

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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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. What is characterized as bony osteophytic end-feel in PR-ROM assessment?**
 - A. Restriction with a spasm
 - B. Hard end-feel
 - C. Soft end-feel
 - D. Normal end-feel
- 2. What is true about trigger points?**
 - A. They only exist in one muscle
 - B. A trigger point can activate another in a different muscle
 - C. They can be stretched easily
 - D. They are always painful
- 3. What test is typically used to indicate potential osteoarthritis of the hip?**
 - A. Hip Flexion Test
 - B. Hip Scour Test
 - C. Trendelenburg Test
 - D. PIR Test
- 4. 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
- 5. What treatment approach is essential for addressing an active trigger point effectively?**
 - A. Trigger points within the referral pain pattern
 - B. Treat all satellite trigger points in the agonist muscles
 - C. Trigger point release in the agonist and antagonist muscles
 - D. Trigger point release in the agonist, antagonist and synergists

- 6. In a case of acute inversion ankle sprain, which ligament is most likely to be injured?**
- A. Long plantar
 - B. Tibionavicular
 - C. Tibiocalcaneal
 - D. Calcaneofibular
- 7. Which carpal bone is most vulnerable to osteonecrosis?**
- A. Lunate
 - B. Scaphoid
 - C. Capitate
 - D. Trapezium
- 8. Which of the following is not a special test for biceps tendon issues?**
- A. Speed's Test
 - B. Neer Impingement Test
 - C. Hawkins-Kennedy Test
 - D. Apprehension Test
- 9. What is the most common hyperthyroid disease?**
- A. Graves disease
 - B. Hashimoto disease
 - C. Cushing disease
 - D. Addison disease
- 10. What is the primary function of the inferior and superior vena cava in the circulatory system?**
- A. They pump oxygenated blood to the lungs
 - B. They dump deoxygenated blood into the right atrium
 - C. They transport blood from the lungs to the heart
 - D. They facilitate the exchange of gases in the tissues

Answers

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

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Explanations

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1. What is characterized as bony osteophytic end-feel in PR-ROM assessment?

- A. Restriction with a spasm
- B. Hard end-feel**
- C. Soft end-feel
- D. Normal end-feel

A hard end-feel is indicative of a bony osteophytic restriction during passive range of motion (PR-ROM) assessment. This type of end-feel is typically encountered when there is an obstruction or barrier created by bone formations or osteophytes, which are outgrowths of bone that can develop due to conditions such as osteoarthritis. When a therapist feels a hard end-feel during the assessment, it suggests that the joint's movement is restricted not by soft tissue structures or muscular resistance, but rather by the presence of bony formations. This sensation is distinct because it generally lacks the give or elasticity associated with softer end-feels. Recognizing a hard end-feel is crucial for practitioners as it can influence their assessment and the development of a treatment plan, indicating potential underlying joint pathology or degenerative changes. Thus, identifying this specific end-feel helps in understanding the limitations of joint movement and directing appropriate therapeutic interventions.

2. What is true about trigger points?

- A. They only exist in one muscle
- B. A trigger point can activate another in a different muscle**
- C. They can be stretched easily
- D. They are always painful

A trigger point is a hyperirritable spot in a muscle that can cause localized pain and refer pain to other areas of the body. The characteristic of trigger points that makes option B accurate is that they possess the ability to activate other trigger points, even in different muscles. This interconnectedness is significant as it highlights how a problem in one muscle can lead to pain and dysfunction in another, illustrating the complexity of muscular and fascial systems in the body. In clinical practice, understanding this concept is essential for effective assessment and treatment. For instance, a therapist might notice that a patient experiences pain in one area, but upon examination, the source of the discomfort might be found in a different muscle that has an associated trigger point. The incorrect options reflect misunderstandings about the nature of trigger points. While some trigger points may be localized to a single muscle, many can refer pain to distant regions, which makes the first option misleading. Stretching of trigger points is often challenging, as they are sensitive and typically require specific techniques to release rather than simply being stretched easily, contradicting the third option. Lastly, while trigger points are frequently associated with pain, they are not always painful; some individuals may have trigger points that do not cause discomfort unless activated, which makes

3. What test is typically used to indicate potential osteoarthritis of the hip?

- A. Hip Flexion Test
- B. Hip Scour Test**
- C. Trendelenburg Test
- D. PIR Test

The Hip Scour Test is commonly employed to assess potential osteoarthritis of the hip. This test involves placing the hip in a flexed position and then applying a circular motion that compresses the hip joint while moving the leg. If there is pain or a specific restriction during this movement, it may indicate an underlying condition such as osteoarthritis. Osteoarthritis often presents with mechanical issues in the joint, and the Scour Test specifically evaluates the integrity of the hip joint surfaces under stress. The presence of pain or a "catching" sensation during the test can provide valuable information about the cartilage and other structures within the hip joint, making it an effective diagnostic tool for osteoarthritis. Other tests, while useful in evaluating hip function or identifying different conditions, do not specifically target the mechanical properties of the hip joint associated with osteoarthritis in the same manner as the Hip Scour Test does. Thus, the Hip Scour Test is the most relevant choice for indicating potential osteoarthritis in the hip.

4. 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.

5. What treatment approach is essential for addressing an active trigger point effectively?

- A. Trigger points within the referral pain pattern
- B. Treat all satellite trigger points in the agonist muscles
- C. Trigger point release in the agonist and antagonist muscles
- D. Trigger point release in the agonist, antagonist and synergists**

The treatment approach that focuses on releasing trigger points in the agonist, antagonist, and synergist muscles is essential for addressing an active trigger point effectively. This is because trigger points can create discomfort not only in the muscle where they are located but can also affect associated muscle groups due to the interconnected nature of muscular and fascial systems. When active trigger points are present in an agonist muscle (the primary muscle involved in a movement), they can lead to compensatory patterns where antagonist muscles (which oppose the agonist) and synergists (muscles that assist in the same movement) may also develop trigger points due to increased tension or altered movement patterns. By addressing trigger points in all three types of muscles, the treatment can help restore normal muscle function, reduce pain, and improve mobility. This comprehensive approach ensures that the entire kinetic chain surrounding an active trigger point is considered, which is key in effective treatment and preventing the recurrence of pain. A more isolated treatment on just the agonist or even including only antagonists or synergists does not provide the same level of care and understanding of muscle dynamics and their roles in movement and pain patterns. Thus, the inclusion of all relevant muscle groups is crucial for thorough management of trigger points.

6. In a case of acute inversion ankle sprain, which ligament is most likely to be injured?

- A. Long plantar
- B. Tibionavicular
- C. Tibiocalcaneal
- D. Calcaneofibular**

In the case of an acute inversion ankle sprain, the ligament most commonly injured is the calcaneofibular ligament. This is due to the mechanism of an inversion injury, where the foot rolls inward, placing excessive stress on the lateral aspect of the ankle. The calcaneofibular ligament is located on the outer side of the ankle and provides support to the joint during movements that would lead to inversion. When the foot rolls inward excessively, it often causes tears or strains in this ligament, leading to pain, swelling, and instability around the ankle. Other ligaments listed, such as the long plantar and tibionavicular ligaments, do not typically get injured with this type of injury, as they are positioned on the medial side or related to functions that do not involve inversion stress. The tibiocalcaneal ligament, part of the deltoid ligament complex on the medial side, is also not usually affected during an inversion sprain because these injuries predominantly impact the lateral structures of the ankle.

7. Which carpal bone is most vulnerable to osteonecrosis?

- A. Lunate
- B. Scaphoid**
- C. Capitate
- D. Trapezium

The scaphoid bone is particularly vulnerable to osteonecrosis due to its unique blood supply. The scaphoid is located towards the base of the thumb and features a distal and proximal segment. The blood supply primarily comes from branches of the radial artery, a significant portion of which enters the bone distally. When a fracture occurs in the scaphoid, especially around the waist of the bone, it can disrupt the blood flow to the proximal fragment. This can lead to avascular necrosis, as the proximal segment may not receive adequate blood supply. The risk of osteonecrosis is a significant concern in scaphoid fractures, making it the carpal bone most commonly associated with this condition. In contrast, the lunate, capitate, and trapezium bones do not exhibit the same level of vulnerability to osteonecrosis that the scaphoid does, largely due to their anatomical positioning and blood supply. While they can sustain injuries and other conditions, they have more reliable vascularization compared to the scaphoid, which reinforces the latter's increased susceptibility to avascular necrosis.

8. Which of the following is not a special test for biceps tendon issues?

- A. Speed's Test
- B. Neer Impingement Test
- C. Hawkins-Kennedy Test
- D. Apprehension Test**

The Apprehension Test is primarily used to assess for shoulder instability, particularly in cases of anterior shoulder dislocation, rather than specifically evaluating issues related to the biceps tendon. This test involves assessing the patient's response when the arm is placed in a position that might provoke a sense of instability or dislocation, indicating concerns about joint integrity rather than tendon pathology. In contrast, Speed's Test, Neer Impingement Test, and Hawkins-Kennedy Test are all designed to evaluate shoulder biomechanics and specifically target conditions associated with the biceps tendon or related structures. Speed's Test assesses for bicep tendonitis by placing stress on the biceps tendon, while the Neer and Hawkins-Kennedy tests are used to determine impingement of the rotator cuff, which could also involve the biceps tendon. Thus, the correct answer highlights the Apprehension Test's focus on joint stability rather than biceps tendon issues.

9. What is the most common hyperthyroid disease?

- A. Graves disease**
- B. Hashimoto disease
- C. Cushing disease
- D. Addison disease

Graves disease is recognized as the most common cause of hyperthyroidism, which is characterized by an overproduction of thyroid hormones. This autoimmune disorder leads to the stimulation of the thyroid gland by antibodies that mimic thyroid-stimulating hormone (TSH), resulting in excessive hormone release. Symptoms of Graves disease often include weight loss, rapid heartbeat, increased appetite, sweating, anxiety, and tremors, among others. In contrast, Hashimoto disease primarily causes hypothyroidism, as it leads to chronic inflammation and destruction of thyroid tissue, resulting in underproduction of thyroid hormones. Cushing disease is related to elevated cortisol levels, while Addison disease is characterized by insufficient production of cortisol and sometimes aldosterone. Neither of those two conditions is categorized under thyroid disorders or hyperthyroidism. Thus, Graves disease stands out as the definitive answer when identifying the most prevalent hyperthyroid disease.

10. What is the primary function of the inferior and superior vena cava in the circulatory system?

- A. They pump oxygenated blood to the lungs
- B. They dump deoxygenated blood into the right atrium**
- C. They transport blood from the lungs to the heart
- D. They facilitate the exchange of gases in the tissues

The primary function of the inferior and superior vena cava in the circulatory system is to return deoxygenated blood to the right atrium of the heart. The superior vena cava collects blood from the upper parts of the body, such as the head, neck, and arms, while the inferior vena cava brings blood back from the lower parts of the body. Once this deoxygenated blood enters the right atrium, it is then directed to the right ventricle, which will pump it to the lungs for oxygenation. This return of deoxygenated blood is crucial for the overall function of the circulatory system, ensuring that carbon dioxide is expelled and oxygen is absorbed in the lungs. The correct understanding of the roles of the vena cavae is essential for grasping how blood circulation works as a whole, particularly in relation to the heart's anatomy and function.

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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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