

Soft Tissue Release

CORRESPONDENCE EDUCATION PROGRAM # 2013-69

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Soft Tissue Release Course Objectives

After completing the Soft Tissue Release course, the participant will:

1. Understand who is a candidate for soft tissue release
2. Analyze when soft tissue release should be done
3. Understand equipment needed for soft tissue release
4. Understand the three types of soft tissue release
5. Understand moves, holds and stances for soft tissue release
6. Comprehend the difference between active and passive soft tissue release
7. Understand safety guidelines for active and passive soft tissue release
8. Understand whether soft tissue release is indicated or not
9. Compare and contrast soft tissue release techniques for the trunk
10. Compare and contrast soft tissue release techniques for the lower limbs
11. Compare and contrast soft tissue release techniques for the upper
12. Understand how to obtain a client's medical history
13. Understand how to create a soft tissue release program



Soft Tissue Releases Course Examination

For each of the following questions, circle the letter of the answer that best answers the question.

1. When is soft tissue release (STR) not appropriate?
 - A. To increase pliability in tight tissues
 - B. To treat old scar tissue
 - C. As a deep tissue treatment before a sporting or exercise event
 - D. For medial and lateral epicondylitis

2. In what direction does the therapist proceed when performing the locks on a muscle?
 - A. Medial to lateral
 - B. Distal to proximal
 - C. Deep to superficial
 - D. Proximal to distal

3. Although STR is safe in most situations, when should STR be used with the most caution?
 - A. Pre-event stretching
 - B. When the muscle is not warmed up
 - C. During a massage treatment
 - D. When used as a treatment by itself

4. When should STR be used only as an assessment tool due to the risk of microtrauma?
 - A. Post-event setting
 - B. Maintenance massage
 - C. When the muscles are cold
 - D. Pre-event setting

5. All of the following are benefits of STR EXCEPT:
 - A. It assess the degree of tension within and between soft tissues
 - B. it helps in stretching the tissues while the joints goes through full ROM
 - C. It improves flexibility and posture
 - D. It stretches soft tissue

6. All of the following are parts of the body the therapist can use for providing locks on the client EXCEPT:
 - A. Hands
 - B. Elbows
 - C. Forearms
 - D. Knee

7. Which part of the body of the therapist is best to use on large bulky muscles especially when the muscle needs to be stretched actively or if there is scar tissue?
 - A. Single fist
 - B. Forearm
 - C. Elbow
 - D. Soft fist
8. Why is the palm a good part of the body to use for a mild STR before or after sporting events?
 - A. Because the pressure is deep
 - B. Because the pressure is not deep
 - C. Because it uses greater force
 - D. It provides a better assessment of the tissues
9. Gripping techniques work best on which muscle?
 - A. Triceps
 - B. Rhomboids
 - C. Erector Spinae
 - D. Quadriceps
10. “*Worrying*” the tissues means:
 - A. Grinding the muscles
 - B. Vibrating the muscles
 - C. Rubbing the muscles
 - D. Pinching the muscles
11. Knobber tools are best used for all of the following EXCEPT:
 - A. Localized pressure
 - B. Soles of the feet
 - C. Deep pressure needs
 - D. Boney landmarks
12. When performed appropriately, it should take how long for the increased localized tension to dissipate before the therapist should remove the lock
 - A. 15 seconds
 - B. 30 seconds
 - C. 45 seconds
 - D. 60 seconds
13. When working with an athlete, the pre-event STR should be:
 - A. Light pressure
 - B. General to prevent cramping
 - C. Upbeat and invigorating
 - D. Avoided all together
14. Which method of STR involves the client moving his own limbs while the therapist applies the lock?
 - A. Active-assisted
 - B. Passive-assisted
 - C. Passive
 - D. Active

15. When using the sit-and-reach to measure effectiveness, how long should the therapist apply STR to the hamstrings before retesting?
 - A. 60 seconds
 - B. 5-7 minutes
 - C. 1-3 minutes
 - D. 10-12 minutes

16. When working large muscles, how many times should each line of locks be worked in order for the client to feel stretched?
 - A. 3 times
 - B. 5 times
 - C. 2 times
 - D. 7 times

17. All of the following are methods to use if a lock is uncomfortable for the client EXCEPT:
 - A. Make sure you are not pulling skin
 - B. Adjust the height of the massage table
 - C. Use a small towel to dissipate the lock
 - D. Make sure you are not on a nerve

18. All of the following are muscles that are normally shortened EXCEPT:
 - A. Pectorals
 - B. Wrist flexors
 - C. Tibialis anterior
 - D. Levator scapula

19. Which muscle group is more prone to cramping when using STR?
 - A. Trapezius
 - B. Quadriceps
 - C. Hamstrings
 - D. Gluteals

20. After the muscle has been stretched using passive STR, the therapist brings the muscle to what position before choosing another point to work?
 - A. Fully extended position
 - B. Fully flexed position
 - C. The new stretched position
 - D. Neutral

21. For a less localized stretch using passive STR, how far apart should the locks be placed?
 - A. 1 cm apart
 - B. 3-4 cm apart
 - C. 1 thumb-width
 - D. 3-4 inches

22. When incorporating a towel with massage oil while performing STR, the lock will be:
 - A. Longer
 - B. Shorter
 - C. Stronger
 - D. Lighter

23. When performing passive STR on the calf, the direction of the pressure should be:
- A. Towards the foot
 - B. Towards the knee
 - C. Perpendicularly
 - D. Laterally
24. When working the hamstrings with passive STR, the direction of the pressure when locking the fibers should be:
- A. Towards the ischium
 - B. Towards the ilium
 - C. Away from the ischium
 - D. Away from the ilium
25. Which of the following is a correct step when working the rhomboids in a sitting position for passive STR?
- A. The rhomboids should be lengthened while performing the locks
 - B. The starting position is with the client sitting, with the scapula protracted
 - C. As the lock is maintained, the client's arm is taken into flexion
 - D. While maintaining the lock, the client's scapula is retracted
26. While performing passive STR on the wrist and finger extensors, it is appropriate to:
- A. While the lock is maintained, the client's wrist is extended
 - B. Locks are placed on the medial aspect of the forearm
 - C. The first step is to flex your client's wrist
 - D. While the lock is maintained, the client's wrist is flexed
27. While working on the pectorals, which of the following is an incorrect step?
- A. Pressure is directed towards the sternum
 - B. A soft fist is used
 - C. The client is in the supine position
 - D. While maintaining the lock, the client's arm is in the flexed position
28. Passive STR is beneficial for all of the following situations EXCEPT:
- A. To increase ROM in the biceps especially elbow flexion
 - B. To help the pectorals in trumpet players and golfers
 - C. For hamstrings that may be tight
 - D. To stretch the gastrocnemius for women who wear high heels
29. Which of the following is not considered a benefit of using active-assisted STR?
- A. It is a good method to use for clients who have a hard time relaxing during treatments
 - B. It is helpful to use with large muscles
 - C. It allows the therapist to apply less pressure when locking tissues
 - D. The therapist can use both hands to provide a firmer lock
30. Which of the following is incorrect when viewing the differences between active-assisted STR and passive STR?
- A. In passive STR, the therapist is stretching a relaxed muscle
 - B. In active-assisted STR, the muscle being stretched is contracting concentrically
 - C. In active-assisted STR, the muscle being treated is shortened
 - D. In active assisted STR, the muscle being treated is not usually in the neutral position
31. Which statement is incorrect when using active-assisted STR on the calf?
- A. Avoid the popliteal area for treatment
 - B. The lock is begun just inferior to the knee
 - C. While the therapist holds the lock, the client plantarflexes his foot
 - D. Work proximal to distal

32. When working on the hamstrings during active-assisted STR, in what direction is the pressure?
- A. Medially
 - B. Laterally
 - C. Towards the feet
 - D. Towards the buttocks
33. All of the following muscles are best treated side-lying EXCEPT:
- A. Gluteals
 - B. Quadriceps
 - C. Tibialis anterior
 - D. Iliacus
34. When working the scalene with active-assisted STR, which direction does the client move her head?
- A. Same direction from the side being worked
 - B. Flexion position
 - C. Opposite direction from the side being worked
 - D. Extended position
35. When working the spinalis, where should the therapist begin treatment on the client?
- A. T12
 - B. Cervical area
 - C. T1
 - D. Mid-thorax
36. All of the following are appropriate safety guidelines EXCEPT:
- A. Avoid varicose veins
 - B. Always work the most distal point in clients with anterior knee pain
 - C. Always make sure the client's leg is fully supported when in the side lying position
 - D. Avoid active-assisted STR to the gastroc-soleus area in clients with an injury to the tibialis anterior
37. Who would benefit from active-assisted STR on the peroneals the most?
- A. Horse riders
 - B. Ice skaters
 - C. Motor cyclist
 - D. Distance runners
38. Which statement is incorrect concerning active STR?
- A. The muscle involved is actively shortened
 - B. It is a technique that the client can do on their own
 - C. The lock is on a relaxed muscle
 - D. The muscle is concentrically contracted
39. When using active STR on the hamstrings, the knee is first placed in what position?
- A. Flexed
 - B. Extended
 - C. Slight internal rotation
 - D. Slight external rotation
40. For which of the following is active STR not recommended?
- A. Tennis elbow
 - B. Plantar fasciitis
 - C. An old injury
 - D. Before a sporting event

41. All of the following muscles respond best with active-assisted STR EXCEPT:
- A. Scalenes
 - B. Pectorals
 - C. Rhomboids
 - D. Spinalis
42. Which is not a reason that the rhomboids challenging to work using active-assisted STR?
- A. They are small
 - B. They take too long to fatigue
 - C. They are difficult to grab for locks
 - D. They fatigue quickly in the prone position
43. Which of the following is an incorrect step when using prone passive STR on the rhomboids?
- A. While maintaining the lock, the client's arm is lowered into flexion
 - B. Shorten the rhomboids passively
 - C. Position the client's feet towards the opposite corner of the massage table from the arm you are working on.
 - D. Direct pressure towards the scapula
44. Which of the following is an advantage to using prone passive STR on the rhomboids?
- A. Therapists can work very deeply on the client
 - B. Incorrect positioning can aggravate the brachial plexus
 - C. The therapist has better leverage in this position
 - D. Most clients need the rhomboids stretched
45. Which of the following is an advantage to working the rhomboids passively in the seated position?
- A. It is an excellent way to work with clients who have long limbs
 - B. The therapist is less likely to apply too much pressure
 - C. It prevents the clients from tensing the arm too much
 - D. The posterior trunk muscles are more relaxed
46. While working the pectorals in the supine position, you find that your fist are too large to work along the ribs. What would be a good alternative method?
- A. Avoid the area
 - B. Use one hand over the other while locking with your finger tips
 - C. Place the client in the prone position
 - D. Move the client's arm into a more horizontal extended position
47. Clients with larger more well-developed pectorals will:
- A. Will need for the client to use her finger pads
 - B. Not need this work done passively
 - C. Feel the passive STR more
 - D. Need a stronger lock
48. In which method will the client be best able to tell the therapist the exact location or position where he feels the stretch when working pectorals?
- A. Prone active-assisted STR
 - B. Passive STR
 - C. Supine active-assisted STR
 - D. Seated passive STR

49. While maintaining the lock while working levator scapula, the client should move his head into what position?
- A. 60 degrees of rotation to the same side being worked, then flex neck
 - B. 45 degrees of rotation to the same side being worked, then flex neck
 - C. 60 degrees of rotation to the opposite side being worked, then flex neck
 - D. 45 degrees of rotation to the opposite side being worked, then flex neck
50. Make sure that for each new lock position for levator scapula that the client's neck is in what position first?
- A. Neutral
 - B. 45 degrees rotation towards the side being worked
 - C. 45 degrees rotation opposite from the side being worked
 - D. Flexed
51. Which two bony structures should be avoided while working on the trapezius with active-assisted STR?
- A. Sternum and the clavicle
 - B. Acromium process and the clavicle
 - C. Scapula and the acromium process
 - D. Sternum and the acromium process
52. A concern while working the scalenes is to avoid
- A. Styloid process
 - B. Sternum
 - C. Acromium process
 - D. Major blood vessels
53. Muscles that benefit more from using active STR include all of the following EXCEPT:
- A. Hamstrings
 - B. Gastrocnemius
 - C. Gluteals
 - D. Quadriceps
54. When working the hamstrings, what personal concern might your client have?
- A. That the client's knee is flexed properly
 - B. The pressure should be directed towards the table
 - C. The invasiveness of working close to the gluteals
 - D. The knee is gently extended while maintaining the lock
55. All of the following may be inappropriate for the therapist to use for locking while working on the hamstrings EXCEPT:
- A. Thumbs
 - B. Forearm
 - C. Elbows with passive flexion of knee
 - D. Fist with slight flexion at wrist
56. Constant active flexion of the knee when using active-assisted STR may cause:
- A. Increase ROM at the client's knee
 - B. A better lock for the client
 - C. More force on the therapist
 - D. Cramping for the client

57. Which technique is appropriate for a client to do perform on his hamstrings at a desk or at work?
- A. Passive-assisted STR
 - B. Active-assisted STR
 - C. Passive STR
 - D. Active STR
58. Which method may be more painful on the hamstrings?
- A. Standing active STR
 - B. Seated active STR
 - C. Prone active-assisted STR
 - D. Prone passive STR
59. Which muscle is it best not to shorten slightly before performing STR?
- A. Gastrocnemius only
 - B. Soleus only
 - C. Hamstrings passively
 - D. Gastrocnemius and soleus
60. When working the calves passively, it is best to use thumbs:
- A. Until you have the technique, and even then, with moderate pressure
 - B. All the time, even after gaining experience with the technique
 - C. Never use the thumbs since it is dangerous to the therapist
 - D. After having gained experience. Prior to that, use the elbows
61. A palpable band of tissue can sometimes be felt where on the Gastrocnemius?
- A. Medial side of the calf
 - B. Posterior near the Achilles tendon
 - C. Lateral side of the calf
 - D. Just inferior to the knee
62. Clients with large bulky calf muscles:
- A. Typically do not benefit from STR
 - B. Need for the therapist to use deep thumb pressure
 - C. Need lighter pressure
 - D. Will not always feel the stretch
63. When performing active-assisted STR to the calf, the client's foot should be in what position while the therapist maintains the lock.
- A. Plantarflexion
 - B. Dorsiflexion
 - C. Neutral
 - D. Pronated
64. For active STR on the calf, the client's foot naturally falls into what position
- A. Neutral
 - B. Dorsiflexion
 - C. Plantarflexion
 - D. Pronated
65. What position should the client's foot be in for STR on this area?
- A. Foot on table in natural plantarflexion
 - B. Foot off table with ankle in neutral
 - C. Foot off table pushed into dorsiflexion
 - D. Leg on table with knee bent to 90 degrees

66. When performing active STR on the foot, it is best to keep the toes:
- A. Relaxed
 - B. Flexed
 - C. Extended
 - D. Abducted
67. In order for the therapist to avoid injury, what position should he stand when performing active-assisted STR on a client's quadriceps?
- A. Wide stance
 - B. Both knees bent
 - C. Forward spinal flexion
 - D. Seated
68. Which method of STR allows the client to target specific tissues and areas in the quadriceps more?
- A. Passive-assisted STR
 - B. Active-assisted STR
 - C. Passive STR with a ball
 - D. Active STR with a ball
69. What position is the client in for active-assisted STR on the tibialis anterior?
- A. Seated
 - B. Supine
 - C. Prone
 - D. Side-lying
70. What is the main difference in working the tibialis anterior than on other muscles?
- A. Oil cannot be used on the tibialis anterior for STR treatment
 - B. Other muscles cannot utilize passive STR, but the tibialis anterior can very easily
 - C. Locks are not used at all on the tibialis anterior
 - D. The full length of the muscle is not worked on the tibialis anterior
71. When working the peroneals using active-assisted STR, in what position is the client's foot before the lock?
- A. Pronated
 - B. Inverted
 - C. Everted
 - D. Supinated
72. What clients in particular may have tight peroneals?
- A. High arches
 - B. Flat footed
 - C. Pronated
 - D. Supinated
73. What is the biggest challenge when working the Gluteals using active-assisted STR?
- A. Getting the client's hip in neutral position
 - B. Getting the client in the correct position
 - C. Finding the correct spot to focus the lock
 - D. Having the client flex the hip
74. The first step in using active-assisted STR on the iliacus is:
- A. Flex the client's hip
 - B. Ask the client for permission
 - C. Position the client in the side-lying position
 - D. Have the client extend his hip

75. All of the following are disadvantages to the iliacus active-assisted STR EXCEPT:
- A. The therapist needs a fairly strong grip
 - B. The abdominal contents shift during the side-lying position
 - C. The client may find it invasive
 - D. The client may be ticklish
76. Which of the following muscles is active-assisted STR not recommended?
- A. Biceps
 - B. Wrist extensors
 - C. Finger extensors
 - D. Wrist flexors
77. All of the following are advantages to using passive STR on the triceps EXCEPT:
- A. The stretch is easy to apply
 - B. Particular tissues can be stretched
 - C. It is easy to incorporate into a regular massage
 - D. Triceps need a firm lock
78. When performing active STR on the triceps, pressure should be directed:
- A. Towards the shoulder
 - B. Towards the wrist
 - C. Medially
 - D. Laterally
79. Which statement is true regarding passive STR on the biceps?
- A. It is easy to work larger biceps because of their cylindrical shape
 - B. The biceps do not need a firm lock
 - C. The pressure is directed towards the elbow
 - D. It is not recommended to use this during a typical massage
80. When using active-assisted STR on the wrist and finger extensors:
- A. The therapist extends the client's wrist while maintaining the lock
 - B. The client extends the wrist while the therapist maintains the lock
 - C. The therapist flexes the client's wrist while maintaining the lock
 - D. The client flexes his wrist while the therapist maintains the lock
81. A caution to be aware of when using passive STR on the wrist and finger flexors is:
- A. Palpate for the wrist and finger extensors and then avoid that area
 - B. Pressure into the forearm may be uncomfortable for the client
 - C. Be careful of the olecranon fossa
 - D. Avoid the radial Styloid process
82. When working the wrist and finger extensors in the distal direction:
- A. Pressure may need to be increased
 - B. Pressure may need to be lessened
 - C. The therapist is more likely to hit nerves
 - D. Avoid the medial nerve
83. What does VAS stand for?
- A. Value analogue scale
 - B. Visual adaptation scale
 - C. Visual analogue scale
 - D. Vestibular analogue scale

84. Which of the following questions would not be best to ask your client?
- A. Why are you seeking treatment today?
 - B. Where is the discomfort you described?
 - C. How may I help you?
 - D. Where is the pain?
85. Which of the following is false concerning injuries?
- A. The client can generally tell you exactly when the pain or problem started
 - B. There is usually a known cause for the injury
 - C. The client may not be able to identify the aggravating factor of an injury
 - D. The more acute the pain, the less likely you will use STR treatments
86. If a client's condition worsens with STR, what should the therapist NOT do?
- A. Recommend the client rest the affected limb
 - B. Refer to a physician
 - C. Continue with STR
 - D. Discontinue STR
87. If the client's issue is muscle tension related, they will:
- A. Notice stretching it helps it feel better
 - B. NOT find anything that makes it feel better
 - C. Find changing postural positions helps improve the pain
 - D. Be good candidates for STR
88. What is considered one of the best questions you can ask your client?
- A. Does anything make it feel better?
 - B. When did it start?
 - C. How was it caused?
 - D. How does it feel?
89. All of the following are reasons you would want to ask your client how the condition affects their work or leisure activities EXCEPT:
- A. It lets the therapist know how quickly the client wants to get well
 - B. It lets the therapist know if they will have a regular client
 - C. It lets the therapist know how stressed the client might be
 - D. It lets the therapist know if the injury is limiting performance
90. What question is best to ask the client last in the initial interview?
- A. What is your medical history?
 - B. Is there anything you think I need to know?
 - C. Do you have insurance?
 - D. Have you had previous injuries like this?
91. All of the following are contraindications EXCEPT:
- A. Long term steroidal use
 - B. Joint hypermobility
 - C. Excessively low blood pressure
 - D. Osteoarthritis
92. When is it helpful to complete the body map if there are several areas to be worked?
- A. During the STR session
 - B. After the session is over
 - C. During the initial questioning phase
 - D. During the medical history phase

93. When using the body map, it is not advisable to:
- A. Show the map to your client after treatment
 - B. Mark objective findings
 - C. Mark subjective issues the client mentions
 - D. Indicate areas of old injuries
94. When using the VAS, it is not advisable to:
- A. Ask the client to mark the scale
 - B. Ask the client to re-evaluate the scale after treatment
 - C. Put numbers on the scale
 - D. Document subjective findings
95. Which statement is true when performing postural assessments
- A. When the pectorals are hypertonic, the middle trapezius is generally hypotonic
 - B. When the abdominals are weak, the psoas is hypotonic
 - C. When pectoralis major is hypotonic, the thoracic spine muscles are hypertonic
 - D. When abdominals are weak, the erector spinae in the lumbar area are weak
96. Which special test checks the flexibility of the iliotibial band?
- A. Straight leg raise
 - B. Thompson test
 - C. Thomas test
 - D. Ober test
97. What does the "T" in the SOTAP stand for?
- A. Therapist
 - B. Tests
 - C. Treatment
 - D. Tension
98. Why was STR on the quadriceps muscle group not advised for Client A?
- A. His pain level on the VAS was a 10 out of 10
 - B. The physician did not advise it
 - C. The client asked not to do it
 - D. Recent surgery
99. Why was client B observed in a seated position?
- A. Because he had Achilles tendonitis
 - B. Because he had to flex his knees while standing
 - C. Because his hamstrings were aggravated when standing
 - D. Because he sits at work
100. Why was it not advisable for Client B to perform active STR before running?
- A. Because hamstring length was not the main aim of his treatment
 - B. Because his left hamstring had decreased function
 - C. Because his hamstrings were so tight
 - D. Because it might decrease his muscle power