## **TLC Contact Information**

Lauterstein Conway Massage School 4701-B Burnet Rd., Austin, Tx 78756	(512) 374 - 9222
<b>Mark Dauenhauer</b> – Co-Director. Monday thru Friday 9:30am – 6pm markd@tlcschool.com	Ext. 17
<b>Eric Tebbetts</b> – Co-Director/Controller. Monday thru Friday 9am – 6pm erict@tlcschool.com	Ext. 12
<b>Bethany Greenway –</b> Marketing and Communications Director. By Appointment Only bethanyg@tlcschool.com	Ext. 25
<b>Shellie Harstad</b> – Director of Sales. By Appointment Only admissions@tlcschool.com	Ext. 14
<b>Tila Tapp</b> – Student Administrator. By Appointment Only tilat@tlcschool.com	Ext. 13
<b>Jessica Lydon</b> – Front Desk, Books and Student Supply Sales & Workshops Monday thru Friday 9am - 4pm reception@tlcschool.com	Ext. 10
<b>Tammie Culley</b> – Clinic Director. Monday thru Friday 9:30am – 5pm tammiec@tlcschool.com	Ext. 30
<b>Tim Stahlke</b> – Education Director. Monday- Thursday 1pm-5pm or By Appointme tims@tlcschool.com	ent 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. Please email admin@tlcschool.com to voice your comments or concerns. The student support page also has a form to submit feedback electronically.
- 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 missed 10 consecutive days regardless of time made up.
- 2. **Punctuality** Classroom doors open 30 minutes prior to class start time. 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 each additional NP 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.
  - 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.
  - 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 may result in changes of the 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 7 categories:
  - Anatomy and Physiology 11%
  - Kinesiology 12%
  - Pathology 14%
  - o Benefits and Effects of Massage Therapy 15%
  - o Client Assessment and Treatment Planning 17%
  - 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

## Student Portal

Students can access their grades, attendance record, and financial details by logging onto the Student Portal.

To register, go to studentsupportal.com

- Click Request New User ID
- Enter the following (note: it **must** match what is on record with TLC)
  - Social Security Number (without hyphens)
  - Your email address
  - Your date of birth
- Click Next
  - Enter User ID (at least 10 characters)
  - Enter Password (at least 8 characters, must contain 1 number)
  - Confirm Password
  - Create Validation Question
  - Click Create User ID

Forgot your Password?

- Go to studentsupportal.com
- Click Forgot Password
- Enter answer to Validation Question
- Click Request Password
- Contact the Student Administrator if that doesn't work

Forgot your User ID?

• Contact the Student Administrator

#### STARS LMS

After logging into the Student Portal, you can access the LMS. Click the Menu button on the top right corner of the blue banner and select Connect to STARSLMS. Your LMS Dashboard home page will have 5 Buttons on the left-hand side:

- Courses Shows you the consolidated course that houses all tests and most assignments
- Calendar Shows you assignments listed by their due dates
- Support Where you can message for Support
- LMS Dashboard Dashboard home screen
- Student Portal Returns you to the Student Portal

Click Courses and select the course listed there: 500-Hour Program Grades. This will bring you to the course's main page.

By clicking Modules on the left-hand menu, you will see all open modules.

Click on the target Module, read the instructions, and click the hyperlink at the bottom to begin. Tips :

- Make sure to click save to save your progress
- Make sure to submit for grading when you've completed the assignment

Tests are only to be taken on the LMS during the scheduled testing time, while being proctored by an instructor. Taking tests outside of this time may be considered academic dishonesty. LMS will not be used while completing make-up hours. All tests completed outside of the scheduled testing time will be proctored and completed on a paper test.

## GroupMe

Consider joining your class's GroupMe, a free app that our classes use to communicate, share ideas, pictures, memes, and support with each other.

We strongly suggest putting this app on 'do not disturb' or silence the notifications due to the sometimes frequent number of alerts and check it periodically.

#### Important messages regarding the school will be sent via email or text.

Private messages do not always give notifications in GroupMe (avoid privately messaging your instructor) and they may go unnoticed for a long time. Please email your instructor instead.

All comments/concerns/constructive feedback about TLC, its policies, or staff should be emailed admin@tlcschool.com. Avoid posting anything that violates the policies detailed in the student handbook such as distributing course materials (test answers, review questions, etc) or bullying or harassment.

Previous classes have used GroupMe for many things like letting the class know that you are sick, going to be absent, or running late, you have a new/used (dog, book, car, massage table, etc.), you need coverage in clinic (please follow up with Tammie and/or Jessica), need someone to study or practice with, remembered that review questions are due next class, questions about what to do (with a client with a psoriasis flare-up, athlete's foot, piriformis syndrome, tight serratus anterior, etc), or whatever else you would like to use this app for.

Previous classes continue to use GroupMe even after they've graduated to share how their journeys are going, where they work, and occasionally get together to trade massages.

A - 43

## Class Health

If you have COVID, are experiencing symptoms of (any) illness, or believe you may have been exposed:

- Please do not come to the TLC Campus.
- Immediately contact the Director, Mark Dauenhauer, directly at markd@tlcschool.com.

Students that are scheduled for clinic, must contact the MTI on-duty at 512/374-9222 ext. 30 immediately. The MTI on-duty will cancel all appointments at no cost or penalty to the student.

Students can choose to do one of the following:

- Isolate for 10 calendar days and then get a rapid test.
   -or-
- 2. Get a PCR test (a more conclusive test, but with longer turn-around time).

In both cases, you must email a screenshot of your test results to the Director. <u>Home</u> tests will **not** be accepted at this time.

Students who miss class will need to make-up classes in the make-up room. Upon return, students' make-up fee will be waived, effective the date they notify the Director.

#### No student may return without clearance from the Director.

## Study Skills

#### Learning How to Learn

Adult learners in vocational education have multiple responsibilities.

Think of your responsibilities and how you will manage your time with school:

- •
- •

- •
- •

- •
- •

#### Daily/Weekly Goals

- Active Reading: Preparing for the upcoming week, looking over last week's material, writing down questions, preparing for the next test or assignment, etc.
- Active Study Skills: Listening to recorded lectures, watching practical videos, drawing/coloring muscles, creating flashcards, palpating, etc.
- Massage Practice: Schedule clients 2-3 times a week for 30-60 minute sessions (make sure they know what modality they are receiving and which area you will be working, this is <u>your</u> 'practice time', not their 'massage time'. They can book with you when you are in clinic for a custom session). You should be practicing every week starting at class 4.

## 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". You'll be approved 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
  - o Enter the word that you want to know how to pronounce and then click on the speaker icon
- Triquetrum
- Iliopsoas
- Clavicle
- Acromion process
- Scapula

## What to Study

#### For class (4th column)

Every class that uses the packet and/or a textbook will state what information you need in the preparation column. 6a is about anatomy and physiology of the tissues. Before the class, you should use the Trail Guide to study the 3 gluteal muscles, read pages 349-356 in Massage Therapy Principles and Practices (Salvo), review E: 7-10 in your packet (binder or digitally), and review the RQ (review questions), completing them before they are due.

#### For assignments (last column)

Some assignments will be due before the class starts (homework) and some will be done in class. Refer to the pages listed in this column for more information. Review Questions must be completed on LMS to be accepted. If you were absent or turning them in late, complete them on LMS. The grade displayed will be correct if you were absent and it was completed on time. The system will update your grades in 2-3 business days. If your RQs were completed late, the displayed score will NOT be correct. The system will update the grade and deduct the penalty points, then post your grade in 2-3 business days. You may access your completed assignments on LMS through the Calendar or through the Grades sections.

Week	4		$\square$	
10/8/22	6a	A&P: Introduction to the Human Body - Tissues	Trail Guide: gluteals (maximus, medius, and minimus). Salvo: Pages 349-356. Packet E: 7-10. RQ - Packet A-129.	
10/8/22	6b	Swedish: Technique Review and Practice - Posterior Upper Body	Packet F: 29-30.	Swedish Supplies: Starting today, have your own lubricant and holster.
10/8/22	7a	A&P: Introduction to the Human Body - Body Compass	Trail Guide: hamstrings (biceps femoris, semitendinosus, semimembranosus). Salvo: Pages 356-365. Packet E: 11-14. RQ - Packet A-130.	<b>7a Review Questions</b> Due before class starts. See Packet A: 119-130, A-113 for info.
10/8/22	7b	Swedish: Technique Demo and Practice - Posterior Lower Body	Packet F: 31-34.	

## What to Study

#### For quizzes and exams (last column)

The '8a Quiz' is given at the start of class, has 20 questions (always multiple choice or true/false), has a time limit of 20 minutes, and will be over the study material listed in the preparation column. *Study all packet material (and muscles) from classes:* 

- 0b Orientation, deltoid, shoulder joint, anatomy terms, etc
- 2a Bones and posterior muscles, trapezius, etc
- 2b Tools of the trade, tables, lubricants, cleaning, etc
- 3a Self Care, lats, teres major, etc
- And 4a, 5a, 6a, and 7a.

The '9a Kinesiology Quiz' is given at the start of class, has 20 questions (always multiple choice or true/false), has a time limit of 20 minutes, and will be over the muscles listed in the preparation column. *Use the Trail Guide to study the A(ctions), O(rigins), and I(nsertions) of:* 

- Glutes- max, med, and min
- Hamstrings- biceps femoris, semimembranosus, and semitendinosus
- Triceps Surae- Gastroc and Soleus

2/12/24	8a	Quiz	Trail Guide: gastrocnemius and soleus. Study all packet material from classes: 0b, 2a, 2b, 3a, 3b, 4a, 5a, 6a, and 7a.	<b>8a Quiz</b> Given at the start of class. 20 questions in 20 minutes. Packet A-73.
2/12/24	8b	Kinesiology: AOIs - Posterior Lower Body		
2/14/24	9a	Kinesiology Quiz & H&H: Therapeutic Relationships - Introduction, Confidentiality, and Boundaries	Salvo: Pages 16-33. Packet H: 7-14. RQ - Packet A: 132-133. Use Trail Guide to study the AOIs of glutes, hamstrings, gastrocnemius, and soleus.	<b>9a Kinesiology Quiz</b> Given at the start of class. 20 questions in 20 minutes. Packet A-73.
2/14/24	9b	Business: Introduction	Business Mastery: Chapters 1- 3. Packet B: 1-30, especially B- 5 for the assignment done in class.	<b>9b Purpose, Priorities, and</b> <b>Goals</b> This will be done in class, assessed, and graded. Packet B: 6-7. Bring your Business book to every business class.

#### Week 5

## Introduction to Kinesiology

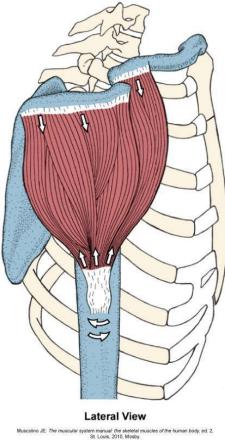
Kinesiology Study of human motion.

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.



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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:
  - "No more test anxiety", Ed Newman
  - "The secrets of taking any test", Judith Meyers
  - o "Test taking strategies and study skills for the utterly confused", Laura Rozakis
  - <sup>o</sup> *"Test-taking strategies",* Judi Kesselman-Turkel
- Audio tapes: *"Tame test anxiety"*, Richard Driscoll

A - 53

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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

#### Overview

- Use the provided forms to document these 3 assignments.
  - o 43a Swedish: Outside Massages
  - o 62a Deep Tissue: Outside Massages
  - o 85a Orthopedic Massage: Outside Massages
- 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 practicing massage outside of class immediately, but do not begin documenting outside massages until the time indicated on your class schedule.
- Use this early practice to get the strokes and sequencing down and formulate questions to ask in class.
- All sessions submitted need to be at least 50 minutes in length.

#### Outside Massages Overview

- 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 your clients are too relaxed to write, you may interview them and write their reactions to the session for them.
- 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.



Massage School & Clinic

#### Outside Massage Form #1: Full Body Swedish Only

Client		Due Date <u>Class 43a</u>	
Student	Group	Date	

#### **Client Feedback:**

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

#### **Student Notes:**

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?



## **CLIENT INTAKE FORM**

Date: \_\_\_\_\_

Full Name:	Preferred P	hone:		
Address:	City: _		_State:	Zip:
DOB:// Gender Id	lentity:	Preferred Pron	ouns:	
Height:' Approx. Weight:	lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone	:	
What types of healthcare are you receiving	? (Physician, Chiropracto	or, Acupuncture, F	lomeopath,	etc.)
Do you currently have, or recently had, any	of the following condition	ons?:		
Diabetes	Numbness or Ting	ling	High Bl	ood Pressure
Arthritis	Headaches/Migrai	nes	Heart C	Conditions
Cancer (History)	Skin Conditions		Varicos	e Veins
Allergies	Autoimmune Disea	ase	Spinal	Conditions
Please elaborate if you selected any of the	above conditions:			
Please note any recent injuries, surgeries, i	major accidents, or serio	us illness/conditio	ons:	
Please list any medications or supplements	s you are currently taking	) for <u>any of the ab</u>	ove conditio	<u>ns</u> :
Are you pregnant or trying to become preg	nant? No \	/es: Due Date		
Previous massage/bodywork experience: _	Never Occasiona	ally Often: Ty	vpe(s)	
I understand that: Massage therapy (Which inc diagnosis nor treatment of any condition and is body massage unless otherwise requested. <u>Ne</u> my body that <u>I wish to be avoided</u> , and these w	s not a substitute for medic either breasts nor genitalia	al care. Draping wil will be massaged.	II be used at a I may itemize	all times. This is a full-
If I am uncomfortable for any reason I may req written consent from client's guardian or paren the information I have provided above does no prohibits me from receiving Massage I must pr	t is required. I affirm that I t prohibit me from doing sc	am able to receive b. I am aware that if	Massage Th I have a me	erapy and that any of

Client Signature: \_\_\_\_\_

#### Therapist Signature: \_\_\_\_\_

The provided information is confidential and may be important to your therapy. Clients are asked to keep the clinic informed on changes. This is a student internship and table-side instruction may take place. Therefore, you may notice light talking between instructors and students during your treatment.

~	MS 0016
THE LAUTERSTEIN-COM MASSAGE SCHOOL & CH www.TLCschool.com	INIC

**Treatment Record** 

<b>Client Name</b>	

\_\_\_\_\_

Date \_\_\_\_\_

**Prone:** 

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status (client goals, functional limitations, and diagnosis/clearance from a physician)

**O: Objective** or findings made by the therapist (client posture, client movement, palpation of client during interview, details of focus area treatment)

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment) Before treatment: After treatment:

P: Plan or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist

## Technique Check List

BMTs - Prone	Passive Stretches - Prone
Spinal Rotation & Release with Erector Compressions	Quadriceps femoris
Shoulder Mobilization with Trapezius Compressions	
Scapular Mobilization with Trapezius & Deltoid Compressions	s Passive Stretches - Supine
Deltoid & Triceps Brachii Coarse Vibration	Low back
Gluteal & Hamstring Compression with Knee & Hip Mob.	Gluteals
Ankle Mobilization with Gastrocnemius Compressions	Adductors
One Handed Gastrocnemius & Soleus Jostling	Tibialis anterior
Ankle & Knee Mobilization with Plantar Compressions	Gastrocnemius and soleus
Prone Full Body Rocking Compressions	Pectoralis major
	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 Mobilization	Orthopedic - Piriformis & Sacroiliac
Bilateral Upper Ribcage Compressions	S.I. ligament: deep transverse friction
Shoulder Mobilization with Pectoral Compressions	Piriformis: deep longitudinal stripping
Supine Deep Lateral Friction & Release on the Rhomboids	Piriformis: pin and stretch
Wrist, Elbow & Shoulder Mobilization	Piriformis: PIR deep longitudinal stripping
Head & Neck Rotation with Post. Cervical Comp. & Release	Piriformis: passive stretching after PIR
Alternating Scapular Depression with Trapezius Comp.	
	Orthopedic - Low Back Pain
Deep Tissue - Prone	Lumbar & lamina groove: deep stripping
Înfraspinatus and teres major: deep effleurage	QL: deep longitudinal stripping
Triceps brachii: deep effleurage	QL: pin and stretch with active engagement
Upper traps, supraspinatus, levator scapula: deep 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 melting	GH rotators: passive stretch
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	Scalenes: stripping after PIR
Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage	Scalenes: stripping with active lengthening
Distal quadriceps: petrissage/wringing/fiber spreading	Brachial plexus: nerve mobilization
Tibialis anterior & ankle/toe extensors: deep stripping	
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
Forearm flexors and extensors: superficial and deep friction	Cervical extensors: PIR deep stripping
Forearm flexors and extensors: Stripping with traction	Cervical lateral flexors: PIR deep stripping
Thenar and hypothenar eminences: cross fiber friction	Passive Stretches: lateral flexion and rotation



Lauterstein-Conway Massage School & Clinic

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

Client		Due Date <u>Class 43a</u>	
Student	Group	Date	

#### **Client Feedback:**

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

#### **Student Notes:**

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?



## **CLIENT INTAKE FORM**

Date: \_\_\_\_\_

Full Name:	Preferred P	hone:		
Address:	City: _		_State:	Zip:
DOB:// Gender Id	lentity:	Preferred Pron	ouns:	
Height:' Approx. Weight:	lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone	:	
What types of healthcare are you receiving	? (Physician, Chiropracto	or, Acupuncture, F	lomeopath,	etc.)
Do you currently have, or recently had, any	of the following condition	ons?:		
Diabetes	Numbness or Ting	ling	High Bl	ood Pressure
Arthritis	Headaches/Migrai	nes	Heart C	Conditions
Cancer (History)	Skin Conditions		Varicos	e Veins
Allergies	Autoimmune Disea	ase	Spinal	Conditions
Please elaborate if you selected any of the	above conditions:			
Please note any recent injuries, surgeries, i	major accidents, or serio	us illness/conditio	ons:	
Please list any medications or supplements	s you are currently taking	) for <u>any of the ab</u>	ove conditio	<u>ns</u> :
Are you pregnant or trying to become preg	nant? No \	/es: Due Date		
Previous massage/bodywork experience: _	Never Occasiona	ally Often: Ty	vpe(s)	
I understand that: Massage therapy (Which inc diagnosis nor treatment of any condition and is body massage unless otherwise requested. <u>Ne</u> my body that <u>I wish to be avoided</u> , and these w	s not a substitute for medic either breasts nor genitalia	al care. Draping wil will be massaged.	II be used at a I may itemize	all times. This is a full-
If I am uncomfortable for any reason I may req written consent from client's guardian or paren the information I have provided above does no prohibits me from receiving Massage I must pr	t is required. I affirm that I t prohibit me from doing sc	am able to receive b. I am aware that if	Massage Th I have a me	erapy and that any of

Client Signature: \_\_\_\_\_

#### Therapist Signature: \_\_\_\_\_

The provided information is confidential and may be important to your therapy. Clients are asked to keep the clinic informed on changes. This is a student internship and table-side instruction may take place. Therefore, you may notice light talking between instructors and students during your treatment.

~	MS 0016
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**Treatment Record** 

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

				Date

**Prone:** 

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status (client goals, functional limitations, and diagnosis/clearance from a physician)

**O: Objective** or findings made by the therapist (client posture, client movement, palpation of client during interview, details of focus area treatment)

Supine:

**A: Assessment** or how the client rates the pain or discomfort of a focus area (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment) **Before treatment: After treatment:** 

P: Plan or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist

## Technique Check List

BMTs - Prone	Passive Stretches - Prone
Spinal Rotation & Release with Erector Compressions	Quadriceps femoris
Shoulder Mobilization with Trapezius Compressions	
Scapular Mobilization with Trapezius & Deltoid Compressions	s Passive Stretches - Supine
Deltoid & Triceps Brachii Coarse Vibration	Low back
Gluteal & Hamstring Compression with Knee & Hip Mob.	Gluteals
Ankle Mobilization with Gastrocnemius Compressions	Adductors
One Handed Gastrocnemius & Soleus Jostling	Tibialis anterior
Ankle & Knee Mobilization with Plantar Compressions	Gastrocnemius and soleus
Prone Full Body Rocking Compressions	Pectoralis major
	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 Mobilization	Orthopedic - Piriformis & Sacroiliac
Bilateral Upper Ribcage Compressions	S.I. ligament: deep transverse friction
Shoulder Mobilization with Pectoral Compressions	Piriformis: deep longitudinal stripping
Supine Deep Lateral Friction & Release on the Rhomboids	Piriformis: pin and stretch
Wrist, Elbow & Shoulder Mobilization	Piriformis: PIR deep longitudinal stripping
Head & Neck Rotation with Post. Cervical Comp. & Release	Piriformis: passive stretching after PIR
Alternating Scapular Depression with Trapezius Comp.	
	Orthopedic - Low Back Pain
Deep Tissue - Prone	Lumbar & lamina groove: deep stripping
Înfraspinatus and teres major: deep effleurage	QL: deep longitudinal stripping
Triceps brachii: deep effleurage	QL: pin and stretch with active engagement
Upper traps, supraspinatus, levator scapula: deep 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 melting	GH rotators: passive stretch
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	Scalenes: stripping after PIR
Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage	Scalenes: stripping with active lengthening
Distal quadriceps: petrissage/wringing/fiber spreading	Brachial plexus: nerve mobilization
Tibialis anterior & ankle/toe extensors: deep stripping	
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
Forearm flexors and extensors: superficial and deep friction	Cervical extensors: PIR deep stripping
Forearm flexors and extensors: Stripping with traction	Cervical lateral flexors: PIR deep stripping
Thenar and hypothenar eminences: cross fiber friction	Passive Stretches: lateral flexion and rotation



Lauterstein-Conway Massage School & Clinic

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

Client		Due Date	Class 62a
Student	Group	Date	

#### **Client Feedback:**

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

#### **Student Notes:**

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?



## **CLIENT INTAKE FORM**

Date: \_\_\_\_\_

Full Name:	Preferred P	hone:		
Address:	City: _		_State:	Zip:
DOB:// Gender Id	entity:	Preferred Pron	ouns:	
Height:' Approx. Weight:	lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone	:	
What types of healthcare are you receiving	? (Physician, Chiropracte	or, Acupuncture, F	lomeopath, c	etc.)
Do you currently have, or recently had, any	of the following condition	ons?:		
Diabetes	Numbness or Ting	ling	High Bl	ood Pressure
Arthritis	Headaches/Migra	ines	Heart C	Conditions
Cancer (History)	Skin Conditions		Varicos	e Veins
Allergies	Autoimmune Dise	ase	Spinal (	Conditions
Please elaborate if you selected any of the	above conditions:			
Please note any recent injuries, surgeries, i	najor accidents, or serio	us illness/conditio	ons:	
Please list any medications or supplements	s you are currently taking	) for <u>any of the ab</u>	ove conditio	<u>ns</u> :
Are you pregnant or trying to become preg	nant? No `	/es: Due Date		
Previous massage/bodywork experience: _	Never Occasion	ally Often: Ty	vpe(s)	
I understand that: Massage therapy (Which ind diagnosis nor treatment of any condition and is body massage unless otherwise requested. <u>Ne</u> my body that <u>I wish to be avoided</u> , and these w	not a substitute for medic either breasts nor genitalia	al care. Draping wil will be massaged.	II be used at a I may itemize	all times. This is a full-
If I am uncomfortable for any reason I may req written consent from client's guardian or paren the information I have provided above does no prohibits me from receiving Massage I must pr	t is required. I affirm that I t prohibit me from doing so	am able to receive b. I am aware that if	Massage Th I have a me	erapy and that any of

Client Signature: \_\_\_\_\_

#### Therapist Signature: \_\_\_\_\_

The provided information is confidential and may be important to your therapy. Clients are asked to keep the clinic informed on changes. This is a student internship and table-side instruction may take place. Therefore, you may notice light talking between instructors and students during your treatment.



**Treatment Record** 

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

**Prone:** 

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status (client goals, functional limitations, and diagnosis/clearance from a physician)

**O: Objective** or findings made by the therapist (client posture, client movement, palpation of client during interview, details of focus area treatment)

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment) Before treatment: After treatment:

**P: Plan** or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist

# Technique Check List

BMTs - Prone	Passive Stretches - Prone
Spinal Rotation & Release with Erector Compressions	Quadriceps femoris
Shoulder Mobilization with Trapezius Compressions	
Scapular Mobilization with Trapezius & Deltoid Compressions	s Passive Stretches - Supine
Deltoid & Triceps Brachii Coarse Vibration	Low back
Gluteal & Hamstring Compression with Knee & Hip Mob.	Gluteals
Ankle Mobilization with Gastrocnemius Compressions	Adductors
One Handed Gastrocnemius & Soleus Jostling	Tibialis anterior
Ankle & Knee Mobilization with Plantar Compressions	Gastrocnemius and soleus
Prone Full Body Rocking Compressions	Pectoralis major
	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 Mobilization	Orthopedic - Piriformis & Sacroiliac
Bilateral Upper Ribcage Compressions	S.I. ligament: deep transverse friction
Shoulder Mobilization with Pectoral Compressions	Piriformis: deep longitudinal stripping
Supine Deep Lateral Friction & Release on the Rhomboids	Piriformis: pin and stretch
Wrist, Elbow & Shoulder Mobilization	Piriformis: PIR deep longitudinal stripping
Head & Neck Rotation with Post. Cervical Comp. & Release	Piriformis: passive stretching after PIR
Alternating Scapular Depression with Trapezius Comp.	
	Orthopedic - Low Back Pain
Deep Tissue - Prone	Lumbar & lamina groove: deep stripping
Înfraspinatus and teres major: deep effleurage	QL: deep longitudinal stripping
Triceps brachii: deep effleurage	QL: pin and stretch with active engagement
Upper traps, supraspinatus, levator scapula: deep 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 melting	GH rotators: passive stretch
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	Scalenes: stripping after PIR
Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage	Scalenes: stripping with active lengthening
Distal quadriceps: petrissage/wringing/fiber spreading	Brachial plexus: nerve mobilization
Tibialis anterior & ankle/toe extensors: deep stripping	
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
Forearm flexors and extensors: superficial and deep friction	Cervical extensors: PIR deep stripping
Forearm flexors and extensors: Stripping with traction	Cervical lateral flexors: PIR deep stripping
Thenar and hypothenar eminences: cross fiber friction	Passive Stretches: lateral flexion and rotation



Lauterstein-Conway Massage School & Clinic

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

Client	_	Due Date	Class 62a
Student	Group	Date	

#### **Client Feedback:**

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

#### **Student Notes:**

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?



# **CLIENT INTAKE FORM**

Date: \_\_\_\_\_

Full Name:	Preferred P	hone:		
Address:	City: _		_State:	Zip:
DOB:// Gender Id	lentity:	Preferred Pron	ouns:	
Height:' Approx. Weight:	lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone	:	
What types of healthcare are you receiving	? (Physician, Chiropracto	or, Acupuncture, F	lomeopath,	etc.)
Do you currently have, or recently had, any	of the following condition	ons?:		
Diabetes	Numbness or Ting	ling	High Bl	ood Pressure
Arthritis	Headaches/Migrai	nes	Heart C	Conditions
Cancer (History)	Skin Conditions		Varicos	e Veins
Allergies	Autoimmune Disea	ase	Spinal	Conditions
Please elaborate if you selected any of the	above conditions:			
Please note any recent injuries, surgeries, i	major accidents, or serio	us illness/conditio	ons:	
Please list any medications or supplements	s you are currently taking	) for <u>any of the ab</u>	ove conditio	<u>ns</u> :
Are you pregnant or trying to become preg	nant? No \	/es: Due Date		
Previous massage/bodywork experience: _	Never Occasiona	ally Often: Ty	vpe(s)	
I understand that: Massage therapy (Which inc diagnosis nor treatment of any condition and is body massage unless otherwise requested. <u>Ne</u> my body that <u>I wish to be avoided</u> , and these w	s not a substitute for medic either breasts nor genitalia	al care. Draping wil will be massaged.	II be used at a I may itemize	all times. This is a full-
If I am uncomfortable for any reason I may req written consent from client's guardian or paren the information I have provided above does no prohibits me from receiving Massage I must pr	t is required. I affirm that I t prohibit me from doing sc	am able to receive b. I am aware that if	Massage Th I have a me	erapy and that any of

Client Signature: \_\_\_\_\_

#### Therapist Signature: \_\_\_\_\_

The provided information is confidential and may be important to your therapy. Clients are asked to keep the clinic informed on changes. This is a student internship and table-side instruction may take place. Therefore, you may notice light talking between instructors and students during your treatment.



**Treatment Record** 

Date \_\_\_\_\_

**Prone:** 

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status (client goals, functional limitations, and diagnosis/clearance from a physician)

**O: Objective** or findings made by the therapist (client posture, client movement, palpation of client during interview, details of focus area treatment)

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment) Before treatment: After treatment:

**P: Plan** or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist

# Technique Check List

BMTs - Prone	Passive Stretches - Prone
Spinal Rotation & Release with Erector Compressions	Quadriceps femoris
Shoulder Mobilization with Trapezius Compressions	
Scapular Mobilization with Trapezius & Deltoid Compressions	s Passive Stretches - Supine
Deltoid & Triceps Brachii Coarse Vibration	Low back
Gluteal & Hamstring Compression with Knee & Hip Mob.	Gluteals
Ankle Mobilization with Gastrocnemius Compressions	Adductors
One Handed Gastrocnemius & Soleus Jostling	Tibialis anterior
Ankle & Knee Mobilization with Plantar Compressions	Gastrocnemius and soleus
Prone Full Body Rocking Compressions	Pectoralis major
	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 Mobilization	Orthopedic - Piriformis & Sacroiliac
Bilateral Upper Ribcage Compressions	S.I. ligament: deep transverse friction
Shoulder Mobilization with Pectoral Compressions	Piriformis: deep longitudinal stripping
Supine Deep Lateral Friction & Release on the Rhomboids	Piriformis: pin and stretch
Wrist, Elbow & Shoulder Mobilization	Piriformis: PIR deep longitudinal stripping
Head & Neck Rotation with Post. Cervical Comp. & Release	Piriformis: passive stretching after PIR
Alternating Scapular Depression with Trapezius Comp.	
	Orthopedic - Low Back Pain
Deep Tissue - Prone	Lumbar & lamina groove: deep stripping
Înfraspinatus and teres major: deep effleurage	QL: deep longitudinal stripping
Triceps brachii: deep effleurage	QL: pin and stretch with active engagement
Upper traps, supraspinatus, levator scapula: deep 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 melting	GH rotators: passive stretch
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	Scalenes: stripping after PIR
Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage	Scalenes: stripping with active lengthening
Distal quadriceps: petrissage/wringing/fiber spreading	Brachial plexus: nerve mobilization
Tibialis anterior & ankle/toe extensors: deep stripping	
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
Forearm flexors and extensors: superficial and deep friction	Cervical extensors: PIR deep stripping
Forearm flexors and extensors: Stripping with traction	Cervical lateral flexors: PIR deep stripping
Thenar and hypothenar eminences: cross fiber friction	Passive Stretches: lateral flexion and rotation



Massage School & Clinic

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

Client	_	Due Date	Class 85a
Student	_Group	Date	

#### **Client Feedback:**

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

#### Student Notes:

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?



# **CLIENT INTAKE FORM**

Date: \_\_\_\_\_

Full Name:	Preferred P	hone:		
Address:	City: _		_State:	Zip:
DOB:// Gender Id	lentity:	Preferred Pron	ouns:	
Height:' Approx. Weight:	lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone	:	
What types of healthcare are you receiving	? (Physician, Chiropracto	or, Acupuncture, F	lomeopath,	etc.)
Do you currently have, or recently had, any	of the following condition	ons?:		
Diabetes	Numbness or Ting	ling	High Bl	ood Pressure
Arthritis	Headaches/Migrai	nes	Heart C	Conditions
Cancer (History)	Skin Conditions		Varicos	e Veins
Allergies	Autoimmune Disea	ase	Spinal	Conditions
Please elaborate if you selected any of the	above conditions:			
Please note any recent injuries, surgeries, i	major accidents, or serio	us illness/conditio	ons:	
Please list any medications or supplements	s you are currently taking	) for <u>any of the ab</u>	ove conditio	<u>ns</u> :
Are you pregnant or trying to become preg	nant? No \	/es: Due Date		
Previous massage/bodywork experience: _	Never Occasiona	ally Often: Ty	vpe(s)	
I understand that: Massage therapy (Which inc diagnosis nor treatment of any condition and is body massage unless otherwise requested. <u>Ne</u> my body that <u>I wish to be avoided</u> , and these w	s not a substitute for medic either breasts nor genitalia	al care. Draping wil will be massaged.	II be used at a I may itemize	all times. This is a full-
If I am uncomfortable for any reason I may req written consent from client's guardian or paren the information I have provided above does no prohibits me from receiving Massage I must pr	t is required. I affirm that I t prohibit me from doing sc	am able to receive b. I am aware that if	Massage Th I have a me	erapy and that any of

Client Signature: \_\_\_\_\_

#### Therapist Signature: \_\_\_\_\_

The provided information is confidential and may be important to your therapy. Clients are asked to keep the clinic informed on changes. This is a student internship and table-side instruction may take place. Therefore, you may notice light talking between instructors and students during your treatment.



**Treatment Record** 

Client Name					

Date \_\_\_\_\_

**Prone:** 

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status (client goals, functional limitations, and diagnosis/clearance from a physician)

**O: Objective** or findings made by the therapist (client posture, client movement, palpation of client during interview, details of focus area treatment)

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment) Before treatment: After treatment:

**P: Plan** or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist

# Technique Check List

BMTs - Prone	Passive Stretches - Prone
Spinal Rotation & Release with Erector Compressions	Quadriceps femoris
Shoulder Mobilization with Trapezius Compressions	
Scapular Mobilization with Trapezius & Deltoid Compressions	s Passive Stretches - Supine
Deltoid & Triceps Brachii Coarse Vibration	Low back
Gluteal & Hamstring Compression with Knee & Hip Mob.	Gluteals
Ankle Mobilization with Gastrocnemius Compressions	Adductors
One Handed Gastrocnemius & Soleus Jostling	Tibialis anterior
Ankle & Knee Mobilization with Plantar Compressions	Gastrocnemius and soleus
Prone Full Body Rocking Compressions	Pectoralis major
	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 Mobilization	Orthopedic - Piriformis & Sacroiliac
Bilateral Upper Ribcage Compressions	S.I. ligament: deep transverse friction
Shoulder Mobilization with Pectoral Compressions	Piriformis: deep longitudinal stripping
Supine Deep Lateral Friction & Release on the Rhomboids	Piriformis: pin and stretch
Wrist, Elbow & Shoulder Mobilization	Piriformis: PIR deep longitudinal stripping
Head & Neck Rotation with Post. Cervical Comp. & Release	Piriformis: passive stretching after PIR
Alternating Scapular Depression with Trapezius Comp.	
	Orthopedic - Low Back Pain
Deep Tissue - Prone	Lumbar & lamina groove: deep stripping
Înfraspinatus and teres major: deep effleurage	QL: deep longitudinal stripping
Triceps brachii: deep effleurage	QL: pin and stretch with active engagement
Upper traps, supraspinatus, levator scapula: deep 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 melting	GH rotators: passive stretch
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	Scalenes: stripping after PIR
Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage	Scalenes: stripping with active lengthening
Distal quadriceps: petrissage/wringing/fiber spreading	Brachial plexus: nerve mobilization
Tibialis anterior & ankle/toe extensors: deep stripping	
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
Forearm flexors and extensors: superficial and deep friction	Cervical extensors: PIR deep stripping
Forearm flexors and extensors: Stripping with traction	Cervical lateral flexors: PIR deep stripping
Thenar and hypothenar eminences: cross fiber friction	Passive Stretches: lateral flexion and rotation



Lauterstein-Conway Massage School & Clinic

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

Client	_	Due Date	Class 85a
Student	_Group	Date	

#### **Client Feedback:**

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

#### **Student Notes:**

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?



# **CLIENT INTAKE FORM**

Date: \_\_\_\_\_

Full Name:	Preferred P	hone:		
Address:	City: _		_State:	Zip:
DOB:// Gender Id	lentity:	Preferred Pron	ouns:	
Height:' Approx. Weight:	lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone	:	
What types of healthcare are you receiving	? (Physician, Chiropracto	or, Acupuncture, F	lomeopath,	etc.)
Do you currently have, or recently had, any	of the following condition	ons?:		
Diabetes	Numbness or Ting	ling	High Bl	ood Pressure
Arthritis	Headaches/Migrai	nes	Heart C	Conditions
Cancer (History)	Skin Conditions		Varicos	e Veins
Allergies	Autoimmune Disea	ase	Spinal	Conditions
Please elaborate if you selected any of the	above conditions:			
Please note any recent injuries, surgeries, i	major accidents, or serio	us illness/conditio	ons:	
Please list any medications or supplements	s you are currently taking	) for <u>any of the ab</u>	ove conditio	<u>ns</u> :
Are you pregnant or trying to become preg	nant? No \	/es: Due Date		
Previous massage/bodywork experience: _	Never Occasiona	ally Often: Ty	vpe(s)	
I understand that: Massage therapy (Which inc diagnosis nor treatment of any condition and is body massage unless otherwise requested. <u>Ne</u> my body that <u>I wish to be avoided</u> , and these w	s not a substitute for medic either breasts nor genitalia	al care. Draping wil will be massaged.	II be used at a I may itemize	all times. This is a full-
If I am uncomfortable for any reason I may req written consent from client's guardian or paren the information I have provided above does no prohibits me from receiving Massage I must pr	t is required. I affirm that I t prohibit me from doing sc	am able to receive b. I am aware that if	Massage Th I have a me	erapy and that any of

Client Signature: \_\_\_\_\_

#### Therapist Signature: \_\_\_\_\_

The provided information is confidential and may be important to your therapy. Clients are asked to keep the clinic informed on changes. This is a student internship and table-side instruction may take place. Therefore, you may notice light talking between instructors and students during your treatment.



**Treatment Record** 

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

Date \_\_\_\_\_

**Prone:** 

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status (client goals, functional limitations, and diagnosis/clearance from a physician)

**O: Objective** or findings made by the therapist (client posture, client movement, palpation of client during interview, details of focus area treatment)

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment) Before treatment: After treatment:

**P: Plan** or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist

# Technique Check List

BMTs - Prone	Passive Stretches - Prone
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Scapular Mobilization with Trapezius & Deltoid Compressions	s Passive Stretches - Supine
Deltoid & Triceps Brachii Coarse Vibration	Low back
Gluteal & Hamstring Compression with Knee & Hip Mob.	Gluteals
Ankle Mobilization with Gastrocnemius Compressions	Adductors
One Handed Gastrocnemius & Soleus Jostling	Tibialis anterior
Ankle & Knee Mobilization with Plantar Compressions	Gastrocnemius and soleus
Prone Full Body Rocking Compressions	Pectoralis major
	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	
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Bilateral Upper Ribcage Compressions	S.I. ligament: deep transverse friction
Shoulder Mobilization with Pectoral Compressions	Piriformis: deep longitudinal stripping
Supine Deep Lateral Friction & Release on the Rhomboids	Piriformis: pin and stretch
Wrist, Elbow & Shoulder Mobilization	Piriformis: PIR deep longitudinal stripping
Head & Neck Rotation with Post. Cervical Comp. & Release	Piriformis: passive stretching after PIR
Alternating Scapular Depression with Trapezius Comp.	
	Orthopedic - Low Back Pain
Deep Tissue - Prone	Lumbar & lamina groove: deep stripping
Înfraspinatus and teres major: deep effleurage	QL: deep longitudinal stripping
Triceps brachii: deep effleurage	QL: pin and stretch with active engagement
Upper traps, supraspinatus, levator scapula: deep 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 melting	GH rotators: passive stretch
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	Scalenes: stripping after PIR
Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage	Scalenes: stripping with active lengthening
Distal quadriceps: petrissage/wringing/fiber spreading	Brachial plexus: nerve mobilization
Tibialis anterior & ankle/toe extensors: deep stripping	
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
Forearm flexors and extensors: superficial and deep friction	Cervical extensors: PIR deep stripping
Forearm flexors and extensors: Stripping with traction	Cervical lateral flexors: PIR deep stripping
Thenar and hypothenar eminences: cross fiber friction	Passive Stretches: lateral flexion and rotation

## **Community Service**

As students approach 250 Hours of study they will be responsible for participating in  $\underline{4}$ <u>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 tlcmassageschool.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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## 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)
- 20 minutes maximum
- Given in the class in which it is assigned (6a, 9a, ... etc.)
- From 68a onward, Kinesiology quizzes will contain 50 questions and you will receive 40 minutes maximum to complete.
- Study the AOIs of muscles indicated in the Class Schedule (A: 1-28)

#### Quizzes

- 20 questions worth 5 points each (multiple-choice and true/false)
- 20 minutes maximum
- Given at the beginning of the class in which it is assigned (8a, . . .17a, 19a, etc.)
- From 31a onward, Quizzes will contain 50 questions and you will receive 40 minutes maximum to complete.
- Study the AOIs of muscles indicated in the Class Schedule (A: 1-28)

#### Exams

- Exams are cumulative
- Questions are 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 Exam (50 questions in 40 minutes)
  - o 21a Exam (100 questions in 80 minutes)
  - o 34a Exam (150 questions in 120 minutes)
  - o 46a Exam (200 questions in 160 minutes)
  - o 60a Exam (200 questions in 160 minutes)
  - o 70a Exam (200 questions in 160 minutes)
  - o 89a 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
  - 74a MBLEx Prep= Massage Theory (Last 2 Topics) and Cautions and Contraindications Topics
  - 80a MBLEx Prep= Ethics, Boundaries, and Laws (4 Topics)
  - 81a MBLEx Prep= Client Assessment and Session Planning (8 Topics) and Massage Professional Practices (4 Topics)
  - 84a MBLEx Prep= Pathology (Basics, Meds, and Integ. Topics Only)
  - 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

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
- Maximum quiz time is 20 minutes.
- The questions are complete as written. No further information will be given.
- 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		Final G	rade	Wrong	Base	Final Grade
0	100%	=		%	10	50%	=%
1	95%	=		%	11	45%	=%
2	90%	=		%	12	40%	=%
3	85%	=		%	13	35%	=%
4	80%	=		%	14	30%	=%
5	75%	=		%	15	25%	=%
6	70%	=		%	16	20%	=%
7	65%	=		%	17	15%	=%
8	60%	=		%	18	10%	=%
9	55%	=		%	19	5%	=%
					20	0%	=%

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

1	. Which pertains	s to the front of	f a structure?		
	A. Anterior	B. Posterior	C. Lateral	D. Medial	
2	. Which is a tend	linous muscle	attachment on the m	ore moveable bone?	
	A. Distal	B. Insertion	C. Origin	D. Belly	
3	. Which is a defi	nition of kines	iology?		
	A. The study o	f abnormal ph	ysiology of the huma	an body	
	B. The study of	f the parts of tl	ne human body		
	C. The study o	f the functions	of the human body		
	D. The study o	f motion of the	e human body		
4	. Which muscle	performs 7 of 1	the 8 possible actions	of the glenohumeral joint?	
	A. Deltoid		B. Erector spinae gro	oup	
	C. Latissimus d	lorsi	D. Rhomboid major	and minor	
5	. Which is an or	igin of deltoid	?		
	A. Deltoid tub	erosity	B. Lateral one-thir	d of clavicle	
	C. Olecranon process D. Superior angle of the scapula				
6	6. Which refers to being oriented further away from the midline of a structure?				
	A. Anterior	B. Posterior	C. Lateral	D. Medial	
7. Which joint does teres major act on?					
	A. Glenohumer	al	B. Scapulothoracic		

- \_8. Which is not an origin of trapezius?
  - A. Spinous processes of C7 through T12
  - B. Thoracolumbar aponeurosis
  - C. Ligamentum nuchae
  - D. Medial portion of superior nuchal line of the occiput
- \_\_\_\_\_ 9. Which is an insertion of teres major?
  - A. Lateral one-third of clavicle
  - B. Crest of the lesser tubercle of the humerus
  - C. Spine of the scapula
  - D. Acromion
  - 10. Which is not an action of teres major?
    - A. Extend the glenohumeral joint
    - B. Medially rotate the glenohumeral joint
    - C. Adduct the glenohumeral joint
    - D. Horizontally adduct the glenohumeral joint
  - \_\_\_\_11. Which is a synergist with latissimus dorsi and is called "lat's little helper"?

A. Deltoid	B. Trapezius
C. Rhomboid major and minor	D. Teres major

12. Who am I?

Actions: extend, adduct, and medially rotate the glenohumeral joint Origins: inferior angle of the scapula, spinous processes of the last 6 thoracic vertebrae, last 3 or 4 ribs, thoracolumbar aponeurosis, posterior iliac crest.

Insertions: intertubercular groove

A. Latissimus dorsi	B. Trapezius
C. Rhomboids	D. Teres major

6a Kine	siology Quiz	(SAMPLE O	NLY)	
13. Which is a tending	ous muscle attach	ment on the less r	moveable bone?	
A. Origin B	. Insertion	C. Action	D. Belly	
14. In general terms, v and minor? A. (1) spinous pro- B. (1) transverse p C. (1) clavicle and D. (1) low back, (2)	cesses, (2) scapula rocesses, (2) verte scapula, (2) spine	a ebrae	on of rhomboid major	
15. Which is an action	of rhomboid ma	jor and minor?		
A. Scapulothoracio C. Scapulothoracio		B. Scapulothora D. Scapulothora	acic adduction acic upward rotation	
16. Which is defined a sarcomeres?	is the wide centra	al portion of a ske	letal muscle that contains	
A. Origin B	. Insertion	C. Action	D. Belly	
17. Who am I?				
Origins: spinous p Insertions: medial	rocesses of T2-T5 border of the sca upper portion o	5 and C7-T1 pula between the	scapulothoracic joint spine of the scapula and er of the scapula across	
A. Deltoid C. Latissimus dors	i	B. Teres major D. Rhomboid ma	ajor and minor	
18. Which muscle is part of the erector spinae group?				
A. Teres major	B. Latissimus	C. Longissimus	5 D. Rhomboids	
19. Which muscle cros	sses the elbow joi	nt?		
A. Triceps brachii	B. Deltoid	C. Trapezius	D. None of the options	

- \_20. Which is an action of the erector spinae group?
  - A. Flexion of the vertebral column
  - B. Rotate of the vertebral column
  - C. Extension of the vertebral column
  - D. None of the options

#### TEST KEY (ANSWERS)

Question #	Answer	Question #	Answer
1	Α	11	D
2	В	12	А
3	D	13	А
4	A	14	А
5	В	15	В
6	с	16	D
7	Α	17	D
8	В	18	С
9	В	19	А
10	D	20	С

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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
- 96b 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 their 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 once students have choosen their 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.

A - 81

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.

	edish: Touch Assessme	
_	ding Sheet to class 22b for G	-
Student Name:		
Receiver Name:		
Interview Notes:		
Please summarize the comments	made by the instructor:	
Contact		
Pressure		
Strokes		
Draping		
Body Mechanics		
Other		
Strength of this session		
Area of improvement and how to	execute change	
<i>Complete and submit t</i>	this form to the lead instructor to	o receive credit

\_\_\_\_\_ Final Grade (S = 100%, U = retake the Touch Assessment)

### 22b Swedish: Touch Assessment Criteria

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

	Tissue: Touch Assessn ding Sheet to class 62b for G	
Student Name:	Group:	Date:
Receiver Name:	Body Area:	
Interview Notes:		
Please summarize the comments	made by the instructor:	
Contact		
Pressure		
Strokes		
Draping		
Body Mechanics		
Warming/softening/mobilizing_		
Strength of this session		
Area of improvement and how to	execute change	
Complete and submit t	this form to the lead instructor to	o receive credit

\_\_\_\_ Final Grade (S = 100%, U = retake the Touch Assessment)

### 62b Deep Tissue: Touch Assessment Criteria

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)
- Chest & Arms (unilateral) and Neck (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 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

	ng Sheet to class 87b for G	
Student Name:	Group:	Date:
Receiver Name:	Protocol:	
Interview Notes:		
Please summarize the comments m Contact and Pressure	-	
Superficial Fascia Assessment and	Myofascial Release	
Warming and Softening using Swe	dish, BMTs, and Deep Tissue	3
Deep Longitudinal Stripping and T	Frigger Point Deactivation	
Active Engagement Lengthening/S	Shortening and PIR	
Active/Passive Stretches and Nerv	e Mobilization	
Draping		
Body Mechanics		
Strength of this session		
Area of improvement and how to e	execute change	

Complete and submit this form to the lead instructor to receive credit

\_ Final Grade (S = 100%, U = retake the Touch Assessment)

### 87b Orthopedic Massage: Touch Assessment Criteria

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

A - 88

## 96b Deep Massage: Touch Assessment

#### Bring this Grading Sheet to class 96b for Grading

Student Name:	_Group:	Date:
Receiver Name:	_Body Area:	

Interview Notes: \_\_\_\_\_

#### Please summarize the comments made by the instructor:

1. **Creating the Fulcrum** (the intersection between therapist's point of contact and the body's interpretation of the touch):

a. Centering (therapist presents physically, mentally, structurally, energetically, emotionally; breath):

b. Taking out the looseness ("get ready," contact, pause):

c. Taking up the slack ("get set," setting directionality, pause):

- d. Moving in a curve ("go," respect the "3D-ness of the body, no curve=no curiosity, clarity):
- e. Holding and balancing (sustaining the gesture, clarity and strength in maintaining the gesture, looking for working signs in the tissue):
- f. Monitoring for change (creating a conversation with the tissue, listening with the hands, adjusting to the changes happening in the tissue):
- g. Clearly disengage ("stop," pause, then let go):

#### 2. Draping/Body Mechanics:

- 3. Accuracy of deep massage strokes (directionality, knowledge of anatomy, following specific techniques):
- 4. Completion of all required massage strokes:

#### Summary of the Session:

Strength of this Session:

Area of Improvement/How to Execute Change:\_\_\_\_\_

FINAL GRADE: D 100% / Passed / S

**O**% / Retake Assessment / U

## 96b Deep Massage: Touch Assessment

### SUMMARY OF DEEP MASSAGE PROTOCOLS

### **Prone Position**

#### Posterior Upper – done unilaterally, starting on the right side

- Fists Down Erectors
- Nine Points (lumbar erectors, multifidus, quadratus lumborum)
- Ironing Up Erectors 1 Forearm from t-10 to Inferior Angle of the Scapula
- Ironing Up Erectors 2 Fingertips Up Medial Border of Scapula, across Spine of Scapula
- Levator Scapula
- Posterior Neck (prone) Trapezius (Lifting the Curtain), Semispinalis Capitis; Multifidis and Rotatores
- Fists Down the Erectors to transition to other side; then to close out upper body)

#### Posterior Lower – *done bilaterally*

- Gluteus Maximus 1 (stationary) Downward Compression and Traction
- Gluteus Maximus 2 (lengthening) 3 passes to IT band above the knee; medial to lateral
- 3<sup>rd</sup> pass option includes traction to the sacrum while following the IT band
- Hamstrings slightly flexed knee, then extend, then flex on all three passes
- Gastrocnemius/Soleus transition to other side; then close out with a resting stroke

## **Supine Position**

#### Anterior Lower – *done unilaterally*

- Half Moon Vector through the Legs
- Rectus Femoris/Vastus Intermedius
- Quadriceps Tendon/Patellar Ligament
- Tensor Fascia Latae, Gluteus Medius and Gluteus Minimus
- Iliotibial Band
- Fibularis Longus (Peroneus)
- Tibialis Anterior transition to other side and close w/ Half Moon Vector through Legs

#### Abdominals, Chest and Arms – done unilaterally

- Rectus Abdominis 1 abdominal compressions
- Rectus Abdominis 2 lateral sternum to lateral side of Xyphoid process
- Repeat on the other side and drape
- Pectoralis Major 1 Sternum to axillary fold (one-handed)
- Pectoralis Major 2 Axillary fold and across the Deltoid to lateral shoulder
- Biceps Brachii and Triceps Brachii
- Transition to the other side with Trapezius, then close out upper body with Trapezius

#### Neck, Face, and Scalp

- Trapezius bilaterally
- Scalenes –one side, then the other
   SCM to C7, SCM to C4, SCM to C1/C2
- Epicranius (occipitofrontalis) –bilaterally
- Facial muscles done bilaterally
- Half Moon Vector through the Neck
- Half Moon Vector through the Legs

# 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

This exam must be taken again if (a) there was inappropriate contact, or (b) there was a draping-related exposure, or (c) if grader deems any category was unsatisfactory, you may require a tutor

- \_\_\_/10 TIME MANAGEMENT
  - \_/5 Addressed the full body including abs in 58-60 minutes
  - \_\_\_\_\_/5 Balanced session (allotment of time to segments)
- \_\_\_\_\_/45 THERAPEUTIC SKILLS
  - \_\_\_\_/9 Effleurage, nerve strokes, and tapotement
  - \_\_\_\_/9 Fulling, wringing, and kneading
  - \_\_\_\_\_/9 Deep cross-fiber friction, compression and stripping
  - \_\_\_\_\_\_/9 Contact appeared to convey a high quality of touch
  - \_\_\_\_\_/9 Body mechanics (breath, neutral spine, stances, relaxed shoulders)
- \_\_\_\_/15 RECORDKEEPING
  - \_\_\_\_\_/5 Subjective: Goals, functional limitations, diagnoses or clearances, and Objective: Posture, movement, palpation, area of focus details
  - \_\_\_\_\_/5 Assessment: Pain/discomfort/immobility (0-10 before and after),
  - and Plan: Client education, self-care, and future massage care plan
  - \_\_\_\_\_/5 Intake form and SOAP notes have full names, dates, and signatures

\_\_\_\_/10 COMMUNICATION SKILLS

- \_/5 Intake/interview was smooth, confident, clear, and concise
- \_\_\_\_/5 Therapist checked-in during the session about pressure, comfort, and temperature

\_\_\_\_\_/20 PROFESSIONALISM

- \_\_\_\_/4 Student had necessary supplies and was set up and ready to go
- \_\_\_\_/4 Clothing and any fragrances were professional
- \_\_\_\_/2 Hands did not pass under the drape
- \_\_\_\_/10 Draping was done well with proper access to draped areas \_\_\_\_\_Back \_\_\_Legs \_\_\_Abs \_\_\_Chest \_\_\_Arms
- \_\_\_\_/100 TOTAL \_\_\_\_Passed \_\_\_\_Retake \_\_\_\_Tutor

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 set up 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 set up and dress their tables, adjust the table height if necessary, get a chair, and prepare needed items such as breast drapes and lubricant. <u>After a break indicated by the lead</u> 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 re-take. 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 Name	 Group	)	Date	
	Group	,	Date	

This exam must be taken again if (a) there was inappropriate contact, or (b) there was a draping-related exposure, or (c) if grader deems any category was unsatisfactory, you may require a tutor

- \_\_\_/10 TIME MANAGEMENT
  - \_/5 Addressed the full body including abs in 58-60 minutes
  - \_\_\_\_\_/5 Balanced session (allotment of time to segments)

#### \_\_\_\_/45 THERAPEUTIC SKILLS

- \_\_\_\_\_/9 Swedish- comprehensive, flow, transitions
- \_\_\_\_\_/9 Passive stretches-announce, traction, held for breath, safe
- \_\_\_\_/9 BMTs- anatomically correct, well practiced
- \_\_\_\_/9 Competency of focus area work (quality, accuracy, duration)
- \_\_\_\_\_/9 Body mechanics (breath, neutral spine, stances, relaxed shoulders)

#### \_\_\_\_/15 RECORDKEEPING

- \_\_\_\_\_/5 SOAP notes were legible, specific, and accurate (all 5 sections)
- \_\_\_\_\_/5 Areas requiring caution or special treatment were discussed, S, O, & A sections approved prior to hands-on portion
- \_\_\_\_\_/5 Intake form is completed including full names, date and signatures

\_\_\_\_/10 COMMUNICATION SKILLS

- \_\_\_\_\_/5 Intake/interview was smooth, confident, clear, and concise
- \_\_\_\_\_/5 Therapist checked-in during the session about pressure. stretches, comfort, temperature

\_\_\_\_/20 PROFESSIONALISM

- \_\_\_\_/4 Student had necessary supplies and was set up and ready to go
- \_\_\_\_/4 Clothing and any fragrances were professional
- \_\_\_\_/2 Hands did not pass under the drape
- \_\_\_\_/10 Draping was done well with proper access to draped areas \_\_\_\_Back \_\_\_Legs \_\_\_Abs \_\_\_Chest \_\_\_Arms

\_\_\_\_/100 \_\_\_\_Passed \_\_\_\_Retake \_\_\_\_Tutor TOTAL

Instructor Name \_\_\_\_\_\_ Instructor 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 re-take. 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
Each criteria will scored as: <u>satisfactory</u> Retakes are required if the score exceeds 2		
Retakes are required if the score exceeds 2	титкs 0J (А), <u>ОК</u> 1 (А) ини 2	$(\mathbf{v} -),  \underline{OK}  4  (\mathbf{v} -).$
Prone		
1. Sacroiliac ligament: deep		
(both sides, superior-inferior,	_	ate, L5-S3)
2. Low back: superficial fasc	ia assessment	
(without lubricant, both sides	, tangential pressure, no sl	iding, all directions)
3. Low back: myofascial rele	ase	
(without lubricant, bilateral, t	angential pressure, no slid	ing, T10-S1)
4. Gluteals: draping		
(fold sheet diagonally to acces	ss upper and lateral glutea	ls)
5. Gluteals: superficial fascia	assessment	
(without lubricant, both sides	, tangential pressure, no sl	iding, all directions)
6. Gluteals: myofascial releas	se	
(without lubricant, both sides	s, tangential pressure, no sl	iding, 2 loose fists)
7. Low back: warming and se	oftening	
(lower lats, lumbar erectors, Q compressions, eff, pet, wring,	-	
8. Low back: deep longituding	nal stripping	
("may be intense", lower lats,	lumbar erectors, 2-4" sect	ions, thumbs, fingertips)
9. Sacroiliac ligament: deep	transverse friction	
(both sides, superior-inferior,	moderate pressure, 1 minu	ute, length of sacrum)
10. Hamstrings: warming an	d softening	
(esp. biceps femoris, hamstrir eff, loose fist compressions, k	0 1	1
11. Hamstrings: deep longitu	idinal stripping	
("may be intense", esp. biceps	s femoris, 2-4" sections, the	umbs, fingertips)
12. Gluteals: warming and se	oftening	
(esp. gluteus maximus, glutea eff, loose fist compressions, k	-	-

#### 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°, "use 25% strength to hold this position", rotate toward you medially for 5 seconds, "slowly 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)

#### Supine

#### \_\_\_\_ 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)

**Final Grade** (S = 100%, U = retake the exam)

Instructor Name \_\_\_\_\_

Student Name

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

Student NameGroupDateEach criteria will scored as: satisfactory ( $\checkmark$ ), needs improvement ( $\checkmark$ -), or unsatisfactory (X).Retakes are required if the score exceeds 2 marks of (X), OR 1 (X) and 2 ( $\checkmark$ -), OR 4 ( $\checkmark$ -).

#### Prone

1. Low back: superficial fascia assessment
(without lubricant, both sides, tangential pressure, no sliding, all directions)
2. Low back: myofascial release
(without lubricant, bilateral, tangential pressure, no sliding, T10-S1)
3. Low back: warming and softening
(lower lats, lumbar erectors, QL, spinal rotation and release with erector
compressions, eff, pet, wring, pull, skin rolling, QL deep eff)
4. Erector spinae: deep longitudinal stripping
(lumbar erectors, superiorly, 2-4" sections, melt in if needed, thumbs, fingertips)
5. Quadratus lumborum: deep longitudinal stripping
(iliac crest to TP, iliac crest to 12 <sup>th</sup> rib, TP to 12 <sup>th</sup> rib, thumbs, fingertips)
6. Lamina groove: deep longitudinal stripping
(multifidi and rotatores, superiorly, 2-4" sections, melting, thumbs, fingertips)
Side-lying

### \_ 7. Side-lying: draping and positioning

(keep the client fully covered with sheet and blanket, side-lying diagonally with head at top front corner and hips at back edge of the side of the table, client instructed to grasp the top/side edge of the table, bottom leg flexed at the hip and knee, top leg ready to swing back and hang off the back edge of the table)

#### 8. Quadratus lumborum: pin and stretch with active engagement

(positioned as in #7, "reach leg back and hang it off the back edge of the table", "hike your hip", thumbs press on QL medially to pin it, "slowly un-hike your hip", repeat three times, "bring your leg back onto the table and rest it", as a variation may also strip the QL during the un-hiking 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 = retake the exam)

Instructor Name \_\_\_\_\_ Student Name \_\_\_\_\_

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

Student NameGroupDateEach criteria will scored as: satisfactory ( $\checkmark$ ), needs improvement ( $\checkmark$ -), or unsatisfactory (X).Retakes are required if the score exceeds 2 marks of (X), OR 1 (X) and 2 ( $\checkmark$ -), OR 4 ( $\checkmark$ -).

#### Seated

**1. TCL: myofascial release** (during interview, wrist crease, tangential pressure)

#### Prone

TIONE	
	2. Upper back and shoulder: superficial fascia assessment
	(without lubricant, both sides, tangential pressure, no sliding, all directions)
	3. Upper back and shoulder: myofascial release (bilateral)
	(without lubricant, bilateral, tangential pressure, no sliding, T1-T10)
	4. Upper back and shoulder: warming and softening
	(traps, supraspinatus, shoulder mob. BMT, eff, knead, skin rolling)
	5. Upper back and shoulder: deep longitudinal stripping
	(traps, supraspinatus, 2-4" sections, melt in if needed, thumbs, fingertips)
	6. Supraspinatus insertion tendon: deep transverse friction
	(inferior to lateral edge of acromion, cross-fiber, moderate pressure, 1 minute)
	7. GH lateral rotators: warming and softening
	(infraspinatus, teres minor, posterior deltoid, scapular mobilization with deltoid
	compressions, effleurage, kneading, skin rolling, deep effleurage)
	8. GH lateral rotators: deep longitudinal stripping
	(infraspinatus, teres minor, posterior deltoid, 2-4" sections, thumbs, fingertips)
	9. GH lateral rotators: deep stripping with active engagement lengthening
	(infraspinatus, teres minor, cactus position, isometric contraction, lengthening)
	10. GH lateral rotators: passive stretch
	(joint mobilization, back of hand on low back, bicep touching torso, 3 times)
	11. Triceps and anterior forearm: superficial fascia assessment
	(without lubricant, tangential pressure, no sliding, full length and breadth)
	12. Triceps and anterior forearm: myofascial release
	(without lubricant, tangential pressure, no sliding, full length and breadth)
	13. Triceps and anterior forearm: warming and softening
	(triceps, anterior forearm, eff, full, knead, stripping, skin rolling, deep effleurage)
	A - 101

#### 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) 16. Chest and anterior deltoid: myofascial release (without lubricant, tangential pressure, no sliding, full length and breadth) 17. Chest and anterior deltoid: warming and softening (shoulder mob. with pectoral comp., eff, knead, skin rolling, deep effleurage) 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 toward the ceiling, press flatly and posteriorly, optional active engagement lengthening) 20. Subscapularis: passive stretch (joint mobilization, shoulder abducted 90 degrees, elbow flexed 90 degrees, announce it, foot-hand tractions elbow, head-hand laterally rotates shoulder) 21. Anterior upper extremity: warming and softening (biceps, brachialis, coracobrachialis, brachioradialis, wrist and finger flexors, eff, full, knead, skin rolling, fiber spreading BMT, thenar/hypothenar cross-fiber) 22. Finger and wrist flexors: deep stripping with active lengthening (make a fist/curl your wrist, proximal stripping during extension, 2-4" sections) 23. Flexor pollicis brevis: passive stretch (shoulder abducted 90 degrees, elbow flexed 90 degrees, joint mobilization, announce it, foot-hand hyperextends wrist and fingers, head-hand grasps the thenar eminence and pulls the thumb into extension) 24. Median nerve: mobilization (shoulder abducted 90 degrees, elbow extended, wrist hyperextended, release) **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
5	<u>tory</u> (✔), <u>needs improvement</u> (✔-), o	Į Į
Retakes are required if the score exceed	ds 2 marks of (X), <u>OR</u> 1 (X) and 2 ( 🗸	-), <u>OR</u> 4 (✓-).

#### Seated

#### \_\_\_\_\_ 1. Vertebrobasilar insufficiency test (VBI test)

(client seated, "Look up and over your shoulder to one side", "Hold this position for 30 seconds", both sides tested, if the VBI test is positive, it contraindicates active cervical flexion with longitudinal stripping, VBI test is positive if:

- Vertigo = perception of spinning motion
- Dizziness = sensation of feeling off balance
- Nausea = sensation of upper stomach discomfort with an urge to vomit
- Double or blurred vision

#### Supine

#### \_\_\_\_ 2. Upper chest: superficial fascia assessment

(without lubricant, light tangential pulling pressure, no sliding, in all directions)

#### \_\_\_\_ 3. Upper chest: myofascial release

(without lubricant, light tangential pulling pressure, no sliding, hold and wait)

#### \_\_\_\_\_ 4. Upper chest: warming and softening

(pectoralis major, pectoralis minor, unilateral rib cage comp. and mob., bilateral upper rib cage comp., shoulder mob. with pectoral comp., eff, knead, fiber spreading, skin rolling, deep effleurage, deep friction and melting)

#### 5. Pectoralis minor: deep longitudinal stripping

(three bellies, from coracoid process to ribs, 2-4" sections, thumbs, fingertips)

#### 6. Pectoralis minor: pin and stretch

(stand at the head of the table facing toward the feet, thumbs, fingertips, make positive contact with pectoralis minor, "Keeping your arms alongside your torso, reach as far down toward your toes as possible", pin pectoralis minor, "Bring your shoulders up toward your ears", all three bellies, variation: strip inferiorly as the client elevates the scapula)

A - 103

#### Supine, 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

**\_\_\_\_ Final Grade** (S = 100%, U = retake the exam)

Instructor Name \_\_\_\_\_

Student Name \_\_\_\_\_

### Orthopedic Massage: Spot Check - Neck Pain

Student NameGroupDateEach criteria will scored as: satisfactory ( $\checkmark$ ), needs improvement ( $\checkmark$ -), or unsatisfactory (X).Retakes are required if the score exceeds 2 marks of (X), OR 1 (X) and 2 ( $\checkmark$ -), OR 4 ( $\checkmark$ -).

#### Supine

#### \_ 1. Posterolateral neck: superficial fascia assessment

(without lubricant, light tangential pulling pressure, no sliding, in all directions)

#### \_ 2. Posterolateral neck: myofascial release

(without lubricant, light tangential pulling pressure, no sliding, in all directions)

#### 3. Posterolateral neck: warming and softening

(upper trapezius, levator scapula, splenius, semispinalis, head and neck rotation with post. cervical comp. BMT, alternating scapular depressions with trapezius comp. BMT, effleurage, fingertips circles, broad cross-fiber with one thumb)

#### 4. Posterolateral neck: deep longitudinal stripping

(upper trapezius, levator scapula, splenius, semispinalis, erectors, head rolled slightly to one side, 2-4" sections, finger pads strip inferiorly, melt in if needed)

#### 5. Lamina groove: deep longitudinal stripping

(multifidi, rotatores, head rolled slightly to one side, 2-4" sections, finger pads strip inferiorly, just lateral to the spinous processes, melt in if needed)

#### \_ 6. Cervical extensors: deep stripping with active lengthening after PIR

(upper trapezius, levator scapula, splenius, semispinalis, erectors, head positioned in neutral, "Using 25% of your strength press the back of your head into the table", "Hold this pressure for 5 seconds", "Relax your head and now slowly lift it bringing your chin to your chest", work unilaterally, 2-4" sections, finger pads strip inferiorly, melt in if needed)

#### Supine, continued

7. Cervical lateral flexors: deep stripping with active lengthening after PIR (upper trapezius, levator 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 this pressure for 5 seconds", "Relax your head and now slowly slide your head toward the opposite shoulder", work unilaterally, 2-4" sections, finger pads strip inferiorly, melt in if needed)

8. Passive stretches: neck lateral flexion

9. Passive stretches: neck rotation

**Final Grade** (S = 100%, U = retake the exam)

Instructor Name \_\_\_\_\_ Student Name \_\_\_\_\_

- Used to preview the material before lecture to prepare for class.
- Use your Packet and your textbooks (Salvo, Werner, and Trail Guide).
- Refer to A: 29-32 for more detail about assignment Timelines.
- Review Questions **must be completed in LMS**. Physical copies of review questions will **not** be accepted.
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Name \_\_\_\_\_ Group \_\_\_\_ Date \_\_\_\_\_

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

- Its purpose is to assess how well you understand the Student Handbook. This assignment is **not** graded. See A: 29-32 for graded assignments.
- For example "3a Student Handbook Review Questions" are due in class 3a before the class start time.
- This set of Review Questions contains 15 questions.
- Use your Student Handbook and A: 35-38 in your packet to do this assignment.
- Review Questions **must be completed in LMS.** Physical copies of review questions will **not** be accepted.
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- 1. A student may be charged \$50 for:
  - A. Missing a scheduled tutoring session
  - B. Failure to show up for a scheduled make-up class
  - C. Failure to show up for a scheduled internship clinic shift
  - D. Both A and B
- 2. After completing your academic requirements, which of the following will delay receipt of transcripts?
  - A. Failure to take and pass the MBLEx
  - B. Having an outstanding non-tuition balance or not in good financial standing
  - C. Unsigned or outstanding enrollment documents
  - D. Both B and C
  - \_ 3. Make-up fees:
    - A. Are added to the student's principal balance where it accrues interest and is subject to late fees
    - B. Tell your instructor that your grades are wrong
    - C. Are due before the student can get their transcript
    - D. Both A and C
  - 4. What should you do if there is a discrepancy on your quarterly grade report?
    - A. 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
  - 5. How will your attendance be recorded if you are unable to give or receive work during a class?
    - A. It will automatically be recorded as an absence in all circumstances
    - B. 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 begin to count as absences
    - C. 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
  - 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 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?
  - A. Pajamas and house slippers
  - B. Fingernail polish (including clear)
  - C. Perfume, aftershave, and essential oils
  - D. All of the above
- \_\_\_\_\_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
- 13. If you have a fever or believe you have a communicable disease, what should you do?
  - A. Come to class, but take a ½ NP for giving massage
  - B. Call the Director and leave a voicemail
  - C. Seek treatment and return to class after you've been fever free for 48 hours
  - D. Any of the above
- \_ 14. TLC reserves the right to dismiss students for all of these reasons except:
  - A. Unrestrictive but concealing clothing that allows full freedom of movement
  - B. Excessive absences in the initial weeks of class
  - C. Poorly executing hands-on techniques/skills in a manner that endangers the receiver
  - D. Failure to achieve an overall passing average in all subjects after two successive periods on probation
- 15. After meeting academic and financial requirements your transcript will be processed:
  - A. 5 business days
  - B. 10 calendar days
  - C. The same day
  - D. 30 days

Name \_\_\_\_\_ Group \_\_\_\_ Date \_\_\_\_\_

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The total number of questions	100
(minus)	
The number of incorrect answers	
(equals )	
Your percentage grade	%
(minus)	
20 points if submitted late	%

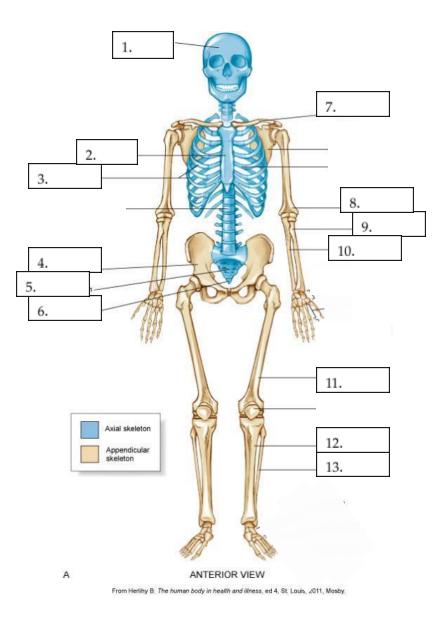
A - 119

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

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

A. Ribs	D. Skull	G. Clavicle	J. Tibia	M. Fibula
B. Sternum	E. Sacrum	H. Radius	K. Femur	

C. Humerus F. Ulna I. Pelvis L. Coccyx



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

A. 18 Months	D. Solid contrasting	G. Non-abrasive/Non-alcohol
B. 10 years	E. Household bleach	H. Cross-contamination
C. Parabens	F. Hypoallergenic	I. Reduce friction

- 14. Used in 1:10 diluted solution to disinfect 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 client has a visual impairment
- \_\_\_\_\_ 17. Shelf life of the majority of massage lubricants if stored in a cool, dark place
- <u>18.</u> Primary purpose of using massage lubricant
- 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 massage table and accessory fabric, what type of products are recommended in a 4:1 diluted solution?

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

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	

- \_\_\_\_\_ 23. The bottom drape is also called the \_\_\_\_\_\_ drape and the top drape is 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
- \_\_\_\_\_ 26. Red, brown, yellow, and orange are \_\_\_\_\_\_ colors; blue, violet, and green are \_\_\_\_\_\_ colors
- \_\_\_\_\_ 27. American with Disabilities Act requires a \_\_\_\_\_\_ for wheelchairs and scooters for business and public use
- \_\_\_\_\_ 28. Where a bolster is placed on a prone-lying client to help relieve hip, knee, and foot strain
- \_\_\_\_\_ 29. Used by massage therapist to help keep a prone-lying client's head and neck relatively straight
- \_\_\_\_\_ 30. Fabric most often used by manufacturer to cover high-quality massage tables

Massage Therapy: Principles and Practice, <u>Self-Care Chapter</u>, Susan G. Salvo

A. 2000	D. Exercise	G. Strenuous	
B. 3500	E. Health	H. Stress	
C. Calorie	F. Nutrient	I. Wellness	
31.	The occupational category Bonni	e Prudden places massage therapist in	
32.	Condition of physical, mental, er absence of disease	notional, and social well-being and the	
33.	Amount of calories the United States Food and Drug Administration says an adult requires to accomplish daily activities		
34.	1	an individual is aware of, chooses, and g a more successful and balanced life	
35.	A unit of energy-producing pote	ntial received from food	
36.	Substance that provides nourish such as cell growth and repair	nent and affects metabolic processes,	
37.	The key to a healthier life, accord Medicine and the American Hea	ing to the American College of Sports rt Association	
38.	The body's response to any dema mental, physical, or chemical	and placed on it, whether it be emotional	
39.	One pound of body weight is equ	al to calories	

Massage Therapy: Principles and Practice, <u>Self-Care Chapter</u>, Susan G. Salvo

A. Carbohydrates	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 vitamin group
- 41. Substance that forms a gel when dissolved in water and serves to slow down digestion
- 42. Composed of chains of amino acids that assist the body with growth and energy needs
- 43. This nutrient; regulates body temperature and transports all the other nutrients and metabolic wastes
- 44. Types of this substance are saturated (solid at room temperature), and unsaturated (liquid at room temperature)
- 45. Nutrients that must be obtained from external sources, such as food or supplementation
- 46. Substance that gives stool its bulk and promotes movement of materials through the G.I. tract
- \_\_\_\_\_ 47. The body's most common energy source
- 48. Vitamins B and C are examples of this vitamin group

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

A. Knees	D. Bow	G. Mild lunges
B. Body mechanics	E. Lead	H. Perpendicular/vertical
C. Triangle	F. Dan tien	I. Bolsters

49	D. These joints should be flexed and extended while keeping your entire spine straight (neutral) as you raise or lower your body while in the horse stance
50	). For thousands of years, the body's center of gravity has been referred to as the
51	Shape that provides the greatest stability, architecturally
52	2. What we call the foot that is pointing in the direction of movement
53	B. When force is applied to tissues, the most effective direction of force is to the targeted tissues
54	Pillows and cushioned devices that support clients in prone, supine, side-lying, and seated positions
55	5. Foot stance used when applying massage techniques that proceed from one point to the next along the client's body
56	6. One suggested warm-up exercise that can be performed by the therapist before the first massage of the day and between sessions
57	7. Use of foot stances, body alignment, and gravity to deliver massage effectively; includes principles of physical fitness, suitable workspace and table height, and how you stand as you work

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

A. Slight posterior tilt	D. Fowler position	G. Prone
B. Mindfulness	E. Draping	H. Side-lying
C. Supine	F. Semi-reclining	I. Proprioception

- 58. Term for an 60- 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. Interoception related to body position

Massage Therapy: Principles and Practice, <u>Massage Techniques, Joint Mobilizations, and Stretching Chapter</u>, Susan G. Salvo

A. Compression	D. Rhythm	G. Vibration
B. Effleurage	E. Nerve strokes	H. Joint mobilization
C. Cross-fiber friction	F. Petrissage	I. Tapotement

- \_\_\_\_\_ 67. Gliding movements that follow the contours of the client's body
- 68. Variation of effleurage that uses light pressure applied with the weight of the fingers or hands as they glide down the body; also called feathering
- \_\_\_\_\_ 69. Shaking, trembling, or rocking massage technique
- 70. Rhythmic lifting, compressing, and releasing soft tissues of the body
- \_\_\_\_\_ 71. According to Dr. James Cyriax of London, this is the most rehabilitative massage technique
- \_\_\_\_\_ 72. Moving a joint through its normal range of motion
- \_\_\_\_\_ 73. Massage quality that is described as regularity or patterning of massage techniques as they are applied to the client's body
- \_\_\_\_\_ 74. Repetitive striking massage technique
- \_\_\_\_\_ 75. Non-gliding technique of sustained pressure or rhythmic alternating pressure

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

A. Physiology	D. Diffusion	G. Nucleus
B. Cell	E. Metabolism	H. Adipose
C. Anatomy	F. Mitochondrion	I. Connective

 76.	The cell's "control center" because it directs most metabolic activities, including growth and reproduction
 77.	The sum total of all physical and chemical processes that occur in an organism
 78.	Study of body structures and their positional relationships to one another
 79.	Movement of molecules from an area of high concentration to an area of low concentration
 80.	The cell's "power plant" because most chemical reactions involved in cellular respiration occur here
 81.	Study of how the body and its individual parts function in normal body processes
 82.	Fibrous connective tissue type that serves as storage for surplus food and insulation to conserve body heat
 83.	Smallest structural and functional unit in the body that can exist as a self-sustaining entity
 84.	Tissue type that connects, supports, transports, and defends the body.

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

A. Hyaline	D. Muscle	G. Synovial
B. Epithelium	E. Fibrous	H. Nervous
C. Inferior	F. Serous	

- 85. Situated below or toward the tail end
- 86. Membranes that line cavities or spaces between bones and joints such as the shoulder and hip
- 87. Tissue type that provides sensory input and motor output and helps interpret and coordinate bodily functions
  - \_\_\_\_ 88. Membranes that line closed body cavities
- 89. Tissue type that lines or covers external and internal body structures
- 90. Tissue type that can shorten and lengthen to produce movement
- 91. Packing material of the body; includes these sub-types: loose, adipose, reticular, and dense
- \_\_\_\_\_92. Connective tissue type that covers articulating surfaces of bones and connects ribs to the sternum

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. Posterior	F. Superior	

- \_\_\_\_\_ 93. Term that means armpit
- 94. Tendency of the body's internal environment to remain relatively constant with a narrow range of change
- 95. Plane that bisects the body side-to-side and divides it into anterior and posterior sections
- 96. Term that means situated above or toward the head end
- \_\_\_\_\_ 97. Term that means posterior knee
- 98. Directional term that means located near to the point of reference, usually toward the trunk of the body
- 99. Term that means located on the back of a structure
- <u>100.</u> Standard posture used when describing locations of body structures

Name	Group	Date
	1	

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

A. Abuse	D. Empathy	G. Dual relationships	J. Respect
B. Congruer	ncy E. Neglect	H. Confidentiality	K. Sexual misconduct
C. Boundari	es F. Disclosure	I. Countertransference	e L. Transference
1.	unmet personal need	of the therapist toward the ls, unresolved emotional i the relationship unconsci	issues, or internal conflicts
2.		al presentation of words as thoughts and feelings	nd actions coincides with
3.	Includes any sexual a and a subordinate	activity between someone	e in an authoritative role
4.		d limits that we create in a acceptable ways to intera	relationships to determine act with others
5.		transfer feelings, thoughts person in their early life	5
6.	Act of keeping inform	nation private or secret	
7.	Situations when two clients and therapists	o or more different relation	nships exist between
8.	The choice to treat so	meone or something with	n value and consideration
9.	Intentional and delib personal gain or bene	erate improper treatment efit	of someone, often for
10.	When clients share the feelings, ides, and inst	neir personal information, sights	, such as thoughts,
11.	The ability to compre their perspective	ehend the unique world o	f another person through
12.	Unintentional impro thoughtlessness	per treatment of someone	due to carelessness or

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.

A. Conflict	E. Risk management I. Intellectual boundaries
B. Sexual act	ivity F. Professionalism J. Emotional boundaries
C. Sexual ha	rassment G. Therapeutic relationship K. Emotional release
D. Empathy	H. Financial boundaries L. Unconditional positive regard
13.	Relationship between the therapist and the client in which the therapist provides services that benefit the client
14.	Boundaries that encompass our beliefs, thoughts, and ideas as well as safeguard our self-esteem
15.	Boundaries that help identify our own feelings and keep them separate from the feelings of others
16.	Identifying potential risks and taking precautionary steps to reduce their likelihood of occurring
17.	Verbal and non-verbal behavior for the purpose of soliciting, receiving, or giving sexual gratification
18.	A situation in which one person feels that someone or something is keeping them from achieving their goals and is incompatible with their needs and concerns
19.	Acceptance of another person regardless of what that person says or does
20.	The desire to understand what another person is doing experiencing without mistaking it for your own experience of connectedness shared between two people
<u> </u>	A form of sexual misconduct that consists of non-consensual sexual advances, requests for sexual favors, or other conduct of a sexual nature
<u> </u>	Boundary that includes informing your clients of your fee schedule, payment procedures, and policies
23.	Adherence to a set of values and obligations, formally agreed-upon codes of conduct, and reasonable expectations of clients, colleagues, and co-workers
<u> </u>	Letting go or releasing suppressed emotions

#### 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
B.	Infection	E. Local	H. Standard precautions
C.	Contraindication	F. Pathogen	I. Visibly soiled

- 25. Non-living entities that depend on a host cell for growth and replication
- \_\_\_\_\_ 26. Type of contraindication in which massage can be administered safely while avoiding an area of the body
- \_\_\_\_\_ 27. Biologic agent capable of causing infectious disease
- 28. Type of contraindication when massage should be postponed
- 29. Minimum infection control measures used in health care settings regardless of suspected or confirmed infection status of the client
- 30. Protective immune response to infection, injury, or irritation characterized by swelling, heat, loss of function, redness, and pain
- \_\_\_\_\_ 31. The proliferation of pathogens inside the host
- \_\_\_\_\_ 32. Situation that requires the therapist to modify techniques or refrain from using them to avoid possible harm
- \_\_\_\_\_ 33. Dispensing massage lubricant from an \_\_\_\_\_\_ container contaminates the lubricant if the same container is used for multiple clients
  - \_\_\_\_\_ 34. If your hands are \_\_\_\_\_\_, wash them with soap and water before applying hand sanitizer

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

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

A. Compact	D. Osteoblasts	G. Spongy
B. Diaphysis	E. Osteoclasts	H. Sesamoid
C. Epiphyses	F. Periosteum	I. Medullary cavity

35.	The cylindrical shaft of a long bone
36.	Bone type that consists of thin latticework beams called trabeculae
37.	Round bones, usually small, embedded in tendons
38.	The hollow space within the diaphysis of a long bone
39.	Bone-destroying cells
40.	Dense, fibrous sheath surrounding the diaphysis
40. 41.	Dense, fibrous sheath surrounding the diaphysis The two ends of a long bone

\_\_\_\_\_ 43. Bone-forming cells

### 17a Review Questions Massage Therapy: Principles and Practice, <u>Skeletal System Chapter</u>, 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	E. 10 (5 pairs)	H. Lower extremity bones	K. 4 (2 pairs)
C. Appendicular	F. 14 (7 pairs)	I. Pelvic bone sections	L. Cranial bones

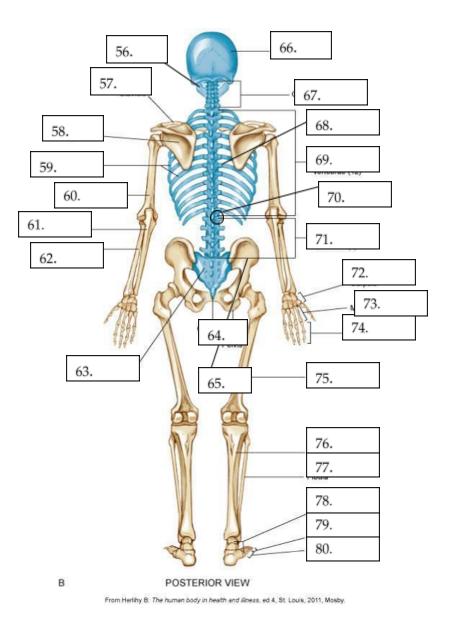
44. Frontal (1), parietal (2), temporal (2), occipital (1), sphenoid (1), ethmoid (1)

- 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)
- 48. Humerus (2), ulna (2), radius (2), carpals (16), metacarpals (10), and phalanges (28). 60 total, 30 on each side
- \_\_\_\_\_ 49. Ilium, ischium, and pubic
- 50. Femur (2), patella (2), tibia (2), fibula (2), tarsals (14), metatarsals (10), and phalanges (28). 60 total, 30 on each side
- \_\_\_\_\_ 51. Zygomatic and mandible (among others)
  - \_ 52. Number of true ribs
- 53. Region of the skeletal system that consists of 80 named bones located along the body's central axis
- \_\_\_\_\_ 54. Number of false ribs, includes floating 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

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



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

A. Amphiar	throtic	D. Pivot	G.	Hinge	J. Gliding
B. Synarthro	otic	E. Bursae	H.	Diarthrotic	
C. Ball and	socket joint	F. Articular cartilage	I.	Saddle	
81.	Flattened sac-lik bones within joi	te structures located bet nts	wee	n ligaments or te	endons and
82.	Term synonymo	ous with synovial joints -	– fre	ely moveable	
83.	Type of joint fou	ind in the thumb			
84.	, , ,	rpe whose movement is d distal radioulnar joint		ited to rotation; e	examples are
85.	Joint that offers	the greatest range of mo	otior	and permits all	movements
86.	Slightly movable symphysis pubi	e joints. Examples are co s joints	osto	chondral, interve	ertebral, and
87.	Hyaline cartilag	e that covers the articula	ating	g surfaces of bon	es
88.	Joint type that o are elbow and a	nly allows flexion and e nkle joints	xter	nsion movements	s. Examples
89.	cranial bones, go	ed in movement. Examp omphoses that hold the the distal tibiofibular jo	teet		
90.	Joint type that ir	ncludes intercarpal and	inte	rtarsal joints	

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

A. Abduction	D. Elevation	G. Plantar flexion	J. Eversion
B. Adduction	E. Flexion	H. Retraction	
C. Forearm 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 lateral edge of the foot so it turns outward or away from the midline of the body
- 100. Bending of a joint so that the angle of the joint decreases

Name \_\_\_\_\_ Group \_\_\_\_ Date \_\_\_\_

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- 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 50 questions worth 2 points each.

#### Calculating 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	%

Massage Therapy: Principles and Practice, Hydrotherapy: Clinical and Spa Applications, Susan G. Salvo

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

A. Thalassotherapy	D. Kneipp Therapy	G. Complementary
B. Hippocrates	E. Sanitariums	H. Thermotherapy
C. Cryotherapy	F. Hydrotherapy	

Cold water washes, ice baths, cold packs, and similar tools are considered

 Cold water washes, ice baths, cold packs, and similar tools are considered
 is the external use of water for therapeutic, palliative, recreational, or hygienic purposes. It is also known as water therapy, water cure, aquatic therapy, and balneotherapy in some places.

# \_\_\_\_\_ 3. \_\_\_\_\_ is the therapeutic use of heat, such as poultices, hot towels, warm baths, foot soaks, etc.

- 4. Agents such as soaps, plant essences, aromatics, seaweed, and minerals like salt and clays can be added to water to enhance its properties or to produce additional effects.
- 5. Hydrotherapy that involves the external use of seawater is called
- 6. \_\_\_\_\_ was the first to record the use of hot and cold bathing, also known as contrast bathing.
- 7. Developed in the 1800's, this treatment is still used in world-class spas and utilizes herbal and mineral baths, cold or alternating hot and cold treatments administered by water, stones, or pebbles is called
- 8. \_\_\_\_\_ were a type of health resort where individuals could go to relax and rejuvenate. Some offered baths, massages, organic food, yoga, therapy, and more.

Massage Therapy: Principles and Practice, <u>Hydrotherapy: Clinical and Spa Applications</u>, Susan G. Salvo

A. Conduction	D. Solvent	G. Hydrostatic pressure
B. Convection	E. Evaporation	H. Specific heat
C. Malleable	F. Heat transfers	

- 9. \_\_\_\_\_\_ is the transfer of heat by circulating currents of water or air between warmer and cooler objects/substances.
  10. Water is extremely \_\_\_\_\_\_ and can mold itself to any container or vessel, which makes it extremely versatile.
  11. \_\_\_\_\_\_ is the transfer of heat between two objects or substances that are in direct contact.
  12. \_\_\_\_\_\_ is the process of changing water into gas or vapor and results in loss of heat.
- \_\_\_\_\_ 13. Water is a universal \_\_\_\_\_\_ and can dissolve more substances than any other liquid.
- \_\_\_\_\_ 14. The amount of heat required to raise the temperature of a unit mass of any given substance by any given amount, usually 1 degree.
- \_\_\_\_\_ 15. \_\_\_\_\_\_ from a warmer area to a cooler area.
- 16. Pressure exerted by a fluid on an immersed object. Can increase venous circulation and reduce peripheral edema.

24a Hydrotherapy Theory Review Questions Massage Therapy: Principles and Practice, <u>Hydrotherapy: Clinical and Spa Applications</u>, Susan G. Salvo

A. Vasocons	triction	D. 10	G. Gate control
B. Contraind	lications	E. Cryotherapy	Н. 20
C. Raynaud		F. Edema	
17.		d pain tolerance, by pr	educe pain by increasing the pain oviding counterirritation via ving nerve conduction velocity.
18.		_ can include cold pack and contrast method.	<s, cryokinetics,<="" ice="" massage,="" td=""></s,>
19.	being very y	disease or sync oung or very old or ha e are contraindications	lrome, hypertension (uncontrolled), or ving diminished capacity to for cryotherapy.
20.		n and reduce swelling;	ercise recovery phase, can be applied t application should be limited to
21.	Cold applica	tion alters blood flow	by causing immediate
22.	cold applicat	ssociated with trauma tion, especially when c the affected area above	or acute injury can be reduced with ombined with compression and e the level of the heart.
23.	In general, ic analgesia.	e application provides	minutes of localized skin
24.			safe, there are several if a client has cold hypersensitivity of

Massage Therapy: Principles and Practice, Hydrotherapy: Clinical and Spa Applications, Susan G. Salvo

A. Analgesic	D. Collagen	G. Flexibility
B. Vasodilation	E. Rubbing alcohol	H. Joint mobilizations
C. Contrast	F. Pain	I. Preference

- \_\_\_\_\_ 25. Thermotherapy is used to reduce \_\_\_\_\_ and joint stiffness and to increase range of motion.
- \_\_\_\_\_ 26. Heat stimulates \_\_\_\_\_\_, causing an increase in blood flow and is greater in the application area and lesser in adjacent areas and in deeper tissues.
- \_\_\_\_\_ 27. Heat increases \_\_\_\_\_\_ extensibility in tissues when temperatures were maintained at 104 to 113 degrees for 5 to 10 minutes.
- \_\_\_\_\_ 28. Superficial heat applications decrease pain. \_\_\_\_\_\_ effects may occur by increased blood flow and resultant reduced ischemia.
- \_\_\_\_ 29. The \_\_\_\_\_ method combines cold and heat in the same treatment. They be applied at the same time or alternatingly.
- 30. Ice packs can be made by filling a plastic bag with a 4:1 ratio mixture of water and \_\_\_\_\_\_, which prevents the water from freezing solid so pack contents remain pliable.
- \_\_\_\_\_ 31. Heat increases ROM, improves \_\_\_\_\_, and decreased joint stiffness, especially when combined with movement.
- \_\_\_\_\_ 32. Cryokinetics combine cold application with \_\_\_\_\_\_.
- 33. When comparing heat and cold treatments to reduce pain, they had similar effects, and decisions to use which should be based on patient or therapist \_\_\_\_\_.

Massage Therapy: Principles and Practice, Hydrotherapy: Clinical and Spa Applications, Susan G. Salvo

A. Blood clots	D. Consciousness	G. Burned
B. Fainting	E. Hydrocollator	H. Cool
C. Bentonite	F. Contact burns	

- 34. Electric heating pads are plugged-in devices and are not recommended for clinical use because the pads do not \_\_\_\_\_ naturally after application.
- \_\_\_\_\_ 35. Thermotherapy should not be applied to clients who state they have \_\_\_\_\_\_ or have signs and symptoms related to deep vein thrombosis.
- \_\_\_\_\_ 36. Hot packs made for commercial use are pouches filled with \_\_\_\_\_\_ heated in a thermostatically controlled stainless steel water cabinet.
- \_\_\_\_\_ 37. Skin can be \_\_\_\_\_\_ at temperatures of 113 degrees after 60 minutes and at 115 degrees after 7.5 minutes.
- \_\_\_\_\_ 38. Hot packs were the most common cause of \_\_\_\_\_\_ in the clinical setting, with the leg being the most common injury sight
- \_\_\_\_\_ 39. Fainting is the sudden loss of \_\_\_\_\_\_ associated with peripheral vasodilation, decreased blood pressure, and reduced heart rate.
- 40. Adverse effects of thermotherapy have been reported, including burns and \_\_\_\_\_.
- 41. Hot packs are stored in a water cabinet, called a \_\_\_\_\_, and are usually between 158 and 167 degrees.

Massage Therapy: Principles and Practice, Hydrotherapy: Clinical and Spa Applications, Susan G. Salvo

A. Vichy shower	D. Swiss shower	G. Whirlpool
B. Steam	E. Sauna	H. Medical
C. Paraffin	F. Pregnant	I. Destination

- 42. \_\_\_\_\_\_ spas are places where clients come to relax, rejuvenate, or begin or improve their lifestyle choices. The length of stay varies from a long weekend to several weeks or longer.
   43. \_\_\_\_\_ bathing is a vapor bath taken in a ceramic-tiled room, cabinet, or canopy. The air temperature is between 105 and 120 degrees. Clients should cool down for a few minutes by resting in a normal temperature room and drinking two to four 8-ounce glasses of water.
- \_\_\_\_\_ 44. \_\_\_\_\_ spas are a type of day spa that offer Botox injections, laser therapy, and skin resurfacing procedures.
- 45. This method of hydrotherapy application gets its name from its city of origin in France. During a \_\_\_\_\_\_, warm water is sprayed over a client while they lie on a shallow table.
- 46. A \_\_\_\_\_\_ bath is a bath in a tub containing heated aerated water that is continuously circulated.
- 47. \_\_\_\_\_\_ is a heated mixture of wax and mineral oil in a 6:1 or 7:1 ratio. It is an excellent insulator and is suited for irregularly contoured areas of the body such as the hands, elbows, feet, and knees.
- 48. This method of hydrotherapy application gets its name from its country of origin. During a \_\_\_\_\_\_, warm water is sprayed over a client from above and from the sides while they stand in a shower stall.
- 49. \_\_\_\_\_ clients can safely engage in sitting in hot baths (104 degrees) or hot/dry saunas (158 degrees) for up to 20 minutes irrespective of their stage.
- 50. A \_\_\_\_\_ bath is a dry heat bath recived in a wood-lined room or cabinet. Radiant heat can be provided by hot stones or by infrared light bulbs. They are sometimes called 'dry \_\_\_\_\_'.

Name	Group	Date
	- 1	

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- This set of Review Questions contains 100 questions worth 1 point each.

The total number of questions	100
(minus)	
The number of incorrect answers	
(equals )	
Your percentage grade	%
(minus)	
20 points if submitted late	%

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

A. Documentation	D. Informed consent	G. Prescription
B. Scope of practice	E. Treatment planning	H. Records
C. Client intake	F. Medical release	

1.	The process of collecting, confirming, and recording client information
2.	The documented process of developing a client's treatment or course of treatment
3.	The client's signed and dated authorization to release their medical and personal information to a third party
4.	Permission given by a client after they have been informed of all the relevant facts regarding treatment
5.	Order issued by an authorized health care provider for medications, medical treatments, or medical devices
6.	The primary method used to collect client information
7.	Activities and procedures that can be performed legally by members of a licensed profession
8.	In most instances, client are stored at the facility where services were provided

### 30a Review Questions Massage Therapy: Principles and Practice, <u>Treatment Planning, Assessment, and Documentation Chapter</u>, Susan G. Salvo

A. Client interview	E. Open-ended	H. Communication
B. Body language	F. Closed-ended	
C. Disclosure	G. Acupuncture, psychoth	nerapy

9.	The act of exchanging information through words and behaviors such as body language
10.	Activities often outside a massage therapist's scope of practice
11.	Non-verbal communication, such as facial expressions, gestures, mannerisms, and posture
12.	Questions that offer little restriction when answering and allow reflection and clarification of thoughts and feelings
13.	Provides the opportunity to review the completed intake form, clarify information, and ask specific questions
14.	Type of questions that are direct and usually an affirmative, denial, or factual answer
15.	Open and honest sharing of personal information

#### 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 2	
C. Hypoglycemia	F. Emergency Step 3	

16.	Call for help. If others are nearby, send one or two bystanders to place the 911 call.
17.	If you encounter an unconscious individual, check for responsiveness to determine if there is an actual emergency or if the individual is just resting
18.	When the trachea is blocked and the affected person cannot breathe
19.	Low blood sugar, which ranges between 45 and 60 mg/dL. It can occur in all types of diabetes mellitus
20.	Sudden disruption in blood flow to the brain causes by a blood clot or hemorrhage from a broken blood vessel. Also called a cerebrovascular accident or brain attack
21.	A sudden disruption of blood flow to the heart muscle or myocardium caused by a blood clot or hemorrhage from a broken blood vessel
22.	This condition is characterized by episodes of uncontrolled and excessive electrical activity in the brain

Massage Therapy: Principles and Practice, The Therapeutic Relationship Chapter, Susan G. Salvo

A. Conflict	C. Countertransference	E. Sexual misconduct
B. Transference	D. Dual relationships	F. Conflict of interest

- \_\_\_\_\_ 23. A situation in which a therapist could exploit a relationship for personal gain
- \_\_\_\_\_ 24. Behavior used to obtain sexual gratification against another person's will or at their expense
- 25. Emotional reactions of the therapist toward the client and may occur from unmet personal needs, unresolved emotional issues, or internal conflicts that are brought into the relationship unconsciously
- 26. This situation occurs when clients transfer feelings, thoughts, and behavior they have for a significant person in their early life onto a therapist
- \_\_\_\_\_ 27. A situation in which one person feels that someone or something is keeping them from achieving their goals and is incompatible with their needs and concerns
- \_\_\_\_\_ 28. When two or more different relationships exist between clients and therapists

A Massage Therapist's Guide to Pathology, Appendix A: Medications, Ruth Werner

A. Cancer drugs	D. Anti-depressants	G. Anti-anxiety
B. Insulin	E. Anti-inflammatory and analgesic	H. Cardiovascular
C. Muscle relaxants	F. Anti-coagulants	

- \_\_\_\_\_29. Dizziness, drowsiness, and light-headedness are common side effects of many medications in this class. Take care to not overtreat because massage may exacerbate these symptoms 30. Clients who take this medication vary their injection sites, which need to be locally avoided in order to not interfere with normal uptake of the drug 31. The protective stretch reflex is inhibited while taking medications in this class, so the risk of overtreatment with deep tissue work, range of motion exercises, or stretching is significant 32. There is a risk of bruising associated with drugs in this medication class, even with relatively light massage. All but the lightest forms of bodywork may be contraindicated due to a tendency to form blood clots 33. Always consult the physician. Massage application should be applied very conservatively and circulatory massage minimized. Be aware of methods of excretion (some medication excrete through the skin) and take appropriate precautions 34. A client who uses medications in this class have a tendency to slide into
- \_\_\_\_\_ 34. A client who uses medications in this class have a tendency to slide into a parasympathetic state that may be intensified by massage, leaving the client dizzy, fatigued, and lethargic
- \_\_\_\_\_ 35. Medications in this class change tissue response. It is important to work extremely conservatively because temperature, muscle guarding, and local blood flow will be altered. Overtreatment is a significant risk
- 36. This medication class is used to alter the sympathetic fight-or-flight response. Common side effects include CNS depression, poor reflexes, dry mouth and feeling unusually exhausted

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. Cryotherapy	F. Thermotherapy	

- \_\_\_\_\_ 37. Blood flow increases, pain reduction, collagen extensibility increased, ROM increased and joint stiffness decreased
- \_\_\_\_\_ 38. The therapeutic application of cold
- 39. External use of water and complementary agents for therapeutic purposes
- 40. The therapeutic application of heat
- 41. Hydrotherapy technique that combines cold and heat in the same treatment
- \_\_\_\_\_ 42. Blood flow changes, pain reduction, edema reduction, inflammation reduction
- \_\_\_\_\_ 43. Father of hydrotherapy

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

A. Numbness	D. Wound care	G. Subcutaneous fat
B. Distal areas	E. Cold application	H. Adverse effects
C. Superficial tissues	F. Epsom salts	

44.	Soaking in a warm bath containing is occasionally recommended to reduce muscle aches and pains.
45.	The use of water to provide is outside of a massage therapist's scope of practice.
46.	Heat transference may be significantly impaired in people who are overweight or obese due to the presence of
47.	Cold induced vasodilation is more likely to occur in the of the body.
48.	Reduction of edema associated with trauma or acute injury, especially when combined with compression and elevation, can result from
49.	"Analgesia" can best be described as a localized feeling ofin a recipient of cryotherapy.
50.	Different methods (ice packs, gel packs, cold towel friction) cool at different rates and depths.
51.	Every cryotherapy procedure should include a description of potential

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

A. Orthostatic Hypotension	D. Ice massage	G. Diabetes
B. Tissue damage	E. Hot stones	H. Pain
C. Metal	F. Heat	

52.	In ice is combined with friction massage.
53.	Superficial heat applications decrease
54.	A contraindication for the use of thermotherapy is the presence of in the area.
55.	A sudden decrease in blood pressure related to peripheral vasodilation as a result of the application of thermotherapy is known as
56.	Individuals with have the highest correlation to contact burns from clinical uses of thermotherapy.
57.	If applying massage to increase ROM, movements such as stretching should be applied during or immediately after application.
58.	Use two insulated layers between and the client's skin.
59.	Prolonged vasoconstriction and ischemia could be adverse effects of hydrotherapy resulting in

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

A. Muscle fibers	D. Thin myofilaments	G. Concentric
B. Sarcolemma	E. Thick myofilament	
C. Sarcomere	F. ATP	

60.	The universal unit of energy in the cell
61.	Actin, tropomyosin, and troponin
62.	Term synonymous with muscle cells
63.	Made almost entirely of myosin protein
64.	The basic unit of contraction
65.	The covering of the muscle fiber or cell
66.	During this type of muscle contraction, the muscle shortens in length while generating force

 $A \ Massage \ The rapist's \ Guide \ to \ Pathology, \ \underline{Musculoskeletal \ System \ Chapter}, \ Ruth \ Werner$ 

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

A. (1) Cramp, (2) Spasm C. (1) Osteoporosis, (2) Osteoarthritis

B. (1) Strain, (2) Sprain D. (1) Subluxation, (2) Dislocation

E. (1) Tendinitis, (2) Tendinosis

- 67. Both are tendon pathologies. (1) is an acute tendon injury characterized by inflammation, edema, and pain. (2) is long term degeneration of collagen fibers in tendons.
- 68. Both are injuries. (1) is torn muscle fibers resulting in scar tissue. (2) is torn or permanently stretched ligament.
- \_\_\_\_\_ 69. Both are bone pathologies. (1) is loss of bone mass and density. (2) is joint inflammation due to wear and tear of articular cartilage.
- \_\_\_\_\_ 70. Both are joint pathologies. (1) is when bones are out of best alignment, but the joint capsule is intact. (2) is when the articulating bones are no longer touching.
- \_\_\_\_\_ 71. Both are involuntary contractions of skeletal muscle. (1) is strong, painful, and short-lived. (2) is low-grade and long-lasting.

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

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

A. Epidermis	D. Melanocyte
B. Dermis	E. Dendritic cells
C. Hypodermis	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

Trail Guide to the Body, <u>Appendix: Synergists</u> - <u>Muscles Working Together</u>, 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	

!	78.	Latissimus dorsi, Teres major, Infraspinatus, Teres Minor, Pectoralis major (all fibers), Triceps brachii (long head), Coracobrachialis
!	79.	Deltoid (posterior fibers), Infraspinatus, Teres minor
;	80.	Deltoid (anterior fibers), Latissimus dorsi, Teres major, Subscapularis, Pectoralis major (all fibers)
8	81.	Deltoid (anterior fibers), Pectoralis major (upper fibers), Biceps brachii, Coracobrachialis
8	82.	Deltoid (posterior fibers), Latissimus dorsi, Teres major, Pectoralis major (lower fibers), Triceps brachii (long head)
;	83.	Muscle responsible for causing a specific or desired action
;	84.	Muscle that must relax and lengthen to allow the actions of the prime mover to occur
8	85.	Deltoid (posterior fibers)
8	36.	Deltoid (anterior fibers), Pectoralis major (upper fibers)
;	87.	Deltoid (All fibers), Supraspinatus

A - 161

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

88. Trapezius (upper fibers), Rhomboid major, Rhomboid minor, Levator 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
92. Trapezius (upper and lower fibers), Serratus anterior (with the origin fixed)
93. Trapezius (middle fibers), Rhomboid major, Rhomboid minor

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

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

A. Joint mobilization	D. Hard-end feel	F. Firm-end feel
B. Range of motion	E. Soft-end feel	G. Empty-end feel
C. Stretching		

94	. Moving a joint through its normal range of motion
95	. This end feel occurs when the barrier is tissue such as bone
96	. This end feel occurs the barrier is soft tissue such as muscle, fascia, or skin
97	. Technique that lengthens and elongates soft tissues
98	. This end feel occurs when normal motion is interrupted by client's pain before the therapist encounters structural resistance to passive movements
99	. The extent to which bones of a joint can move or be moved; usually expressed in degrees of a circle
10	0. This end feel occurs when the tissue such as tendons, ligaments, or joint

capsules offer resistance as they lengthen

Name	Group	Date	
	Oloup		
	I		

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

- **Special Note:** For these review questions, go to the following site: www.tdlr.texas.gov/mas/laws-rules.htm
  - o For questions 1-10, click on the TDLR procedural rules link
  - o For questions 11-50, click on the massage therapy administrative rules link
- Review Questions **must be completed in LMS**. Physical copies of review questions will **not** be accepted.
- If you were **absent** or are submitting your Review Questions **late**, you must notify the Education Director, Tim Stahlke, by email to <u>tims@tlcschool.com</u> and the Student Administrator tilat@tlcschool.com in order to receive credit.
- This assignment is open-book, but must be done **without** assistance from others.
- Its purpose is to help you preview the material before lecture, so be sure to complete the assigned pages before the material is covered in class.
- Use your packet and textbooks as indicated on each page.
- If you have any questions about the Review Questions, ask your class instructor.
- Each set of Review Questions is named for the class in which it is due. For example "7a Review Questions" are due in class 7a 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 50 questions worth 2 points each.

#### **Calculating 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	%

# Procedural Rules of the Commission and the Department 60.31. License Renewal Applications

- 1. A license holder will be notified by the Department, not later than the 30<sup>th</sup> day before<br/>the date a person's license is scheduled to expire, of impending expiration of the<br/>license.T. TrueF. False
  - 2. Proof of failure to receive notification from the department will result in late penalties being waived. T. True F. False
  - 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

#### 60.41. License Eligibility for Persons with Deferred Adjudications or Non-Conviction

- 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.
- \_\_\_\_7. To request an evaluation letter, the person must:
  - A. Submit the request using a department-approved form
  - B. Pay the required fee of \$10
  - C. All of the above

#### 60.83. Late renewal Fees

- 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. 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

#### Subchapter A. General Provision

117.2. Definitions

- \_\_\_\_\_ 11. Which of the following terms is included in the definition of massage therapist?
  - A. Person who administers massage therapy to a client for compensation
    - B. Masseuse, myotherapist, body massager or body rubber
    - C. Person who administers massage therapy to a client regardless of compensation D. A and B
  - \_\_\_\_ 12. "Compensation" includes:
    - A. Fees B. Goods and services C. Barter D. All of the options
- 13. Massage therapy may include the use of heat lamps, cabinet baths, sauna, steam, salt glows, tub, shower, hot and cold packs, or jacuzzi. T. True F. False
  - <u>14</u>. Swedish gymnastics includes:
    - A. Passive and active joint movements
    - B. Non-specific stretches, passive and active exercise
    - C. A and B

#### Subchapter C. Licensed Massage Therapist

#### 117.20. Massage Therapist License- General Requirements and Application

- \_\_\_\_\_ 15. Applicants for a license must be at least 18 years of age. T. True F. T.
- F. False
- \_\_\_\_\_ 16. If an applicant submits an incomplete application, the department:
  - A. May void it immediately and keep the fees
  - B. Will send a notice listing any additional materials required
  - C. Will return the application and the fees
  - D. Will hold it for one year
- \_\_\_\_\_ 17. When applying, applicants must:
  - A. Successfully pass a criminal history background check performed by the department
  - B. Provide proof of successfully passing the jurisprudence exam
  - C. Submit an official transcript of all relevant coursework
  - D. All of the above
- \_\_\_\_\_ 18. In the event that a deficiency is present in course work, the applicant may have

\_\_\_\_\_\_ to complete additional coursework acceptable to the department; otherwise, the application may be voided.

- A. 6 months
- B. 90 days
- C. Up to one year
- D. None of the above

#### 117.22. Massage Therapist License- Examination Requirements

- \_\_\_\_ 19. All applicants must pass a massage therapy examination approved by the department before submitting an application for licensure.
  - T. True F. False
- 20. In addition to passing a written massage exam, new applicants must also pass a jurisprudence exam before a license will be issued. T. True F. False
- 21. Examination results must reflect that the applicant passed the examinations within one year of the application for licensure unless the applicant is currently licensed in another state or jurisdiction. T. True F. False

#### 117.23 Massage Therapy License- Issuance of License

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.

T. True F. False

\_\_\_\_ 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

## 36a State Law Review Questions

#### Subchapter G. Licensed Massage Establishments

#### 117.80. Massage Establishment Application Procedures & Licensure

31. Unless otherwise exempt under the Act, a place of business that advertises or offers massage therapy or other massage services must be licensed by the department as provided by this section. T. True F. False

#### 117.82. Massage Establishments-General Requirements

- \_\_\_\_\_ 32. No massage establishment shall be operated until the department has approved and licensed the establishment. T. True F. False
- \_\_\_\_\_33. A massage establishment must maintain separation from rooms used wholly or in part for residential or sleeping purposes by a solid wall or by a wall with a solid door, which shall remain unlocked during business hours. T. True F. False
  - \_ 34. A massage establishment is not required to display the license in the establishment. T. True F. False

#### 117.84. Establishment exemptions

- 35. A place of business is not required to hold a massage establishment license if another licensed healthcare practitioner hires a massage therapist to provide massage therapy as a part of that practitioner's practice. T. True F. False
  - \_\_\_\_ 36. A place of business is not required to hold a massage establishment license under the Act if at the place of business, a licensed massage therapist practices as a solo practitioner and does not use a business name or assumed name. T. True F. False

#### Subchapter H. Responsibilities of the Licensee and Code of Ethics

#### 117.90. General Ethical Requirements

- \_\_\_\_\_ 37. For each client, a licensee shall keep accurate records of the dates of massage therapy services, types of massage therapy and billing information for:
  - A. Minimum of 5 Years B. Until the following tax season
  - C. Minimum of 2 Years D. Until Licensee retires
  - \_\_\_\_\_38. A licensee shall notify clients of the name, mailing address, telephone number and web address of the department for the purposes of directing complaints to the department by:
    - A. A sign, prominently displayed in the primary place of business
    - B. A contract, or bill for services
    - C. Another written and documented method
    - D. Any of these

# \_\_\_\_\_ 39. What must a licensee do to legally provide massage therapy services to a person under the age of 17?

- A. Must check the person's driver's license
- B. Must obtain the written consent of a parent or guardian
- C. Nothing is required to legally massage a person under the age of 17
- \_\_\_\_\_ 40. What must the licensee do with issued unexpired gift certificates?
  - A. Refuse them B. Honor them C. Provide a full refund D. B or C 36b State Law Review Questions
- 41. A licensee shall not practice in an unlicensed massage establishment.

T. True F. False

## 36a State Law Review Questions

#### 117.91. Consultation Document

- 42. The consultation document shall include:
  - A. Areas to be massaged or avoided
  - B. That breast massage will only be done on female clients with their consent
  - C. The signature of both the client and the licensee
  - D. Whether draping will be used or not
  - E. All of the Above

#### 117.92. Sexual Misconduct

43. For the purposes of this section, sexual contact includes:

- A. Inappropriate sexual comments about or to a client
- B. Any touching of any part of the genitalia or anus
- C. Any offer or agreement to engage in activity such as kissing or sexual contact
- D. A, B, and C

#### 117.93. Advertising

44. A sexually oriented business may use the word "massage" on advertising provided it employs a licensed massage therapist. T. True F. False

- 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 therapist license the application fee is:

A. \$212	B. \$316	C. \$23	D. \$100
47. Renewal fee for	a two-year lice	nse is:	
A. \$1000	B. \$218	C. \$75	D. \$23

#### Subchapter J. Enforcement Provisions

#### 117.110. Complaints

48. Any person may file a complaint with the department alleging that a massage therapist, massage school, massage therapy instructor, massage establishment, continuing education provider, or another person or business has violated the Act or this chapter. T. True F. False

### 117.111. Administrative Penalties and Sanctions

- 49. The commission or executive director may refuse to issue a license to a person, suspend or revoke the license of a person, or place a person licensed under the Act on probation if the person:
  - A. Sells, barters, or offers to sell or barter a license
  - B. Obtains a license by fraud, misrepresentation, or concealment of material facts
  - C. Violates this chapter
  - D. All of the above
- 50. The commission or executive director shall revoke the license of a person if the person 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. T. True F. False

Name	Group	Date

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

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- 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 100 questions worth 1 point each.

The total number of questions	100
(minus)	
The number of incorrect answers	
(equals )	
Your percentage grade	%
(minus)	
20 points if submitted late	%

A - 173

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

A. Sit in the chair	C. Lubricant	E. Seated massage
B. David Palmer	D. Hand sanitizer	F. Convenient/affordable

- \_\_\_\_\_ 1. Application of massage techniques while the client is sitting erect or reclining; also called chair massage
- \_\_\_\_\_ 2. Massage product NOT used in seated massage
- \_\_\_\_\_ 3. What the therapist should do first when explaining to a first-time client the proper way to sit in a massage chair
- \_\_\_\_\_ 4. Examples of reason why seated techniques have made massage more accessible to the mainstream public
- \_\_\_\_\_ 5. Replaces traditional hand washing at on-site massage locations
- 6. He introduced seated massage in the workplace in the early 1980s

Massage Therapy: Principles and Practice, <u>Cardiovascular System Chapter</u>, 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 muscular layer of the heart

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

A. Lumen	D. Respiratory pump	G. Systole
B. Venomotor tone	E. Aorta	H. Diastole
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
- 21. Purpose of the \_\_\_\_\_\_ is to replenish the oxygen supply of the 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

A Massage Therapist's Guide to Pathology, Circulatory System Chapter, 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. 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. A technical term for high blood pressure, specifically blood pressure that is persistently elevated above 140/90

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
40. The initial fee to the State of Texas to apply for your license is \$155
41. You can only massage a person under the age of 17 if you have written 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.

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

A. Lymph	D. Lymphocyte	G. Lymph nodes
B. Lymphatic vessels	E. Bone marrow and thymus	H. M.A.L.T.
C. Lymphokinesis	F. Spleen	I. 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

Massage Therapy: Principles and Practice, <u>Lymphatic System and Immunity Chapter</u>, Susan G. Salvo Place the CAPITAL letter of the answer next to the term or phrase that best describes it.

A. Peyer pa	tches	D. Non-specific	G. B cells	
B. Vermifor	m appendix	E. Inflammation	H. T cells	
C. Immunit	У	F. Specific	I. Autoimmune disease	
52.		nunity that includes barrier ry responses	rs, reflexes, cellular responses, and	
53.	Lymphatic t	issue located in portions of	the small intestines	
54.	Type of imm	Type of immunity facilitated by B cells and T cells		
55.		oonse to injury, infection, or irritation that seeks to create an nt that maximizes tissue repair		
56.	Lymphatic t large intesti		n, which is the first region of the	
57.	The body's a agents	dy's ability to recognize and respond to pathogens and harmful		
58.	response and	when there is an inapprop d the body no longer recog cause it believes this tissue	nizes its own healthy tissue and	
59.	Type of lym	phocyte that produces anti	bodies	

\_\_\_\_\_ 60. Type of lymphocyte that includes CD4+ and CD8+ cells

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

A - 181

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. Menstruation	F. Ovum	I. Menstrual cycle	

- 69. The first phase of the menstrual cycle; it begins with menstruation and lasts until approximately day 13
- \_\_\_\_\_ 70. The sex cells that carry genetic information from inside the ovaries
- \_\_\_\_\_ 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. Paired oval glands located within the scrotum; they possess both endocrine and exocrine functions
- \_\_\_\_\_74. The periodic discharge of the endometrial lining from the non-pregnant uterus
- \_\_\_\_\_ 75. Sex cells that carry genetic information, produced in the testicles
- 76. Paired almond-shaped glands located in the abdominopelvic cavity lateral to the uterus and possess both endocrine and exocrine functions
- \_\_\_\_\_ 77. A series of hormonal events that begins during puberty, occurs approximately every 28 days, and ends during menopause
- \_\_\_\_\_ 78. A mature oocyte that has ovulated

A Massage Therapist's Guide to Pathology, <u>Reproductive System Chapter</u>, Ruth Werner

A. Prostate cancer	D. Testicular cancer	G. Ovarian cancer
B. Dysmenorrhea	E. Endometriosis	H. Breast cancer
C. Prostatitis	F. Fibroid tumors	

- \_\_\_\_\_ 79. The development of tumors in the epithelial or connective tissue of the breast
- \_\_\_\_\_ 80. Growth of malignant cells in the testicles
- \_\_\_\_\_ 81. The growth of malignant tumors on the ovaries
- \_\_\_\_\_ 82. A condition in which the prostate becomes painful and possibly inflamed; it usually involves significant pain throughout the pelvis and groin
  - 83. Benign growths that grow in or around of the uterus; also called leiomyomas
- 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 of malignant tumor cells in the prostate gland
- 86. A condition in which cells from the endometrium implant elsewhere in the body

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 *might* 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.

Trail Guide to the Body, <u>Appendix: Synergists</u> - <u>Muscles Working Together</u>, Andrew Biel *Place the CAPITAL letter of the answer next to the term or phrase that best describes it.* 

- A. Coxal FlexionD. Coxal AdductionG. T/F Lateral rotationB. Coxal ExtensionE. Coxal Lateral rotationH. T/F Medial rotation
- C. Coxal Abduction F. Coxal Medial rotation
- 93. Psoas major, Iliacus, Tensor fasciae latae, Sartorius, Rectus femoris,
   Gluteus medius (anterior fibers), Gluteus minimus, Adductor longus
   (assists), Pectineus (assists), Adductor brevis (assists), Adductor magnus
   (assists)
- 94. Gluteus maximus (all fibers), Biceps femoris (long head), Semitendinosus, Semimembranosus, Adductor magnus (posterior fibers), Gluteus medius (posterior fibers)
- 95. Gluteus medius (anterior fibers), Gluteus minimus, Tensor fasciae latae,
   Adductor magnus, Adductor longus, Adductor brevis, Pectineus,
   Gracilis, Semitendinosus (assists), Semimembranosus (assists)
- 96. Gluteus maximus (all fibers), Piriformis, Quadratus femoris, Obturator internus, Obturator externus, Gemellus superior, Gemellus inferior, Gluteus medius (posterior fibers), Psoas major, Iliacus, Sartorius, Biceps femoris (assists, long head)
- 97. Gluteus maximus, Gluteus medius (all fibers), Gluteus minimus, Tensor fasciae latae, Sartorius, Piriformis (when the hip is flexed)
- 98. Adductor magnus, Adductor longus, Adductor brevis, Pectineus, Gracilis, Gluteus maximus (lower fibers)
- 99. Semitendinosus, Semimembranosus, Gracilis, Sartorius, Popliteus
- \_\_\_\_\_100. Biceps femoris

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## 53a Internship Orientation Review Questions

Name	Group	Date

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

- This set of Review Questions is **completed on paper**. The physical copy must be turned in for credit. To submit your Review Questions, place it on the instructor's table at the front of the classroom before the class start time.
- If you were absent or are submitting your Review Questions late, you must give it to your instructor or Tammie (Internship Director) and the Student Administrator <u>tilat@tlcschool.com</u> in order to receive credit.
- This assignment is open-book, but must be done without assistance from others
- If you have any questions about the Review Questions, ask your class instructor
- 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 -> Percentage

Number	Incorrect ->	Percentage
	meenreet /	rereentinge

	0		
0	100%	8 50%	
1	94%	9 44%	
2	88%	10 38%	
3	82%	11 30%	
4	76%	12 24%	
5	70%	13 18%	
6	64%	14 12%	
7	58%	15 6%	

Was this submitted late? No Yes

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

## 53a Internship Orientation Review Questions

Packet I: 1-13

Please read the Internship Handbook before you complete these questions.

List the 5 categories on which interns are graded each session.

- 1.
- 2.
- 3.
- 3. 4.
- <del>т</del>. 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?
- 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 7:30pm appointment?
- 12. Does the "hands-off" time change if the client is late?
- 13. What happens if the *intern* arrives 5 or more minutes after the scheduled appointment time?
- 14. There will be a bodywork trade during the Internship Orientation "B" class.

True False

15. I must provide **CLEAN** sheets for my **PARTNER** to lie on during the bodywork trade portion of the Internship Orientation.

True False

Name	Group	 Date _	

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

- Review Questions **must be completed in LMS**. Physical copies of review questions will **not** be accepted.
- If you were **absent** or are submitting your Review Questions **late**, you must notify the Education Director, Tim Stahlke, by email to <u>tims@tlcschool.com</u> and the Student Administrator tilat@tlcschool.com in order to receive credit.
- This assignment is open-book, but must be done **without** assistance from others.
- Its purpose is to help you preview the material before lecture, so be sure to complete the assigned pages before the material is covered in class.
- Use your packet and textbooks as indicated on each page.
- If you have any questions about the Review Questions, ask your class instructor.
- Each set of Review Questions is named for the class in which it is due. For example "7a Review Questions" are due in class 7a 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 100 questions worth 1 point each.

The total number of questions	100
(minus)	
The number of incorrect answers	
(equals )	
Your percentage grade	%
(minus)	
20 points if submitted late	%

55a Review Questions Massage Therapy: Principles and Practice, <u>History of Massage Therapy Chapter</u>, Susan G. Salvo

A.	3000 BC	D. Shiatsu	G. Pehr Henrik Ling
B.	Amma	E. Johann Mezger	H. Human trafficking
C.	Nei-chin	g F. Hippocrates of Cos	
	1.	Written records have revealed that the early as	practice of massage goes back as
	2.	is regarded as the origin and it is the precursor to all other man techniques in China	
	3.	is generally regarded as medicine due to his emphasis on the in that the healer should take care to avoid the patient	
	4.	is often regarded as the	father of Swedish massage
	5.	is the unlawful trade of victims who work under the cover of a from Asia, South America, and the for	
	6.	is a Japanese method of traditional Chinese medicine concepts amma, which found its way into Japan means <i>finger pressure</i>	1
	7.	is responsible for makin component of physical rehabilitation; French terminology to describe massa	
	8.	is the classic scripture of was compiled from various schools of descriptions of healing touch procedur acupuncture, and their uses	0

## 55a Review Questions Packet B: 42-60 and Business Mastery, Chapters 24, 26, 27, and 31

A. Word of mouth	D. Credibility	G. WIIFM
B. Positioning	E. Strategic actions	H. Target Market
C. Psychographics	F. Demographics	

- 9. Professionalism plays a major role in the status of your \_\_\_\_\_\_
- \_\_\_\_\_ 10. Categorized statistics about a target market
- \_\_\_\_\_ 11. Answers how you will help clients
- \_\_\_\_\_ 12. One group you want to promote yourself to
- \_\_\_\_\_ 13. Specific plans for attracting clients
- \_\_\_\_\_ 14. Your "place" in their mind
- \_\_\_\_\_ 15. Lifestyle factors
- \_\_\_\_\_ 16. Best source for referrals

Massage Therapy: Principles and Practice, Special Populations Chapter, Susan G. Salvo

G. Third

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

		0		
В.	Deep vein thrombosis	E.	Right hip	H. First
C.	Pregnancy massage	F.	Relaxin	

A. Supine hypotensive syndromeD. High-risk

- 17. In the \_\_\_\_\_\_ trimester, breast changes, fatigue, and morning sickness are prevalent and may require adjustments
- 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 the \_\_\_\_\_\_ to tilt their body to the left; this will move the baby off the abdominal blood vessels
- 20. \_\_\_\_\_ pregnancies are ones that are more likely to have complications for the pregnant person or the developing fetus
- 21. In the \_\_\_\_\_\_ trimester, heartburn, lower back pain, and swelling of the feet and ankles are more prevalent and may require some massage accommodations
- 22. This and other hormones increase the flexibility of the pelvic girdle and help the cervix relax and dilate during childbirth; it may have a slight effect on all joints in pregnant people by making them hypermobile
- 23. The modification of basic massage techniques and body positions to meet the needs of clients as they undergo changes during pregnancy and the postpartum period
- 24. Inflammation of a vein with the formation of blood clots; the most serious complication is a pulmonary embolism; pregnant people are at a 5 to 6 times greater risk for this condition because of increased clot-producing and decreased clot-resolving factors

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

A. Autonomic	D. Peripheral	G. Neurons
B. Parasympathetic	E. Myelin	H. Somatic
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. The \_\_\_\_\_\_ 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, <u>Nervous System Chapter</u>, Susan G. Salvo

A. Axon		D. Synapse	G. Neurotransmitters
B. Dendrite	S	E. Frontal	H. Reflex arc
C. Nerve		F. Nerve impulse	
33.	The and speech r		ulates motor output, cognition,
34.	A neural pathway used to produce a reflex; it consists of an afferent neuron, an interneuron, and an efferent neuron		
35.	Bundles of nerve fibers located in the PNS; each one is wrapped with a layer of connective tissue called epineurium		
36.	An electrical	signal that conveys inform	nation along a neuron
37.	A neuron's _ them to the c		receive impulses and transmit
38.	A class of ch	emical messengers involve	d in synaptic transmission
39.	A neuron's	transmits impulse	s away from the cell body
40.	,	lses are transmitted across	etween a neuron and a muscle or these junctions with the help of

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

A. Alpha	D. Hypothalamus	G. Spinal cord
B. Cerebrum	E. Medulla oblongata	H. Thalamus
C. Cerebellum	F. Meninges	

- 41. The connective tissue coverings that surround the brain and spinal cord; it consists of three layers
- 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. This brain wave pattern is a relaxed state; the subject is awake but calm; this state is associated with creative process and meditation
- 46. The most inferior portion of the brainstem; it contains respiratory, cardiovascular, and vasomotor centers
- 47. The largest portion of the diencephalon; it relays sensory information (except olfaction) to appropriate parts of the cerebrum
- 48. A cylindrical bundle of nerve fibers extending from the brainstem; it exits the skull through the foramen magnum and extends to approximately the second lumbar vertebra

Business Mastery, Chapters 24, 26, and 27

Also use: abmp.com/members/marketing-center

- Click on: "Website Builder"
- Enter your "Site Name" (usually your name, but this can be changed later)
- Choose a "Domain" (ABMP.com or massagetherapy.com)
- Click on "Manage Pages"
- Click on any "Page" to see the content

A.	Call to action	D. Blogging	F. Client information brochure
B.	Source for a free website	E. Keywords	G. Appointment reminder
C.	How your 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 found for the right reasons
- \_\_\_\_\_ 53. 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, <u>Nervous System Chapter</u>, Susan G. Salvo

A. Chemorece	eptors	D. Thermoreceptors	G. Receptor
B. Mechanor	eceptors	E. Nociceptors	
C. Osmorece	ptors	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
- 61. Receptors that detect light stimuli and are located in the retina of the eye
- 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
- 63. Receptors that detect noxious stimuli such as excessive heat and cold or tissue damage; they are located in almost every tissue of the body

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

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
- 70. A common condition that involves repetitive, involuntary, sometimes sustained contractions of skeletal muscles

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

A.	Bell palsy	7	D. Spina bifida	G.	Trigeminal neuralgia
B.	Stroke		E. Fibromyalgia	H.	Vestibular balance disord
C.	Cerebral	palsy	F. Meniere disease	I.	Spinal cord injury
	71.		erve tissue in the spinal car contusion, compression, lac		
	72.	VII, the facial	on is the result of damage to l nerve; symptoms or classi of flaccid paralysis of the mo	c sig	0
	73.		gns and symptoms that cer rtigo, tinnitus, and hearing		
	74.	condition is c	rain attack or cerebrovascu damage to brain cells due to ombosis, embolism, or hem	o ox	ygen deprivation brought
	75.	-	al nerve; it is also called tic		e branches of cranial nerve V, lloureux, which is French for
	76.		nns "cleft spine", this condit rtebral arch fails to close co		
	77.	and hormone	rial condition involving pro e imbalances, sleep disorde dons, ligaments, and other s	rs, a	and ultimately chronic pain in
	78.	gestational d	erm for many possible inju evelopment, birth, and earl debilitation that can range	y ir	fancy; it results in mental
	79.	VIII (vestibul	onditions that can cause the locochlear nerve), to dysfur nay last a few seconds to m	nctio	0

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

A. Adrenal cortex	D. Posterior pituitary	G. Pineal
B. Adrenal medulla	E. Hypothalamus	H. Thymus
C. Anterior pituitary	F. Pancreatic islets in the pancre	eas

- 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
- 84. Secretes adrenocorticotropic hormone, follicle-stimulating hormone, 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)

55a Review Questions Massage Therapy: Principles and Practice, <u>Endocrine System Chapter</u>, Susan G. Salvo

A.	Insulin		D. Epinephrine and norepinephrine	G. Glucagon
B.	T3 and T4	4	E. Adrenocorticotropic hormone	H. Calcitonin
C.	Growth l	normone	F. Antidiuretic hormone	
	88.	-	rotein synthesis for muscle and bone gro nd plays a role in metabolism	owth, maintenance
	89.	Regulate met other body sy	abolism and affects the growth and dev ystems	elopment of many
	90.		prolong sympathetic arousal; said anot hance and prolong the physiologic effec	2
	91.		ine production by stimulating the kidne constricts blood vessels, which consequ	
	92.	Decreases blo into the cells	ood glucose levels by moving glucose o	ut of the blood and
	93.	Increases blo as the liver ir	od glucose levels by moving stored glue nto the blood	cose from areas such
	94.		e adrenal cortex to secrete its hormones as a medication it is called hydrocortisor	1 2
	95.		ood calcium levels by stimulating osteol ses calcium storage in bones	plastic activity,

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

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

A. Type 2 diabetes mellitus C. Hypothyroidism E. Metabolic syndrome

B. Type 1 diabetes mellitus D. Hyperthyroidism

96. An autoimmune disorder that results in hyperglycemia; it is connected to genetic background and childhood exposure to agents that might stimulate an immune system mistake and an attack on insulin-producing cells

- 97. A condition in which circulating levels of thyroid hormones are abnormally low, which interferes with the body's ability to generate energy from fuel
- 98. This condition is not a freestanding disease; instead it is a group of problems that, when seen in combinations, have been identified as indicators for a high risk of developing type 2 diabetes and cardiovascular disease
- 99. Disorder resulting in hyperglycemia; it is related to genetic predisposition along with diet and lifestyle factors that are more controllable
- \_\_\_\_\_ 100. A condition in which the thyroid gland produces excessive amounts of the hormones that stimulate metabolism of fuel into energy

Name \_\_\_\_\_ Group \_\_\_\_ Date \_\_\_\_

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

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- If you were **absent** or are submitting your Review Questions **late**, you must notify the Education Director, Tim Stahlke, by email to t<u>ims@tlcschool.com</u> and the Student Administrator tilat@tlcschool.com in order to receive credit.
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- Its purpose is to help you preview the material before lecture, so be sure to complete the assigned pages before the material is covered in class.
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- This set of Review Questions contains 100 questions worth 1 point each.

## 66a Review Questions Packet E: 135-144

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, s etc.) on top of the initial stressor	uch as berating ourselves, guilt, worry,
	3.	Caused by a stressor that is perce maintains a sense of control over	ived as a challenge, but the person the situation
	4.	Highly correlated with hypertens	ion and coronary artery disease
	5.	The study of the interaction betw nervous and immune systems of	een psychological processes and the the human body
	6.		se substances are chemically similar to une function, alpha waves (relaxation), ociated with states of expanded
	7.		
	8.	Opposite of eustress; the demand control over it	in the environment exceeds our
	9.		the hypothalamus triggers the release reted by the adrenal medulla; they

of these hormones, which are secreted by the adrenal medulla; they cause an increase in heart rate, respiratory rate, metabolic rate, clotting ability, blood sugar, stomach acid, blood pressure, and blood flow to skeletal muscle

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

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
- 14. Also called the windpipe, it connects the larynx with the bronchi and is located anterior to the esophagus
- 15. Also called the throat, this muscular tube extends from the nasal cavity to 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

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

A. Exhalation	D. Inhalation	G. Internal respiration	
B. Elastic recoil	E. External respiration		
C. Olfaction F. Accessory muscles of inhalation		ion	
22. Gas exchang	ge between the air in the alveoli ar	nd the blood in capillaries	

- \_\_\_\_\_ 23. Process of expelling air from the lungs
- \_\_\_\_\_ 24. Sense of smell
- \_\_\_\_\_ 25. SCM, scalenes, pectoralis minor, and serratus posterior superior
- \_\_\_\_\_ 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

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

A.	Pneumor	nia	D. Tuberculosis		G. Influenza
B.	Emphyse	ema	E. Acute bronchi	itis	H. Cystic fibrosis
C.	Asthma		F. Chronic bronc	hitis	I. Common cold
	29.	Congenital disease of exocrine glands that causes their secretions (mucus, digestive enzymes, bile, sweat) to become abnormally thick viscous			
	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			runny nose, sneezing,
	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			vith runny nose and dry
	32.		ay inflammation a structure bronchioles	and intermittent	airflow obstruction due
	33.	symptoms va fever, chills, s	ary widely depend sweating, deliriun	ding on the cause n, chest pains, cy	ue to an infectious agent; e, but coughing, very high anosis, thick and colored pains, and pleurisy
	34.	alveoli becon		nd inelastic, mer	PD) that results in the ging with each other and
	35.	long-term irr with or with	itation of the bror out an infection; s	ichi and bronchio ymptoms usually	PD) that is described as a oles which may occur y begin with a mild cough shortness of breath
	36.		alled a "chest cold n of the respirator		is a self-limiting ly of the bronchial tree
	37.	but sometime	es in other location rimary phase, but	ns; symptoms m	nps, usually in the lungs ay be similar to a mild flu le fever, sweating, weight

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

A. Absorpt	ion	E. Digestion	I. Ingestion
B. Stomach		F. Esophagus	J. Bile
C. Peristals	is	G. Gastrointestinal tract	K. Saliva
D. Peritone	um	H. Bolus	L. Defecation
38.	Process of b the body	reaking food down into sim	ple molecules that can be used in
39.	• •	id that helps keep the oral n easier to swallow	nucosa moist and lubricates food
40.	Muscular tu	be that connects the pharyn	x to the stomach
41.	Digestive emulsifier that breaks apart large fat globules into smaller one		
42. Large serous membrane tha		s membrane that envelops t	he 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 e anus	liminating materials from th	e body through the rectum and
47.	Wave-like movements that help to mix and propel products of digestion along the G.I. tract		
48.	Process by which simple molecules from the G.I. tract are moved into the bloodstream or lymph vessels and then into body cells		
49.	Open tube that begins in the mouth and ends at the anus		

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

A. Enzyme	D. Large Intestine	G. Pancreas
B. Gallbladder	E. Villi	H. Small intestine
C. Ileocecal	F. Liver	I. Pyloric

- 50. Digestive organ that produces bile
- \_\_\_\_\_ 51. Gland that contains acini cells
- 52. Hollow organ that stores and concentrates bile
- 53. Finger-like projections that house blood and lymph vessels
- 54. Sphincter located between the ileum of the small intestine and cecum of the large intestine
- 55. Sphincter located between the stomach and small intestine
- 56. Area of the gastrointestinal tract that contains the cecum and rectum
- \_\_\_\_\_ 57. Coiled tube located between the stomach and large intestine
- 58. Substances that act as catalysts in chemical reactions

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

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

A. Hepatitis	D. Cirrhosis	G. I	Diverticular disease		
B. GERD	E. Pancreatitis	H. I	Peptic ulcers		
C. Gallston	es F. Candidiasis	I. I	rritable bowel syndrome		
59.	A condition of the small intestine or co submucosal layers of the G.I. tract bulg layer to form a sac				
60.	A condition involving digestive system dysfunction without major structural changes; also called spastic colon, irritable colon, mucus colitis, and functional bowel syndrome				
61.	Damage to the epithelial lining of the e exposed to digestive juices from the ste				
62.	Higher than normal levels of the fungus <i>C. albicans</i> in the G.I. tract				
63.	The name of this disease translates as ' to the jaundice that can develop; it is d replacement of healthy liver cells with	escribe	ed as the crowding out and		
64.	Concentrated deposits of bile salts or p	oigmen	its in the gallbladder		
65.	Inflammation of the pancreas; when ac binging, gallstones, toxic exposure, blu chronic pancreatitis is usually related t	int trau	uma, or other factors;		
66.	Perpetually open sores of the inner sur duodenum caused by constant irritatic healing process				
67.	Inflammation of the liver that can be ca inflammation related to fatty deposits,		, U		

to certain toxins, but is most often one of a variety of viral infections

Business Mastery, Chapter 20

- A. W-2 D. Schedule C G. Continuing education
- B. 7 yearsE. Cash flow projectionsH. Assets
- C. Indefinitely F. Balance sheets
- \_\_\_\_\_ 68. Summary info about assets, liability and net equity
- \_\_\_\_\_ 69. Monthly prediction of massage income and expenses
- \_\_\_\_\_ 70. Time to keep tax returns
- \_\_\_\_\_ 71. Fully deductible business expense
- \_\_\_\_\_ 72. Time to keep records of receipts
- \_\_\_\_\_ 73. Tax form you receive from employer
- \_\_\_\_\_ 74. Total resources of sole practitioner or business
- \_\_\_\_\_75. IRS form for profit or loss from business used by sole proprietor

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. Cortex	E. Kidneys	H. Filtrate
B. Urine	F. Medulla	I. Retroperitoneal
C. Ureters	G. Nephrons	J. Urinary bladder

D. Urethra

- \_\_\_\_\_\_ 76. Watery yellowish fluid that is discharged through the urethra
- \_\_\_\_\_ 77. Term meaning behind the peritoneum and helps describe the location of the kidneys
- \_\_\_\_\_ 78. Filtering units of the kidneys
- \_\_\_\_\_ 79. Outer region of the kidney
- \_\_\_\_\_ 80. Narrow tube that transports urine from the urinary bladder out of the body during urination
- \_\_\_\_\_ 81. Fluid filtered by the nephrons
- 82. Reddish-brown bean-shaped organs located bilaterally that process blood and form urine
- 83. Expandable sac that stores urine
- \_\_\_\_\_ 84. Two slender, hollow tubes extending from the renal pelvis of the kidneys to the urinary bladder
- \_\_\_\_\_ 85. Inner region of the kidney

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

A. Renal tubule	D. Bowman capsule	G. Glomerulus
B. Peritubular capillaries	E. Edema	
C. Diuretic	F. Dehydration	

- 86. Cluster of blood capillaries within the Bowman capsule
- 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

A Massage Therapist's Guide to Pathology, Urinary System Chapter, 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 abnormally acidic blood due to a diet high in meat and purine
- 94. Inability of the kidneys to function at normal 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 that sometimes develop in the renal pelvis
- 97. Most common kidney stone type, associated with problems with calcium metabolism or too much incoming calcium
- 98. Type of kidney stone composed of magnesium and ammonia and are associated with chronic urinary tract infections (UTIs)
- 99. A condition in which the urinary bladder becomes irritated and inelastic
- \_\_\_\_\_ 100. Infection in the lower urinary tract; 90% of the time the infection is caused by E. coli