

ITEC LEVEL 3 SPORTS MASSAGE DIPLOMA PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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 the antagonist of the pectoralis minor muscle?**
 - A. Latissimus dorsi
 - B. Middle fibers of trapezius
 - C. Rhomboids
 - D. Gluteus maximus

- 2. Which lowest unit of the erector spinae offers support to the cervical spine?**
 - A. Vertebrae
 - B. Sacrum
 - C. Ribs
 - D. Rib 1

- 3. What is the origin of the pectoralis minor muscle?**
 - A. Coracoid process
 - B. Sacrum
 - C. Ribs 3 - 5
 - D. Ribs 1

- 4. Which of the following statements is true regarding muscle fatigue?**
 - A. It is caused by the accumulation of lactic acid.
 - B. It occurs during the relaxation phase.
 - C. It is primarily caused by dehydration.
 - D. It leads to increased muscle strength.

- 5. How long does the chronic phase of injury typically last?**
 - A. Less than three weeks
 - B. About three months
 - C. More than three months
 - D. Six to twelve weeks

- 6. Which component is NOT found in hypertonic drinks?**
 - A. Low concentrations of sugar
 - B. High concentrations of electrolytes
 - C. High carbohydrate concentrations
 - D. High sugar concentrations

7. What is the origin of the soleus muscle?

- A. Medial and lateral condyles of femur
- B. Calcaneus via Achilles tendon
- C. Soleal line and medial border of tibia
- D. Lateral condyle of femur

8. What is the origin of the extensor hallucis longus muscle?

- A. Upper surface of the fibula
- B. Middle half of medial surface of fibula and interosseous membrane
- C. Proximal surface of the cuneiform
- D. Distal end of the fibula

9. Which muscle shares an origin with the transverse abdominus?

- A. Quadratus lumborum
- B. Flexor carpi radialis
- C. External obliques
- D. Carpi ulna

10. Where does the semitendinosus muscle insert?

- A. Medial surface of proximal shaft of tibia
- B. Medial surface of femur
- C. Posterior surface of tibia
- D. Proximal fibula

Answers

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

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Explanations

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1. What is the antagonist of the pectoralis minor muscle?

- A. Latissimus dorsi
- B. Middle fibers of trapezius**
- C. Rhomboids
- D. Gluteus maximus

The antagonist of the pectoralis minor muscle is the middle fibers of the trapezius. The pectoralis minor is primarily involved in movements such as scapular protraction and depression, as well as aiding in shoulder stabilization. In contrast, the middle fibers of the trapezius play a crucial role in retracting the scapula and elevating the shoulder girdle. When the pectoralis minor contracts, its actions are countered by the middle fibers of the trapezius, which works to retract and stabilize the shoulder area. This opposing action characterizes the relationship between these two muscles, making the middle trapezius the antagonist of the pectoralis minor. Understanding this relationship is vital for comprehending functional movements and muscle interactions in the upper body.

2. Which lowest unit of the erector spinae offers support to the cervical spine?

- A. Vertebrae**
- B. Sacrum
- C. Ribs
- D. Rib 1

The lowest unit of the erector spinae that offers support to the cervical spine is the vertebrae. The erector spinae is a group of muscles that runs alongside the spine, extending from the sacrum all the way up to the cervical region. These muscles play a crucial role in maintaining posture, allowing for spinal extension, and providing stability to the vertebral column. The vertebrae themselves are the individual bones that make up the spine. Their structure not only supports the weight of the upper body but also protects the spinal cord. Specifically, in the context of supporting the cervical spine, the cervical vertebrae (C1-C7) are crucial as they connect with the thoracic spine and brainstem. Because the erector spinae attaches to and works in conjunction with the vertebrae throughout the backbone, it directly influences the stability and support of both the cervical and thoracic regions. While elements such as the sacrum and the ribs contribute to overall spinal support and rib cage structure, they do not directly provide support to the cervical spine in the immediate sense like the vertebrae do. The importance of the vertebrae is evident in their role in creating a solid foundation for the entire spinal column, including

3. What is the origin of the pectoralis minor muscle?

- A. Coracoid process
- B. Sacrum
- C. Ribs 3 - 5**
- D. Ribs 1

The origin of the pectoralis minor muscle is at the third, fourth, and fifth ribs, which is why the indicated answer is correct. The pectoralis minor is a thin, flat muscle located beneath the pectoralis major and plays a key role in movements of the shoulder. It is essential for actions like pulling the shoulder blade down and forward, which contributes to various upper body movements. Understanding the anatomy of the pectoralis minor is important for sports massage practitioners, as it can aid in identifying potential sources of discomfort or dysfunction among athletes. An awareness of its origin helps practitioners in tailoring massage techniques for individuals who may experience tightness or tension in this area, thereby enhancing performance and recovery. In contrast, the coracoid process, although related as it serves as the insertion point of the pectoralis minor, is not its origin. The sacrum is also unrelated as it pertains to a different part of the anatomy entirely. Finally, the first rib is too high to serve as an origin point for the pectoralis minor, clarifying the significance of ribs three through five in this context.

4. Which of the following statements is true regarding muscle fatigue?

- A. It is caused by the accumulation of lactic acid.**
- B. It occurs during the relaxation phase.
- C. It is primarily caused by dehydration.
- D. It leads to increased muscle strength.

The statement that muscle fatigue is caused by the accumulation of lactic acid is accurate. During intense physical activity, especially in anaerobic conditions—when the oxygen supply is limited—muscles rely on glycolysis, a process that breaks down glucose for energy. This process results in the production of lactic acid as a byproduct. As lactic acid builds up in the muscle tissue, it can disrupt the pH balance, leading to a state of fatigue and a temporary decrease in muscle performance. This is why individuals might experience muscle soreness or a burning sensation during high-intensity exercises. Other factors can contribute to muscle fatigue, such as the depletion of energy stores and neurochemical changes in the muscles and nervous system, but the accumulation of lactic acid is a significant and well-recognized element of this phenomenon. In contrast, muscle fatigue does not primarily occur during the relaxation phase, nor is it predominantly driven by dehydration, although dehydration can contribute to fatigue in certain conditions. Additionally, muscle fatigue does not lead to increased muscle strength; rather, it typically signifies a temporary decline in performance and the need for recovery.

5. How long does the chronic phase of injury typically last?

- A. Less than three weeks
- B. About three months
- C. More than three months**
- D. Six to twelve weeks

The chronic phase of injury is characterized by ongoing inflammation and tissue dysfunction that persists after the initial injury phase has passed. Typically, this phase can last for more than three months, as it involves a complex healing process where symptoms may continue despite the absence of an acute injury. In many cases, the absence of proper rehabilitation or unresolved underlying issues can contribute to the prolonged nature of chronic injuries. This understanding of the duration of the chronic phase is crucial for practitioners as it informs their treatment approach, allowing them to develop appropriate rehabilitation strategies for clients experiencing long-term pain and dysfunction. It is important to recognize that this phase requires different management techniques compared to acute and subacute phases, which generally resolve more quickly.

6. Which component is NOT found in hypertonic drinks?

- A. Low concentrations of sugar**
- B. High concentrations of electrolytes
- C. High carbohydrate concentrations
- D. High sugar concentrations

Hypertonic drinks are characterized by having a higher concentration of solutes, such as sugars and electrolytes, compared to the body's fluids. This is beneficial for quick energy replenishment and for providing a substantial electrolyte boost, especially in scenarios where a person is engaging in prolonged exercise or activity. The presence of low sugar concentrations is not typical in hypertonic drinks. Instead, these drinks often contain high sugar concentrations – hence, they are designed to deliver quick energy. Additionally, they frequently include a significant amount of carbohydrates to provide energy and high concentrations of electrolytes to aid in hydration and recovery. Understanding these components is crucial for athletes and individuals engaging in sports, as choosing the right type of drink can impact their performance and recovery. Hypertonic drinks should be consumed in moderation, especially during exercises, as they can lead to gastrointestinal discomfort.

7. What is the origin of the soleus muscle?

- A. Medial and lateral condyles of femur
- B. Calcaneus via Achilles tendon
- C. Soleal line and medial border of tibia**
- D. Lateral condyle of femur

The soleus muscle originates from the soleal line and the medial border of the tibia. This region provides a sturdy foundation for the muscle, enabling it to perform its function effectively. The soleus plays a crucial role in standing and walking by facilitating plantarflexion of the foot at the ankle joint, which is essential for propelling the body forward in movements such as walking or running. Understanding the anatomy of the soleus is important for massage therapists, especially in sports massage, as proper knowledge of muscle origins helps guide techniques that relieve tension and improve flexibility. The soleus is often worked on in conjunction with the gastrocnemius, another calf muscle, but its distinct origin on the tibia sets it apart in terms of its muscle function and the specific areas that might require focus during treatment. The other options represent origins of different muscles or structures. The medial and lateral condyles of the femur are associated with muscles such as the gastrocnemius, while the calcaneus via the Achilles tendon is an insertion point rather than an origin. The lateral condyle of the femur is also not related to the soleus muscle's origin. Hence, the choice indicating the soleal line and the medial border of the tibia as the

8. What is the origin of the extensor hallucis longus muscle?

- A. Upper surface of the fibula
- B. Middle half of medial surface of fibula and interosseous membrane**
- C. Proximal surface of the cuneiform
- D. Distal end of the fibula

The extensor hallucis longus muscle originates from the middle half of the medial surface of the fibula and the interosseous membrane. This anatomical placement is significant as it provides the muscle with a stable base to act upon when extending the big toe, which is its primary function. The interosseous membrane not only connects the fibula and tibia but also allows for additional force transmission during movement, making it an essential component in the muscle's function. This origin allows for both effective contraction and a strong mechanical advantage when performing activities that require toe extension, such as walking, running, or maintaining balance. Understanding this origin is critical for recognizing how this muscle contributes to lower extremity biomechanics and the overall function of the foot.

9. Which muscle shares an origin with the transverse abdominus?

- A. Quadratus lumborum
- B. Flexor carpi radialis
- C. External obliques**
- D. Carpi ulna

The transverse abdominus is a deep abdominal muscle that plays a crucial role in stabilizing the core and maintaining intra-abdominal pressure. It originates from the thoracolumbar fascia, the iliac crest, and the lateral aspects of the lower six ribs, making it interconnected with the action and function of several other muscles within the abdominal region. The external obliques share an origin with the transverse abdominus, as they both connect to the lower ribs and the thoracolumbar fascia. This anatomical link is significant because it allows for coordinated movements and support for the trunk, particularly during activities that require bending, twisting, or stabilization of the spine. In contrast, the other muscles mentioned do not share an origin with the transverse abdominus. The quadratus lumborum is located more posteriorly in the lumbar region, focusing primarily on lateral flexion of the spine. The flexor carpi radialis is part of the forearm flexors and is involved in wrist movements, hence far removed from abdominal musculature. Similarly, the carpi ulnaris is also a muscle of the wrist and does not have any involvement with the core stability or abdominal region, highlighting the specific regional functions of these muscles.

10. Where does the semitendinosus muscle insert?

- A. Medial surface of proximal shaft of tibia**
- B. Medial surface of femur
- C. Posterior surface of tibia
- D. Proximal fibula

The semitendinosus muscle inserts on the medial surface of the proximal shaft of the tibia, which is the correct answer. This muscle is one of the hamstring group located at the back of the thigh, and it plays a significant role in knee flexion and hip extension. The insertion on the medial surface of the proximal shaft of the tibia occurs near the location known as the pes anserinus, where several muscles converge. This anatomical placement allows the semitendinosus to function effectively in its roles, contributing to leg movement and stability. Understanding this insertion point is vital for sports massage practitioners as it can help address potential issues related to muscle tension and flexibility in athletes who engage in activities involving running or kicking.

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.

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

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