

International MASST

DHA Massage Therapist (MASST)



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Question: 1

The ROM assessment performed on the client by the massage therapist will result in one of four patterns. Which of the patterns listed below is not correct?

- A. Strong and pain free = likely no lesion on the contractile tissue.
- B. Strong and painful = possible local lesion of the muscle that is contracting.
- C. Weak and numb = possible lesion around the joint.
- D. Weak and painful = possible dislocation or fracture.

Answer: C

Explanation:

When a massage therapist performs a range of motion (ROM) assessment on a client, they are evaluating the client's ability to move a joint through its full motion without pain or resistance. This assessment helps the therapist identify potential issues in the muscles, tendons, ligaments, or joints. The outcomes of the ROM assessment can typically be categorized into specific patterns that indicate the possible underlying condition affecting the joint or muscle. However, one of the options presented in the question does not align with standard patterns recognized in musculoskeletal assessments. The four standard patterns resulting from a ROM assessment include: 1. **Strong and pain-free**: This outcome suggests that there is no lesion on the contractile tissue. The muscle can exert normal force without causing pain, indicating healthy muscle and connective tissue function. 2. **Strong and painful**: This pattern may suggest a local lesion of the muscle that is contracting, or it could involve the tendon. The muscle is still strong enough to perform movements, but pain occurs, indicating that there could be inflammation or minor tears in the tissue. 3. **Weak and painful**: This result suggests a more severe condition, such as a possible lesion around the joint, dislocation, or fracture. The weakness and pain experienced during movement indicate significant impairment that could be due to structural damage or severe inflammation. 4. **Weak and pain-free**: This pattern is often indicative of a complete rupture of a muscle or a lack of nerve supply. The muscle does not produce pain because it is not receiving signals properly, either due to a neurological issue or a complete tear that has severed nerve feedback.

The pattern described as "weak and numb" in the question suggests a scenario where the muscle exhibits both weakness and lack of sensation, implying potential neurological involvement or a circulatory issue. However, this specific pattern is not traditionally recognized among the standard four categories in ROM assessments. In clinical practice, numbness is typically investigated separately from muscle strength assessments and often involves more detailed neurological testing. Therefore, the "weak and numb" pattern does not fit the usual categorization used in musculoskeletal assessments by massage therapists or physical therapists.

In conclusion, the option "Weak and numb = possible lesion around the joint" is incorrect within the context of standard ROM assessment outcomes. It introduces elements (numbness) that are not typically part of the muscle's strength and pain response patterns. Understanding these standard patterns helps therapists diagnose and treat musculoskeletal issues effectively, using targeted strategies that correspond to the underlying problem indicated by each specific assessment outcome.

Question: 2

The assessment used to observe the patterns of movement that are responsible for a client walking forward is the definition of _____.

- A. Posture assessment.
- B. Gait assessment.
- C. Positioning assessment.
- D. Conveyance assessment.

Answer: B

Explanation:

Gait assessment refers to the evaluation of the way a person walks. Walking is a complex activity that involves various body parts, including the legs, feet, hips, and spine, all working in coordination. A therapist or clinician conducts a gait assessment to observe and analyze the patterns of movement that enable a person to walk forward. This type of assessment is crucial in identifying any abnormalities, asymmetries, or compensatory behaviors in the gait cycle.

During a gait assessment, the therapist looks at several components of walking. These include the stride length, the stance phase (when the foot is in contact with the ground), the swing phase (when the foot is in the air), and the overall rhythm and speed of walking. The assessment might involve visual observation, video recording, or the use of specialized equipment to measure specific parameters.

The purpose of a gait assessment is not only to analyze the mechanical movements but also to identify any pain or discomfort experienced by the client while walking. By pinpointing the problematic areas, a therapist can develop a targeted treatment plan. This might include exercises to strengthen certain muscles, recommendations for supportive footwear, or strategies to improve balance and coordination. Ultimately, gait assessment is a critical tool in physical therapy and rehabilitation. It helps healthcare providers deliver personalized care that enhances mobility and quality of life, particularly for individuals recovering from injuries, those with chronic conditions affecting movement, or the elderly.

Question: 3

Approximately how many muscles are in the average body?

- A. About 770.
- B. About 700.
- C. About 680.
- D. About 550.

Answer: B

Explanation:

The human body contains approximately 700 muscles, depending on the method of counting and individual anatomy. The muscular system, which includes all muscle tissue in the body, is a crucial system responsible for a wide variety of bodily functions. This includes not only movement through

contraction and relaxation but also vital functions such as circulation of blood through the cardiac muscles and digestion through smooth muscles in the gastrointestinal tract.

Muscles are categorized into three main types: skeletal, smooth, and cardiac. Skeletal muscles are attached to bones by tendons and are under voluntary control, meaning they can be consciously moved. These are the muscles primarily involved in moving the skeleton and maintaining posture. Smooth muscles, in contrast, are involuntary and control various automatic functions of the body, such as the movement of food through the digestive tract and the contraction of blood vessels. The cardiac muscle, unique to the heart, also operates involuntarily and is responsible for pumping blood throughout the body.

For professionals such as massage therapists, a thorough knowledge of the muscular system is essential. This knowledge aids in understanding how muscles interact, how they can be affected by various strains, and how they heal. Therapists use this information to effectively treat muscle pain, prevent injury, and improve overall muscular function through techniques that target specific muscles and muscle groups. The estimate of about 700 muscles in the body is commonly accepted, though some sources might state figures slightly less or more, such as 680 or 770. These discrepancies can arise due to different interpretations of what constitutes a distinct muscle, variations in individual anatomy, or the inclusion of complex muscles that might be counted as one or multiple parts. Regardless, the understanding of the muscular system's structure and function remains critical for fields involving physical health and wellness.

Question: 4

Which of the following is NOT a code of ethics violation?

- A. A therapist cutting the client's massage time for a few minutes because they were late and another session is scheduled directly after.
- B. A therapist touching a client inappropriately.
- C. A client overhearing a conversation between therapists making derogatory comments.
- D. A client making sexual advances on the therapist

Answer: A

Explanation:

To address the question of which scenario does not constitute a code of ethics violation, we must first understand the nature of ethical standards in therapeutic environments. Ethical standards in therapy, particularly massage therapy, are designed to ensure the safety, respect, and professionalism between the therapist and the client. These standards are crucial for maintaining the integrity of the therapeutic relationship and the overall trust in therapeutic practices.

The scenarios listed include: a therapist cutting the client's massage time due to the client's tardiness when another session is scheduled directly after, a therapist touching a client inappropriately, therapists making derogatory comments about a client that the client overhears, and a client making sexual advances towards the therapist.

Starting with the scenario of the therapist cutting the massage time because the client was late: This is generally not considered an ethical violation. It is common practice to adhere to scheduled times to ensure that subsequent clients receive their full session without delay. This practice is typically outlined in the service agreement or policies communicated to clients before their appointments, emphasizing respect for both the therapist's time and other clients' scheduled sessions.

The second scenario, involving a therapist touching a client inappropriately, is a clear violation of ethical standards. Any form of inappropriate touch is against the fundamental principles of respect, consent, and professionalism that govern therapeutic relationships. Such behavior can lead to serious consequences, including legal actions and loss of licensure for the therapist.

In the third scenario, where therapists are overheard making derogatory comments about a client, this too represents an ethical violation. Professionalism in therapy not only covers direct interactions with clients but also how clients are discussed among staff within the clinic or spa. Derogatory comments can contribute to a hostile environment and undermine the professional and respectful atmosphere expected in therapeutic settings.

The final scenario mentioned is a client making sexual advances towards a therapist. While this is inappropriate and uncomfortable, it is not an ethical violation on the part of the therapist unless the therapist reciprocates or does not appropriately manage the situation. The therapist should handle such advances professionally by setting clear boundaries and, if necessary, terminating the session to maintain ethical standards.

To summarize, the only scenario that does not represent a code of ethics violation by the therapist is the first one, where the therapist reduces the massage time due to the client's tardiness when another session is scheduled directly afterwards. This action is a professional and practical approach to time management, rather than an ethical misstep.

Question: 5

What is the difference between transference and countertransference?

- A. There is no difference.
- B. Transference is when either the therapist or client develops feelings and countertransference is simply the other reciprocating the feelings.
- C. Transference is when a therapist develops feelings towards a client and countertransference is when a client develops feeling towards a therapist.
- D. Transference is when a client develops feeling towards a therapist and countertransference is when a therapist develops feelings towards a client.

Answer: D

Explanation:

Transference and countertransference are psychological phenomena often discussed in the context of psychotherapy, particularly within the psychoanalytic framework. Transference occurs when a client unconsciously redirects feelings and desires, typically from childhood, towards the therapist. This can manifest as the client treating the therapist as if they were a significant figure in their life, such as a parent, sibling, or former romantic partner. The feelings can be positive or negative and are usually disproportionate to the actual relationship with the therapist because they are more deeply rooted in past experiences and unresolved conflicts.

Countertransference, on the other hand, happens when the therapist begins to project their own unconscious feelings onto the client. This could be in response to the client's transference or arise independently from the therapist's own psychological background. Countertransference can manifest as an overly personal interest in the client, emotional entanglement, or even hostility and prejudice. It is crucial for therapists to recognize and manage these feelings professionally because acting on them can cloud clinical judgment and potentially harm the therapeutic relationship and the client's progress.

Both transference and countertransference are considered natural occurrences in therapy; they are not inherently inappropriate or unethical. However, what is critical is how the therapist handles these situations. Ethical practice requires that therapists maintain professional boundaries and use supervision and personal therapy to address these feelings constructively. The goal is to understand and interpret transference and countertransference to facilitate the client's therapeutic outcomes, rather than acting on these emotions in a way that could be detrimental.

It is important to note that while transference and countertransference can provide valuable insights into the client's and therapist's inner worlds, they must be navigated carefully. Therapists are trained to recognize these dynamics as they emerge and to use them to enhance the therapeutic process rather than allowing them to undermine it. Therefore, the distinction between transference and countertransference is crucial in maintaining the integrity and effectiveness of the therapeutic relationship.

Question: 6

Where are varicose veins usually found?

- A. The legs.
- B. The arms.
- C. The torso.
- D. The neck.

Answer: A

Explanation:

Varicose veins are most commonly found in the legs. This is primarily because standing and walking upright increases the pressure in the veins of the lower body which can lead to the development of varicose veins.

Varicose veins are enlarged, swollen, and twisting veins, often appearing blue or dark purple. They happen when faulty valves in the veins allow blood to flow in the wrong direction or to pool. More than just a cosmetic issue, they can cause discomfort and, in some cases, lead to more serious health problems.

The formation of varicose veins is influenced by several factors, including genetics, age, sex, pregnancy, obesity, and the nature of the occupation which may require long periods of standing. These factors can weaken or damage the valves in the veins, leading to varicose veins.

While varicose veins can occur in other parts of the body, such as the arms, neck, or torso, these instances are much less common compared to their occurrence in the legs. The gravitational pull on the blood in the legs, combined with the pressure exerted from standing and walking, significantly contributes to the prevalence of varicose veins in the lower extremities.

In terms of treatment and management, options vary depending on the severity of the condition. Lifestyle changes like exercising, losing weight, not wearing tight clothes, elevating the legs, and avoiding long periods of standing can help ease the pain and prevent varicose veins from worsening. Medical treatments include sclerotherapy, laser therapy, and surgery. It is important to consult a healthcare provider for an appropriate diagnosis and treatment plan.

Question: 7

Which of the basic massage strokes is recommended for break up adhesions, and is used to treat tennis elbow and golfer's elbow?

- A. Friction stroke.
- B. Tapotement stroke.
- C. Effleurage stroke.
- D. Petrissage stroke.

Answer: A

Explanation:

The correct answer is the Friction stroke. The friction stroke is a specific type of massage technique that is particularly effective in treating conditions involving adhesions, such as tennis elbow (lateral epicondylitis) and golfer's elbow (medial epicondylitis). This massage stroke is generally performed using the therapist's thumbs, fingers, or even elbows, depending on the depth and precision required.

During a friction massage, the therapist applies pressure across the muscle fibers, tendons, or ligaments. This action helps to break up the adhesions—bands of painful, rigid tissue—that can form between the layers of muscle and connective tissue after injury or chronic overuse. These adhesions can restrict movement, contribute to pain and inflammation, and disrupt circulation in the affected area. By breaking these adhesions apart, friction strokes help to restore normal range of motion, alleviate pain, and reduce inflammation.

The technique involves the therapist pressing into the tissue and then moving across it in a specific, controlled manner. This can sometimes be uncomfortable, especially when addressing deep adhesions or scar tissue, but it is very effective in promoting healing and mobility. The localized pressure and movement provided by the friction stroke encourage the realignment of muscle fibers and the healing of the tissues.

Friction strokes are not only useful for conditions like tennis elbow and golfer's elbow but are also beneficial in treating other joint-related adhesions and dysfunctions. The versatility and direct approach of this technique make it a valuable tool in therapeutic massage, particularly in sports therapy and rehabilitation settings where muscle and tendon health is crucial for performance and recovery.

Question: 8

Communication between the therapist and the client is critical. Which of these recommendations is not related to the massage therapy industry?

- A. Use professional language and medical terminology, avoiding lay terms.
- B. Ask open ended questions.
- C. Mirror the client by listening, hearing, and paraphrasing.
- D. Use a pressure feedback system during the processes.

Answer: A

Explanation:

The question asks which recommendation is not related to the massage therapy industry. The options provided are all iterations of advice on how to communicate effectively with a client during a massage therapy session. Let's explore each recommendation to identify the one that is least related to the massage therapy industry.

Use professional language and medical terminology, avoiding lay terms. This recommendation suggests that therapists should use professional and medical language instead of common language when communicating with clients. However, this approach may not be effective in the context of massage therapy, where clear and understandable communication is crucial for the client's comfort and understanding of the treatment.

Communication is important, but remember the client is not a doctor or a medical professional. Communicate with the client about his/her treatment using common terms and phrases that the client fully comprehends. Medical terms are confusing to the lay person. Ask open-ended questions and mirror the client's response. Ask the client for feedback on your pressure levels, and always take extensive clinical notes. This advice is highly relevant to massage therapy. It emphasizes the importance of using layman's terms for better understanding, engaging in interactive communication to assess the client's comfort and needs, and keeping detailed records of the sessions.

Mirror the client by listening, hearing, and paraphrasing. This technique is also pertinent to massage therapy as it ensures that the therapist accurately understands and addresses the client's concerns and feedback during the session. It helps in building trust and ensuring the client feels heard.

Use a pressure feedback system during the processes. This recommendation is about using a systematic approach to gauge and adjust the pressure applied during massage therapy. It is a practical suggestion that directly pertains to the physical aspect of massage therapy, ensuring client comfort and therapeutic effectiveness.

Upon reviewing these recommendations, the one that is not related to the massage therapy industry is the first one: *Use professional language and medical terminology, avoiding lay terms.* In the context of massage therapy, where clear and accessible communication is key to client understanding and comfort, using overly technical or medical language could be counterproductive. The other recommendations focus on ensuring effective communication and client involvement, which are essential components of successful massage therapy sessions.

Question: 9

Developing a marketing plan is a critical step to opening a new massage therapy studio. What is the first step to designing a successful marketing plan?

- A. Hire a printing company.
- B. Design a logo.
- C. Purchase a television ad.
- D. Develop goals/objectives of marketing.

Answer: D

Explanation:

The first step in creating a successful marketing plan for a new massage therapy studio involves setting clear, actionable goals and objectives. These goals and objectives form the foundation of your marketing strategy, guiding all subsequent decisions and actions. It's important to understand what you want to achieve with your marketing efforts and how you plan to measure success.

Specifically, determining your marketing goals involves identifying what you want to achieve through your promotional activities. For a new massage therapy studio, typical goals might include generating awareness about your services, attracting new clients, or establishing a strong brand presence in the local community. These goals should be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). For example, a goal could be to acquire 20 new clients within the first year of operation. Following the establishment of goals, you need to define your marketing objectives. These objectives are specific steps or milestones that will help you achieve your broader goals. Continuing with the example above, if your goal is to get 20 new clients in a year, your objectives might include strategies like launching a targeted social media advertising campaign to reach potential clients in your area, offering introductory discounts, or partnering with local businesses for referrals. Each objective should align directly with your overarching goals and include clear criteria for success.

With these goals and objectives in place, you can then move on to other elements of the marketing plan, such as identifying your target market, choosing the right marketing channels, budgeting, and scheduling. Each of these steps relies heavily on the goals and objectives you've set, ensuring that all your marketing efforts are cohesive and strategically aligned.

In summary, before jumping straight into tactical marketing activities like designing a logo, hiring a printing company, or purchasing advertising space, it's crucial to first develop and articulate clear marketing goals and objectives. This strategic approach ensures that all marketing efforts are focused and likely to yield the desired results, ultimately contributing to the successful launch and growth of the new massage therapy studio.

Question: 10

Where is the fibularis tertius located?

- A. On the anterior and lateral surfaces of the proximal femur shaft.
- B. On the ischial tuberosity.
- C. On the distal anterior surface of the fibula.
- D. On the anteromedial fibula shaft.

Answer: C

Explanation:

The fibularis tertius, also known as peroneus tertius, is a small muscle located in the lower leg. It is primarily situated on the distal anterior surface of the fibula. This means that the muscle originates from the lower and outer part of the fibula, a bone found on the lateral side of the tibia in the leg.

The muscle extends downwards and inserts into the dorsal surface of the base of the fifth metatarsal bone on the foot. This insertion point is crucial as it facilitates the muscle's functions. The fibularis tertius is involved in dorsiflexion, where the toes are pulled towards the shin, and eversion, a movement that tilts the sole of the foot away from the midline of the body. Additionally, it assists in the extension of the toes, aiding in movements such as walking or adjusting the foot's position on uneven surfaces. It is important to note that the fibularis tertius is not present in all individuals; it is absent in about 5-21% of the population. For those in whom it is present, this muscle plays a role in stabilizing the ankle and assisting in locomotion, particularly during activities that require quick changes in direction or the adaptation to varied terrains. Its actions complement those of other muscles in the lower leg, contributing to the overall mobility and balance of the foot.

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