

Massage & Bodywork Licensing Examination

FSMTB MBLEx

Version Demo

Total Demo Questions: 26

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Topic Break Down

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QUESTION NO: 1

A therapist documents, "Client reports that low-back discomfort decreased from 6/10 to 3/10 after the previous session." In a SOAP note, this information belongs in which section?

- A. Subjective
- B. Objective
- C. Assessment
- D. Plan

ANSWER: A

Explanation:

Subjective is correct because the pain rating and reported change are statements made by the client. Subjective information includes the client's description of symptoms, functional concerns, health-history updates, and response to previous care. Objective information consists of observable or measurable findings obtained by the therapist, such as visible guarding, posture, range of motion, or tissue texture. The assessment section summarizes the therapist's clinical impression, while the plan identifies intended future care or recommendations.

QUESTION NO: 2

Which type of nerves are stimulated by massage to send messages to the central nervous system?

- A. Afferent nerves
- B. Efferent nerves
- C. Somatic nerves
- D. Neurologic nerves

ANSWER: A

Explanation:

Afferent nerves are the nerves that carry sensory information from receptors in the body toward the central nervous system, which consists of the brain and spinal cord. During massage, mechanical stimulation of the skin, fascia, muscles, and joints activates specialized sensory receptors. Those receptors detect inputs such as pressure, stretch, vibration, temperature, and potential tissue discomfort. The resulting nerve impulses travel along afferent pathways to the spinal cord and brain, where the information is processed and may influence perception, reflexes, autonomic activity, and motor responses. This sensory-to-central direction is the defining feature of afferent signaling. In massage and bodywork, understanding this pathway helps explain how touch is detected and how the nervous system receives information about changing conditions in the tissues. The terminology is also commonly expressed as sensory input traveling "toward" the CNS; the word afferent can be remembered as arriving at the CNS. For an overview of sensory pathways and the peripheral nervous system, see [NCBI Bookshelf: Neuroanatomy, Sensory System](#). Additional anatomy terminology on afferent neurons is available from [Encyclopaedia Britannica: afferent neuron](#).

QUESTION NO: 3

What do the terms systole and diastole refer to?

- A. Kidney process
- B. Breathing cycle
- C. Heart beat

D. Immune function

ANSWER: C

Explanation:

Heart beat is correct because systole and diastole name the alternating phases of the cardiac cycle. Systole is the phase in which the heart muscle, particularly the ventricles, contracts to propel blood into the pulmonary trunk and aorta. Diastole is the phase in which the heart muscle relaxes, allowing the chambers to refill with blood. Together, these phases produce the rhythmic pumping action that maintains circulation. In routine vital-sign assessment, blood pressure is expressed using these terms: the systolic pressure is the arterial pressure measured during ventricular contraction, and the diastolic pressure is the arterial pressure measured while the ventricles are relaxed between contractions. Understanding this cycle is relevant to massage practice because blood pressure and pulse are basic indicators of cardiovascular status that may inform safe, client-centered care. The American Heart Association describes blood pressure as having a systolic (top) number and a diastolic (bottom) number, corresponding to these phases of cardiac activity. See the [American Heart Association overview of blood pressure](#) and the [NCBI StatPearls review of cardiac physiology](#).

QUESTION NO: 4

What does the acronym TART relate to in the therapeutic environment?

- A. Soft tissue assessment protocol
- B. Massage treatment protocol
- C. Indication or contraindication evaluation
- D. Pathological skin detection

ANSWER: A

Explanation:

Soft tissue assessment protocol is correct because TART is a structured palpatory assessment framework used to identify clinically meaningful tissue and functional findings. The components are tissue texture changes, asymmetry, restriction of motion, and tenderness. In a massage and bodywork setting, these observations help the practitioner gather objective and subjective information during assessment, compare bilateral areas, identify movement limitations, and recognize sensitive or guarded tissue before selecting or adapting techniques. Tissue texture includes qualities such as tone, temperature, edema, firmness, and fascial mobility. Asymmetry considers observable or palpable differences between corresponding body regions. Restriction of motion addresses available and quality of movement at a joint or within soft tissues, while tenderness incorporates the client's reported discomfort and the practitioner's findings on palpation. Together, these elements support safe, client-centered clinical reasoning, documentation, and reassessment of response to care. TART is widely recognized in hands-on musculoskeletal and osteopathic assessment as a way to describe somatic dysfunction findings; its use as an assessment protocol aligns with the massage profession's need to evaluate tissues and function rather than simply perform a predetermined routine. See the [NCBI StatPearls discussion of somatic dysfunction](#) and the [American Association of Colleges of Osteopathic Medicine overview](#).

QUESTION NO: 5

The tendinoperiosteal junction is located between the muscle and tendon.

- A. TRUE
- B. FALSE

ANSWER: B

Explanation:

FALSE is correct because the tendinoperiosteal junction is the attachment site where a tendon joins the periosteum, the vascular connective-tissue membrane covering the outer surface of bone. This junction transfers the force generated by muscle contraction through the tendon to the skeletal system, producing movement or helping stabilize a joint. In contrast, the transition between a muscle and its tendon is called the *myotendinous junction*. Knowing these attachment terms helps a massage therapist accurately identify tissue relationships, understand where mechanical stress may be concentrated, and communicate clearly when documenting or discussing musculoskeletal conditions. Tendon attachment to bone is also commonly described as an enthesis; this specialized region accommodates the transmission of tensile force from compliant tendon to rigid bone. For anatomical terminology and the connective-tissue relationships involved, see [StatPearls: Anatomy, Tendons](#) and [StatPearls: Physiology, Bone](#).

QUESTION NO: 6

At which point during a massage/bodywork session would a therapist ask about an occurrence relating to a physical complaint or injury?

- A. Intake
- B. Treatment plan
- C. Treatment
- D. Closing

ANSWER: A

Explanation:

Intake is correct because this is the phase in which the massage therapist gathers the client's health history and details relevant to the current visit before providing hands-on work. When a client reports a physical complaint or injury, the therapist should ask about the occurrence—such as when it began, how it happened, the location and nature of symptoms, changes over time, care already received, and any current restrictions. This information helps the therapist identify precautions or contraindications, determine whether massage is appropriate, obtain informed consent for the proposed work, and develop a session approach that is within the therapist's scope of practice. Intake information also establishes a baseline for evaluating the client's response and supports clear, accurate clinical documentation. The FSMTB's MBLEx content outline includes client assessment, health history, contraindications, and treatment planning as essential elements of professional practice. Gathering this information before treatment promotes client safety and allows the therapist to make appropriate referrals when indicated. See the [FSMTB MBLEx information page](#) and the [MBLEx Candidate Handbook](#) for examination and professional-practice context.

QUESTION NO: 7

The smallest blood vessels in the human body are called _____.

- A. arterioles
- B. veins
- C. venules
- D. capillaries

ANSWER: D

Explanation:

Capillaries are the smallest blood vessels in the circulatory system. They form extensive microscopic networks, known as capillary beds, that link the arterial side of circulation to the venous side. Their exceptionally thin walls—primarily a single layer of endothelial cells—allow efficient exchange between blood and surrounding tissues. Oxygen and nutrients move from the blood through capillary walls into cells, while carbon dioxide and other metabolic wastes move from tissues into the blood for transport away. This exchange function is essential to tissue nourishment, temperature regulation, and the maintenance

of normal cellular metabolism. The small diameter of capillaries also slows blood flow relative to larger vessels, providing time for diffusion and fluid movement across their walls. In massage and bodywork education, understanding capillary function helps explain local circulation and tissue exchange. The [NCBI StatPearls overview of cardiovascular anatomy](#) describes capillaries as the smallest blood vessels and identifies their role in material exchange. The [Merck Manual overview of blood vessels](#) likewise explains that capillaries connect the smallest arterial and venous branches and enable exchange with tissues.

QUESTION NO: 8

Which of the following tests is used to assess whether the pectoralis minor is the cause of thoracic outlet symptoms?

- A. Costoclavicular maneuver
- B. Adson's test
- C. Wright's hyperabduction test
- D. AC shear test

ANSWER: C

Explanation:

Wright's hyperabduction test is used to assess possible thoracic outlet compression associated with the pectoralis minor. The pectoralis minor attaches from the upper ribs to the coracoid process of the scapula; when the arm is placed in marked abduction and external rotation, the muscle can become shortened or taut and may reduce the space beneath it. This position can compress elements of the neurovascular bundle as they pass into the upper limb, potentially reproducing a client's thoracic outlet-related symptoms or changing the radial pulse. For this reason, the maneuver is also commonly called the hyperabduction test or Wright maneuver and is particularly associated with pectoralis minor syndrome, a subtype of thoracic outlet syndrome. A positive finding must be interpreted alongside the client's history, symptom pattern, posture, and a broader physical examination; pulse changes alone are not diagnostic. In massage practice, recognition of symptom provocation during this type of screening supports appropriate clinical caution and referral rather than a standalone diagnosis. See the overview of thoracic outlet provocative maneuvers in [StatPearls: Thoracic Outlet Syndrome](#) and the discussion of pectoralis minor syndrome in [PMC: Pectoralis Minor Syndrome](#).

QUESTION NO: 9

Which condition would include an issue with the flexor carpi radialis muscle?

- A. medial epicondylitis
- B. thoracic outlet syndrome
- C. lateral epicondylitis
- D. cubital tunnel syndrome

ANSWER: A

Explanation:

Medial epicondylitis is the condition associated with the flexor carpi radialis because this muscle is part of the superficial flexor-pronator group of the forearm. The flexor carpi radialis arises in part from the common flexor tendon at the medial epicondyle of the humerus. Repetitive gripping, wrist flexion, and forearm pronation can overload this tendon complex, producing pain and tenderness at or near the medial epicondyle. This clinical pattern is termed medial epicondylitis, often informally called golfer's elbow. The condition may involve tendinopathy of more than one muscle sharing the common flexor origin, including the flexor carpi radialis, pronator teres, flexor carpi ulnaris, and flexor digitorum superficialis. For massage and bodywork assessment, the key anatomical connection is that symptoms related to the flexor carpi radialis tendon origin align with the medial, rather than lateral, epicondylar region. The flexor carpi radialis contributes to wrist flexion and radial

deviation, so these actions may be relevant when identifying aggravating movement patterns. See [StatPearls: Medial Epicondylitis](#) and [StatPearls: Flexor Carpi Radialis](#).

QUESTION NO: 10

Which of the following would be a possible concern for a new client?

- A. A detailed and thorough intake
- B. Low lighting in the treatment room
- C. Soft music played throughout the office
- D. Locked door for privacy

ANSWER: D

Explanation:

“Locked door for privacy” is a possible concern for a new client because a client must feel safe, able to leave freely, and in control of participation in a massage session. Although privacy is important, locking the treatment-room door can create anxiety or a perception that the client is confined, particularly before trust has been established. It may also create a safety concern if the client needs to exit quickly because of illness, an emergency, or discomfort during the session. Professional massage practice requires clear communication, informed consent, and appropriate physical and emotional boundaries. Before taking any action that could affect a client’s sense of safety or access to the exit, the practitioner should discuss the reason, obtain the client’s agreement when applicable, and maintain a setting that supports client autonomy. This approach aligns with the professional responsibilities tested on the MBLEx, including maintaining ethical boundaries and providing a safe therapeutic environment. The FSMTB Candidate Handbook identifies professional practice, ethics, and safety as important areas within massage and bodywork knowledge. See the [FSMTB MBLEx information page](#) and the [Federation of State Massage Therapy Boards](#) for professional examination and regulatory resources.

QUESTION NO: 11

Which best describes mitosis?

- A. Cell division
- B. Cell death
- C. Muscle infection
- D. Inflammation

ANSWER: A

Explanation:

Cell division is the best description of mitosis. More precisely, mitosis is the stage of the cell cycle in which one cell’s duplicated genetic material is organized and separated into two genetically equivalent nuclei. Before mitosis begins, the cell copies its DNA during interphase, so each chromosome consists of two identical sister chromatids. During mitosis, those chromatids are separated accurately, ensuring that each new nucleus receives a complete, matching set of chromosomes. This orderly distribution of genetic information enables the resulting daughter cells to retain the same chromosome number and, ordinarily, the same DNA as the original parent cell. Cytokinesis—the physical division of the cell’s cytoplasm—usually follows or overlaps with mitosis, producing two separate daughter cells. Together, mitosis and cytokinesis support normal growth, replacement of worn or damaged cells, and tissue repair. In massage and bodywork science, this concept is relevant to understanding how tissues maintain and renew their cellular populations. The National Human Genome Research Institute defines mitosis as the process by which a cell separates duplicated chromosomes into two identical nuclei, and OpenStax describes it as the nuclear division component of eukaryotic cell division. See [NHGRI: Mitosis](#) and [OpenStax Biology: The Cell Cycle](#).

QUESTION NO: 12

The main function of the epiglottis is to:

- A. Produce sound and vocalization
- B. Protect the airway during swallowing
- C. Deliver oxygen to the lungs
- D. Protect the esophagus during eating

ANSWER: B

Explanation:

The epiglottis's main function is to protect the airway during swallowing. It is a flexible, leaf-shaped flap of elastic cartilage located at the entrance to the larynx, just above the glottis. When a person swallows, coordinated movements of the tongue, pharynx, and larynx direct food or liquid away from the respiratory passage. As the larynx elevates, the epiglottis folds backward over the laryngeal inlet, helping divert the swallowed material into the esophagus. This action reduces the chance that food, liquids, or saliva will enter the trachea and lower respiratory tract. After swallowing is complete, the epiglottis returns to its usual upright position so air can again move through the larynx and trachea during breathing. This protective role is essential to normal swallowing and airway safety. For an overview of the epiglottis and its function in swallowing, see [NCBI Bookshelf: Anatomy, Head and Neck, Epiglottis](#). The coordinated swallowing process and airway protection are also described by [the National Institute on Deafness and Other Communication Disorders](#).

QUESTION NO: 13

What does the Arndt-Schultz Law pertain to?

- A. Acute and chronic injuries
- B. Dry and moist skin types
- C. Flexibility and tension patterns
- D. Pressure related physiological processes

ANSWER: D

Explanation:

Pressure related physiological processes is correct because the Arndt-Schultz Law describes the relationship between the intensity of a stimulus and the body's physiological response. In massage practice, pressure is a mechanical stimulus applied to tissues. A very light stimulus may produce little or no measurable response, an appropriately moderate stimulus may encourage the intended response, and an excessively strong stimulus may inhibit normal physiological activity or provoke a protective response. The principle therefore helps a massage therapist select pressure that matches the client's tissues, condition, goals, and tolerance rather than assuming that greater pressure necessarily produces greater benefit. It is particularly relevant to making moment-to-moment pressure adjustments based on client feedback and observable tissue response. The law is often discussed as an early description of a dose-response relationship, a concept related to the broader scientific discussion of hormesis and biological responses to low, moderate, and high exposures. See the overview of the MBLEx examination and its massage-therapy focus at [FSMTB's MBLEx page](#) and the scientific discussion of dose-response and hormesis at [the National Library of Medicine's PubMed Central archive](#).

QUESTION NO: 14

Which of the following choices best describes the function of P, in the acronym S.O.

- A.
- P.?

- A. Future visits
- B. Evaluation
- C. Summary of findings
- D. Initial complaint

ANSWER: A

Explanation:

“Future visits” is correct because the P in the SOAP documentation format stands for *Plan*. After recording subjective information, objective observations, and the assessment, the massage therapist documents the intended next steps for the client’s care. The plan may include the proposed frequency and duration of future sessions, the treatment goals to be addressed at subsequent visits, home-care suggestions such as stretching or hydrotherapy, and any appropriate referral or follow-up recommendation. This portion of the record communicates how the therapist intends to proceed based on the client’s current presentation and response to care. Clear planning supports continuity of care, helps the client understand expectations for future treatment, and provides a professional record of the rationale for ongoing services. Documentation and treatment planning are included within the professional-practice and ethics-related knowledge assessed on the MBLEx. See the FSMTB’s [MBLEx information page](#) and its [MBLEx Candidate Handbook](#) for examination and professional-practice guidance.

QUESTION NO: 15

Which system is also known as the excretory system?

- A. Integumentary
- B. Digestive
- C. Urinary
- D. Respiratory

ANSWER: C

Explanation:

The urinary system is also commonly called the excretory system because its central role is removing metabolic wastes and helping maintain the body’s internal chemical balance. Its primary organs—the kidneys, ureters, urinary bladder, and urethra—work together to filter blood and form, transport, store, and eliminate urine. In the kidneys, microscopic nephrons filter water and dissolved substances from the blood, retain or return needed materials to circulation, and place excess water, electrolytes, and waste products into urine. Important wastes eliminated this way include urea, a nitrogen-containing product produced during protein metabolism, as well as creatinine and excess ions. Through selective filtration and reabsorption, this system also contributes to regulation of blood volume, blood pressure, electrolyte concentrations, and acid–base balance. These homeostatic functions are especially relevant to massage and bodywork education because normal tissue function depends on adequate fluid balance and effective waste removal. Although several body structures can participate in eliminating particular substances, “excretory system” in standard anatomy terminology refers to the urinary system. See [OpenStax Anatomy and Physiology: The Urinary System](#) and [NCBI Bookshelf: Physiology, Renal](#).

QUESTION NO: 16

Which of the following hormones regulates the development of reproductive processes within the body?

- A. FSH
- B. ADH
- C. insulin

ANSWER: A

Explanation:

Follicle-stimulating hormone (FSH) is the best answer because it is a gonadotropin released by the anterior pituitary that directly supports reproductive development and function. In ovaries, FSH stimulates the growth and maturation of ovarian follicles and promotes estrogen production by granulosa cells. These actions are essential to normal ovarian-cycle activity and reproductive maturation. In testes, FSH acts on Sertoli cells to support spermatogenesis, the process through which sperm develop. Its role in regulating gamete development makes FSH a central hormone in reproductive processes in people of all sexes. FSH secretion is regulated through the hypothalamic-pituitary-gonadal axis: gonadotropin-releasing hormone from the hypothalamus stimulates pituitary release of FSH, while feedback from gonadal hormones and inhibin helps adjust circulating levels. This endocrine coordination enables normal puberty, fertility, and reproductive physiology. The National Cancer Institute's definition of FSH describes its role in controlling the menstrual cycle and sperm production: [National Cancer Institute: follicle-stimulating hormone](#). Additional clinical context regarding FSH testing and reproductive function is available from [MedlinePlus](#).

QUESTION NO: 17

What is known as the "molecular unit of currency"?

- A. Actin
- B. ATP
- C. T cells
- D. Gamma globulins

ANSWER: B

Explanation:

ATP is known as the molecular unit of currency because it is the principal immediately usable energy-transfer molecule in cells. ATP stores energy in the bonds between its phosphate groups. When a cell needs energy for a process such as muscle contraction, active transport across a cell membrane, synthesis of cellular materials, or nerve-cell activity, ATP is hydrolyzed to adenosine diphosphate and inorganic phosphate. This reaction releases energy that can be coupled to the cellular process being performed. Cells continually regenerate ATP from adenosine diphosphate through metabolic pathways, including cellular respiration, so ATP can provide a rapid and broadly available supply of energy wherever it is needed. In massage and bodywork contexts, understanding ATP helps connect basic physiology to muscle function: skeletal muscle fibers require ATP for cross-bridge cycling during contraction and for processes involved in relaxation. The National Center for Biotechnology Information describes ATP as the energy currency of the cell and explains its central role in energy coupling. See [NCBI Bookshelf: ATP as the Energy Currency of the Cell](#) and [OpenStax Biology: ATP \(Adenosine Triphosphate\)](#).

QUESTION NO: 18

Where are the adrenal glands located?

- A. Brain cavity of skull
- B. Along the anterolateral portion of the neck
- C. Superior to the kidneys
- D. Throughout the body along circulatory tissues

ANSWER: C

Explanation:

The adrenal glands are located superior to the kidneys. Each person normally has two adrenal glands, with one sitting atop each kidney in the retroperitoneal area of the upper abdomen. Their position is reflected in the alternate name “suprarenal glands,” meaning above the kidneys. Despite their small size, these endocrine glands have essential roles in regulating the body’s response to stress and maintaining normal physiologic balance. The outer adrenal cortex produces steroid hormones, including cortisol, aldosterone, and adrenal androgens. The inner adrenal medulla releases the catecholamines epinephrine and norepinephrine, which support the sympathetic “fight-or-flight” response. Knowing their anatomical relationship to the kidneys helps massage and bodywork practitioners accurately understand basic body organization and communicate appropriately about endocrine anatomy without implying diagnosis or treatment. Authoritative anatomy references describe the adrenal glands as paired glands positioned on the superior poles of the kidneys. See the [NCBI Bookshelf overview of adrenal gland anatomy](#) and [Cleveland Clinic’s adrenal gland resource](#).

QUESTION NO: 19

Which of the following is not part of the small intestine?

- A. Duodenum
- B. Jejunum
- C. Sigmoid
- D. Ileum

ANSWER: C**Explanation:**

Sigmoid is correct because it refers to the sigmoid colon, an S-shaped segment of the large intestine. The digestive tract passes from the small intestine into the large intestine at the cecum; the colon then continues through its ascending, transverse, descending, and sigmoid portions before reaching the rectum and anal canal. The sigmoid colon is located in the lower left portion of the abdomen and pelvis and functions primarily in moving and storing fecal material before defecation. Its name comes from its characteristic curved, “S”-like shape. In contrast to the small intestine’s central role in enzymatic digestion and nutrient absorption, the sigmoid colon is part of the large bowel, where water and electrolytes are absorbed and feces are compacted. For massage and bodywork anatomy, recognizing the distinction helps accurately identify abdominal structures and communicate using standard anatomical terminology. See OpenStax’s overview of the [large intestine](#) and its description of the [anatomy of the colon](#).

QUESTION NO: 20

_____ is a proprioceptive sensory receptor located at the insertion of skeletal muscle which protects against damage from an excessive load or stretch.

- A. apparatus
- B. tendon organ
- C. Action potentials
- D. Spinal reflex

ANSWER: B**Explanation:**

tendon organ is correct because it refers to the Golgi tendon organ, a proprioceptive mechanoreceptor that monitors tension developed in a muscle-tendon unit. Golgi tendon organs are located within tendons, particularly near the musculotendinous junction, and are arranged in series with skeletal-muscle fibers. When muscle contraction or passive stretch produces high tendon tension, sensory nerve endings in the organ increase their firing. This sensory input travels to

the spinal cord and contributes to the Golgi tendon reflex, also called autogenic inhibition. The reflex can reduce activation of the same muscle's motor neurons, helping regulate force and limiting the risk of injury when a load becomes excessive. This protective role distinguishes the receptor's function as tension sensing rather than simply detecting changes in muscle length. In massage and bodywork contexts, understanding this receptor helps explain neuromuscular responses to prolonged stretching and increased muscular tension. The anatomy and function of Golgi tendon organs are described in the [NCBI Bookshelf overview of proprioception](#) and in [NCBI Bookshelf material on muscle reflexes](#).

QUESTION NO: 21 - (SIMULATION)

During a range of motion assessment, the client contracts their muscles to prevent movement due to pain and discomfort. This is referred to as a/n _____.

- A. empty end feel
- B. hard end feel
- C. gait assessment
- D. active resisted movement

ANSWER: See the explanation for the answer

Explanation:

Answer: A. Empty end feel

An *empty end feel* occurs when pain, fear, or protective muscle guarding stops the movement before the therapist can reach the joint's normal anatomical end range. The client contracts muscles to prevent further movement because of discomfort.

A hard end feel is a normal bone-to-bone limitation, gait assessment evaluates walking, and active resisted movement tests muscle contraction against resistance.

QUESTION NO: 22

A client arrives for a massage appointment reporting a fever, chills, fatigue, and a newly developed productive cough. What is the most appropriate action for the massage therapist?

- A. Provide a shorter session using only light pressure
- B. Avoid massage over the chest and neck
- C. Postpone the session and encourage the client to seek appropriate medical guidance if needed
- D. Proceed if the client signs an additional consent form

ANSWER: C

Explanation:

Postpone the session and encourage the client to seek appropriate medical guidance if needed is correct. Fever and respiratory symptoms may indicate an acute contagious illness, and close contact during massage could place both the therapist and other clients at risk. Massage should be rescheduled until the client has recovered and can safely participate.

Reducing pressure, avoiding the chest, or limiting the session does not address the infection-control concern. The therapist should not diagnose the cause of the symptoms, but should maintain professional boundaries and take reasonable measures to prevent disease transmission.

QUESTION NO: 23

Hacking, tapping and pounding with loose fists are examples of _____.

- A. Petrissage
- B. Deep tissue
- C. Effleurage
- D. Tapotement

ANSWER: D

Explanation:

Tapotement is the correct term for a group of rhythmic, percussive massage strokes. It includes hacking, in which the ulnar borders of relaxed hands strike the tissue in an alternating rhythm; tapping, often performed with the fingertips; and pounding, commonly performed using relaxed loose fists. These techniques are generally brisk and stimulating, and their mechanical effect can include temporarily increasing local circulation and neuromuscular stimulation when applied appropriately. In traditional Swedish-massage terminology, tapotement is one of the core stroke categories, along with gliding, kneading, friction, and vibration. The description in the question identifies the characteristic hand actions of percussion rather than a pressure-depth designation or a gliding stroke. Massage practitioners should apply tapotement with relaxed wrists and hands, an even rhythm, and appropriate force for the client's body area, goals, comfort, and health status. This terminology and the classification of hacking and pounding as tapotement are consistent with standard massage-therapy instructional resources. See the [Massage Magazine overview of Swedish massage techniques](#) and the [Encyclopaedia Britannica discussion of massage](#).

QUESTION NO: 24

A client has a history of taking anticoagulant medication and arrives with several new, unexplained bruises on the thighs. Which modification is most appropriate?

- A. Use deep stripping to improve circulation
- B. Avoid deep pressure and work around bruised areas
- C. Apply vigorous tapotement over the bruises
- D. Perform friction to speed clot resolution

ANSWER: B

Explanation:

Avoid deep pressure and work around bruised areas is correct because anticoagulant medication can increase the risk of bruising and bleeding. Deep tissue techniques, vigorous friction, and direct pressure over bruises may cause further tissue trauma. The therapist should obtain relevant health-history updates, use conservative pressure if massage is otherwise appropriate, and avoid areas of bruising. New or unexplained bruising should also be brought to the client's attention and may warrant communication with the client's health-care provider.

QUESTION NO: 25

Where would stratified transitional epithelium be located?

- A. Available Choices (select all choices that are correct)
- B. Skin Muscle
- C. Bladder
- D. Tendon

ANSWER: C

Explanation:

The correct answer is **Bladder**. Transitional epithelium, also called urothelium, is a specialized stratified epithelial tissue that lines structures of the urinary tract that must repeatedly expand and recoil as they fill and empty. In the bladder, its surface cells can flatten and slide relative to one another during distension, allowing the bladder wall to accommodate increasing volumes of urine without losing its protective barrier. When the bladder is relatively empty, the epithelial cells appear more rounded or dome-shaped; as it fills, the tissue stretches and the cells become flatter. This tissue also helps limit the movement of urine and its solutes into the underlying tissues, which is important because urine can contain substances that would irritate or damage deeper layers. For massage and bodywork anatomy, identifying the bladder as a hollow urinary organ with an extensible lining distinguishes its tissue organization from that of musculoskeletal structures. See the [NCBI StatPearls overview of bladder anatomy](#) and the [OpenStax discussion of epithelial tissue](#) for further detail.

QUESTION NO: 26

Which of the following best describes HIPAA?

- A. (Therapeutic relationship
- B. Patient rights
- C. Office safety
- D. Credentialing

ANSWER: B

Explanation:

Patient rights is the best description because the Health Insurance Portability and Accountability Act of 1996 (HIPAA) established important protections for individuals' health information. In massage and bodywork practice, this is especially relevant whenever a practitioner creates, receives, stores, discusses, or transmits protected health information, such as health histories, treatment notes, intake forms, appointment information, or billing records. HIPAA's Privacy Rule gives individuals rights concerning their protected health information, including rights to receive a notice of privacy practices, inspect and obtain copies of certain records, request corrections to information, and receive an accounting of certain disclosures. The rule also sets limits and conditions on how covered entities may use or disclose protected health information without a client's authorization. These protections support client autonomy, confidentiality, and informed participation in health care. A massage professional should understand that privacy is not merely a professional courtesy; where HIPAA applies, it is a legal framework protecting the client's control over personal health information. The U.S. Department of Health and Human Services summarizes these individual rights in its [HIPAA Privacy Rule materials](#) and its [guidance for individuals](#).