# MBLEX MASSAGE THERAPY 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. What statement is NOT part of a vertebral treatment plan?**

A. Determined by physical findings

B. Based on a thorough assessment

C. Determined only by what the clients want

D. Considering the client's overall health

**2. What is the best approach to ensure effective communication with clients regarding their symptoms?**

A. Ask leading questions

B. Make assumptions based on experience

C. Use open-minded questions

D. Limit questions to yes/no format

**3. Which muscle is primarily responsible for movements of the head, neck, and shoulders?**

A. Sternocleidomastoid

B. Trapezius

C. Deltoid

D. Pectoralis Major

**4. In terms of functional anatomy, what role does a synergist play in muscle movement?**

A. Aiding the prime mover

B. Opposing the prime mover

C. Stabilizing the muscle

D. Compensating for weak muscles

**5. What is the effect of the working of the iliacus, psoas major, and rectus femoris muscles on the pelvis?**

A. They cause a posterior pelvic tilt

B. They cause an anterior pelvic tilt

C. They stabilize the pelvis

D. They have no effect on the pelvis

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**6. Which muscle group performs extension and lateral rotation at the glenohumeral joint?**

A. Anterior deltoid fibers

B. Middle deltoid fibers

C. Posterior deltoid fibers

D. Supraspinatus fibers

**7. To effectively test for supraspinatus issues, how should the client position their humerus?**

A. Flex at 90 degrees and then rotate

B. ABduct 90 degrees and then ADduct 30 degrees

C. ABduct 90 degrees and then ADduct 30 degrees

D. Internally rotate before ABducting

**8. What is the correct order of food travel through the gastrointestinal tract?**

A. Mouth, pharynx, stomach, small intestine, large intestine

B. Mouth, pharynx, esophagus, stomach, small intestine, large intestine

C. Esophagus, stomach, small intestine, mouth, large intestine

D. Mouth, stomach, pharynx, small intestine, large intestine

**9. In the early healing stages of wounds, which technique should be avoided due to fragility of granulation tissue?**

A. Percussion methods

B. Drag and torque on the tissue

C. Effleurage techniques

D. Static stretching

**10. Which muscles are responsible for lateral rotation of the glenohumeral joint?**

A. Supraspinatus and infraspinatus

B. Deltoid (posterior), infraspinatus, and teres minor

C. Subscapularis and pectoralis major

D. Latissimus dorsi and teres major

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# Answers

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

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# Explanations

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## 1. What statement is NOT part of a vertebral treatment plan?

A. Determined by physical findings

B. Based on a thorough assessment

C. Determined only by what the clients want

D. Considering the client's overall health

*The correct answer highlights that a comprehensive vertebral treatment plan should not be solely determined by what the clients want. While client preferences and feedback are important in any treatment approach, the development of an effective treatment plan must be grounded in objective data and health assessments rather than individual desires alone. A treatment plan for vertebral issues typically includes multiple factors such as physical findings, a thorough assessment of the client's condition, and an analysis of the client's overall health. These considerations ensure that the plan addresses the root causes of the issue, rather than just catering to client requests that may not be clinically advisable. By prioritizing clinical indicators and overall health, practitioners can formulate a safer and more effective treatment strategy that promotes healing and recovery rather than simply aligning with client expectations.*

## 2. What is the best approach to ensure effective communication with clients regarding their symptoms?

A. Ask leading questions

B. Make assumptions based on experience

C. Use open-minded questions

D. Limit questions to yes/no format

*The best approach to ensure effective communication with clients regarding their symptoms is to use open-ended questions. Open-ended questions encourage clients to provide detailed responses rather than just simple yes/no answers. This type of questioning allows for a deeper understanding of their symptoms, feelings, and concerns, which is crucial for effective assessment and treatment planning. When clients are invited to elaborate on their experiences, they often share important information that may not surface through more restrictive questioning formats. This promotes a more thorough dialogue, fosters trust, and enables a stronger therapeutic relationship. By using open-minded questions, therapists can gather comprehensive details that will guide their treatment strategies and ensure they address the client's specific needs. In contrast, leading questions can bias the response, making it challenging to obtain accurate information. Making assumptions based on previous experiences can overlook the uniqueness of the current client's situation, while limiting questions to yes/no formats restricts the client's ability to express themselves fully. Each of these approaches can hinder the communication and understanding necessary for effective therapeutic engagement.*

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**3. Which muscle is primarily responsible for movements of the head, neck, and shoulders?**

A. Sternocleidomastoid

B. Trapezius

C. Deltoid

D. Pectoralis Major

*The muscle that plays a primary role in the movements of the head, neck, and shoulders is the sternocleidomastoid. This muscle is crucial for several actions, including the rotation and flexion of the neck, as well as assisting with the elevation of the sternum during deep inhalation. The trapezius also contributes to shoulder movements and extends to the neck, but its primary functions are more focused on the elevation, retraction, and rotation of the scapula. While it does have an impact on neck movements, it works in conjunction with other muscles and is not solely responsible for head and neck movement. The deltoid muscle is primarily the major mover of the shoulder joint and is responsible for arm abduction, flexion, and rotation, rather than head and neck movements. The pectoralis major primarily functions in moving the upper arm and the shoulder, and while it can influence shoulder girdle positioning, it is not involved in head and neck mechanics. In summary, the sternocleidomastoid muscle is specifically designed to facilitate movements of the head and neck, establishing its role as the primary muscle for these functions.*

**4. In terms of functional anatomy, what role does a synergist play in muscle movement?**

A. Aiding the prime mover

B. Opposing the prime mover

C. Stabilizing the muscle

D. Compensating for weak muscles

*A synergist plays a crucial role in muscle movement by assisting the prime mover, or agonist, in performing a specific action. The primary function of a synergist is to enhance the effectiveness of the prime mover during contraction. By stabilizing joints and aiding in the movement, synergists help to ensure that the action is performed smoothly and efficiently, reducing the risk of injury or unnecessary strain on other muscles. In functional anatomy, this collaboration allows for more coordinated and controlled movements. For instance, when the biceps brachii is the prime mover for elbow flexion, the brachialis acts as a synergist by assisting the biceps in this action, making the motion more effective. Other roles described in the options, such as opposing the prime mover or stabilizing the muscle, are characteristic of antagonist or stabilizer muscles, respectively, and do not apply to synergists. Each type of muscle has a distinct role, contributing to the overall dynamics of movement in the body.*

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## 5. What is the effect of the working of the iliacus, psoas major, and rectus femoris muscles on the pelvis?

A. They cause a posterior pelvic tilt

B. They cause an anterior pelvic tilt

C. They stabilize the pelvis

D. They have no effect on the pelvis

*The iliacus, psoas major, and rectus femoris muscles all play a significant role in the movement and stabilization of the pelvis, specifically impacting pelvic tilt. When these muscles contract, they collectively contribute to an anterior pelvic tilt. The iliacus and psoas major, which are hip flexors, attach from the lumbar spine and pelvis to the femur, pulling the femur upward and inward toward the body. This action creates a forward pull on the pelvis, resulting in an anterior tilt. The rectus femoris, as part of the quadriceps group, also assists in hip flexion while simultaneously extending the knee. When it contracts alongside the iliacus and psoas major, it helps further facilitate this forward tilt by maintaining an upright posture of the trunk and supporting the flexion at the hip. This anterior pelvic tilt is essential in various movements such as walking, running, or sitting, where increased hip flexion is required. Understanding the impact of these muscles on the pelvis is crucial for assessing postural imbalances and developing appropriate therapeutic interventions in massage therapy and other forms of physical therapy.*

## 6. Which muscle group performs extension and lateral rotation at the glenohumeral joint?

A. Anterior deltoid fibers

B. Middle deltoid fibers

C. Posterior deltoid fibers

D. Supraspinatus fibers

*The posterior deltoid fibers are primarily responsible for extension and lateral rotation at the glenohumeral joint. The deltoid muscle is divided into three functional parts: anterior, middle, and posterior fibers, each contributing to different movements of the shoulder. The posterior fibers, specifically, assist in extending the arm backward and rotating it laterally. This is crucial for various movements that require the arm to be positioned behind the body or rotated outward, such as in certain sports or rehabilitation exercises. In contrast, the anterior deltoid fibers predominantly facilitate flexion and medial rotation, while the middle deltoid fibers are primarily involved in arm abduction. The supraspinatus is also involved in shoulder abduction but does not contribute significantly to extension or lateral rotation. Understanding the specific roles of these musculature fibers aids in comprehending shoulder mechanics and is vital for effective massage therapy and rehabilitation approaches.*

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## 7. To effectively test for supraspinatus issues, how should the client position their humerus?

A. Flex at 90 degrees and then rotate

B. ABduct 90 degrees and then ADduct 30 degrees

C. ABduct 90 degrees and then ADduct 30 degrees

D. Internally rotate before ABducting

*The correct positioning of the humerus for effectively testing supraspinatus issues involves abducting the arm 90 degrees and then adducting it 30 degrees. This specific positioning helps to isolate the supraspinatus muscle, which is primarily responsible for the initial 15 degrees of shoulder abduction. When the humerus is in this position, it allows for a clear assessment of the supraspinatus's function and any potential pain or weakness during the adduction phase. This positioning is particularly beneficial because it puts the supraspinatus under stress while minimizing the contribution from other muscles, allowing for a more accurate evaluation of any dysfunction related to this specific muscle. The incorrect options do not provide the optimal position needed to isolate the supraspinatus effectively for testing. For instance, simply rotating or flexing the arm without the proper abduction and adduction could involve other muscles, leading to less precise results. Therefore, the established method of abducting and then adducting the arm is crucial for a thorough assessment of supraspinatus integrity.*

## 8. What is the correct order of food travel through the gastrointestinal tract?

A. Mouth, pharynx, stomach, small intestine, large intestine

B. Mouth, pharynx, esophagus, stomach, small intestine, large intestine

C. Esophagus, stomach, small intestine, mouth, large intestine

D. Mouth, stomach, pharynx, small intestine, large intestine

*The accurate sequence of food traveling through the gastrointestinal tract starts at the mouth, where the process of digestion begins through chewing and the action of saliva. From the mouth, food moves into the pharynx, which is a shared pathway for both food and air. Next, the food enters the esophagus, a muscular tube that transports food from the pharynx to the stomach via peristaltic movements. Once in the stomach, food is mixed with gastric juices, breaking it down further in preparation for absorption. After the stomach, the partially digested food enters the small intestine, where most nutrient absorption occurs. Finally, whatever remains that cannot be digested moves into the large intestine, where water is reabsorbed, and waste is prepared for elimination. This order reflects the physiological route that food takes through the digestive system, emphasizing the roles that each part plays in processing food efficiently. The other choices do not follow this systematic pathway, demonstrating a misunderstanding of gastrointestinal anatomy and the sequential nature of digestion.*

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## 9. In the early healing stages of wounds, which technique should be avoided due to fragility of granulation tissue?

A. Percussion methods

B. Drag and torque on the tissue

C. Effleurage techniques

D. Static stretching

*In the early healing stages of wounds, avoiding drag and torque on the tissue is crucial due to the fragility of granulation tissue. Granulation tissue is newly formed tissue that replaces lost tissue during the healing process, and it is delicate and easily damaged. Techniques that apply pulling or twisting forces can disrupt this sensitive tissue, potentially delaying healing or causing further injury. Percussion methods, while they can be stimulating and invigorating, do not exert prolonged pressure or drag, making them less harmful to fragile granulation tissue. Effleurage techniques, characterized by gentle gliding strokes, are generally safe and can even promote blood circulation and lymphatic drainage in healing tissues. Static stretching is typically not applied directly to the wound site, but even if it were used, it involves lengthening muscles rather than exerting drag on fragile tissues. Therefore, avoiding drag and torque techniques ensures that the healing process is supported without risking damage to new tissue formation.*

## 10. Which muscles are responsible for lateral rotation of the glenohumeral joint?

A. Supraspinatus and infraspinatus

B. Deltoid (posterior), infraspinatus, and teres minor

C. Subscapularis and pectoralis major

D. Latissimus dorsi and teres major

*The muscles responsible for lateral rotation of the glenohumeral joint include the deltoid (specifically the posterior part), infraspinatus, and teres minor. The infraspinatus and teres minor are both part of the rotator cuff group and play a crucial role in stabilizing and moving the shoulder, specifically in lateral or external rotation. The posterior fibers of the deltoid also assist with this movement when the arm is in certain positions. In contrast, the supraspinatus primarily aids in shoulder abduction rather than lateral rotation. The subscapularis and pectoralis major are involved in internal rotation, while the latissimus dorsi and teres major also contribute more directly to internal rotation and adduction of the arm. Thus, the correct choice highlights the muscles specifically engaged in the action of lateral rotation, crucial for activities that require such motion in the shoulder joint.*

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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://mblexmassagetherapy.examzify.com

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

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