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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. **What is the motor function of the suprascapular nerve?**

   A. Subscapularis

   B. Serratus anterior

   C. Supraspinatus and infraspinatus

   D. Triceps brachii

2. **What is a common therapeutic goal when working with a patient suffering from rheumatoid arthritis?**

   A. Increasing joint strength

   B. Improving range of motion

   C. Reducing muscle bulk

   D. Enhancing pain perception

3. **Which of the following connects to the lower jaw at the modiolus?**

   A. Buccinator

   B. Frontalis

   C. Occipitalis

   D. Auricularis

4. **What application is known to have a mechanical effect on the skin?**

   A. Hot Stone Therapy

   B. Cold Mitten Effects

   C. Swedish Massage

   D. Trigger Point Therapy

5. **Which thoracic outlet assessment is appropriate for a student experiencing numbness in their arms from carrying a heavy backpack?**

   A. Hyperabduction arm test

   B. Costoclavicular syndrome test

   C. Adson's maneuver

   D. Halstead maneuver

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6. What is a common symptom of tight ilipsoas muscles?

A. Lower back pain

B. Shoulder pain

C. Knee pain

D. Neck stiffness

7. What clinical sign indicates a lack of normal contour in the knuckles due to potential wrist injury?

A. Bunnell's Sign

B. Murphy's Sign

C. Finkelstein's Test

D. Phalan's Sign

8. Which type of skeletal muscle fiber is characterized by less fatigue and is suited for endurance activities?

A. Fast-twitch fibers

B. Slow-twitch fibers

C. Intermediate fibers

D. Hybrid fibers

9. During a neurological assessment, which UPR limb nerve is tested when neurological symptoms are recreated by the movements described?

A. Right ulnar nerve

B. Right median nerve

C. Right radial nerve

D. Left radial nerve

10. What is mainly innervated by the median nerve?

A. Forearm flexor muscles

B. Deltoid and teres minor

C. Biceps and triceps

D. Serratus anterior

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Answers

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

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Explanations

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1. What is the motor function of the suprascapular nerve?

A. Subscapularis

B. Serratus anterior

C. Supraspinatus and infraspinatus

D. Triceps brachii

The suprascapular nerve is primarily responsible for innervating the supraspinatus and infraspinatus muscles. These muscles are critical for shoulder movement and stability. The supraspinatus muscle plays a key role in the abduction of the arm, while the infraspinatus is involved in the external rotation of the shoulder. Understanding this innervation is important for massage therapists, as these muscles are often implicated in shoulder injuries or conditions such as rotator cuff tears. Proper assessment and treatment strategies can be applied to address dysfunctions in these muscles, which are facilitated by their specific motor nerve supply from the suprascapular nerve. This knowledge enhances a therapist's ability to tailor their approach based on muscular involvement, contributing to more effective treatment outcomes.

2. What is a common therapeutic goal when working with a patient suffering from rheumatoid arthritis?

A. Increasing joint strength

B. Improving range of motion

C. Reducing muscle bulk

D. Enhancing pain perception

Improving range of motion is a vital therapeutic goal when working with a patient suffering from rheumatoid arthritis. This condition often leads to inflammation, swelling, and stiffness in the joints, which can severely restrict the range of motion and negatively impact daily activities. By focusing on improving range of motion through gentle stretching, mobilization, and specific therapeutic exercises, massage therapy and other interventions can help alleviate stiffness, promote flexibility, and enhance the patient's overall function and quality of life. In contrast, increasing joint strength may not be the most immediate concern, as the primary issue in rheumatoid arthritis is inflammation and pain rather than muscular weakness. Reducing muscle bulk is typically not a goal in this context, since patients may already experience muscle atrophy due to disuse or pain. Enhancing pain perception is not a therapeutic goal; rather, treatment generally aims to reduce pain and improve comfort, allowing patients to engage more fully in their activities and therapies.

3. Which of the following connects to the lower jaw at the modiolus?

A. Buccinator

B. Frontalis

C. Occipitalis

D. Auricularis

The buccinator muscle is responsible for connecting to the lower jaw at the modiolus, which is a fibrous junction located at the corner of the mouth. This muscle plays a crucial role in facial expressions and in the functioning of the mouth. Specifically, the buccinator helps with actions such as smiling and chewing by compressing the cheeks against the teeth, which helps to keep food between the molars during mastication. Other muscles listed, such as frontalis and occipitalis, are part of the occipitofrontalis muscle group and are primarily responsible for forehead movement and scalp tension. The auricularis muscle works to move the ear and is not involved with the lower jaw or the modiolus. Therefore, the buccinator is the only muscle among the options that directly connects to the lower jaw at this particular anatomical point.

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4. What application is known to have a mechanical effect on the skin?

A. Hot Stone Therapy

B. Cold Mitten Effects

C. Swedish Massage

D. Trigger Point Therapy

The correct choice is the application that produces a mechanical effect on the skin through the use of specific techniques or tools. In the case of cold mitten effects, this technique involves alternately applying cold and warmth via mittens that are soaked in cold water, which creates a distinct mechanical response in the skin. This application not only affects the temperature of the skin but also stimulates the nerve endings and can promote increased circulation or muscle relaxation in the treated areas. Hot stone therapy involves the use of heated stones placed on the body, providing thermal effects rather than a mechanical effect on the skin. Swedish massage incorporates various strokes and movements designed to relax and stimulate the muscles, but it primarily focuses on the muscular system rather than directly manipulating the skin mechanically. Trigger point therapy targets specific areas of tightness within muscles, leading to release through pressure but does not emphasize a mechanical effect on the skin in the same way that the cold mitten effects do.

5. Which thoracic outlet assessment is appropriate for a student experiencing numbness in their arms from carrying a heavy backpack?

A. Hyperabduction arm test

B. Costoclavicular syndrome test

C. Adson's maneuver

D. Halstead maneuver

The costoclavicular syndrome test is appropriate for assessing thoracic outlet syndrome, particularly in cases where symptoms like arm numbness may arise from compression of the neurovascular structures as they pass under the clavicle. In this scenario, the heavy backpack suggests a potential for mechanical compression due to the additional weight and posture alignment changes, which can predispose an individual to thoracic outlet syndrome. The costoclavicular syndrome test involves assessing for changes in blood flow and neurological symptoms while positioning the shoulders and arms in a specific way. If the student experiences numbness during this maneuver, it may indicate that there is compression occurring at the thoracic outlet due to the pressure from the backpack and the resulting position they may adopt while carrying it. Other assessments, while they can help identify thoracic outlet syndrome, have different focuses or may be less relevant given the student's specific situation. For example, the hyperabduction arm test primarily examines for issues related to the brachial plexus under the pectoralis minor, whereas Adson's maneuver focuses on the relationship between the subclavian artery and the scalene muscles. The Halstead maneuver is similar to Adson's but emphasizes a different set of neurological signs. None of these specifically target the potential structural

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6. What is a common symptom of tight ilipsoas muscles?

A. Lower back pain

B. Shoulder pain

C. Knee pain

D. Neck stiffness

Tight iliopsoas muscles are known to contribute to lower back pain, primarily due to their anatomical location and function. The iliopsoas, which consists of the iliacus and psoas major muscles, plays a crucial role in hip flexion and stabilization of the pelvis. When these muscles become tight, they can create an imbalance in the pelvic alignment and may increase the lumbar lordosis (the natural curvature of the lower back). This altered posture can lead to excessive strain on the lumbar spine and associated structures, resulting in discomfort or pain in the lower back region. Additionally, tightness in these muscles can limit hip mobility, further exacerbating any discomfort in the lower back, as the body compensates for reduced range of motion. This relationship between the iliopsoas and lower back pain is commonly recognized in both clinical settings and sports medicine. Shoulder pain, knee pain, and neck stiffness are less directly connected to the function of the iliopsoas muscles. While these areas can experience discomfort due to various other factors or compensatory mechanisms, tightness specifically in the iliopsoas does not target those areas in the same way it affects the lower back.

7. What clinical sign indicates a lack of normal contour in the knuckles due to potential wrist injury?

A. Bunnell's Sign

B. Murphy's Sign

C. Finkelstein's Test

D. Phalan's Sign

Murphy's Sign is a clinical indication often used to assess for potential wrist injuries, specifically involving the carpal bones or proximal metacarpal fractures. When a patient is asked to make a fist, the normal contour of the knuckles should display a rounded appearance. In cases of wrist injury, particularly with a fracture to the scaphoid bone or other carpal bones, this normal contour is disrupted. Instead, the third knuckle may appear less prominent or even sunken compared to the others, which suggests an underlying injury that affects the alignment and function of the wrist and hand structures. The other options refer to different tests and signs used for specific conditions or joint assessments. Bunnell's Sign assesses finger flexion and extension, primarily in cases of a potential tendon injury. Finkelstein's Test evaluates for De Quervain's tenosynovitis and involves specific wrist and thumb movements. Phalen's Sign is used to test for carpal tunnel syndrome through wrist flexion for a period. Each of these has distinct clinical applications, which differ from the assessment of knuckle contour indicative of a wrist injury, underlining why Murphy's Sign is the correct choice in this context.

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8. Which type of skeletal muscle fiber is characterized by less fatigue and is suited for endurance activities?

A. Fast-twitch fibers

B. Slow-twitch fibers

C. Intermediate fibers

D. Hybrid fibers

The type of skeletal muscle fiber that is characterized by less fatigue and is particularly suited for endurance activities is slow-twitch fibers. These fibers are designed for prolonged activity and rely on aerobic metabolism to produce energy, allowing them to sustain muscle contractions over extended periods without tiring quickly. This makes them ideal for activities such as long-distance running, cycling, and other endurance sports. Slow-twitch fibers contain a rich supply of blood vessels, myoglobin, and mitochondria, which enhance their capacity for oxygen uptake and storage. This physiological makeup enables them to efficiently utilize oxygen to generate energy over time, leading to reduced fatigue compared to other fiber types. Fast-twitch fibers, in contrast, are more suitable for short bursts of high-intensity activity but tend to fatigue quickly due to their reliance on anaerobic metabolism. Intermediate fibers have characteristics that allow them to function in both endurance and power activities, but they do not specialize as efficiently for endurance as slow-twitch fibers. Hybrid fibers are not a distinct category recognized in standard muscle fiber classifications and may not have well-defined characteristics fitting the context of fatigue and endurance performance.

9. During a neurological assessment, which UPR limb nerve is tested when neurological symptoms are recreated by the movements described?

A. Right ulnar nerve

B. Right median nerve

C. Right radial nerve

D. Left radial nerve

Neurodynamic tests provoke symptoms by placing tension along a nerve's pathway. The radial nerve travels down the lateral arm, around the elbow, and into the forearm to innervate the wrist and finger extensors. Movements that lengthen or stretch the radial nerve—such as extending the wrist and fingers (and often positioning the forearm in certain rotations)—can reproduce symptoms if the radial nerve is involved. If the patient reports numbness, tingling, or pain in the dorsolateral forearm or dorsum of the hand and shows weakness in wrist/finger extension during these movements, it points to the right radial nerve in that limb. This pattern distinguishes it from median or ulnar nerve provocation, which would reproduce different distributions of sensation and different motor weaknesses.

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10. What is mainly innervated by the median nerve?

A. Forearm flexor muscles

B. Deltoid and teres minor

C. Biceps and triceps

D. Serratus anterior

The median nerve primarily innervates the majority of the forearm flexor muscles, which are essential for movements such as flexing the wrist and fingers. This nerve travels down the arm and enters the hand, where it also innervates some intrinsic hand muscles, particularly those involved in thumb opposition and flexion. The forearm flexor muscles include important groups such as the flexor carpi radialis, flexor digitorum superficialis, and part of the flexor digitorum profundus. The other choices involve muscles that are not majorly innervated by the median nerve. The deltoid and teres minor are primarily innervated by the axillary nerve, while the biceps and triceps are innervated by the musculocutaneous nerve and radial nerve, respectively. The serratus anterior muscle is innervated by the long thoracic nerve. Therefore, the focus on the forearm flexor muscles as primarily innervated by the median nerve makes it the most appropriate answer.

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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:

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

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