COLLEGE OF MASSAGE THERAPISTS OF ONTARIO (CMTO) PRACTICE TEST (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. Which fracture is characterized by the bone being splintered or crushed?

A. Comminuted fracture

B. Compound fracture

C. Simple fracture

D. Greenstick fracture

2. The composition clause of the CMTO council includes which of the following?

A. 6-9 RMTs elected by peers and 5-8 public members appointed by the government

B. All RMTs and all public members appointed jointly by the government and associations

C. Only RMTs with no public representation

D. Public members only with no RMT representation

3. The neurilemma plays which role in the peripheral nervous system?

A. forms the blood-brain barrier

B. wraps CNS axons

C. helps PNS axons regenerate

D. speeds conduction along axons

4. Which set of symptoms is commonly associated with hypothyroidism?

A. Heat intolerance and weight loss

B. Goiter formation, myxedema, decreased metabolic rate, cold intolerance, hair loss, dry skin, fatigue, brittle nails and hair, weight gain

C. Exophthalmos

D. Weight gain

5. Which grade of whiplash-associated disorder is most likely to require surgical care due to tendon rupture?

A. Grade 4 WAD

B. Grade 1 WAD

C. Grade 2 WAD

D. Grade 3 WAD

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6. Where are neurotransmitters stored before release?

A. Axon terminal

B. Soma

C. Dendrite

D. Nissl body

7. Natural Killer (NK) cells are lymphocytes that respond to pathogens and cancer cells. Where do they primarily circulate?

A. Blood

B. Lymph nodes

C. Spleen

D. Bone marrow

8. A-delta fibers are:

A. Unmyelinated fibers that carry slow dull pain

B. Myelinated fibers that transmit sharp fast, well-localized pain

C. Fibers that carry touch

D. Fibers that carry proprioception

9. Goiter formation is a feature of which conditions?

A. Hypothyroidism only

B. Hyperthyroidism only

C. Both hypothyroidism and hyperthyroidism

D. Neither

10. The brachial plexus is formed by which ventral rami?

A. anterior rami of C5-T1

B. posterior rami of C5-T1

C. anterior rami of L2-L5

D. dorsal rami of C3-C8

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Answers

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

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Explanations

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1. Which fracture is characterized by the bone being splintered or crushed?

A. Comminuted fracture

B. Compound fracture

C. Simple fracture

D. Greenstick fracture

When a fracture breaks the bone into several pieces or fragments, with parts splintered or crushed, that pattern is described as a comminuted fracture. The term captures the extensive fragmentation that results from higher-energy trauma or crushing forces, making stabilization more complex because multiple small pieces must be realigned and held in place to restore function. This differs from other patterns: a compound fracture refers to an open wound where the bone protrudes through the skin, which can occur with comminution but isn't defined by fragmentation itself; a simple fracture is a clean break into two pieces with no skin break; a greenstick fracture is an incomplete break where the bone bends and cracks on one side, common in children.

2. The composition clause of the CMTO council includes which of the following?

A. 6-9 RMTs elected by peers and 5-8 public members appointed by the government

B. All RMTs and all public members appointed jointly by the government and associations

C. Only RMTs with no public representation

D. Public members only with no RMT representation

The council is designed to balance professional expertise with public protection. It includes a mix of registered massage therapists who are elected by their peers, along with public members who are appointed by the government to represent the public interest. This structure ensures governance is informed by clinical practice while remaining accountable to the public. The specific makeup—six to nine RMTs elected by peers and five to eight public members appointed by the government—embodies that balance. Having only RMTs would tilt toward professional perspective without sufficient public accountability; having only public members would remove essential professional insight for setting standards; and appointments shared with associations could blur authority and standards of independence. This combination supports strong governance and public trust.

3. The neurilemma plays which role in the peripheral nervous system?

A. forms the blood-brain barrier

B. wraps CNS axons

C. helps PNS axons regenerate

D. speeds conduction along axons

The neurilemma is the outermost layer surrounding a peripheral nerve fiber, formed by the cytoplasm of Schwann cells. This structure is essential for regeneration in the peripheral nervous system because it creates a regeneration tube that guides the regrowth of axons after injury and provides supportive signals to promote healing. In contrast, the blood-brain barrier is a CNS feature built from endothelial tight junctions with astrocyte endfeet, not neurilemma. CNS axons are wrapped by oligodendrocytes, not by Schwann cells, so there isn't a neurilemma around them. And while myelin speeds conduction, that effect comes from the myelin sheath itself, not from the neurilemma. Thus, the neurilemma's role is to help PNS axons regenerate.

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4. Which set of symptoms is commonly associated with hypothyroidism?

A. Heat intolerance and weight loss

B. Goiter formation, myxedema, decreased metabolic rate, cold intolerance, hair loss, dry skin, fatigue, brittle nails and hair, weight gain

C. Exophthalmos

D. Weight gain

Hypothyroidism slows the body's metabolic rate, so you see symptoms tied to reduced energy production and heat generation. This cluster includes cold intolerance and weight gain from the slower metabolism, along with fatigue. The skin becomes dry and the hair and nails may become brittle or thin, and hair loss can occur. Myxedema is a more advanced sign reflecting mucopolysaccharide buildup in the skin, and a goiter can form as the thyroid is damaged or stimulated by TSH. Taken together, these features—decreased metabolic rate, cold intolerance, weight gain, fatigue, dry skin, hair loss/brittle hair and nails, possible myxedema, and goiter—constitute the classic presentation of hypothyroidism. Heat intolerance with weight loss points to hyperthyroidism. Exophthalmos is a sign more associated with Graves' disease (a form of hyperthyroidism). Weight gain alone is not as distinctive as the full, characteristic symptom pattern described above.

5. Which grade of whiplash-associated disorder is most likely to require surgical care due to tendon rupture?

A. Grade 4 WAD

B. Grade 1 WAD

C. Grade 2 WAD

D. Grade 3 WAD

In whiplash-associated disorder, the grading system reflects increasing severity of injury and tissue involvement. The most severe category includes structural damage such as a fracture or dislocation, which commonly requires surgical management. A tendon rupture in the neck represents major structural damage, and when such damage is present, it falls into the highest severity category. That category is associated with the possibility of surgical care, making it the best answer. The milder grades involve only soft tissue symptoms, with or without musculoskeletal or neurological signs, and generally do not imply surgery.

6. Where are neurotransmitters stored before release?

A. Axon terminal

B. Soma

C. Dendrite

D. Nissl body

Neurotransmitters are stored in synaptic vesicles packed in the presynaptic axon terminal. These vesicles hold transmitters ready to be released when an action potential arrives. The signal opens calcium channels, calcium enters, vesicles fuse with the presynaptic membrane, and neurotransmitters spill into the synaptic cleft to influence the postsynaptic neuron. The soma houses machinery for protein synthesis (and Nissl bodies are clusters of rough endoplasmic reticulum there), while dendrites are primarily receptive surfaces. So the site holding neurotransmitters before release is the axon terminal.

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7. Natural Killer (NK) cells are lymphocytes that respond to pathogens and cancer cells. Where do they primarily circulate?

A. Blood

B. Lymph nodes

C. Spleen

D. Bone marrow

Natural killer cells patrol the body by circulating in the bloodstream. They mature in the bone marrow, then enter peripheral blood to survey for virus-infected or cancerous cells. This bloodstream distribution lets them reach sites of infection or transformation quickly. They can migrate into tissues like the spleen, liver, or lymph nodes as needed, but the largest circulating pool is in the blood. Thus, blood is their primary circulation route.

8. A-delta fibers are:

A. Unmyelinated fibers that carry slow dull pain

B. Myelinated fibers that transmit sharp fast, well-localized pain

C. Fibers that carry touch

D. Fibers that carry proprioception

A-delta fibers are small-diameter, myelinated nerve fibers that conduct impulses quickly, producing the initial sharp, well-localized pain you feel right after a noxious stimulus. The myelination speeds conduction, so these fibers deliver a fast "first pain" that lets you localize the source and react quickly. In contrast, unmyelinated C fibers carry slow, dull, diffuse pain that lingers. Signals for touch mainly travel through larger, myelinated A-beta fibers, and proprioception through the largest myelinated A-alpha fibers. So the description "myelinated fibers that transmit sharp fast, well-localized pain" best captures what A-delta fibers do.

9. Goiter formation is a feature of which conditions?

A. Hypothyroidism only

B. Hyperthyroidism only

C. Both hypothyroidism and hyperthyroidism

D. Neither

Goiter is enlargement of the thyroid gland that happens when the gland is chronically stimulated or damaged, and this can occur regardless of whether thyroid hormone levels are low or high. In hypothyroidism, low levels of thyroid hormone reduce negative feedback to the pituitary, causing increased TSH. This prolonged TSH stimulation prompts the thyroid to grow, producing a goiter. In hyperthyroidism, the gland is overactive, and autoimmune processes or nodular changes can drive growth of thyroid tissue, leading to a goiter as well. Because goiter results from growth in response to stimulation or injury rather than a single hormonal state, it can be a feature of both hypothyroidism and hyperthyroidism.

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10. The brachial plexus is formed by which ventral rami?

A. anterior rami of C5-T1

B. posterior rami of C5-T1

C. anterior rami of L2-L5

D. dorsal rami of C3-C8

The brachial plexus is formed by the ventral (anterior) rami of spinal nerves from C5 through T1. These ventral rami come together in the lower neck to give rise to trunks, divisions, cords, and branches that innervate the upper limb. The posterior rami do not contribute to this plexus; they primarily supply the back. The lumbar plexus, not the brachial plexus, is formed from L2-L5, and the dorsal rami of C3-C8 supply the back rather than the upper limb. So the anterior rami of C5-T1 best explain the formation of the brachial plexus.

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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://cmto.examzify.com

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

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