

Schweitzer's Deep Tissue Therapy Basic Level DVD Exams and Consent Form

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Basic Level DVD Series Exam Answer Key

Name: _____

Exam 1

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Exam 2

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Exam 3

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Exam 4

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Submit all 4 exams at the same time.

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Schweitzer's Deep Tissue Therapy

DVD-1 Exam ENTER YOUR ANSWER ON THE EXAM ANSWER KEY ALSO

1. Gary Schweitzer has been teaching since?

- (a) 1995
- (b) 2000
- (c) 1993

2. What percentage of massage therapists were experiencing occupational strain and injury prior to taking the three day workshop?

- (a) 50%
- (b) 25%
- (c) 85%
- (d) 55%

3. The forward position is created by the following posture.

- (a) The feet are more than shoulder width apart, you take a step forward with your right foot, your back knee is straight and locked and you bend with the right knee keeping your back straight at all times.
- (b) The feet are more than shoulder width apart, you take a step forward with your right foot, your back knee is straight and not locked and you bend with the right knee keeping your back straight at all times.

4. All movement and power comes from which part of the practitioner's body as a result of the bending knee?

- (a) The back
- (b) The hips
- (c) The core
- (d) The shoulder girdles

5. When using the fist and hand technique on the upper third of the posterior iliac crest from the right side of the table which knee is bending and which knee is kept straight and locked?

- (a) The left knee is bent and the right knee is straight.
- (b) The right knee is bent and the left knee is kept straight and locked.
- (c) Both knees are kept straight and locked throughout the entire movement.

6. When working at the lumbo-sacral junction on the paraspinals with the fist and hand technique in the forward position which direction are your hands moving in?

- (a) Superior to inferior.
- (b) Medial to lateral.
- (c) Inferior to superior.
- (d) On an oblique angle.

7. When working in the side position in the mid-scapular space your wrist is at what position in relationship to the spine?

- (a) At 45 degrees and parallel to the spine.
- (b) At 90 degrees and perpendicular to the spine.

8. When working in the forward position facing inferiorly from the head of the table using the fist and hand technique between the shoulder blades, which knee is bending?

- (a) The left knee.
- (b) The right knee.
- (c) Both (a) and (b) are correct.

9. If you are a right handed practitioner which hand do you use for distraction?

- (a) The left hand.
- (b) The right hand.

10. When working in the forward position from the head of the table in the left mid-scapular space working lateral to medial you can increase the depth by changing your bio-mechanics in the following manner.

- (a) Move your right leg laterally a half a step which changes the articulation of your knuckles which increases the depth.
- (b) Move your right leg laterally a half a step which changes the articulation of the shoulder and therefore places your right hand on the flat surface of the right hand between your proximal and distal inter-phalanges which increases the depth.

11. When working in the side position between the spine and the scapula facing medially with the fist and hand technique from the left side of the table, how do you best create movement?

- (a) Press down with the right hand for distraction, bend your knees and move inferiorly.
- (b) Press down with both hands for distraction, bend and move inferiorly.
- (c) Press down with the left hand for distraction, bend your knees and move inferiorly.

12. When working in the forward position facing superiorly with the fist and hand from the lumbo-sacral junction to Thoracic-10 (T-10) from the left side of the table, which of the following best describes the bio-mechanics of this posture.
- (a) Forward position facing superiorly with the hips at an oblique angle. Place the fist down at 45 degrees to the spine. You join up with the left hand. You engage the knuckles of the right hand for depth. Sinking down with the left knee and pressing down with the right hand for distraction. Keep your elbows slightly bent and your back straight. Movement is created by the bending of the right knee.
 - (b) Forward position facing superiorly with the hips at an oblique angle. Place the right fist down at 45 degrees to the spine. You join up with the left hand. You engage the knuckles of the right hand for depth. Sinking down with the left knee and pressing down with the left hand for distraction. Keep your elbows slightly bent and your back straight.
13. When working with the independent fist from the head of the table on the upper trapezius what position is the wrist in?
- (a) Pronation.
 - (b) Neutral Position.
 - (c) Supination.
14. When working with the independent fist from the head of the table on the upper trapezius the movement is in what direction?
- (a) Inferiorly and laterally if adequate space is available.
 - (b) Anteriorly and laterally if adequate space is available.
 - (c) Inferiorly.
 - (d) Inferiorly and medially if adequate space is available.
15. When working in the forward position facing inferiorly with the fist and hand on the upper third of the left hip which hand do you use for distraction?
- (a) Distract with the left hand.
 - (b) Distract with the right hand.
 - (c) Either hand is correct.
16. When working with the elbow and hand in the side position on the paraspinals from the right side of the table, what is important to remember?
- (a) Keep your fist closed and your elbow is directly below the shoulder at all times.
 - (b) Press down with the left hand for distraction.
 - (c) Both (a) and (b) are correct.

17. When working from the right side of the table facing medially across the spine with the elbow and hand working inferiorly to superiorly where is the starting point for the left hand?

- (a) The left hand and the index finger are at the level of the posterior iliac crest and the thumb is on the medial aspect of the spine.
- (b) The right hand and index finger are at the level of the posterior iliac crest and the thumb is on the medial aspect of the spine.

18. Starting at the right side of the table facing medially with the elbow and hand in the lumbo-sacral junction. After treating the paraspinals you move laterally until you are clear of which bony structure?

- (a) The spinous processes of the lumbar spine.
- (b) The transverse processes of the lower spine.

19. When working on the left side of the table at the left lumbo-sacral junction working inferiorly to superiorly with the elbow and hand. Why do you periodically have to re-set your feet?

- (a) You have reached the end of the range of your hips and further movement is only possible by re-setting your feet and starting again.
- (b) Re-setting your feet is important so that you do not slip and fall into the client.
- (c) It is not important to re-set your feet. It is optional to do so.

20. Starting at the left side of the table facing medially working with the elbow and hand. At the point that you remove your left hand and use your independent elbow you are treating which muscle group?

- (a) The paraspinals.
- (b) The quadratus lumborum.
- (c) The lumbo-sacral junction.

Schweitzer's Deep Tissue Therapy

DVD-2 Exam ENTER YOUR ANSWER ON THE EXAM ANSWER KEY ALSO

1. When working between the spine and the scapula moving superiorly to inferiorly in the forearm crossed position the hand is placed at the posterior cervical spine for which of the following reasons.
 - (a) To serve as a distraction to minimize patient discomfort and to prevent slipping backwards into the cervical spine with the elbow.
 - (b) Its sole purpose is for distraction only.
 - (c) To serve as a guide for the elbow so that it tracks better. Distraction is not important in the mid-scapular space.
2. When using the independent elbow from the right side of the table what purpose does the left hand have?
 - (a) For balance and stability so that you don't fall on your client.
 - (b) To make sure the draping doesn't fall off the client.
 - (c) It does not have a real purpose.
3. When using the independent elbow or elbow and hand why do we stop at the level of T2 (thoracic-2)
 - (a) It is a safety precaution so that you don't slip and injure the cervical spine.
 - (b) You do not have any available tissue left to treat.
 - (c) It really doesn't matter where you end your treatment.
4. When working in the side position with the independent elbow with the clients feet in the second position this causes the spine to.
 - (a) It has very little effect on the spine in most cases.
 - (b) It causes a slight posterior rotation of the spine which gives us greater access to the deep muscles along the spine.
 - (c) It just gives us a variety of ways to treat so we don't fall asleep on the job.
5. When working with the independent elbow why are you constantly re-adjusting your hips?
 - (a) You adjust your hips because you have reached the end range of your hips and moving laterally will be impossible without moving your feet and re-setting yourself.
 - (b) If you don't adjust your hips you will hurt the client and it is not good for business.
 - (c) Moving your hips is not necessary at all.

6. When working in the forward position with the fist and hand on the posterior hip in three positions what is the direction of the movement of your hands?

- (a) Superior to inferior.
- (b) Inferior to superior.
- (c) Medial to lateral.

7. When working in the side position with the fist and hand on the hamstrings and the client complains that it is still too sore what is the next most appropriate action to take?

- (a) Take your left hand away and move both your feet to the left, rejoin your hands together and continue to distract with the left hand.
- (b) Distract with the left hand until the situation improves.
- (c) Tell the client to breath deeply.

8. When working in the forward position with the fist and hand on the hamstrings facing inferiorly what is the angle of the wrist.

- (a) The wrist is at 90 degrees.
- (b) The wrist is at 45 degrees.
- (c) The wrist can be at 90 degrees or 45 degrees, it's optional.

9. When working with the independent fist on the Illiotibial Band to the Tensor Fascia Latae it is important to lighten up your pressure over which bony structure?

- (a) You lighten up your pressure because the ITB is a very painful region of the body.
- (b) You lighten up your pressure over the greater trochanter because it is a bony prominence and can be very uncomfortable with heavy pressure.
- (c) You do not need to lighten your pressure over the ITB because it needs lots of treatment.

10. When working with the Independent Fist and Hand it is important to keep your left hand high enough so that you can always see the dorsal surface of the wrist because?

- (a) It is a good habit to get into.
- (b) It creates stability for the wrist.
- (c) It is so you can see the wrist at all times so that you do not flex or extend the wrist.

11. When working in the side position with the fist and hand on the hamstrings and the calf the fist and hand is in alignment with part of your body?

- (a) The mid-line of your body.
- (b) In line with my right hip.
- (c) Inferior to my left hip.

12. When working with the fist and hand in the forward position on the leg facing inferiorly at the end of your stroke it is best to...

- (a) Return to just distal to the popliteal fossa with equal pressure on the return.
- (b) Return to just distal to the popliteal fossa by dragging back with less pressure than when working superiorly to inferiorly.
- (c) This is a personal decision. It is really up to you to decide.

13. When working with the independent fist on the lateral aspect of the leg you're starting and ending points are?

- (a) Just inferior to the medial to the ankle and inferior to the fibular head.
- (b) Just superior to the ankle and distal to the fibular head.

14. When working in the forward position facing superiorly with the grasping technique on the medial aspect of the leg it is important to take a step back because?

- (a) It keeps the wrist in a flexed position.
- (b) It minimizes the extension of the wrist.
- (c) It is effective for creating power from the core.

15. When working with the grasping technique facing inferiorly with the hip in external rotation, flexion and abduction the aspect of the right hand that is responsible for distraction are?

- (a) The knuckles.
- (B) The flat surface of the right hand is used for distraction.
- (c) The forearm flexors.

16. When working with the grasping technique facing inferiorly with the hip in external rotation, flexion and abduction on the medial aspect of the leg if you are too far forward it has what consequence for the wrist?

- (a) It puts excessive strain on the wrist in extension which will eventually lead to wrist pain.
- (b) There is very little consequence if you are too far forward.
- (c) It is up to the therapist to find a comfortable position for the wrist.

17. When working on the hip in the forward position with the elbow and hand technique facing inferiorly which knee are you bending?

- (a) Right knee.
- (b) Left knee.

18. When working with the elbow and hand technique facing inferiorly on the hamstrings where should you end your treatment?

- (a) At least four finger widths above the posterior aspect of the knee.
- (b) At least two fingers widths above the posterior aspect of the knee.
- (c) It is not necessary to stop at all, you can continue through to the calf muscles ending at the ankle joint.

19. When using the elbow and hand technique facing inferiorly on the hamstrings the left hand is primarily responsible for.

- (a) Distraction.
- (b) It acts as a guide for the elbow so it can track properly.
- (c) Both (a) and (b) are correct.

20. When using the fist and hand, the independent fist, the independent fist and hand, the elbow and hand, the independent elbow and the grasping technique it is important to keep the back straight because?

- (a) When the back is straight you are able to engage your core and minimize the negative effect of gravity on your body.
- (b) When the back is straight it allows you to keep your head up which minimizes the strain on the lumbar spine.

Schweitzer's Deep Tissue Therapy

DVD-3 Exam ENTER YOUR ANSWER ON THE EXAM ANSWER KEY ALSO

1. When working in the forward position facing inferiorly on the posterior aspect of the leg with the elbow and hand what is important to remember?

- (a) Keep your elbow directly below your shoulder.
- (b) Keep your fist closed at all times.
- (c) Provide adequate distraction with the left hand to minimize patient discomfort.
- (d) All of the above are correct.

2. When working on the Iliotibial Band with the hip in flexion, abduction and external rotation with the fist and hand moving inferiorly and the client feels an unreasonable amount of discomfort, how can you minimize patient discomfort?

- (a) Take a step away from the table.
- (b) Soften your hands which have the effect of decreasing patient discomfort.
- (c) Provide more distraction with the left hand.
- (d) All of the above are correct.

3. When working on the hip and Iliotibial Band with the hip in flexion, abduction and external rotation with the elbow and hand moving inferiorly why is it important to assume a wide posture by taking a step laterally?

- (a) It will allow you to be more stable when you end just above the knee.
- (b) For balance so that you won't fall over if your left foot is too close to the table.
- (c) Both (a) and (b) are correct.

4. When in the side position working with the fist and hand on the quadriceps moving superiorly to inferiorly what is the best way to minimize patient discomfort?

- (a) Bend your knees with the movement.
- (b) Keep your elbows slightly bent.
- (c) Distract with your left hand.

5. When working on the quadriceps with the fist and hand moving inferiorly which position will allow you the greatest amount of depth with the least amount of effort?

- (a) The side position because you can sink down further with the least amount of effort.
- (b) The forward position because the contact point of the right hand is on the knuckles and therefore the depth is increased and the effort is the same or less than in the side position.

6. Which statement or statements clearly identifies the set up procedure for the independent fist on the illiotibial band and tensor fascia latae?

- (a) Side position facing medially.
- (b) The right hand is placed on the medial aspect of the knee.
- (c) The left arm and forearm are at ninety degrees and the elbow is placed medial to the anterior superior iliac spine (ASIS).
- (d) Movement is inferiorly to superiorly over the ITB and TFL.
- (e) All of these statements are correct.
- (f) Not all of these statements are correct.

7. When working with the elbow and hand in the forward position on the quadriceps moving superiorly to inferiorly why it is important to get in the habit of stopping four finger widths above the knee?

- (a) Working directly on the knee offers no therapeutic value.
- (b) Stopping above the knee is a good habit so that you avoid any injury to the knee itself with direct downward pressure with the elbow and hand.
- (c) Compressing the knee can cause an inflammatory process which should be avoided at all costs.
- (d) All of the above are correct.

8. When working with the elbow and hand on the quadriceps in the crossed over position moving inferiorly to superiorly, when reaching the end of the range near the groin why is it important to pivot the hand?

- (a) In order to keep the fingers from pointing directly to and making contact with the client's genitals.
- (b) By pivoting the hand you can go that much farther in a superior direction by creating space at the upper aspect of the quadriceps for the elbow and hand.
- (c) Both (a) and (b) are correct.

9. When working in the side position on the adductors working superiorly to inferiorly with the fist and hand, if the client complains of discomfort what is your best strategy to deal with this?

- (a) Distract with the left hand.
- (b) Remove your left hand and move both feet one step to the left, replace your left hand, distract again with your left hand and continue. This allows you to utilize the flat of the hand and minimize patient discomfort.

10. Which of the following statements are true regarding patient discomfort when working on the adductors?

- (a) When using the fist and hand technique on the adductors it can be uncomfortable because each knuckle represents a sharp surface which requires the practitioner to use adequate distraction.
- (b) When using the elbow and hand because the elbow in most cases is a singular, round surface and the whole palmer surface of the hand is used for distraction makes it easier to minimize patient discomfort.
- (c) Both (a) and (b) are true.

11. When working in the forward position with the grasping technique on the foot why is it important to make palmer contact with the hand?

- (a) The foot and mid-arch can be a tender area.
- (b) Making palmer contact is not always necessary.
- (c) Both (a) and (b) are correct.

12. When working in the forward position with the fist and hand on the rotator cuff moving medial to lateral with the forearm behind the back is the following set up procedure accurate and complete. Why do we take a step laterally with the left foot?

- (a) For balance.
- (b) To make it easier to create movement from the bending knee.
- (c) You do not move the left foot laterally, it is the right foot that is being moved laterally for balance.

13. When working in the forward position with the fist and hand facing superiorly with the arm at 90 degrees of abduction. What muscle is being treated?

- (a) The posterior deltoid.
- (b) The tricep muscle from the shoulder joint to its tendon at the elbow.
- (c) The rotator cuff tendon.
- (d) The rotator cuff muscles.

14. When working in the forward position with the fist and hand technique with the arm and forearm in 180 degrees of flexion why is the back kept straight?

- (a) To allow you to minimize the strain to the cervical spine by allowing you to keep your head up.
- (b) To allow you to create power from the core and minimize the effect of gravity on your back and for balance.
- (c) Both (a) and (b) are correct.

15. When working in the side position with the independent fist on the latissimus dorsi in a posterior to anterior direction what tissue is important not to pinch with a female client.

- (a) The latissimus dorsi muscle.
- (b) The breast tissue.
- (c) Both (a) and (b) are correct.

16. When working in the side position with the independent fist moving inferiorly to superiorly what purpose does elevating the elbow serve with the right hand?

- (a) It allows you to get under the shoulder girdle to get access to the serratus anterior muscle.
- (b) It is a convenient place to put your right hand and gives it a purpose in this treatment approach.
- (c) It allows the practitioner to have balance and maintain connection with the client at all times.

17. When working in the side position with the independent fist at the inferior angle of the scapula moving in an inferior to superior direction you are treating which muscle groups?

- (a) Serratus anterior, subscapularis and the medial border of the pectoralis major muscle.
- (b) Latissimus dorsi, serratus anterior, subscapularis and the lateral border of the pectoralis major muscle.

18. When working in the forward position with the elbow and hand facing superiorly and moving medial to lateral on the arm your starting and ending points are?

- (a) From the rotator cuff to the elbow joint.
- (b) From the shoulder joint to the triceps tendon at its insertion.
- (c) Both (a) and (b) are correct.

19. When working in the forward position with the elbow and hand facing superiorly and moving medial to lateral on the posterior girdle what is the importance of moving your right foot more laterally than normal?

- (a) For balance.
- (b) If the client coughs or rises from the table unexpectedly you will not fall over or onto your client.
- (c) When getting to the end range at the triceps tendon you will be lateral to the table and assuming a wide posture will help to create a stable bio-mechanical posture.
- (d) All of the above are correct.

20. Throughout this DVD series the following statements have been emphasized. Identify which statement has not been emphasized.

- (a) When using the fist and hand distraction with a right handed person distraction is created by pressing down with the left hand.
- (b) When using the elbow and hand the elbow must be directly below the shoulder at all times.
- (c) All movement is created by the bending of one knee and maintaining the straightness of the other.
- (d) Distraction is important to minimize patient discomfort.
- (e) It is important to have a strong core in order to create power from this region.

Schweitzer's Deep Tissue Therapy

DVD-4 Exam ENTER YOUR ANSWER ON THE EXAM ANSWER KEY ALSO

1. When working with the grasping technique in the forward position facing superiorly on the medial aspect of the forearm and you find you are placing too much extension on the wrist, what is the appropriate action to take.

- (a) Sink down and get lower to the floor with your center.
- (b) Take a step back to minimize the extension of the wrist.
- (c) Change hands for greater comfort.
- (d) Use a different technique.

2. When working with the grasping technique in the forward position facing superiorly on the medial aspect of the forearm what is the role of the right hand.

- (a) It serves to anchor the forearm to prevent movement while working on the medial aspect of the forearm with the grasping technique.
- (b) You have to put the hand somewhere so it may as well be there.
- (c) The right hand needs to be involved with the grasping hand in order to give it a functioning role.

3. When working with the grasping technique anywhere on the body what are the basic rules regarding this technique.

- (a) Minimize extension of the wrist by taking a step back and use the palmer surface of the hand for distraction.
- (b) Minimize ulnar and radial deviation of the wrist by taking a step back and use the palmer surface of the hand for distraction.
- (c) Both (a) and (b) are correct.

4. When working with the independent fist and hand working superior to inferior on the forearm flexors it is important to.

- (a) Always have your left hand superior to the wrist to be able to see the dorsal surface of the wrist to prevent it from flexing or extending.
- (b) Always use the flat of your hand to minimize patient discomfort.
- (c) The use of the independent fist and hand should be used sparingly because it can be very painful.

5. When working with the fist and hand in a counter clock wise twisting motion between the spine and the scapula the following is an accurate and complete set up procedure.

- (a) Place the forearm behind the back.
- (b) Place the right hand between the spine and the scapula and join up with the left hand.
- (c) Press down with the fist and hand while drawing the scapula from the thenar eminence in a twisting motion.
- (d) The twisting motion comes from the hips.
- (e) The propulsion comes from the fist and the hips.
- (f) All the above statements are accurate and complete.
- (g) All the above statements are inaccurate and incomplete.

6. When working with the elbow and hand on the forearm flexors moving superiorly to inferiorly identify the best possible reason for stopping four finger widths superior to the wrist.

- (a) It is as good a place as any to stop and end the stroke with the elbow and hand.
- (b) The wrist is made up of tendons, ligaments, nerves, arteries and veins and downward pressure with the elbow and hand can cause damage to this area of the wrist due to the absence of protection in the form of muscle tissue.
- (c) You have to stop because you have run out of surface area to treat.

7. When working with the fist and hand in the forward position on the anterior chest wall moving medial to lateral it is important to.

- (a) Keep palmer contact with the left hand to minimize patient discomfort.
- (b) Slow and steady movement is appropriate while treating this region.
- (c) It is contra-indicated to use the fist and hand on this region of the body in most cases.

8. When working with the independent fist and hand on the anterior chest wall moving medial to lateral from the head of the table it is important to have a clear view of the dorsal surface of the hand because.

- (a) It allows you to minimize the flexion and extension of the wrist.
- (b) It is so you can avoid coming in contact with the breast tissue.
- (c) It allows you to have a point of contact for your vision.

9. When working with the elbow and hand in the forward position facing superiorly with the arm at 90 degrees of flexion and abduction it is important to.

- (a) Keep your back straight and you elbow directly below the shoulder at all times.
- (b) Take a step with the left foot laterally for balance.
- (c) Place the left hand for distraction.
- (d) Move in a medial to lateral direction.
- (e) All of these statements are correct.

10. When working with the independent fist in the forward position facing superiorly on the subscapularis the two important elements of this technique are.

- (a) The independent fist compressing the subscapularis muscle posteriorly while simultaneously tractioning the arm and forearm in 180 degrees of flexion.
- (b) The fist and hand technique compressing the subscapularis muscle posteriorly while simultaneously tractioning the arm and forearm in 180 degrees of flexion.
- (c) Both (a) and (b) are correct.

11. When working with the independent fist in the forward position facing superiorly on the subscapularis the independent fist is in what position in relation to the lateral aspect of the thoracic wall.

- (a) The independent fist is on an oblique angle to the lateral aspect of the thoracic wall.
- (b) The independent fist and its dorsal surface are parallel to the lateral aspect of the thoracic wall.
- (c) Neither (a) or (b) is correct.

12. When working with the independent fist and hand on the lateral aspect of the arm moving superiorly to inferiorly in the side position. The consequence of bending the wrist under load is.

- (a) Wrist pain.
- (b) Bending of the wrist in flexion or extension does not cause wrist pain.
- (c) Avoiding wrist flexion and extension with the independent fist and hand is a personal decision by the treating therapist.

13. When using the grasping technique on the medial aspect of the arm moving in a inferior to superior direction the aspect of the right hand that provides the distraction and thus minimizes the discomfort to the client is which of the following.

- (a) The left hand acting as an anchor.
- (b) The palmer surface of the left hand.
- (c) The palmer surface of the right hand.

14. When working with the independent fist and hand on the forearm extensors working superiorly to inferiorly in the side position. What is the consequence of not stopping four finger widths above the wrist?

- (a) The possibility of injury to the wrist and a painful inflammatory process post treatment.
- (b) It is just a precaution so don't really worry about it.
- (c) The decision to stop four finger widths above the wrist is up to the therapist and not the author of this DVD series.

15. When working with the elbow and hand facing inferiorly in the forward position on the forearm extensors indicate if you agree or disagree with the following statement.

- (a) The most important aspect of this technique is the strong bio-mechanical posture in the forward position, the elbow is directly below the shoulder at all times and you stop your treatment four finger widths above the wrist.
- (b) I agree with the above statement.
- (c) I disagree with the above statement.

16. When working with the elbow and hand facing inferiorly in the forward position on the forearm extensors indicate if the following statements are true or false. "Working with the elbow and hand is contra-indicated and not advisable in the following situations".

- (a) A recent fracture which is still in the process of healing.
- (b) A recent laceration with infection that is still in the process of healing.
- (c) A contagious infection which at present has not been attended to by a physician.
- (d) All of the above statements are true.
- (e) All of the above statements are false therefore you can use this technique on the forearm extensors in these situations.

17. When working at the head of the table facing inferiorly with the independent fist in the forward position identifies which statement is correct for this technique at this region of the body.

- (a) This technique is effective for treating the upper aspect of the trapezius.
- (b) This technique is effective for treating the upper aspect of the trapezius as well as other muscle groups at different regions of the body.

18. When working at the head of the table facing medially in the forward posture with my independent fist in the lamina groove. How much pressure do you apply with your independent fist?

- (a) Two- three pounds of pressure.
- (b) Two- three ounces of pressure.
- (c) It is dependent on the patient's tolerance and comfort level.

19. When working at the head of the table facing medially in the forward position with my independent fist in the lamina groove. What joints of the right hand are you using to access the lamina groove?

- (a) The distal inter-phalangeal joints.
- (b) The proximal inter-phalangeal joints.
- (c) Both (a) and (b) are correct.

20. When working at the head of the table facing inferiorly with the grasping technique in the lamina groove, you take a step to the left because.

- (a) Why not, it sounds good.
- (b) It allows you to minimize the extension of the wrist and it helps to create a smooth motion in the lamina groove.
- (c) It is so that you don't fall over and land on the client.