

COLLEGE OF MASSAGE THERAPISTS OF BRITISH COLUMBIA (CMTBC) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. After a skiing injury, which assessment should be prioritized for a patient with a swollen knee?**
 - A. Standing squat
 - B. Manual muscle test
 - C. Postural assessment
 - D. Tibiofemoral joint play
- 2. What are common clinical signs and symptoms of cervical compression?**
 - A. Locked joints
 - B. Radiating pain
 - C. Weakness in the legs
 - D. Limited range of motion
- 3. During the Empty Can/Jobe Test, what position is the patient's shoulder typically brought into?**
 - A. Neutral Position
 - B. Medially Rotated and 30 degrees Forward
 - C. Laterally Rotated and fully extended
 - D. Adducted and flexed
- 4. During a neurological assessment of the upper limb, the therapist compresses patients' right upper arm into shoulder depression. Which upper limb nerve is being tested when the therapist further moves the arm into abduction, extends the elbow, pronates the forearm and flexes both wrists and fingers?**
 - A. Right ulnar
 - B. Right radial
 - C. Right medial
 - D. Left musculocutaneous
- 5. Which two body systems are primarily affected by skin-rolling techniques?**
 - A. Respiratory and Circulatory
 - B. Nervous and Endocrine
 - C. Integumentary and Musculoskeletal
 - D. Digestive and Reproductive

- 6. With a positive Sulcus Sign, what type of glenohumeral instability is typically suspected?**
- A. Anterior GH instability
 - B. Posterior GH instability
 - C. Inferior GH instability
 - D. Multidirectional instability
- 7. Which landmarks are unique to the lumbar vertebrae?**
- A. mammillary processes
 - B. transverse foramen
 - C. lamina
 - D. transverse costal facet
- 8. Which characteristic is commonly associated with cystic fibrosis?**
- A. Barrel chest
 - B. Normal lung capacity
 - C. Frequent infections
 - D. Thin stature
- 9. During Cozen's Test, what action does the therapist perform while assessing the patient?**
- A. Extend the elbow
 - B. Palpate the medial epicondyle
 - C. Stabilize the elbow with thumb
 - D. Assess wrist flexion
- 10. Does the zygomaticus major attach to the modiolus?**
- A. Yes
 - B. No
 - C. Only in specific conditions
 - D. It depends on individual anatomy

Answers

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1. D
2. B
3. B
4. B
5. C
6. C
7. A
8. A
9. C
10. A

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Explanations

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1. After a skiing injury, which assessment should be prioritized for a patient with a swollen knee?

- A. Standing squat
- B. Manual muscle test
- C. Postural assessment

D. Tibiofemoral joint play

Prioritizing the assessment of tibiofemoral joint play for a patient with a swollen knee following a skiing injury is essential because it directly evaluates the integrity and function of the knee joint itself. This assessment focuses on the mobility and stability of the tibiofemoral joint, which is crucial in determining any potential damage to the ligaments or cartilage, as well as identifying any restrictions in movement that may arise due to swelling or trauma. When a knee is swollen, it often indicates inflammation or fluid accumulation, which can alter the normal mechanics and function of the joint. Assessing joint play allows a clinician to gather important information about the joint's physiological state, such as the presence of any effusion, tenderness, or instability. Such findings can guide the treatment plan, as addressing joint mobility issues is vital for recovery and rehabilitation. Other assessments like a standing squat, manual muscle tests, or postural assessments may be valuable later on in the rehabilitation process but are not immediately pertinent when dealing with acute swelling. They do not specifically focus on the acute problem within the joint, which must be prioritized to ensure effective management and care.

2. What are common clinical signs and symptoms of cervical compression?

- A. Locked joints
- B. Radiating pain**
- C. Weakness in the legs
- D. Limited range of motion

Radiating pain is a common clinical sign associated with cervical compression. This occurs when pressure on the cervical spine affects the nerves that branch out from the spinal cord, leading to pain that travels along the path of the affected nerve. Patients often report pain that begins in the neck and radiates down into the shoulder, arm, and possibly into the fingers, which can significantly affect their quality of life and functional capabilities. In cases of cervical compression, the pain can be sharp, burning, or even tingling, and it's typically exacerbated by certain movements or positions. It's important to recognize this symptom as it often indicates that the underlying issue may involve nerve involvement, which can require specific assessment and management strategies. While other symptoms like locked joints, weakness in the legs, and limited range of motion may also be associated with different conditions involving the cervical spine or other musculoskeletal issues, they do not specifically highlight the nerve compression aspect that radiating pain signifies. Understanding the nuances of these symptoms helps practitioners develop appropriate treatment plans and better address the needs of their patients.

3. During the Empty Can/Jobe Test, what position is the patient's shoulder typically brought into?

- A. Neutral Position
- B. Medially Rotated and 30 degrees Forward**
- C. Laterally Rotated and fully extended
- D. Adducted and flexed

The Empty Can/Jobe Test is specifically designed to assess the integrity of the supraspinatus muscle, which is one of the rotator cuff muscles. During this test, the patient's shoulder is typically brought into a position that is medially rotated and approximately 30 degrees forward from the frontal plane. This position is crucial because it places the supraspinatus in an optimal alignment to isolate and assess its function, particularly in relation to shoulder abduction. By medially rotating the shoulder and bringing the arm slightly forward, this test can effectively evaluate for potential tears or dysfunction in the supraspinatus muscle, which may indicate rotator cuff pathology.

4. During a neurological assessment of the upper limb, the therapist compresses patients' right upper arm into shoulder depression. Which upper limb nerve is being tested when the therapist further moves the arm into abduction, extends the elbow, pronates the forearm and flexes both wrists and fingers?

- A. Right ulnar
- B. Right radial**
- C. Right medial
- D. Left musculocutaneous

The nerve being tested in this scenario is the right radial nerve. The process described involves shoulder depression, abduction of the arm, extension of the elbow, pronation of the forearm, and flexion of the wrists and fingers. The radial nerve is primarily responsible for the motor function of the posterior arm and forearm muscles, which include those involved in extending the elbow and wrist. When the therapist compresses the upper arm and performs the movements indicated, they are specifically engaging the muscles innervated by the radial nerve, particularly those that facilitate extension at the elbow and wrist. The other options do not align with the movements being tested. The ulnar nerve primarily controls flexion of the wrist and fingers, particularly the little finger and the ring finger. The median nerve is mainly responsible for the function of the anterior forearm muscles and parts of the hand, affecting wrist flexion and finger movements but not specifically the actions described. The musculocutaneous nerve generally innervates the flexor muscles of the arm but does not have a substantial role in promoting the described movements of the lower arm and hand. Therefore, the movements outlined in the question point directly to the role of the radial nerve, confirming it as the correct choice

5. Which two body systems are primarily affected by skin-rolling techniques?

- A. Respiratory and Circulatory
- B. Nervous and Endocrine
- C. Integumentary and Musculoskeletal**
- D. Digestive and Reproductive

The primary body systems affected by skin-rolling techniques are the integumentary and musculoskeletal systems. Skin-rolling is a soft tissue technique that involves lifting the skin and rolling it over underlying tissues, which can enhance local circulation and stimulate tissue remodeling. The integumentary system, which includes the skin, is directly influenced by this technique as it promotes blood flow and lymphatic drainage. This is essential for nutrient delivery and waste removal, contributing to overall skin health and elasticity. In addition, the musculoskeletal system benefits from skin-rolling by loosening tight fascia and muscle tissue. This can lead to improved range of motion, decreased muscle tension, and enhanced muscle function. The mechanical action of skin-rolling helps release myofascial restrictions, which is vital for maintaining optimal musculoskeletal health. Other options, such as the respiratory and circulatory systems or the nervous and endocrine systems, may experience indirect effects but are not primarily influenced by skin-rolling techniques. The digestive and reproductive systems also do not have a significant connection to this specific massage technique. Thus, the integumentary and musculoskeletal systems are indeed the areas most directly affected by skin-rolling methods.

6. With a positive Sulcus Sign, what type of glenohumeral instability is typically suspected?

- A. Anterior GH instability
- B. Posterior GH instability
- C. Inferior GH instability**
- D. Multidirectional instability

A positive Sulcus Sign indicates that there is a noticeable depression or "sulcus" below the acromion when the arm is pulled downwards, suggesting that the head of the humerus is able to be displaced inferiorly relative to the glenoid. This sign is indicative of inferior glenohumeral instability, as the humeral head moves away from the glenoid cavity, leading to the creation of a prominent sulcus. Inferior glenohumeral instability typically involves an excessive amount of movement or displacement of the humeral head in an inferior direction, which can be particularly apparent when the arm is held in a certain position. This is commonly seen in individuals who have experienced chronic shoulder instability. While anterior and posterior instabilities also play a role in shoulder injuries, the Sulcus Sign specifically points to inferior instability. Moreover, multidirectional instability could potentially lead to a similar finding; however, the presence of a positive Sulcus Sign primarily suggests inferior instability. Hence, while multidirectional instability may display symptoms of both anterior and inferior displacement, it is the sign of the sulcus that distinctly indicates inferior glenohumeral instability. Thus, the identification of this sign is crucial for diagnosis and appropriate management of shoulder instability.

7. Which landmarks are unique to the lumbar vertebrae?

- A. mammillary processes**
- B. transverse foramen
- C. lamina
- D. transverse costal facet

The mammillary processes are indeed unique to the lumbar vertebrae and play an important role in the anatomy of the lumbar spine. These small, rounded projections are located on the posterior aspect of the superior articular processes of each lumbar vertebra. They provide attachment points for the multifidus muscles and are involved in the segmental stability of the lumbar spine. In contrast, the transverse foramen is a distinct feature found in the cervical vertebrae, specifically allowing passage for the vertebral arteries and veins. The lamina, while present in all vertebrae, does not serve as a landmark specific to the lumbar region; it forms part of the vertebral arch in every vertebra. Additionally, the transverse costal facet is found in the thoracic vertebrae where it articulates with the ribs, making it non-unique to the lumbar region. Thus, identifying mammillary processes as unique to lumbar vertebrae emphasizes the distinct anatomy that characterizes this section of the spine and its importance for spinal stability and function.

8. Which characteristic is commonly associated with cystic fibrosis?

- A. Barrel chest**
- B. Normal lung capacity
- C. Frequent infections
- D. Thin stature

The characteristic commonly associated with cystic fibrosis is barrel chest. Individuals with cystic fibrosis often experience chronic respiratory issues due to thick and sticky mucus accumulation in the lungs. This persistent lung disease can lead to changes in lung structure over time, resulting in an abnormal chest shape, such as a barrel chest. The shape arises as the lungs become hyperinflated, and the chest wall conforms to accommodate this change. While frequent infections and thin stature can also be associated with cystic fibrosis, the unique shape of the chest is more specifically recognized as a physical manifestation of the disease's impact on lung function and structure. Normal lung capacity is not typically associated with cystic fibrosis, as the disease compromises lung function and capacity over time. Therefore, the barrel chest is a distinct trait that links with the chronic alterations in respiratory health due to cystic fibrosis.

9. During Cozen's Test, what action does the therapist perform while assessing the patient?

- A. Extend the elbow
- B. Palpate the medial epicondyle
- C. Stabilize the elbow with thumb**
- D. Assess wrist flexion

During Cozen's Test, the therapist stabilizes the elbow with the thumb. This assessment is specifically designed to evaluate for lateral epicondylitis, commonly known as tennis elbow. By stabilizing the elbow, the therapist ensures that the movement being tested originates from the wrist rather than being influenced by the elbow joint. The applied movement typically involves having the patient extend their wrist against resistance while the therapist maintains stability at the elbow. This isolates the action of the wrist extensors, helping to reproduce symptoms associated with lateral epicondylitis. Stabilization is crucial in this test to accurately assess the integrity and function of the muscles and tendons involved. Other actions, such as extending the elbow or assessing wrist flexion, do not accurately reflect the specific mechanics and purpose of Cozen's Test since they would involve different muscle groups and potentially confuse the diagnosis. Palpating the medial epicondyle is unrelated to this test, as it is focused on the lateral aspect of the elbow. Hence, the correct understanding of the therapeutic action during Cozen's Test centers around the stabilization of the elbow.

10. Does the zygomaticus major attach to the modiolus?

- A. Yes**
- B. No
- C. Only in specific conditions
- D. It depends on individual anatomy

The zygomaticus major is a facial muscle known for its role in smiling, as it elevates the corners of the mouth. It originates from the zygomatic bone and inserts into the modiolus, a fibrous junction at the corner of the mouth where several facial muscles converge. This connection to the modiolus is significant because it allows for coordinated movement during facial expressions. Given that the attachment is a standard anatomical feature of the zygomaticus major, the correct answer is that it does indeed attach to the modiolus. This attachment point plays a critical role in facial dynamics, enabling the muscle to effectively contribute to expressions of happiness and joy. The modiolus itself serves as a strategic site for muscle interaction, enhancing the versatility and expressiveness of facial movements.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://cmtbc.examzify.com>

We wish you the very best on your exam journey. You've got this!

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