TLC Contact Information

Lauterstein Conway Massage School 4701-B Burnet Rd., Austin, Tx 78756	(512) 374 - 9222
Mark Dauenhauer – Co-Director. Monday thru Friday 9:30am – 6pm markd@tlcschool.com	Ext. 17
Eric Tebbetts – Co-Director/Controller. Monday thru Friday 9am – 6pm erict@tlcschool.com	Ext. 12
Bethany Greenway – Marketing and Communications Director. By Appointment Only bethanyg@tlcschool.com	Ext. 25
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Jessica Lydon – Front Desk, Books and Student Supply Sales & Workshops Monday thru Friday 9am - 4pm reception@tlcschool.com	Ext. 10
Tammie Culley – Clinic Director. Monday thru Friday 9:30am – 5pm tammiec@tlcschool.com	Ext. 30
Tim Stahlke – Education Director. Monday- Thursday 1pm-5pm or By Appointmentims@tlcschool.com	nt 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 10th 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 10th 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%
 - o Pathology 14%
 - o Benefits and Effects of Massage Therapy 15%
 - Client Assessment and Treatment Planning 17%
 - Ethics, Boundaries, Laws, and Regulations 16%
 - o 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)
 - o Confirm Password
 - o Create Validation Question
 - o 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.

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:

1. 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 tests will **not** be accepted at this time.</u>

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			
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.	7a Review Questions 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

Week 5

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.	8a Quiz 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.	9a Kinesiology Quiz 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.	9b Purpose, Priorities, and Goals This will be done in class, assessed, and graded. Packet B: 6-7. Bring your Business book to every business class.

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.

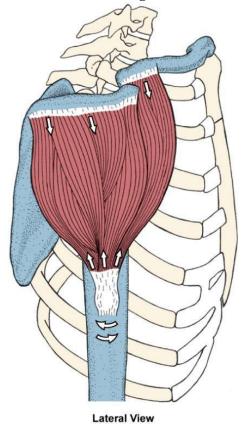
Belly The wide central portion of a skeletal muscle that contains the sarcomeres.

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.



fluscolino JE. The muscular system manual: the skeletal muscles of the human body, ed. 2 St. Louis, 2010, Mosby.

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Test Anxiety

Symptoms of Test Anxiety

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

Our Advice as a School who wants you to Succeed

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

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

How to Reduce Test Anxiety

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

Resources for Coping

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

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

Texas Department of Licensing and Regulations massage therapy license requirements:

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

- www.tdlr.texas.gov/mas/mas.htm
- Or just do a search for Texas Massage Rules

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Outside Massages

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.



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:	Name: Preferred Phone:			
Address:	City:	State:	Zip:	
DOB:/G	ender Identity: P	referred Pronouns:		
Height:' Approx. Weigh	nt:lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone:		
What types of healthcare are you re	ceiving? (Physician, Chiropractor, A	cupuncture, Homeopath	ı, etc.)	
Do you currently have, or recently h	ad, any of the following conditions?	:		
Diabetes	Numbness or Tingling	High	Blood Pressure	
Arthritis	Headaches/Migraines	Hear	t Conditions	
Cancer (History)	Skin Conditions	Varic	ose Veins	
Allergies	Autoimmune Disease	Spina	al Conditions	
Please elaborate if you selected any	of the above conditions:			
Please note any recent injuries, sur	geries, major accidents, or serious il	Iness/conditions:		
Please list any medications or supp	lements you are currently taking for	any of the above condit	ions:	
Are you pregnant or trying to becon	ne pregnant? No Yes:	Due Date		
Previous massage/bodywork experi	ience: Never Occasionally	Often: Type(s)		
diagnosis nor treatment of any condition body massage unless otherwise reque	Which include styles of: Swedish, Sports on and is not a substitute for medical casted. Neither breasts nor genitalia will I these will be totally avoided (itemize h	re. Draping will be used a be massaged. I may itemi	at all times. This is a full-	
written consent from client's guardian on the information I have provided above	may request to end the session and it was preparent is required. I affirm that I am does not prohibit me from doing so. I a must provide physicians written conse	able to receive Massage ⁻ m aware that if I have a m	Therapy and that any of	
Client Signature:	Therapist S	ignature:		



Treatment Record

Client Name		

Date	Student Therapist
S: Subjective or what the client (client goals, functional limitati	t reports about their status ons, and diagnosis/clearance from a physician)
O: Objective or findings made (client posture, client movemen	by the therapist nt, palpation of client during interview, details of focus area treatment)
Prone:	Supine:
A: Assessment or how the clier (0-10, 0 = no pain, 5 = moderate Before treatment:	nt rates the pain or discomfort of a focus area e pain, 10 = worst possible pain, recorded before and after treatment) After treatment:
P: Plan or a strategy for further (client education, self care suc	care ch as movement or stretches, future massage session ideas, referrals)
Personal reflection or meaning	ful 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 Compression	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 frictior
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	<u> </u>
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 flevion and rotation



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:	Name: Preferred Phone:			
Address:	City:	State:	Zip:	
DOB:/G	ender Identity: P	referred Pronouns:		
Height:' Approx. Weigh	nt:lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone:		
What types of healthcare are you re	ceiving? (Physician, Chiropractor, A	cupuncture, Homeopath	ı, etc.)	
Do you currently have, or recently h	ad, any of the following conditions?	:		
Diabetes	Numbness or Tingling	High	Blood Pressure	
Arthritis	Headaches/Migraines	Hear	t Conditions	
Cancer (History)	Skin Conditions	Varic	ose Veins	
Allergies	Autoimmune Disease	Spina	al Conditions	
Please elaborate if you selected any	of the above conditions:			
Please note any recent injuries, sur	geries, major accidents, or serious il	Iness/conditions:		
Please list any medications or supp	lements you are currently taking for	any of the above condit	ions:	
Are you pregnant or trying to becon	ne pregnant? No Yes:	Due Date		
Previous massage/bodywork experi	ience: Never Occasionally	Often: Type(s)		
diagnosis nor treatment of any condition body massage unless otherwise reque	Which include styles of: Swedish, Sports on and is not a substitute for medical casted. Neither breasts nor genitalia will I these will be totally avoided (itemize h	re. Draping will be used a be massaged. I may itemi	at all times. This is a full-	
written consent from client's guardian on the information I have provided above	may request to end the session and it was preparent is required. I affirm that I am does not prohibit me from doing so. I a must provide physicians written conse	able to receive Massage ⁻ m aware that if I have a m	Therapy and that any of	
Client Signature:	Therapist S	ignature:		



Treatment Record

Client Name		

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



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

Client	Due	e Date <u>Class 62a</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:	Name: Preferred Phone:			
Address:	City:		State:	Zip:
DOB:/Ge	nder Identity:	Preferred Pron	ouns:	
Height:'_Approx. Weight	t:lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone:	:	
What types of healthcare are you rec	eiving? <i>(Physician, Chiropract</i>	or, Acupuncture, H	lomeopath	n, etc.)
Do you currently have, or recently ha	ad, any of the following condition	ons?:		
Diabetes	Numbness or Ting	gling	High	Blood Pressure
Arthritis	Headaches/Migra	ines .	Hear	t Conditions
Cancer (History)	Skin Conditions		Varic	ose Veins
Allergies	Autoimmune Dise	ase	Spina	al Conditions
Please elaborate if you selected any	of the above conditions:			
Please note any recent injuries, surg	eries, major accidents, or serio	ous illness/condition	ons:	
Please list any medications or suppl	ements you are currently taking	g for <u>any of the abo</u>	ove condit	ions:
Are you pregnant or trying to becom	e pregnant? No	Yes: Due Date		
Previous massage/bodywork experie	ence: Never Occasion	nally Often: Ty	pe(s)	
I understand that: Massage therapy (W diagnosis nor treatment of any condition body massage unless otherwise request my body that I wish to be avoided, and	n and is not a substitute for medic sted. <u>Neither breasts nor genitalia</u>	cal care. Draping will will be massaged.	l be used a I may itemi	at all times. This is a full-
If I am uncomfortable for any reason I r	•		-	•
written consent from client's guardian o the information I have provided above o prohibits me from receiving Massage I	does not prohibit me from doing so	o. I am aware that if	I have a m	
Client Signature:	Therapi	ist Signature:		



Treatment Record

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



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 Phone:			
Address:	City:	State:	Zip:	
DOB:/Ge	ender Identity: P	referred Pronouns:		
Height:' Approx. Weigh	nt:lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone:		
What types of healthcare are you re	ceiving? (Physician, Chiropractor, A	cupuncture, Homeopath	ı, etc.)	
Do you currently have, or recently h	ad, any of the following conditions?	:		
Diabetes	Numbness or Tingling	High	Blood Pressure	
Arthritis	Headaches/Migraines	Hear	t Conditions	
Cancer (History)	Skin Conditions	Varic	ose Veins	
Allergies	Autoimmune Disease	Spina	al Conditions	
Please elaborate if you selected any	of the above conditions:			
Please note any recent injuries, sur	geries, major accidents, or serious il	Iness/conditions:		
Please list any medications or supp	lements you are currently taking for	any of the above condit	ions:	
Are you pregnant or trying to becon	ne pregnant? No Yes:	Due Date		
Previous massage/bodywork experi	ience: Never Occasionally	Often: Type(s)		
diagnosis nor treatment of any condition body massage unless otherwise reque	Which include styles of: Swedish, Sports on and is not a substitute for medical casted. Neither breasts nor genitalia will I these will be totally avoided (itemize h	re. Draping will be used a be massaged. I may itemi	at all times. This is a full-	
written consent from client's guardian on the information I have provided above	may request to end the session and it was preparent is required. I affirm that I am does not prohibit me from doing so. I a must provide physicians written conse	able to receive Massage ⁻ m aware that if I have a m	Therapy and that any of	
Client Signature:	Therapist S	ignature:		



Treatment Record

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

Date	Student Therapist			
	nat the client reports about their status onal limitations, and diagnosis/clearance from a physician)			
O: Objective or findings made by the (client posture, client movement, palp	e therapist pation of client during interview, details of focus area treatment)			
Prone:	Supine:			
A: Assessment or how the client rates (0-10, 0 = no pain, 5 = moderate pain, Before treatment:	s the pain or discomfort of a focus area 10 = worst possible pain, recorded before and after treatment) After treatment:			
P: Plan or a strategy for further care (client education, self care such as n	novement or stretches, future massage session ideas, referrals)			
·				
Personal reflection or meaningful ins	sights 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 Compression	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 frictior
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	<u> </u>
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 flevion and rotation



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 Phone:			
Address:	City:	State:	Zip:	
DOB:/Ge	ender Identity: P	referred Pronouns:		
Height:' Approx. Weigh	nt:lbs Occupation:			
Email:				
Emergency Contact Name:	Relationship:	Phone:		
What types of healthcare are you re	ceiving? (Physician, Chiropractor, A	cupuncture, Homeopath	ı, etc.)	
Do you currently have, or recently h	ad, any of the following conditions?	:		
Diabetes	Numbness or Tingling	High	Blood Pressure	
Arthritis	Headaches/Migraines	Hear	t Conditions	
Cancer (History)	Skin Conditions	Vario	ose Veins	
Allergies	Autoimmune Disease	Spina	al Conditions	
Please elaborate if you selected any	of the above conditions:			
Please note any recent injuries, sur	geries, major accidents, or serious il	Iness/conditions:		
Please list any medications or supp	lements you are currently taking for	any of the above condit	ions:	
Are you pregnant or trying to becon	ne pregnant? No Yes:	Due Date		
Previous massage/bodywork experi	ience: Never Occasionally	Often: Type(s)		
diagnosis nor treatment of any condition body massage unless otherwise reque	Which include styles of: Swedish, Sports on and is not a substitute for medical casted. Neither breasts nor genitalia will I these will be totally avoided (itemize h	re. Draping will be used a be massaged. I may itemi	at all times. This is a full-	
written consent from client's guardian on the information I have provided above	may request to end the session and it was preparent is required. I affirm that I am does not prohibit me from doing so. I a must provide physicians written conse	able to receive Massage ⁻ m aware that if I have a m	Therapy and that any of	
Client Signature:	Therapist S	ignature:		



Treatment Record

Date	Student Therapist		
S: Subjective or what the client rep (client goals, functional limitations,	orts about their status and diagnosis/clearance from a physician)		
O: Objective or findings made by the (client posture, client movement, page 1).	he therapist alpation of client during interview, details of focus area treatment)		
Prone:	Supine:		
			
	tes the pain or discomfort of a focus area n, 10 = worst possible pain, recorded before and after treatment) After treatment:		
P: Plan or a strategy for further care (client education, self care such as	e movement or stretches, future massage session ideas, referrals)		
Personal reflection or meaningful i	nsights 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 Compression	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 frictior
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	<u> </u>
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 flevion and rotation



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 Phon	e:	
Address:	City:	State:	Zip:
DOB:/Ge	ender Identity: P	referred Pronouns:	
Height:' Approx. Weigh	nt:lbs Occupation:		
Email:			
Emergency Contact Name:	Relationship:	Phone:	
What types of healthcare are you re	ceiving? (Physician, Chiropractor, A	cupuncture, Homeopath	ı, etc.)
Do you currently have, or recently h	ad, any of the following conditions?	:	
Diabetes	Numbness or Tingling	High	Blood Pressure
Arthritis	Headaches/Migraines	Hear	t Conditions
Cancer (History)	Skin Conditions	Vario	ose Veins
Allergies	Autoimmune Disease	Spina	al Conditions
Please elaborate if you selected any	of the above conditions:		
Please note any recent injuries, sur	geries, major accidents, or serious il	Iness/conditions:	
Please list any medications or supp	lements you are currently taking for	any of the above condit	ions:
Are you pregnant or trying to becon	ne pregnant? No Yes:	Due Date	
Previous massage/bodywork experi	ience: Never Occasionally	Often: Type(s)	
diagnosis nor treatment of any condition body massage unless otherwise reque	Which include styles of: Swedish, Sports on and is not a substitute for medical casted. Neither breasts nor genitalia will I these will be totally avoided (itemize h	re. Draping will be used a be massaged. I may itemi	at all times. This is a full-
written consent from client's guardian on the information I have provided above	may request to end the session and it was preparent is required. I affirm that I am does not prohibit me from doing so. I a must provide physicians written conse	able to receive Massage ⁻ m aware that if I have a m	Therapy and that any of
Client Signature:	Therapist S	ignature:	



Treatment Record

Date	Student Therapist		
S: Subjective or what the client rep (client goals, functional limitations,	orts about their status and diagnosis/clearance from a physician)		
O: Objective or findings made by the (client posture, client movement, page 1).	he therapist alpation of client during interview, details of focus area treatment)		
Prone:	Supine:		
			
	tes the pain or discomfort of a focus area n, 10 = worst possible pain, recorded before and after treatment) After treatment:		
P: Plan or a strategy for further care (client education, self care such as	e movement or stretches, future massage session ideas, referrals)		
Personal reflection or meaningful i	nsights 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 Compression	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 frictior
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	<u> </u>
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 flevion and rotation

Community Service

As students approach 250 Hours of study they will be responsible for participating in <u>4</u> Hours of Community Service.

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
 - o 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)
 - o 84a MBLEx Prep= Pathology (Basics, Meds, and Integ. Topics Only)
 - o 86a MBLEx Prep= Special Populations (7 Topics)
 - o 87a MBLEx Prep= Career Development (4 Topics)
- You can also look in your Class Schedule (Packet A: 1-28) in the Preparation column to know which Subject will be the focus of a particular class
- The Subjects that are not reviewed in MBLEx Prep classes are for self-study

VERY IMPORTANT

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

Name	Group	Date	
	1		
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	g Base	Fi	nal Gra	de
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 to the front of a structure? D. Medial A. Anterior **B.** Posterior C. Lateral 2. Which is a tendinous muscle attachment on the more moveable bone? A. Distal B. Insertion C. Origin D. Belly 3. Which is a definition of kinesiology? A. The study of abnormal physiology of the human body B. The study of the parts of the human body C. The study of the functions of the human body D. The study of motion of the human body 4. Which muscle performs 7 of the 8 possible actions of the glenohumeral joint? A. Deltoid B. Erector spinae group C. Latissimus dorsi D. Rhomboid major and minor 5. Which is an origin of deltoid? A. Deltoid tuberosity B. Lateral one-third of clavicle D. Superior angle of the scapula C. Olecranon process 6. Which refers to being oriented further away from the midline of a structure? C. Lateral **B.** Posterior D. Medial A. Anterior 7. Which joint does teres major act on? A. Glenohumeral B. Scapulothoracic C. Humeroulnar D. Tibiofemoral

8.	Which is not an origin of	trapeziu	s?				
	A. Spinous processes of C7 through T12						
	B. Thoracolumbar aponeurosis						
	C. Ligamentum nuchae						
	D. Medial portion of superior	r nuchal	line of the occiput				
9.	Which is an insertion of te	eres maj	or?				
	A. Lateral one-third of clavic	le					
	B. Crest of the lesser tubercle	of the h	umerus				
	C. Spine of the scapula						
	D. Acromion						
10.	Which is not an action of	teres ma	jor?				
	A. Extend the glenohumeral	joint					
	B. Medially rotate the glenoh	umeral	joint				
	C. Adduct the glenohumeral	joint					
	D. Horizontally adduct the gl	lenohun	neral joint				
11.	Which is a synergist with helper"?	latissim	us dorsi and is called "lat's little				
	A. Deltoid		B. Trapezius				
	C. Rhomboid major and mine	or	D. Teres major				
12.	Who am I?						
	Origins: inferior angle of the	scapula,	y rotate the glenohumeral joint spinous processes of the last 6 thoracic bar aponeurosis, posterior iliac crest.				
	Insertions: intertubercular gro	oove					
	A. Latissimus dorsi C. Rhomboids	B. Trap D. Tere	ezius s major				

13. Which is a tendinous muscle attachment on the less moveable bone?			
A. Origin	B. Insertion	C. Action	D. Belly
and minor? A. (1) spinou B. (1) transve C. (1) clavicle	rms, what is the (1) cases processes, (2) scaperse processes, (2) vee and scapula, (2) spck, (2) humerus	ula ertebrae	ion of rhomboid major
15. Which is an a	action of rhomboid r	major and minor?	
_	oracic abduction oracic depression	B. Scapulothor D. Scapulothor	acic adduction racic upward rotation
16. Which is defi	ined as the wide cen	tral portion of a ske	eletal muscle that contain
A. Origin	B. Insertion	C. Action	D. Belly
Origins: spin Insertions: m inferior angle	ous processes of T2- ledial border of the s	·T5 and C7-T1 capula between the	e scapulothoracic joint e spine of the scapula and er of the scapula across
A. Deltoid C. Latissimus	s dorsi	B. Teres major D. Rhomboid m	ajor and minor
 18. Which muscl	le is part of the erect	or spinae group?	
A. Teres majo	or B. Latissimus	s C. Longissimu	S D. Rhomboids
 19. Which muscl	le crosses the elbow	joint?	
A. Triceps br	achii B. Deltoio	d 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	Α
3	D	13	Α
4	Α	14	Α
5	В	15	В
6	С	16	D
7	Α	17	D
8	В	18	С
9	В	19	Α
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.

Well-prepared, eager, and confident students are encouraged to volunteer for any time slots that need to be filled. In a similar fashion, anxious, nervous, or minimally-prepared students are encouraged to select a time slot that is most likely to result in a beneficial learning experience. Time slots that are not filled voluntarily will be assigned by the lead instructor. The lead instructor will also be responsible for keeping the sessions on time so that we have ample time and finish class in time to sit and talk about the experience. Each Touch Assessment will be assigned a grade by the receiving instructor. The grade options are Satisfactory (S) or Unsatisfactory (U). If a student was not able to demonstrate adequate Swedish massage skills in the categories on the reverse side of this form, they will receive a U and be required to retake the Touch Assessment. Make-ups and retakes of a Touch Assessment can be scheduled by reserving space in the make-up room with the MTI.

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

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

Student Name:	Group:	Date:	
Receiver Name:	Body Area:		
Interview Notes:			
Please summarize the comment	ts made by the instructor:		
Contact			
Pressure			
Strokes			
Draping			
			_
Body Mechanics			
0:1			_
Other			
Strength of this session			
Strength of this session			
Area of improvement and how	to execute change		
Theu of improvement und now			
Complete and submi	it this form to the lead instructor to	receive credit	
•	U = retake the Touch Assessm		

22b Swedish: Touch Assessment

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

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

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

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

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

Student Name:	Group:	Date:	
Receiver Name:			
Interview Notes:			
Please summarize the comments m	ade by the instructor:		
Contact			
Pressure			
Strokes			
Draping			
Podri Machanica			
Body Mechanics			
Warming/softening/mobilizing			
0, 0, 0 <u> </u>			
Strength of this session			
Area of improvement and how to e	xecute change		
Complete and submit thi	s form to the lead instructor to	receive credit	
Final Grade (S = 100%, U =	retake the Touch Assessme	ent)	

62b Deep Tissue: Touch Assessment

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

- Posterior upper body (bilateral)
- Posterior lower body (unilateral)
- Anterior lower body (unilateral)
- 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

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

Student Name:	Group:	Date:
Receiver Name:	Protocol:	
Interview Notes:		
Please summarize the comments	made by the instructor:	
Contact and Pressure		
Superficial Fascia Assessment and	d Myofascial Release	
Warming and Softening using Sw	vedish, BMTs, and Deep Tissue	
Deep Longitudinal Stripping and	l Trigger Point Deactivation	
Active Engagement Lengthening	/Shortening and PIR	
Active/Passive Stretches and Ne	rve Mobilization	
Draping		
Body Mechanics		
Strength of this session		
Area of improvement and how to	execute change	
Complete and submit	this form to the lead instructor to 1	receive credit
Final Grade (S = 100%, U	= retake the Touch Assessme	nt)

87b Orthopedic Massage: Touch Assessment

Each student will perform one of these Orthopedic Protocols:

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

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

- 1. Identify your table height: "Low", "Medium", or "Tall"
- 2. Volunteer for a time slot
- 3. Prior to your turn, review the written routine or set up a table and practice
- 4. Check that you are professionally dressed and have your lubricant in a holster
- 5. Get a clipboard, pen, and Touch Assessment form from your packet
- 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

96b Deep Massage: Touch Assessment

Bring this Grading Sheet to class 96b for Grading

itu	dent Name:	Group:	Date:	
Rec	ceiver Name:	Body Area:		
nte	erview Notes:			
Ple	ase summarize the comments made by	y the instructor:		
L.	Creating the Fulcrum (the intersection between therapist's point of contact and the body's interpretation of the touch):			
	a. Centering (therapist presents physic	cally, mentally, structurally, energo	etically, emotionally; breath):	
	b. Taking out the looseness ("get read	y," contact, pause):		
	c. Taking up the slack ("get set," settin	ng directionality, pause):		
	d. Moving in a curve ("go,"respect the	"3D-ness of the body, no curve=r	no curiosity, clarity):	
	e. Holding and balancing (sustaining the looking for working signs in the tisse		maintaining the gesture,	
	f. Monitoring for change (creating a conto the changes happening in the tist		ing with the hands, adjusting	
	g. Clearly disengage ("stop," pause, th	nen let go):		
<u>2</u> .	Draping/Body Mechanics:			
3.	Accuracy of deep massage strokes (direchniques):	rectionality, knowledge of anatom	ny, following specific	
l.	Completion of all required massage st	trokes:		
Sur	nmary of the Session:			
	Strength of this Session:			
	Area of Improvement/How to Execute	Change:		

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
- 3rd 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

Student Name	G1	roup	_ Date
This exam must be taken againg-related exposure, or may require a tutor			
	NT ed the full body inclu- session (allotment of		
/9 Fulling, v /9 Deep cro /9 Contact a	LLS e, nerve strokes, and vringing, and kneadi ss-fiber friction, compapeared to convey a chanics (breath, neut	ing pression and strip high quality of to	ouch
and Obje /5 Assessme and Plan	re: Goals, functional l ctive: Posture, mover ent: Pain/discomfort, cClient education, se rm and SOAP notes l	ment, palpation, a /immobility (0-10 lf-care, and futur	area of focus details O before and after),
	nterview was smooth t checked-in during t		
/4 Clothing /2 Hands di /10 Draping	nad necessary supplicand any fragrances vertically described and for the was done well with pressed in the second	were professional drape proper access to c	draped areas
/100 TOTALPa	ssedRetake	Tutor	
Instructor Name	Instructo	or 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 instructor, this process will be repeated.</u>

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
anterior body	ust be full-body and not limited only to the upper, lower, posterior, or The giver must select at least 4 BMTs (at least one lower body) and tretches (at least one lower body) from the list on the SOAP notes.
/10 TIME MA /5 /5	NAGEMENT Addressed the full body in 58-60 minutes (abs are optional) Balanced session (allotment of time to segments)
/45 THERAPI /9 /9 /9 /9	EUTIC SKILLS Swedish- comprehensive, flow, transitions Passive stretches-announce, traction, held for breath, safe BMTs- anatomically correct, well practiced Competency of focus area work (quality, accuracy, duration) Body mechanics (breath, neutral spine, stances, relaxed shoulders)
/15 RECORDI /5 /5 /5	SOAP notes were legible, specific, and accurate (all 5 sections) Areas requiring caution or special treatment were discussed, S , O , & A sections approved prior to hands-on portion Intake form is completed including full names, date and signatures
/10 COMMUN /5 /5	NICATION SKILLS Intake/interview was smooth, confident, clear, and concise Therapist checked-in during the session about pressure. stretches, comfort, temperature
/20 PROFESSI /4 /4 /2 /10	ONALISM Student had necessary supplies and was set up and ready to go Clothing and any fragrances were professional Hands did not pass under the drape Draping was done well with proper access to draped areasBackLegsAbsChestArms
The exam must be re exposure, or (c) the s	taken if (a) there was inappropriate contact, (b) there was draping-related grader deems any category to be unsatisfactory. Tutoring may also be required
/100 TOTA	ALPassedRetakeTutor
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 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. To address the client's needs, the therapists will perform a 60-minute full-body massage using Swedish, Passive Stretches, and BMTs. The lead instructor will make two verbal reminders during the session: halftime (when 30 minutes remain), and fulltime (when the session ends). 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. This process will be repeated after a break indicated by the lead instructor.

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, including 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
	actory (\checkmark), needs improvement (\checkmark -) reeds 2 marks of (X), \overline{OR} 1 (X) and 2 (
Prone		
1. Sacroiliac ligament: o	leep transverse friction	
(both sides, superior-infe	erior, moderate pressure, 1 minu	te, L5-S3)
2. Low back: superficial	fascia assessment	
(without lubricant, both	sides, tangential pressure, no sli	ding, all directions)
3. Low back: myofascia	l release	
(without lubricant, bilate	eral, tangential pressure, no slidi	ng, T10-S1)
4. Gluteals: draping		
(fold sheet diagonally to	access upper and lateral gluteals	s)
5. Gluteals: superficial	fascia assessment	
(without lubricant, both	sides, tangential pressure, no sli	ding, all directions)
6. Gluteals: myofascial	release	
(without lubricant, both	sides, tangential pressure, no sli	ding, 2 loose fists)
7. Low back: warming a	and softening	
•	ors, QL, spinal rotation and relearing, pull, skin rolling, QL deep	
8. Low back: deep long	itudinal stripping	
("may be intense", lowe	r lats, lumbar erectors, 2-4" section	ons, thumbs, fingertips)
9. Sacroiliac ligament: c	leep transverse friction	
(both sides, superior-infe	erior, moderate pressure, 1 minu	te, length of sacrum)
10. Hamstrings: warmir	ng and softening	
` 1 1	nstring compressions with knee a	*
11. Hamstrings: deep lo	ngitudinal stripping	
("may be intense", esp. l	piceps femoris, 2-4" sections, thu	mbs, fingertips)
12. Gluteals: warming a	and softening	
	gluteal compressions with knee a ons, knead, skin rolling, deep eff)	•

	3. Piriformis: deep longitudinal stripping
	"may be intense", correct path, 2 loose fists focusing on 1 or 2 knuckles)
	4. Piriformis: pin and stretch
	knee flexed 90°, hip laterally rotated fully, pinned, hip medially rotated fully)
	5. Piriformis: deep longitudinal stripping after PIR
	"may be intense", knee flexed 90°, "use 25% strength to hold this position",
	otate toward you medially for 5 seconds, "slowly release the contraction", oose fist knuckle stripping while simultaneously rotating the hip medially)
	6. Piriformis: passive stretching after PIR
	"may aggravate your knee", joint mobilizations, knee flexed 90°, "use 25%
	trength to hold this position", rotate toward you medially for 5 seconds, "slowl elease the contraction", traction hip, "let me know when this stretch is good for ou", hip medial rotation, hold for 3 of your breath cycles, joint mobilizations)
	7. Sacroiliac ligament: deep transverse friction
	both sides, superior-inferior, moderate pressure, 1 minute, length of sacrum)
Supir	
	8. Gluteals: passive stretch
	joint mobilization, slight hip traction, "indicate when this stretch is good for ou", knee toward coracoid, hold for 3 of your breaths, joint mobilizations)
	9. Low back: passive stretch
	joint mobilizations, position foot on lateral side of contralateral knee, slight hip raction, "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 the avoid hyperextension, slight traction through hip and knee, "use 25% trength to press thigh down toward table against my resistance", resist hip extension for 5 seconds, "slowly release the contraction", "pull your thigh oward your chest", hold for 3 of your breath cycles, joint mobilizations)
	Final Grade (S = 100%, U = retake the exam)
Instru	or Name Student Name

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

Student Name	Group	Date
	actory (\checkmark), needs improvement (\checkmark -eeds 2 marks of (X), OR 1 (X) and 2	
Prone		
1. Low back: superficial	l fascia assessment	
(without lubricant, both	sides, tangential pressure, no sli	iding, all directions)
2. Low back: myofascia	l release	
(without lubricant, bilate	eral, tangential pressure, no slidi	ing, T10-S1)
3. Low back: warming a	and softening	
(lower lats, lumbar erect	tors, QL, spinal rotation and rele	ase with erector
compressions, eff, pet, v	vring, pull, skin rolling, QL deep	eff)
4. Erector spinae: deep	longitudinal stripping	
(lumbar erectors, superi	orly, 2-4" sections, melt in if need	ded, thumbs, fingertips)
5. Quadratus lumborur	n: deep longitudinal stripping	
(iliac crest to TP, iliac cre	est to 12 th rib, TP to 12 th rib, thum	nbs, fingertips)
6. Lamina groove: deep	longitudinal stripping	
(multifidi and rotatores,	superiorly, 2-4" sections, meltin	g, thumbs, fingertips)
Side-lying		
7. Side-lying: draping a	nd positioning	
(keep the client fully cov	vered with sheet and blanket, sid	le-lying diagonally with
head at top front corner	and hips at back edge of the sid	le of the table, client
instructed to grasp the t	op/side edge of the table, botton	n leg flexed at the hip
and knee, top leg ready	to swing back and hang off the l	back edge of the table)
8. Quadratus lumborum	n: pin and stretch with active er	ngagement
(positioned as in #7, "rea	ach leg back and hang it off the b	back edge of the table",
"hike your hip", thumbs	s press on QL medially to pin it,	"slowly un-hike your
hip", repeat three times,	"bring your leg back onto the to	able 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
1	know when this is a good stretch for you", repeat three times, "bring your leg
ŀ	pack 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
	nanging off the table", "pull your inside knee up into your chest and hold it
	here", "inhale and hold your breath as you use 25% strength to lift your hanging
	eg 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.)
1	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,
7	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	
1	5. Rectus femoris: passive stretch
(joint mobilization, announce stretch, traction, "let me know when this is a good
S	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)
Instruct	tor Name Student Name

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

Student Name	Group	Date
	actory (\checkmark), needs improvement (\checkmark -), eeds 2 marks of (X), \underline{OR} 1 (X) and 2 (
Seated		
1. TCL: myofascial relea	ase (during interview, wrist creas	e, tangential pressure)
Prone		
2. Upper back and shou	ılder: superficial fascia assessme	nt
(without lubricant, both	sides, tangential pressure, no slic	ling, all directions)
3. Upper back and shou	ılder: myofascial release (bilater	al)
(without lubricant, bilate	eral, tangential pressure, no slidir	ng, T1-T10)
4. Upper back and shou	ılder: warming and softening	
(traps, supraspinatus, sł	noulder mob. BMT, eff, knead, ski	n rolling)
5. Upper back and shou	ılder: deep longitudinal strippin	g
(traps, supraspinatus, 2-	-4" sections, melt in if needed, thu	ımbs, fingertips)
6. Supraspinatus insert	ion tendon: deep transverse frict	tion
(inferior to lateral edge of	of acromion, cross-fiber, moderate	e pressure, 1 minute)
7. GH lateral rotators: v	varming and softening	
(infraspinatus, teres mir	nor, posterior deltoid, scapular mo	bilization with deltoid
compressions, effleurage	e, kneading, skin rolling, deep eff	leurage)
8. GH lateral rotators: d	leep longitudinal stripping	
(infraspinatus, teres mir	nor, posterior deltoid, 2-4" section	s, thumbs, fingertips)
9. GH lateral rotators: d	leep stripping with active engag	ement lengthening
(infraspinatus, teres mir	nor, cactus position, isometric con	traction, lengthening)
10. GH lateral rotators:	passive stretch	
(joint mobilization, back	of hand on low back, bicep touch	ning torso, 3 times)
11. Triceps and anterior	r forearm: superficial fascia asses	sment
(without lubricant, tang	ential pressure, no sliding, full ler	ngth and breadth)
12. Triceps and anterior	r forearm: myofascial release	
(without lubricant, tang	ential pressure, no sliding, full ler	ngth and breadth)
	r forearm: warming and softenin	
-	m, eff, full, knead, stripping, skin ı	_

14.	Anterior forearm: deep effleurage distally
(on	e hand supports the elbow, loose fist distal effleurage, light on distal 1/3)
Supine	
15.	Chest and anterior deltoid: superficial fascia assessment
(wi	thout lubricant, tangential pressure, no sliding, full length and breadth)
16.	Chest and anterior deltoid: myofascial release
(wi	thout lubricant, tangential pressure, no sliding, full length and breadth)
17.	Chest and anterior deltoid: warming and softening
(sh	oulder mob. with pectoral comp., eff, knead, skin rolling, deep effleurage)
18.	Chest and anterior deltoid: deep longitudinal stripping
(pe	ctoralis major, anterior deltoid, 2-4" sections, thumbs, fingertips)
19.	Subscapularis: deep friction and melting
(sh	oulder abducted 90 degrees, elbow flexed 90 degrees, hand pointing toward
the	ceiling, press flatly and posteriorly, optional active engagement lengthening)
20.	Subscapularis: passive stretch
(joi	nt mobilization, shoulder abducted 90 degrees, elbow flexed 90 degrees,
anr	nounce it, foot-hand tractions elbow, head-hand laterally rotates shoulder)
21.	Anterior upper extremity: warming and softening
(bio	ceps, 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
(ma	ake a fist/curl your wrist, proximal stripping during extension, 2-4" sections)
23.	Flexor pollicis brevis: passive stretch
(sh	oulder abducted 90 degrees, elbow flexed 90 degrees, joint mobilization,
anr	nounce it, foot-hand hyperextends wrist and fingers, head-hand grasps the
the	nar eminence and pulls the thumb into extension)
24.	Median nerve: mobilization
(sh	oulder abducted 90 degrees, elbow extended, wrist hyperextended, release)
Fin	nal 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
Each criteria will scored as: <u>satisfac</u> Retakes are required if the score excee		
Seated		
1. Vertebrobasilar insuffi	ciency test (VBI test)	
(client seated, "Look u	p and over your shoulder to one	e side", "Hold this
1	", both sides tested, if the VBI to	1
contraindicates active of positive if:	cervical flexion with longitudina	al stripping, VBI test is
	on of spinning motion	
	ion of feeling off balance	
Nausea = sensationDouble or blurred	n of upper stomach discomfort v vision	with an urge to vomit
Supine		
2. Upper chest: superficia	ıl fascia assessment	
(without lubricant, light t	angential pulling pressure, no s	liding, in all directions)
3. Upper chest: myofasci	al release	
(without lubricant, light t	angential pulling pressure, no s	liding, hold and wait)
4. Upper chest: warming	and softening	
upper rib cage comp., sho	lis minor, unilateral rib cage cor oulder mob. with pectoral comp eep effleurage, deep friction and	o., eff, knead, fiber
5. Pectoralis minor: deep	longitudinal stripping	
(three bellies, from coraco	oid process to ribs, 2-4" sections,	, thumbs, fingertips)
6. Pectoralis minor: pin a	and stretch	
positive contact with pect reach as far down toward	rable facing toward the feet, thu coralis minor, "Keeping your ard l your toes as possible", pin pect d your ears", all three bellies, van scapula)	ms alongside your torso, toralis minor, "Bring

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

Instructor Name	Student Name	

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

Orthopedic Massage: Spot Check – Neck Pain

Student Name	Group	Date
	actory (\checkmark), needs improvement (\checkmark -reds 2 marks of (X), \overline{OR} 1 (X) and 2	
Supine		
1. Posterolateral neck: s	uperficial fascia assessment	
(without lubricant, light	tangential pulling pressure, no	sliding, in all directions)
2. Posterolateral neck: n	nyofascial release	
(without lubricant, light	tangential pulling pressure, no	sliding, in all directions)
3. Posterolateral neck: v	varming and softening	
with post. cervical comp	r scapula, splenius, semispinalis o. BMT, alternating scapular dep fingertips circles, broad cross-fil	pressions with trapezius
4. Posterolateral neck: o	leep longitudinal stripping	
·	r scapula, splenius, semispinalis sections, finger pads strip inferi	
5. Lamina groove: deep	longitudinal stripping	
	d rolled slightly to one side, 2-4' ral to the spinous processes, mel	
	eep stripping with active length	
. 11	r scapula, splenius, semispinalis	
-	Jsing 25% of your strength press	ž
	is pressure for 5 seconds", "Rela	-
, , ,	ur chin to your chest", work uni	laterally, 2-4" sections,
finger pads strip inferior	rly, melt in if needed)	

Supir	ne, 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 _____

Review Questions Overview

- 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.
- If you were **absent** or are submitting your Review Questions **late**, you must notify the Education Director, Tim Stahlke, by email to tims@tlcschool.com 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, s o be sure to complete the assigned pages before the material is covered in class.
- Use your packet and textbooks as indicated on each pag e.
- 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.

Name	Group	Date
	1	

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.
- If you were **absent** or are submitting your Review Questions **late**, you must notify the Education Director, Tim Stahlke, by sending an 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, s o 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.

1. A student may be charged \$55 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 transcriptD. Both A and C
D. Bott Para 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
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 circumstancesB. 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

participating

give the student a verbal warning if too much time is spent not

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 ExamC. 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 agenciesD. 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 clas (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^{rd}
	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 slippersB. 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 clinicC. 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 voicemailC. 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
4 =	
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		
Review Question Information	n and Guidelines			
 Review Questions must l will not be accepted. 	be completed in LMS. Phy	ysical copies of review questions		
the Education Director, Tin	0 ;	Questions late , you must notify etlcschool.com and the Student ve credit.		
This assignment is open-	book, but must be done w	ithout assistance from others.		
	n preview the material befores the material is			
Use your packet and text	books as indicated on eacl	h page.		
If you have any questions	s about the Review Questi	ons, ask your class instructor.		
	tions is named for the class re due in class 7a before th	s in which it is due. For example ne class start time.		
are not turned in before t	 Review Questions (and all other homework assignments) are considered late if the 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. 			
-	y in which homework is d s that you attend without	ue, you may submit it before the the 20 point deduction.		
This set of Review Quest.	ions contains 100 question	s worth 1 point each.		
The total number of questions (minus)	100			
The number of incorrect answ (equals)	ers			
Your percentage grade (minus)	%			
20 points if submitted late	%			

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

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

A. Ribs

D. Skull

G. Clavicle

J. Tibia

M. Fibula

B. Sternum

E. Sacrum

H. Radius

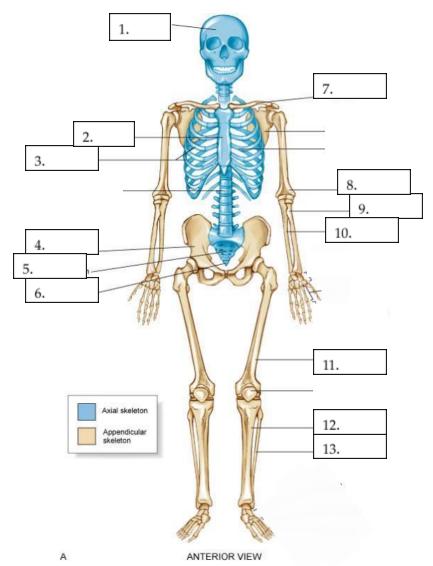
K. Femur

C. Humerus

F. Ulna

I. Pelvis

L. Coccyx



From Herlihy B. The human body in health and illness, ed 4, St. Louis, ∠011, Mosby.

7a Review Questions

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

A. 18 Months	8	D. Solid contrasting	g G.	Non-abrasive/Non-alcohol
B. 10 years		E. Household blead	h H.	Cross-contamination
C. Parabens		F. Hypoallergenic	I.	Reduce friction
14.	Used in 1:10	diluted solution to d	isinfect co	ntaminated surfaces
15.	0	n massage lubricants blay a role in breast ca		nimic the hormone estrogen, elopment
16.	Recommend	ed sheet colors if you	ır client ha	s a visual impairment
17.	Shelf life of the majority of massage lubricants if stored in a cool, dark place			nts if stored in a cool, dark
18.	Primary pur	pose of using massag	ge lubrican	ıt
19.		at underwent length ce allergic reactions	y testing a	nd the majority of subjects did
20.		armful microorganis ainers or products or		ne source to another through proper procedures
21.		e length of time that teplaced if you have a		padding will last before it ctice
22.		0 .	0	table and accessory fabric, a 4:1 diluted solution?

7a Review Questions

Massage Therapy: Principles and Practice, <u>Tools of the Trade Chapter</u>, 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; co	ol	F. Non-slip				
23.	The bottom drape is also called the drape and the top drape also called the drape					
24.	Where to pla	ce a bolster on a supine clie	ent to	o reduce lower back strain		
25.	Describes the best choice of flooring type in a massage room					
26.		yellow, and orange are colors		colors; blue, violet, and		
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					

7a Review Questions
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 Bonnie Prudden places massage therapist i					
32.	Condition of physical, mental, emotional, and social well-being and the absence of disease					
33.	Amount of calories the United States Food and Drug Administration say an adult requires to accomplish daily activities					
34.	An expression of health in which an individual is aware of, chooses, and practices healthy choices, creating a more successful and balanced life					
35.	A unit of energy-producing potent	ial received from food				
36.	Substance that provides nourishment and affects metabolic processes, such as cell growth and repair					
37.	The key to a healthier life, according to the American College of Sports Medicine and the American Heart Association					
38.	The body's response to any demand placed on it, whether it be emotional, mental, physical, or chemical					
39.	One pound of body weight is equa	al to calories				

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

A. Carbohyo	drates	D. Fats	G. Water-soluble			
B. Water		E. Fat-soluble	H. Insoluble fiber			
C. Essential		F. Soluble fiber	I. Protein			
40.	A, D, E, and	K are examples of this vitar	nin 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.	13. This nutrient; regulates body temperature and transports all the other nutrients and metabolic wastes					
44.	, I	substance are saturated (so (liquid at room temperatur	olid at room temperature), and e)			
45.		Nutrients that must be obtained from external sources, such as food or upplementation				
46.	Substance that gives stool its bulk and promotes movement of materials through the G.I. tract					
47.	The body's n	nost common energy source	е			
48.	Vitamins B a	nd C are examples of this v	itamin group			

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

A.	Knees		D. Bow	G	j.	Mild lunges
В.	Body med	chanics	E. Lead	Н	I.	Perpendicular/vertical
C.	Triangle		F. Dan tien	I.		Bolsters
	49.	,				while keeping your entire r your body while in the horse
	50.	For thousand the	•	y's center o	of	gravity has been referred to as
	51.	Shape that p	rovides the greates	t stability, a	ar	chitecturally
	52.	What we call	the foot that is po	inting in the	e	direction of movement
	53.		s applied to tissues _ to the targeted tis		ef	fective direction of force is
	54.	Pillows and cushioned devices that support clients in prone, supin side-lying, and seated positions			clients in prone, supine,	
	55.		sed when applying the next along the			chniques that proceed from
	56.		ed warm-up exerci st massage of the c			e performed by the therapist veen sessions
	57.	effectively; ir		of physical	fi	avity to deliver massage tness, suitable workspace and

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

A.	Slight pos	sterior tilt	D. Fowler position	G.	Prone
В.	. Mindfulness		E. Draping	Н	. Side-lying
C.	Supine		F. Semi-reclining	I.	Proprioception
	58.	Term for an 60- t	to 90-degree elevation o	f th	e upper body in a supine-lying
	59.	Term used to de	scribe 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, a and focused atte		l by	heightened sense of awareness
	66.	Interoception re	lated to body position		

Massage Therapy: Principles and Practice,

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

A.	Compress	sion	D. Rhythm	G. Vibration		
В.	3. Effleurage		E. Nerve strokes	H. Joint mobilization		
C.	Cross-fibe	er friction	F. Petrissage	I. Tapotement		
	67.	Gliding mov	ements that follow the cont	ours of the client's body		
	68.			essure applied with the weight of the body; also called feathering		
	69.	Shaking, tren	nbling, 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 str	riking massage technique			
	<u></u> 75.	Non-gliding pressure	technique of sustained pres	ssure or rhythmic alternating		

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

A.	Physiolog	gy	D. I	Diffusion	G. N	ucleus		
В.	Cell		E. N	Metabolism	Н. А	dipose		
C.	Anatomy		F. M	Iitochondrion	I. Co	nnective		
	76.			center" because and reproductior		ost metabolic activ	⁄ities,	
	77.	The sum tota organism	l of a	l physical and chemical processes that occur in an				
	78.	Study of bod	y stru	actures and their	positional 1	relationships to one	e anothe	
	79.	Movement of low concentre			ea of high o	concentration to an	ı area of	
	80.	The cell's "po		-	ost chemic	al reactions involv	ed in	
	81.	Study of how processes	the l	body and its indi	vidual part	s function in norm	al body	
	82.			e tissue type that erve body heat	serves as s	torage for surplus	food and	
	83.	Smallest struc self-sustainin			ınit in the l	oody that can exist	as a	
	84.	Tissue type th	nat co	onnects, supports	, transports	s, and defends the l	body.	

7a Review Questions

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

A. Hyaline	D). Muscle	G. Synovial			
B. Epitheliu	m E	. Fibrous	H. Nervous			
C. Inferior	F.	Serous				
85.	Situated below	or toward the tail end				
86.	Membranes that the shoulder ar	that line cavities or spaces between bones and joints such as and hip				
87.		hat provides sensory input and motor output and helps I coordinate bodily functions				
88.	Membranes tha	at line closed body cavition	es			
89.	Tissue type tha	t lines or covers external	and internal body structures			
90.	Tissue type tha	t can shorten and lengthe	en to produce movement			
91.	. Packing material of the body; includes these sub-types: loose, a reticular, and dense					
92.	Connective tiss	issue type that covers articulating surfaces of bones and				

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

A.	Anatomic	position	D. Axillary	G. Frontal				
B.	Proximal		E. Homeostasis	H. Popliteal				
C.	Posterior		F. Superior					
	93.	Term that means are	mpit					
	94.	_ 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 an posterior sections						
	96. Term that means situated above or toward the head end							
	97.	Term that means po	sterior knee					
	98.	Directional term that means located near to the point of reference, usually toward the trunk of the body						
	99.	Term that means loo	cated on the back of a	a structure				
	100.	Standard posture us	sed when describing	locations of body structures				

Name	Group	Date
	1	

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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		_%

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
В.	Congruer	icy E.	Neglect	H.	Confidentiality	K.	Sexual misconduct
C.	Boundari	es F.	Disclosure	I.	Countertransference	L.	Transference
	1.	unmet p	personal needs	, ur	e therapist toward the c nresolved emotional iss relationship unconsciou	ues	, or internal conflicts
	2.	Occurs when external presentation of words and actions coincides with the internal world of thoughts and feelings					
	3.		s any sexual ao ubordinate	ctivi	ity between someone ir	n an	authoritative role
	4.				iits that we create in rel ptable ways to interact		-
	5.				sfer feelings, thoughts, son in their early life on		2
	6.	Act of keeping information private or secret					
	<u> </u>	Situations when two or more different relationships exist between clients and therapists					
	8.	The choice to treat someone or something with value and consideration					
	<u> </u>		onal and delibe al gain or bene		e improper treatment of	f soı	meone, often for
	10.		lients share the , ides, and insi	_	personal information, s	uch	as thoughts,
	11.	The ability to comprehend the unique world of another person through their perspective					
_	12.		ntional improp tlessness	er t	reatment of someone d	ue t	o carelessness or

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

A. Conflict	E. Risk management I. Intellectual boundaries
B. Sexual act	rivity 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
	A form of sexual misconduct that consists of non-consensual sexual advances, requests for sexual favors, or other conduct of a sexual nature
22.	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
24	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
В.	. Infection		E. Local	H.	precautions	
C.	Contrain	dication	F. Pathogen	I.	Visibly so	oiled
	25.	Non-livir	ng entities that de	pen	nd on a ho	st cell for growth and replication
	26.		ontraindication in oiding an area of			age can be administered safely
	27.	Biologic a	ngent capable of c	aus	ing infect	ous disease
	28. Type of c		ontraindication w	hei	n massage	should be postponed
	29.					ed in health care settings fection status of the client
	30.		-			n, injury, or irritation unction, redness, and pain
	31.	The proli	feration of pathog	gens	s inside th	e host
	32.		that requires the m to avoid possil		-	nodify techniques or refrain from
	33.					container contaminates ed for multiple clients
	34.	If you	hands are befor	e ap	, woplying ha	ash them with soap and water nd sanitizer

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

A. Compac	t	D. Osteoblasts		G.	Spongy
B. Diaphysis		E. Osteoclasts		H.	Sesamoid
C. Epiphyse	es	F. Periosteum		I.	Medullary cavity
35.	The cylindri	cal shaft of a long	oone		
36.	Bone type th	at consists of thin	latticework bear	ns c	alled trabeculae
37.	Round bones, usually small, embedded in tendons				
38.	The hollow space within the diaphysis of a long bone			one	
39.	Bone-destro	ying cells			
40.	Dense, fibrous sheath surrounding the diaphysis				
41.	The two ends of a long bone				
42.	Type of bone	e that forms the ha	rd outer shell of	bor	ne
43.	Bone-formir	g cells			

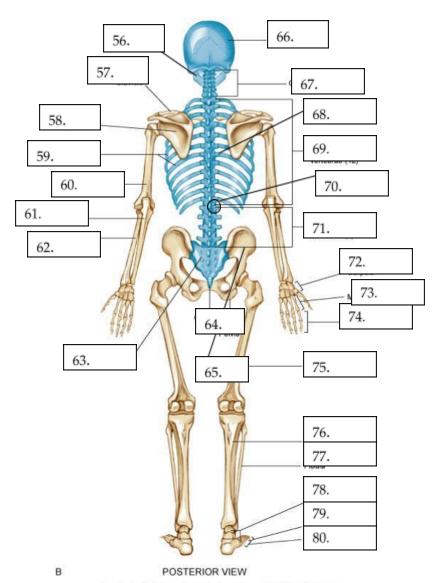
Massage Therapy: Principles and Practice, <u>Skeletal System Chapter</u>, Susan G. Salvo

Place the C	APITAL l	etter of the answer i	ıext	to the term or phrase that be	est describes it.		
A. Axial	D. Facial bones G. Upper extremity bones J. 7, 12 & 5		J. 7, 12 & 5				
B. Ear ossi	cles	E. 10 (5 pairs)	H.	Lower extremity bones	K. 4 (2 pairs)		
C. Append	dicular	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.	Numbe	r of floating ribs					
46.	The nur	mber of cervical, t	hora	icic, and lumbar vertebrae	2		
47.	Malleus/hammer (2), incus/anvil (2), and stapes/stirrup (2)						
48. 49.	phalanges (28). 60 total, 30 on each side						
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.	Numbe	r of false ribs, incl	ude	s 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)	I. Ribs	O. Mandible	T. Tarsals	Y. Thoracic



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

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

A. 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-like structures located between ligaments or tendons and bones within joints				
82.	Term synonymo	ous with synovial joints	- fre	ely moveable		
83.	Type of joint fou	and in the thumb				
84.	, ,	pe whose movement is d distal radioulnar joint		ted to rotation; e	xamples are	
85.	Joint that offers	the greatest range of mo	otion	and permits all	movements	
86.	Slightly movable symphysis pubi	e joints. Examples are co s joints	ostoc	chondral, interve	rtebral, and	
87.	Hyaline cartilag	e that covers the articul	ating	surfaces of bon	es	
88.	Joint type that or are elbow and a	nly allows flexion and e nkle joints	xten	sion movements	s. Examples	
89.	cranial bones, go	ed in movement. Examp omphoses that hold the the distal tibiofibular jo	teetł			
90.	Joint type that ir	ncludes intercarpal and	inter	tarsal joints		

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

A.	Abductio	on	D. Elevation	G.	Plantar flexion	J.	Eversion
В.	Adductio	n	E. Flexion	H.	Retraction		
C.	Forearm	supination	F. Extension	I.	Rotation		
	91.	Movement a the shoulder	, .	r di	rection. Examples are	the ja	aw and
	92.	Movement a	t a joint in a superio	or	upward direction		
	93.	Lateral rotati	on of the forearm so	tha	t the palm is upward	or fo	rward
	94.	Movement o	f a body part toward	l the	e midline of the body		
	95.				ot moves inferiorly to	ward	l the
		•	ce and the toes are p				
	96.	Movement o	f a body part away f	rom	the midline of the bo	dy	
	97.	Straightening	g a joint so that the a	ngle	e of the joint increases		
	98.	Occurs when	a bone pivots or rot	ates	s around its own centr	al ax	is
	99.	Elevation of the midline of	O O	e fo	ot so it turns outward	or a	way from
	100.	Bending of a	ioint so that the ang	le o	f the ioint decreases		

24a Hydrotherapy Theory Review Questions

Nar	neDate	e				
Rev	riew Question Information and Guidelines					
•	Review Questions must be completed in LMS . Physical copies of a questions will not be accepted.	review				
•	• If you were absent or are submitting your Review Questions late , you must notify the Education Director, Tim Stahlke, by email to tims@tlcschool.com and the Student Administrator tilat@tlcschool.com in order to receive credit.					
•	This assignment is open-book, but must be done without assistance	e from others.				
•	• Its purpose is to help you preview the material before lecture, so be 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 cl	ass instructor.				
•	Each set of Review Questions is named for the class in which it is dexample, "7a Review Questions" are due in class 7a before the class					
•	Review Questions (and all other homework assignments) are consithey are not turned in before the start time of the class in which the 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.				
Cal	culating 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	%				

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. Cryother	apy	F. Hydrotherapy				
1.	Cold water	washes, ice baths, cold pacl	ks, and similar tools are considered			
2.			er for therapeutic, palliative, also known as water therapy, otherapy 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, als like salt and clays can be added to water to enhance its or to produce additional effects.				
5.	Hydrothera –	py that involves the externa	al use of seawater is called			
6.	known as co	was the first to record the use of hot and cold bathing, also known as contrast bathing.				
7.	and utilizes	eveloped 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 eatments administered by water, stones, or pebbles is called				
8.	relax and re therapy, and	juvenate. Some offered batl	sort where individuals could go to hs, massages, organic food, yoga,			

Place the CAPITAL letter of the answer next to the term or phrase that best describes it.					
A. Conduction	D. Solvent	G. Hydrostatic pressure			
B. Convection	n E. Evaporation	H. Specific heat			
C. Malleable	F. Heat transfers				
9.	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 other liquid.	dissolve more substances than any			
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.				

Place the CAPITAL letter of the answer next to the term or phrase that best describes it.					
A. Vasoconst	triction	D. 10	G. Gate control		
B. Contraindications		E. Cryotherapy	H. 20		
C. Raynaud		F. Edema			
		pain tolerance, by provid	e pain by increasing the pain ing counterirritation via nerve conduction velocity.		
18.	can include cold packs, ice massage, cryokinetics, cryostretch, and contrast method.				
19.	Having disease or syndrome, hypertension (uncontrolled), or being very young or very old or having diminished capacity to communicate are contraindications for cryotherapy.				
20.		at all during the postexercise recovery phase, can be applied to n and reduce swelling; application should be limited toess.			
21.	Cold applicati	ion alters blood flow by ca	using immediate		
22.	associated with trauma or acute injury can be reduced with cold application, especially when combined with compression and elevation of the affected area above the level of the heart.				
23.	In general, ice analgesia.	In general, ice application provides minutes of localized skin analgesia.			
24.	Although cryotherapy is relatively safe, there are several Cryotherapy should not be applied if a client has cold hypersensitivity or intolerance.				

Place the CAPITAL letter of the answer next to the term or phrase that best describes it.					
A. Analgesic		D. Collagen	G. Flexibility		
B. Vasodila	ation	E. Rubbing alcohol	H. Joint mobilizations		
C. Contras	t	F. Pain	I. Preference		
25.	Thermother range of mo	1 2	and joint stiffness and to increase	e	
26.	Heat stimula greater in th tissues.	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 h	Superficial heat applications decrease pain effects may occur by increased blood flow and resultant reduced ischemia.			
29.		method combines c lied at the same time o	old and heat in the same treatment. or alternatingly.		
30.	water and _	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 increase especially w	Heat increases ROM, improves, and decreased joint stiffness, especially when combined with movement.			
32.	Cryokinetic	s combine cold applica	ation 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				

<i>Place the CAP</i>	Place the CAPITAL letter of the answer next to the term or phrase that best describes it.					
A. Blood clot	s D. Consciousness	G. Burned				
B. Fainting	E. Hydrocollator	H. Cool				
C. Bentonite	F. Contact burns					
34.	Electric heating pads are plugged-in devices ar clinical use because the pads do not nat					
35.	Thermotherapy should not be applied to client or have signs and symptoms relationshoosis.					
36.	Hot packs made for commercial use are pouche heated in a thermostatically controlled stainless					
37.	Skin can be at temperatures of 113 and at 115 degrees after 7.5 minutes.	degrees after 60 minutes				
38.	Hot packs were the most common cause ofsetting, with the leg being the most common in	in the clinical jury sight				
39.	Fainting is the sudden loss of ass vasodilation, decreased blood pressure, and red					
40.	Adverse effects of thermotherapy have been re and	ported, including burns				
41.	Hot packs are stored in a water cabinet, called usually between 158 and 167 degrees.	a, and are				

Place the CA.	PITAL letter of the answer next to the term (or phrase that best describes it.			
A. Vichy sho	ower D. Swiss shower	G. Whirlpool			
B. Steam	E. Sauna	H. Medical			
C. Paraffin	F. Pregnant	I. Destination			
42.	42 spas are places where clients come to relax, rejuvenate, or begin or improve their lifestyle choices. The length of stay varies from long weekend to several weeks or longer.				
43.	canopy. The air temperature is between should cool down for a few minutes by	bathing is a vapor bath taken in a ceramic-tiled room, cabinet, or by. The air temperature is between 105 and 120 degrees. Clients d cool down for a few minutes by resting in a normal temperature and drinking two to four 8-ounce glasses of water.			
44.	spas are a type of day spa that therapy, and skin resurfacing procedure				
45.	This method of hydrotherapy applicate origin in France. During a client while they lie on a shallow table.	, warm water is sprayed over a			
46.	A bath is a bath in a tub concontinuously circulated.	taining heated aerated water that is			
47.	is a heated mixture of wax ar is an excellent insulator and is suited for body such as the hands, elbows, feet, a				
48.	This method of hydrotherapy applications origin. During a, war from above and from the sides while the	ion gets its name from its country of m water is sprayed over a client hey stand in a shower stall.			
49.	clients can safely engage in hot/dry saunas (158 degrees) for up to stage.	sitting in hot baths (104 degrees) or 20 minutes irrespective of their			
50.	A bath is a dry heat bath recicabinet. Radiant heat can be provided bulbs. They are sometimes called 'dry	ved in a wood-lined room or by hot stones or by infrared light			

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	9	4
(minus)		
20 points if submitted late	9	6

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

A. Documer	ntation	D. Informed consent	G. Prescription
B. Scope ofC. Client in	•	E. Treatment planning F. Medical release	g H. Records
1. 2.	•	Ç	g, and recording client information oing a client's treatment or course of
3.			rization to release their medical and
4.	Permission g	ormation to a third part given by a client after th s regarding treatment	ey have been informed of all the
5.	Order issued		th care provider for medications,
6.	The primary	method used to collect	client information
7.	Activities an	-	be performed legally by members of a
8.	In most insta		re stored at the facility where

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

A. Client in	terview	E. Open-ended	H. Communication
B. Body lan	guage	F. Closed-ended	
C. Disclosur	re	G. Acupuncture, psychol	therapy
9.	The act of exchangi	ng information through w	ords and behaviors such as
10.	Activities often out	side a massage therapist's	scope of practice
11.	Non-verbal commu mannerisms, and p	unication, such as facial exp osture	oressions, gestures,
12.		r little restriction when ans	9
13.		tunity to review the compl	leted intake form, clarify
14.	Type of questions t	hat are direct and usually a	an affirmative, denial, or
15.	Open and honest sl	naring of personal informa	tion

Massage Therapy: Principles and Practice, <u>Infection Control and Emergency Preparedness Chapter</u>, Susan G. Salvo

G. Seizure disorders

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

D. Stroke

A. Choking

	B. Heart atta	E. Emergency Step 2
C. Hypoglycemia		cemia 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

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

A. Conflict	C. Countertransi	erence	E. Sexual misconduct
B. Transfei	rence D. Dual relations	hips	F. Conflict of interest
23.	A situation in which a therapis	t could exploit a	relationship for personal
24.	Behavior used to obtain sexual or at their expense	gratification aga	inst another person's will
25.	Emotional reactions of the therefrom unmet personal needs, un conflicts that are brought into	nresolved emotic	onal issues, or internal
26.	This situation occurs when cliebehavior they have for a signiful therapist		
27.	A situation in which one personal keeping them from achieving to needs and concerns		C
28.	When two or more different re therapists	lationships exist	between clients and

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

A. Cancer d	rugs	D. Anti-depressants	G. Anti-anxiety
B. Insulin		E. Anti-inflammatory and analgesic	H. Cardiovascular
C. Muscle re	elaxants	F. Anti-coagulants	
29.	many medica	owsiness, and light-headedness are con ations in this class. Take care to not over exacerbate these symptoms	
30.		take this medication vary their injection pided in order to not interfere with nor	
31.	class, so the r	re stretch reflex is inhibited while taking risk of overtreatment with deep tissue w ises, or stretching is significant	
32.	even with rel	k of bruising associated with drugs in that atively light massage. All but the lighte ay be contraindicated due to a tendency	est forms of
33.	very conserve methods of e	ult the physician. Massage application satively and circulatory massage minimixcretion (some medication excrete throustete precautions	ized. Be aware of
34.	a parasympa	uses medications in this class have a te thetic state that may be intensified by n fatigued, and lethargic	2
35.	extremely con	in this class change tissue response. It is nservatively because temperature, mus ow will be altered. Overtreatment is a s	cle guarding, and
36.	response. Con	ion class is used to alter the sympatheti mmon side effects include CNS depress nd feeling unusually exhausted	0

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

D. Effects of cold

G. Effects of heat

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

A. Hydrotherapy

B. Father Se	ebastian Kneipp E. Contrast method
C. Cryothe	rapy 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. Numbne	ess	D. Wound care	G. Subcutaneous fat
B. Distal are	eas	E. Cold application	H. Adverse effects
C. Superfici	al tissues	F. Epsom salts	
44.		n bath containing	
	occasionally recon	nmended to reduce musc	ele aches and pains.
45.		o provide 's scope of practice.	is outside of a
46.		may be significantly impesse due to the presence of	
47.	Cold induced vaso	odilation is more likely to _ of the body.	occur in the
48.		na associated with traum ombined with compression—.	
49.	_	est be described as a loca _in a recipient of cryothe	
50.		s (ice packs, gel packs, col _ at different rates and d	
51.	Every cryotherapy	procedure should inclu	de a description of

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

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

D. Ice massage

G. Diabetes

A. Orthostatic Hypotension

B. Tissue o	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

G. Concentric

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

D. Thin myofilaments

A. Muscle fibers

B. Sarcolemi	ma E. Thick myofilament
C. Sarcomere	e 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

 $30a\ Review\ Questions$ A Massage Therapist's Guide to Pathology, $\underline{\text{Musculoskeletal System Chapter}}, \text{Ruth Werner}$

C. (1) Osteoporosis, (2) Osteoarthritis

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

A. (1) Cramp, (2) Spasm

B. (1) Strain	n, (2) Sprain D. (1) Subluxation, (2) Dislocation
E. (1) Tend	linitis, (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.

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

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

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

E. G/H Horizontal adduction I. G/H Lateral rotation

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

A. G/H Flexion

	B. G/H ExtensionC. G/H AbductionD. G/H Adduction		F. G/H Horizontal abduction	J. G/H Medial rotation
			G. Antagonist	
			H. Agonist	
	78.		dorsi, Teres major, Infraspinatus, ' bers), Triceps brachii (long head),	
	79.	Deltoid (po	sterior fibers), Infraspinatus, Teres	s minor
	80.	,	terior fibers), Latissimus dorsi, Ten najor (all fibers)	res major, Subscapularis,
	81.	Deltoid (an Coracobrac	terior fibers), Pectoralis major (up hialis	per fibers), Biceps brachii,
	82.	•	sterior fibers), Latissimus dorsi, To s), Triceps brachii (long head)	eres major, Pectoralis major
	83.	Muscle resp	oonsible for causing a specific or d	esired action
	84.	Muscle that	must relax and lengthen to allow	the actions of the prime
	85.	Deltoid (po	sterior fibers)	
	86.	Deltoid (an	terior fibers), Pectoralis major (up	per fibers)
	87	Deltoid (Al	l fibers) Supraspinatus	

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

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

A. S/T Elevation

A. S/T Elev	vation	C. S/T Abduction/Protraction	E. S/T Upward rotation
B. S/T Dep	ression	D. S/T Adduction/Retraction	F. S/T Downward rotation
88.	Trapezi scapula	us (upper fibers), Rhomboid majoi	r, Rhomboid minor, Levator
89.	Rhombo	oid major, Rhomboid minor, Levat	tor scapula, Pectoralis minor
90.	Trapezi minor	us (lower fibers) , Serratus anterio	r (with origin fixed), Pectoralis
91.	Serratus	s anterior (with the origin fixed), P	ectoralis minor
92.	Trapezi	us (upper and lower fibers), Serrat	tus anterior (with the origin
93.	Trapezi	us (middle fibers), Rhomboid majo	or, Rhomboid minor

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.

D. Hard-end feel

F. Firm-end feel

A. Joint mobilization

B. Range o	of motion	E. Soft-end feel	G. Empty-end feel
C. Stretchi	ng		
94.	Moving a joi	nt through its normal range	of motion
95.	This end feel	occurs when the barrier is t	issue such as bone
96.	This end feel	occurs the barrier is soft tiss	sue such as muscle, fascia, or
97.	Technique th	at lengthens and elongates s	soft tissues
98.		occurs when normal motion erapist encounters structura	n is interrupted by client's pain
99.		which bones of a joint can r	nove or be moved; usually
100.		occurs when the tissue such	n as tendons, ligaments, or joint

Name	Group	Date

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
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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 Departmen	nt
60.31. License Renewal Applications 1. A license holder will be notified by the Departme the date a person's license is scheduled to expire license. T. True F. False	
2. Proof of failure to receive notification from the debeing waived. T. True F. False	partment will result in late penaltie
3. During the unlicensed period, a person may perform under this chapter or the chapter governing the structure. T. True F. False	
 60.41. License Eligibility for Persons with Deferred Adjute 4. The commission may determine a person ineligibe history or other information that indicates lack of integrity to hold a license. T. True F. False 	ole for a license based on criminal
5. The commission may suspend, deny, revoke, or recommission determines a deferred adjudication unfit for the license. T. True	
60.42. Criminal History Evaluation Letters 6. A person may request the department issue an evaluation the person may be eligible for a license if the person discussed in the person may lack the hone that indicates that the person may lack the hone hold a license issued by the department.	erson has a conviction or deferred se, or if there is other information
7. To request an evaluation letter, the person must: A. Submit the request using a department-appropriate B. Pay the required fee of \$10 C. All of the above	oved form
 60.83. Late renewal Fees 8. If a person's license has expired for more than 90 may that person renew the license? A. By paying a fee that is equal to one and one-harenewal fee. B. By paying a fee that is equal to two times the recomplying a fee that is equal to two times the recomplying with the then current requirement license, including the examination. 	nalf times the normally required normally required renewal fee.
9. The laws say nothing about renewal after license lyears. T. True F. False	has been expired for more that 3
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 __ 14. 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. 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 F. False jurisprudence exam before a license will be issued. T. True __ 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. 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 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 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? D. B or C A. Refuse them B. Honor them C. Provide a full refund 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 license 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							
 Review Questions must be of questions will not be accepted 	c ompleted in LMS. Pl ed.	hysical copies of review					
 If you were absent or are sult notify the Education Director the Student Administrator times. 	r, Tim Stahlke, by em	ail to tims@tlcschool.com and					
This assignment is open-book	ok, but must be done v	without assistance from others.					
 Its purpose is to help you pr complete the assigned pages 							
Use your packet and textbook	oks as indicated on ea	ch page.					
If you have any questions ab	out the Review Ques	tions, ask your class instructor.					
 Each set of Review Question example "7a Review Question 							
 Review Questions (and all o they are not turned in before points will be deducted for a 	the start time of the	class in which they are due. 20					
 If you are absent on a day in the start time of the next class 							
This set of Review Questions	s contains 100 questio	ons worth 1 point each.					
The total number of questions (minus)	100						
The number of incorrect answers							
(equals)	0/						
Your percentage grade (minus)	% 						
20 points if submitted late	%						

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

A.	A. Sit in the chair		C. Lubricant E. Seate		E. Seated massage
В.	David Pal	mer	D.	Hand sanitizer	F. Convenient/affordable
	1.			nassage techniques whil ılled chair massage	e the client is sitting erect or
	2.	Massage pro	duc	t NOT used in seated m	assage
	3.	What the the	rap	ist should do first when	explaining to a first-time client
		the proper w	ay	to sit in a massage chair	
	4.	-		son why seated techniqu mainstream public	ues have made massage more
	5.	Replaces trac	litio	onal hand washing at on	ı-site massage locations
	6.	He introduce	ed s	eated massage in the wo	orkplace in the early 1980s

41a Review Questions

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

A. Blood		D. Leukocyte	um	
B. Erythrocyte		E. Thrombocyte	H. Atria	
C. Hemoglo	bin	F. Plasma	I. Ventricles	
7.	Blood cell al	so called a platelet		
8.	Blood cell th	at transports oxygen a	and carbon dioxide	
9.	Fluid that cir	rculates through the h	eart and its vessels	to transport
	nutrients to	and wastes from indiv	vidual cells	
10.	Superior cha	mbers of the heart		
11.	Pigment in I	RBCs that binds with o	oxygen and carbon (dioxide so these
	gases can be	transported in the blo	ood	
12.	Straw-colore	ed liquid that makes u	p 55% of blood	
13.	Inferior char	mbers of the heart		
14.	Blood cell th	at serves as part of the	e body's immune re	esponse
15.	Thick muscu	ılar layer of the heart		
		•		

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

A.	Lumen		D. Respiratory pump	G. Systole	
В.	3. Venomotor tone		E. Aorta	H. Diastole	
C.	Skeletal n	nuscle pump	F. Pulmonary circuit	I. Mitral	
	16.	Space within blood	vessels		
	17.	Degree of muscle to	one present in venous walls to pro	mote venous return	
	18.	Largest artery of the	a body		
	10.	Largest artery of the	ebody		
	19.	Squeeze-and-release	e action against vessel walls by skeletal muscles to		
		promote venous ret	urn		
	20.	Highest pressure w	ithin an artery during the cardiac	cycle	
	21.	Purpose of the	is to replenish the	oxygen supply of	
		the blood and to elim	minate gaseous wastes		
	22.	Lowest pressure wi	thin an artery during the cardiac o	cycle	
	23.	Mechanism that pro	omotes venous return by pressure	changes in the	
		thorax and abdome	n during breathing		
	24.	Left atrioventricular	r heart valve		

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

A.	Myocard	ial infarction	E. Hypertension	I. Myeloma
В.	. 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 disten	ded, often twisted or ropy	y superficial legs veins
_	26.	0	tic disorders characterized tare crucial in the clot-fo	5
	27.	The presence of blo	od clots and inflammation	n in deep leg veins
28. A condition involving the vasoconstriction of arterioles in the h feet, sometimes nose, ears, and lips				
	29.	A permanent bulge	in the wall of a blood ves	sel or the heart
	30.	A cancer that affects	s bone marrow function	
	31.		sive genetic condition tha lobin, the protein that car	nt results in the production ries oxygen in red blood
	32.	A blood cancer invo	olving maturing B cells th	at are found in bone
	33.	Shortage of red bloc capacity	od cells or hemoglobin - li	mits oxygen carrying
	34.	A process that dama ischemia	ages some portion of card	liac muscle tissue through
_	35.	•	od clots and inflammation nd greater saphenous)	n in superficial leg veins
	36.	A technical term for is persistently eleva		cifically blood pressure that

41a Review Questions
Packet B: 33-36, and Business Mastery, Chapters 7-11, www.tdlr.texas.gov/mas/masrules.htm

Place a T for i	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

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. 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 A type of WBC that comprises approximately 25% of the total WBC ____ 44. count; the two types are T cells and B cells 45. Lymphatic tissues located in the oral cavity and pharynx 46. Bean-shaped structures where lymph is cleansed and filtered 47. Collective term for the system of vessels that transport lymph ____ 48. Nearly colorless watery fluid that circulates through lymphatic vessels; also called lymphatic fluid ____ 49. General term for lymphatic tissue located along the respiratory and digestive tracts 50. The largest lymphatic organ; it lies within the left lateral rib cage just posterior to the stomach; it stores lymphocytes and releases them during immune responses _____ 51. The two primary lymphatic structures that produce and mature lymphocytes

41a Review Questions

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

A.	A. Peyer patches		D. Non-specific	G.	B cells		
В.	3. Vermiform appendix		E. Inflammation	H.	T cells		
C.	Immunity	У	F. Specific	I.	Autoimmune disease		
	52.	Type of imm inflammator	•	, ref	lexes, cellular responses, and		
	53.	Lymphatic ti	ssue located in portions of	the s	small intestines		
	54.	Type of imm	unity facilitated by B cells a	and '	T cells		
	55.	-	•		tion that seeks to create an		
		environment	that maximizes tissue repa	ıir			
	56.	Lymphatic tissue attached to the cecum, which is the first region of the large intestines					
	57.	The body's ability to recognize and respond to pathogens and harmagents					
	58.	response and	when there is an inappropri I the body no longer recogr ause it believes this tissue i	nizes	s its own healthy tissue and		
	59.	Type of lymp	phocyte that produces antib	odie	es		
	60.	Type of lymp	phocyte that includes CD4+	· anc	d CD8+ cells		

A Massage Therapist's Guide to Pathology, <u>Lymph and Immune System Chapter</u>, 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. Mononu	cleosis	F. Scleroderma	
61.		ase in which cells, which normal	, ,
62.	The virus that cause	es AIDS	
63.		sease in which inflammation stire to produce abnormal amounts o	
64.	tract; ulcers in the C	immatory disorder that can affect GI tract can cause accumulations e intestines, or stimulate into the ng tubes (called fistulas) from the	of scar tissue that e development of
65.		terized by inflammation and deg al cord and brain; it is autoimmu	•
66.	Immune system rea	actions to stimuli that are not inh	nerently hazardous
67.	Viral infection that moves into the lym	begins in the salivary glands and phatic system	d throat and then
68.		endition in which the synovial moy immune system cells	embranes of various

41a Review Questions

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

A.	Testes		D. Oocytes	G.	Sperm	J. Luteal
В.	Follicular		E. Ovaries	H.	Ovulation	
C.	Menstrua	tion	F. Ovum	I.	Menstrual cycle	
	69.		phase of the menst approximately da		cycle; it begins with r	nenstruation and
	70.	The sex ce	ells that carry gene	tic i	information from insic	le the ovaries
	71.	This phas	e of the menstrual	cyc	le occurs about day 14	l in the 28-day cycle
	72.	The final	phase of the mens	trua	l cycle	
	73.		al glands located v and exocrine fund		in the scrotum; they p	ossess both
	74.	The perio	dic discharge of th	e er	ndometrial lining from	the non-pregnant
	75.	Sex cells t	hat carry genetic i	nfor	mation, produced in t	he testicles
	76.		1 0		ocated in the abdomin s both endocrine and e	1 ,
	77.				t begins during puber nd ends during menop	2
	78.	A mature	oocyte that has ov	ula	ted	

41a Review Questions
A Massage Therapist's Guide to Pathology, Reproductive System Chapter, Ruth Werner

A. Prostate cancer		D. Testicular cancer	G. Ovarian cancer
B. Dysmenorrhea		E. Endometriosis	H. Breast cancer
C. Prostatit	is	F. Fibroid tumors	
79.	-	oment of tumors in the e	epithelial or connective tissue of the
	breast		
80.	Growth of n	nalignant cells in the tes	ticles
81.	The growth	of malignant tumors or	the ovaries
82.	A condition	in which the prostate b	ecomes painful and possibly
	inflamed; it groin	usually involves signifi	cant pain throughout the pelvis and
83.	Benign grow	vths that grow in or aro	und of the uterus; also called
	leiomyomas		
84.	A technical t	term for painful menstr	ual periods; it limits regular activities
	or requires r	medication to function f	or 1 day or more every cycle
85.	The growth	of malignant tumor cel	ls in the prostate gland
86.	A condition	in which cells from the	endometrium implant elsewhere in
	the body		

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

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

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

Trail Guide to the Body, <u>Appendix: Synergists - 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 Fle	xion	D. Coxal Adduc	etion	G. T/F Lateral rotation	
B.	3. Coxal Extension		E. Coxal Lateral	rotation	H. T/F Medial rotation	
C.	Coxal Ab	duction	F. Coxal Medial	rotation		
	93.	Psoas major,	Iliacus, Tensor fa	sciae latae, Sartoi	rius, Rectus femoris,	
		Gluteus med	ius (anterior fiber	rs), Gluteus minii	mus, Adductor longus	
		(assists), Pec	tineus (assists), A	dductor brevis (a	ssists), Adductor magnus	
		(assists)				
	94.	Gluteus max	imus (all fibers), l	Biceps femoris (lo	ong head),	
		Semitendino	sus, Semimembra	nosus, Adductor	magnus (posterior	
		fibers), Glute	eus medius (poste	rior fibers)		
	95.	Gluteus med	ius (anterior fiber	rs), Gluteus minii	mus, Tensor fasciae latae,	
		Adductor ma	agnus, Adductor longus, Adductor brevis, Pectineus,			
		Gracilis, Sem	itendinosus (assi	sts), Semimembr	anosus (assists)	
	96.	Gluteus max	imus (all fibers), l	Piriformis, Quad	ratus femoris, Obturator	
		internus, Ob	turator externus,	Gemellus superio	or, Gemellus inferior,	
		Gluteus med	ius (posterior fibe	ers), Psoas major,	Iliacus, Sartorius, Biceps	
		femoris (assi	sts, long head)			
	97.	Gluteus max	imus. Gluteus me	edius (all fibers).	Gluteus minimus, Tensor	
			Sartorius, Pirifor	,	·	
		iusciae iatae,	barronas, i imor	imb (when the m	p is nexed)	
	98.	Adductor ma	agnus, Adductor	longus, Adducto	r brevis, Pectineus,	
		Gracilis, Glu	teus maximus (lo	wer fibers)		
	99.	Semitendino	sus, Semimembra	nosus, Gracilis, S	Sartorius, Popliteus	
	100.	Biceps femor	ris			

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53a Internship Orientation Review Questions

Nan	ne		Group		Date			
Rev	iew Question	Information and	Guidelines					
•	turned in for	credit. To submit	s completed on pap your Review Ques f the classroom bef	tions, plac				
•	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 tilat@tlcschool.com in order to receive credit.							
•	This assignm	ient is open-book,	but must be done	without as	ssistance from others			
•	If you have a	ny questions abo	ut the Review Ques	tions, ask	your class instructor			
•			er homework assig he start time of the		re considered late if hich they are due			
•	20 points wil	l be deducted for	all late Review Que	estions				
•			which homework is that you attend wit		may submit it before 0-point deduction			
•	This set of Re	eview Questions o	contains 13 questior	ns worth 5	points each			
•	Choose the b	est answer and w	rite it on the line in	blue or b	lack ink only			
•	No credit is a ink, and on t		answer unless it is	legible, w	ritten in blue or black			
Nur	nber Incorrect	:-> Percentage	Numbe	er Incorrec	et -> Percentage			
	0	100%			50%			
	1	94%		9	44%			
	2	88%		10 11	38%			
	3 4	82% 76%		11	30% 24%			
	5	70%		13	18%			

Was this submitted late? No Yes

64%

58%

6

7

If so, subtract 20 points. Final Grade: _____%

14

15

12%

6%

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. 4. 5.
6. What is the intern expected to supply for each session?
7. What number do you call to reach an MTI when appointments are in session?
8. What are you expected to do if you wake up sick on a day you have appointments?
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 <u>intern</u> 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 ar	nd Guidelines	
 Review Questions must be of questions will not be accepted 	c ompleted in LMS . Phy ed.	ysical copies of review
 If you were absent or are sult notify the Education Director the Student Administrator times. 	r, Tim Stahlke, by ema	il to tims@tlcschool.com and
This assignment is open-boo	k, but must be done w	ithout assistance from others.
 Its purpose is to help you pr complete the assigned pages 		
Use your packet and textboo	oks as indicated on each	n page.
If you have any questions ab	out the Review Questi	ons, ask your class instructor.
 Each set of Review Question example "7a Review Question 		
 Review Questions (and all or they are not turned in before points will be deducted for a 	the start time of the cl	ass in which they are due. 20
 If you are absent on a day in the start time of the next class 		5
This set of Review Questions	s contains 100 question	s worth 1 point each.
The total number of questions (minus) The number of incorrect answers (equals) Your percentage grade	100 	
Your percentage grade (minus) 20 points if submitted late	/o 	

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

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

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

A.	A. Word of mouth		D. Credibility	G. WIIFM	
B.	Positioni	ng	E. Strategic actions	H. Target Market	
C.	Psychogi	raphics	F. Demographics		
	<u> </u>	Professionali	sm plays a major role in the	e status of your	
			1 5 ,	,	
	10.	Categorized	statistics about a target ma	rket	
	11.	Answers how	w you will help clients		
	12.	One group y	ou want to promote yourse	elf to	
	13.	Specific plan	s for attracting clients		
	14. Your "place" in their mind				
	15.				
16. Best source for referrals					

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

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. G. Third A. Supine hypotensive syndromeD. High-risk B. Deep vein thrombosis E. Right hip H. First C. Pregnancy massage F. Relaxin 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

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

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

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Axon D. Synapse G. Neurotransmitters B. Dendrites E. Frontal H. Reflex arc C. Nerve F. Nerve impulse 33. The _____ lobe of the cerebrum regulates motor output, cognition, and speech recognition ____ 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 information along a neuron A neuron's _____ are branches that receive impulses and transmit ____ 37. them to the cell body ____ 38. A class of chemical messengers involved in synaptic transmission ____ 39. A neuron's _____ transmits impulses away from the cell body

____ 40.

neurotransmitters

The junction between two neurons or between a neuron and a muscle or gland; impulses are transmitted across these junctions with the help of

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

A.	Alpha		D. Hypothalamus	•	G. Spinal cord		
В.	Cerebrun	n	E. Medulla oblonga	ta	H. Thalamus		
C.	Cerebellu	am	F. Meninges				
	41.	The connecti it consists of	e e e e e e e e e e e e e e e e e e e	nat surround tl	ne brain and spinal cord;		
	42.	posterior and		rum; it is conc	d structure located erned with muscle tone, regulates posture and		
	43.	The largest a	nd most superior po	rtion of the bra	in		
	44.	44. The area of the brain that regulates the ANS and controls behavioral patterns and the circadian rhythm					
	45.		ave pattern is a relax ssociated with creati		bject is awake but calm; meditation		
	46.		erior portion of the b ar, and vasomotor ce		ntains respiratory,		
	47.	0 1	oortion of the diencep tion) to appropriate p	•	s sensory information ebrum		
	48.	exits the skul	bundle of nerve fibe ll through the forame ly the second lumbar	en magnum an			

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

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

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

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Chemoreceptors D. Thermoreceptors G. Receptor B. Mechanoreceptors E. Nociceptors C. Osmoreceptors F. Photoreceptors ____ 57. Receptors that detect changes in temperature and are located beneath the skin 58. Receptors that detect chemical stimuli or changes in the chemical concentrations of fluids; they are located in the nose, on the tongue, and within some arterial walls; they respond to smells, tastes, and changes in blood chemistry 59. Receptors that detect changes in electrolyte concentration and are located in the hypothalamus _____ 60. A neural structure that is sensitive or "receptive" to sensory stimuli Receptors that detect light stimuli and are located in the retina of the eye 61. 62. Receptors that detect mechanical stimuli and are found in skin, blood vessels, the ears, muscles, joints, and fascia; two types are muscle spindles and Golgi tendon organs Receptors that detect noxious stimuli such as excessive heat and cold or 63. tissue damage; they are located in almost every tissue of the body

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

A. Alzheimer disease			D.	Cervical dystonia	G. Dystonia
В. Р	B. Parkinson disease			Amyotrophic lateral sclerosis	
C .]	Peripher	al neuropathy	F.	Tremor	
	_ 64.	-	d ir	torticollis, this condition is the nvolves unilateral involuntary ternocleidomastoid	
	_ 65.	_	fort	movements on a fixed plane; the movements of antagonistic rangle plane	
	_ 66.	progressive degener	rati	shaking palsy", this movement we of nerve tissue and a reduct amine) production in the CNS	
	_ 67.	1 0		condition that destroys motor nervous systems, leading to the	
_	_ 68.	complication of other nerves, either singly	er u 7 or	ly not a disease in itself, but a s inderlying conditions; in this si in groups, are damaged through abalance, trauma, or other facto	ituation, peripheral gh a lack of
	_ 69.	A progressive deger personality changes		ative disorder of the brain caus ad eventual death	ing memory loss,
	_ 70.	A common condition sustained contraction		nat involves repetitive, involun of skeletal muscles	itary, sometimes

55a Review Questions
A Massage Therapist's Guide to Pathology, Nervous System Chapter, 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		<u> </u>
	72.	VII, the facial	n is the result of damage to nerve; symptoms or classi f flaccid paralysis of the m	c si	9
	73.		gns and symptoms that cer rtigo, tinnitus, and hearing		
	74.	condition is c	rain attack or cerebrovascu lamage to brain cells due to ombosis, embolism, or hem	ox	ygen deprivation brought
	75.	-	al nerve; it is also called tic		e branches of cranial nerve V, lloureux, which is French for
	76.		ns "cleft spine", this condit rtebral arch fails to close co		
	77.	and hormone	rial condition involving pro e imbalances, sleep disorder 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	nfancy; it results in mental
	79.	VIII (vestibul	onditions that can cause the ocochlear nerve), to dysfur nay last a few seconds to m	nctio	

55a Review Questions

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

A.	. Adrenal cortex		D.	Posterior pituitary	G.	Pineal		
B.	Adrenal medulla			Hypothalamus	H.	Thymus		
C.	Anterior	pituitary	F.	Pancreatic islets in the pancrea	as			
	80.	Secrete insulin (from	m b	eta cells) and glucagon (from al	pha	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 medication)	e ar	nd cortisol (called hydrocortison	าе พ	when used as a		
	86.	Secretes melatonin						
	87.	Secretes epinephrin noradrenaline)	ne (A	AKA: adrenaline) and norepine	phri	ine (AKA:		

55a Review Questions

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

A.	Insulin		D. Epinephrine and norepinephrine	G. Glucagon			
В.	T3 and T4	1	E. Adrenocorticotropic hormone	H. Calcitonin			
C.	Growth h	normone	F. Antidiuretic hormone				
	88.		rotein synthesis for muscle and bone gro nd plays a role in metabolism	wth, maintenance			
	89.	Regulate met other body sy	tabolism and affects the growth and development of many ystems				
90. Enhance and prolong sympathetic arousal; said anoth hormones enhance and prolong the physiologic effects				-			
	91.		ine production by stimulating the kidney constricts blood vessels, which conseque				
	92.	Decreases blo	ood glucose levels by moving glucose ou	t of the blood and			
	93.	Increases blo as the liver ir	od glucose levels by moving stored gluconto the blood	ose from areas such			
	94.		e adrenal cortex to secrete its hormones, as a medication it is called hydrocortison	1 1			
	95.		ood calcium levels by stimulating osteob ses calcium storage in bones	lastic activity,			

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

A.	Type 2 di	abetes mellitus	C.	H	ypothyroidism	E.	Metabolic syndrome	
B.	Type 1 di	abetes mellitus	D.	Ну	yperthyroidism			
	96.		ound nune s	and syste	l childhood expo	sure to	emia; it is connected agents that might k on	
	97.		which		ulating levels of t erferes with the b	5	hormones are ability to generate	
	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 resultin predisposition al controllable	_				0	
	100.	A condition in w					excessive amounts of to energy	

Name	Group	Date
Review Question Information a	and Guidelines	
 Review Questions must be questions will not be accept 		ysical copies of review
 If you were absent or are sunotify the Education Directors the Student Administrator to th	or, Tim Stahlke, by ema	il to tims@tlcschool.com and
This assignment is open-book	ok, but must be done w	rithout assistance from others.
 Its purpose is to help you p complete the assigned page 		
Use your packet and textbo	oks as indicated on eac	h page.
If you have any questions a	bout the Review Quest	ions, ask your class instructor.
 Each set of Review Question example "7a Review Question 		
	re the start time of the c	ments) are considered late if lass in which they are due. 20 ns.
 If you are absent on a day in the start time of the next cla 		ue, you may submit it before out the 20 point deduction.
This set of Review Question	ns contains 100 questior	ns worth 1 point each.
The total number of questions (minus)	100	
The number of incorrect answers	5	
(equals) Your percentage grade	%	
(minus)		
20 points if submitted late	%	

66a Review Questions Packet E: 135-144

A.	Distress	D. Compounding	G. Epinephrine and norepinephrine
В.	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	sion 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
	<u> </u>		
	8.	Opposite of eustress; the demand control over it	in the environment exceeds our
	<u> </u>	of these hormones, which are sec cause an increase in heart rate, re	the hypothalamus triggers the release reted by the adrenal medulla; they spiratory rate, metabolic rate, clotting , blood pressure, and blood flow to

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

Place the CAPITAL letter of the answer next to the term or phrase that best describes it. A. Alveoli D. Diaphragm G. Lungs J. Respiration B. Breathing E. Epiglottis H. Nasal cavity K. Paranasal sinuses

C.	Primary	bronchi F. Larynx I. Pharynx L. Trachea
	10.	Air-filled cavities that lighten the skull and act as resonance chambers for sound
	11.	Hollow space separated by a septum into left and right halves
	12.	Main muscle of respiration located between the thoracic and abdominal cavities
	13.	Primary organs of respiration
	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

66a Review Questions

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

A.	Exhalatio	n	D.	Inhalation	G. Internal respiration
В.	Elastic re	coil	E.	External respiration	
C.	Olfaction		F.	Accessory muscles of inhalati	on
	22.	Gas exchang	e be	etween the air in the alveoli an	d the blood in capillaries
_	23.	Process of ex	pel	ling air from the lungs	
	24.	Sense of sme	11		
	25.	SCM, scalene	es, p	pectoralis minor, and serratus _l	posterior superior
	26.	Process of dr	aw:	ing air into the lungs	
	27.	Tendency of	the	thorax and lungs to return to	their pre-inhalation size
	28.	Gas exchang	e be	etween blood in the capillaries	and body cells and tissue

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

A.	. Pneumonia		D.	Tuberculosis	G.	Influenza
В.	Emphyse	ema	E.	Acute bronchitis	Н	. Cystic fibrosis
C.	Asthma		F.	Chronic bronchitis	I.	Common cold
	29.			ase of exocrine glands that cau we enzymes, bile, sweat) to beco		
	30.	hundreds of	vir	the upper respiratory tract bro uses; symptoms include stuffy, coughing, headache, and a mil	rui	nny nose, sneezing,
	31.	tract; sympto	ms	flu, this condition is a viral infe s include respiratory irritation v oat, headache, chills, and a long	witl	h runny nose and dry
	32.		-	inflammation and intermittent e bronchioles	air	flow obstruction due
	33.	symptoms va fever, chills,	ary swe	for inflammation of the lungs of widely depending on the caus eating, delirium, chest pains, cy ess of breath, muscle aches and	e, b	out coughing, very high osis, thick and colored
	34.	alveoli becon	ne	uctive pulmonary disease (COI stretched out and inelastic, men ace area and capillaries		
	35.	long-term irr with or with	ita out	uctive pulmonary disease (COI tion of the bronchi and bronchi an infection; symptoms usuall ss to include thick sputum and	ole y b	s which may occur egin with a mild cougł
	36.			ed a "chest cold", this condition f the respiratory tract, specifica		<u>©</u>
	37.	but sometime	es i rim	ving pus-and bacteria-filled but in other locations; symptoms mary phase, but may later includation	ay	be similar to a mild flu

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	ı	F. Esophagus		J. Bile
C. Peristals	is	G. Gastrointesti	nal tract	K. Saliva
D. Peritone	um	H. Bolus		L. Defecation
38.	Process of br	eaking food dow	n into simple mo	lecules that can be used in
39.	•	d that helps keep asier to swallow	the oral mucosa	moist and lubricates food
40.	Muscular tul	oe that connects t	he pharynx to the	e stomach
41.	Digestive en	nulsifier that breal	ks apart large fat	globules into smaller ones
42.	Large serous	membrane that e	envelops the abdo	ominal cavity
43.	Small round	mass of food		
44.	Process of ta	king materials int	to the mouth by e	eating and drinking
45.	J-shaped sac intestine	-like organ locate	d between the esc	ophagus and the small
46.	Process of elanus	iminating materia	als from the body	through the rectum and
47.	Wave-like malong the G.		lp to mix and pro	pel products of digestion
48.	,	which simple mole or lymph vessels		I. tract are moved into the dy cells
49.	Open tube th	nat begins in the r	nouth and ends a	t the anus

66a Review Questions

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

A.	Enzyme		D. Large Intestine	G.	Pancreas
В.	Gallblado	der	E. Villi	H.	Small intestine
C.	Ileocecal		F. Liver	I.	Pyloric
	50.	Digestive org	gan that produces bile		
	51.	Gland that co	ontains acini cells		
	52.	Hollow orga	n that stores and concentra	tes b	vile
	53.	_ 53. Finger-like projections that house blood and lymph vessels			lymph vessels
	54.	Sphincter loc the large inte		the s	small intestine and cecum of
	55.	Sphincter loc	cated between the stomach	and	small intestine
	56.	Area of the g	astrointestinal tract that co	ntaiı	ns the cecum and rectum
	57.	Coiled tube l	ocated between the stomac	h an	nd large intestine
	58.	Substances tl	hat act as catalysts in chemi	cal 1	reactions

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

A.	Hepatitis		D. Cirrhosis	G.	Diverticular disease
В.	GERD		E. Pancreatitis	H.	Peptic ulcers
C.	Gallstone	es	F. Candidiasis	I.	Irritable bowel syndrome
	59.		of the small intestine or color layers of the G.I. tract bulge a sac		
	60.	structural cha	nvolving digestive system anges; also called spastic co anctional bowel syndrome	-	
	61.		ne epithelial lining of the es igestive juices from the stor		nagus, when it is chronically h
	62.	Higher than	normal levels of the fungus	s C.	albicans in the G.I. tract
	63.	to the jaundie		scri	ow condition", which refers bed as the crowding out and functioning scar tissue
	64.	Concentrated	d deposits of bile salts or pi	gme	ents in the gallbladder
	65.	binging, galls	n of the pancreas; when acustones, toxic exposure, blur reatitis is usually related to	it tra	auma, or other factors;
	66.		open sores of the inner surfa aused by constant irritation ess		
	67.	inflammation	n of the liver that can be cau n related to fatty deposits, a ins, but is most often one o	uto	immune disease, or exposure

66a Review Questions Business Mastery, Chapter 20

A.	W-2		D. Schedule C	G. Continuing education
В.	7 years		E. Cash flow projections	H. Assets
C.	Indefinit	ely	F. Balance sheets	
	68.	Summary in	fo about assets, liability and net eq	luity
	69.	Monthly pre-	diction of massage income and ex	penses
	70.	Time to keep	tax returns	
	71.	Fully deduct	ible business expense	
	72.	Time to keep	records of receipts	
	73.	Tax form you	ı receive from employer	
	74.	Total resource	es of sole practitioner or business	
	<u></u> 75.	IRS form for	profit or loss from business used l	by sole proprietor

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

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 discha	arged th	nrough the urethra
	77.	Term meaning behind the peritoneu the kidneys	m and l	helps describe the location of
	78.	Filtering units of the kidneys		
	<u> </u>	Outer region of the kidney		
	80.	Narrow tube that transports urine fr body during urination	om the	urinary bladder out of the
	81.	Fluid filtered by the nephrons		
	82.	Reddish-brown bean-shaped organs blood and form urine	located	d bilaterally that process
	83.	Expandable sac that stores urine		
	84.	Two slender, hollow tubes extending to the urinary bladder	g from t	he renal pelvis of the kidneys
	85.	Inner region of the kidney		

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

A. Renal tubule		D. Bowman capsule	G. Glomerulus
B. Peritubula	r capillaries	E. Edema	
C. Diuretic		F. Dehydration	
86.	Cluster of blood cap	oillaries within the Bowman	n capsule
87.	Abnormal accumula	ation of fluids in the body	
88.	Network of capillar	ies surrounding the renal t	ubules
89.	Hollow cup-shaped	structure that surrounds the	ne glomerulus
90.	Excess loss of water	from the body	
91.	Hollow tube betwee	en the renal corpuscle and t	the collecting duct
92	Substance that pron	notes the formation and exc	rretion of urine

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

A.	Calcium	D. Kidney stones	G. Cystine
B.	Uric acid	E. Renal failure	H. Interstitial cystitis
C.	Struvite	F. Urinary tract infection	
	93.	Type of kidney stone associated with abnormal diet high in meat and purine	lly acidic blood due to a
	94.	Inability of the kidneys to function at normal le	evels
	95.	Type of rare kidney stone directly related to generate abolism of a particular amino acid	netic dysfunction with the
	96.	Also called renal calculi, these are crystals that renal pelvis	sometimes develop in the
	97.	Most common kidney stone type, associated w metabolism or too much incoming calcium	ith problems with calcium
	98.	Type of kidney stone composed of magnesium associated with chronic urinary tract infections	
	99.	A condition in which the urinary bladder become	mes irritated and inelastic
	100.	Infection in the lower urinary tract; 90% of the caused by E. coli	time the infection is