

# *Myofascial Release*

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## **LEARNING OBJECTIVES: MYOFASCIAL RELEASE**

**After completing this course participants will be able to:**

1. Describe the elements of fascia
2. Identify conditions that can affect fascia
3. Explain the benefits of MFR
4. Design an initial assessment for a client
5. Address palpatory assessments including motility, glide, mobility.
6. Compare and differentiate between traction, rebounding, and skin rolling
7. Design treatment programs utilizing techniques such as cross-hand release, compression release, MFR unwinding and more.
8. Understand how these treatments might feel to your client
9. Understand how these treatments should feel to the therapist
10. Know how to individualize treatments
11. Provide recommendations of how to incorporate multi-therapists approaches to treatments
12. Design home programs for clients



CEC/CEU Test for Myofascial Release

Please choose the BEST answer for each question

- 1. Which of the following is false concerning fascia**
  - A. Fascia is the largest system in the body
  - B. It is a single sheet of tissue that covers the body
  - C. Fascia is a two dimensional web-like tissue
  - D. It makes up the shape and form of the body
  
- 2. Which of the following is not considered a type of fascia?**
  - A. Blood vessels
  - B. Epineurium
  - C. Perimysium
  - D. Joint capsules
  
- 3. Which mechanoreceptor responds specifically to sustained pressure changes?**
  - A. Golgi tendons
  - B. Ruffini
  - C. Pacini
  - D. Interstitial
  
- 4. Which is the most abundant protein in the body?**
  - A. Elastin
  - B. Collagen
  - C. Muscle
  - D. Amino
  
- 5. Which of the following statements is false concerning colloids?**
  - A. They are not rigid
  - B. They are compressible
  - C. They are made up of particles of solid material suspended in fluid
  - D. The more rapid the force applied to colloids, the more rigid the tissue becomes.

- 6. What does fascia do at the beginning of loading?**
- A. It becomes rigid to protect
  - B. It becomes taunt
  - C. A little bit a slack is taken up
  - D. It completely relaxes
- 7. What is tensegrity?**
- A. Tension based on pull and the angle of pull
  - B. Integrity based on elasticity and slack
  - C. Tension based on strength and musculature
  - D. Integrity based on tension and compression
- 8. The delivery of nutrition to fascia occurs by:**
- A. Osmosis
  - B. Diffusion
  - C. Negative pressure
  - D. Sodium-potassium pump
- 9. Which of the following is not a characteristic of superficial fascia?**
- A. Is loosely knit
  - B. Provides insulation
  - C. Provides shock absorption
  - D. Compartmentalizes the entire muscular system
- 10. Which of the following is not one of the three conditions that cause fascia to bind down?**
- A. Disease
  - B. Injury
  - C. Inflammation
  - D. Poor posture
- 11. When poor posture causes poor body memory, it can lead to the Hans Selye's effect which is the sequence of:**
- A. Denial, anger, action
  - B. Contemplation, preparation, action
  - C. Alarm reaction, resistance, exhaustion
  - D. Redness, swelling, pain
- 12. Which of the following is not one of the three parts of MFR?**
- A. Manual applications
  - B. Postural analysis
  - C. Myofascial rebounding
  - D. Myofascial unwinding

**13. Standley and Meltzer and Meltzer found that fascial holds of less than \_\_\_\_\_ was not enough to stimulate the release of Interleukin 8.**

- A. 3 minutes
- B. 30 seconds
- C. 2 minutes
- D. 10 seconds

**14. The Arndt-Schultz law states:**

- A. A body's rate of change is proportional to the force causing it
- B. Equal opposite forces tend to react the same
- C. Less is more
- D. Universal constants remain the same

**15. How long does it typically take for tissues to begin to rearrange themselves when proper MFR is applied?**

- A. 30 -90 secs
- B. 20-30 secs
- C. 2-5 minutes
- D. 90-120 secs

**16. The therapist should have the client stand up to re-evaluate what has changed after applying how many fascial techniques?**

- A. 8-10
- B. 2-3
- C. 6-8
- D. 4-6

**17. Which statement is false concerning MFR and the therapists conducting the sessions?**

- A. Therapists work on muscle length
- B. Therapists are feeling for ebb and flow of the fascial continuum
- C. Therapists do not work with muscles or bones individually
- D. Therapists work on the twists and turns of bound-down fascial network

**18. Which is not considered to be a benefit for therapists using MFR in their practice?**

- A. It is easy to learn
- B. It increases career longevity because it is easy on the therapist's body and hands
- C. It offers a niche due to the concentrated approach by focusing on one technique
- D. It increases a sense of touch and intuition

- 19. How long should the therapist wait to work on a new scar?**
- A. 6-8 days
  - B. Until a doctor's clearance is given
  - C. 6-8 weeks
  - D. 2-3 months
- 20. Many clients can benefit from up to \_\_\_\_\_ per session of MFR because it is a slow and gentle process.**
- A. 5-10 minutes
  - B. 20-30 minutes
  - C. 4-6 hours
  - D. 2-3 hours
- 21. Which of the following is considered to be the most important part of a consultation?**
- A. Listening to the client
  - B. Getting the consent form signed
  - C. Gathering the medical history
  - D. Assessment of the client
- 22. Which method is considered to be the better approach to gathering information from your client?**
- A. Closed-ended questions
  - B. Empathizing questions
  - C. Probing questions
  - D. Open-ended questions
- 23. It is important to get the following information from your client EXCEPT:**
- A. How the injury started
  - B. How the treatments will affect the therapist
  - C. What makes the symptoms worse
  - D. Whether it is a recurrence of an old injury
- 24. Since some clients do not always complete the consultation form accurately, it is best to:**
- A. Make sure the client signs it
  - B. Get a lawyer to review it
  - C. Make sure the client signs the consent form as well
  - D. Go through the form with your client
- 25. When does the palpatory assessment occur?**
- A. When the client is seated
  - B. Before the completion of the medial form
  - C. When the client is on the table
  - D. Any of the above

- 26. The most important thing(s) to look for in a postural evaluation is:**
- A. Equality
  - B. Balance
  - C. Segment deviation
  - D. Both A and B
- 27. Which is not a correct alignment for a proper lateral plumb line?**
- A. It runs through the middle of the cervical vertebrae
  - B. It runs through the greater trochanter
  - C. It runs through the middle of the lumbar vertebrae
  - D. It runs from the posterior aspect of the lateral malleoli
- 28. Where is it best for the therapist to stand when assessing the posture of a client from the transverse plane?**
- A. Standing to the side of the client
  - B. Standing closely in front of the client
  - C. Standing on top of your treatment table
  - D. Standing close, but behind the client
- 29. Gravitational force flows through the spine to the sacral base all the way down to which specific foot bone?**
- A. Cuneiform
  - B. Cuboid
  - C. Calcaneus
  - D. Navicular
- 30. Which joint is the only bilateral joint in the body?**
- A. Knee
  - B. Shoulder
  - C. Pelvis
  - D. Jaw
- 31. At what point should the plumb line meet the anterior surface of the body to determine the head is in proper alignment?**
- A. At the top of the sternum
  - B. At the xiphoid process
  - C. Just below the body of the sternum
  - D. Above the manubrium
- 32. Which of the following is not a global contraindication for MFR?**
- A. Deep vein thrombosis
  - B. Radiation therapy
  - C. Severe undiagnosed pain
  - D. Aneurysm



- 33. Three important contraindications for MFR are all of the following EXCEPT:**
- A. Scar Tissue
  - B. Pregnancy
  - C. Multiple sclerosis
  - D. Cancer
- 34. What hormone increases during pregnancy so as to soften cartilage in preparation for labor?**
- A. Estrogen
  - B. Relaxin
  - C. Progesterone
  - D. Prolactin
- 35. How high should the treatment table be when performing MFR?**
- A. Hip-level to the therapist
  - B. Low enough that the client can easily get on the table
  - C. Below mid-thigh to the therapist
  - D. Mid-thigh to the therapist
- 36. What is the average treatment table width for MFR?**
- A. 27 inches
  - B. 30 inches
  - C. 33 inches
  - D. 36 inches
- 37. The average treatment table should hold how much weight?**
- A. 350 lbs.
  - B. 275 lbs.
  - C. 300 lbs.
  - D. 159 lbs.
- 38. Which is not correct body mechanics for conducting MFR on a client?**
- A. Bringing the power from the core
  - B. Maintaining soft hands
  - C. Bending from the hips
  - D. Maintaining center of gravity
- 39. Which statement is false concerning proper body mechanics?**
- A. Stand as close to the treatment table as possible
  - B. Perform techniques with hands and arms close to your body
  - C. It is ok to lean on the table some
  - D. It is ok to be slightly uncomfortable while performing a technique or two

**40. The process of setting and acting on the intentions of the client and preparing yourself to treat a client is referred to as:**

- A. Preparation
- B. Grounding
- C. Empathy
- D. Sympathy

**41. Hypnagogic state is:**

- A. Another term for “grounding”
- B. The phase between wakefulness and sleep
- C. The deep sleep phase (aka: REM)
- D. The phase where the client has adjusted so much to the pain he has that he loses awareness of it.

**42. What sensation is typically felt when the cross-linkages between the collagen and elastin fibers are broken up and back to their normal length?**

- A. A release of pressure
- B. Shivering
- C. Burning under the skin
- D. Emotional release

**43. Which is not considered to be a normal response from a physical or emotion release from MFR?**

- A. Breathing changes
- B. Shaking
- C. Skin color changes
- D. Chills and a feeling of cold

**44. How does the body respond when facial stretching is optimized through myofascial unwinding?**

- A. Crying
- B. Shivering or shaking of the body
- C. Flushed skin
- D. Increased respiration

**45. Which is not a normal effect for the client post-treatment?**

- A. Lethargy
- B. New aches and pains
- C. Therapeutic pain
- D. Energized

- 46. Which statement is false concerning MFR treatments?**
- A. Sessions should be scheduled close together
  - B. The initial session should be the shortest session
  - C. It is not about the pressure you use, but about the resistance you feel
  - D. Practice 2-3 techniques on colleagues before working on clients if you are new to MFR
- 47. Palpation can be more accurate when the client is lying down because the body is \_\_\_\_\_ by gravity in this position.**
- A. Less affected
  - B. More affected
  - C. Not affected at all
- 48. Bounce and end-feel in all directions is also known as:**
- A. A contraindication
  - B. Release and pressure
  - C. Ease and relaxation
  - D. Motility and mobility
- 49. What part of the hand should the therapist use for proper palpation and performing techniques of MFR?**
- A. Sides of the hands
  - B. Fingers only
  - C. The entire hand
  - D. Thumbs
- 50. The therapist should use what type of hand contact with the client?**
- A. Firm, stiff pressure
  - B. Light
  - C. Soft, relaxed, firm
  - D. Deep, firm
- 51. The freedom of tissues to move is called:**
- A. Mobility
  - B. Elasticity
  - C. Tensiometry
  - D. Motility
- 52. Which of the following is not indicative of acute stage injuries?**
- A. Edema due to increased circulation
  - B. Tenderness and sensitivity
  - C. Bogginess and sponginess
  - D. Cool to the touch due to lack of circulation

**53. Chronic dysfunction of tissues can cause all of the following symptoms EXCEPT:**

- A. Clammy
- B. Hot and tender
- C. Hypoxia
- D. Hyposensitive and warm

**54. After the visual postural assessment is complete, what is the next step?**

- A. Feel for temperature of the skin
- B. Gently squeeze tissues
- C. Feel for tissue tightness or tenderness
- D. Note your findings

**55. Which statement is correct concerning pelvic tilts?**

- A. If the PSIS is lower than the ASIS, it indicates an anterior pelvic tilt
- B. A slight anterior pelvic tilt is ok for men
- C. A slight anterior pelvic tilt is ok for women
- D. If the ASIS is level with the PSIS, it indicates a dysfunction

**56. Why is the pelvis such an important area to assess?**

- A. Because gravity takes a bigger toll on the pelvis than another other part of the body
- B. Because people tend to not exercise on a regular basis
- C. Because the entire fascial 3-D matrix maintains its integrity at the pelvis
- D. Because tension is commonly held in the pelvic area

**57. What is an “upslip”**

- A. When the client has a high hip on one side
- B. When the pelvis tilts and bends to one side while the opposite side moves superiorly
- C. When the client has a high shoulder opposite to a high hip
- D. When the client has slipped and fallen on their back causing one side of the pelvis to be higher than the other

**58. What is characteristic of the thigh that is on the same side of an anterior pelvic tilt?**

- A. It appears atrophied and feels weaker
- B. It appears thicker and feels tighter
- C. It typically looks like the other leg which is why it is hard to see and must be palpated
- D. It appears thicker and feels weaker

- 59. What are excellent techniques for creating balance above, below and through the pelvis?**
- A. Tapotement and cross-hand releases
  - B. Ischemic compression and effleurage releases
  - C. Joint mobilization and muscle stripping
  - D. Cross-hand and longitudinal plane releases
- 60. Lack of tissue glide allows the therapist to know:**
- A. Where there is a lack of restriction
  - B. Where pain is located
  - C. Where a restriction is located
  - D. If there is a postural abnormality
- 61. Gentle bounce into the tissue is done at a rate of:**
- A. 2 reps/second
  - B. 2 reps/5-10 seconds
  - C. 1 rep/second
  - D. 1 rep/5-10 seconds
- 62. Which statement is incorrect when discussing traction?**
- A. When the arm is tractioned, the shoulder, neck and head should follow the line of pull
  - B. Encourage the client to relax
  - C. Traction towards you, the therapist
  - D. It should be applied quickly, but gently
- 63. What technique is considered to be the opposite of traction?**
- A. Compression
  - B. Gliding
  - C. Rolling
  - D. Rebounding
- 64. When skin rolling, areas that stay flushed or pink longer indicate:**
- A. Where circulation was impeded due to restriction
  - B. Too harsh of a skin roll
  - C. Gathering too much skin
  - D. Bruising
- 65. Which is not a correct consideration or procedure when performing MFR?**
- A. The client's skin must be dry with no oil or lotion
  - B. Techniques are performed skin-on-skin
  - C. Hands should slip and glide over the skin
  - D. All techniques must be applied at the barrier of tissue resistance

- 66. Depth barrier is mostly used when performing which technique?**
- A. Rebounding
  - B. Gliding
  - C. Skin rolling
  - D. Cross-hand release
- 67. Which technique is considered to be the most important technique?**
- A. Longitudinal plane release
  - B. Cross-hand release
  - C. Skin rolling
  - D. Side-by-side hand release
- 68. What is the average length of time needed to perform one cross-hand release?**
- A. 3 minutes
  - B. 5 minutes
  - C. 2 minutes
  - D. 4 minutes
- 69. What type of release is best for restrictions that may be causing rotations, torques, and shifting of balance to other structures?**
- A. Rebounding
  - B. Gliding
  - C. Longitudinal plane
  - D. Cross-hand
- 70. To open the arm or leg joint, what position should the therapist move the limb?**
- A. Internal rotation and abduction
  - B. External rotation and abduction
  - C. External rotation and adduction
  - D. Internal rotation and adduction
- 71. Putting the foot in what position will further release the leg during the leg pull?**
- A. Dorsiflexion
  - B. Plantarflexion
  - C. Eversion
  - D. Inversion
- 72. What technique is the opposite of the longitudinal plane release?**
- A. Skin rolling
  - B. Cross-hand
  - C. Compression
  - D. Gliding

- 73. Which technique often yields results when traction fails?**
- A. Longitudinal plane
  - B. Cross-hand
  - C. Gliding
  - D. Compression
- 74. The majority of the fascial planes of the human body are arranged in what direction?**
- A. Vertically
  - B. Horizontally
  - C. Transversely
  - D. Inversely
- 75. Which of the following is not one of the important transverse fascial planes in the human body?**
- A. Sacral base
  - B. Respiratory diaphragm
  - C. Cranial base
  - D. Pelvic diaphragm
- 76. Which technique below compresses tissue?**
- A. Longitudinal plane
  - B. Cross-hand
  - C. Transverse plane
  - D. Horizontal plane
- 77. Myofascial unwinding and myofascial rebounding are two of the three pints of the treatment triangle. What is the third?**
- A. Client response
  - B. Assessment
  - C. Techniques
  - D. Postural analysis
- 78. Which statement is false concerning myofascial unwinding?**
- A. It is spontaneous
  - B. It is a normal and natural process
  - C. While rebounding and unwinding flow together, they require specific techniques
  - D. It can be initiated by the therapist

**79. What area is typically the easiest area of the body to apply the cross-hand technique?**

- A. Hamstrings
- B. Quadriceps
- C. Anterior arm
- D. Anterior thigh

**80. When performing the cross-hand technique on the anterior thigh, one hand lays flat on the client's thigh while the other hand is:**

- A. Above the kneecap
- B. Below the kneecap
- C. On the kneecap
- D. Behind the kneecap

**81. When performing the cross-hand technique on the anterior thigh, how does the therapist take up the slack between her hands?**

- A. Move her hands away from each other without force to the tissue barrier
- B. Move her hands towards each other without force to the tissue barrier
- C. Rotate the hands in opposite directions without force to the tissue barrier
- D. Place one hand under the thigh and move them in opposite directions

**82. When performing the cross-hand release across the anterior knee joint, what is the proper placement of the hands?**

- A. One hand near the ankle with the fingers pointing towards the foot
- B. One hand above the knee with the fingers pointing towards the foot
- C. One hand below the knee with the fingers pointing towards the hip
- D. One hand above the knee with the fingers pointing towards the hip

**83. Besides the location, what is the difference in the hand position for the cross-hand release for the anterior lower leg and the cross-hand release for the anterior knee joint?**

- A. Instead of flat hands for the anterior knee, the hands are cupped around the lower leg and above the ankle
- B. The fingers are lifted off the client's leg for the cross-hand release for the anterior lower leg
- C. The hands are side-by-side for the anterior lower leg instead of fingers in the opposite direction like they are for the anterior thigh
- D. The wrists are not crossed for the anterior lower leg because the area is typically small



**84. Where should the therapist be located during the cross-hand release of the medial arch of the foot?**

- A. Seated at the bottom end of the table
- B. Standing to the side of the table
- C. Standing at the bottom end of the table
- D. Seated at the head of the table

**85. When performing the cross-hand release of the posterior thigh, one hand is on the posterior thigh close to the back of the knee. Where is the other hand located?**

- A. On the posterior gluteus maximus
- B. Below the client's ischial tuberosity
- C. On the ITB with fingers pointed towards the client's head
- D. Above the client's ischial tuberosity

**86. Which of the following procedures for the cross-hand release of the posterior knee joint is incorrect?**

- A. The hand below the client's knee should have the fingers pointing towards the client's head
- B. The therapists should stand at the side of the treatment table
- C. Apply the technique for at least five minutes for the best results
- D. Have the client lie prone with the treatment leg straight

**87. Where should the therapist stand for the cross-hand release of the posterior lower leg technique?**

- A. The opposite side of the table as the leg being treated
- B. The same side of the table as the leg being treated
- C. The foot of the table
- D. The head of the table

**88. What is the position the client should be in for the cross-hand release of the lateral upper leg?**

- A. Prone with the leg to be treated in a 4-position
- B. Supine with the leg to be treated internally rotated
- C. Side lying with the leg to be treated on the bottom
- D. Side lying with the leg to be treated on top

**89. Which method is especially beneficial for pelvic balancing?**

- A. Cross-hand release of the lateral upper leg
- B. Cross-hand release of the medial upper leg
- C. Cross-hand release of the lower leg
- D. Cross-hand release of the posterior upper leg

- 90. Which of the following is incorrect when performing the cross-hand release of the upper arm?**
- A. The client's arm is externally rotated at the shoulder
  - B. The client's palm is facing upward
  - C. Both hands of the therapist are positioned where the fingers are pointing towards the client's wrist
  - D. Both hands of the therapist are above the client's elbow
- 91. Which of the following is incorrect procedure for the cross-hand release of the elbow joint?**
- A. The client's palm is facing upward
  - B. One hand of the therapist is on the client's upper arm
  - C. The therapist stands to the side of the treatment table
  - D. The therapist places one hand over the elbow joint
- 92. When performing the cross-hand release of the lower arm and wrist, one of the therapist's hands is on the client's lower arm. Where should the therapist's other hand be located?**
- A. On the client's wrist
  - B. Below the client's wrist on the dorsal side of the client's hand
  - C. Below the client's wrist on the palm of the client's hand
  - D. Just above the client's wrist
- 93. Which of the following is incorrect procedure for the palm spread release technique?**
- A. Keep the client's hand on the table as you turn the palm toward the ceiling
  - B. The therapist should curl his fingers up towards the back of the client's hand to support the hand
  - C. The therapist should hold the client's wrist area between the thumb sides of both of his hands
  - D. The therapist gently pushes the back of the client's hand anteriorly to widen the wrist and hand
- 94. When performing the cross-hand release of the lateral chest and axilla, one hand of the therapist is on the client's upper arm. Where is the therapist's other hand located?**
- A. Lateral to the sternum on the side you are working
  - B. Lateral rib cage below the axilla
  - C. The central abdominal area
  - D. Below the sternum of the side you are working

**95. What is the correct positioning for the client when conducting the cross-hand release of the upper chest?**

- A. Prone without a pillow
- B. Arm internally rotated
- C. Head and neck away from the side being treated
- D. Palm of hand facing downward on the table

**96. What is correct positioning of one of the therapist's hands for the cross-hand release of the diaphragmatic area?**

- A. Hand on the client's lateral abdominal area on the same side being treated
- B. Hand on the client's sternum with fingers pointing towards the client's head
- C. Hand on the client's central abdomen with the fingers pointing towards the client's head
- D. Hand on the client's lateral abdominal area on the opposite side being treated

**97. Which bony landmark is used for hand placement for the cross-hand release of the anterior hip?**

- A. Greater trochanter
- B. Iliac crest
- C. Posterior superior iliac spine
- D. Anterior superior iliac spine

**98. Which technique is often used by the author for low back, sacral, and sciatic issues?**

- A. Cross-hand release of the anterior hip
- B. Cross-hand release of the medial thigh
- C. Cross-hand release of the lateral thigh
- D. Cross-hand release of the posterior thigh

**99. After the client has lifted their hips of the treatment table and straightened their legs to assess for anterior pelvic tilt, what bony landmark is then assessed next?**

- A. Medial malleoli
- B. Lateral malleoli
- C. ASIS
- D. Iliac crest

**100. What is the correct position of the client when using the cross-hand release to balance an anteriorly rotated pelvis?**

- A. Prone with legs straight
- B. Supine with legs bent at the knee
- C. Supine with legs straight
- D. Side-lying with both knees bent at the knee

**101. What is the proper position of the client when performing the cross-hand release of the lower abdomen and opposite medial thigh?**

- A. Supine with the treatment leg internally rotated, abducted, knee bent
- B. Supine with the treatment leg externally rotated, abducted, knee bent
- C. Supine with the treatment leg externally rotated, abducted, knee straight
- D. Supine with the treatment leg externally rotated, adducted, knee bent

**102. When performing the cross-hand release of the medial thigh and groin area, the client is in what position?**

- A. Supine with the treatment leg externally rotated and abducted
- B. Supine with both hips externally rotated and abducted
- C. Supine with hips externally rotated, and both knees straight
- D. Supine with hips externally rotated, and the treatment leg straight

**103. Where should the arc of the therapist's hand be when performing the cross-hand release of the lumbosacral junction?**

- A. Across the sacrum with fingers lightly resting on the client's buttocks cleft
- B. Across the sacrum clearing the client's buttock cleft
- C. The lower spine of the client with fingers pointing towards the client's buttock cleft
- D. To the side of the sacrum where the client has pain

**104. And option for the cross-hand release of the upper back is for the therapist to:**

- A. Sit at the head of the table
- B. Stand at the side of the table with both hands at the lower back
- C. Ask the client to round the upper back so as to press more into the client's hands
- D. Have one hand on the client's upper back and the other hand on the client's low back on the same side

**105. Proper hand placement for the therapist when performing the cross-hand release of the low back and opposite posterior thigh is:**

- A. One hand on the left side of the client's low back, the other hand on the opposite thigh
- B. One had on the client's low back, the other on the opposite posterior thigh
- C. Both hands on the low back to start the release, then move to the opposite posterior thigh
- D. One hand on the left side of the client's low back, the other hand on the same thigh

**106. When performing the cross-hand release of the lateral low back, when should you stop treatment?**

- A. If the client experiences nerve pain
- B. If the client has a disc issue
- C. If the client's arm begins to fall asleep while overhead
- D. If the client feels a release

**107. One hand of the therapist is on the client's lateral thigh while performing the cross-hand release of the lateral hip. Where should the therapist's other hand be located?**

- A. Heel of the hand just below the iliac crest
- B. Heel of the hand on the iliac crest
- C. Fingers lightly touching the iliac crest
- D. Heel of the hand above the iliac crest

**108. What is the proper positioning of the client when performing the cross-hand release of the lateral neck and shoulder side lying?**

- A. Pillow under the client's head so it is neutral
- B. Pillow under the client's head so it is tilted upwards slightly
- C. No pillow under the head with the head resting on the table
- D. A pillow under the client's head only if they begin to experience nerve pain

**109. Where should a small pillow or rolled up towel go when performing the cross-hand release of the lateral thoracic cage and lateral shoulder?**

- A. Between the client's thighs
- B. Under the client's hips
- C. Under the client's shoulder
- D. Under the client's waist

**110. When performing the cross-hand release of the lateral neck, what bony structure should the therapist's hand be contacting when placed on the client's chest?**

- A. The client's collarbone
- B. The client's acromion process
- C. The client's coracoid process
- D. The client's manubrium

**111. For comfort of your wrist and shoulder as the therapist, how can you place your hands on the client's face when performing the cross-hand release of the lateral face and jaw?**

- A. One on top of the other
- B. Both hands near the cheekbone
- C. Perpendicular to each other
- D. Both hands near the mandible

**112. Which of the following cross-hands release techniques requires the hands be crossed?**

- A. Eye socket
- B. Lateral face and jaw
- C. Lateral neck
- D. Anterior cervical spine

**113. Which way should your fingers be pointing as the therapist for the hand that is under the client's head when performing the cross-hand release of the anterior cervical spine?**

- A. Either towards the client's feet or towards one of the client's shoulders
- B. Towards the ceiling
- C. Curled towards the top of the client's head
- D. It does not matter since the hand is only for support

**114. Which statement is false concerning cross-hand release techniques and MFR?**

- A. Cross-hand techniques can only be applied on the larger surface areas of the body
- B. MFR does not focus on treating symptoms
- C. Body mechanics of the therapist are important while conducting these techniques
- D. There are no specific techniques for specific aches, pains, and injuries

**115. Which statement is false concerning longitudinal plane releases?**

- A. There is less emphasis on the therapists body weight while performing the pulls
- B. The counterbalance between the pull of the limb and the therapist must be quite precise
- C. Always remember less is more
- D. Pulls are performed standing

**116. Which of the following is incorrect procedure for the supine arm pull?**

- A. Gently grasp the client's wrist
- B. As the arm releases, it will move more into abduction and external rotation
- C. Have the client lie supine without a pillow
- D. While maintaining the traction phase, externally rotate the arm at the shoulder

**117. When using the supine arm pull, clients who have frozen shoulder will have limitations in what particular movement phase at the shoulder?**

- A. Adduction
- B. Extension
- C. Flexion
- D. Abduction

**118. When the client is unable to abduct the leg any further during the supine leg pull, what should the therapist do next?**

- A. Stop the movement and wait for a release
- B. Lower the leg, then adduct it into hip flexion
- C. Lift the leg, then adduct it into hip flexion
- D. Pull for traction until a release is felt

**119. When conducting the supine elbow pull, where should the therapist's hands be located on the client?**

- A. One hand wrapped around the crease of the elbow, the other hand supporting the upper arm
- B. Both hands wrapped around the arm just above the elbow with the thumbs on the posterior elbow
- C. One hand wrapped around the arm just above the elbow, the other hand supporting the upper arm
- D. Both hands wrapped around the crease of the client's elbows with thumbs on the posterior elbow

**120. How should the therapist stand when conducting the prone arm pull?**

- A. Opposite side of the table from the treatment arm facing the client's head
- B. Head of the table between the client's shoulder and head of the arm being treated
- C. Head of the table facing the client's head
- D. Side of the table facing the client's head

**121. What position may be problematic while conducting the prone arm pull for those with specific shoulder problems?**

- A. Shoulder extension
- B. Shoulder abduction
- C. Shoulder flexion
- D. External shoulder rotation

**122. Which procedure is incorrect when conducting the prone leg pull?**

- A. Abduct the client's leg away from the body
- B. The client's foot should be plantarflexed
- C. As the leg releases, it will move further into abduction and external rotation
- D. The therapist should stand at the side towards the lower end of the table facing the client's head

**123. What is the difference between the prone vs supine bilateral arm pulls?**

- A. Where the therapist holds the clients arms
- B. Where the therapist stands
- C. The line of pull
- D. The ability to feel fascial drag between the left and right arm is more effective when the client is prone

**124. What do clients most often report when receiving the bilateral arm pull treatment?**

- A. The traps and rhomboids release
- B. The entire back and pelvis release
- C. The pectoralis major and minor release
- D. Greater ROM in the shoulders

**125. What area of the body does the bilateral leg pull tend to release the most?**

- A. Knee
- B. Lumbar spine
- C. Hips
- D. Pelvis and sacrum

**126. Which statement is false concerning the oppositional arm and leg pulls?**

- A. It must be performed with two therapists
- B. It helps to correct for compensation issues
- C. Both contracted and oppositional tissue must be released to promote balance
- D. Effective client position is important

**127. Which statement is false concerning the oppositional side-lying arm and leg pulls?**

- A. It must be performed with two therapists
- B. It helps to correct for compensation issues
- C. Both contracted and oppositional tissue must be released to promote balance
- D. Effective client position is important

**128. When performing the oppositional side-lying arm and leg pulls, what position should the client switch to if nerve pain is felt?**

- A. Prone
- B. Supine
- C. The other side
- D. None since the treatment should stop

**129. Which statement is false concerning the arm and leg pull techniques?**

- A. The therapist releasing the leg must be stronger
- B. Perform circumduction of the limb if needed
- C. The pulls can take anywhere from 5-10 minutes to perform
- D. Do not use a pillow to position the client



**130. Can the client's leg rest on the table while the therapist is conducting the leg pull?**

- A. Only if the client does not feel any nerve pain
- B. No
- C. Yes
- D. Only if the client does feel nerve pain

**131. Which technique is very beneficial by itself when tissue is so tight that it cannot soften and yield with other techniques?**

- A. Longitudinal releases
- B. Pulls
- C. Rolling
- D. Compression

**132. What is the one main similarity between compression and cross-hands techniques?**

- A. The hand position
- B. They can be performed anywhere on the body
- C. As the tissue releases, the hands drift closer together
- D. You do not need to ask the client for feedback

**133. Which of the following is not the correct procedure when performing the anterior thigh compression technique?**

- A. Take your time and don't force the tissue
- B. Maintain the inward pressure while taking up the slack between your hands
- C. Lean into the tissue to find the depth barrier
- D. Place one hand on the anterior thigh and the other on the knee joint

**134. Where should the therapist's lower hand be positioned on the client when performing the lateral low back compression technique?**

- A. Just below the client's hip on the lateral thigh
- B. Over the client's hip
- C. Over the client's iliac crest
- D. Over the client's PSIS

**135. When performing compression on the posterior thigh, the therapist's upper hand should be positioned where on the client?**

- A. Just above the ischial tuberosity
- B. Just below the PSIS
- C. Just below the ischial tuberosity
- D. Just above the PSIS

- 136. What is the last step when performing compression techniques?**
- A. To reposition the client
  - B. To check in with the client
  - C. To release to the third dimension
  - D. To perform a cross-hand release
- 137. When performing arm compression, which step is incorrect?**
- A. Take up the slack to the next barrier as the tissue releases
  - B. Hold the client's lower arm with both hands
  - C. Gently compress the elbow into the shoulder until you feel the tissue end-feel
  - D. Avoid compressing the wrist into the elbow
- 138. When performing the leg compression technique, what position should the client's foot be placed?**
- A. Eversion
  - B. Inversion
  - C. Plantarflexion
  - D. Dorsiflexion
- 139. Which statement is false concerning transverse plane releases?**
- A. The tissue and fascia are denser than the longitudinally orientated fascia
  - B. There are five transverse planes
  - C. Restrictions in the transverse planes result from inflammation, postural dysfunctions, and trauma
  - D. They can be performed with the client only in prone or supine positions
- 140. What is unique about the transverse plane release of the pelvic floor?**
- A. The length of time to conduct this is less than all of the others
  - B. Get permission from the client to perform this technique first after explaining the hand placement
  - C. Only one hand is used by the therapist
  - D. The therapist is seated for only this technique
- 141. Where do the therapist's hands go on the client when conducting the transverse plane release of the respiratory diaphragm?**
- A. On the thoracic vertebrae
  - B. Below the xiphoid process
  - C. Where T12 meets L1
  - D. On the manubrium

**142. The therapist's hand on the anterior surface of the client goes where when conducting the transverse plane release of the thoracic inlet?**

- A. Upper chest above the sternal notch
- B. Upper chest below the sternal notch
- C. Upper chest below the clavicular notch
- D. Upper chest above the clavicular notch

**143. When properly placing your anterior hand on the client during the seated transverse plane release of the thoracic inlet, specifically avoid:**

- A. Fingers pressing on the client
- B. Client's upper ribs
- C. Client's throat
- D. Fingers facing away from you

**144. The transverse plane release of joints should never be used on which joint?**

- A. Cervical joints
- B. It can be used on all joints
- C. Elbow
- D. Wrist

**145. Which statement is false concerning myofascial unwinding?**

- A. It is a technique done to the client like the others mentioned in the book
- B. It is a response to MFR
- C. It is not a technique
- D. It is spontaneous

**146. What part of the brain is responsible for fight-or-flight?**

- A. Medulla Oblongata
- B. Hypothalamus
- C. Cerebellum
- D. Brain stem

**147. What system activates the release of about 30 hormones into the body that deal with perceived threats?**

- A. Sympathetic system
- B. Parasympathetic system
- C. Adrenocortical system
- D. Circulatory system

**148. The fascial system can create up to \_\_\_\_\_ lbs. of pressure per square inch.**

- A. 2000
- B. 1500
- C. 1000

D. 500

**149. When it comes to trauma and pain, the strongest protective mechanism we have is:**

- A. Fascial
- B. Avoidance
- C. Nervous
- D. Parasympathetic

**150. When you feel your client's body wanting to move via myofascial unwinding, what should you as the therapist do to help the process?**

- A. Position the limb to stay in place on the table
- B. Lift the limb and allow space for it to move
- C. Nothing
- D. Stop or control the movement for safety

**151. Which is not considered a typical response clients feel during myofascial unwinding?**

- A. Crying
- B. Tingling
- C. Thawing of the tissue
- D. Heaviness in the limb or body

**152. Which statement below is false concerning myofascial rebounding?**

- A. It should not be used as an assessment approach
- B. It can occur spontaneously
- C. It can be performed on individual limbs
- D. It can be performed on the full body

**153. What does the authors state that makes the response to rebounding unique?**

- A. Clients do not always like it
- B. It can be performed anywhere on the body unlike the other treatments in the book
- C. The therapists adds pressure to the body by gently rocking it
- D. It is not stressful to the therapist's body, therefore the typical go-to treatment for many

**154. What is pandiculation?**

- A. A therapy that is appropriate for all clients
- B. When one trigger point restricts the entire body
- C. When the whole body is released at once via one technique
- D. Where the body stretches and compresses at the same time

**155. When you have performed a treatment and you feel nothing has happened to the fascia, what should you do?**

- A. Rebound the tissue
- B. Move to another area
- C. Pull harder on the limb
- D. Refer the client to a physician

**156. Which of the following is not a typical sensation client's feel from myofascial rebounding?**

- A. Feeling of lightness
- B. Feeling less vulnerable physically and emotionally
- C. A sense of softness and less tension
- D. A greater range and freedom of movement

**157. What should you, the therapist, do if your client has vibrations or shaking of a limb during tissue releasing when rebounding?**

- A. Stop the rebounding until it subsides, then reassess the client
- B. Increase the velocity and amplitude to help the client release more
- C. Rebound to the same velocity and amplitude of the vibration/shaking/tremor
- D. Continue the same as you have been because it is obviously working

**158. Which techniques noted in the book work on scar tissue and adhesions?**

- A. All of them
- B. All except rebounding
- C. Only longitudinal releases
- D. Only cross-hand releases

**159. Which statement is false concerning incision sites?**

- A. You can use MFR prior to surgery
- B. Treatment above or below and incision should wait until 6-8 weeks post-surgery
- C. Scar tissue can not only cause dysfunction, but also pain
- D. Direct work on a scar or incision should wait until 6-8 weeks post-surgery

**160. Which techniques are beneficial for areas of dense restriction when working on scars?**

- A. Cross-hand release and transverse plane
- B. Compression and longitudinal plane
- C. Compression and transverse plane
- D. Cross-hand release and compression

**161. When performing a tissue motion test, how should the technique always start?**

- A. In the direction that offers the greater range
- B. In the direction that offers the lesser range
- C. Medial to lateral
- D. Superior to inferior

**162. When conducting the leg roll position of ease technique, roll the leg:**

- A. Medially and laterally
- B. Abducting and adducting
- C. With the hands rolling in opposite directions
- D. In all possible directions

**163. Which procedure is incorrect when performing the ribcage position of ease technique?**

- A. Do not shift the ribcage, instead rotate it
- B. Keep your hands on the clients sternal area and allow the ribcage to return to neutral after moving it
- C. Wait 5-minutes or more per side for the tissue to release
- D. Stay on the same side of the table throughout the treatment

**164. What is the proper position of the therapist's hands when performing the sternum position of ease release?**

- A. One hand behind the other with the fingers of the bottom hand touching the base of the top hand
- B. Hands side-by-side with both hands on the sternum
- C. One hand on top of the other onto the client's middle sternum
- D. One hand on top of the other with the fingers of the top hand at the client's sternal notch

**165. Which statement is incorrect concerning the procedures for the seated thoracolumbar junction position of ease technique?**

- A. Allow the client to help you rotate the thoracic cage
- B. Begin the technique in the direction you feel offers the greater movement
- C. Roll the client's ribcage away from you
- D. The therapist's hands are place with one at T-12 and the other hand at the angle of the ribs at the end of the sternum

**166. How should the client's leg be positioned when receiving the cross-hand release of the anterior thigh and leg pull?**

- A. Treatment leg is on the table slightly abducted
- B. Treatment hip should be at the edge of the table with the leg hanging over the edge
- C. Both legs are on the table with knees slightly bent. A pillow can be placed under the knees for comfort
- D. The non-treatment leg is hanging off the table

**167. When performing the cross-hand release of the anterior upper chest and arm pull technique, where should the therapist stand?**

- A. Initially at the top of the treatment table, then to the side
- B. At the top of the treatment table throughout
- C. At the side of the treatment table throughout
- D. Initially at the side of the treatment table, then at the top

**168. Where are the therapist's hands during the cross-hand release of the ankle and leg pull technique?**

- A. Both hands on the client's anterior lower leg
- B. Both hands gently around the client's ankle
- C. One hand on the client's anterior lower leg with the other behind the ankle
- D. One hand on the client's anterior lower leg with the other on the dorsal side of the foot

**169. While one hand of the therapist is on the clients lower arm for the cross-hand release of the wrist and arm pull technique, the other hand is:**

- A. Holding the palm in an open position
- B. gently tractioning the wrist and hand
- C. Resting on the client's palm
- D. Holding the wrist stable

**170. What is the primary function of the piriformis?**

- A. External hip rotation with the hip flexed, medial rotation of the hip with the leg is straight
- B. External hip rotation with the knee straight and hip flexed
- C. Medial hip rotation with the knee straight and the hip flexed
- D. External hip rotation with leg straight, medial rotation of the hip when the hip is flexed

**171. Where does the therapist apply pressure with the elbow of fist during the compression of the piriformis muscle and prone leg pull technique?**

- A. Just below the PSIS
- B. Center of gluteus maximus
- C. The greater trochanter
- D. Just above the ischial tuberosity near the sacrum

**172. All are characteristics of a scar the therapist look for prior to conducting scar tissue release EXCEPT?**

- A. Puckering
- B. Sucking in of the scar
- C. Smooth and flat
- D. Lumpiness

**173. Where should treatment begin when using scar tissue release option 2?**

- A. The most restricted area
- B. The least tender area
- C. The least restricted area
- D. The most tender area

**174. Which of the following is not considered to be an advantage of individual treatment approaches for MFR?**

- A. It is good for clients who have family commitments
- B. The client may only experience short-term relief
- C. Clients have time to work with their responses to each session
- D. It is good for therapists with busy schedules

**175. Which of the following is a disadvantage of a multi-therapist treatment approach?**

- A. Some clients do not like more than 1-pair of hands on them
- B. It allows for effective time management
- C. It is very cost effective
- D. Two therapists may have different treatment plans

**176. Ideally, how long should MFR sessions last?**

- A. 20 minutes if the pain is acute, 30 minutes if pain is chronic
- B. 30 minutes if it is the first session, 45 minutes after that
- C. At least 45 minutes
- D. At least 60 minutes

**177. Intensive treatment approaches should be:**

- A. Performed only if the client is in acute pain in order to help break up adhesions
- B. 2-3 hrs per day/4-5 days per week/2-3 weeks
- C. Performed only in hospital settings or in physical therapy
- D. one 1 hr session for 5-6 days per week for 2 weeks



**178. Which is an advantage of a multi-therapist treatment approach?**

- A. More work can be done in a shorter time frame
- B. Some clients do not like more than 1-pair of hands on them
- C. It may be cost prohibitive
- D. Coping with more than one therapist may be too much for the client

**END**