MCML Assessment and Treatment of Abnormal Muscle Tone Practice Test (Sample)

Study Guide

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. **In therapy for hypertonic children, positioning aims to break up tone patterns. Which action is described as reducing upper-extremity tone?**

   A. Wrist extension to break up upper-extremity tone

   B. Knee flexion to break up tone patterns

   C. Shoulder rotation to increase tone

   D. Deep breathing to reduce tone

2. **Which term best describes decreased muscle tone with reduced resistance to passive stretch, as described in the material?**

   A. Hypotonia

   B. Hypertonia

   C. Spasticity

   D. Rigidity

3. **Which statement best reflects the range of diagnoses associated with prematurity?**

   A. PVL, Hydrocephaly, Hypoxic injury, and hemorrhaging are prematurity-associated

   B. Cerebral palsy and Down syndrome are prematurity-associated

   C. ALS and MS are prematurity-associated

   D. Brain tumors are prematurity-associated

4. **What is a common use of neoprene splints for thumb abduction in pediatric splinting?**

   A. Soft Splints

   B. Hard Splints

   C. AFOs

   D. Adjustable braces

5. **Hypertonia can contribute to which joint-related issue as described?**

   A. Subluxation of joints

   B. Fracture of bones

   C. Joint hypermobility with increased range

   D. Dislocation of joints

6. An unintegrated STNR (Symmetrical Tonic Neck Reflex) affects which motor behavior?

A. Sitting

B. Crawling

C. Walking

D. Running

7. Which domains are affected by an Unintegrated TLR?

A. Head movements, vision, ocular motor, balance, coordination, toe walking, extensor tone

B. Vision and hearing only

C. Hearing loss and speech production

D. Fine motor tasks only

8. Diagnoses associated with dystonia include which of the following?

A. Alzheimer's disease and Parkinson's disease

B. Anxiety and depression

C. PD, HD, MS, TBI, Birth injury/hypoxia, stroke

D. Asthma and COPD

9. Neutral warmth as a tone inhibition technique is described as providing what?

A. Provides general relaxation and inhibition and decreased agitation/pain

B. Increases muscle tone

C. Induces hyperthermia to stimulate tone

D. Cools the body to reduce movement

10. Which facilitation technique uses a battery-operated brush on the skin overlying the muscle to facilitate movement responses and static holding?

A. Cold (Cryotherapy)

B. NMES

C. Fast brushing

D. Hippotherapy

Answers

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

Explanations

1. In therapy for hypertonic children, positioning aims to break up tone patterns. Which action is described as reducing upper-extremity tone?

A. Wrist extension to break up upper-extremity tone

B. Knee flexion to break up tone patterns

C. Shoulder rotation to increase tone

D. Deep breathing to reduce tone

In therapy for hypertonic children, positioning aims to disrupt fixed tone patterns by lengthening tight muscles and promoting dissociation of joint movements. Extending the wrist accomplishes this by placing the wrist flexors on a stretch. When the wrist is in extension, the wrist and finger flexors are lengthened, which reduces passive resistance and dampens hyperactive stretch reflexes. This change in length and alignment helps release the grip and allows finger extension, making the hand more available for purposeful movement and further motor development. Other actions don't target this distal, lengthening effect in the upper extremity. Knee flexion addresses the lower extremities, not the hand, and wouldn't directly reduce upper-extremity tone. Deep breathing can lower overall arousal but isn't specific to reducing tone in the upper limb. Shoulder rotation might alter arm positioning but isn't a reliable way to decrease tone in the wrist/fingers. Therefore, extending the wrist is the action that best reduces upper-extremity tone by lengthening the wrist flexors and promoting proper hand function.

2. Which term best describes decreased muscle tone with reduced resistance to passive stretch, as described in the material?

A. Hypotonia

B. Hypertonia

C. Spasticity

D. Rigidity

Hypotonia is the term that fits a description of decreased muscle tone with reduced resistance to passive stretch. It means the muscle feels "floppy" and offers little resistance when you move it gently or passively. This contrasts with hypertonia, where there is more resistance to movement. Among hypertonia types, spasticity is velocity-dependent (resistance increases with faster stretches), and rigidity is a constant, uniform increase in tone not tied to movement speed. So when the description emphasizes low tone and little resistance to passive movement, hypotonia is the best label.

3. Which statement best reflects the range of diagnoses associated with prematurity?

A. PVL, Hydrocephaly, Hypoxic injury, and hemorrhaging are prematurity-associated

B. Cerebral palsy and Down syndrome are prematurity-associated

C. ALS and MS are prematurity-associated

D. Brain tumors are prematurity-associated

The main idea here is how prematurity affects the brain. When babies are born very early, their brain's blood vessels are immature and fragile, especially around the ventricles. This makes them prone to injuries like periventricular leukomalacia (PVL), which is white-matter damage near the ventricles due to reduced blood flow or oxygen. Intraventricular hemorrhages can occur because the germinal matrix vessels are fragile, and these bleeds can block CSF pathways and lead to hydrocephalus. Hypoxic injury, from not getting enough oxygen around birth, also contributes to brain damage in prematurity. All of these—PVL, hydrocephalus/hemorrhaging, and hypoxic injury—are well-documented prematurity-associated diagnoses. Other options pair conditions that aren't typically linked to prematurity. Down syndrome is a genetic condition, ALS and MS are neurodegenerative diseases, and brain tumors are not specifically tied to being born prematurely. While cerebral palsy can occur in preterm infants, the statement that includes conditions like Down syndrome or degenerative diseases doesn't accurately reflect the prematurity-specific spectrum.

4. What is a common use of neoprene splints for thumb abduction in pediatric splinting?

A. Soft Splints

B. Hard Splints

C. AFOs

D. Adjustable braces

Neoprene splints are used as soft splints because the material provides gentle immobilization with flexible support, which is ideal for keeping the thumb in abduction while still allowing movement of the other fingers. In children, comfort, ease of donning, and the ability to grow with the child are key, and soft, wrap-around neoprene splints meet these needs better than rigid devices. The stretch and easy Velcro closure make them comfortable for extended wear and practical for daily activities, which improves adherence. Rigid splints would overly restrict motion and can be less tolerable for kids; devices like AFOs are designed for the foot and ankle, not the hand; and while adjustable braces exist, they are not the typical soft, thumb-abduction option provided by neoprene splints.

5. Hypertonia can contribute to which joint-related issue as described?

A. Subluxation of joints

B. Fracture of bones

C. Joint hypermobility with increased range

D. Dislocation of joints

Hypertonia means there is an abnormally high muscle tone, so muscles around a joint are constantly pulling with more force than normal. That ongoing, uneven pull shifts the joint surfaces away from their proper alignment and can push them out of the socket enough to be considered a subluxation. Over time, the abnormal forces from spastic or rigid muscles create a misalignment that isn't fully reduced with movement, especially in areas like the hip or shoulder common after neurologic injury or in cerebral palsy. Fractures are about bones breaking, which isn't caused directly by tone. Joint hypermobility with increased range goes against hypertonia, which typically reduces movement and leads to stiffness or contractures rather than extra laxity. Dislocations can occur with severe imbalance or trauma, but the more typical joint-related issue tied to abnormal tone alone is subluxation from the persistent, asymmetric muscular pull.

6. An unintegrated STNR (Symmetrical Tonic Neck Reflex) affects which motor behavior?

A. Sitting

B. Crawling

C. Walking

D. Running

An unintegrated Symmetrical Tonic Neck Reflex disrupts the coordinated arm–leg pattern needed for crawling. The reflex ties head position to limb tone: when the head is flexed, the arms tend to flex and the legs extend; when the head is extended, the arms extend and the legs flex. If this pattern remains active, it interferes with the reciprocal, on-hands-and-knees movements required for crawling, making that motor behavior particularly difficult. Sits, walks, or runs can still develop with other strategies, but crawling is the one most impacted by an unintegrated STNR.

7. Which domains are affected by an Unintegrated TLR?

A. Head movements, vision, ocular motor, balance, coordination, toe walking, extensor tone

B. Vision and hearing only

C. Hearing loss and speech production

D. Fine motor tasks only

An unintegrated tonic labyrinthine reflex causes the body to stay in a biased, position-dependent muscle tone that disrupts how the nervous system organizes movement and sensory processing. Because this reflex helps regulate head and neck postures in relation to gravity, when it hasn't integrated, several systems are affected. Head movements and midline orientation are impacted because persistent head-adjacent extensor or flexor tone makes it hard to bring the head and neck to midline and to make smooth, controlled head movements. This in turn disrupts how the eyes and head work together for stable gaze and visual tracking, so vision and ocular motor skills don't develop as efficiently. Balance and coordination suffer because postural control relies on properly tuned trunk and limb tone to maintain upright alignment and coordinate movements. A persistent bias in extensor tone can produce stiff, awkward postures, guarding of the trunk, and clumsy or uncoordinated movements, including toe walking as the legs adopt a more extended posture. Extensor tone itself is a core feature of this pattern, so you'll often see an overall tendency toward extended postures rather than flexible, adaptive movement. This isn't limited to one domain like vision or hearing, or to fine motor tasks alone; the unintegrated reflex influences multiple aspects of motor and sensory function, explaining why the best choice lists all these domains together.

8. Diagnoses associated with dystonia include which of the following?

A. Alzheimer's disease and Parkinson's disease

B. Anxiety and depression

C. PD, HD, MS, TBI, Birth injury/hypoxia, stroke

D. Asthma and COPD

Dystonia arises when motor circuits, especially those involving the basal ganglia, are disrupted, leading to sustained or intermittent muscle contractions and unusual postures. It often appears as a feature or consequence of other neurological conditions, not just as an isolated disorder. The diagnoses that commonly show dystonia include Parkinson's disease, Huntington's disease, multiple sclerosis, traumatic brain injury, birth injury or hypoxic injury (cerebral palsy with dystonia), and stroke, all of which can damage motor networks and produce dystonic movements. In contrast, asthma and COPD are respiratory conditions with no direct link to dystonia, and while mood disorders like anxiety and depression can accompany movement disorders, they are not typical diagnoses associated with dystonia. Alzheimer's disease is primarily a cognitive disorder and does not typically present with dystonia as a defining feature.

9. Neutral warmth as a tone inhibition technique is described as providing what?

A. Provides general relaxation and inhibition and decreased agitation/pain

B. Increases muscle tone

C. Induces hyperthermia to stimulate tone

D. Cools the body to reduce movement

Neutral warmth works by calming the nervous system and lowering overall arousal, which reduces reflexive muscle activity. This leads to general relaxation and inhibition of excessive tone, helping to lessen agitation and pain. In practice, providing a comfortable, neutral temperature creates a soothing sensory environment that dampens sympathetic drive and hypertonic reflexes, making it easier for a patient to relax muscles and engage in therapy. The other approaches involve changing temperature in ways that do not match this effect: heating or hyperthermia would tend to increase muscle tone, while cooling would further reduce movement.

10. Which facilitation technique uses a battery-operated brush on the skin overlying the muscle to facilitate movement responses and static holding?

A. Cold (Cryotherapy)

B. NMES

C. Fast brushing

D. Hippotherapy

Rapid, light tactile skin stimulation to facilitate motor output. A battery-operated brush delivers quick, brushing strokes over the skin covering the involved muscle to provoke a brisk, automatic movement response and help the person achieve and hold a movement or position. This approach uses proprioceptive-like input to prime the nervous system for action and support static holding. Why this fits: the technique relies on fast, sensory stimulation to elicit movement and stabilize posture, which is exactly what is described. It's not about cooling the area or numbing it (that would be cold therapy), nor about electrically stimulating the muscle (that would be NMES), nor about therapy with a horse (hippotherapy).

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://mcmlabnormalmuscletone.examzify.com

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