of these two methods:
  - a. Facebook (ONLY if your Facebook name matches school records)
  - b. Enter your:
    - Birthdate
    - Username (must match your name in TLC school records)
       Example: JohnConway, DavidLauterstein, etc...
    - Password
    - Retype Password
    - Email (to notify you of new flashcards!)
    - Click the box next to "I agree . . ."
    - "Submit"
- 3. Follow the instructions in the verification email from Quizlet.com.
- 4. Enter the link and click "Join Class". I'll approve you if your name is right. https://quizlet.com/join/zZf79yQFr

# Active Study Skills

#### Flashcards: For people who learn best by reading, writing, and drawing!

- Quizlet flashcards by LautersteinConway
- Trail Guide muscle flashcards
- Trail Guide Anatomy MAPP
- DIY flashcards

#### Trail Guide to the Body Flashcards

Pre-made flashcards that match your textbook!

- Volume 1: 175 cards for bones, ligaments, and joints (\$22)
- Volume 2: 189 cards for muscles (\$22)

#### Trail Guide to the Body Anatomy MAPP

A smart phone app that is especially helpful for those who study best on the go!

- All 364 images from Flashcards Volumes 1 and 2
- Questions from the Trail Guide to the Body: Student Workbook
- Audio pronunciation for each muscle
- Available on Apple and Android devices (\$30)

#### **DIY Flashcards**

Especially helpful for those who learn best by writing and doing!

- Making the flashcards can be a major part of the learning process
- 3x5 or 4x6 index cards

### **Active Study Skills**

#### **Memorization using Memory Cues**

Acronyms, Songs, and Rhymes

Starting from the radial side of the wrist in the proximal row of carpals:

"Steve Left The Party To Take Cathy Home"

Scaphoid, Lunate, Triquetrum, Pisiform Trapezium, Trapezoid, Capitate, Hamate

#### Visualization

"Seeing is Learning!"

Drawings, Anatomy Coloring Book, ...

#### Kinesthetic (hands-on activities)

Anatomy in 3D

- Anatomy in Clay Maniken: Human Skeletal Models
- Sculptures, collages, and movement activities
- · You Need to Have Hands-on Learning

### Speaking and Hearing

Verbalizing and Pronunciation

- www.Merriam-Webster.com
  - Enter the word that you want to know how to pronounce and then click on the speaker icon
- Triquetrum
- Iliopsoas
- Clavicle
- Acromion process
- Scapula

# Introduction to Kinesiology: Deltoid

**Kinesiology** Study of human motion.

**Anterior** Pertaining to the front of a structure. **Posterior** Pertaining to the back of a structure.

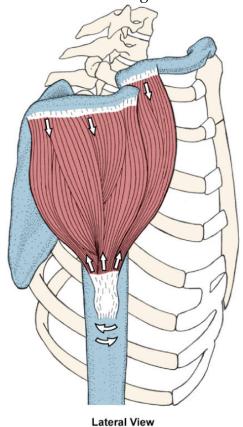
Lateral Oriented farther away from the midline of the body.Medial Oriented toward or near the midline of the body.

**Belly** The wide central portion of a skeletal muscle that contains the sarcomeres. **Tendon** Cord-like structure anchoring the end of a muscle to a bone.

**Action** The movement or postural stabilization that happens as the result of muscular contraction.

**Origin** Tendinous muscle attachment on the less movable bone or other structure. Typically medial or proximal to the insertion.

**Insertion** Tendinous muscle attachment on the more movable bone or structure. Typically lateral or distal to the origin.



Muscolino JE: The muscular system manual: the skeletal muscles of the human body, ed.

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## Test Anxiety

#### **Symptoms of Test Anxiety**

Nausea/vomiting, light headed, diarrhea, shaking, tearful, headache, racing heart

#### Our Advice as a School who wants you to Succeed

If we see that you are suffering from anxiety symptoms, after the exam we should take a look at a different approach to reduce your anxiety and increase your preparedness.

"Anxiety is not a legal disability, so instructors will not give any special consideration, but they will provide you with some resources."

#### **How to Reduce Test Anxiety**

- Share personal stories of test anxiety
- Over-preparing for classes, quizzes, and exams
- Prepare a little bit every day
- Use a variety of study strategies (Vimeo online class videos)
- Use positive affirmations, put your faith in succeeding, don't bet against yourself
- Breathe
- Give yourself a practice test to warm up
- Crib sheet: write all the essential info on a blank sheet of paper during the test

#### **Resources for Coping**

- Counseling from Tila Tapp, the student administrator
- Tutoring with an instructor for written or hands-on improvement
- Student Success Guide (online at abmp.com)
- Books:
  - o "No more test anxiety", Ed Newman
  - o "The secrets of taking any test", Judith Meyers
  - o "Test taking strategies and study skills for the utterly confused", Laura Rozakis
  - 。 *"Test-taking strategies"*, Judi Kesselman-Turkel
- Audio tapes: "Tame test anxiety", Richard Driscoll

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# What it takes to get and keep a massage license in Texas

# Texas Department of Licensing and Regulations massage therapy license requirements:

- Be at least 18 years old when you apply
- Submit fingerprints that will be used to obtain the applicant's criminal conviction history, \$38
- Provide all information concerning your misdemeanor and felony convictions
- Correctly and fully completed the application for licensure
- Submit a transcript from a 500-hour supervised course in massage studies
- Pay the application fee for a Texas Massage Therapy license, \$100
- Pass a massage therapy examination such as the MBLEx, \$265
- Pass the jurisprudence examination, \$34
- Renewal is done every 2 years, \$75
- You are required to complete 12 CEU's every 2 years for renewal
- www.tdlr.texas.gov/mas/mas.htm
- Or just do a search for *Texas Massage Rules*

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# Outside Massages

- Visit our Student Support page and click Outside Massage Forms and SOAP notes under password protected resources for digital copies and instructions. https://www.tlcmassageschool.com/students/current-students/outsidemassage-forms-and-soap-notes/
- Be sure to email your OMFs to <u>cristelm@tlcschool.com</u> and to type your name in classmarker once the assignment is completed
- Use the provided forms to document these 3 assignments.
  - 43a Swedish: Outside Massages (2 case studies)
  - 60a Deep Tissue: Outside Massages (2 case studies)
  - 85a Orthopedic Massage: Outside Massages (2 case studies)
- Hold on to your completed Outside Massage Forms (OMFs) until they are due.
- On the due date, submit your stapled OMs to your instructor before class starts.
- Each OMF indicates the specific content that is required to complete the assignment. Please read them carefully.
- 20 points will be deducted if either of the 2 OMFs is late.
- Doing more than the assigned number is great, but there is no extra credit given on your grade.
- Begin reviewing the case studies when indicated in your class schedule.

#### Outside Massages Overview

- Use this early to deepen your thought processes and critical thinking, as well as your ability to plan a tailored session to fit each client's needs.
- Please fill out <u>all</u> parts of the OMF. If any part of the OMF is not complete, 20 points will be deducted and it will be returned to you to complete and resubmit
- If the original paperwork gets lost, fill out another form to the best of your recollection and turn it in on time.
- This assignment is extremely valuable please take it seriously and treat it professionally.
- If you have questions about any sessions you do, please bring them up in class we do not closely read these forms they are for your study and reflection.
- Read the case study given. Then compile five questions that should be asked during the interview based off of the case study. (Do not write down the questions we are already asking them: What brings you in? Where to focus/avoid? What kind of pressure? Etc.) Write these down
- With the client's history and after additional questioning, determine what you think should and should not happen during the massage. List these under the **Treatment Plan and Modifications.**
- Being as detailed as possible, write down what you think the client's expected
  outcomes are. What joints will feel more range, which muscles might feel tender
  or freer? How might the client feel getting off of the table, the next day, or in a
  week?



# Outside Massage Form #1: Full Body Swedish Only

Client	Due Date <u>Class 43a</u>			
Student	Group	Date		
Case Study #1: Client is a 58-year-old stiffness in their right sho	d disabled, morbidly obese persoulder.	son presenting with pain and		
Write five client specific	questions to ask during the inte	erview:		
_				
Z				
3				
4				
 5				
Treatment plan and mod	lifications:			
Expected Outcomes:				



### **Treatment Record**

Client Name	

Date	Student Therapist			
	ubjective or what the client reports about their status nt goals, functional limitations, and diagnosis/clearance from a physician)			
O: Objective or findings made (client posture, client movemen	e by the therapist nt, palpation of client during interview, details of focus area treatment)			
Prone:	Supine:			
	<u> </u>			
<b>A: Assessment</b> or how the cliest $(0-10, 0 = \text{no pain}, 5 = \text{moderate}$ <b>Before treatment:</b>	nt rates the pain or discomfort of a focus area e pain, 10 = worst possible pain, recorded before and after treatment)  After treatment:			
<b>P: Plan</b> or a strategy for further (client education, self care such	r care ch as movement or stretches, future massage session ideas, referrals)			
Personal reflection or meaning	gful insights made by the therapist about the therapist			



### Outside Massage Form #2: Passive Stretches and BMTs Only

Client	Due Date <u>Class 43a</u>			
Student	Group	Date		
Case Study #2: Client is 64-years-old and pre wrist and hand with periods of Client recently started swimn	of exacerbations and remissi			
Write five client specific que	stions to ask during the int	erview:		
1			_	
2			_	
3				
5				
Treatment plan and modifica	ations:			
Expected Outcomes:				
			_	



### **Treatment Record**

Client Name	

Date	Student Therapist
<b>S: Subjective</b> or what the clien (client goals, functional limitat	t reports about their status ions, and diagnosis/clearance from a physician)
O: Objective or findings made (client posture, client movemen	by the therapist nt, palpation of client during interview, details of focus area treatment)
Prone:	Supine:
	<u> </u>
<b>A: Assessment</b> or how the cliest $(0-10, 0 = \text{no pain}, 5 = \text{moderate}$ <b>Before treatment:</b>	nt rates the pain or discomfort of a focus area e pain, 10 = worst possible pain, recorded before and after treatment)  After treatment:
<b>P: Plan</b> or a strategy for further (client education, self care such	r care ch as movement or stretches, future massage session ideas, referrals)
Personal reflection or meaning	gful insights made by the therapist about the therapist



# Outside Massage Form #3: Deep Tissue: Posterior Upper and Lower Body Only

Client		Due Date _	Class 60a
Student	Group	Date _	
Case Study #3: Client is a 57-year-old recently track when they were in high feeling tension in posterior are also mentioned pain and rigio	school and recently began and lateral hip and on the late	running again. C eral sides of their	Client has been r knees. They
Write five client specific que	stions to ask during the in	terview:	
1			
2			
3			
4			
5			
Treatment plan and modifica	ations:		
<b>Expected Outcomes:</b>			



### **Treatment Record**

Client Name	

Date	Student Therapist
<b>S: Subjective</b> or what the client re (client goals, functional limitation	eports about their status is, and diagnosis/clearance from a physician)
O: Objective or findings made by (client posture, client movement,	the therapist palpation of client during interview, details of focus area treatment)
Prone:	Supine:
	rates the pain or discomfort of a focus area ain, 10 = worst possible pain, recorded before and after treatment)  After treatment:
<b>P: Plan</b> or a strategy for further ca (client education, self care such	as movement or stretches, future massage session ideas, referrals)
Personal reflection or meaningfu	l insights made by the therapist about the therapist



# Lauterstein-Conway Massage School & Clinic

Outside Massage Form #4: Deep Tissue: Anterior Upper and Lower Body Only

Client	<del></del>	Due Date <u>Class 60a</u>
Student	Group	Date
	d squats while gradually addi	t hips, thighs and shins. Clien ng weight. Client complains o
Write five client specific	questions to ask during the in	terview:
1		
2		
3		
4		
5		
Treatment plan and mod	ifications:	
Expected Outcomes:		



### **Treatment Record**

Client Name
-------------

Date	Student Therapist
<b>S: Subjective</b> or what the client report (client goals, functional limitations, an	s about their status d diagnosis/clearance from a physician)
O: Objective or findings made by the (client posture, client movement, palpa	therapist ation of client during interview, details of focus area treatment)
Prone:	Supine:
	<del></del>
<b>A: Assessment</b> or how the client rates (0-10, 0 = no pain, 5 = moderate pain, 1 <b>Before treatment:</b>	the pain or discomfort of a focus area $10 = \text{worst possible pain, recorded before and after treatment)}$ After treatment:
<b>P: Plan</b> or a strategy for further care (client education, self care such as mo	ovement or stretches, future massage session ideas, referrals)
Personal reflection or meaningful insi	ghts made by the therapist about the therapist



### Outside Massage Form #5: Orthopedic: Piriformis & Sacroiliac OR Low Back Pain

Client		Due Date	Class 85a
Student	Group	Date _	
Case Study #5: Client is a 40-year-old person preser both hips, as well as left SI joint and intensity combat sports that place st Client has a history of low back pair	posterior gluteal p ress on the body lea n and significant red	ain. Client practice ading to muscular ductions in hip RC	es high imbalances.
Write five client specific questions		interview:	
1			
2			
3			
J			
4			
5			
Treatment plan and modifications:			
Expected Outcomes:			



### **Treatment Record**

Client Name	

Date	Student Therapist
<b>S: Subjective</b> or what the client repo (client goals, functional limitations, a	orts about their status and diagnosis/clearance from a physician)
<b>O: Objective</b> or findings made by the (client posture, client movement, part)	ne therapist lpation of client during interview, details of focus area treatment)
Prone:	Supine:
	es the pain or discomfort of a focus area n, 10 = worst possible pain, recorded before and after treatment) After treatment:
<b>P: Plan</b> or a strategy for further care (client education, self care such as	movement or stretches, future massage session ideas, referrals)
<b>Personal reflection</b> or meaningful in	nsights made by the therapist about the therapist



### Outside Massage Form #6: Orthopedic: Rotator Cuff & Carpal Tunnel OR Thoracic Outlet

Client		Due Date <u>Class 85</u>	<u>a</u>
Student	Group	Date	
fingers of the left hand (	no complained of stiffness an violinist). Client tested positiv Consider the ergonomics).	d swelling in their overwore for thoracic outlet sync	orked łrome
Write five client specific	questions to ask during the ir	terview:	
1			
2			
3			
 4			
5			
Treatment plan and modi	ifications:		
Expected Outcomes:			



### **Treatment Record**

Client Name	

Date	Student Therapist			
<b>S: Subjective</b> or what the client reports (client goals, functional limitations, and	s about their status d diagnosis/clearance from a physician)			
O: Objective or findings made by the to (client posture, client movement, palpa	herapist Ition of client during interview, details of focus area treatment)			
Prone:	Supine:			
<b>A: Assessment</b> or how the client rates to $(0-10, 0 = \text{no pain}, 5 = \text{moderate pain}, 100$ <b>Before treatment:</b>	the pain or discomfort of a focus area  0 = worst possible pain, recorded before and after treatment)  After treatment:			
<b>P: Plan</b> or a strategy for further care (client education, self care such as mo	ovement or stretches, future massage session ideas, referrals)			
Personal reflection or meaningful insig	ghts made by the therapist about the therapist			

### Community Service

### **Currently waived until further notice**

As students approach 250 Hours of study they will be responsible for participating in <u>6 Hours of Community Service</u>.

These Community Service Hours will be performed at various locations and events geared towards expanding the student's knowledge of the therapeutic and marketing techniques acquired in the first half of the training.

Each student will choose from a posted list of available dates, times and locations in the student hallway. Once an event is chosen, they will go to tlcschool.com, click on Student Services, then Community Service Request Form. They will fill that form out and hit submit. Students will then receive a confirmation email that they are registered for the event.

Once Administration receives the Itinerary from the organizers of that event, students will be emailed that information. Please note that it is expected that you attend the entire event.

Depending on the location or event, students will perform Chair Massage, Post Event Sports Massage, or both.

For further questions please see Mark Dauenhauer, Director

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## Written Quizzes and Exams

Overview

### **Kinesiology Quizzes** (see A: 75-80 for a sample quiz)

- 20 questions worth 5 points each (multiple-choice and true/false)
- 5 extra credit questions worth 1 point each (multiple-choice and true/false)
- 20 minutes maximum
- Given at the beginning of the class in which it is assigned (5b, 8b, . . . 75a, etc.)
- Study the AOIs of muscles indicated in the Class Schedule (A: 1-28)

### Written Exam Prep Quizzes

- 20 questions worth 5 points each (multiple-choice and true/false)
- 5 extra credit questions worth 1 point each (multiple-choice and true/false)
- 20 minutes maximum
- Given at the beginning of the class in which it is assigned (8a, . . .18a, 19a, etc.)
- Study the AOIs of muscles indicated in the Class Schedule (A: 1-28)

#### **Written Exams**

- Written Exams are cumulative
- Questions are multiple-choice and true/false
- 5 extra credit questions worth 1 point each (multiple-choice and true/false)
- Study all of the material listed in the Class Schedule
- The number of questions and the time allotted varies (see below)
- Relevant Classes
  - o 10a Written Exam (50 questions in 40 minutes)
  - o 21a Written Exam (100 questions in 80 minutes)
  - o 34a Written Exam (150 questions in 120 minutes)
  - o 46a Written Exam (200 questions in 160 minutes)
  - o 60a Written Exam (250 questions in 200 minutes)
  - o 70a Written Exam (300 questions in 240 minutes)
  - o 89a Practice MBLEx (100 questions in 120 minutes)
  - o 98a Practice MBLEx (100 questions in 120 minutes)

## MBLEx Prep Classes and ABMP Exam Coach

### How to access your ABMP account

- Go to ABMP.com and click on "Account Login"
- Click on "Forgot your password?" and enter the email that you used to sign up for ABMP when you registered to be a student at TLC
- Click on "Request password" and when you receive an email from ABMP follow the instructions to create a password for your account

### How to use ABMP Exam Coach to prepare for an MBLEx Prep Class

- ABMP Exam Coach is used to prepare for your MBLEx Prep Classes
- Login to your ABMP account and click on "ABMP Exam Coach"
- Click on "Study Subjects" and click on the Subject that is required for the upcoming MBLEx Prep class
  - o 74a MBLEx Prep= Massage Theory (4 Topics)
  - o 75a MBLEx Prep= Massage Professional Practices (4 Topics)
  - o 80a MBLEx Prep= Ethics, Boundaries, and Laws (4 Topics)
  - 81a MBLEx Prep= Client Assessment and Session Planning (8 Topics)
  - o 84a MBLEx Prep= Pathology (Basics, Meds, and Integ. Topics Only)
  - o 86a MBLEx Prep= Special Populations (7 Topics)
  - o 87a MBLEx Prep= Career Development (4 Topics)
- You can also look in your Class Schedule (Packet A: 1-28) in the Preparation column to know which Subject will be the focus of a particular class
- The Subjects that are not reviewed in MBLEx Prep classes are for self-study

### VERY IMPORTANT

- For each Topic required, "Take a Practice Quiz" four times
- When you have a question or comment, investigate it by looking it up in the "Terminology" section of the Topic, in a book or on the Internet
- And then write down the entire question and bring it to class with the intention of sharing what you discovered through your research

### 5b Kinesiology Quiz (SAMPLE ONLY)

Name	Group	Date	
My start time	My end time	My total test time	

### **Quiz Information**

- 20 multiple-choice and true/false questions worth 5 points each
- 5 Extra credit questions worth 1 point each
- Maximum quiz time is 20 minutes.
- The questions are complete as written. No further information will be given.
- Choose the best answer and write a capital letter A, B, C, D, T, or F on the line.
- No credit is given for a correct answer unless it is legible and on the line.
- When you're done, leave your quiz with this page face up at your desk. Go hang out in the kitchen until the instructor calls you back for grading and review.
- This quiz is given on the honor system, so do your own work.
- If you are suspected of cheating, you will be immediately asked to collect your belongings and leave the room.

### Grading

Wrong	Base	Extra	Final G	rade	Wrong	Base		Extra	Fina	ıl Grade
0	100% +		=	_%	11	45%	+		=	%
1	95% +		=	_%	12	40%	+		=	%
2	90% +		=	_%	13	35%	+		=	%
3	85% +		=	_%	14	30%	+		=	%
4	80% +		=	_%	15	25%	+		=	%
5	75% +		=	_%	16	20%	+		=	%
6	70% +		=	_%	17	15%	+		=	%
7	65% +		=	_%	18	10%	+		=	%
8	60% +		=	_%	19	5%	+		=	%
9	55% +		=	_%	20	0%	+		=	%
10	50% +		=	_%						

# 5b Kinesiology Quiz (SAMPLE ONLY)

Multiple-choice – Write a CAPITAL LETTER A, B, C, D, T, or F on the line for each question.

1.	Which pertain	s to the front o	f a structure?	
	A. Anterior	B. Posterior	C. Lateral	D. Medial
2.	Which is a ten	dinous muscle	attachment on the r	nore moveable bone?
	A. Distal	B. Insertion	C. Origin	D. Belly
3.	Which is a def	inition of kines	siology?	
	A. The study o	of abnormal ph	ysiology of the hum	an body
	B. The study o	of the parts of th	ne human body	
	C. The study o	of the functions	of the human body	
	D. The study of	of motion of the	e human body	
4.	Which muscle	performs 7 of	the 8 possible actior	s of the glenohumeral joint?
	A. Deltoid		B. Erector spinae §	group
	C. Latissimus	dorsi	D. Rhomboid majo	or and minor
5.	Which is an or	rigin of deltoid	?	
	A. Deltoid tub	erosity	B. Lateral one-thir	d of clavicle
	C. Olecranon 1	process	D. Superior angle	of the scapula
6.	Which refers t	o being oriente	d further away fron	n the midline of a structure?
	A. Anterior	B. Posterior	C. Lateral	D. Medial
7.	Which joint do	oes teres major	act on?	
	A. Glenohume	eral	B. Scapulothoracio	
	C. Humerouln	ıar	D. Tibiofemoral	

8.	Which is not a	n origin of trap	ezius?			
	A. Spinous pro	ocesses of C7 th	rough	T12		
	B. Thoracolum	nbar aponeuros	is			
	C. Ligamentur	n nuchae				
	D. Medial por	tion of superior	r nucha	l line of the oc	ciput	
9.	Which is an in	sertion of teres	major	,		
	A. Lateral one	-third of clavic	le			
	B. Crest of the	lesser tubercle	of the	humerus		
	C. Spine of the	scapula				
	D. Acromion					
10	). Which is not a	an action of ter	es majo	r?		
	A. Extend the	glenohumeral	joint			
	B. Medially ro	tate the glenoh	umeral	joint		
	C. Adduct the	glenohumeral	joint			
	D. Horizontall	y adduct the g	lenohu	meral joint		
11	. Which is a syn	ergist with lati	ssimus	dorsi and is ca	alled "lat's	little helper"?
	A. Deltoid			B. Trapezius		
	C. Rhomboid	major and mine	or	D. Teres majo	or	
12	. Who am I?					
	Actions: exten	d, adduct, and	medial	ly rotate the g	lenohumer	al joint
	<u> </u>	or angle of the 3 or 4 ribs, tho	-			
	Insertions: inte	ertubercular gr	oove	•	-	
	A. Latissimus	0		npezius		
	C. Rhomboids			res major		
13	. Which is a ten	dinous muscle	attachı	ment on the les	ss moveable	e bone?
	A. Origin	B. Insertion		C. Action	D. I	Bellv

14.	. In general terr	ns, wha	t is the (1) o	rigin and (2) inse	rtion o	f rhomboid major
	and minor?					
	A. (1) spinous	process	es, (2) scapu	ıla		
	B. (1) transver	se proce	esses, (2) ver	tebrae		
	C. (1) clavicle	and scap	oula, (2) spii	nous processes		
	D. (1) low back	k, (2) hu	merus			
15.	. Which is an ac	ction of 1	rhomboid m	najor and minor?		
	A. Scapulotho	racic ab	duction	B. Scapulotho	racic a	adduction
	C. Scapulotho	racic de	pression	D. Scapulotho	oracic 1	upward rotation
16.	Which is defin	ned as th	e wide cent	ral portion of a sk	celetal	muscle that contains
	A. Origin	B. Ins	sertion	C. Action		D. Belly
17.	. Who am I?					
	Actions: addu	ct, eleva	te, and dow	nwardly rotate th	ne scar	oulothoracic joint
	Origins: spino	us proce	esses of T2-T	Г5 and С7-Т1		
	Insertions: me	dial bor	der of the so	capula between th	ne spin	e of the scapula and
	inferior angle,	and up	per portion	of the medial bor	der of	the scapula across
	from the spine	e of the s	scapula			
	A. Deltoid			B. Teres majo	r	
	C. Latissimus	dorsi		D. Rhomboid	major	and minor
18.	. Which muscle	is part (	of the erecto	or spinae group?		
	A. Teres major	r B	. Latissimus	C. Longissim	ıus	D. Rhomboids
19.	. Which muscle	crosses	the elbow j	oint?		
	A. Triceps bra	chii	B. Deltoid	C. Trapezius	D.	None of the options

20. Which is	an action of the erec	ctor spinae gro	oup?			
A. Flexio	n of the vertebral co	lumn				
B. Rotate	B. Rotate of the vertebral column					
C. Extens	sion of the vertebral	column				
D. None	of the options					
Extra Credit – Write	a CAPITAL LETTEI	R A, B, C, D, T,	, or F on the line for each question.			
21. What is t	he more scientific n	ame for the ell	bow joint?			
A. Scapu	lothoracic	B. Glenohur	neral			
C. Hume	roulnar	D. Tibiofem	oral			
•			romion, and spine of the scapula.			
	0	-	me bony landmarks?			
A. Rhom	boids B. Erectors	C. Deltoid	D. Teres major			
23. Which te	-	h extremities a	and means further from the point of			
A. Proxir	nal B. Distal	C. Medial	D. Lateral			
24. Which m	uscle has three head	ds and perform	ns glenohumeral extension?			
A. Trape	zius	B. Rhomboi	ds			
C. Erecto	r spinae group	D. Triceps b	rachii			
25. Which m	uscle forms the bulg	ge of the shou	lders near the base of the neck?			
A. Rhom	boid major	B. Spinalis				
C. Trape	zius	D. Latissim	as dorsi			

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### **Touch Assessments**

#### Criteria

Touch Assessments are an excellent opportunity for students to receive valuable feedback on the quality of their touch. They occur only four times in the following classes:

- 22b Swedish: Touch Assessment
- 62b Deep Tissue: Touch Assessment
- 87b Orthopedic Massage: Touch Assessment
- 97b Deep Massage: Touch Assessment

The classroom will be divided into two halves using the folding dividers and the dry erase board. On the "preparation side", students can setup a massage table to practice or bring an optional laptop, tablet or phone to work on quizlet, Exam Coach, or watch class videos. Students who need to make-up and retake tests will also have an opportunity to do so. Everyone else will sit in chairs or on the floor to study. On the "evaluation side", each participating instructor will setup and dress his or her own massage table using TLC linens. Usually the table height of the tables should be adjusted to "Low", "Medium", "Medium", and "Tall" to accommodate the average distribution of student preference. On a lecture table there will be clipboards provided for the students. Bring the appropriate Grading Sheet from your packet to every Touch Assessment.

The lead instructor will begin the class by assigning students to time slots. Depending on the number of students being evaluated, each time slot will be 20-35 minutes long. Each time slot is associated with a particular task such as "Posterior Upper Body", "Posterior Lower Body", etc. It is best to begin the time slot assignment process by having the students physically gather into groups according to table height preference. Next, the lead instructor will call for volunteers for the first time slot. Well-prepared, eager, and confident students are encouraged to volunteer for any time slots that need to be filled. In a similar fashion, anxious, nervous, or minimally-prepared students are encouraged to select a time slot that is most likely to result in a beneficial learning

experience. Time slots that are not filled voluntarily will be assigned by the lead instructor. The lead instructor will also be responsible for keeping the sessions on time so that we have ample time and finish class in time to sit and talk about the experience. Each Touch Assessment will be assigned a grade by the receiving instructor. The grade options are Satisfactory (S) or Unsatisfactory (U). If a student was not able to demonstrate adequate Swedish massage skills in the categories on the reverse side of this form, they will receive a U and be required to retake the Touch Assessment. Make-ups and retakes of a Touch Assessment can be scheduled by reserving space in the make-up room with the MTI.

If a student does not pass the touch assessment, the instructor must make notes detailing why the student did not pass so the student can know what to work on before re-taking the Touch Assessment.

### 22b Swedish: Touch Assessment Bring this Grading Sheet to class 22b for Grading

Student Name:	Group:	Date:
Receiver Name:	Body Area:	
Interview Notes:		
Please summarize the comments made	de by the instructor:	
Contact	•	
contact		
Pressure		
Strokes		
Draping		
Body Mechanics		
Other		
outer		
1 strength of this session		
1 weakness of this session		
Complete and submit this	form to the lead instructor to re	eceive credit
,		
Final Grade ( $S = 100\%$ , $U = 1$	etake the Touch Assessmer	nt)

# 22b Swedish: Touch Assessment

Each student will perform the Swedish massage routine for one of these body areas:

- Posterior upper body (bilateral)
- Posterior lower body (unilateral)
- Anterior lower body (unilateral)
- Abs (bilateral) and Chest & Arms (unilateral)
- Neck, Face, and Scalp (all bilateral)

This is a guideline to how this Touch Assessment will flow:

- 1. Identify your table height: "Low", "Medium", or "Tall"
- 2. Volunteer for a time slot
- 3. Prior to your turn, review the written routine or set up a table and practice
- 4. Check that you are professionally dressed and have your lubricant in a holster
- 5. Get a clipboard, pen, and Touch Assessment form from your packet
- 6. Fill out the top portion of the form (name, group, date, receiver name, body area)
- 7. Be ready to go when it's your turn
- 8. Introduce yourself to the receiver
- 9. Brief interview (contraindications, massage preferences, etc.)
- 10. Hands-on portion: perform the Swedish routine for your assigned body area
- 11. Be prepared to hear some feedback during the session
- 12. With 5 minutes remaining, bring the session gracefully to a close, have a seat, and ask for some final feedback and a final grade of S or U
- 13. Write all of the receiver's feedback and suggestions on the form
- 14. Submit the form, clipboard, and pen to the lead instructor
- 15. Help your classmates to prepare for their turn or study school related material

# 62b Deep Tissue: Touch Assessment Bring this Grading Sheet to class 62b for Grading

Student Name:	
Receiver Name:	Body Area:
Interview Notes:	
Places summarize the comments	made by the instructor
Please summarize the comments	, and the second
Contact	
Pressure	
Strokes	
Draping	
Body Mechanics	
Warming/softening/mobilizing	
Truming, sortering, moemzing	
1 strength of this session	
1 weakness of this session and w	hat you plan to do to improve
Complete and submit	this form to the lead instructor to receive credit
·	
Final Grade (S = 100%, U	J = retake the Touch Assessment)

# 62b Deep Tissue: Touch Assessment

Each student will perform the Deep Tissue massage routine for one of these body areas:

- Posterior upper body (bilateral)
- Posterior lower body (unilateral)
- Anterior lower body (unilateral)
- Abs (bilateral) and Chest & Arms (unilateral)

This is a guideline to how this Touch Assessment will flow:

- 1. Identify your table height: "Low", "Medium", or "Tall"
- 2. Volunteer for a time slot
- 3. Prior to your turn, review the written routine or set up a table and practice
- 4. Check that you are professionally dressed and have your lubricant in a holster
- 5. Get a clipboard, pen, and Touch Assessment form from your packet
- 6. Fill out the top portion of the form (name, group, date, receiver name, body area)
- 7. Be ready to go when it's your turn
- 8. Introduce yourself to the receiver
- 9. Brief interview (contraindications, massage preferences, etc.)
- 10. Hands-on portion: perform the Deep Tissue routine for your assigned body area
- 11. Be prepared to hear some feedback during the session
- 12. With 5 minutes remaining, bring the session gracefully to a close, have a seat, and ask for some final feedback and a final grade of S or U
- 13. Write all of the receiver's feedback and suggestions on the form
- 14. Submit the form, clipboard, and pen to the lead instructor
- 15. Help your classmates to prepare for their turn or study school related material

## 87b Orthopedic Massage: Touch Assessment Bring this Grading Sheet to class 87b for Grading

Student Name:	Group: Date:
Receiver Name:	Protocol:
Interview Notes:	
Please summarize the comments	made by the instructor:
Contact and Pressure	
Superficial Fascia Assessment ar	nd Myofascial Release
	ta 1/1/ Orașelai Refease
Warming and Softening using S	wedish, BMTs, and Deep Tissue
Deep Longitudinal Stripping and	d Trigger Point Deactivation
Active Engagement Lengthening	g/Shortening and PIR
Active/Passive Stretches and Ne	erve Mobilization_
Draping	
Body Mechanics	
1 ( ) () ()	
1 strength of this session	
1 weakness of this session and w	hat you plan to do to improve
	J 1 1
Complete and submit	this form to the lead instructor to receive credit
TI 10 1 (0 1250)	
Final Grade ( $S = 100\%$ , $U$	J = retake the Touch Assessment)

# 87b Orthopedic Massage: Touch Assessment

Each student will perform one of these Orthopedic Protocols:

- Piriformis & Sacroiliac
- Low Back Pain
- Rotator Cuff & Carpal Tunnel
- Thoracic Outlet
- Neck Pain

This is a guideline to how this Touch Assessment will flow:

- 1. Identify your table height: "Low", "Medium", or "Tall"
- 2. Volunteer for a time slot
- 3. Prior to your turn, review the written routine or set up a table and practice
- 4. Check that you are professionally dressed and have your lubricant in a holster
- 5. Get a clipboard, pen, and Touch Assessment form from your packet
- 6. Fill out the top portion of the form (name, group, date, receiver name, body area)
- 7. Be ready to go when it's your turn
- 8. Introduce yourself to the receiver
- 9. Brief interview (contraindications, massage preferences, etc.)
- 10. Hands-on portion: perform the assigned Orthopedic Protocol
- 11. Be prepared to hear some feedback during the session
- 12. With 5 minutes remaining, bring the session gracefully to a close, have a seat, and ask for some final feedback and a final grade of S or U
- 13. Write all of the receiver's feedback and suggestions on the form
- 14. Submit the form, clipboard, and pen to the lead instructor
- 15. Help your classmates to prepare for their turn or study school related material

# 97b Deep Massage: Touch Assessment Bring this Grading Sheet to class 97b for Grading

Student Name:	Group:	Date:
Receiver Name:	Body Area:	
Interview Notes:		
Please summarize the comments	made by the instructor:	
Centering		
Taking out the looseness		
Taking up the slack		
<u> </u>		
Moving in a curve		
Holding and balancing – sustaini	ing the gesture	
Mantenata Canalana		
Monitoring for change		
Clearly disengage		
Draping/body mechanics		
Accuracy of deep massage stroke	28	
Completion of all necessing discourse		
Completion of all required deep	massage strokes	
1 strength of this session		
1 weakness of this session and w	hat you plan to do to improve	
	this form to the lead instructor to red J = retake the Touch Assessmen	

# 97b Deep Massage: Touch Assessment

Each student will perform the Deep Massage basic protocol for one of these body areas:

- Posterior upper body (bilateral)
- Posterior lower body (unilateral)
- Anterior lower body (unilateral)
- Abs (bilateral) and Chest & Arms (unilateral)
- Neck, Face, and Scalp (all bilateral)

This is a guideline to how this Touch Assessment will flow:

- 1. Identify your table height: "Low", "Medium", or "Tall"
- 2. Volunteer for a time slot
- 3. Prior to your turn, review the written routine or set up a table and practice
- 4. Check that you are professionally dressed and have your lubricant in a holster
- 5. Get a clipboard, a pen, and Touch Assessment form from your packet
- 6. Fill out the top portion of the form (name, group, date, receiver name, body area)
- 7. Be ready to go when it's your turn
- 8. Introduce yourself to the receiver
- 9. Brief interview (contraindications, massage preferences, etc.)
- 10. Hands-on portion: perform the Deep Massage basic protocol for your assigned body area
- 11. Be prepared to hear some feedback during the session
- 12. With 5 minutes remaining, bring the session gracefully to a close, have a seat, and ask for some final feedback and a final grade of S or U
- 13. Write all of the receiver's feedback and suggestions on the form
- 14. Submit the form, clipboard, and pen to the lead instructor
- 15. Help your classmates to prepare for their turn or study school related material

### **Practical Exams**

- 1. Receivers will be fellow classmates
- 2. Receivers for the first trade will be assigned to you by the instructor 5 minutes before the exam begins
- 3. For the second trade, keep your same partner
- 4. There will be a 5-minute interview using an intake form completed by the receiver
- 5. Fill out the subjective objective, and assessment sections of your SOAP notes prior to the beginning of the hands-on portion
- 6. 60-minute hands-on:
  - Full-body session
  - Timing
  - Body mechanics
  - Professional dress and hygiene
  - Draping
  - Contact and communication
  - Massage strokes depending on the exam:
    - 。 Swedish massage
    - Joint mobilizations and passive stretches
    - o BMTs
    - Deep tissue massage
- 7. 5-minute completion of SOAP notes after the hands-on portion
- 8. Intake form and SOAP notes will be submitted for evaluation
- 9. Fill out the top of the grading form and give it to your grader to evaluate your massage

### Relevant Classes and Sample Grading Forms

- 23b Swedish: Practical Exam (A: 93-94)
- 44b Integration Massage: Practical Exam (A: 95-96)
- 75b Orthopedic Massage: Spot Check Piriformis & Sacroiliac (A: 97-98)
- 78b Orthopedic Massage: Spot Check Low Back Pain (A: 99-100)
- 81b Orthopedic Massage: Spot Check Rotator & Carpal (A: 101-102)
- 84b Orthopedic Massage: Spot Check Thoracic Outlet (A: 103-104)
- Orthopedic Massage: Spot Check Neck Pain (A: 105-106)

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# 23b Swedish: Practical Exam Bring this grading sheet to class 23b

Student Name	Group Date
This exam must be t draping-related exp may require a tutor	ken again if (a) there was inappropriate contact, or (b) there was a sure, or (c) if grader deems any category was unsatisfactory, you
/10 TIME MAN /5 /5	AGEMENT Addressed the full body including abs in 58-60 minutes Balanced session (allotment of time to segments)
/45 THERAPEU /9 /9 /9 /9	FIC SKILLS Effleurage, nerve strokes, and tapotement Fulling, wringing, and kneading Deep cross-fiber friction, compression and stripping Contact appeared to convey a high quality of touch Body mechanics (breath, neutral spine, stances, relaxed shoulders)
/15 RECORDK /5 /5 /5	EPING Subjective: Goals, functional limitations, diagnoses or clearances, and Objective: Posture, movement, palpation, area of focus details assessment: Pain/discomfort/immobility (0-10 before and after), and Plan: Client education, self-care, and future massage care plan ntake form and SOAP notes have full names, dates, and signatures
/10 COMMUN /5 /5	CATION SKILLS  ntake/interview was smooth, confident, clear, and concise Therapist checked-in during the session about pressure, comfort, and temperature
/20 PROFESSIC /4 /4 /2 /10	NALISM Student had necessary supplies and was set up and ready to go Clothing and any fragrances were professional Hands did not pass under the drape Draping was done well with proper access to draped areas BackLegsAbsChestArms
/100 TOTA	PassedRetakeTutor
Instructor Name	Instructor Signature

#### 23b Swedish: Practical Exam Criteria

Students will play the role of therapists and clients. The lead instructor will assign each instructor to evaluate 3-4 therapists using clipboards, grading forms, and pens. At the very beginning of class, the instructor will call for half of the students to volunteer to be therapists for the first massage. If not enough students volunteer, the lead instructor will assign the remainder. All of the clients will fill out intake forms while the therapists setup and dress their tables, adjust table height if necessary, get a chair, and prepare needed items such as breast drapes and lubricant. The instructor will assign each client to a therapist just before client interviews begin. All therapist and client belongings must be stowed under their massage table. Each therapist will conduct a 5-minute interview using the client's intake form, a treatment record for taking SOAP notes, a clipboard, and a pen. The Subjective and Objective portions of the SOAP notes must be completed and approved by the evaluating instructor before the session begins.

All of the therapists will begin and end the hands-on portion of the practical exam at the same time. The therapists will perform a 60-minute full body Swedish massage following the sequence detailed in the packet. The lead instructor will make two verbal reminders during the session: halftime (when 30 minutes remain), and fulltime (when the session has come to an end). It is the therapist's responsibility to watch the clock. The evaluation categories for this practical exam are shown on the grading form (see reverse side).

Once the hands-on portion has ended, the therapist will thank the client, remove the bolster, hand the clothing to the client, and provide room under the drape for getting dressed. The therapists will not leave the clients to fend for themselves for any reason. Once the client is dressed, the therapist will have 5 minutes to submit the completed intake form and SOAP notes. Finally the therapist will remove the sheets, and clean the surfaces of the bolster, face cradle cushion, table, and chair.

The students will then switch roles as therapist and client. The new clients will fill out the intake form and the therapists will setup and dress their tables, adjust the table height if necessary, get a chair, and prepare needed items such as breast drapes and lubricant. After a break indicated by the lead instructor, this process will be repeated.

Should a student fail their practical, the instructor will notify the student verbally and present them with a copy of the practical grading sheet, with detailed feedback they need to address for their retake. The original Grading sheet will be left in the Student Administrator's box for recording of the grade and any further correspondence with the student. If the instructor/grader recommends, the student will then schedule a tutoring session through the Student Administrator or Education Director. Swedish Practical (Class 23b) must be made up by class 28b.

Students who fail to make this up on time must meet with the Education Director or Student Administrator to determine a plan of action which may include scheduling or rescheduling, mandatory tutoring, NPs, or suspension. Please be advised that if required to take NPs or if suspended, absences will accrue in accordance with the attendance policy (see Student Handbook). If these conditions cause the total absences to meet or exceed 10 consecutive class days or 15% of enrolled hours, the student will be dismissed from the program. Subsequent benchmark assessments may not be taken until the student satisfies the outstanding assessment(s).

# 44b Integration Massage: Practical Exam Bring this grading sheet to class 44b

Student Nan	ne			Grou	лр	Date
This exam m draping-rela may require	ted exp	aken agair osure, or (	n if (a) there c) if grader	was inapp deems any	oropriate cont category wa	tact, or (b) there was a s unsatisfactory, you
/10 TIM	E MAN _/5 _/5	IAGEMEN Addressed Balanced	T I the full bosession (allo	ody includi otment of ti	ng abs in 58-0 me to segme	60 minutes nts)
/45 THE	ERAPEU _/9 _/9 _/9 _/9 _/9	JTIC SKIL Swedish- Passive str BMTs- and Competer Body med	LS comprehen retches-ann atomically d cy of focus hanics (brea	sive, flow, tounce, trac correct, wel area work ath, neutral		breath, safe uracy, duration) es, relaxed shoulders)
	CORDK _/5 _/5 _/5	Areas requ	uiring cauti <b>ons approv</b>	on or speci ed prior to	al treatment hands-on po	ate (all 5 sections) were discussed, <b>S</b> , <b>O</b> , ortion es, date and signatures
	_/5	Therapist	terview was	during the	onfident, clea session abou	nr, and concise It pressure. stretches,
/20 PRC	0FESSIC _/4 _/4 _/2 _/10	ONALISM Student ha Clothing a Hands dic Draping wBack	ad necessar and any frag I not pass u vas done w Legs	y supplies grances we inder the dr ell with pro Abs	and was set ure profession rape oper access toChest	ip and ready to go al draped areas Arms
/100	TOTA	L	_Passed	Retake _	Tutor	
Instructor Na	ame			Instructor S	Signature	

#### 44b Integration Massage: Practical Exam Criteria

Students will play the role of therapists and clients. The lead instructor will assign each instructor to evaluate 3-4 therapists using clipboards, grading forms, and pens. At the very beginning of class, the instructor will call for half of the students to volunteer to be therapists for the first massage. If not enough students volunteer, the lead instructor will assign the remainder. All of the clients will fill out intake forms while the therapists setup and dress their tables, adjust table height if necessary, get a chair, and prepare needed items such as breast drapes and lubricant. The instructor will assign each client to a therapist just before client interviews begin. All therapist and client belongings must be stowed under their massage table. Each therapist will conduct a 5-minute interview using the client's intake form, a treatment record for taking SOAP notes, a clipboard, and a pen. The Subjective and Objective portions of the SOAP notes must be completed and approved by the evaluating instructor before the session begins.

All of the therapists will begin and end the hands-on portion of the practical exam at the same time. The therapists will perform a 60-minute full body massage using Swedish, Passive Stretches, and BMTs to address the needs of the client. The lead instructor will make two verbal reminders during the session: halftime (when 30 minutes remain), and fulltime (when the session has come to an end). It is the therapist's responsibility to watch the clock. The evaluation categories for this practical exam are shown on the grading form (see reverse side).

Once the hands-on portion has ended, the therapist will thank the client, remove the bolster, hand the clothing to the client, and provide room under the drape for getting dressed. The therapists will not leave the clients to fend for themselves for any reason. Once the client is dressed, the therapist will have 5 minutes to submit the completed intake form and SOAP notes. Finally the therapist will remove the sheets, and clean the surfaces of the bolster, face cradle cushion, table, and chair.

The students will then switch roles as therapist and client. The new clients will fill out the intake form and the therapists will setup and dress their tables, adjust the table height if necessary, get a chair, and prepare needed items such as breast drapes and lubricant. After a break indicated by the lead instructor, this process will be repeated.

Should a student fail their practical, the instructor will notify the student verbally and present them with a copy of the practical grading sheet, with detailed feedback they need to address for their retake. The original Grading sheet will be left in the Student Administrator's box for recording of the grade and any further correspondence with the student. If the instructor/grader recommends, the student will then schedule a tutoring session through the Student Administrator or Education Director. Swedish Integration Practical (Class 44b) must be made up by class 56b.

Students who fail to make this up on time must meet with the Education Director or Student Administrator to determine a plan of action which may include scheduling or rescheduling, mandatory tutoring, NPs, or suspension. Please be advised that if required to take NPs or if suspended, absences will accrue in accordance with the attendance policy (see Student Handbook). If these conditions cause the total absences to meet or exceed 10 consecutive class days or 15% of enrolled hours, the student will be dismissed from the program. Subsequent benchmark assessments may not be taken until the student satisfies the outstanding assessment(s).

# 75b Orthopedic Massage: Spot Check - Piriformis and Sacroiliac Bring this Grading Sheet to class 75b for Grading

Student Name	Group	Date
As you observe the student, m	ark the appropriate space as satisj	factory (S) or unsatisfactory (U)
Prone		
1. Sacroiliac ligamen	t: deep transverse friction	
(both sides, superior-	inferior, moderate pressure, 1	minute, L5-S3)
2. Low back: superfi	cial fascia assessment	
(without lubricant, bo	oth sides, tangential pressure,	no sliding, all directions)
3. Low back: myofas	cial release	
(without lubricant, bi	lateral, tangential pressure, no	o sliding, T10-S1)
4. Gluteals: draping		
(fold sheet diagonally	to access upper and lateral g	luteals)
5. Gluteals: superfici	al fascia assessment	
(without lubricant, bo	oth sides, tangential pressure,	no sliding, all directions)
6. Gluteals: myofasc	ial release	
(without lubricant, bo	oth sides, tangential pressure,	no sliding, 2 loose fists)
7. Low back: warmin	g and softening	
(lower lats, lumbar en	ectors, QL, spinal rotation and	d release with erector
compressions, eff, pe	t, wring, pull, skin rolling, QL	deep eff)
8. Low back: deep lo	ngitudinal stripping	
("may be intense", lo	wer lats, lumbar erectors, 2-4"	' sections, thumbs, fingertips)
9. Sacroiliac ligamen	t: deep transverse friction	
(both sides, superior-	inferior, moderate pressure, 1	minute, length of sacrum)
10. Hamstrings: warı	ning and softening	
(esp. biceps femoris,	hamstring compressions with	knee and hip mobilizations,
eff, loose fist compres	ssions, knead, skin rolling, dee	ep eff & transverse friction)
11. Hamstrings: deep	longitudinal stripping	
("may be intense", es	p. biceps femoris, 2-4" section	s, thumbs, fingertips)
12. Gluteals: warmin	g and softening	
(esp. gluteus maximu	ıs, gluteal compressions with	knee and hip mobilizations,
eff, loose fist compres	ssions, knead, skin rolling, dee	ep eff)

	13. Piriformis: deep longitudinal stripping
	("may be intense", correct path, 2 loose fists focusing on 1 or 2 knuckles)
	14. Piriformis: pin and stretch
	(knee flexed 90°, hip laterally rotated fully, pinned, hip medially rotated fully)
	15. Piriformis: deep longitudinal stripping after PIR
	("may be intense", knee flexed 90°, "use 25% strength to hold this position",
	rotate toward you medially for 5 seconds, "slowly release the contraction",
	loose fist knuckle stripping while simultaneously rotating the hip medially)
	16. Piriformis: passive stretching after PIR
	("may aggravate your knee", joint mobilizations, knee flexed $90^\circ$ , "use $25\%$
	strength to hold this position", rotate toward you medially for 5 seconds, "slowl
	release the contraction", traction hip, "let me know when this stretch is good for
	you", hip medial rotation, hold for 3 of your breath cycles, joint mobilizations)
	17. Sacroiliac ligament: deep transverse friction
	(both sides, superior-inferior, moderate pressure, 1 minute, length of sacrum)
Supi	1e
•	18. Gluteals: passive stretch
	(joint mobilization, slight hip traction, "indicate when this stretch is good for
	you", knee toward coracoid, hold for 3 of your breaths, joint mobilizations)
	19. Low back: passive stretch
	(joint mobilizations, position foot on lateral side of contralateral knee, slight hip
	traction, "indicate when stretch is good", hold for 3 breaths, joint mobilizations)
	20. Hamstrings: active-assisted stretch with PIR
	(joint mobilizations, "let me know when this stretch is good for you", support
	knee avoid hyperextension, slight traction through hip and knee, "use 25%
	strength to press thigh down toward table against my resistance", resist hip
	extension for 5 seconds, "slowly release the contraction", "pull your thigh
	toward your chest", hold for 3 of your breath cycles, joint mobilizations)
	<b>Final Grade</b> (S = $100\%$ , U = retake the exam)
Instru	actor Name Student Name

## 78b Orthopedic Massage: Spot Check – Low Back Pain Bring this Grading Sheet to class 78b for Grading

Student Name	Group	Date
As you observe the student, ma	rk the appropriate space as satis	factory (S) or unsatisfactory (U)
Prone		
1. Low back: superfic	ial fascia assessment	
(without lubricant, bo	th sides, tangential pressure,	, no sliding, all directions)
2. Low back: myofasc	ial release	
(without lubricant, bil	ateral, tangential pressure, n	o sliding, T10-S1)
3. Low back: warming	g and softening	
(lower lats, lumbar ere	ectors, QL, spinal rotation an	nd release with erector
compressions, eff, pet,	, wring, pull, skin rolling, QI	L deep eff)
4. Erector spinae: dee	p longitudinal stripping	
(lumbar erectors, supe	eriorly, 2-4" sections, melt in	if needed, thumbs, fingertips)
5. Quadratus lumbor	um: deep longitudinal strip	ping
(iliac crest to TP, iliac	crest to 12 <sup>th</sup> rib, TP to 12 <sup>th</sup> rib	, thumbs, fingertips)
6. Lamina groove: dee	ep longitudinal stripping	
(multifidi and rotatore	es, superiorly, 2-4" sections, i	melting, thumbs, fingertips)
Side-lying		
7. Side-lying: draping	; and positioning	
(keep the client fully c	overed with sheet and blank	ket, side-lying diagonally with
head at top front corne	er and hips at back edge of the	he side of the table, client
instructed to grasp the	e top/side edge of the table,	bottom leg flexed at the hip
and knee, top leg read	ly to swing back and hang of	ff the back edge of the table)
8. Quadratus lumbor	um: pin and stretch with act	ive engagement
(positioned as in #7, "	reach leg back and hang it of	ff the back edge of the table",
"hike your hip", thum	nbs press on QL medially to p	pin it, "slowly un-hike your
hip", repeat three time	es, "bring your leg back onto	the table and rest it", as a
variation may also str	ip the QL during the un-hiki	ng of the hip.)

	9. Quadratus lumborum: active-assisted stretch after PIR
	(positioned as in #7, "reach leg back and hang it off the back edge of the table",
	"hike your hip and hold for count of 5", "slowly un-hike your hip and let me
	know when this is a good stretch for you", repeat three times, "bring your leg
	back onto the table and rest it")
Supine	
	10. Iliopsoas: active-assisted stretch after PIR
	(keep client fully covered with sheet and blanket while repositioning, "lie
	diagonally with head and hips at opposite sides of the table and your outside leg
	hanging off the table", "pull your inside knee up into your chest and hold it
	there", "inhale and hold your breath as you use 25% strength to lift your hanging
	leg against my resistance", traction femur distally and press toward the floor to
	meet client's hip flexion isometrically, "release the breath and the contraction"
	"let me know when this stretch is good for you", hold stretch for 3 of your breath
	cycles, repeat 3 times.)
	11. Quadriceps femoris: superficial fascia assessment
	(without lubricant, tangential pressure, no sliding, full length and breadth)
	12. Quadriceps femoris: myofascial release
	(without lubricant, tangential pressure, no sliding, full length and breadth)
	13. Quadriceps femoris: warming and softening
	(especially rectus femoris, supine hip rotation with leg compressions, eff, pet,
	wring, knead, skin rolling, deep eff, wringing/fiber spreading)
	14. Quadriceps femoris: deep longitudinal stripping
	(entire length of rectus femoris in 2-4" sections, superiorly, thumbs, fingertips)
Prone	
	15. Rectus femoris: passive stretch
	(joint mobilization, announce stretch, traction, "let me know when this is a good
	stretch for you", flex knee moving calcaneus toward ischial tuberosity, hold for 3
	of your breath cycles, slow release the stretch, joint mobilization)
	Final Grade ( $S = 100\%$ , $U = \text{ retake the exam}$ )
Instruc	tor Name Student Name

# 81b Orthopedic Massage: Spot Check - Rotator Cuff and Carpal Tunnel Bring this Grading Sheet to class 81b for Grading

Student Name	Group	Date
As you observe the student, ma	ark the appropriate space as satisj	factory (S) or unsatisfactory (U)
Seated		
1. TCL: myofascial re	elease (during interview, wris	t crease, tangential pressure)
Prone		
2. Upper back and sh	noulder: superficial fascia ass	essment
(without lubricant, bo	oth sides, tangential pressure,	no sliding, all directions)
3. Upper back and sh	noulder: myofascial release (b	pilateral)
(without lubricant, bi	ilateral, tangential pressure, no	o sliding, T1-T10)
4. Upper back and sh	noulder: warming and softeni	ing
(traps, supraspinatus	, shoulder mob. BMT, eff, kne	ad, skin rolling)
5. Upper back and sh	noulder: deep longitudinal st	ripping
(traps, supraspinatus	, 2-4" sections, melt in if neede	ed, thumbs, fingertips)
6. Supraspinatus ins	ertion tendon: deep transvers	se friction
(inferior to lateral edg	ge of acromion, cross-fiber, mo	oderate pressure, 1 minute)
7. GH lateral rotators	s: warming and softening	
(infraspinatus, teres r	minor, posterior deltoid, scapu	ılar mobilization with deltoid
compressions, effleur	rage, kneading, skin rolling, de	eep effleurage)
8. GH lateral rotators	s: deep longitudinal stripping	3
(infraspinatus, teres r	minor, posterior deltoid, 2-4" s	sections, thumbs, fingertips)
9. GH lateral rotators	s: deep stripping with active o	engagement lengthening
(infraspinatus, teres r	minor, cactus position, isometr	ric contraction, lengthening)
10. GH lateral rotato	rs: passive stretch	
(joint mobilization, ba	ack of hand on low back, bicep	o touching torso, 3 times)
11. Triceps and anter	rior forearm: superficial fascia	a assessment
(without lubricant, ta	ingential pressure, no sliding,	full length and breadth)
12. Triceps and anter	rior forearm: myofascial relea	se
(without lubricant, ta	ingential pressure, no sliding,	full length and breadth)
13. Triceps and anter	rior forearm: warming and so	ftening
(triceps, anterior fore	arm, eff, full, knead, stripping	, skin rolling, deep effleurage

14. Anterior forearm: deep effleurage distally	
(one hand supports the elbow, loose fist distal effleurage, light on distal 1	(3)
Supine	
15. Chest and anterior deltoid: superficial fascia assessment	
(without lubricant, tangential pressure, no sliding, full length and breadth	h)
16. Chest and anterior deltoid: myofascial release	
(without lubricant, tangential pressure, no sliding, full length and breadtl	h)
17. Chest and anterior deltoid: warming and softening	
(shoulder mob. with pectoral comp., eff, knead, skin rolling, deep effleur	age)
18. Chest and anterior deltoid: deep longitudinal stripping	
(pectoralis major, anterior deltoid, 2-4" sections, thumbs, fingertips)	
19. Subscapularis: deep friction and melting	
(shoulder abducted 90 degrees, elbow flexed 90 degrees, hand pointing to	oward
the ceiling, press flatly and posteriorly, optional active engagement lengt	hening)
20. Subscapularis: passive stretch	
(joint mobilization, shoulder abducted 90 degrees, elbow flexed 90 degree	es,
announce it, foot-hand tractions elbow, head-hand laterally rotates should	der)
21. Anterior upper extremity: warming and softening	
(biceps, brachialis, coracobrachialis, brachioradialis, wrist and finger flexe	ors, eff,
full, knead, skin rolling, fiber spreading BMT, thenar/hypothenar cross-f	iber)
22. Finger and wrist flexors: deep stripping with active lengthening	
(make a fist/curl your wrist, proximal stripping during extension, 2-4" se	ections)
23. Flexor pollicis brevis: passive stretch	
(shoulder abducted 90 degrees, elbow flexed 90 degrees, joint mobilization	n,
announce it, foot-hand hyperextends wrist and fingers, head-hand grasps	s the
thenar eminence and pulls the thumb into extension)	
24. Median nerve: mobilization	
(shoulder abducted 90 degrees, elbow extended, wrist hyperextended, re-	lease)
Final Grade (S = $100\%$ , U = retake the exam)	
Instructor Name Student Name	

# 84b Orthopedic Massage: Spot Check – Thoracic Outlet Bring this Grading Sheet to class 84b for Grading

Student Name	Group	Date
As you observe the student, mark	the appropriate space as satis	factory (S) or unsatisfactory (U)
Seated		
1. Vertebrobasilar insu	fficiency test (VBI test)	
(client seated, "Look	up and over your shoulder	to one side", "Hold this
position for 30 second	ds", both sides tested, if the	e VBI test is positive, it
contraindicates active	e cervical flexion with longi	itudinal stripping, VBI test is
positive if:		
<ul><li>Vertigo = percep</li></ul>	tion of spinning motion	
• Dizziness = sens	ation of feeling off balance	
• Nausea = sensati	ion of upper stomach discor	mfort with an urge to vomit
<ul> <li>Double or blurre</li> </ul>	ed vision	
Supine		
2. Upper chest: superfi	cial fascia assessment	
(without lubricant, ligh	t tangential pulling pressur	re, no sliding, in all directions)
3. Upper chest: myofas	cial release	
(without lubricant, ligh	t tangential pulling pressur	e, no sliding, hold and wait)
4. Upper chest: warmin	ng and softening	
(pectoralis major, pecto	ralis minor, unilateral ribca	ge comp. and mob., bilateral
upper ribcage comp., sł	noulder mob. with pectoral	comp., eff, knead, fiber
spreading, skin rolling,	deep effleurage, deep fricti	on and melting)
5. Pectoralis minor: dec	ep longitudinal stripping	
(three bellies, from cora	acoid process to ribs, 2-4" se	ections, thumbs, fingertips)
6. Pectoralis minor: pir	and stretch	
(stand at the head of the	e table facing toward the fee	et, thumbs, fingertips, make
positive contact with pe	ectoralis minor, "Keeping ye	our arms alongside your torso,
reach as far down towa	rd your toes as possible", p	in pectoralis minor, "Bring
your shoulders up towa	ard your ears", all three bell	lies, variation: strip inferiorly
as the client elevates the	e scapula)	

Supin	e, continued
	7. Anterolateral neck: superficial fascia assessment
	(without lubricant, light tangential pulling pressure, no sliding, in all directions)
	8. Anterolateral neck: myofascial release
	(sit at the head of the table facing down toward the feet, without lubricant, light
	tangential pulling pressure, no sliding, hold and wait, anterior, lateral, posterior)
	9. Anterolateral neck: warming and softening
	(one side at a time, SCM, scalenes, levator scapula, upper trapezius, head and
	neck rotation with posterior cervical comp. and release, alternating scapular
	depression with trapezius comp., effleurage, broad cross-fiber with one thumb)
	10. Scalenes: deep longitudinal stripping
	(one side at a time, anterior and middle scalenes, head rolled slightly, 2-4 inch
	sections, strip inferiorly, melt in if needed)
	11. Scalenes: deep longitudinal stripping with active lengthening after PIR
	(skipped if VBI test was positive, "Move past the head of the table and hang your
	head off the edge", "Rotate it slightly to the left as I support it with one hand",
	"Now take the weight of your head", "Lift your head slightly and hold for 5-8
	seconds", "Slowly relax your head", "Slowly lower your head toward the floor",
	strip longitudinally and inferiorly)
	12. Brachial plexus: mobilization
	(stand by the hips, facing the head of the table, "Slide your head toward your
	shoulder", abduct arm 90 degrees, elbow flexed 90 degrees, outside hand holds
	the elbow, inside hand hyperextends wrist and fingers so that fingers are
	pointing inferiorly, holding this configuration bring the arm and hand toward
	the client's ear, do not hold it here, release and repeat)
	13. Passive stretches: neck lateral flexion
	14. Passive stretches: neck rotation
	<b>Final Grade</b> ( $S = 100\%$ , $U = \text{ retake the exam}$ )
Inctru	ctor Namo Student Namo

# Orthopedic Massage: Spot Check – Neck Pain

Student Name	Group	Date
As you observe the student, ma	rk the appropriate space as satisf	actory (S) or unsatisfactory (U)
Supine		
1. Posterolateral neck	: superficial fascia assessmer	nt
(without lubricant, lig	ht tangential pulling pressure	e, no sliding, in all directions)
2. Posterolateral neck	: myofascial release	
(without lubricant, lig	ht tangential pulling pressure	e, no sliding, in all directions)
3. Posterolateral neck	: warming and softening	
(upper trapezius, leva	tor scapula, splenius, semispi	inalis, head and neck rotation
with post. cervical cor	np. BMT, alternating scapular	r depressions with trapezius
comp. BMT, effleurag	e, fingertips circles, broad cro	ss-fiber with one thumb)
4. Posterolateral neck	: deep longitudinal stripping	5
(upper trapezius, leva	tor scapula, splenius, semispi	inalis, erectors, head rolled
slightly to one side, 2-	4" sections, finger pads strip	inferiorly, melt in if needed)
5. Lamina groove: dec	ep longitudinal stripping	
(multifidi, rotatores, h	ead rolled slightly to one side	e, 2-4" sections, finger pads
strip inferiorly, just la	teral to the spinous processes,	, melt in if needed)

Supine, continued	
6. Cervical extenso	rs: deep stripping with active lengthening after PIR
(upper trapezius, le	evator scapula, splenius, semispinalis, erectors, head
positioned in neutra	al, "Using 25% of your strength press the back of your head
into the table", "Ho	old this pressure for 5 seconds", "Relax your head and now
slowly lift it bringir	ng your chin to your chest", work unilaterally, 2-4" sections,
finger pads strip in	feriorly, melt in if needed)
7. Cervical lateral f	lexors: deep stripping with active lengthening after PIR
(upper trapezius, le	evator scapula, splenius, erectors, "Slide your left ear toward
your left shoulder",	, "Using $25\%$ of your strength press the side of your head into
my hand", "Hold th	his pressure for 5 seconds", "Relax your head and now slowly
slide your head tow	vard the opposite shoulder", work unilaterally, 2-4" sections,
finger pads strip in	feriorly, melt in if needed)
8. Passive stretches	s: neck lateral flexion
9. Passive stretches	: neck rotation
Final Grade (S = 10	00%, U = retake the exam)
Instructor Name	Student Name

### Private Teaching Sessions (PTSs)

### (Removed temporarily until further notice)

- 1. Scheduled outside of normal class times and are 2 hours and 15 minutes long
- 2. TLC instructors will be the receivers
- 3. You will be notified when it is time to sign up for your PTS
- 4. Once you have signed up, you must be committed to this appointment
- 5. If a student or instructor no-shows or cancels with less than 72 hours notice, they will be charged \$35 for the missed appointment
- 6. Missed appointments must be immediately rescheduled
- 7. Mandatory confirmation call (**NOT A TEXT**):
  - Write your instructor's phone number down when you sign up
  - Call your instructor at least 72 hours in advance to confirm the appointment
  - Use this script as a template: "Hi, this is Jeff Smith with the October 2018 group at TLC. I am calling to confirm our appointment this Friday, April 23<sup>--</sup> at 3:30pm. If you need to reschedule please call me at 512.374.9222, otherwise I will see you Friday the 23<sup>--</sup> at 3:30pm. Thanks. Goodbye."
  - Do not expect a call back if you leave a message.
- 8. Arrive 15 minutes early so that you are ready to set up and begin on time
- 9. Supplies you provide (2 sets of sheets, lubricant, face supplies, holster, and blanket)
- 10. 10-minute interview using an intake form completed by the receiver
- 11. Fill out the subjective and objective sections of your SOAP notes
- 12. 60-minute massage:
  - Integrated full-body session
  - Timing, body mechanics, professional dress and hygiene, draping, contact, and communication
  - Massage strokes and techniques appropriate for the PTS
- 13. 5-minute completion of SOAP notes
- 14. Discussion of the evaluation
- 15. Receive brief massage from the instructor to illustrate corrections

### **Relevant classes:**

- Swedish: PTS (Swedish, Passive Stretches, and BMTs, A:109-110)
- Integration Massage: PTS (customized the session to the receiver, A: 111-112)

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## Swedish: PTS

Student Name		Group	Date	
This exam must be draping-related ex may require a tuto	e taken again if (a) there was in posure, or (c) if grader deems r	nappropriate co any category v	ontact, or (b) there was was unsatisfactory, you	a
***Instructor/Stud	ent <u>each</u> pick (2) BMTs and (2	) stretches to b	e integrated in session*	**
0 or 5	NAGEMENT PTS began at the scheduled Hands-on time was 60 minu Balanced session addressed s)	time Ites (began: the full body (	, ended: allotment of time to	_)
/8	EUTIC SKILLS BMTs- anatomically correct, Passive stretches-announce, Swedish- comprehensive, fl Integrated, clinic/client read	traction, held ow, transitions	for breath, safe	
/15 RECORD:/10/2/3	SOAP notes were legible, sr	pecial treatme or to hands-on	nt were discussed, <b>S, O</b>	
(If Recordkeeping	is less than 8/15, <b>paperclip</b> th	e SOAP notes	to this form for review)	)
/10 COMMUI /5 /5	NICATION SKILLS Intake/interview process us smooth, confident, clear, and Therapist checked-in during temperature, stretch intensi	d concise 5 the session al		
/2 /2 /2 /2	IONALISM Student had necessary support Clothing and any fragrances Sheets and blanket are clear Hands did not pass under the Confirmation call was made Draping was done well withBackAb	s were professi and unwrink ne drape 272 hours in ac n proper access	ional led dvance s to draped areas	
/100 TOT Comments	AL Passed Retake			
Instructor Name	Instruc	tor Signature		

### Swedish: PTS Criteria

This Private Teaching Session is an excellent opportunity for students to receive valuable feedback from instructors on the quality of their Swedish, Passive Stretches, and BMTs. PTSs are 2 hours and 15 minutes long and are scheduled outside of normal class times. Students will be notified in class when it is time to sign up. Once you have signed up, you must be committed to this appointment. If a student or instructor no-shows or cancels with fewer than 72 hours notice, they will be charged \$35 for the missed appointment. Missed appointments must be immediately rescheduled. Should a student fail their PTS, the instructor will notify the student verbally and present them with a copy of the PTS grading sheet, with detailed feedback they need to address for their re-take. If the instructor recommends, the student must schedule a tutoring session through the Student Administrator or Education Director. The tutoring session must take place within 1 week of failing the PTS. If the original instructor's schedule permits, they will re-test the student. Once the tutor clears the student, they can then reschedule their PTS through the Education Director. The original PTS Grading sheet will be left in the Student Administrator's box for recording of the grade and any further correspondence with the student.

A mandatory confirmation call is part of the PTS process:

- Write your instructor's phone number down when you sign up
- Call your instructor at least 72 hours in advance to confirm your appointment
- Use this script as a template: "Hi, this is Jeff Smith with the January 2019 group at TLC. I am calling to confirm our appointment this Friday, April 23" at 3:30pm. If you need to reschedule please call me at 512.374.9222, otherwise I will see you Friday the 23" at 3:30pm. Thanks. Goodbye."
- Leave a message if there's no answer, but don't expect a call back.

Supplies that the student will provide include 2 sets of sheets, lubricant, face supplies, holster, and a blanket. Students should arrive 15 minutes early so that they are ready to set up and begin on time. The evaluation categories for this PTS are on the Swedish: PTS Grading Form (see reverse side). The instructor will submit the grading form to the Student Administrator's inbox. The time line is as follows:

5 minutes	Pre-session pep talk: introductions and checking in with each other	
10 minutes	Interview using clipboard, intake form, and SOAP notes	
	(Subjective, Objective, and Assessment sections must be approved by the	
	instructor before hands-on portion can begin)	
60 minutes	Massage (this may never exceed 60 minutes)	
15 minutes	Post-session review (including completion of SOAP notes)	
10 minutes	Break to use the bathroom and change the linens	
30 minutes	Instructor performs a hands-on tutorial/massage (mandatory)	
<u>5 minutes</u>	Remove sheets, and clean table, face cradle, and bolster	

2 hours and 15 minutes Total Time

# Integration: PTS

Student 1	Name		Group	Date
draping-		posure, or (c) if grader de		contact, or (b) there was a was unsatisfactory, you
/15	0 or 5	NAGEMENT PTS began at the sched Hands-on time was 60 i Balanced session addre	minutes (began:	
/45	THERAPI /8 /8 /8 /8 /5	EUTIC SKILLS  BMTs- anatomically con Passive stretches-annou Swedish- comprehensive Deep tissue- depth, according Competency of focus and BMTs, deep tissue, and area of focus	ince, traction, held ye, flow, transitions uracy, speed, speci yea work- quality, a	for breath, safe s ficity accuracy, duration
/10	RECORD: /5 /2 /3	Areas requiring cautior & A sections approved	or special treatme prior to hands-on	ent were discussed, <b>S</b> , <b>O</b> ,
(If Recor	dkeeping	is less than 6/10, papercl	<b>ip</b> the SOAP notes	to this form for review)
/10	COMMUI /5 /5	NICATION SKILLS Intake/interview proce smooth, confident, clear Therapist checked-in du temperature, stretch int	r, and concise uring the session al	
/20	/2		ances were profess clean and unwrink der the drape made 72 hours in a with proper acces	ional led dvance s to draped areas
		AL Passed Retak	e Tutor	
Commer	us			
Instructo	or Name	Ins	structor Signature	

### Integration: PTS Criteria

This Private Teaching Session is an excellent opportunity for students to receive valuable feedback from instructors on the quality of their Swedish, Passive Stretches, BMTs, and Deep Tissue. PTSs are 2 hours and 15 minutes long and are scheduled outside of normal class times. Students will be notified in class when it is time to sign up. Once you have signed up, you must be committed to this appointment. If a student or instructor no-shows or cancels with fewer than 72 hours notice, they will be charged \$35 for the missed appointment. Missed appointments must be immediately rescheduled. Should a student fail their PTS, the instructor will notify the student verbally and present them with a copy of the PTS grading sheet, with detailed feedback they need to address for their re-take. If the instructor recommends, the student must schedule a tutoring session through the Student Administrator or Education Director. The tutoring session must take place within 1 week of failing the PTS. If the original instructor's schedule permits, they will re-test the student. Once the tutor clears the student, they can then reschedule their PTS through the Education Director. The original PTS Grading sheet will be left in the Student Administrator's box for recording of the grade and any further correspondence with the student.

A mandatory confirmation call is part of the PTS process:

- Write your instructor's phone number down when you sign up
- Call your instructor at least 72 hours in advance to confirm your appointment
- Use this script as a template: "Hi, this is Jeff Smith with the January 2019 group at TLC. I am calling to confirm our appointment this Friday, April 23<sup>∞</sup> at 3:30pm. If you need to reschedule please call me at 512.374.9222, otherwise I will see you Friday the 23<sup>∞</sup> at 3:30pm. Thanks. Goodbye."
- Leave a message if there's no answer, but don't expect a call back.

Supplies that the student will provide include 2 sets of sheets, lubricant, face supplies, holster, and a blanket. Students should arrive 15 minutes early so that they are ready to set up and begin on time. The evaluation categories for this PTS are on the Swedish: PTS Grading Form (see reverse side). The instructor will submit the grading form to the Student Administrator's inbox. The time line is as follows:

5 minutes	Pre-session pep talk: introductions and checking in with each other	
10 minutes	Interview using clipboard, intake form, and SOAP notes	
	(Subjective, Objective, and Assessment sections must be approved by the	
	instructor before hands-on portion can begin)	
60 minutes	Massage (this may never exceed 60 minutes)	
15 minutes	Post-session review (including completion of SOAP notes)	
10 minutes	Break to use the bathroom and change the linens	
30 minutes	Instructor performs a hands-on tutorial/massage (mandatory)	
5 minutes	Remove sheets, and clean table, face cradle, and bolster	

2 hours and 15 minutes Total Time

# Review Questions Overview

- Open-book homework
- Used to preview the material before lecture to prepare for class
- Must be done without assistance from others
- Use your Packet and your textbooks (Salvo, Werner, and Trail Guide)
- Must be completed before the material is covered in class
- Named for the classes in which they are due

Example: 3a Student Handbook Review Questions are due in class 3a

- Must be stapled (use the stapler in the hallway or on the desk)
- Review Questions are due before the start of the class.
- For the time being, students will keep their review questions on their desk. After the MTI has confirmed who has not completed their assignment, students without will leave the room, and the assignment will be graded. The MTI will then collect everyone's grade.
- Review Questions (and all other assignments) are considered late if they are not turned in before the start of time of the class in which they are due.
- 20 points will be deducted for late Review Questions
- Refer to A-37 for more detail about assignment Timelines

## Blank Page

Name	Group	Date	
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### **Review Question Information and Guidelines**

- This assignment is open-book, but must be done without assistance from others
- Its purpose is to assess how well you understand the Student Handbook
- If you have any questions about the Review Questions, ask your A class instructor
- Each set of Review Questions is named for the class in which it is due
- For example "3a Student Handbook Review Questions" are due in class 3a before the class start time
- To submit your Review Questions, first staple them using one of the staplers in the hallway, and then place it on the instructor's table at the front of the classroom before the class start time
- Review Questions (and all other homework assignments) are considered late if they are not turned in before the start time of the class in which they are due
- 20 points will be deducted for all late Review Questions
- If you are absent on a day in which homework is due, you may submit it before the start time of the next class that you attend without the 20 point deduction
- This set of Review Questions contains 15 questions
- Choose the best answer and write it on the line in blue or black ink only
- No credit is given for a correct answer unless it is legible, written in blue or black ink, and on the line
- Use your Student Handbook and A: 35-38 in your packet to do this assignment.

1. A st	udent may be charged \$40 for:
	Missing a scheduled tutoring session
	Failure to show up for a scheduled make-up class
	Failure to show up for a scheduled internship clinic shift
	All of the above
	er completing your academic requirements, which of the following will
-	receipt of transcripts?
	Failure to take and pass the MBLEx
В.	Having an outstanding non-tuition balance or not in good financial standing
C.	Unsigned or outstanding enrollment documents
D.	Both B and C
3. Mal	ke-up fees:
A.	Are added to the student's principal balance where it accrues interest and is subject to late fees
	Tell your instructor that your grades are wrong
C. D.	Are due before the student can get their transcript Both A and C
4. Wha	at should you do if there is a discrepancy on your quarterly grade report?
	Stop by the Student Administrator's office within 2 weeks
B.	Tell your instructor that your grades are wrong
C.	Students are responsible for communicating any discrepancies between their records and ours as soon as possible. You may do this by emailing the Student administrator and including any supporting documentation
	y will your attendance be recorded if you are unable to give or receive
	k during a class?
	It will automatically be recorded as an absence in all circumstances It will be recorded as either a half or full NP (not-participating). Students are allowed a maximum of 4 full 'NP's' during the program before these
C.	begin to count as absences It is not recorded in any special way, and is at the instructor's discretion to give the student a verbal warning if too much time is spent not participating

6.	Which are requirements for entry into internship:
	A. Overall passing average (70 or above) and completed the first 250
	classroom hours  B. A passing grade (70 or above) on the Swedish Touch Assessment, the
	Swedish Practical Exam, and the Integration Practical Exam
	C. Certified in CPR and First-Aid
	D. All of the above
7.	When would a student be placed on financial suspension?
	A. On the day the student misses 15% of enrolled hours or 10 consecutive days
	B. When the student has outstanding non-tuition fees
	C. When TFC reports student to credit reporting agencies
	D. If monthly payment is unpaid on the 11th day after the due date
8.	If you miss class for any reason, you must:
	A. Make-up the class in the make-up room or by sitting in with another class
	(if required) B. Call the front desk
	C. Submit a doctor's note to the Admin box in the Student Hallway
	D. Pay a \$25 no-show fee
9.	What happens if you are absent for 10 consecutive classes?
	A. TLC adds and administrative fee of \$100 to your account
	B. You have to wait 3 months to receive your transcript
	C. TLC must withdraw you from the program
	D. An extra line is added to your transcript indicating you missed an
	excessive amount of class time
10	If a student wants to due a cut of their area area of the first shoe of the 2rd
10	. If a student wants to drop out of their program after the first class of the 3 <sup>rd</sup> quarter, how much of the tuition is TLC considered to have earned?
	A. 25%
	B. 10%
	C. 50%
	D 90%

_ 11. Because students practice massage, what is prohibited in the classroom?
<ul><li>A. Pajamas and house slippers</li><li>B. Fingernail polish (including clear)</li><li>C. Perfume, aftershave, and essential oils</li><li>D. All of the above</li></ul>
_ 12. Cell phones and cameras must be off and stowed away at all times in:  A. The bathrooms B. The clinic C. The classrooms D. All of the above
<ul> <li>_ 13. If you have a fever or believe you have a communicable disease, what should you do?</li> <li>A. Come to class, but take a ½ NP for giving massage</li> <li>B. Call admissions and leave a voicemail</li> <li>C. Seek treatment and return to class after you've been fever free for 48 hour</li> <li>D. Any of the above</li> </ul>
<ul> <li>_14. TLC reserves the right to dismiss students for all of these reasons except:</li> <li>A. Unrestrictive but concealing clothing that allows full freedom of movement</li> <li>B. Excessive absences in the initial weeks of class</li> <li>C. Poorly executing hands-on techniques/skills in a manner that endangers the receiver</li> <li>D. Failure to achieve an overall passing average in all subjects after two successive periods on probation</li> </ul>
<ul> <li>_ 15. After meeting academic and financial requirements your transcript will be processed:</li> <li>A. 5 business days</li> <li>B. 10 calendar days</li> <li>C. The same day</li> <li>D. 30 days</li> </ul>

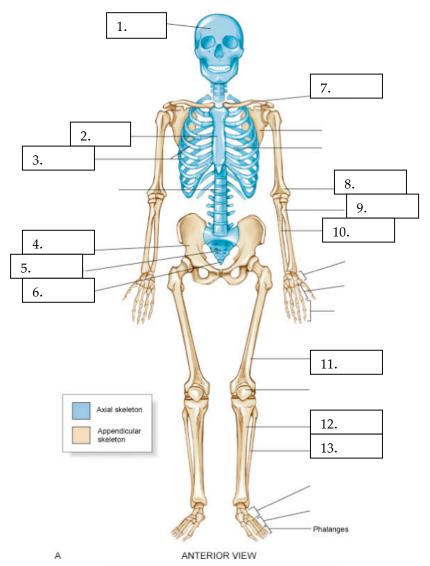
# 7a Review Questions

Name	Group	Date	
<b>Review Question Information an</b>	d Guidelines		
<ul> <li>This assignment is open-bool</li> </ul>	k, but must be done w	ithout assistance from others	
<ul> <li>Its purpose is to help you pre complete the assigned pages</li> </ul>			
Use your packet and textbool	ks as indicated on eacl	ı page	
• If you have any questions abo	out the Review Questi	ons, ask your A class instructor	
• Each set of Review Questions	s is named for the class	s in which it is due	
<ul> <li>For example "7a Review Que</li> </ul>	estions" are due in clas	ss 7a before the class start time	
<ul> <li>To submit your Review Ques hallway, and then place it on before the class start time</li> </ul>		n using one of the staplers in the at the front of the classroom	
<ul> <li>Review Questions (and all of they are not turned in before</li> </ul>			
• 20 points will be deducted fo	r all late Review Ques	tions	
• If you are absent on a day in the start time of the next class			
This set of Review Questions	contains 100 question	s worth 1 point each	
• Choose the best answer and v	write it on the line in b	lue or black ink only	
<ul> <li>No credit is given for a correction, and on the line</li> </ul>	ct answer unless it is le	egible, written in blue or black	
The total number of questions (minus)  The number of incorrect answers	100		
(equals)			
Your percentage grade (minus)	%		
20 points if submitted late			

7a Review Questions
Massage Therapy: Principles and Practice, Skeletal System Chapter, Susan G. Salvo

Write the CAPITAL letter of the answer in the box for the appropriate bone or group of bones.

- G. Clavicle J. Tibia A. Ribs D. Skull M. Fibula
- K. Femur B. Sternum E. Sacrum H. Radius C. Humerus F. Ulna I. Pelvis L. Coccyx



From Herlihy B: The human body in health and illness, ed 4, St. Louis, 2011, Mosby.

7a Review Questions
Massage Therapy: Principles and Practice, <u>Tools of the Trade Chapter</u>, Susan G. Salvo

A. 18 Month	s D. Solid contrasting	G. Non-abrasive/Non-a	alcohol
B. 10 years	E. Household bleach	H. Cross-contamination	n
C. Parabens	F. Hypollergenic	I. Reduce friction	
14.	Used in 1:10 diluted solution to disinfe	contaminated surfaces	
15.	Ingredient in massage lubricants that can mimic the hormone estrogen, which may play a role in breast cancer development		
16.	Recommended sheet colors if your clien	has a visual impairmen	t
17.	Shelf life of the majority of massage lubricants if stored in a cool, dark place		
18.	Primary purpose of using massage lub	cont	
	Primary purpose of using massage lubi		
19.	Substance that underwent lengthy testing and the majority of subjects did not experience allergic reactions		
20.	Transfer of harmful microorganisms from one source to another through unclean containers or products or from improper procedures		
21.	Approximate length of time that table foam padding will last before it needs to be replaced if you have a busy practice		
22.	When cleaning (not disinfecting) a mas what type of products are recommende		

### 7a Review Questions

Massage Therapy: Principles and Practice, Tools of the Trade Chapter, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Behind the knees D. 1:12 slope G. Polyurethane B. Table; client E. Face rest H. In front of the ankles C. Warm; cool F. Non-slip The bottom drape is also called the \_\_\_\_\_ drape and the top drape is \_\_\_\_ 23. also called the \_\_\_\_\_ drape 24. Where to place a bolster on a supine client to reduce lower back strain \_\_\_\_ 25. Describes the best choice of flooring type in a massage room Red, brown, yellow, and orange are colors; blue, violet, and \_\_\_\_ 26. green are colors American with Disabilities Act requires a \_\_\_\_\_ for wheelchairs \_\_\_\_\_ 27. and scooters for business and public use Where a bolster is placed on a prone-lying client to help relieve hip, knee, 28. and foot strain \_\_\_\_ 29. Used by massage therapist to help keep a prone-lying client's head and neck relatively straight

Fabric most often used by manufacturer to cover high-quality massage

\_\_\_\_\_ 30.

tables

7a Review Questions
Massage Therapy: Principles and Practice, Self-Care Chapter, Susan G. Salvo

B. 3500 E. Health H. Stress C. Calorie F. Nutrient I. Wellness  31. The occupational category Bonnie Prudden places massage therap  32. Condition of physical, mental, emotional, and social well-being an absence of disease	
31. The occupational category Bonnie Prudden places massage therap 32. Condition of physical, mental, emotional, and social well-being an	
32. Condition of physical, mental, emotional, and social well-being an	
	d the
absence of disease	a aic
33. Amount of calories the United States Food and Drug Administration an adult requires to accomplish daily activities	on says
34. An expression of health in which an individual is aware of, choose practices healthy choices, creating a more successful and balanced	
35. A unit of energy-producing potential received from food	
36. Substance that provides nourishment and affects metabolic proces such as cell growth and repair	ses,
37. The key to a healthier life, according to the American College of Sp Medicine and the American Heart Association	oorts
38. The body's response to any demand placed on it, whether it be emmental, physical, or chemical	otional,
39. One pound of body weight is equal to calories	

7a Review Questions
Massage Therapy: Principles and Practice, Self-Care Chapter, Susan G. Salvo

A. Carbohydrates		drates	D. Fats	G. Water-soluble	
	B. Water		E. Fat-soluble	H. Insoluble fiber	
C. Essential			F. Soluble fiber	I. Protein	
	40.	A, D, E, and	K are examples of this vita	min group	
	41.	Substance the down digest		ved in water and serves to slow	
	42.	Composed of energy need		t assist the body with growth and	
			t; regulates body temperatu d metabolic wastes	are and transports all the other	
	44.	<i>y</i> 1	substance are saturated (so (liquid at room temperatur	olid at room temperature), and re)	
	45.	Nutrients th supplementa	at must be obtained from external sources, such as food or ation		
46. Substance the			nat gives stool its bulk and promotes movement of materials G.I. tract		
	47.	The body's r	nost common energy sourc	re	
	48.	Vitamins B a	and C are examples of this v	vitamin group	

7a Review Questions

Massage Therapy: Principles and Practice, Body Mechanics, Client Positioning, and Draping Chapter,
Susan G. Salvo

A. Knees		D. Bow	G	Mild lunges
B. Body mechanics		E. Lead	Н	Perpendicular/vertical
C. Triangle		F. Dan tien	I.	Bolsters
49.				while keeping your entire er your body while in the horse
50.	For thousan	ds of years, the bo	ody's center o	f gravity has been referred to as
51.	Shape that p	provides the great	est stability, a	rchitecturally
52.	What we cal	ll the foot that is p	ointing in the	e direction of movement
53.	When force	is applied to tissu _ to the targeted t		effective direction of force is
54.		cushioned device eated positions	s that suppor	t clients in prone, supine, side-
55.		used when applyi the next along the		echniques that proceed from
56.		ted warm-up exer rst massage of the		pe performed by the therapist ween sessions
57.	effectively; i		s of physical i	ravity to deliver massage fitness, suitable workspace and ork

### 7a Review Questions

Massage Therapy: Principles and Practice, <u>Body Mechanics</u>, <u>Client Positioning</u>, and <u>Draping Chapter</u>, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Slight posterior tilt D. Fowler position G. Prone B. Mindfulness E. Draping H. Side-lying C. Supine F. Semi-reclining I. Hara 58. Term for an 80- to 90-degree elevation of the upper body in a supine-lying client 59. Term used to describe lying face down \_\_\_\_ 60. Position in which the client is half lying down and half sitting up 61. Covering the body and equipment with cloth 62. Term that means lateral recumbent \_\_\_\_ 63. Position of the pelvis to enhance effective body mechanics \_\_\_\_ 64. Term used to describe lying face up or on the back \_\_\_\_ 65. In psychology, active state characterized by heightened sense of awareness and focused attention 66. Japanese term for the abdomen

7a Review Questions

Massage Therapy: Principles and Practice,

Massage Techniques, Joint Mobilizations, and Stretching Chapter, Susan G. Salvo

A. Compression		D. Rhythm	G. Vibration		
B. Effleurage		E. Nerve strokes	H. Joint mobilization		
C. Cross-fib	per friction	F. Petrissage	I. Tapotement		
67.	Gliding mo	vements that follow the cor	ntours of the client's body		
68.			pressure applied with the weight of n the body; also called feathering		
69.	Shaking, tre	mbling, or rocking massag	e technique		
70.	Rhythmic li	fting, compressing, and rele	easing soft tissues of the body		
71.	According t		on, this is the most rehabilitative		
72.	Moving a jo	int through its normal range of motion			
73.		ality that is described as regularity or patterning of massage as they are applied to the client's body			
74. Repetitive str		triking massage technique			
75.	Non-gliding	g technique of sustained pro	essure or rhythmic alternating		

7a Review Questions

Massage Therapy: Principles and Practice, Introduction to the Human Body Chapter, Susan G. Salvo

A. Physiology		D. Diffusion		G. Nucleus	
B. Cell		E. Metabolism		H. Adipose	
C. Anatomy	7	F. Mitochondrio	n	I. Connective	
76.		ontrol center" because owth and reprodu		rects most metabolic activities,	
77.	The sum tota organism	al of all physical a	nd chemi	cal processes that occur in an	
78.	Study of bod	ly structures and t	their posit	tional relationships to one another	
79.	of molecules from ration	an area of	f high concentration to an area of		
80.		ower plant" becau iration occur here		chemical reactions involved in	
81.	Study of how processes	al parts function in normal body			
82.		nective tissue type conserve body he		es as storage for surplus food and	
83.	Smallest stru sustaining er		onal unit i	in the body that can exist as a self-	
84.	Tissue type t	that connects, sup	ports, trai	nsports, and defends the body.	

7a Review Questions

Massage Therapy: Principles and Practice, Introduction to the Human Body Chapter, Susan G. Salvo

A. Hyaline	D.	Muscle	G. Synovial		
B. Epitheliu	m E.	Fibrous	H. Nervous		
C. Inferior	F.	Serous			
85.	Situated below of	or toward the tail end			
86.	Membranes that the shoulder and		etween bones and joints such as		
		hat provides sensory input and motor output and helps I coordinate bodily functions			
88.	Membranes that	line closed body cavitie	es		
89.	Tissue type that	lines or covers external	and internal body structures		
90.	Tissue type that	can shorten and lengthe	en to produce movement		
91.	Packing materia reticular, and de	5	hese sub-types: loose, adipose,		
92.	Connective tissu		llating surfaces of bones and		

7a Review Questions

Massage Therapy: Principles and Practice, Introduction to the Human Body Chapter, Susan G. Salvo

	A. Anatomic position		D. Axillary	G. Frontal			
B. Proximal		E. Homeostasis	H. Popliteal				
	C. Posterio	r	F. Superior				
	93.	Term that means a	rmpit				
	94.	Tendency of the bowith a narrow rang	5	nment to remain relatively constant			
	95.	Plane that bisects t posterior sections	ne body side-to-side and divides it into anterior and				
	96.	Term that means s	ituated above or tow	ard the head end			
	97.	Term that means p	osterior knee				
	98.	Directional term the toward the trunk of		ar to the point of reference, usually			
	99.	Term that means lo	ocated on the back of	a structure			
	100.	Standard posture i	used when describing	g locations of body structures			

# 17a Review Questions

Name	Group	Date
<b>Review Question Information</b>	on and Guidelines	
This assignment is open	-book, but must be done wi	thout assistance from others
	ou preview the material befo pages before the material is c	
• Use your packet and tex	ktbooks as indicated on each	page
If you have any question	ns about the Review Questic	ons, ask your A class instructor
• Each set of Review Que	stions is named for the class	in which it is due
• For example "17a Revie	w Questions" are due in cla	ss 17a before the class start time
	it on the instructor's table a	using one of the staplers in the t the front of the classroom
	all other homework assignmefore the start time of the cla	
• 20 points will be deduct	ed for all late Review Quest	ions
	ay in which homework is du t class that you attend witho	ne, you may submit it before out the 20 point deduction
This set of Review Ques	stions contains 100 questions	s worth 1 point each
<ul> <li>Choose the best answer</li> </ul>	and write it on the line in b	lue or black ink only
<ul> <li>No credit is given for a cink, and on the line</li> </ul>	correct answer unless it is le	gible, written in blue or black
The total number of question (minus)		
The number of incorrect answ (equals )	wers	
Your percentage grade	%	
(minus) 20 points if submitted late	%	

### 17a Review Questions

Massage Therapy: Principles and Practice, <u>The Therapeutic Relationship Chapter</u>, Susan G. Salvo

*Place the CAPITAL letter of the answer next to the term or phrase that best describes it.* D. Empathy A. Abuse G. Dual relationships J. Respect K. Sexual misconduct B. Congruency E. Neglect H. Confidentiality C. Boundaries F. Disclosure I. Countertransference L. Transference \_\_\_\_ 1. Emotional reactions of the therapist toward the client; may occur from unmet personal needs, unresolved emotional issues, or internal conflicts that are brought into the relationship unconsciously 2. Occurs when external presentation of words and actions coincides with the internal world of thoughts and feelings \_\_\_\_ 3. Includes any sexual activity between someone in an authoritative role and a subordinate Guidelines, rules, and limits that we create in relationships to determine \_\_\_\_ 4. reasonable, safe, and acceptable ways to interact with others Occurs when clients transfer feelings, thoughts, and behavior that they \_\_\_\_ 5. have for a significant person in their early life onto the therapist Act of keeping information private or secret 6. 7. Situations when two or more different relationships exist between clients and therapists 8. The choice to treat someone or something with value and consideration 9. Intentional and deliberate improper treatment of someone, often for personal gain or benefit 10. When clients share their personal information, such as thoughts, feelings, ides, and insights The ability to comprehend the unique world of another person through 11. their perspective \_\_\_\_ 12. Unintentional improper treatment of someone due to carelessness or

thoughtlessness

17a Review Questions
Massage Therapy: Principles and Practice, <u>The Therapeutic Relationship Chapter</u>, Susan G. Salvo

A. Conflict		E.	Risk management	I.	Intellectual boundaries		
B. Sexual act	tivity	F.	Professionalism	J.	Emotional boundaries		
C. Sexual harassment		G.	Therapeutic relationsl	hip	K. Emotional release		
D. Attuneme	ent (chat box)	Н.	Financial boundaries	L.	Unconditional positive regard		
13.			ween the therapist and s that benefit the client		client in which the therapist		
14.	Boundaries the safeguard out		_	tho	ughts, and ideas as well as		
15.	Boundaries the from the feeli		1 2	feeli	ngs and keep them separate		
16.	Identifying plikelihood of			reca	utionary steps to reduce their		
17.	Verbal and no giving sexual			pur	pose of soliciting, receiving, or		
18.		fro	om achieving their goal		omeone or something is d is incompatible with their		
19.	Acceptance o	f an	another person regardless of what that person says or does				
20.	Experience of	CO	nnectedness shared be	twee	en two people		
21.					of non-consensual sexual er conduct of a sexual nature		
22.			icludes informing your ures, and policies	clie	nts of your fee schedule,		
23.			O		s, formally agreed-upon codes clients, colleagues, and co-		
24.	Letting go or	rele	easing suppressed emo	tion	$\mathbf{s}$		

17a Review Questions

Massage Therapy: Principles and Practice,

Infection Control and Emergency Preparedness Chapter, Susan G. Salvo

A.	Absolute		D. Open	G.	Virus	J. Inflammation
В.	Infection		E. Local	H.	Standard precautions	
C.	Contrain	dication	F. Pathogen	I.	Visibly soiled	
	25.	Non-livir	ng entities that de	pen	d on a host cell for grov	wth and replication
	26.	v . ±	ontraindication in oiding an area of	_	hich massage can be adı body	ministered safely
	27.	Biologic a	agent capable of c	aus	ing infectious disease	
	28.	Type of c	ontraindication v	vhe	n massage should be po	stponed
	29.				easures used in health c firmed infection status	O
	29. 30.	regardles Protective	s of suspected or e immune respon	con se t		of the client
		regardles Protective by swelling	s of suspected or e immune respon	con se t anct	ofirmed infection status o infection, injury, or intion, redness, and pain	of the client
	30.	regardles Protective by swelling The prolification	s of suspected or e immune respon ng, heat, loss of fu feration of pathog	se tanct	ofirmed infection status o infection, injury, or irration, redness, and pain is inside the host rapist to modify technic	of the client ritation characterized
	30. 31.	regardles Protective by swelling The prolif Situation using the Dispension	s of suspected or e immune responng, heat, loss of for feration of pathogothat requires the moto avoid possible massage lubrications.	se tunch	ofirmed infection status o infection, injury, or irration, redness, and pain is inside the host rapist to modify technic	of the client ritation characterized ques or refrain from iner contaminates

17a Review Questions
Massage Therapy: Principles and Practice, Skeletal System Chapter, Susan G. Salvo

A. Compact	D. Osteoblasts	G.	Spongy	
B. Diaphysis	E. Osteoclasts	H.	Sesamoid	
C. Epiphyse	F. Periosteum	I.	Medullary cavity	
35.	The cylindrical shaft of a long bone			
36.	Bone type that consists of thin latticework bear	ns c	alled trabeculae	
37.	Round bones, usually small, embedded in tend	lons	5	
38.	The hollow space within the diaphysis of a long	g bo	one	
39.	Bone-destroying cells			
40.	Dense, fibrous sheath surrounding the diaphys	sis		
41.	The two ends of a long bone	s of a long bone		
42.	Type of bone that forms the hard outer shell of	boı	ne	
43.	Bone-forming cells			

### 17a Review Questions

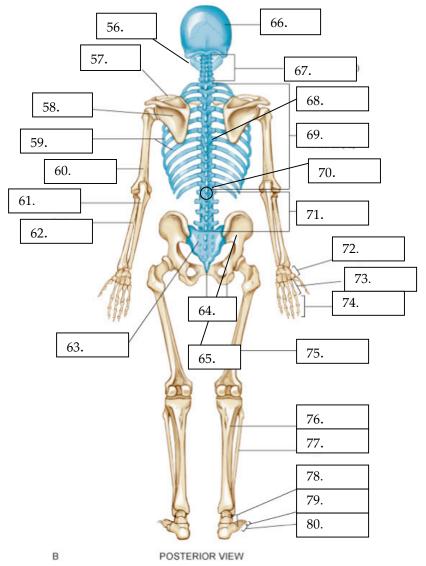
Massage Therapy: Principles and Practice, Skeletal System Chapter, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Axial D. Facial bones G. Upper extremity bones J. 7, 12 & 5 B. Ear ossicles H. Lower extremity bones E. 10 (5 pairs) K. 4 (2 pairs) C. Appendicular F. 14 (7 pairs) I. Pelvic bone sections L. Cranial bones 44. Frontal (1), parietal (2), temporal (2), occipital (1), sphenoid (1), ethmoid (1) \_\_\_ 45. Number of floating ribs 46. The number of cervical, thoracic, and lumbar vertebrae 47. Malleus/hammer (2), incus/anvil (2), and stapes/stirrup (2) Humerus (2), ulna (2), radius (2), carpals (16), metacarpals (10), and \_ 48. phalanges (28). 60 total, 30 on each side 49. Ilium, ischium, and pubic Femur (2), patella (2), tibia (2), fibula (2), tarsals (14), metatarsals (10), and 50. phalanges (28). 60 total, 30 on each side \_\_ 51. Zygomatic and mandible (among others) 52. Number of true ribs Region of the skeletal system that consists of 80 named bones located along 53. the body's central axis \_\_\_\_ 54. Number of false ribs \_\_\_ 55. Region of the skeletal system that consists of 126 named bones of the shoulder and pelvic girdles and bones of the upper and lower extremities

17a Review Questions 15a A&P: Skeletal System – Bony Landmark Palpation (Salvo: page 420)

Write the CAPITAL letter of the answer in the box for the appropriate bone or group of bones.

A. Spinous process	F. Skull	K. Clavicle	P. Metatarsals	U. Fibula
B. Transverse process	G. Radius	L. Sacrum	Q. Femur	V. Scapula
C. Metacarpals	H. Ulna	M. Pelvis	R. Coccyx	W. Lumbar
D. Phalanges (toes)	I. Tibia	N. Humerus	S. Carpals	X. Cervical
E. Phalanges (fingers)	J. Ribs	O. Mandible	T. Tarsals	Y. Thoracic



From Herlihy B: The human body in health and illness, ed 4, St. Louis, 2011, Mosby.

17a Review Questions
Massage Therapy: Principles and Practice, Skeletal System Chapter, Susan G. Salvo

A. Amphiarthrotic		D. Pivot	G.	Hinge	J. Gliaing				
B. Synarthrotic		E. Bursae	H.	Diarthrotic					
C. Ball and socket joint		F. Articular cartilage	I.	Saddle					
81.	Flattened sac-like structures located between ligaments or tendons and bones within joints								
82.	Term synonymous with synovial joints – freely moveable								
83.	Type of joint found in the thumb								
84.	Synovial joint type whose movement is limited to rotation; examples are the proximal and distal radioulnar joints								
85.	Joint that offers	the greatest range of mo	otior	n and permits all	movements				
86.	Slightly movable joints. Examples are costochondral, intervertebral, and symphysis pubis joints								
87.	Hyaline cartilage that covers the articulating surfaces of bones								
88.	Joint type that only allows flexion and extension movements. Examples are elbow and ankle joints								
89.		ed in movement. Examp ses that hold the teeth in oular joints							
90.	Joint type that includes intercarpal and intertarsal joints								

17a Review Questions
Massage Therapy: Principles and Practice, Skeletal System Chapter, Susan G. Salvo

A. Abduction		D. Elevation		G.	Plantar flexion	J. Eversion					
B. Adduction		E.	Flexion	H.	Retraction						
C. F	orearm s	supination	F.	Extension	I.	Rotation					
	_ 91.	Movement at a joint in a posterior direction. Examples are the jaw and the shoulder									
	_ 92.	Movement at a joint in a superior or upward direction									
	_ 93.	Lateral rotation of the forearm so that the palm is upward or forward									
	_ 94.	Movement of a body part toward the midline of the body									
	_ 95.	Movement of the ankle so that the foot moves inferiorly toward the plantar surface and the toes are pointing downward									
	_ 96.	Movement of a body part away from the midline of the body									
	_ 97.	Straightening a joint so that the angle of the joint increases									
	_ 98.	Occurs when a bone pivots or rotates around its own central axis									
	_ 99.	Elevation of the midline o			e fo	ot so it turns outward o	or away from				
	_ 100.	Bending of a	joi	nt so that the ang	le of	the joint decreases					

# 30a Review Questions

Name	Group	Date		
Review Question Informa	ntion and Guidelines			
• This assignment is op	en-book, but must be done wi	thout assistance from others		
• Its purpose is to help complete the assigned	you preview the material before the material is c	ore lecture, so be sure to covered in class		
• Use your packet and	textbooks as indicated on each	ı page		
• If you have any quest	ions about the Review Question	ons, ask your A class instructor		
• Each set of Review Q	uestions is named for the class	s in which it is due		
• For example "30a Rev	riew Questions" are due in cla	ss 30a before the class start time		
	ice it on the instructor's table a	using one of the staplers in the at the front of the classroom		
	nd all other homework assignment of the classic transfer in before the start time of the classic.			
• 20 points will be dedu	acted for all late Review Quest	tions		
	day in which homework is duext class that you attend withou			
This set of Review Qu	uestions contains 100 questions	s worth 1 point each		
<ul> <li>Choose the best answ</li> </ul>	er and write it on the line in b	lue or black ink only		
<ul> <li>No credit is given for ink, and on the line</li> </ul>	a correct answer unless it is le	egible, written in blue or black		
The total number of questi (minus)				
The number of incorrect as (equals )	nswers			
Your percentage grade (minus)	%			
0 points if submitted late%				

30a Review Questions

Massage Therapy: Principles and Practice,

Treatment Planning, Assessment, and Documentation Chapter, Susan G. Salvo

A.	Documen	tation	D. Informed conser	nt	G. Prescription	
В.	Scope of 1	practice	E. Treatment plann	ing	H. Records	
C.	Client int	ake	F. Medical release			
	1.	The process of	of collecting, confirm	ning, and reco	rding client information	
	2.	The document treatment	nted process of deve	loping a client	s's treatment or course of	
	3.	The client's signed and dated authorization to release his or her medical and personal information to a third party				
	4.	Permission given by a client after he or she has been informed of all the relevant facts regarding treatment				
	5.		by an authorized he ments, or medical d	-	vider for medications,	
	6.	The primary method used to collect client information				
	<u> </u>	Activities and licensed prof		n be performe	ed legally by members of a	
	8.	In most insta were provide		_ are stored at	the facility where services	

30a Review Questions

Massage Therapy: Principles and Practice,

Treatment Planning, Assessment, and Documentation Chapter, Susan G. Salvo

A. Client interview		E. Open-ende	ed .	H. Communication
B. Body language		F. Closed-end	led	
C. Disclosu	re	G. Acupunctu	ıre, psychoth	erapy
9.	The act of exchangi body language	ng information	through wor	ds and behaviors such as
10.	Activities often out	side a massage	therapist's sc	ope of practice
11.	11. Non-verbal communication, such as facial expressions, gestures, mannerisms, and posture			essions, gestures,
12.	Questions that offer and clarification of			vering and allow reflection
13.	Provides the oppor information, and as	-	-	ted intake form, clarify
14.	Type of questions t	hat are direct a	nd usually an	affirmative, denial, or
15.	Open and honest sl	haring of person	nal informatio	on

30a Review Questions (Completed in class 20b: Full body demo, worth 8 points)

Student Name _	Group Date	
	e taken again if (a) there was inappropriate contact, or (b) there was uposure, or (c) if grader deems any category was unsatisfactory, yor	
	ANAGEMENT Addressed the full body including face and abs in 58-60 minut Balanced session (allotment of time to segments)	es
/45 THERA /9 /9 /9 /9	EUTIC SKILLS  Effleurage, nerve strokes, and tapotement Fulling, wringing, and kneading Deep cross-fiber friction, compression and stripping Contact appeared to convey a high quality of touch Body mechanics (breath, neutral spine, stances, relaxed should	ers)
/15 RECORI /5 /5 /5	SKEEPING Subjective: Goals, functional limitations, diagnoses or clearance and Objective: Posture, movement, palpation, area of focus det Assessment: Pain/discomfort/immobility (0-10 before and after and Plan: Client education, self-care, and future massage care Intake form and SOAP notes have full names, dates, and signal	tails er), plan
	NICATION SKILLS Intake/interview was smooth, confident, clear, and concise Therapist checked-in during the session about pressure. comfo and temperature	rt,
/4	SIONALISM Student had necessary supplies and was set up and ready to go Clothing and any fragrances were professional Hands did not pass under the drape Draping was done well with proper access to draped areasBackLegsAbsChestArms	)
/100 TO	'ALPassedRetakeTutor	
Instructor Name	Instructor Signature	

### 30a Review Questions (Criteria for 23b Swedish: Practical Exam)

Students will play the role of therapists and clients. The lead instructor will assign each instructor to evaluate 3-4 therapists using clipboards, grading forms, and pens. At the very beginning of class, the instructor will call for half of the students to volunteer to be therapists for the first massage. If not enough students volunteer, the lead instructor will assign the remainder. All of the clients will fill out intake forms while the therapists setup and dress their tables, adjust table height if necessary, get a chair, and prepare needed items such as breast drapes, face toner, cotton pads, face lotion, and lubricant in a holster. The instructor will assign each client to a therapist just before client interviews begin. All therapist and client belongings must be stowed under their massage table. Each therapist will conduct a 5-minute interview using the client's intake form, a treatment record for taking SOAP notes, a clipboard, and a pen. The Subjective and Objective portions of the SOAP notes must be completed and approved by the evaluating instructor before the session begins.

All of the therapists will begin and end the hands-on portion of the practical exam at the same time. The therapists will perform a 60-minute full body Swedish massage following the sequence detailed in the packet. The lead instructor will make two verbal reminders during the session: halftime (when 30 minutes remain), and fulltime (when the session has come to an end). It is the therapist's responsibility to watch the clock. The evaluation categories for this practical exam are shown on the grading form (see reverse side).

Once the hands-on portion has ended, the therapist will thank the client, remove the bolster, hand the clothing to the client, and provide room under the drape for getting dressed. The therapists will not leave the clients to fend for themselves for any reason. Once the client is dressed, the therapist will have 5 minutes to submit the completed intake form and SOAP notes. Finally the therapist will remove the sheets, and clean the surfaces of the bolster, face cradle cushion, table, and chair.

The students will then switch roles as therapist and client. The new clients will fill out the intake form and the therapists will setup and dress their tables, adjust the table height if necessary, get a chair, and prepare needed items such as breast drapes, face toner, cotton pads, face lotion, and lubricant in a holster. After a break indicated by the lead instructor, this process will be repeated.

Should a student fail their practical, the instructor will notify the student verbally and present them with a copy of the practical grading sheet, with detailed feedback they need to address for their retake. The original Grading sheet will be left in the Student Administrator's box for recording of the grade and any further correspondence with the student. If the instructor/grader recommends, the student will then schedule a tutoring session through the Student Administrator or Education Director. Swedish Practical (Class 23b) must be made up by class 28b.

Students who fail to make this up on time must meet with the Education Director or Student Administrator to determine a plan of action which may include scheduling or rescheduling, mandatory tutoring, NPs, or suspension. Please be advised that if required to take NPs or if suspended, absences will accrue in accordance with the attendance policy (see Student Handbook). If these conditions cause the total absences to meet or exceed 10 consecutive class days or 15% of enrolled hours, the student will be dismissed from the program. Subsequent benchmark assessments may not be taken until the student satisfies the outstanding assessment(s).

## 30a Review Questions (8 points)

20b Swedish: Full Body Demo and Interviewing Practice

Client Name \_\_\_\_\_

**Treatment Record** 



Date	Student Therapist
S: Subjective or what the client reports about their (client goals, functional limitations, and diagnosis	
O: Objective or findings made by the therapist (client posture, client movement, palpation of cli	ent during interview, details of focus area treatment)
Prone:	Supine:
<b>A: Assessment</b> or how the client rates the pain or constant (0-10, 0 = no pain, 5 = moderate pain, 10 = worst <b>Before treatment:</b>	discomfort of a focus area possible pain, recorded before and after treatment)  After treatment:
P: Plan or a strategy for further care (client education, self care such as movement or st	retches, future massage session ideas, referrals)
Personal reflection or meaningful insights made b	y the therapist about the therapist

## 30a Review Questions

BMTs - Prone	Passive Stretches - Prone
Spinal Rotation & Release with Erector Compr	ressions Quadriceps femoris
Shoulder Mobilization with Trapezius Compre	essions
Scapular Mobilization with Trapezius & Delto	id Passive Stretches - Supine
Compressions	
Deltoid & Triceps Brachii Coarse Vibration	Low back
Gluteal & Hamstring Compression with Knee	
Ankle Mobilization with Gastrocnemius Comp	
One Handed Gastrocnemius & Soleus Jostling	Tibialis anterior
Ankle & Knee Mobilization with Plantar Comp	
Prone Full Body Rocking Compressions	Pectoralis major
7.7	Latissimus dorsi
BMTs - Supine	Rhomboids
Supine Hip Rotation with Leg Compressions	Neck lateral flexion
Pulsing Hip Traction from the Ankle	Neck rotation
Hip Medial Rotation & Release from the Ankle	
Unilateral Ribcage Compression and Mobiliza	
Bilateral Upper Ribcage Compressions	S.I. ligament: deep transverse friction
Shoulder Mobilization with Pectoral Compress	
Supine Deep Lateral Friction & Release on the	
Wrist, Elbow & Shoulder Mobilization	Piriformis: PIR deep longitudinal stripping
Head & Neck Rotation with Post. Cervical Cor	
Alternating Scapular Depression with Trapezi	us Comp.
	Orthopedic - Low Back Pain
Deep Tissue - Prone	Lumbar & lamina groove: deep stripping
Infraspinatus and teres major: deep effleurage	
Triceps brachii: deep effleurage	QL: pin and stretch with active engagement
Upper traps, supraspinatus, levator scapula: d	eep effleurage QL: active assisted stretch after PIR
Rhomboids: deep effleurage	Iliopsoas: active-assisted stretch after PIR
Erector spinae: deep effleurage	
Quadratus lumborum: deep effleurage	Orthopedic - Rotator Cuff & Carpal Tunnel
Lats, erectors, and gluteals: broad cross fiber	Transverse carpal ligament: myofascial release
Gluteus maximus: deep effleurage	Supraspinatus tendon: deep transverse friction
Hamstrings: deep effleurage	GH rotators: stripping w/active engagement
Hamstrings: deep transverse friction and melt	
Gastrocnemius and soleus: deep effleurage	Subscapularis: deep friction and melting
Gastrocnemius and soleus: stripping	
	Orthopedic: Thoracic Outlet
Deep Tissue - Supine	Vertebrobasilar sufficiency test (VBI test)
Tensor fasciae latae: BMT fiber spreading	Pectoralis minor: pin and stretch
Sartorius and vastus medialis: deep effleurage	
Rectus femoris, vastus lateralis, and I.T. tract:	
Distal quadriceps: petrissage/wringing/fiber	
Tibialis anterior & ankle/toe extensors: deep s	tripping
Pectoralis major: compressive effleurage	Orthopedic: Neck Pain
Pectoralis major: superficial and deep friction	Posterolateral neck: deep stripping
Anterior deltoid, biceps, brachialis: BMT fiber	spreading Cervical lamina groove: deep stripping

30a Review Questions

Massage Therapy: Principles and Practice,

Infection Control and Emergency Preparedness Chapter, Susan G. Salvo

A. Choking		D. Stroke		G.	Seizure disorders
B. Heart attack		E. Emergency	Step 1		
C. Hypoglyo	cemia	F. Emergency	Step 2		
32.	Call for help. 911 call.	If others are no	earby, send o	one	or two bystanders to place the
33.	-				, check for responsiveness to if the individual is just resting
34.	When the trachea is blocked and the affected person cannot breathe				
35.		ıgar, which ran iabetes mellitus	· ·	ı <b>4</b> 5	and 60 mg/dL. It can occur in
36.		from a broken l			n causes by a blood clot or so called a cerebrovascular
37.		-			eart muscle or myocardium a broken blood vessel
38.		n is characteriz vity in the brain	, -	des (	of uncontrolled and excessive



# Client Intake Form

Date:_		

Name		Preferred	Phone:	m/h/w	
Address		Alternate	Phone:	m/h/w	
CitySt	ate Zip	DOB	Gender		
Email					
Emergency Contact:	Rel	ationship:	Phone:		
What types of healthcare are	you receiving? (Physicia	n, Chiropractor, Acu	puncture, Homeopath, etc.)		
 Diabetes	Numbness	or Tingling	☐ High Blood Press		
☐ Arthritis			☐ Heart Condition	ure	
☐Cancer (history)	Skin Conditi		☐ Varicose Veins		
Allergies	<del></del>				
Please note any recent injuri					
Please list any medications of	or supplements you are c	urrently taking for	any of the above condition	ons:	
		·		_	
Are you pregnant or trying t	o become pregnant?	No Yes: Due	Date		
Clients are asked to keep the	e clinic informed on any c	changes to the abov	e information.		
Previous massage/bodywor	k experience: Never	Occasionally	Often – Type(s)		
I understand that: Massage therapy (Which may include styles of: Swedish, Sports or Deep Massage)					
involves neither diagnosis n	or treatment of any cond	ition and is not a sı	ubstitute for medical care	. Draping	
will be used at all times. This	<u>s is a full-body massage 1</u>	<u>unless otherwise</u> <u>re</u>	quested. Neither breasts	<u>nor</u>	
genitalia will be massaged. I	may itemize here any ar	eas on my body th	at <u> I wish to be avoided,</u> ar	nd these	
will be totally avoided (item	ize here if relevant):				
If I am uncomfortable for any reason I may request to end the session and it will end promptly.					
If client is under the age of 17, written consent from client's guardian or parent is required.					
I affirm that I am able to receive Massage Therapy and that any of the information I have provided above					
does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me from					
receiving Massage I must provide physicians written consent prior to services.					
Client Signature: Therapist Signature:					

The following are explanations of the 5 categories of information you will complete for each massage:

### S = Subjective or what the client reports to you about their status.

- Client goals, expectations, and preferences
- Client functional limitations
- Physician's diagnosis or clearance
- These are notes taken during the client interview and apply to *today's* session.

### **O** = **Objective** or findings made by the therapist.

- Client posture
- Client movement
- Palpation of client during interview
- Details of treatment on the area(s) of focus
  - Techniques used
  - Names of structures addressed
  - Duration of treatment in minutes

### A = Assessment or how the client rates the pain or discomfort of a focus area.

- Scale of 0-10 (0 is no pain, 5 is moderate pain, 10 is the worst possible pain)
- Recorded first during the interview for each area of focus
- Recored again after the treatment for each area of focus

### P = Plan or a strategy for further care

- Client education
- Self care such as movement or stretches
- Future massage session ideas
- Referrals

### <u>Personal reflection</u> or meaningful insights made by the therapist about the therapist

- List any learning, surprise, satisfaction or dissatisfaction that you took away from the session.
- Please include meaningful insight and avoid vague phrases such as "session went well".
- Name something you enjoyed about the session or something that challenged you.

30a Review Questions
Massage Therapy: Principles and Practice, <u>The Therapeutic Relationship Chapter</u>, Susan G. Salvo

A.	Conflict	C. Countertransference	E. Sexual misconduct
B. Transference		nce D. Dual relationships	F. Conflict of interest
	39.	A situation in which a therapist could exgain	ploit a relationship for personal
	40.	Behavior used to obtain sexual gratification or at their expense	on against another person's will
	41.	Emotional reactions of the therapist toward unmet personal needs, unresolved emotion that are brought into the relationship under the control of the therapist toward unmet personal needs, unresolved emotions are brought into the relationship under the control of the therapist toward unmet personal needs, unresolved emotions are the control of the therapist toward unmet personal needs, unresolved emotions are the control of the therapist toward unmet personal needs, unresolved emotions are the control of the con	onal issues, or internal conflicts
	42.	This situation occurs when clients transfer behavior they have for a significant person therapist	6 6
	43.	A situation in which one person feels that keeping them from achieving their goals needs and concerns	· ·
	44.	When two or more different relationship therapists	s exist between clients and

30a Review Questions
A Massage Therapist's Guide to Pathology, <u>Appendix A: Medications</u>, Ruth Werner

A. Cancer drugs		D. Anti-depress	ants	G. Anti-anxiety		
B. Insulin		E. Anti-inflamm	H. Cardiovascular			
C. Muscle r	elaxants	F. Anti-coagula	nts			
45.	many medica	owsiness, and light-headedness are common side effects of ations in this class. Take care to not overtreat because exacerbate these symptoms				
46.				n sites, which need to mal uptake of the drug		
47.	class, so the r		ent with deep tissue v	g medications in this work, range of motion		
48.	even with rel	atively light mass		his medication class, est forms of bodywork lood clots		
49.	very conserv	atively and circul acretion (some m	Massage application atory massage minim edication excrete thro			
50.	parasympath		y be intensified by ma	endency to slide into a assage, leaving the		
51.	extremely con	nservatively beca	ge tissue response. It i use temperature, mus l. Overtreatment is a s	scle guarding, and		
52.	response. Co		o alter the sympatheti s include CNS depres exhausted	ic fight-or-flight sion, poor reflexes, dry		

30a Review Questions
Massage Therapy: Principles and Practice, Muscular System Chapter, Susan G. Salvo

A. Muscle fibers		ibers	D. Thin myofilaments	G. Concentric
B. Sarcolemma		ma	E. Thick myofilament	
	C. Sarcomer	e	F. ATP	
	53.	The univers	sal unit of energy in the cell	
54. Actin, trop		Actin, tropo	omyosin, and troponin	
55. Term synoi		Term synor	nymous with muscle cells	
56. Made almo			st entirely of myosin proteir	ı
57. The basic u		The basic u	nit of contraction	
	58.	The covering	ng of the muscle fiber or cell	
· ·		During this	, 1	the muscle shortens in length

30a Review Questions
Massage Therapy: Principles and Practice, <u>Hydrotherapy Chapter</u>, Susan G. Salvo

A. Hydrotherapy		D. Effects of cold	G. Effects of heat
B. Father Sebastian Kneipp		E. Contrast method	
C. Cryother	capy	F. Thermotherapy	
60.		es, pain reduction, collag	gen extensibility increased, d
61.	The therapeutic ap	plication of cold	
62.	External use of wat	er and complementary a	agents for therapeutic purposes
63.	The therapeutic ap	plication of heat	
64.	Hydrotherapy tech	nique that combines col	d and heat in the same treatment
65.	Blood flow changes	s, pain reduction, edema	reduction, inflammation reduction
66.	Father of hydrothe	rapy	

30a Review Questions
A Massage Therapist's Guide to Pathology, <u>Musculoskeletal System Chapter</u>, Ruth Werner

A.	(1) Cram <sub>l</sub>	o, (2) Spasm	C. (1) Osteoporosis, (2) Osteoarthritis		
B. (1) Strain, (2) Sprain			D. (1) Subluxation, (2) Dislocation		
			E. (1) Tendinitis, (2) Tendinosis		
	67.	-	chologies. (1) is an acute tendon injury characterized by na, and pain. (2) is long term degeneration of collagen		
	68.	Both are injuries. (1) or permanently stre	) is torn muscle fibers resulting in scar tissue. (2) is torn etched ligament.		
	<u> </u>	-	ologies. (1) is loss of bone mass and density. (2) is joint to wear and tear of articular cartilage.		
	<u> </u>		ologies. (1) is when bones are out of best alignment, but ntact. (2) is when the articulating bones are no longer		
	71.		y contractions of skeletal muscle. (1) is strong, painful, is low-grade and long-lasting.		

30a Review Questions
Massage Therapy: Principles and Practice, <u>Integumentary System Chapter</u>, Susan G. Salvo

A. Epidermi	s D. Melanocyte
B. Dermis	E. Dendritic cells
C. Hypoder	mis F. Keratinocyte
72.	Epidermal cell that triggers immunologic responses; also called Langerhans cells
73.	Epidermal cell that produces pigment
74.	Thin outer region of skin
75.	Thicker inner layer of skin
76.	Epidermal cell that produces a lipid substance that forms a waterproof barrier
77.	Layer beneath the dermis containing loose connective tissue and fat

### 30a Review Questions

Trail Guide to the Body, Appendix: Synergists - Muscles Working Together, Andrew Biel

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. G/H Flexion E. G/H Horizontal adduction I. G/H Lateral rotation B. G/H Extension F. G/H Horizontal abduction J. G/H Medial rotation C. G/H Abduction G. Antagonist D. G/H Adduction H. Agonist Latissimus dorsi, Teres major, Infraspinatus, Teres Minor, Pectoralis major 78. (all fibers), Triceps brachii (long head), Coracobrachialis 79. Deltoid (posterior fibers), Infraspinatus, Teres minor Deltoid (anterior fibers), Latissimus dorsi, Teres major, Subscapularis, 80. Pectoralis major (all fibers) 81. Deltoid (anterior fibers), Pectoralis major (upper fibers), Biceps brachii, Coracobrachialis Deltoid (posterior fibers), Latissimus dorsi, Teres major, Pectoralis major 82. (lower fibers), Triceps brachii (long head) 83. Muscle responsible for causing a specific or desired action Muscle that must relax and lengthen to allow the actions of the prime 84. mover to occur \_\_\_\_ 85. Deltoid (posterior fibers) 86. Deltoid (anterior fibers), Pectoralis major (upper fibers)

Deltoid (All fibers), Supraspinatus

\_\_\_\_ 87.

30a Review Questions
Trail Guide to the Body, Appendix: Synergists - Muscles Working Together, Andrew Biel

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. S/T Elevation C. S/T Abduction/Protraction E. S/T Upward rotation B. S/T Depression D. S/T Adduction/Retraction F. S/T Downward rotation Trapezius (upper fibers), Rhomboid major, Rhomboid minor, Levator 88. scapula \_\_\_\_ 89. Rhomboid major, Rhomboid minor, Levator scapula, Pectoralis minor 90. Trapezius (lower fibers), Serratus anterior (with origin fixed), Pectoralis minor 91. Serratus anterior (with the origin fixed), Pectoralis minor Trapezius (upper and lower fibers), Serratus anterior (with the origin 92. fixed) 93. Trapezius (middle fibers), Rhomboid major, Rhomboid minor

30a Review Questions
Massage Therapy: Principles and Practice,
Massage Techniques, Joint Mobilizations, and Stretches Chapter, Susan G. Salvo

A. Joint mobilization		D. Hard-end feel	F. Firm-end feel		
B. Range of motion		E. Soft-end feel	G. Empty-end feel		
C. Stretchin	ıg				
94.	Moving a joint th	rough its normal range of m	otion		
95.	This end feel occu	ars when the barrier is tissue	such as bone		
96.	This end feel occu	ars the barrier is soft tissue s	uch as muscle, fascia, or skin		
97.	Technique that le	ngthens and elongates soft t	issues		
98.	This and fool occu	ars when normal motion is in	nterrunted by client's nain		
90.			stance to passive movements		
99.	The extent to whi	ich bones of a joint can move	or be moved: usually		
	expressed in degr	ŕ	of se moved, usually		
100.	This end feel occu	urs when the tissue such as t	endons, ligaments, or joint		
	capsules offer resistance as they lengthen				

## Blank Page

Nan	meDat	re		
Rev	view Question Information and Guidelines			
•	This assignment is open-book, but must be done without assistance	e from others		
•	Its purpose is to help you preview the material before lecture, so be complete the assigned pages before the material is covered in class			
•	If you have any questions about the Review Questions, ask your A	class instructor		
•	Special Note:			
	o For questions 1-10, use www.tdlr.texas.gov/procrules.htm	n		
	o For questions 11-50, use www.tdlr.texas.gov/mas/masru	les.htm		
•	Each set of Review Questions is named for the class in which it is	due		
•	Example: "36b Review Questions" are due in class 36b before the o	class start time		
•	• To submit your Review Questions on time, first staple them using one of the staplers in the hallway, and then place it on the instructor's table at the front of the classroom before the class start time (or it is late and receives a 20 point penalty)			
•	• Review Questions (and most other homework assignments) are considered late if they are not turned in before the start time of the class in which they are due			
•	20 points will be deducted for all late Review Questions			
•	If you are absent on a day in which homework is due, you may su the 20 point penalty if done so before the start time of the next class attend			
•	Choose the best answer and write a capital letter A, B, C, D, T, or I blue or black ink only	on the line in		
•	No credit is given for a correct answer unless it is legible, written i ink, and on the line	n blue or black		
Calo	lculating your grade:			
•	The total number of questions	50		
•	The number you got incorrect (count them)	-		
•	The number you got correct (use subtraction)			
•	The point value of each correct answer	2		
•	Your percentage grade (multiply the above two numbers)	%		
•	Submitted after the start of class on the due date? - 20 points	%		

• Absent on due date and not submitted upon return? -20 points

	lural Rules of the Commission and the Department
	License Renewal Applications  1. A license holder will be notified by the Department, not later than the 30 <sup>th</sup> day before the date a person's license is scheduled to expire, of impending expiration of the license.  T. True F. False
,	
2	<ol> <li>Proof of failure to receive notification from the department will result in late penalties being waived.</li> <li>T. True F. False</li> </ol>
3	3. During the unlicensed period, a person may perform any act that requires a license under this chapter or the chapter governing the specific program.  T. True F. False
	4. The commission may determine a person ineligible for a license based on criminal history or other information that indicates lack of honesty, trustworthiness, or integrity to hold a license.  T. True F. False
	5. The commission may suspend, deny, revoke, or refuse to renew a license, if the commission determines a deferred adjudication makes the applicant or licensee unfit for the license.  T. True F. False
60.42.	Criminal History Evaluation Letters
	6. A person may request the department issue an evaluation letter regarding whether the person may be eligible for a license if the person has a conviction or deferred adjudication for a felony or misdemeanor offense, or if there is other information that indicates that the person may lack the honesty, trustworthiness or integrity to hold a license issued by the department.  T. True F. False
;	7. To request an evaluation letter, the person must: A. Submit the request using a department-approved form B. Pay the required fee of \$25 C. All of the above
<b>60.83.</b> ]	Late renewal Fees
8	8. If a person's license has expired for more than 90 days but less than 18 months, how
	may that person renew the license?  A. By paying a fee that is equal to one and one-half times the normally required renewal fee.
	B. By paying a fee that is equal to two times the normally required renewal fee. C. This person may not renew their license, but instead may obtain a new license by complying with the then current requirements and procedures for obtaining a license, including the examination.
9	P. The laws say nothing about renewal after license has been expired for more that 3 years. T. True F. False
	10. The fee for late renewal is:  A. One and a half times the regular fee  B. Two times the regular fee  C. Depends upon how late you are  D. \$200

Subchapte: 117.2. Defin		ral Provisio	n		
11. W	Which of th A. Person v B. Masseus	vho admini e, myothera	sters massage t pist, body mas	herapy to a clie sager or body r	tion of massage therapist? nt for compensation ubber nt regardless of compensation
		tion" includ B. Goods a		C. Barter	D. All of the options
		, shower, h	nclude the use ot and cold pac Talse		cabinet baths, sauna, steam, salt
14. S	A. Passiv	oecific streto	joint moveme	nts nd active exercis	se
<b>117.20. M</b> a	ssage The pplicants	rapist Licer		<b>equirements ar</b> st 18 years of ag	
<i>[</i> E C	A. May voi B. Will sen C. Will retu	d it immedi d a notice lis	ately and keep sting any addit ication and the	ional materials	-
]	A. Success departr B. Provide	nent proof of su an official to	criminal histor	ry background of the jurisprude of the jurisprude relevant course	
A E C	otherwise A. 6 month 3. 90 days C. Up to or	_ to comple , the applica s		ourse work acce	k, the applicant may have ptable to the department;
19. A	.ll applicar	nts must pas	nse- Examinations a massage the application for		its ion approved by the department
			written massa efore a license		pplicants must also pass a
	one year c		ation for licens		ssed the examinations within pplicant is currently licensed in

<ul> <li>117.23 Massage Therapy License-Issuance of License</li> <li>22. A license must be displayed in an appropriate and public manner at the business location of the licensed business, or in the primary office or place of employment of the licensed individual.</li> <li>T. True F. False</li> </ul>
23. In the absence of a primary office or place of employment, the licensed individual shall carry a current identification card.  T. True F. False
117.24. Massage Therapist License Term: Renewals 24. When issued, how long is a license valid? A. For one or two years from issue, depending upon the amount you paid B. Until the last day of the licensee's birth month in the following year C. For a two-year period
25. On receipt of a renewal application of a license issued under this chapter, the department shall conduct a criminal background check T. True F. False
Subchapter D. Continuing Education  117.30. Massage Therapist Continuing Education-Hours  26. Massage therapist must successfully complete at least twelve hours of approved continuing education per license term.  T. True F. False
117.31. Massage Therapist-Approved Continuing Education Courses and Providers 27. Continuing education which otherwise meets the standards of this section but is offered or presented online or by correspondence is acceptable only if the subject matter is not massage therapy techniques or manipulation of soft tissue.  T. True F. False
117.33. Massage Therapist Continuing Education-Records and Audits  28. If selected for an audit, the licensee shall submit:  A. Copies of Certificates  B. Transcripts  C. Other satisfactory documentation  D. All of the above
Subchapter F. Licensed Massage Schools  117.62. Massage School Enrollment Procedures  29. A person is ineligible for licensure:  A. If the person has been convicted of, entered a plea of nolo contendere or guilty to, or received deferred adjudication to crimes or offenses involving prostitution or another sexual offense  B. Until the fifth anniversary of the date of a conviction of a violation of the Act C. All of the above
117.68. Massage School Attendance Policy 30. The attendance policy shall require the termination of students who accumulate absences of: A. More than ten (10) consecutive school days B. More than 15% of total clock hours in a program C. All of the above

117.80. Massage Esta 31. Unless other massage th	sed Massage Establishments blishment Application Processives exempt under the Act, and arrapy or other massage serve by this section.	edures & Licensure a place of business that advertises or offers ices must be licensed by the department as
T. True		
117.82. Massage Esta 32. No massage	blishments-General Require establishment shall be opera e establishment.	ements ted until the department has approved and
33. A massage of part for resident, which	establishment must maintain	separation from rooms used wholly or in s by a solid wall or by a wall with a solid ing business hours.
34. A massage 6 T. True		to display the license in the establishment.
117 04 Establishman	t avamptions	
licensed he therapy as	usiness is not required to hol	d a massage establishment license if another massage therapist to provide massage ractice.
Act if at th	e place of business, a licensed or and does not use a business	d a massage establishment license under the I massage therapist practices as a solo s name or assumed name.
Subchapter H. Respo	nsibilities of the Licensee ar	nd Code of Ethics
services, ty A. Minimu	ent, a licensee shall keep accu opes of massage therapy and om of 5 Years B. Unt	
web addre departmer	ss of the department for the p	e, mailing address, telephone number and ourposes of directing complaints to the primary place of business
	act, or bill for services r written and documented mo these	ethod
under the A. Must ch B. Must ob	age of 17? neck the person's driver's lice tain the written consent of a	
A. Refuse : B. Honor t		nexpired gift certificates?

36b State 41. A licensee shall not practice is	Law Review	-			
T. True F. False	ii aii uiiiceiisea	i massage establishment.			
117.91. Consultation Document  42. The consultation document sl A. Areas to be massaged or B. That breast massage will C. The signature of both the D. Whether draping will be E. All of the Above	avoided only be done or client and the l	n female clients with their consent licensee			
43. For the purposes of this section A. Inappropriate sexual comes B. Any touching of any part C. Any offer or agreement to D. A, B, and C	nments about or of the genitalia	r to a client			
117.93. Advertising 44. A sexually oriented business employs a licensed massage T. True F. False		ord "massage" on advertising provided it			
must be listed in each advert name appears in writing? A. The full legal name or the	45. When an assumed name is used in a person's practice as a massage therapist, what must be listed in each advertisement and each time the business name or assumed name appears in writing?  A. The full legal name or the license number of the massage therapist B. Nothing, using an assumed name is fine				
Subchapter I. Fee					
117.100. Fees 46. For the initial massage therap	oist license the a	application fee is:			
A. \$212 B. \$316	C. \$23	D. \$100			
47. Renewal fee for a two-year lie A. \$1000 B. \$218	cense is: C. \$75	D. \$23			
Subchapter J. Enforcement Provisions 117.110. Complaints	}				
48. Any person may file a complete therapist, massage school, n	nassage therapy	epartment alleging that a massage y instructor, massage establishment, person or business has violated the Act or			
117.111. Administrative Penalties and	Sanctions				
suspend or revoke the licens on probation if the person: A. Sells, barters, or offers to	se of a person, o	efuse to issue a license to a person, or place a person licensed under the Act license ration, or concealment of material facts			
50. The commission or executive	director shall re	revoke the license of a person if the person			

T. True

F. False

is convicted of, enters a plea of nolo contendere or guilty to, or receives deferred adjudication for an offense involving prostitution or another sexual offense.

# 41a Review Questions

Name	Group	Date		
Review Question Information as	nd Guidelines			
<ul> <li>This assignment is open-boo</li> </ul>	ok, but must be done wi	thout assistance from others		
<ul> <li>Its purpose is to help you pr complete the assigned pages</li> </ul>				
<ul> <li>Use your packet and textboo</li> </ul>	oks as indicated on each	ı page		
<ul> <li>If you have any questions at</li> </ul>	oout the Review Questi	ons, ask your A class instructor		
• Each set of Review Question	s is named for the class	s in which it is due		
• For example "41a Review Q	uestions" are due in cla	ss 41a before the class start time		
<ul> <li>To submit your Review Que hallway, and then place it or before the class start time</li> </ul>		using one of the staplers in the at the front of the classroom		
<ul> <li>Review Questions (and all o they are not turned in before</li> </ul>				
• 20 points will be deducted for	or all late Review Quest	tions		
<ul> <li>If you are absent on a day in the start time of the next class</li> </ul>				
This set of Review Questions	s contains 100 questions	s worth 1 point each		
<ul> <li>Choose the best answer and</li> </ul>	write it on the line in b	lue or black ink only		
<ul> <li>No credit is given for a correink, and on the line</li> </ul>	ect answer unless it is le	egible, written in blue or black		
The total number of questions (minus)	100			
The number of incorrect answers (equals )				
Your percentage grade	%			
(minus) 20 points if submitted late%				

41a Review Questions
Massage Therapy: Principles and Practice, Seated Massage Chapter, Susan G. Salvo

A. Sit in the chair		C. Lubricant	E. Seated massa	ige
B. David Pa	ılmer	D. Hand sanitizer	r F. Convenient/	affordable
11		of massage techniques while the client is sitting erect or so called chair massage		
2.	Massage pro	oduct NOT used in	seated massage	
3.		erapist should do fi vay to sit in a massa	rst when explaining to a gage chair	first-time client
4.	•	f reason why seated o the mainstream pu	l techniques have made m ıblic	nassage more
5.	Replaces tra	iditional hand wash	ing at on-site massage lo	cations
6.	He introduc	red seated massage i	in the workplace in the ea	arly 1980s

41a Review Questions
Massage Therapy: Principles and Practice, Cardiovascular System Chapter, Susan G. Salvo

A. Blood		D. Leukocyte	G. Myocardium				
B. Erythrocyte		E. Thrombocyte	H. Atria				
C. Hemoglobin		F. Plasma	I. Ventricles				
7.	Blood cell also called a platelet						
8.	Blood cell that transports oxygen and carbon dioxide						
9.	Fluid that circulates through the heart and its vessels to transport						
	nutrients to and wastes from individual cells						
10.	Superior chambers of the heart						
11.	Pigment in RBCs that binds with oxygen and carbon dioxide so these						
	gases can be transported in the blood						
12.	Straw-colored liquid that makes up 55% of blood						
13.	Inferior chambers of the heart						
14.	Blood cell that serves as part of the body's immune response						
15.	Thick muscu	lar laver of the heart					

## 41a Review Questions

Massage Therapy: Principles and Practice, <u>Cardiovascular System Chapter</u>, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Lumen D. Respiratory pump G. Systole H. Diastole B. Venomotor tone E. Aorta C. Skeletal muscle pump F. Pulmonary circuit I. Mitral \_\_ 16. Space within blood vessels \_\_\_\_\_ 17. Degree of muscle tone present in venous walls to promote venous return 18. Largest artery of the body 19. Squeeze-and-release action against vessel walls by skeletal muscles to promote venous return 20. Highest pressure within an artery during the cardiac cycle Purpose of the \_\_\_\_\_\_ is to replenish the oxygen supply of the 21. blood and to eliminate gaseous wastes 22. Lowest pressure within an artery during the cardiac cycle 23. Mechanism that promotes venous return by pressure changes in the thorax and abdomen during breathing 24. Left atrioventricular heart valve

41a Review Questions
A Massage Therapist's Guide to Pathology, <u>Circulatory System Chapter</u>, Ruth Werner

A. Myocardial infarction		E. Hypertension	I. Myeloma			
B. Thrombophlebitis		F. Hemophilia	J. Anemia			
C. Varicose veins		G. Leukemia	K. Sickle cell disease			
D. Raynaud syndrome		H. Aneurysm	L. Deep vein thrombosis			
25.	Permanently distended, often twisted or ropy superficial legs veins					
26.	A collection of genetic disorders characterized by the absence of some plasma proteins that are crucial in the clot-forming process					
27.	The presence of blood clots and inflammation in deep leg veins					
28.	A condition involving the vasoconstriction of arterioles in the hands and feet, sometimes nose, ears, and lips					
29.	29. A permanent bulge in the wall of a blood vessel or the heart					
30.	A cancer that affects bone marrow function					
31.	An autosomal recessive genetic condition that results in the production of abnormal hemoglobin, the protein that carries oxygen in red blood cells					
32.	A blood cancer involving maturing B cells that are found in bone marrow					
33.	Shortage of red blood cells or hemoglobin - limits oxygen carrying capacity					
34.	A process that damages some portion of cardiac muscle tissue through ischemia					
35.	The presence of blood clots and inflammation in superficial leg veins (lesser saphenous and greater saphenous)					
36.	36. A technical term for high blood pressure, specifically blood pressure that is persistently elevated above 140/90					

## 41a Review Questions

Packet B: 33-36, and Business Mastery, Chapters 7-11, www.tdlr.texas.gov/mas/masrules.htm

*Place a T for true or an F for false next to each phrase.* \_\_\_\_ 37. Diagnosis and treatment are part of massage therapy's scope of practice 38. Massage therapy may include the use of heat lamps, cabinet baths, sauna, steam, salt glows, tub, shower, hot and cold packs, or jacuzzi. \_\_\_\_ 39. The scope of practice of massage may include Swedish gymnastics The initial fee to the State of Texas to apply for your license is \$155 40. You can only massage a person under the age of 17 if you have written 41. consent of a parent or guardian 42. The number of sessions you're expected to give per day while working at a cruise ship spa is higher than other working environments.

### 41a Review Questions

Massage Therapy: Principles and Practice, Lymphatic System and Immunity Chapter, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. D. Lymphocyte G. Lymph nodes A. Lymph B. Lymphatic vessels E. Bone marrow and thymus H. M.A.L.T. C. Lymphokinesis F. Spleen **Tonsils** 43. The movement of lymph through the body 44. A type of WBC that comprises approximately 25% of the total WBC count; the two types are T cells and B cells 45. Lymphatic tissues located in the oral cavity and pharynx \_\_\_\_ 46. Bean-shaped structures where lymph is cleansed and filtered \_\_\_\_ 47. Collective term for the system of vessels that transport lymph 48. Nearly colorless watery fluid that circulates through lymphatic vessels; also called lymphatic fluid 49. General term for lymphatic tissue located along the respiratory and digestive tracts \_\_\_ 50. The largest lymphatic organ; it lies within the left lateral rib cage just posterior to the stomach; it stores lymphocytes and releases them during immune responses 51. The two primary lymphatic structures that produce and mature lymphocytes

41a Review Questions
Massage Therapy: Principles and Practice, <u>Lymphatic System and Immunity Chapter</u>, Susan G. Salvo

Place the CAI	PITAL letter of	the	answer next to the term or	r ph	rase that best describes it.	
A. Peyer patches		D.	Non-specific	G.	B cells	
B. Vermiform appendix		E.	Inflammation	Η.	T cells	
C. Immunity		F.	Specific	I.	Autoimmune disease	
52.	Type of immunity that includes barriers, reflexes, cellular responses, and inflammatory responses					
53.	Lymphatic tissue located in portions of the small intestines					
54.	Type of immunity facilitated by B cells and T cells					
55.	Body's response to injury, infection, or irritation that seeks to create an environment that maximizes tissue repair					
56.	Lymphatic ti		e attached to the cecum,	, wl	nich is the first region of the	
57.	The body's ability to recognize and respond to pathogens and harmful agents					
58.	This occurs when there is an inappropriate or excessive immune response and the body no longer recognizes its own healthy tissue and attacks it because it believes this tissue is foreign					
59.	Type of lymphocyte that produces antibodies					
60.	Type of lymi	oho	cvte that includes CD4+	· an	d CD8+ cells	

41a Review Questions
A Massage Therapist's Guide to Pathology, Lymph and Immune System Chapter, Ruth Werner Place the CAPITAL letter of the answer next to the term or phrase that best describes it.

A. Multiple sclerosis		D. Rheumatoid arthritis	G. HIV				
B. Allergic reactions		E. Crohn disease	H. Psoriasis				
C. Mononucleosis		F. Scleroderma					
61.	A chronic skin disease in which cells, which normally replicate every 28 to 32 days, are replaced every 3 to 4 days; it is autoimmune and non-contagious						
62.	The virus that causes AIDS						
63.	An autoimmune disease in which inflammation stimulates fibroblasts in small blood vessels to produce abnormal amounts of collagen						
64.	A progressive, inflammatory disorder that can affect any part of the GI tract; ulcers in the GI tract can cause accumulations of scar tissue that cause stenosis of the intestines, or stimulate into the development of abnormal connecting tubes (called fistulas) from the colon to other hollow organs						
65.	A condition characterized by inflammation and degeneration of myelin sheaths in the spinal cord and brain; it is autoimmune						
66.	Immune system reactions to stimuli that are not inherently hazardous						
67.	Viral infection that begins in the salivary glands and throat and then moves into the lymphatic system						
68.	An autoimmune condition in which the synovial membranes of various joints are attacked by immune system cells						

41a Review Questions
Massage Therapy: Principles and Practice, Reproductive System Chapter, Susan G. Salvo

A. Testes		D. Oocytes	G.	Sperm	J. Luteal		
B. Follicular	•	E. Ovaries	H.	Ovulation			
C. Menstrua	ation	F. Ovum	I.	Menstrual cycle			
69.		phase of the menst l approximately da		l cycle; it begins with 3	menstruation and		
70.	The sex cells that carry genetic information from the woman who produced them						
71.	This phase of the menstrual cycle occurs about day 14 in the 28-day cycle						
72.	The final phase of the menstrual cycle						
73.		ral glands located verant and exocrine fund		in the scrotum; they	possess both		
74.	The periodic discharge of the endometrial lining from the non-pregnant uterus						
75.	Sex cells that carry genetic information from the male that produced them						
76.	Paired almond-shaped glands located in the abdominopelvic cavity lateral to the uterus and possess both endocrine and exocrine functions						
77.				t begins during pubendends during meno			
78.	A mature	oocyte that has ov	rula	ted			

 $41a\ Review\ Questions$  A Massage Therapist's Guide to Pathology, <u>Reproductive System Chapter</u>, Ruth Werner

A. Prostate cancer		D. Testicular	cancer	G. Ovarian	cancer
B. Dysmenn	orhea	E. Endometr	iosis	H. Breast ca	ancer
C. Prostatitis	3	F. Fibroid tu	mors		
79. The development of tumors in the epithelial or obreast					ective tissue of the
80.	Growth of m	alignant cells	in the testicle	s	
81.	The growth o	of malignant t	umors on the	ovaries	
82. A condition in which the prostate becomes painful and possibly inflam it usually involves significant pain throughout the pelvis and groin					1 ,
	-	Ü	-		
83.	Benign grow leiomyomas	ths that grow	in or around	of the uterus	; also called
84.	A technical term for painful menstrual periods; it limits regular activities or requires medication to function for 1 day or more every cycle				
85.	The growth o	of malignant t	umor cells in	the prostate	gland
86. A condition in which cells from the endometrium implant elsewhere the body					plant elsewhere in

41a Review Questions
Packet B: 37-41, Business Mastery: Chapters 12-14 and Pages 200-204

Place a T for true, or an F for false next to each term or phrase.

87	You are considered a self-employed independent contractor if you are working at a massage establishment, but not as an employee.
88	. If you don't receive a response to your resume within 5 days, don't call to follow up.
89	. Selling products, doing laundry, assisting in scheduling appointments, and setting up promotional events are all common non-massage related tasks that your employer <i>might</i> require.
90	. The goal of a resume is to inspire employers to interview you.
91	. A common responsibility is for the therapist to maintain malpractice insurance.
92	. In a resume, start with your present or most recent job.

41a Review Questions
Trail Guide to the Body, Appendix: Synergists - Muscles Working Together, Andrew Biel

A. Coxal F	lexion	D. Coxal Adduction	G.	T/F Lateral rotation
B. Coxal E	xtension	E. Coxal Lateral rotation	H.	T/F Medial rotation
C. Coxal A	bduction	F. Coxal Medial rotation		
93.	Gluteus med	, Iliacus, Tensor fasciae latae dius (anterior fibers), Gluteu etineus (assists), Adductor b	s minimus	, Adductor longus
94.		kimus (all fibers), Biceps fem anosus, Adductor magnus ( pers)		
95.	Adductor m	dius (anterior fibers), Gluteu agnus, Adductor longus, Ac osus (assists), Semimembran	dductor br	evis, Pectineus, Gracilis
96.	internus, Ob Gluteus med	kimus (all fibers), Piriformis, eturator externus, Gemellus dius (posterior fibers), Psoas ists, long head)	superior, C	Gemellus inferior,
97.		kimus, Gluteus medius (all f , Sartorius, Piriformis (wher		
98.		agnus, Adductor longus, Adductor longus, Adductor lower fibers)	dductor br	evis, Pectineus, Gracilis
99.	Semitendino	osus, Semimembranosus, Gr	acilis, Sarto	orius, Popliteus
100.	Biceps femo	ris		

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### 53a Internship Orientation Review Questions

Name	Group	Date_

### **Review Question Information and Guidelines**

- This assignment is open-book, but must be done without assistance from others
- If you have any questions about the Review Questions, ask your A class instructor
- To submit your Review Questions, place it on the instructor's table at the front of the classroom before the class start time
- Review Questions (and all other homework assignments) are considered late if they are not turned in before the start time of the class in which they are due
- 20 points will be deducted for all late Review Questions
- If you are absent on a day in which homework is due, you may submit it before the start time of the next class that you attend without the 20 point deduction
- This set of Review Questions contains 13 questions worth 5 points each
- Choose the best answer and write it on the line in blue or black ink only
- No credit is given for a correct answer unless it is legible, written in blue or black ink, and on the line

Number Incorrect -	Number Inco	rrect ->	> Percentage	
0	100%		7	65%
1	95%		8	60%
2	90%		9	31%
3	85%		10	23%
4	80%		11	15%
5	75%		12	8%
				_

Was this submitted late?

6

If so, subtract 20 points. Final Grade: \_\_\_\_\_\_\_%

70%

13

0%

## 53a Internship Orientation Review Questions Packet I: 1-20

rucketti 120
Please read the Internship Handbook before you complete these questions.
List the 5 categories on which interns are graded each session.
1.
<ul><li>2.</li><li>3.</li></ul>
4.
5.
6. What is the intern expected to supply for each session?
7. What number do you call to reach an MTI when appointments are in session?
8. What are you expected to do if you wake up sick on a day you have appointments?
Punctuality:
9. What is the intern arrival time relative to the appointment time?
10. What is the earliest time an intern may pick up clients to begin the session?
11. What is the "hands-off" time for a 7:30 pm appointment? (Hint- this is a range, not a single time.)
12. What is the "hands-off" time change if the client is late?

13. What happens if the  $\underline{intern}$  arrives 5 or more minutes after the scheduled

appointment time?

Name	Group	Date
Review Question Inform	nation and Guidelines	
• This assignment is o	ppen-book, but must be done w	rithout assistance from others
• Its purpose is to hel complete the assign	p you preview the material bef ed pages before the material is	ore lecture, so be sure to covered in class
Use your packet and	d textbooks as indicated on each	h page
If you have any que	stions about the Review Quest	ions, ask your A class instructor
• Each set of Review	Questions is named for the clas	s in which it is due
• For example "55a R	eview Questions" are due in cla	ass 55a before the class start time
	lace it on the instructor's table	n using one of the staplers in the at the front of the classroom
	and all other homework assign in before the start time of the c	
• 20 points will be de	ducted for all late Review Ques	stions
	a day in which homework is d next class that you attend with	
• This set of Review (	Questions contains 100 questior	ns worth 1 point each
<ul> <li>Choose the best ans</li> </ul>	wer and write it on the line in l	olue or black ink only
<ul> <li>No credit is given for ink, and on the line</li> </ul>	or a correct answer unless it is l	egible, written in blue or black
The total number of ques (minus)		
The number of incorrect (equals )	answers	
Your percentage grade	%	
(minus) 20 points if submitted lat	e%	

Massage Therapy: Principles and Practice, History of Massage Therapy Chapter, Susan G. Salvo

*Place the CAPITAL letter of the answer next to the term or phrase that best describes it.* A. 3000 BC D. Shiatsu G. Pehr Henrik Ling E. Johann Mezger B. Amma H. Human trafficking C. Nei-ching F. Hippocrates of Cos \_\_\_\_\_ 1. Written records have revealed that the practice of massage goes back as early as \_\_\_\_\_ is regarded as the original massage technique in China, and \_\_\_\_ 2. it is the precursor to all other manual and energetic massage techniques in China \_\_\_\_ 3. is generally regarded as the father of modern Western medicine due to his emphasis on the individual patient and his belief that the healer should take care to avoid causing any additional harm to the patient 4. \_\_\_\_\_ is often regarded as the father of Swedish massage is the unlawful trade of people; it is modern day slavery; 5. victims who work under the cover of massage are often young women from Asia, South America, and the former Soviet Union \_\_\_ 6. is a Japanese method of massage based on the same traditional Chinese medicine concepts as acupuncture; it evolved from amma, which found its way into Japan from China; the name literally means finger pressure \_\_\_\_ 7. is responsible for making massage a fundamental component of physical rehabilitation; he is credited with introducing the French terminology to describe massage techniques 8. is the classic scripture of traditional Chinese medicine that was complied from various schools of medical thought; it contains descriptions of healing touch procedures, herbal medicines, acupuncture, and their uses

Packet B: 42-60 and Business Mastery, Chapters 24, 26, 27, and 31

Place the CAPITAL letter of the answer next to the term or phrase that best describes it.

A. Word of mouth D. Credibility G. WIIFM

B. Positioning E. Strategic actions H. Target Market

C. Psychographics F. Demographics

\_\_\_\_\_ 10. Categorized statistics about a target market
\_\_\_\_\_ 11. Answers how you will help clients
\_\_\_\_\_ 12. One group you want to promote yourself to

Professionalism plays a major role in the status of your \_\_\_\_\_\_.

\_\_\_\_\_ 13. Specific plans for attracting clients

\_\_\_\_\_ 14. Your "place" in their mind

\_\_\_\_\_ 15. Lifestyle factors

\_\_\_\_\_ 9.

\_\_\_\_\_ 16. Best source for referrals

55a Review Questions
Massage Therapy: Principles and Practice, Special Populations Chapter, Susan G. Salvo

Pla	ice the CAF	PITAL letter of the answer nex	t to	the term or phrase	thai	t best describes it.
A.	Supine hy	potensive syndrome	D.	High-risk	G.	Third
B.	Deep vei	n thrombosis	E.	Right hip	H.	First
C.	Pregnanc	ry massage	F.	Relaxin		
	17.	In the trime sickness are prevalent and				
	18.	This condition occurs as the pregnant uterus compresses major abdominal vessels, especially the inferior vena cava; this compression may cause a sudden drop in blood pressure; symptoms are dizziness, shortness of breath, nausea, and agitation				
	19.	With a pregnant client in a modified semi-reclining position, place a cushion beneath her to tilt her body to the left; this will move the baby off the abdominal blood vessels				
	20.	pregnancies complications for the moth	are ier	ones that are mo or the developing	re li g fet	ikely to have us
	21.	In the trime of the feet and ankles are naccommodations				
	22.	This and other hormones i help the cervix relax and d effect on all joints in pregn	ilat	e during childbir	th; i	t may have a slight
	23.	The modification of basic rethe needs of women as the postpartum period				
	24.	Inflammation of a vein wit complication is a pulmona times greater risk for this c and decreased clot-resolving	ry e	embolism; pregna dition because of	nt v	women are at a 5 to 6

Massage Therapy: Principles and Practice, Nervous System Chapter, Susan G. Salvo

*Place the CAPITAL letter of the answer next to the term or phrase that best describes it.* A. Autonomic D. Peripheral G. Neurons H. Somatic B. Parasympathetic E. Myelin C. Central F. Sympathetic 25. Impulse-conducting cells of the nervous system; they represent the nervous system's simplest structural unit \_\_\_\_ 26. The \_\_\_\_\_ nervous system is composed of nerves emerging from the CNS, such as the cranial and spinal nerves 27. The nervous system is a subsystem of the PNS; it transmits signals primarily to skeletal muscles, but also includes joints and receptors of special senses such as vision, hearing, taste, smell, and touch; it is largely voluntary because most responses can be consciously controlled \_\_\_ 28. The division of the ANS that controls energy conservation and dominates during periods of rest and under calm conditions \_\_\_ 29. The major components of the \_\_\_\_\_\_ nervous system are the brain, spinal cord, meninges, and cerebrospinal fluid \_\_\_\_ 30. nervous system is also a subsystem of the PNS; it transmits signals primarily to visceral organs such as the heart and lungs; this is an involuntary system because most responses cannot be consciously controlled \_\_\_\_ 31. increases the conduction rate of the impulse and provides insulation to prevent impulse leakage to adjacent neurons \_\_\_\_ 32. The division of the ANS that controls energy expenditure and is active during physical exertion or emotional stress

55a Review Questions
Massage Therapy: Principles and Practice, Nervous System Chapter, Susan G. Salvo

A. Axon	D	. Synapse		G. Neurotransmitters
B. Dendrite	es E.	Frontal	F	H. Reflex arc
C. Nerve	F.	Nerve impulse		
33.	Thelospeech recognit		um regula	tes motor output, cognition, and
34.	A neural pathway used to produce a reflex; it consists of an afferent neuron, an interneuron, and an efferent neuron			
35.	_ 35. Bundles of nerve fibers located in the PNS; each one is wrapped with a layer of connective tissue called epineurium			
36.	An electrical sig	gnal that conveys	s informati	ion along a neuron
37.	A neuron's to the cell body		es that rec	eive impulses and transmit them
38.	A class of chem	ical messengers	involved i	n synaptic transmission
39.	A neuron's	transmits in	mpulses a	way from the cell body
40.		s are transmitted		ween a neuron and a muscle or ese junctions with the help of

55a Review Questions
Massage Therapy: Principles and Practice, Nervous System Chapter, Susan G. Salvo

 ${\it Place the CAPITAL\ letter\ of\ the\ answer\ next\ to\ the\ term\ or\ phrase\ that\ best\ describes\ it.}$ 

A. Alpha		D. Hypothalamus	G. Spinal cord		
B. Cerebrum		E. Medulla oblongata	H. Thalamus		
C. Cerebell	um	F. Meninges			
41.	The connect consists of the		arround the brain and spinal cord; it		
42.	The part of the brain that is a cauliflower-shaped structure located posterior and inferior to the cerebrum; it is concerned with muscle tone, coordinates complex muscular movements, and regulates posture and balance				
43.	The largest and most superior portion of the brain				
44.	The area of the brain that regulates the ANS and controls behavioral patterns and the circadian rhythm				
45.		rave pattern is a relaxed stanssociated with creative pro	nte; the subject is awake but calm; ocess and meditation		
46.		erior portion of the brains lar, and vasomotor centers	tem; it contains respiratory,		
47.	The largest portion of the diencephalon; it relays sensory information (except olfaction) to appropriate parts of the cerebrum				
48.		ough the foramen magnun	tending from the brainstem; it exits n and extends to approximately the		

# 55a Review Questions Business Mastery, Chapters 24, 26, and 27

Place the CAPITAL letter of the answer next to the term or phrase that best describes it.							
A.	A. Call to action		D. Blogging	F. Client information brochure			
В.	Source fo	r a free website	E. Keywords	G. Appointment reminder			
C.	How you	ır website shows you	ı're a "rock star"	H. Search engine optimization			
	49.	ABMP					
	50. Enhances likelihood of your site appearing higher on relevant web pages						
	51.	The content of your pages					
52. Terms that enhance online searches so you are fo			you are found for the right reasons				
	53.	Printed document c	larifying expectation	as for clients			
	<del></del>	Printed document clarifying expectations for clients					
	54.	Good way to direct more traffic t your website					
	55.	Last part of any ad					
	56.	May be good to have on back of your business card					

Massage Therapy: Principles and Practice, Nervous System Chapter, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Chemoreceptors D. Thermoreceptors G. Receptor B. Mechanoreceptors E. Nociceptors C. Osmoreceptors F. Photoreceptors 57. Receptors that detect changes in temperature and are located beneath the skin 58. Receptors that detect chemical stimuli or changes in the chemical concentrations of fluids; they are located in the nose, on the tongue, and within some arterial walls; they respond to smells, tastes, and changes in blood chemistry 59. Receptors that detect changes in electrolyte concentration and are located in the hypothalamus \_\_\_\_ 60. A neural structure that is sensitive or "receptive" to sensory stimuli Receptors that detect light stimuli and are located in the retina of the eye 61. 62. Receptors that detect mechanical stimuli and are found in skin, blood vessels, the ears, muscles, joints, and fascia; two types are muscle spindles and Golgi tendon organs

Receptors that detect noxious stimuli such as excessive heat and cold or

tissue damage; they are located in almost every tissue of the body

\_\_\_ 63.

A Massage Therapist's Guide to Pathology, Nervous System Chapter, Ruth Werner

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Alzheimer disease D. Cervical dystonia G. Dystonia B. Parkinson disease E. Amyotrophic lateral sclerosis C. Peripheral neuropathy F. Tremor \_\_\_ 64. Also called spasmodic torticollis, this condition is the most common form of dystonia and involves unilateral involuntary contractions of neck rotators, usually sternocleidomastoid 65. Involuntary oscillating movements on a fixed plane; the movements are rhythmic back-and-forth movements of antagonistic muscle groups and the movement is in a single plane \_\_\_\_ 66. First discussed as the "shaking palsy", this movement disorder involves progressive degenerative of nerve tissue and a reduction in neurotransmitter (dopamine) production in the CNS 67. A progressive and fatal condition that destroys motor neurons in the central and peripheral nervous systems, leading to the atrophy of voluntary muscles 68. This condition is usually not a disease in itself, but a symptom or a complication of other underlying conditions; in this situation, peripheral nerves, either singly or in groups, are damaged through a lack of circulation, chemical imbalance, trauma, or other factors 69. A progressive degenerative disorder of the brain causing memory loss, personality changes, and eventual death

sustained contractions of skeletal muscles

A common condition that involves repetitive, involuntary, sometimes

70.

55a Review Questions A Massage Therapist's Guide to Pathology, Nervous System Chapter, Ruth Werner

A.	Bell palsy	D	. Spina bifida	G.	Trigeminal neuralgia
B.	Stroke	E	Fibromyalgia	H.	Vestibular balance disorders
C.	Cerebral	palsy F.	Meniere disease	I.	Spinal cord injury
	71.	0	ve tissue in the spinal ca atusion, compression, la		<u> </u>
	72.	VII, the facial n	erve; symptoms or clas	sic si	impairment of cranial nerve gns include sudden onset es of the upper and lower face
	73.		ns and symptoms that c go, tinnitus, and hearin		on inner ear dysfunction, s
	74.	is damage to br		depr	accident (CVA), this condition rivation brought about by
	<u>7</u> 5.		nerve; it is also called ti		e branches of cranial nerve V, oreaux, which is French for
	<u></u> 76.				is a neural tube defect in letely over the spinal cord
	77.	hormone imbal		and ι	ns with neurotransmitter and ultimately chronic pain in tissues
	<u></u> 78.	development, b	m for many possible inj pirth, and early infancy; t can range from subtle	it res	to the brain during gestational sults in mental and physical emplete
	<u> </u>	VIII (vestibuloc		anctio	stibular branch cranial nerve on, leading to debilitating hours

Massage Therapy: Principles and Practice, Endocrine System Chapter, Susan G. Salvo

*Place the CAPITAL letter of the answer next to the term or phrase that best describes it.* A. Adrenal cortex G. Pineal D. Posterior pituitary B. Adrenal medulla E. Hypothalamus H. Thymus C. Anterior pituitary F. Pancreatic islets in the pancreas 80. Secrete insulin (from beta cells) and glucagon (from alpha cells) \_\_\_\_ 81. Gland that regulates the autonomic nervous system and controls many behaviors 82. Secretes thymopoietin and thymosin, which stimulate T cell maturation \_\_\_\_ 83. Secretes antidiuretic hormone and oxytocin Secretes adrenocorticotropic hormone, follicle-stimulating hormone, 84. growth hormone, luteinizing hormone, melanocyte-stimulating hormone, prolactin, and thyroid-stimulating hormone 85. Secretes aldosterone and cortisol (called hydrocortisone when used as a medication) \_\_\_\_ 86. Secretes melatonin \_\_\_\_ 87. Secretes epinephrine (AKA: adrenaline) and norepinephrine (AKA: noradrenaline)

Massage Therapy: Principles and Practice, Endocrine System Chapter, Susan G. Salvo

*Place the CAPITAL letter of the answer next to the term or phrase that best describes it.* A. Insulin D. Epinephrine and norepinephrine G. Glucagon B. T3 and T4 E. Adrenocorticotropic hormone H. Calcitonin C. Growth hormone F. Antidiuretic hormone 88. Stimulates protein synthesis for muscle and bone growth, maintenance and repair, and plays a role in metabolism \_\_\_\_ 89. Regulate metabolism and affects the growth and development of many other body systems 90. Enhance and prolong sympathetic arousal; said another way, these hormones enhance and prolong the physiologic effects of stress 91. Decreases urine production by stimulating the kidneys to absorb more water; it also constricts blood vessels, which consequently raises blood pressure Decreases blood glucose levels by moving glucose out of the blood and 92. into the cells 93. Increases blood glucose levels by moving stored glucose from areas such as the liver into the blood 94. Stimulates the adrenal cortex to secrete its hormones, especially cortisol (when used as a medication it is called hydrocortisone) 95. Decreases blood calcium levels by stimulating osteoblastic activity, which increases calcium storage in bones

55a Review Questions A Massage Therapist's Guide to Pathology, <u>Endocrine System Chapter</u>, Ruth Werner

A.	Type 2 di	abetes mellitus	C.	Hypothyroidism	E.	Metabolic syndrome
B.	Type 1 di	labetes mellitus	D.	Hyperthyroidism		
	96.	genetic background	an	ler that results in hyperg d childhood exposure to ystem mistake and an at	age	ents that might
	97.			irculating levels of thyro interferes with the body		
	98.	problems that, when	se	reestanding disease; ins en in combinations, hav k of developing type 2 c	e be	
	99.			yperglycemia; it is relate style factors that are mo		o genetic predisposition controllable
	100.			ne thyroid gland produc e metabolism of fuel int		xcessive amounts of the nergy

Name	Group	Date
Review Question Information as	nd Guidelines	
		ithout assistance from others
<ul> <li>Its purpose is to help you precomplete the assigned pages</li> </ul>	eview the material bef	ore lecture, so be sure to
<ul> <li>Use your packet and textbook</li> </ul>	oks as indicated on eacl	h page
, 1		ions, ask your A class instructor
Each set of Review Question	ns is named for the clas	s in which it is due
• For example "66a Review Q	uestions" are due in cla	ass 66a before the class start time
<ul> <li>To submit your Review Que hallway, and then place it or before the class start time</li> </ul>	estions, first staple then n the instructor's table	n using one of the staplers in the at the front of the classroom
<ul> <li>Review Questions (and all o they are not turned in before</li> </ul>		ments) are considered late if ass in which they are due
• 20 points will be deducted for	or all late Review Ques	etions
• If you are absent on a day ir the start time of the next class		ue, you may submit it before out the 20 point deduction
This set of Review Question	s contains 100 question	as worth 1 point each
<ul> <li>Choose the best answer and</li> </ul>	write it on the line in b	olue or black ink only
<ul> <li>No credit is given for a correink, and on the line</li> </ul>	ect answer unless it is l	egible, written in blue or black
The total number of questions (minus) The number of incorrect answers	100	
(equals ) Your percentage grade (minus)	%	
20 points if submitted late	%	

# 66a Review Questions Packet E: 135-144

 ${\it Place the CAPITAL\ letter\ of\ the\ answer\ next\ to\ the\ term\ or\ phrase\ that\ best\ describes\ it.}$ 

A. Distress	D. Compounding	G. Epinephrine and norepinephrine	
B. Cortisol	E. Stress-related	H. Psychoneuroimmunology	
C. Eustress	F. Opiate peptides	I. Anger and hostility	
1.	80% of all diseases are	_	
2.	Loading unnecessary suffering, setc.) on top of the initial stressor	such as berateing ourselves, guilt, worry,	
3.	Caused by a stressor that is perceived as a challenge, but the person maintains a sense of control over the situation		
4.	Highly correlated with hypertens	sion and coronary artery disease	
5.	The study of the interaction between nervous and immune systems of	veen psychological processes and the the human body	
6.	Part of the endorphin family, the morphine; they can increase imm feelings of happiness, and are ass consciousness	se substances are chemically similar to nune function, alpha waves (relaxation), sociated with states of expanded	
7.	and fat and suppresses inflamma	this hormone sustains high blood sugar ation and other immune functions; long- s, arteriosclerosis, sluggish immune	
8.	Opposite of eustress; the demand over it	d in the environment exceeds our control	
9.	these hormones, which are secret increase in heart rate, respiratory	the hypothalamus triggers the release of ted by the adrenal medulla; they cause an rate, metabolic rate, clotting ability, I pressure, and blood flow to skeletal	

Massage Therapy: Principles and Practice, Respiratory System Chapter, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Alveoli D. Diaphragm G. Lungs J. Respiration B. Breathing E. Epiglottis H. Nasal cavity K. Paranasal sinuses C. Primary bronchi F. Larynx I. Pharynx L. Trachea 10. Air-filled cavities that lighten the skull and act as resonance chambers for sound 11. Hollow space separated by a septum into left and right halves 12. Main muscle of respiration located between the thoracic and abdominal cavities \_\_\_\_ 13. Primary organs of respiration Also called the windpipe, it connects the larynx with the bronchi and is \_\_\_\_ 14. located anterior to the esophagus Also called the throat, this muscular tube extends from the nasal cavity to 15. the larynx \_\_\_\_ 16. Process of taking in air and expelling it from the lungs 17. This structure forms a flap over the glottis during swallowing to help move food and water into the esophagus 18. The process used to supply body cells with oxygen and to dispose of carbon dioxide 19. The passageways leading from the trachea to each lung 20. The primary gas exchange structures of the respiratory tract 21. Also called the voice box, it connects the pharynx to the trachea

66a Review Questions
Massage Therapy: Principles and Practice, Respiratory System Chapter, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it.

A. Exhalation D. Inhalation G. Internal respiration E. External respiration B. Elastic recoil F. Accessory muscles of inhalation C. Olfaction Gas exchange between the air in the alveoli and the blood in capillaries \_\_\_\_ 22. \_\_\_\_ 23. Process of expelling air from the lungs

 _ 26.	Process of drawing air into the lungs
 _ 27.	Tendency of the thorax and lungs to return to their pre-inhalation size
28.	Gas exchange between blood in the capillaries and body cells and tissues

SCM, scalenes, pectoralis minor, and serrratus posterior superior

\_\_\_\_ 24.

25.

Sense of smell

66a Review Questions
A Massage Therapist's Guide to Pathology, Respiratory System Chapter, Ruth Werner

 ${\it Place the CAPITAL\ letter\ of\ the\ answer\ next\ to\ the\ term\ or\ phrase\ that\ best\ describes\ it.}$ 

A. Pneumor	nia D. Tuberculosis	G. Influenza		
B. Emphyse	ema E. Acute bronchitis	H. Cystic fibrosis		
C. Asthma	F. Chronic bronchitis	I. Common cold		
29.	Congenital disease of exocrine glands that cau digestive enzymes, bile, sweat) to become abne			
30.	An infection of the upper respiratory tract brought about by an of hundreds of viruses; symptoms include stuffy, runny nose, sneezing, sore throat, dry coughing, headache, and a mild fever			
31.	Also called the flu, this condition is a viral infection of the respiratory tract; symptoms include respiratory irritation with runny nose and dry cough, sore throat, headache, chills, and a long-lasting high fever			
32.	Chronic airway inflammation and intermittent hyper-reactive bronchioles	nt airflow obstruction due to		
33.	A general term for inflammation of the lungs of symptoms vary widely depending on the cause fever, chills, sweating, delirium, chest pains, computum, shortness of breath, muscle aches and	ise, but coughing, very high cyanosis, thick and colored		
34.	A chronic obstructive pulmonary disease (COPD) that results in the alveoli become stretched out and inelastic, merging with each other and destroying surface area and capillaries			
35.	A chronic obstructive pulmonary disease (COllong-term irritation of the bronchi and bronchi or without an infection; symptoms usually beginning progress to include thick sputum and sho	hioles which may occur with egin with a mild cough but		
36.	Sometimes called a "chest cold", this condition mation of the respiratory tract, specifically of t			
37.	A disease involving pus-and bacteria-filled but sometimes in other locations; symptoms multiple during the primary phase, but may later included loss, and exhaustion	may be similar to a mild flu		

Massage Therapy: Principles and Practice, <u>Digestive System Chapter</u>, Susan G. Salvo

*Place the CAPITAL letter of the answer next to the term or phrase that best describes it.* A. Absorption E. Digestion I. Ingestion B. Stomach F. Esophagus J. Bile G. Gastrointestinal tract C. Peristalsis K. Saliva D. Peritoneum H. Bolus L. Defecation 38. Process of breaking food down into simple molecules that can be used in the body \_\_\_ 39. Watery liquid that helps keep the oral mucosa moist and lubricates food so that it is easier to swallow 40. Muscular tube that connects the pharynx to the stomach \_\_\_\_ 41. Digestive emulsifier that breaks apart large fat globules into smaller ones \_\_\_\_ 42. Large serous membrane that envelops the abdominal cavity 43. Small round mass of food \_\_\_\_ 44. Process of taking materials into the mouth by eating and drinking 45. J-shaped sac-like organ located between the esophagus and the small intestine 46. Process of eliminating materials from the body through the rectum and \_\_\_\_ 47. Wave-like movements that help to mix and propel products of digestion along the G.I. tract Process by which simple molecules from the G.I. tract are moved into the 48. bloodstream or lymph vessels and then into body cells 49. Open tube that begins in the mouth and ends at the anus

66a Review Questions
Massage Therapy: Principles and Practice, <u>Digestive System Chapter</u>, Susan G. Salvo

	A. Enzyme		D. Large Intestine	G.	Pancreas
	B. Gallblad	der	E. Villi	H.	Small intestine
	C. Ileocecal		F. Liver	I.	Pyloric
	50.	Digestive or	gan that produces bile		
51. Gland that c		Gland that c	ontains acini cells		
52. Hollow orga		Hollow orga	nn that stores and concentr	ates	bile
	53.	Finger-like p	projections that house bloo	d an	d lymph vessels
_					
	54.	Sphincter lo the large int		f the	small intestine and cecum of
55. Sphincter loo		Sphincter lo	cated between the stomach and small intestine		
	56.	Area of the g	gastrointestinal tract that contains the cecum and rectum		
	57.	57. Coiled tube located between the stomach and large intestine			nd large intestine
	58.	Cubotonoso	hat act as catalysts in chen	nico1	reactions

66a Review Questions
A Massage Therapist's Guide to Pathology, <u>Digestive System Chapter</u>, Ruth Werner

 ${\it Place the CAPITAL\ letter\ of\ the\ answer\ next\ to\ the\ term\ or\ phrase\ that\ best\ describes\ it.}$ 

A.	Hepatitis	D. Cirrhosis	G.	Diverticular disease
B.	GERD	E. Pancreatitis	H.	Peptic ulcers
C.	Gallstone	es F. Candidiasis	I.	Irritable bowel syndrome
	59.	A condition of the small intestine or cole submucosal layers of the G.I. tract bulge to form a sac		
	60.	A condition involving digestive system structural changes; also called spastic co and functional bowel syndrome		
	61.	Damage to the epithelial lining of the es exposed to digestive juices from the stor		
	62.	Higher than normal levels of the fungus	s C.	albicans in the G.I. tract
	63.	The name of this disease translates as "y the jaundice that can develop; it is descr replacement of healthy liver cells with r	ribe	d as the crowding out and
	64.	Concentrated deposits of bile salts or pi	gme	ents in the gallbladder
	65.	Inflammation of the pancreas; when acubinging, gallstones, toxic exposure, blur pancreatitis is usually related to long-terms.	nt tr	auma, or other factors; chronic
	66.	Perpetually open sores of the inner surfauodenum caused by constant irritation healing process		
	67.	Inflammation of the liver that can be can inflammation related to fatty deposits, at correct of the correct of	auto	immune disease, or exposure

# 66a Review Questions Business Mastery, Chapter 20

A. W-2	D. Schedule C	G. Continuing education		
B. 7 years	E. Cash flow projections	H. Assets		
C. Indefinitely	F. Balance sheets			
68. Su	ımmary info about assets, liability and	net equity		
69. M	onthly prediction of massage income a	and expenses		
70. Ti	me to keep tax returns			
71. Fu	ılly deductible business expense			
72. Ti	me to keep records of receipts			
73. Ta	ax form you receive from employer			
74. To	otal resources of sole practitioner or bus	ces of sole practitioner or business		
75. IR	S form for profit or loss from business	profit or loss from business used by sole proprietor		

66a Review Questions
Massage Therapy: Principles and Practice, <u>Urinary System Chapter</u>, Susan G. Salvo

A. Cortex	E.	Kidneys	Н.	Filtrate
B. Urine	F.	Medulla	I.	Retroperitoneal
C. Ureters	G.	Nephrons	J.	Urinary bladder
D. Urethra				
76.	Watery yellowis	h fluid that is discharge	ed tl	nrough the urethra
77.	Term meaning behind the peritoneum and helps describe the location of the kidneys			
78.	Filtering units of	f the kidneys		
79.	Outer region of	the kidney		
80.	Narrow tube tha		the	urinary bladder out of the
81.	Fluid filtered by	the nephrons		
82.	Reddish-brown and form urine	bean-shaped organs loc	cate	d bilaterally that process blood
83.	Expandable sac	that stores urine		
84.	Two slender, ho to the urinary bl		om	the renal pelvis of the kidneys
85.	Inner region of t	he kidney		

Massage Therapy: Principles and Practice, <u>Urinary System Chapter</u>, Susan G. Salvo

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Renal tubule D. Bowman capsule G. Glomerulus E. Edema B. Peritubular capillaries C. Diuretic F. Dehydration Cluster of blood capillaries within the Bowman capsule \_\_\_\_\_ 86. \_\_\_\_\_ 87. Abnormal accumulation of fluids in the body \_\_\_\_ 88. Network of capillaries surrounding the renal tubules \_\_\_\_\_ 89. Hollow cup-shaped structure that surrounds the glomerulus \_\_\_\_ 90. Excess loss of water from the body 91. Hollow tube between the renal corpuscle and the collecting duct 92. Substance that promotes the formation and excretion of urine

66a Review Questions
A Massage Therapist's Guide to Pathology, <u>Urinary System Chapter</u>, Ruth Werner

A. Calcium	D. Kidney stones	G. Cystine	
B. Uric acid	E. Renal failure	H. Interstitial cystitis	
C. Struvite	F. Urinary tract infection		
93.	Type of kidney stone associated with abnormal diet high in meat and purine	nally acidic blood due to a	
94.	Inability of the kidneys to function at norma	l levels	
95.	Type of rare kidney stone directly related to genetic dysfunction with the metabolism of a particular amino acid		
96.	Also called renal calculi, these are crystals the renal pelvis	at sometimes develop in the	
97.	Most common kidney stone type, associated metabolism or too much incoming calcium	with problems with calcium	
	Type of kidney stone composed of magnesium and ammonia and are associated with chronic urinary tract infections (UTIs)		
98.			
98. 99.		ons (UTIs)	