

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. Where are Ruffini corpuscles primarily located?**
 - A. In the deep dermis of thick skin
 - B. In the superficial dermis of both hairy and glabrous skin
 - C. In hair follicles exclusively
 - D. In the subcutaneous tissue
- 2. Does the depressor anguli oris attach to the modiolus?**
 - A. Yes
 - B. No
 - C. Only when frowning
 - D. Only in certain populations
- 3. What is the suspected condition if a patient has pain on the lateral edge of her elbow that increases with resistance?**
 - A. Medial Epicondylitis
 - B. Lateral Epicondylitis
 - C. Radial Tunnel Syndrome
 - D. Tendon Rupture
- 4. What type of range of motion test is used for both inert/non-contractile and contractile structures?**
 - A. AA-ROM
 - B. PF-ROM
 - C. AR-ROM
 - D. AF-ROM
- 5. Why are we unable to feel changes in our blood pressure?**
 - A. We lack nerve endings in blood vessels
 - B. We don't have Pacinian (lamellated) corpuscles in our blood vessels
 - C. Blood pressure changes too quickly to detect
 - D. Pressure is not a sensation we perceive

- 6. A child with Duchenne muscular dystrophy may commonly display which symptom?**
- A. Blurred vision
 - B. Waddling gait
 - C. Drooping eyelids
 - D. Difficulty swallowing
- 7. Which muscle group is involved in the flexion of the forearm?**
- A. trapezius
 - B. biceps brachii
 - C. deltoids
 - D. pectoralis major
- 8. In which joint is the "Piano Keys" Test performed?**
- A. Distal Radioulnar Joint
 - B. Proximal Radioulnar Joint
 - C. Carpometacarpal Joint
 - D. Interphalangeal Joint
- 9. Where would a therapist expect to see muscle wasting in a patient with Ape Hand Deformity?**
- A. Hypothenar Eminence
 - B. Thenar Eminence
 - C. Intrinsic muscles of the palm
 - D. Flexor Carpi Ulnaris
- 10. Is acute pain typically localized or diffuse?**
- A. Localized
 - B. Diffuse
 - C. Both localized and diffuse
 - D. Neither localized nor diffuse

Answers

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

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Explanations

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1. Where are Ruffini corpuscles primarily located?

- A. In the deep dermis of thick skin
- B. In the superficial dermis of both hairy and glabrous skin**
- C. In hair follicles exclusively
- D. In the subcutaneous tissue

Ruffini corpuscles, also known as Ruffini endings, are mechanoreceptors that play a crucial role in detecting skin stretch and sustained pressure. They are primarily located in the deep layers of the dermis, specifically within the superficial dermis of both hairy and glabrous (non-hairy) skin. This location allows them to effectively sense the stretching of the skin, which is important for proprioception and the perception of joint position. Being situated in the superficial dermis means they are accessible to the mechanical changes in the skin and can respond to prolonged pressure, providing the body with important sensory feedback. While Ruffini corpuscles can also be found in other areas, such as joint capsules and some deeper structures, their primary presence in the superficial dermis of both types of skin is what differentiates them from other sensory receptors and is essential for their function in mechanotransduction.

2. Does the depressor anguli oris attach to the modiolus?

- A. Yes**
- B. No
- C. Only when frowning
- D. Only in certain populations

The depressor anguli oris muscle does indeed attach to the modiolus, which is a fibromuscular structure at the corner of the mouth. This attachment is significant because the modiolus acts as a critical point where several muscles of facial expression converge, influencing various movements of the mouth, such as smiling or frowning. The connection allows the depressor anguli oris to effectively pull down the corners of the mouth, contributing to expressions of sadness or discontent. The other options suggest variations or constraints regarding this attachment, which are not accurate in this context. The depressor anguli oris consistently connects to the modiolus, regardless of emotional expression or demographic features. Thus, recognizing the anatomy and functional role of this muscle supports the understanding of facial dynamics and expressions in both clinical and practical applications in massage therapy and related fields.

3. What is the suspected condition if a patient has pain on the lateral edge of her elbow that increases with resistance?

- A. Medial Epicondylitis
- B. Lateral Epicondylitis**
- C. Radial Tunnel Syndrome
- D. Tendon Rupture

The condition described—a patient experiencing pain on the lateral edge of the elbow that worsens with resistance—strongly indicates lateral epicondylitis, often referred to as tennis elbow. This condition is characterized by overuse of the extensor muscles of the forearm, leading to microtears and inflammation at the common extensor tendon, which attaches to the lateral epicondyle of the humerus. In lateral epicondylitis, activities that require gripping or lifting objects will often elicit pain because these movements involve the overused extensor muscles. The resistance mentioned in the question could relate to resisted wrist extension or gripping actions, which would cause discomfort as the patient stresses the already inflamed area. While medial epicondylitis affects the medial side of the elbow and is associated with similar overuse types of activities, it does not present with lateral elbow pain. Radial tunnel syndrome involves compression of the radial nerve and can lead to similar symptoms but typically includes pain on the lateral side that may radiate down the forearm and is not usually triggered directly by resistance. A tendon rupture would likely produce more acute and severe symptoms rather than behavior patterns associated with resistance in a localized area such as the lateral elbow. Thus, lateral epicondylitis is

4. What type of range of motion test is used for both inert/non-contractile and contractile structures?

- A. AA-ROM
- B. PF-ROM
- C. AR-ROM
- D. AF-ROM**

The correct choice refers to an Active Free Range of Motion test. This type of assessment is designed to evaluate the range of motion produced by the patient themselves without any assistance or resistance from the examiner. By observing the patient actively moving through their range of motion, the therapist can assess both inert (non-contractile) structures, such as ligaments and joint capsules, as well as contractile structures, such as muscles and tendons. Active Free Range of Motion tests are integral in differentiating between possible issues related to contractile versus non-contractile tissues. If a patient experiences pain during this test, it can help indicate where the dysfunction might lie—whether it's stemming from a muscle that is being actively used or from a joint or ligament that provides stability. This approach differs from other range of motion tests, which may focus exclusively on either contractile or inert structures. Hence, the utility of the Active Free Range of Motion test makes it an essential tool in the examination of musculoskeletal conditions, providing vital information for accurate diagnosis and treatment planning.

5. Why are we unable to feel changes in our blood pressure?

- A. We lack nerve endings in blood vessels
- B. We don't have Pacinian (lamellated) corpuscles in our blood vessels**
- C. Blood pressure changes too quickly to detect
- D. Pressure is not a sensation we perceive

The correct answer is rooted in the specialized nature of our sensory receptors and how our body interprets various stimuli. While it is true that our blood vessels do not possess Pacinian (lamellated) corpuscles, which are responsible for sensing deep pressure and vibration, the key understanding lies in the concept of sensation and perception. In the context of blood pressure, it is important to note that our bodies do not typically interpret changes in blood pressure as a sensation in the way we perceive touch, temperature, or pain. Although blood vessels are equipped with various types of receptors that can respond to changes in pressure—like baroreceptors—these are not necessarily the same as the Pacinian corpuscles. The blood pressure within our vessels can be influenced by numerous factors, but our body's central nervous system is primarily focused on more acute sensory information, which is why changes in blood pressure do not typically manifest as a recognizable sensation to us. Thus, while our bodies have the capability to monitor blood pressure through internal mechanisms, the absence of specific types of pain or pressure receptors in blood vessels, like Pacinian corpuscles, means we do not feel these changes in the same way we might feel other more direct physical pressures or sensations.

6. A child with Duchenne muscular dystrophy may commonly display which symptom?

- A. Blurred vision
- B. Waddling gait**
- C. Drooping eyelids
- D. Difficulty swallowing

Duchenne muscular dystrophy (DMD) predominantly affects muscle function, leading to progressive muscle weakness and associated movement difficulties. One of the hallmark symptoms of DMD is a waddling gait. This is due to the weakness in the proximal muscles, particularly the hip and pelvic areas, which affects the child's ability to maintain balance and stability while walking. As muscle strength declines, children with DMD may exhibit a distinctive gait pattern where they shift their weight from side to side, resembling a waddling motion. This change is a direct consequence of the muscular impairments caused by the condition and is often one of the first noticeable signs of the disease in young children. The other symptoms listed—blurred vision, drooping eyelids, and difficulty swallowing—are not typically associated with DMD. These symptoms may arise from different conditions affecting other systems or muscle types, but they do not reflect the primary musculoskeletal impact of Duchenne muscular dystrophy. Therefore, the presence of a waddling gait is a key indicator of this particular genetic disorder.

7. Which muscle group is involved in the flexion of the forearm?

- A. trapezius
- B. biceps brachii**
- C. deltoids
- D. pectoralis major

The biceps brachii is the primary muscle group involved in the flexion of the forearm. This muscle is located on the anterior aspect of the upper arm and is responsible for bending the elbow, which is the action described as flexion of the forearm. When the biceps brachii contracts, it pulls the forearm closer to the shoulder, effectively reducing the angle between the arm and forearm. The trapezius muscle, located in the upper back, is primarily involved in movements of the scapula and does not contribute directly to forearm flexion. The deltoids are responsible for shoulder movements and do not play a significant role in flexing the elbow. The pectoralis major primarily aids in movements of the shoulder and does not contribute directly to the flexion of the forearm. Therefore, the involvement of the biceps brachii in forearm flexion makes it the correct answer.

8. In which joint is the "Piano Keys" Test performed?

- A. Distal Radioulnar Joint**
- B. Proximal Radioulnar Joint
- C. Carpometacarpal Joint
- D. Interphalangeal Joint

The "Piano Keys" Test is performed at the distal radioulnar joint. This test is specifically designed to assess for instability or injury in this joint, often associated with conditions such as wrist sprains or dislocations. In a clinical setting, the test involves stabilizing the radius and attempting to move the ulnar head in a manner that mimics the motion of a piano key, where the movement should elicit pain or looseness if there is an underlying issue. The distal radioulnar joint is crucial for proper forearm movement, and any dysfunction can significantly impact grip strength and wrist function. The other joints listed—proximal radioulnar, carpometacarpal, and interphalangeal—are not assessed with the "Piano Keys" Test as they have different anatomical and functional roles in the upper extremity. Understanding these specific joints and their assessments is essential for recognizing how various tests relate to diagnosing injuries and conditions effectively.

9. Where would a therapist expect to see muscle wasting in a patient with Ape Hand Deformity?

- A. Hypothenar Eminence
- B. Thenar Eminence**
- C. Intrinsic muscles of the palm
- D. Flexor Carpi Ulnaris

Ape Hand Deformity, also known as "simian hand," is characterized by a weakness or paralysis of the muscles that allow for thumb opposition and flexion, primarily affecting the thenar eminence. The thenar eminence is made up of the muscles that control the movement of the thumb, including the abductor pollicis brevis, opponens pollicis, and flexor pollicis brevis. In this condition, the atrophy of these muscles leads to significant weakness in thumb function, which is key to grasping and pinching movements. As a result, the deficiency in muscle strength and control in the thenar eminence becomes noticeable and is a direct consequence of the impairment associated with the median nerve, which innervates these muscles. The hypothenar eminence and the intrinsic muscles of the palm also play roles in hand function but are less affected in Ape Hand Deformity, since the condition predominantly impacts the muscles responsible for thumb movement. The flexor carpi ulnaris is primarily involved in wrist flexion and is innervated by the ulnar nerve, meaning it is not directly related to the muscular atrophy seen in Ape Hand Deformity. Thus, the observed muscle wasting primarily

10. Is acute pain typically localized or diffuse?

- A. Localized**
- B. Diffuse
- C. Both localized and diffuse
- D. Neither localized nor diffuse

Acute pain is typically characterized as localized. This means that the pain is often confined to a specific area of the body where an injury or condition has occurred, such as a sprain, cut, or broken bone. The localization of acute pain allows both patients and healthcare providers to identify the source of the discomfort more readily. Localization is a key feature of acute pain because it serves an important purpose in the body's response to injury. It acts as a protective mechanism, alerting an individual to the presence of harm or potential injury and often prompting them to take care to avoid further damage to the affected area. In contrast, diffuse pain, which spreads over a larger area or can be felt throughout the body, is more commonly associated with chronic pain conditions or systemic illnesses. By distinguishing acute pain as localized, we can better understand how it functions in the context of injury and treatment.

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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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