College of Massage Therapists of British Columbia (CMTBC) Practice Exam (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

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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

1. What is the typical flexion capacity of the hip joint?

A. 10-15 degrees

B. 110-120 degrees

C. 30-50 degrees

D. 70-90 degrees

2. What condition is indicated by sudden severe pain at the lateral epicondyle during Cozen's test?

A. Ulnar nerve injury

B. Positive Cozen's Test

C. Referred shoulder pain

D. Medial epicondylitis

3. In which shoulder position is the supraspinatus tendon optimally exposed for cross fiber frictions?

A. Flexion and abduction

B. Extension, adduction, internal rotation

C. Horizontal adduction and external rotation

D. Neutral position

4. What is a commonly reported side effect of NSAIDs?

A. Headaches

B. GI disturbances

C. Skin rashes

D. Weight gain

5. What does the Q angle measure and how is it assessed?

A. Angle from ASIS to the lateral malleolus

B. Angle from ASIS to patella to tibial tuberosity

C. Angle from patella to tibial tuberosity

D. Angle from pelvis to femur

6. What remedial exercise should be prescribed to maintain joint mobility in a patient with an acute second-degree ankle sprain?

A. Pain-free passive range of motion (PROM) of the ankle

B. Active range of motion exercises

C. Strengthening exercises

D. Ice massage of the ankle area

7. Which muscle is primarily responsible for knee flexion?

A. rectus femoris

B. hamstrings

C. quadriceps

D. gastrocnemius

8. Which muscles make up the deep posterior compartment of the leg?

A. Gastrocnemius, soleus, plantaris

B. Tibialis anterior, peroneus longus, flexor hallucis longus

C. Tibialis posterior, flexor digitorum longus, flexor hallucis longus, popliteus

D. Quadratus plantae, flexor digitorum brevis

9. 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

10. When using a direct fascial technique and feeling a restriction barrier push back, what should you do?

A. Immediately push harder against the barrier

B. Move to a different area

C. Meet the resistance, hold the barrier, and wait for a release

D. Apply heat to relax the tissue

Answers

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

Explanations

1. What is the typical flexion capacity of the hip joint?

A. 10-15 degrees

B. 110-120 degrees

C. 30-50 degrees

D. 70-90 degrees

The typical flexion capacity of the hip joint is between 110 to 120 degrees. This range is substantial as it allows for a variety of movements necessary for daily activities and exercise, such as squatting, sitting, and ascending stairs. Flexion occurs when the angle between the thigh and the abdomen decreases, and this motion is crucial in many functional tasks. The hip joint, being a ball-and-socket joint, provides a significant range of motion, and its capacity for flexion is among the most important characteristics of its functional anatomy. Understanding the normal range of hip flexion is vital for both rehabilitation and athletic training, allowing health professionals to assess joint function accurately and identify potential limitations or injuries in patients or athletes.

2. What condition is indicated by sudden severe pain at the lateral epicondyle during Cozen's test?

A. Ulnar nerve injury

B. Positive Cozen's Test

C. Referred shoulder pain

D. Medial epicondylitis

The correct answer is about a positive Cozen's test indicating lateral epicondylitis, commonly referred to as "tennis elbow." Cozen's test is a specific physical examination maneuver used to assess pain associated with the extensor muscles of the forearm that attach at the lateral epicondyle of the humerus. During the test, the therapist applies a force while the patient resists wrist extension and radial deviation. If there is sudden severe pain at the lateral epicondyle during this test, it demonstrates positive findings for lateral epicondylitis, confirming irritation or pain in the area associated with overuse injuries. This condition is typically characterized by inflammation of the tendons that attach at the lateral epicondyle, often due to repetitive motion or strain. Thus, a positive Cozen's test specifically confirms that there is an issue at the lateral epicondyle, making the understanding of this correlation crucial for diagnosing and managing conditions related to elbow pain.

3. In which shoulder position is the supraspinatus tendon optimally exposed for cross fiber frictions?

A. Flexion and abduction

B. Extension, adduction, internal rotation

C. Horizontal adduction and external rotation

D. Neutral position

The optimal exposure of the supraspinatus tendon for cross fiber frictions occurs during the position of extension, adduction, and internal rotation of the shoulder. In this position, the supraspinatus tendon, which is a part of the rotator cuff, becomes more accessible as the surrounding soft tissues are shifted in a manner that allows for better palpation and treatment. When the shoulder is extended and adducted, the positioning opens up the area where the supraspinatus tendon lies, allowing the therapist to more effectively apply techniques such as cross-fiber friction. This technique is useful in addressing conditions like tendonitis and improving the healing of the tendon by increasing blood flow and breaking down scar tissue. Positions like flexion and abduction, horizontal adduction and external rotation, or the neutral position do not provide the same level of access or exposure to the supraspinatus tendon, making them less effective for this specific treatment purpose.

4. What is a commonly reported side effect of NSAIDs?

A. Headaches

B. GI disturbances

C. Skin rashes

D. Weight gain

Nonsteroidal anti-inflammatory drugs (NSAIDs) are widely used medications for the relief of pain, inflammation, and fever. Among the commonly reported side effects, gastrointestinal (GI) disturbances are particularly prominent. These can include symptoms such as nausea, vomiting, diarrhea, constipation, and stomach pain. In some cases, long-term use of NSAIDs can lead to more serious conditions, such as peptic ulcers or gastrointestinal bleeding, especially in individuals with pre-existing GI issues or in those who consume them in high doses. This side effect is well-documented due to NSAIDs' mechanism of action, which involves inhibition of cyclooxygenase (COX) enzymes responsible for the production of prostaglandins. Prostaglandins play a protective role in the gastrointestinal tract, so their reduction can compromise the mucosal lining, leading to irritation and subsequent discomfort. While headaches, skin rashes, and weight gain can occur with various medications and may be associated with NSAID use in some individuals, they are not as consistently reported or as widespread as GI disturbances. Therefore, GI disturbances are recognized as a primary concern with NSAID therapy, making it the correct choice.

5. What does the Q angle measure and how is it assessed?

A. Angle from ASIS to the lateral malleolus

B. Angle from ASIS to patella to tibial tuberosity

C. Angle from patella to tibial tuberosity

D. Angle from pelvis to femur

The Q angle, or quadriceps angle, measures the angle formed by the intersection of two lines: one that runs from the anterior superior iliac spine (ASIS) to the center of the patella and another that extends from the center of the patella to the tibial tuberosity. This angle is significant in assessing the alignment of the knee and its potential impact on knee mechanics and patellofemoral function. A larger Q angle can indicate a tendency toward dynamic knee valgus, which may predispose individuals to knee injuries and conditions such as patellar instability or anterior knee pain. The assessment typically involves the individual standing or lying down, with the therapist identifying the landmarks accurately to ensure the measurement is valid. By using this specific method of measurement, practitioners can gain insights into a patient's gait, alignment, and potential areas of concern in lower limb biomechanics. The correct choice highlights both the anatomical landmarks involved in the measurement and the importance of evaluating the relationship between these points for comprehensive assessment.

6. What remedial exercise should be prescribed to maintain joint mobility in a patient with an acute second-degree ankle sprain?

A. Pain-free passive range of motion (PROM) of the ankle

B. Active range of motion exercises

C. Strengthening exercises

D. Ice massage of the ankle area

In the case of an acute second-degree ankle sprain, maintaining joint mobility is essential for a healthy recovery while avoiding further injury. Pain-free passive range of motion (PROM) exercises are beneficial in this context as they help maintain joint flexibility without placing undue stress on the injured area. PROM involves the therapist moving the patient's ankle through its available range without any active participation from the patient. This ensures that the surrounding muscles are not strained while still promoting circulation and preventing stiffness in the joint. By keeping the ankle joint mobile during the acute phase of healing, PROM exercises can facilitate recovery and lay a foundation for further rehabilitation once the acute symptoms have subsided. As the injury is acute, active range of motion exercises might pose a risk of pain or exacerbate the injury. Strengthening exercises are typically introduced later in the healing process, once the sprain has improved and the joint can tolerate additional stress. Ice massage, while useful for managing pain and swelling, does not assist in maintaining mobility directly but rather serves as a modality for symptom relief.

7. Which muscle is primarily responsible for knee flexion?

A. rectus femoris

B. hamstrings

C. quadriceps

D. gastrocnemius

The muscle primarily responsible for knee flexion is the hamstrings. The hamstrings group, consisting of three main muscles—the biceps femoris, semitendinosus, and semimembranosus—plays a crucial role in bending the knee. These muscles are located at the back of the thigh and work to pull the lower leg towards the buttocks during activities such as walking, running, and cycling. While the rectus femoris, part of the quadriceps group, also crosses the knee joint, its primary function is knee extension and it works in opposition to the hamstrings. The quadriceps, as a whole, are the major knee extensor muscles. The gastrocnemius, although it assists in knee flexion due to its origin above the knee, primarily functions to perform plantarflexion at the ankle joint when the knee is bent. Understanding the roles of these muscles helps clarify why the hamstrings are the key player in knee flexion. They are most effective at flexing the knee because of their anatomical positioning and their muscle fibers, designed for this specific movement.

8. Which muscles make up the deep posterior compartment of the leg?

A. Gastrocnemius, soleus, plantaris

B. Tibialis anterior, peroneus longus, flexor hallucis longus

C. Tibialis posterior, flexor digitorum longus, flexor hallucis longus, popliteus

D. Quadratus plantae, flexor digitorum brevis

The deep posterior compartment of the leg is primarily composed of muscles that play crucial roles in movements such as flexing the toes and plantar flexion of the foot. The correct group of muscles identified includes the tibialis posterior, which is important for foot inversion and supports the arch of the foot; the flexor digitorum longus, which flexes the lateral four toes; the flexor hallucis longus, which flexes the big toe and assists in plantar flexion; and the popliteus, which functions as a stabilizer of the knee and assists in initiating knee flexion. This anatomical grouping is consistent with the established understanding of lower leg anatomy and contributes significantly to the functional mechanics of the lower extremity. The other groups listed contain muscles that belong to different compartments: the gastrocnemius, soleus, and plantaris are part of the superficial posterior compartment, while tibialis anterior and peroneus longus are found in the anterior and lateral compartments, respectively. Quadratus plantae and flexor digitorum brevis are intrinsic foot muscles rather than part of the leg compartments. Understanding the specific location and function of these muscles is essential for effective assessment and treatment in the practice of massage therapy.

9. 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.

10. When using a direct fascial technique and feeling a restriction barrier push back, what should you do?

A. Immediately push harder against the barrier

B. Move to a different area

C. Meet the resistance, hold the barrier, and wait for a release

D. Apply heat to relax the tissue

In a direct fascial technique, the goal is to engage with the tissue's restrictions effectively. When encountering a restriction barrier that pushes back, the best approach is to meet the resistance, hold the barrier, and wait for a release. This method facilitates a more effective interaction with the fascia, allowing for the potential of the tissue to relax and release under sustained pressure. Holding the barrier without forcing beyond it encourages the body to respond to the applied pressure, often resulting in a biochemical shift within the tissue that can promote healing and improve range of motion. Patience during this process often leads to gradual change and is an essential component of effective myofascial release techniques. Choices that suggest pushing harder against the barrier or moving to a different area may not allow for a proper engagement with the restriction, potentially leading to ineffective treatment or causing discomfort to the client. Applying heat could assist with relaxation but is not the primary action taken when faced with direct resistance during a fascial technique. Thus, maintaining contact with the barrier and allowing for a natural release is the most beneficial approach in this scenario.

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!