A Massage Therapists Guide to Pathology - Critical Thinking and Practical Application 7th edition Werner Test Bank

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MULTIPLE CHOICE

INTRODUCTION

1. What functions are best accomplished by the skin?
   a. Oxygen-carbon dioxide exchange
   b. Maintain proper pH balance in body
   c. Excretion and absorption
   d. Protection and sensation

   ANS: D PTS: 1 DIF: easy REF: 30
   TOP: introduction KEY: introduction, functions MSC: knowledge

2. How does the skin offer protection?
   a. Thickens where needed; limited capillary supply to control bleeding; sweating out toxins
   b. Sweating; shivering; blushing
   c. Prevents pathogenic invasion; repairs quickly; is supplied with immune cells
   d. Excretes wastes; kills pathogens on surface; very tough

   ANS: C PTS: 1 DIF: easy REF: 30
   TOP: introduction KEY: introduction, functions MSC: knowledge

3. How does the skin help manage homeostasis?
   a. Excretes wastes; absorbs nutrients; metabolizes sunshine
   b. Provides insulation; excretes wastes; absorbs vitamins
   c. Blocks unnecessary sensation; heightens necessary sensation; secretes hormones
   d. Sweating; capillary dilation and constriction; limits fluid loss

   ANS: D PTS: 1 DIF: easy REF: 30
   TOP: introduction KEY: introduction, functions MSC: knowledge

4. What is the best description of skin structure?
   a. A thick sheet of tissue highly invested with glands and nerves
   b. A semi-permeable barrier that protects us from outside forces
   c. A three-layered multifunctional wall separating the interior from the exterior of the body
   d. A large membrane that excretes sweat, sebum, wastes, and other substances

   ANS: C PTS: 1 DIF: easy REF: 31
   TOP: introduction KEY: introduction, construction MSC: knowledge

5. Which of the following is the correct list of skin layers, from superficial to deep?
   a. Squamous, basal, fascial
   b. Epidermis, superficial fascia, dermis
   c. Epidermis, dermis, subdermis
   d. Stratum corneum, stratum basalis, superficial fascia

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ANS: C PTS: 1 DIF: easy REF: 31
TOP: introduction KEY: introduction, construction MSC: knowledge

6. Where are new skin cells created?
   a. Stratum media
   b. Stratum basale
   c. Stratum keratinius
   d. Stratum corneum

   ANS: B PTS: 1 DIF: medium REF: 31
   TOP: introduction KEY: introduction, construction MSC: knowledge

7. What is the best description of an ulcer?
   a. Sore with dead tissue that doesn't heal normally
   b. Fissure close to an orifice
   c. Scrape that damages the dermis
   d. Blister filled with pus

   ANS: A PTS: 1 DIF: medium REF: 32
   TOP: introduction KEY: introduction, implications for massage therapy
   MSC: knowledge

8. What is the best description of a fissure?
   a. Crack
   b. Rip
   c. Scratch
   d. Blister

   ANS: A PTS: 1 DIF: medium REF: 32
   TOP: introduction KEY: introduction, implications for massage therapy
   MSC: knowledge

9. What is another word for vesicle?
   a. Cyst
   b. Pimple
   c. Blister
   d. Scratch

   ANS: C PTS: 1 DIF: medium REF: 32
   TOP: introduction KEY: introduction, implications for massage therapy
   MSC: knowledge

10. Which statement best describes why damaged skin contraindicates massage?
    a. Massage lotion or oil could be irritating to open sores.
    b. The skin tells us the most about our environment.
    c. Many skin conditions might be contagious or spread further on the body.
    d. If the skin is not intact, the client is a walking invitation to infection.

    ANS: D PTS: 1 DIF: medium REF: 32
    TOP: introduction KEY: introduction, implications for massage therapy
    MSC: knowledge

ANIMAL PARASITES

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11. Which of the following is the list of animal parasites?
    a. Acne, eczema, jock itch
    b. Herpes, warts, ringworm
    c. Crabs, head lice, mites
    d. Keloids, St. Anthony's fire, body lice

ANS: C PTS: 1 DIF: easy REF: 33-36
TOP: animal parasites KEY: animal parasites, crabs, head lice, mites
MSC: knowledge

12. What is the best description of mites?
    a. Wingless insects that infest scalp hair
    b. Hopping blood-sucking insects that live in clothing
    c. Arthropods that infest any coarse body hair except on the scalp
    d. Microscopic animals that build tunnels in the epidermis

ANS: D PTS: 1 DIF: easy REF: 33
TOP: animal parasites KEY: animal parasites, mites
MSC: knowledge

13. What are scabies?
    a. Microscopic mites that burrow under the skin
    b. Lesions caused by a burrowing skin parasite
    c. A parasitic worm that causes a rash
    d. Viral infections with blisters and itching

ANS: A PTS: 1 DIF: easy REF: 33
TOP: animal parasites KEY: animal parasites, mites
MSC: knowledge

14. The itching associated with scabies is distinguishable from most other sources of irritation because …
    a. It is unrelenting and gets progressively worse instead of better
    b. It comes and goes in periods of flare and remission
    c. It is accompanied by fever and inflamed lymph nodes
    d. It rises to a peak and then subsides with no further symptoms

ANS: A PTS: 1 DIF: medium REF: 35
TOP: animal parasites KEY: animal parasites, mites
MSC: knowledge

15. How do mites spread?
    a. They sense heat and crawl from one host to the next
    b. They fly from one host to another
    c. Skin contact with a fomite or vector
    d. Oral or nasal secretions

ANS: C PTS: 1 DIF: easy REF: 34
TOP: animal parasites KEY: animal parasites, mites
MSC: knowledge

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16. Your client was recently exposed to the mites that cause scabies. How soon are they communicable to you?
    a. Anytime after exposure
    b. Mites that cause scabies are not communicable
    c. After lesions have appeared
    d. 12 hours after exposure

    ANS: A PTS: 1 DIF: hard REF: 34
    TOP: animal parasites KEY: animal parasites, mites
    MSC: comprehension

17. A client reports unrelenting itching on the front of her arm. She has reddish lines in the crease of her elbow. What may be present?
    a. Body lice
    b. Ringworm
    c. Seborrheic keratosis
    d. Infestation with mites

    ANS: D PTS: 1 DIF: hard REF: 34
    TOP: animal parasites KEY: animal parasites, mites
    MSC: comprehension

18. If a client has recently completed treatment for scabies, what massage therapy–related risks are present?
    a. No risks are present; treatment for scabies does not affect the skin
    b. The client is still highly contagious; the massage therapist is at risk
    c. The massage therapist could spread the scabies to other parts of the body
    d. Treated areas may be extremely itchy; massage may exacerbate this symptom

    ANS: D PTS: 1 DIF: hard REF: 37
    TOP: animal parasites KEY: animal parasites, mites, apply let you know
    MSC: comprehension

19. What is the best description of head lice?
    a. Arthropods that infest any coarse body hair except on the scalp
    b. Microscopic animals that burrow under the skin
    c. Wingless insects that infest scalp hair
    d. Hopping blood-sucking insects that jump from one host to another

    ANS: C PTS: 1 DIF: easy REF: 35
    TOP: animal parasites KEY: animal parasites, head lice
    MSC: knowledge

20. The symptoms caused by head lice are from ...
    a. The lice depositing irritating waste that creates an allergic reaction on the scalp
    b. The lice crawling on the scalp
    c. The lice's saliva, which creates an inflammatory reaction
    d. The lice burrowing under the skin of the scalp

    ANS: C PTS: 1 DIF: easy REF: 35
    TOP: animal parasites KEY: animal parasites, head lice
    MSC: knowledge

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21. If a client has very recently been infested with head lice, where will nits tend to be found?
    a. Directly on the scalp
    b. At the root of the hair close to the back of the head
    c. At the tips of the hair
    d. At the root of the hair close to the forehead

    ANS: B PTS: 1 DIF: medium REF: 36
    TOP: animal parasites KEY: animal parasites, head lice
    MSC: knowledge

22. What is the best description of body lice?
    a. Blood-sucking insects that live in clothing
    b. Arthropods that infest any coarse body hair except on the scalp
    c. Microscopic animals that burrow under the skin
    d. Wingless insects that infest scalp hair

    ANS: A PTS: 1 DIF: easy REF: 36
    TOP: animal parasites KEY: animal parasites, body lice
    MSC: knowledge

23. What is the best way to eradicate body lice?
    a. Full body application of pesticidal soap
    b. Isolate all clothing, upholstery, and bedding for two weeks
    c. Laundering all clothing
    d. Fumigation of carpets

    ANS: C PTS: 1 DIF: easy REF: 36
    TOP: animal parasites KEY: animal parasites, body lice
    MSC: knowledge

24. What is the best description of pubic lice?
    a. Microscopic animals that burrow under the skin
    b. Wingless insects that infest scalp hair
    c. Blood-sucking insects that live in clothing
    d. Arthropods that infest any coarse body hair

    ANS: D PTS: 1 DIF: easy REF: 36
    TOP: animal parasites KEY: animal parasites, pubic lice
    MSC: knowledge

25. What is a synonym for pubic lice?
    a. The clap
    b. Scabies
    c. Herpes
    d. Crabs

    ANS: D PTS: 1 DIF: easy REF: 36
    TOP: animal parasites KEY: animal parasites, pubic lice
    MSC: knowledge

26. Pubic lice may infest …
    a. Pubic hair of men only
    b. Any body hair but only the margins of the scalp of either gender.

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c. Scalp hair and pubic hair of either gender
d. Pubic hair of women only

ANS: B PTS: 1 DIF: easy REF: 36
TOP: animal parasites KEY: animal parasites, pubic lice
MSC: knowledge

BACTERIAL INFECTIONS OF THE SKIN

27. How do resident bacteria cause infections of the skin?
a. They enter capillaries in the subdermis
b. They gain access through a portal of entry, such as a minor wound
c. They migrate toward hair shafts and invade the pilosebaceous unit
d. They erode through the epithelium to gain access to lymphatic capillaries

ANS: B PTS: 1 DIF: easy REF: 38
TOP: bacterial infection of the skin KEY: bacterial infections of the skin, pathophysiology
MSC: knowledge

28. How are bacterial infections of the skin transmitted?
a. Airborne through oral or respiratory secretions
b. Contaminated water or food
c. Shared implements including razors and towels
d. Vectors, fomites, or autoinoculation

ANS: D PTS: 1 DIF: easy REF: 38
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, pathophysiology
MSC: knowledge

29. Which of the following is the list of possible bacterial infections?
a. Tinea corporis, cold sores, rosacea
b. Herpes, psoriasis, fulminant acne
c. MRSA, impetigo, pilonidal cysts
d. Necrotizing fasciitis, shingles, onychomycosis

ANS: C PTS: 1 DIF: easy REF: 38-40
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, types
MSC: knowledge

30. What does *MRSA* stand for?
a. Maximum resistant streptococcus antibiotics
b. Multi-faceted resistance to systemic action
c. Methicillin resistant staphylococcus aureus
d. Minimally responsive surface antigen

ANS: C PTS: 1 DIF: medium REF: 38
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, MRSA
MSC: knowledge

31. What makes MRSA different from other bacterial infections of the skin?
a. It is resistant to many antibiotics
b. It is an indicator of cancer risk
c. It is spread through direct contact

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d. It is an autoimmune disease

ANS: A PTS: 1 DIF: medium REF: 38
TOP: bacterial infection of the skin KEY: bacterial infections of the skin, MRSA
MSC: knowledge

32. What is the best description of a boil?
a. An aggressive localized bacterial infection of the skin
b. A slow-growing and itchy fungal infection
c. A large and painful pimple
d. A painful viral infection of a hair shaft

ANS: A PTS: 1 DIF: medium REF: 38-39
TOP: bacterial infection of the skin KEY: bacterial infections of the skin, boils
MSC: knowledge

33. If a client has a boil, it is likely to appear…
a. On the face
b. At a hair shaft
c. In the axilla
d. Under a fingernail

ANS: B PTS: 1 DIF: easy REF: 38
TOP: bacterial infection of the skin KEY: bacterial infections of the skin, boils
MSC: knowledge

34. A person has a hard, red, painful bump that has developed over two days. As it has grown, the center has filled with a large pustule. It is hot and throbbing. What is probably present?
a. Dermatophytosis infection
b. Herpes simplex infection
c. Bacterial infection
d. Verruca vulgaris infection

ANS: C PTS: 1 DIF: medium REF: 40
TOP: bacterial infection of the skin
KEY: bacterial infections of the skin, signs and symptoms MSC: knowledge

35. What is the best description of folliculitis?
a. Inflammation of the hair
b. Bacterial infections at multiple hair shafts
c. Viral infections at hair shafts
d. Staph or strep infections of the pubic hair

ANS: B PTS: 1 DIF: medium REF: 39
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, folliculitis
MSC: knowledge

36. This bacterial infection affects deep layers of the skin. It is often a complication of another minor lesion like a blister or scrape. It has no focal abscess or draining wound; rather, it looks like a red, tender, warm area. What is it?
a. MRSA
b. Cellulitis
c. Impetigo

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d. Boil

ANS: B PTS: 1 DIF: medium REF: 39
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, cellulitis
MSC: knowledge

37. This is most commonly caused by the group A beta-hemolytic Streptococcus bacteria, which excrete powerful toxins that can damage tissues quickly. This infection can progress from being a minor irritation to threatening life and limb in a matter of hours. What is it?
a. Necrotizing fasciitis
b. Impetigo
c. MRSA
d. Carbuncles

ANS: A PTS: 1 DIF: medium REF: 39
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, necrotizing fasciitis
MSC: knowledge

38. This is a streptococcal infection of the skin. It usually shows a clear margin of involved tissue, and it often has a good outcome. What is it?
a. Folliculitis
b. Erysipelas
c. Hidradenitis suppurativa
d. Pilonidal cyst

ANS: B PTS: 1 DIF: medium REF: 39
TOP: bacterial infection of the skin KEY: bacterial infections of the skin, erysipelas
MSC: knowledge

39. This highly contagious bacterial infection can involve both staph and strep. It is usually seen in young children, but adults can carry it too. Left untreated, it can be dangerous. What is it?
a. Pilonidal cyst
b. Folliculitis
c. Eysipelas
d. Impetigo

ANS: D PTS: 1 DIF: medium REF: 40
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, impetigo
MSC: knowledge

40. What is a possible complication of a bacterial infection of the skin?
a. Hepatitis
b. Gastritis
c. Sepsis
d. Dyshidrosis

ANS: C PTS: 1 DIF: easy REF: 40
TOP: bacterial infection of the skin KEY: bacterial infection of the skin, signs and symptoms
MSC: knowledge

41. Your client scraped his leg during a hike two days ago, and since then his wound has become swollen, red, palpably hot, and very painful. He would like a massage to ease his aches and pains, which seem to be getting worse. What is your best strategy?

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a. Delay his massage until he has seen a primary care provider
b. Take his temperature; if it's normal, deliver a standard massage
c. Deliver a standard full-body massage, but skip the affected leg
d. Deliver massage directly to the affected area to interrupt the inflammatory process

ANS: A PTS: 1 DIF: hard REF: 41
TOP: bacterial infection of the skin
KEY: bacterial infections of the skin, apply what you know MSC: comprehension

42. A person reports that he scraped his leg while exploring tide pools last week, and now the wound is tender, red, and swollen. He has a headache and feels mildly feverish. Alarmingly, he can see reddish streaks forming from the wound up his leg. What is the most likely situation?
a. Scabies infection
b. Fungal infection
c. Bacterial infection
d. Viral infection

ANS: C PTS: 1 DIF: hard REF: 40
TOP: bacterial infection of the skin
KEY: bacterial infections of the skin, signs and symptoms MSC: comprehension

43. Your client shows you a large pustule on her shoulder. It is hot and extremely painful. What is probably present?
a. A bacterial infection
b. A large pimple
c. Ringworm
d. Herpes

ANS: A PTS: 1 DIF: hard REF: 40
TOP: bacterial infection of the skin
KEY: bacterial infections of the skin, signs and symptoms MSC: comprehension

44. A client with a staph infection arrives for an appointment. The lesion is on her knee, where she scraped the skin during a fall two days ago. You see an abrasion with a large, red pustule that is seeping fluid. Your client doesn't feel well. She has a headache and wonders if she has a slight fever. What is your best course of action?
a. Delay her massage until after she has seen a primary care provider
b. Take her temperature and work with her only if it is normal
c. Offer her a broad-spectrum antibiotic, then work with her normally
d. Work with her, giving special attention to the sore knee to boost immune system activity in that area

ANS: A PTS: 1 DIF: hard REF: 41
TOP: bacterial infection of the skin
KEY: bacterial infections of the skin, apply would you know MSC: comprehension

45. A client with a bacterial skin infection arrives for an appointment. The lesion is on her forearm, where she scratched it while working in her garden. The wound is covered with a dry bandage, and she reports that it is almost healed and her infection is resolved, although she is on her last day of antibiotics. What is your best course of action?
a. Refuse to work with her until her medication is finished and the wound is

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completely healed
b. Work with her normally, giving special attention to the wound to promote circulation and promote healing
c. Work with her normally, locally avoiding the wound
d. Refuse to work with her unless you have a doctor's note to guarantee safety

ANS: C PTS: 1 DIF: hard REF: 41
TOP: bacterial infection of the skin
KEY: bacterial infections of the skin, apply what you know MSC: comprehension

FUNGAL INFECTIONS

46. What is the best description of a fungal infection of the skin?
a. Tiny mites carry microscopic deposits of fungus with them in the creation of lesions
b. Tiny circular worms burrow under the skin, resembling the growth pattern of fungi
c. Dermatophytes find a rich growth medium on the skin
d. A colony of microscopic plants begins on the skin and invades the bloodstream

ANS: C PTS: 1 DIF: easy REF: 41
TOP: fungal infections KEY: fungal infections, definition
MSC: knowledge

47. What is a synonym for fungal infection of the skin?
a. Candida
b. Wart
c. St. Anthony's fire
d. Ringworm

ANS: D PTS: 1 DIF: easy REF: 41
TOP: fungal infections of the skin KEY: fungal infection of the skin, definition
MSC: knowledge

48. The causative agent for ringworm is …
a. A virus
b. A dermatophyte
c. A parasitic worm
d. A bacterium

ANS: B PTS: 1 DIF: easy REF: 41
TOP: fungal infections of the skin KEY: fungal infections of the skin, definition
MSC: knowledge

49. The pathogens that cause tinea lesions are spread by way of …
a. Oral and respiratory secretions, touching a contaminated surface and then touching a portal of entry
b. Vectors and fomites, autoinoculation
c. The pathogens migrate from one host to the next
d. Walking barefoot in contaminated soil

ANS: B PTS: 1 DIF: easy REF: 41
TOP: fungal infections of the skin KEY: fungal infection of the skin, pathophysiology
MSC: knowledge

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50. How do pathogens cause the lesions associated with fungal infections?
    a. They flow into hair shafts and grow in sebaceous glands
    b. They dissolve keratin to invade the stratum corneum
    c. They use a portal of entry to gain access to the lymphatic system
    d. They irritate the skin, causing a massive inflammatory response

    ANS: B PTS: 1 DIF: easy REF: 41
    TOP: fungal infections of the skin KEY: fungal infection of the skin, pathophysiology
    MSC: knowledge

51. The lesions caused by fungal infections of the skin are called …
    a. Shingles
    b. Chancres
    c. Herpes
    d. Tinea

    ANS: D PTS: 1 DIF: easy REF: 41
    TOP: fungal infections of the skin KEY: fungal infection of the skin, definition
    MSC: knowledge

52. What is a consequence of untreated tinea capitus?
    a. Permanent bald spots
    b. Risk of infection in the foot and leg
    c. The fungus may move internally to cause candida
    d. Scarring on the face

    ANS: A PTS: 1 DIF: medium REF: 41
    TOP: fungal infections of the skin KEY: fungal infections of the skin, tinea capitis
    MSC: knowledge

53. Tinea corporis usually looks like …
    a. An itchy rash in the groin that may spread
    b. Blisters and itching between the toes
    c. Bald patches on the scalp that never grow hair again
    d. Scaly red rings that are pale in the middle, on the trunk or extremities

    ANS: D PTS: 1 DIF: medium REF: 41
    TOP: fungal infections of the skin KEY: fungal infections of the skin, tinea corporis
    MSC: knowledge

54. Where is tinea cruris located?
    a. On the head
    b. Between the toes
    c. On the body
    d. In the groin

    ANS: D PTS: 1 DIF: medium REF: 42
    TOP: fungal infections of the skin KEY: fungal infections of the skin, tinea cruris
    MSC: knowledge

55. What is a synonym for athlete's foot?
    a. Tinea cruris

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b. Tinea corporis
c. Tinea versicolor
d. Tinea pedis

ANS: D PTS: 1 DIF: medium REF: 42
TOP: fungal infections of the skin KEY: fungal infections of the skin, tinea pedis
MSC: knowledge

56. Your client has itchy, weeping blisters between the toes. What is probably present?
a. Athlete's foot
b. Tinea cruris
c. Atopic dermatitis
d. Dyshidrosis

ANS: A PTS: 1 DIF: medium REF: 42
TOP: fungal infections of the skin KEY: fungal infections of the skin, tinea pedis
MSC: knowledge

57. If a person with tinea pedis frequently handles his affected skin, he is at risk to develop …
a. Tinea versicolor
b. Tinea manuum
c. Onychomycosis
d. Body ringworm

ANS: B PTS: 1 DIF: medium REF: 42
TOP: fungal infections of the skin KEY: fungal infections of the skin, tinea manuum
MSC: knowledge

58. A fungal infection under the finger- or toenails is called …
a. Tinea versicolor
b. Dyshidrosis
c. Tinea pedis
d. Onychomycosis

ANS: D PTS: 1 DIF: medium REF: 42
TOP: fungal infections of the skin KEY: fungal infections of the skin, onychomycosis
MSC: knowledge

59. Why is tinea versicolor different from other fungal infections?
a. Its lesions occur in multiple colors
b. It is not considered to be contagious
c. It is resistant to treatment
d. It is caused by a virus, not fungi

ANS: B PTS: 1 DIF: medium REF: 43
TOP: fungal infections of the skin KEY: fungal infections of the skin, tinea versicolor
MSC: knowledge

60. The characteristic lesion for body ringworm is …
a. A sore that doesn't heal or that comes and goes in the same place
b. A series of painful red bumps that grow and become pustules
c. Blisters on a red base, often on a dermatomal line
d. A slowly enlarging circle that is paler in the middle, with an itchy, scaly edge

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ANS: D PTS: 1 DIF: easy REF: 43
TOP: fungal infections of the skin KEY: fungal infections of the skin, signs and symptoms
MSC: knowledge

61. Your client has active athlete's foot that is itchy and dry, and he wants a foot massage. What is your best choice?
    a. Work on his feet wearing gloves or through the sheet to prevent the risk of infection
    b. Refuse to work with him at all until his infection has cleared
    c. Work on his feet as usual; no significant risk is present
    d. Refuse to work with his feet until his infection has cleared

ANS: A PTS: 1 DIF: hard REF: 44
TOP: fungal infections of the skin
KEY: fungal infections of the skin, apply would you know MSC: comprehension

62. Massage for someone with a fungal infection …
    a. Is safe if lesions are localized, treated, and covered
    b. Is safe after lesions have appeared
    c. Is never safe
    d. Is safe because fungal infections are rarely communicable

ANS: A PTS: 1 DIF: hard REF: 44
TOP: fungal infections of the skin
KEY: fungal infections of the skin, apply would you know MSC: comprehension

HERPES SIMPLEX

63. What is the best definition of herpes simplex?
    a. A virus associated with "kissing disease"
    b. A virus that causes chicken pox and shingles
    c. A virus that causes blisters, usually around the mouth or genitals
    d. A virus seen with colds and fevers

ANS: C PTS: 1 DIF: easy REF: 44
TOP: herpes simplex KEY: herpes simplex, definition
MSC: knowledge

64. Your client, who had a cold last week, has a painful-looking lesion on her lip. When you ask her about it she says, "Oh, that's just a fever blister." What is the lesion most likely to be?
    a. Boils
    b. Verruca vulgaris
    c. Herpes simplex
    d. Eczema

ANS: C PTS: 1 DIF: medium REF: 45
TOP: herpes simplex KEY: herpes simplex, pathophysiology
MSC: knowledge

65. What is a distinguishing feature of all herpes viruses?
    a. They are never fully expelled from the body
    b. They can complicate to bacterial infections

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c. They are sexually transmitted
d. They only attack nerves

ANS: A PTS: 1 DIF: medium REF: 44-45
TOP: herpes simplex KEY: herpes simplex, pathophysiology
MSC: knowledge

66. Oral herpes is sometimes called …
a. Pimples
b. Cold sores
c. Ringworm
d. Chapped lips

ANS: B PTS: 1 DIF: medium REF: 45
TOP: herpes simplex KEY: herpes simplex, oral herpes
MSC: knowledge

67. The main complication associated with oral herpes simplex outbreaks is …
a. The virus may spread to the brain
b. Secondary fungal infection
c. Secondary bacterial infection
d. The virus may invade the bloodstream

ANS: C PTS: 1 DIF: medium REF: 45
TOP: herpes simplex KEY: herpes simplex, pathophysiology
MSC: knowledge

68. In the context of herpes simplex, when does “asymptomatic viral shedding” occur?
a. In the first week of blistering
b. Between outbreaks
c. In the prodrome stage
d. After blisters have scabbed

ANS: C PTS: 1 DIF: easy REF: 45
TOP: herpes simplex KEY: herpes simplex, communicability
MSC: knowledge

69. Which is true about genital herpes?
a. It appears only on the penis or inside the vaginal canal
b. It decreases the risk of transmission of HIV
c. It can appear anywhere around the groin or buttocks
d. It is more communicable than oral herpes simplex

ANS: C PTS: 1 DIF: medium REF: 45
TOP: herpes simplex KEY: herpes simplex, genital herpes
MSC: knowledge

70. Where does herpes whitlow appear?
a. On the ear
b. On the cornea
c. On the hand
d. On the feet

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ANS: C PTS: 1 DIF: medium REF: 46
TOP: herpes simplex KEY: herpes simplex, herpes whitlow
MSC: knowledge

71. What is a distinguishing feature of a herpes simplex outbreak?
    a. Large, interconnected pustules
    b. Pustules that contain a cheesy substance
    c. Cauliflower-like growths on knuckles
    d. Blisters on a red base

ANS: D PTS: 1 DIF: easy REF: 46
TOP: herpes simplex KEY: herpes simplex, signs and symptoms
MSC: knowledge

72. Your client arrives with an active oral herpes simplex lesion. Your best choice is to …
    a. Reschedule the appointment if possible
    b. Work normally; the lesions are not contagious
    c. Send the client to a doctor
    d. Focus specifically around the lesion to speed healing

ANS: A PTS: 1 DIF: hard REF: 46
TOP: herpes simplex KEY: herpes simplex, apply what are you know
MSC: comprehension

73. The herpes simplex virus is an issue in massage therapy professional hygiene practices because it is …
    a. Fragile outside a host
    b. Only transmissible through blood, semen, or vaginal secretions
    c. Only transmissible as an airborne pathogen
    d. Stable outside a host

ANS: D PTS: 1 DIF: hard REF: 46
TOP: herpes simplex KEY: herpes simplex, apply what are you know
MSC: comprehension

<u>WARTS</u>

74. A person has a slow-growing viral infection that causes cauliflower-like growths on her knuckles. This describes …
    a. Molluscum contagiosum
    b. Verruca vulgaris
    c. Herpes Whitlow
    d. Allergic contact dermatitis

ANS: B PTS: 1 DIF: medium REF: 47
TOP: warts KEY: warts, common warts MSC: knowledge

75. What is true about warts?
    a. They are slow-growing non-contagious bacterial infections of the skin
    b. They are entirely psychosomatic
    c. They are viral infections of the stratum basale or some mucous membranes
    d. They are spread by toads

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ANS: C PTS: 1 DIF: easy REF: 47
TOP: warts KEY: warts, pathophysiology MSC: knowledge

76. What is the most common cause or contributing factor to warts?
    a. Herpes simplex virus
    b. Staphylococcus aureus
    c. Human papilloma virus
    d. Varicella zoster

ANS: C PTS: 1 DIF: easy REF: 47
TOP: warts KEY: warts, pathophysiology MSC: knowledge

77. Where do common warts usually grow?
    a. Inside the mouth and on the hands
    b. On the anterior and posterior trunk
    c. On or near areas that are frequently irritated
    d. On hands and feet only

ANS: C PTS: 1 DIF: medium REF: 47
TOP: warts KEY: warts, common warts MSC: knowledge

78. When a slow-growing viral infection develops on the sole of a foot, this lesion is called a/an …
    a. Athlete's foot
    b. Pes cavus
    c. Plantar fasciitis
    d. Plantar wart

ANS: D PTS: 1 DIF: medium REF: 47
TOP: warts KEY: warts, plantar warts MSC: knowledge

79. What are the signs and symptoms of common warts?
    a. Painful blisters on a red base
    b. Itchy circular lesions that are paler in the middle
    c. Hot, seeping vesicles
    d. Hard, flaky, painless nodules

ANS: D PTS: 1 DIF: medium REF: 47
TOP: warts KEY: warts, common warts MSC: knowledge

80. Your client has a large cluster of warts on the knuckles of her left hand. What is your best option?
    a. Consider them a local contraindication
    b. Pretend they aren't there
    c. Work specifically to friction them away
    d. Reschedule the appointment

ANS: A PTS: 1 DIF: hard REF: 49
TOP: warts KEY: warts, apply what you know MSC: comprehension

81. A client has a hard, crusty, flesh-colored growth on the distal interphalangeal joint of her right index finger. She reports that it is not painful, although it sometimes bleeds if she catches it on something. What is probably present?

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a. Molluscum contagiosum
b. Verruca vulgaris
c. Dupuytren's contracture
d. Trigger finger

ANS: B PTS: 1 DIF: hard REF: 47
TOP: warts KEY: warts, common warts MSC: comprehension

ACNE ROSACEA

82. Which is the best description of acne rosacea?
a. A sign of long-standing alcoholism
b. An allergic reaction to pollen leading to a red nose and eyes
c. A chronic skin condition leading to pustules and redness on the face
d. A slow-growing bacterial infection of hair shafts

ANS: C PTS: 1 DIF: easy REF: 49
TOP: acne rosacea KEY: acne rosacea, definition MSC: knowledge

83. What are some common triggers for acne rosacea?
a. Hot liquids, alcohol, spicy food
b. Oak pollen, flower pollen, cat dander
c. Poison ivy, poison oak
d. Harsh detergents, abrasive scrubbing of the skin

ANS: A PTS: 1 DIF: easy REF: 50
TOP: acne rosacea KEY: acne rosacea, pathophysiology MSC: knowledge

84. Your client has many tiny capillary lines on her face. She reports that when she is warm or drinks hot beverages her face flushes and stings. What is probably present?
a. Cellulitis
b. Acne vulgaris
c. Erythematotelangiectatic rosacea
d. St. Anthony's fire

ANS: C PTS: 1 DIF: medium REF: 50
TOP: acne rosacea KEY: at the rosacea, erythmatotelegiectatic type rosacea
MSC: knowledge

85. The permanently thickened, bumpy, reddened skin that may develop on the nose of persons with acne rosacea is called …
a. Allergic rhinitis
b. phymatous rosacea
c. Telangiectasia
d. Rosacea keratitis

ANS: B PTS: 1 DIF: medium REF: 50
TOP: acne rosacea KEY: acne rosacea, phymatous rosacea MSC: knowledge

86. This condition can involve multiple pustules, dilated capillaries, and coarsening of the skin on the face in middle-aged people. What is it?
a. Acne rosacea
b. Folliculitis

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c. Acne vulgaris
d. Dyshidrosis

ANS: A PTS: 1 DIF: medium REF: 50
TOP: acne rosacea KEY: acne rosacea, signs and symptoms MSC: knowledge

87. Your client has acne rosacea. What accommodations is she likely to need to receive massage comfortably?
a. Ask her to reschedule for when her condition is not flared up
b. Do not work with her prone; pressure on her face will be painful
c. Invite her to bring her preferred lotion for her facial massage
d. No accommodations are necessary for this condition

ANS: C PTS: 1 DIF: hard REF: 51
TOP: acne rosacea KEY: acne rosacea, apply what you know
MSC: comprehension

ACNE VULGARIS

88. This condition involves multiple low-grade infections in hair shafts, caused by slow-acting, non-aggressive bacteria. What is it?
a. Acne vulgaris
b. Acne rosacea
c. Hidradenitis suppurativa
d. Folliculitis

ANS: A PTS: 1 DIF: easy REF: 51
TOP: acne vulgaris KEY: acne vulgaris, definition
MSC: knowledge

89. In this condition excessive testosterone production stimulates sebaceous glands, and if any tiny particle blocks the duct a low-grade infection can develop. This is a description of …
a. Acne vulgaris
b. Acne rosacea
c. Psoriasis
d. Boils

ANS: A PTS: 1 DIF: medium REF: 51
TOP: acne vulgaris KEY: acne vulgaris, pathophysiology
MSC: knowledge

90. When acne affects adolescents it is usually associated with …
a. Poor hygiene
b. Excessive estrogen production
c. A high-fat diet
d. Excessive testosterone production

ANS: D PTS: 1 DIF: easy REF: 51
TOP: acne vulgaris KEY: acne vulgaris, pathophysiology
MSC: knowledge

91. Which of the following is the list of factors that contribute to acne vulgaris?
a. History of multiple sunburns, genetic predisposition, exposure to arsenic

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b. Genetic predisposition, androgen production, *P. acnes*
c. Having a cold or flu, recurrent viral infections, magnesium deficiency
d. Staph infection, suppressed immunity, obesity

ANS: B PTS: 1 DIF: medium REF: 51
TOP: acne vulgaris KEY: acne vulgaris, pathophysiology
MSC: knowledge

92. Which of the following is a type of acne lesion?
a. Boil
b. Comedome
c. Rhinophyma
d. Verruca

ANS: B PTS: 1 DIF: medium REF: 51
TOP: acne vulgaris KEY: acne vulgaris, signs and symptoms
MSC: knowledge

93. Your client is a 19-year old man with acne scars all over his chest and back, but no currently infected lesions. What is your best course of action?
a. Work on his chest and back only through the sheet to reduce the risk of contamination
b. Refuse to work with him until the scar tissue has healed
c. Work normally; this doesn't call for special accommodations
d. Report him to his parents or coach; this is indicative of steroid abuse

ANS: C PTS: 1 DIF: hard REF: 53
TOP: acne vulgaris KEY: actually vulgaris, apply what you know
MSC: comprehension

94. Your client is a 25-year-old woman who uses oral birth control. She has monthly acne outbreaks on her face and shoulders, and she has several pustules on her upper back on the day of her appointment. What is your best course of action?
a. Work on her upper back through the sheet in an effort to rupture the pustules in a safe way
b. Locally avoid the active lesions and deliver a standard massage elsewhere
c. Work normally; this doesn't call for special accommodations
d. Reschedule the massage for after the outbreak has subsided

ANS: B PTS: 1 DIF: hard REF: 53
TOP: acne vulgaris KEY: actually vulgaris, apply what you know
MSC: comprehension

ECZEMA, DERMATITIS

95. What is the conventional definition of "dermatitis"?
a. Inflammation of the skin related to contagious disease
b. Any inflammation of the skin
c. Any allergic reaction in the skin
d. Inflammation of the skin *not* related to contagious disease

ANS: D PTS: 1 DIF: easy REF: 53
TOP: eczema | dermatitis KEY: eczema, dermatitis, definition

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MSC: knowledge

96. What is the best definition of eczema?
    a. A non-contagious condition connected to immune system dysfunction and hypersensitivity reactions
    b. A highly contagious infection with viruses that invade sebaceous glands to cause extensive blistering
    c. A highly contagious infection with *Streptococci* and *Staphylococcus* bacteria
    d. A non-contagious condition leading to the development of flesh-colored nodules on skin over knuckles and other joints

    ANS: A PTS: 1 DIF: easy REF: 53
    TOP: eczema | dermatitis KEY: eczema, dermatitis, definition
    MSC: knowledge

97. Eczema and dermatitis are generally accepted to be conditions related to what factor(s)?
    a. Chronic stress and poor nutrition
    b. Hypersensitivity reactions in the skin
    c. Microscopic parasitic animals
    d. Low-level systemic fungal infections

    ANS: B PTS: 1 DIF: easy REF: 53
    TOP: eczema | dermatitis KEY: eczema, dermatitis, pathophysiology
    MSC: knowledge

98. What common problem tends to make eczema and dermatitis worse?
    a. The itch-scratch cycle
    b. The production of keloids
    c. The lichenification of the skin
    d. The Koebner phenomenon

    ANS: A PTS: 1 DIF: easy REF: 54
    TOP: eczema | dermatitis KEY: eczema, dermatitis, pathophysiology
    MSC: knowledge

99. This condition is the most common form of eczema. It is frequently seen in young children, but occasionally persists into adulthood. It is …
    a. Dyshidrotic eczema
    b. Nummular eczema
    c. Seborrheic dermatitis
    d. Atopic dermatitis

    ANS: D PTS: 1 DIF: medium REF: 54
    TOP: eczema | dermatitis KEY: eczema, dermatitis, atopic dermatitis
    MSC: knowledge

100. Dyshidrosis differs from other forms of eczema because …
    a. It is highly contagious
    b. It involves itchy fluid-filled blisters and a risk of infection
    c. It involves dry, flaky skin
    d. It is an allergic reaction to wheat

    ANS: B PTS: 1 DIF: medium REF: 54

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TOP: eczema | dermatitis KEY: eczema, dermatitis, dyshidrosis
MSC: knowledge

101. This condition shows yellowish, oily patches and flakes of skin around the ears and scalp. What is it?
a. Allergic contact dermatitis
b. Dyshidrosis
c. Ringworm
d. Seborrheic eczema

ANS: D PTS: 1 DIF: medium REF: 55
TOP: eczema | dermatitis KEY: eczema, dermatitis, seborrheic eczema
MSC: knowledge

102. When a person submerges her hands repeatedly in hot water and harsh detergents, her skin becomes rough, red, and itchy. This describes …
a. Irritant contact dermatitis
b. Nummular eczema
c. Allergic contact dermatitis
d. Seborrheic eczema

ANS: A PTS: 1 DIF: medium REF: 55
TOP: eczema | dermatitis KEY: eczema, dermatitis, irritant contact dermatitis
MSC: knowledge

103. When a client wears earrings with nickel, she gets an irritated, itchy patch on her earlobe. This describes …
a. Nummular eczema
b. Allergic contact dermatitis
c. Seborrheic eczema
d. Irritant contact dermatitis

ANS: B PTS: 1 DIF: medium REF: 55
TOP: eczema | dermatitis KEY: eczema, dermatitis, allergic contact dermatitis
MSC: knowledge

104. What are some common triggers for allergic contact dermatitis?
a. Soy, dairy, gluten
b. Latex, urushiol, adhesives
c. Ragweed, cat dander, oak pollen
d. Cotton, wool, nylon

ANS: B PTS: 1 DIF: medium REF: 55
TOP: eczema | dermatitis KEY: eczema, dermatitis, allergic contact dermatitis
MSC: knowledge

105. A client has been diagnosed with eczema. The skin on his knuckles is red, dry, and flaky. What should his massage therapist do?
a. Refuse to work with him until his skin is clear
b. Work normally, but wear gloves to reduce the risk of infection
c. Use hypoallergenic lotion, but otherwise work normally
d. Locally avoid the area to reduce the risk of infection

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ANS: C PTS: 1 DIF: hard REF: 57
TOP: eczema | dermatitis KEY: eczema, dermatitis, apply what you know
MSC: comprehension

106. Stasis dermatitis is usually related to …
a. Deep vein thrombosis, varicose veins
b. Infection, lymphatic congestion
c. Age, poor circulation
d. Tight knee brace, recent injury

ANS: C PTS: 1 DIF: medium REF: 56
TOP: eczema | dermatitis KEY: eczema, dermatitis, stasis dermatitis
MSC: knowledge

107. A client has been diagnosed with eczema. The skin on her palms is itchy and covered with tiny fluid-filled blisters. What should her massage therapist do?
a. Refuse to work with her until his skin is clear
b. Locally avoid the area to reduce the risk of infection
c. Use hypoallergenic lotion, but otherwise work normally
d. Work normally, but wear gloves to reduce the risk of infection

ANS: B PTS: 1 DIF: hard REF: 57
TOP: eczema | dermatitis KEY: eczema, dermatitis, apply what you know
MSC: comprehension

108. What is the most commonly reported adverse event associated with eczema or dermatitis?
a. Torn skin and abrasions
b. Secondary infection due to contamination of open lesions
c. None; this condition carries little or no risk for massage
d. A hypersensitivity reaction to an allergen or irritant in the lubricant

ANS: D PTS: 1 DIF: hard REF: 57
TOP: eczema | dermatitis KEY: eczema, dermatitis, apply what you know
MSC: comprehension

SEBORRHEIC KERATOSIS

109. Which of the following is the best definition for seborrheic keratosis?
a. A benign skin growth in which epithelial cells proliferate in isolated areas
b. A precancerous form of squamous cell carcinoma
c. A potentially malignant skin growth with a risk of metastasis to the liver
d. A synonym for “sunspots” or “liver spots” seen on mature people

ANS: A PTS: 1 DIF: easy REF: 58
TOP: seborrheic keratosis KEY: seborrheic keratosis, definition
MSC: knowledge

110. While the causes of this condition are not clear, it involves the hyperproliferation of epithelial cells and genetic predisposition. It is most frequent in people over 50. What is it?
a. Nicotinic keratosis
b. Seborrheic keratosis
c. Actinic keratosis

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d. Keratosis pilaris

ANS: B PTS: 1 DIF: easy REF: 58
TOP: seborrheic keratosis KEY: seborrheic keratosis, pathophysiology
MSC: knowledge

111. What is the pattern most often seen with seborrheic keratosis?
a. Dark brown spots with a warty, "pasted on" appearance
b. A sore that never heals or that comes and goes in the same place
c. Asymmetry, irregular borders, multiple colors, large diameter
d. Itchy, weeping blisters on a red base

ANS: A PTS: 1 DIF: easy REF: 58
TOP: seborrheic keratosis KEY: seborrheic keratosis, signs and symptoms
MSC: knowledge

112. Seborrheic keratosis is a benign condition. Why is associated with a risk of skin cancer?
a. Skin cancer may begin within the boundaries of the growth and escape detection
b. The virus that causes seborrheic keratosis is a causative factor of some types of cancer
c. The chronic irritation that these lesions cause is a contributing factor to skin cancer
d. Lesions may metastasize and become cancerous at secondary sites

ANS: A PTS: 1 DIF: easy REF: 58
TOP: seborrheic keratosis KEY: seborrheic keratosis, complications
MSC: knowledge

113. Your client is a 76-year old white man. His trunk has numerous seborrheic keratoses of various sizes that he tells you have been diagnosed by his dermatologist. What accommodations are necessary for this client?
a. Massage must be delayed until after the lesions have been removed and biopsied
b. This client will need to receive massage prone only; it is uncomfortable for him to be supine
c. The areas with lesions must be avoided to reduce the risk of spreading the condition through the bloodstream or lymph system
d. Massage can be conducted as usual as long as the lesions are not irritated or snagged

ANS: D PTS: 1 DIF: hard REF: 58
TOP: seborrheic keratosis KEY: seborrheic keratosis, apply what you know
MSC: comprehension

SKIN CANCER: BCC

114. What is the most common form of skin cancer?
a. Melanoma
b. Squamous cell carcinoma
c. Basal cell carcinoma
d. Bowen's disease

ANS: C PTS: 1 DIF: easy REF: 59
TOP: skin cancer KEY: skin cancer, BCC, definition MSC: knowledge

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115. What is a major contributor to the risk of developing basal cell carcinoma?
    a. Female gender
    b. Male gender
    c. Smoking
    d. A history of multiple sunburns

    ANS: D PTS: 1 DIF: easy REF: 59
    TOP: skin cancer KEY: skin cancer, pathophysiology MSC: knowledge

116. Which of the following are types of basal cell carcinoma?
    a. Bowen's disease, Lentigines, port-wine stains
    b. Lentigo, acral lentiginous, uveal
    c. Nodular, superficial, pigmented
    d. Keratosis, cheilitis, leukoplakia

    ANS: C PTS: 1 DIF: medium REF: 59
    TOP: skin cancer KEY: skin cancer, BCC, types MSC: knowledge

117. Which of the following is the best description of a nodular basal cell carcinoma lesion?
    a. Brown or red scaly lesions that develop in places with a lot of sun exposure
    b. A sore that doesn't heal, often appearing on pre-existing lesions
    c. Painless "rodent ulcers" with a pink pearly border
    d. A mole that is asymmetric with irregular borders and mottled color

    ANS: C PTS: 1 DIF: medium REF: 59
    TOP: skin cancer KEY: skin cancer, BCC MSC: knowledge

118. Why is morpheaform BCC more serious than other forms?
    a. It is the only form of BCC that can metastasize to the liver
    b. It doesn't make a big mark on the surface, but tends to invade deep tissues
    c. It has been seen to mutate into malignant melanoma
    d. The rodent ulcers tend to bleed profusely, leading to anemia

    ANS: B PTS: 1 DIF: medium REF: 60
    TOP: skin cancer KEY: skin cancer, BCC MSC: knowledge

119. What is a typical sign of BCC?
    a. Itchy, weeping blisters on a red base
    b. A sore that doesn't heal or that comes and goes in the same place
    c. A painless ulcer that is surrounded by a pink, pearly border
    d. Dark brown raised areas with a "pasted on" appearance

    ANS: B PTS: 1 DIF: medium REF: 60
    TOP: skin cancer KEY: skin cancer, BCC, signs and symptoms
    MSC: knowledge

120. Your 62-year-old client has a sore on her scalp. It has a small crust in the middle, and is surrounded by a shiny, smooth border. She has only been aware of it because her comb sometimes catches on it, but it doesn't hurt. What is your best strategy?
    a. Terminate the session and disinfect your table and face cradle thoroughly to avoid the risk of spreading infection
    b. Terminate the session and urge her to see her doctor as soon as possible for her

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skin cancer

c. Inform her that she has a basal cell carcinoma, and she should consult her doctor immediately; then continue the massage
d. Inform her that she has something that should be seen by her doctor before she comes for another session, then continue the massage

ANS: D PTS: 1 DIF: hard REF: 64
TOP: skin cancer KEY: skin cancer, BCC, apply what you know
MSC: comprehension

121. Your long-time client had a BCC growth removed from his cheek yesterday. It is covered with a butterfly bandage and has no signs of infection. He would like to receive a massage. What is your best strategy?
a. Delay the massage until his cancer treatment is complete
b. Request a release from his doctor before proceeding
c. Perform the massage as usual, but avoid working on or near the surgical wound
d. Inform him that it is not safe for a cancer patient to receive massage, because massage may promote metastasis

ANS: C PTS: 1 DIF: hard REF: 64
TOP: skin cancer KEY: skin cancer, BCC, apply what you know
MSC: comprehension

122. Your client had a BCC growth removed from his scalp two years ago. It is fully healed with no signs of complications. What is your best strategy?
a. Perform the massage as usual; ask for a doctor's note before the next session
b. Perform the massage as usual; no accommodations are needed
c. Inform him that it is not safe for a cancer patient to receive massage, because massage may promote metastasis
d. Request a release from his doctor before proceeding

ANS: B PTS: 1 DIF: hard REF: 64
TOP: skin cancer KEY: skin cancer, BCC, apply what you know
MSC: comprehension

SKIN CANCER: SCC

123. Which of the following is the best definition of squamous cell carcinoma?
a. A type of skin cancer that arises from keratinocytes and may grow inside the mouth
b. A type of skin cancer that specifically affects young people
c. A type of skin cancer that does not metastasize, but that may grow to large dimensions while invading healthy tissue
d. A type of skin cancer that metastasizes quickly

ANS: A PTS: 1 DIF: easy REF: 60
TOP: skin cancer KEY: skin cancer, SCC, definition MSC: knowledge

124. What type of skin cancer is most likely to begin in areas with chronic skin irritations like boils or ulcers?
a. Malignant melanoma
b. Basal cell carcinoma

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c. Squamous cell carcinoma
d. Actinic keratosis

ANS: C PTS: 1 DIF: easy REF: 60
TOP: skin cancer KEY: skin cancer, SCC, definition MSC: knowledge

125. Which of the following are the subtypes of squamous cell carcinoma?
a. Morpheaform SCC, nodular SCC, pigmented SCC
b. Superficial spreading SCC, acral lentiginous SCC, uveal SCC
c. Genital carcinoma, myelodysplasia, Heck's disease
d. Actinic keratosis, actinic cheilitis, leukoplakia, Bowen disease

ANS: D PTS: 1 DIF: medium REF: 60
TOP: skin cancer KEY: skin cancer, SCC, types MSC: knowledge

126. If a person has many actinic keratosis lesions, he or she will probably develop …
a. Squamous cell carcinoma
b. Adenocarcinoma
c. Malignant melanoma
d. Basal cell carcinoma

ANS: A PTS: 1 DIF: medium REF: 60
TOP: skin cancer KEY: skin cancer, SCC, types MSC: knowledge

127. Which of the following is the best description of actinic keratosis?
a. Brown or red scaly lesions that develop in places with a lot of sun exposure
b. A mole that is asymmetric with irregular borders and mottled color
c. Painless "rodent ulcers" with a pink pearly border
d. A sore that doesn't heal, often appearing on pre-existing lesions

ANS: A PTS: 1 DIF: medium REF: 60
TOP: skin cancer KEY: skin cancer, SCC, types MSC: knowledge

128. What is the leading sign or symptom of squamous cell carcinoma?
a. A sore that doesn't heal or that comes and goes in the same place
b. A mole that suddenly grows hair
c. A mole that changes shape
d. A sore that doesn't hurt even though it may look painful

ANS: A PTS: 1 DIF: easy REF: 61
TOP: skin cancer KEY: skin cancer, SCC, signs and symptoms
MSC: knowledge

129. What the most likely risk regarding massage therapy for a person who may have a form of SCC?
a. Massage may promote metastasis through the circulatory and lymphatic systems
b. The massage therapist may alarm the client by telling him or her that he or she has skin cancer
c. Massage may bring nutrition to the tumor, allowing it to grow faster
d. The massage therapist may ignore signs of SCC, allowing any growth to progress without interference

ANS: D PTS: 1 DIF: hard REF: 64

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TOP: skin cancer KEY: skin cancer, SCC, apply what you know
MSC: comprehension

130. Your client is a former tobacco chewer, until he developed SCC that invaded his lower lip, tongue, and jaw. Now he is five years post-surgery and tobacco-free. He regularly screens for cancer, and has had no recurrence. He would like to receive massage to help with headaches and neck pain. What is your best strategy?
   a. Inform him that because of his history you cannot work on his neck or head, but you can certainly work with the rest of his body
   b. Work with him, but go very lightly around his neck and face to avoid disrupting any dormant cancer cells
   c. Require that he get a clearance note from his primary care physician
   d. If you have appropriate training, work with him as he requests, using your skills, his goals, and information from research about massage therapy for cancer patients

ANS: D PTS: 1 DIF: hard REF: 64
TOP: skin cancer KEY: skin cancer, SCC, apply what you know
MSC: comprehension

SKIN CANCER: MELANOMA

131. In this condition skin cells begin to replicate in an uncontrolled way. They invade deeper tissues and may travel through the lymph or bloodstream to colonize other areas. This describes …
   a. Basal cell carcinoma
   b. Actinic keratosis
   c. Melanoma
   d. Leukoplakia

ANS: C PTS: 1 DIF: easy REF: 61
TOP: skin cancer KEY: skin cancer, melanoma, definition MSC: knowledge

132. What type of skin cancer is most likely to become life-threatening?
   a. Basal cell carcinoma
   b. Melanoma
   c. Squamous cell carcinoma
   d. Actinic keratosis

ANS: B PTS: 1 DIF: easy REF: 61
TOP: skin cancer KEY: skin cancer, melanoma, definition MSC: knowledge

133. What is the prognostic feature in melanoma?
   a. None: malignant melanoma appears to be completely random
   b. How deeply the lesions have penetrated the skin
   c. A long history of tobacco use, either through smoking or chewing
   d. Genetic predisposition

ANS: B PTS: 1 DIF: easy REF: 62
TOP: skin cancer KEY: skin cancer, melanoma, definition MSC: knowledge

134. What are the subtypes of malignant melanoma?
   a. Nodular melanoma, superficial spreading melanoma, lentigo melanoma

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b. Actinic keratosis, rodent ulcers, Bowen's disease
c. Morpheaform melanoma, squamous cell melanoma, basal cell melanoma
d. Actinic cheilitis, pigmented melanoma, leukoplakia

ANS: A PTS: 1 DIF: medium REF: 62
TOP: skin cancer KEY: skin cancer, melanoma, types MSC: knowledge

135. What is a sign that distinguishes lentigo melanoma from "age spots"?
a. Lentigo melanoma has a raised red edge around the border of the lesion
b. Lentigo melanoma is much darker than typical age spots
c. Lentigo melanoma occurs in young people
d. Lentigo melanoma shows a deep notch; age spots are round or oval

ANS: D PTS: 1 DIF: medium REF: 62
TOP: skin cancer KEY: skin cancer, melanoma, types MSC: knowledge

136. What is the most common form of melanoma?
a. Lentigo melanoma
b. Nodular melanoma
c. Superficial spreading melanoma
d. Acral lentiginous melanoma

ANS: C PTS: 1 DIF: medium REF: 62
TOP: skin cancer KEY: skin cancer, melanoma, types MSC: knowledge

137. Which subtype of melanoma tends to appear on the extremities instead of on the trunk?
a. Superficial spreading melanoma
b. Acral lentiginous melanoma
c. Lentigo melanoma
d. Nodular melanoma

ANS: B PTS: 1 DIF: medium REF: 62
TOP: skin cancer KEY: skin cancer, melanoma, types MSC: knowledge

138. Which subtype of melanoma is the most aggressive?
a. Nodular melanoma
b. Acral lentiginous melanoma
c. Superficial spreading melanoma
d. Lentigo melanoma

ANS: A PTS: 1 DIF: medium REF: 62
TOP: skin cancer KEY: skin cancer, melanoma, types MSC: knowledge

139. Which of the following is the best description of a melanoma lesion?
a. A sore that doesn't heal, or that comes and goes in the same place
b. A mole that is asymmetric with irregular borders and mottled color
c. Painless "rodent ulcers" with a pink pearly border
d. Brown or red scaly lesions that develop in places with a lot of sun exposure

ANS: B PTS: 1 DIF: easy REF: 62
TOP: skin cancer KEY: skin cancer, melanoma, signs and symptoms
MSC: knowledge

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140. "ABCDE" in the context of melanoma stands for …
   a. Abrasion, bulla, callus, dermis, ecchymosis
   b. Abnormal, broad, coarse, dry, empty
   c. Asymmetrical, bolus, clear, diameter, erythema
   d. Asymmetrical, borders, color, diameter, elevation

ANS: D PTS: 1 DIF: easy REF: 63
TOP: skin cancer KEY: skin cancer, melanoma, signs and symptoms
MSC: knowledge

141. Your client has been diagnosed with early-stage melanoma. She has undergone one surgery to remove a lesion from her arm, and is waiting for test results to see if the surgeon got it all. She is physically active, and runs 15 to 20 miles per week. She is under a lot of stress, and would like to receive a relaxing massage. What is your best strategy?
   a. Require that she provide a note from her doctor saying that massage will not put her at risk
   b. Provide a gentle relaxation massage, avoiding the area where the surgery was conducted
   c. Inform her that she cannot receive massage until she has been a minimum of five years cancer-free
   d. Delay the massage until after her test results come back

ANS: B PTS: 1 DIF: hard REF: 64
TOP: skin cancer KEY: skin cancer, melanoma, apply what you know
MSC: comprehension

142. Your new client is a 78-year-old white man. On his back you notice several large freckles, but one of them is crusted and show signs of recent bleeding. On closer inspection you see that it is brown and red with small black areas throughout. The edges of this freckle vary from being sharp and clear to being very fuzzy. What is your best strategy?
   a. Let your client know what you found, and recommend that he consult a naturopath who specializes in issues for the elderly population
   b. Because this lesion is a harmless seborrheic keratosis, proceed with the massage as usual
   c. Inform your client that he probably has malignant melanoma, and urge him to consult his doctor as soon as possible
   d. Inform your client that he has a lesion that should be inspected by his doctor as soon as possible

ANS: D PTS: 1 DIF: hard REF: 64
TOP: skin cancer KEY: skin cancer, melanoma, apply what you know
MSC: comprehension

BURNS

143. What is the best definition of burns?
   a. An event that kills cells through dry or wet thermal energy
   b. Cells are damaged but not killed by heat, electricity, or radiation
   c. Any trauma that kills cells through heat, electricity, chemical exposure, or radiation
   d. Skin damage related to radiation exposure or electrical injury

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ANS: C PTS: 1 DIF: easy REF: 66
TOP: burns KEY: burns, definition MSC: knowledge

144. What causes burns?
   a. Cells are ruptured through rapid temperature change
   b. Cells undergo changes that prevent their ability to replicate
   c. Cell proteins are damaged by external exposures
   d. Cells release toxic chemicals that damage their neighbors

ANS: C PTS: 1 DIF: easy REF: 66
TOP: burns KEY: burns, definition MSC: knowledge

145. What is the best description of a second-degree burn?
   a. Only the epidermis is affected; redness and tenderness are present
   b. Painful fluid-filled blisters appear; scarring may be permanent
   c. Severe sunburn with blisters and peeling
   d. Damage penetrates to the subdermis; charring and nerve damage have occurred

ANS: B PTS: 1 DIF: medium REF: 66
TOP: burns KEY: burns, second-degree MSC: knowledge

146. What is the best description of a first-degree burn?
   a. Irritation of the stratum corneum
   b. Exposure to irritating chemicals for less than five minutes
   c. Exposure to temperatures above 115°F
   d. Irritation of the epidermis

ANS: D PTS: 1 DIF: medium REF: 66
TOP: burns KEY: burns, first-degree MSC: knowledge

147. What is the best description of a third-degree burn?
   a. Any burn that causes blistering
   b. Penetrates to the muscles or deeper
   c. Penetrates to the dermis or deeper
   d. The result of exposure to lye

ANS: B PTS: 1 DIF: medium REF: 66
TOP: burns KEY: burns, third-degree MSC: knowledge

148. What is a common complication of healed third-degree burns?
   a. Restrictive scar tissue
   b. High risk of infection
   c. Fluid loss and circulatory shock
   d. Chronic pain

ANS: A PTS: 1 DIF: medium REF: 66
TOP: burns KEY: burns, third-degree MSC: knowledge

149. Your client experienced extensive second- and third-degree burns three years ago. He wonders if massage therapy might help him with scar tissue mobility and other symptoms. What can you legitimately suggest?
   a. Burn scars break down easily, so massage therapy can be helpful but it must be extremely gentle

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b. Massage therapy can eradicate burn scars if it is done regularly for a minimum of six months
c. Mature scar tissue cannot be influenced by massage therapy
d. Massage therapy may help with scar tissue elasticity, itching, and pain

ANS: D PTS: 1 DIF: hard REF: 67
TOP: burns KEY: burns, apply what you know MSC: comprehension

150. Your client is on vacation at the desert resort where you work. She has an appointment for massage, but shows up with a new, bright red sunburn. She would still like to receive massage. What is your best strategy?
a. Perform massage as usual, but add some extra soothing, anti-inflammatory essential oils to your lubricant
b. Recommend that she come back in two to three days, when her sunburn is not acute
c. Offer to massage her, but only through a sheet, so that you are not exposed to her skin peeling
d. Suggest that she take an analgesic before her massage appointment

ANS: B PTS: 1 DIF: hard REF: 67
TOP: burns KEY: burns, apply what you know MSC: comprehension

PRESSURE INJURIES

151. What is another name for pressure injuries?
a. Decubitus ulcers
b. Stasis dermatitis
c. Urticaria
d. Diabetes

ANS: A PTS: 1 DIF: easy REF: 68
TOP: pressure injuries KEY: pressure injuries, definition
MSC: knowledge

152. What is the best definition of a pressure injury?
a. A lesion that arises from inadequate blood flow because blood vessels have become occluded with atherosclerotic plaque
b. A lesion that arises only in post-surgical patients in hospital settings
c. A lesion that arises from poor circulation related to long-term bed rest and advanced age
d. A lesion that arises from inadequate blood flow when an area compressed against a surface

ANS: D PTS: 1 DIF: easy REF: 68
TOP: pressure injuries KEY: pressure injuries, definition
MSC: knowledge

153. Pressure injuries are usually the result of …
a. Spinal cord injury
b. Poor circulation to the skin because of severely blocked arteries and arterioles
c. Infection with *helicobacter pylori*
d. Poor circulation to the skin around points of bony contact with a surface

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ANS: D PTS: 1 DIF: easy REF: 68
TOP: pressure injuries KEY: pressure injuries, pathophysiology
MSC: knowledge

154. Where is the most likely place for a decubitus ulcer to develop?
a. Scapula, antecubital fossa
b. Toes, bottom of foot
c. Heels, buttocks, sacrum
d. Anywhere

ANS: C PTS: 1 DIF: easy REF: 68
TOP: pressure injuries KEY: pressure injuries, pathophysiology
MSC: knowledge

155. What are early signs of pressure injuries?
a. A shallow, painful sore with white edges
b. A large pustule in the areas that may contact hard surfaces
c. A fluid filled in blister with intact skin
d. A change in local skin temperature, discoloration

ANS: D PTS: 1 DIF: easy REF: 68
TOP: pressure injuries KEY: pressure injuries, signs and symptoms
MSC: knowledge

156. What are late signs of pressure injuries?
a. An open ulcer that exposes deep tissues
b. A fluid filled in blister with intact skin
c. A shallow, painful sore with white edges
d. A fluid filled in blister that seeps pus

ANS: A PTS: 1 DIF: easy REF: 68
TOP: pressure injuries KEY: pressure injuries, pathophysiology
MSC: knowledge

157. What is the most dangerous complication of a pressure injury?
a. Having lesions spread to other areas of the body
b. Secondary infection and blood poisoning
c. A high risk of melanoma
d. Fluid loss and circulatory collapse

ANS: B PTS: 1 DIF: medium REF: 69
TOP: pressure injuries KEY: pressure injuries, complications
MSC: knowledge

158. What is the most effective strategy for massage for a person at risk for pressure injuries?
a. As a preventive measure before they start
b. Massage for decubitus ulcers can be helpful in any stage, because it boosts local circulation
c. Around the edges of stage I ulcers to improve local circulation and promote healing
d. Using gloves, directly to the lesion, to help clear out the dead tissue and promote healing

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ANS: C PTS: 1 DIF: hard REF: 70
TOP: pressure injuries KEY: pressure injuries, apply what you know
MSC: comprehension

159. Your client is an 88-year-old woman who weighs approximately 102 pounds. She is a resident in a nursing home, and she is bedridden. You are providing massage as part of her hospice care. You notice that she has a hot area on one heel, where the skin is bluish. What is your best strategy?
a. Offer to ice the area if it would make her more comfortable
b. With her permission, notify her caregiver
c. Work closely on the area to keep it from getting worse
d. Apply extra lotion to the area and continue as usual

ANS: B PTS: 1 DIF: hard REF: 70
TOP: pressure injuries KEY: pressure injuries, apply what you know
MSC: comprehension

SCAR TISSUE

160. Which of the following is the definition of scar tissue?
a. The development of mounded connective tissue around the borders of an injury
b. The replacement of healthy epithelial cells with collagen and elastin
c. The replacement of healthy cells with extracellular matrix
d. The development of extracellular matrix and new cells where damage has occurred

ANS: D PTS: 1 DIF: easy REF: 70
TOP: scar tissue KEY: scar tissue, definition MSC: knowledge

161. Which of the following is the best description of hypertrophic scar?
a. A scar that forms a permanent raised mass of tissue over the site of a minor injury
b. A scar that initially overflows its boundaries, but that stabilizes or regresses later
c. A scar that never successfully resolves, leaving the injury permanently vulnerable to infection
d. A scar over a large area that pulls together to limit elasticity and range of motion

ANS: B PTS: 1 DIF: medium REF: 70
TOP: scar tissue KEY: scar tissue, hypertrophic scars MSC: knowledge

162. Keloid scars occur when …
a. Third- degree burns heal with contracted connective tissue
b. Skin injuries heal inefficiently, leading to a long-term risk of infection
c. Permanent scar tissue doesn't stay within the boundaries of the skin injury
d. Injuries create a temporary abundance of scar tissue that overflows into the epidermis

ANS: C PTS: 1 DIF: medium REF: 70
TOP: scar tissue KEY: scar tissue, keloid scars MSC: knowledge

163. Which of the following is the best description of a contracture scar?
a. A scar that forms a permanent raised mass of tissue over the site of a minor injury
b. A scar that never fully heals, and becomes vulnerable to metastatic changes in nearby epithelial cells

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c. A scar over a large area that pulls together to limit elasticity and range of motion
d. A scar that becomes stronger and more resistant to injury than the original uninjured tissue

ANS: C PTS: 1 DIF: medium REF: 71
TOP: scar tissue KEY: scar tissue, contracture scars MSC: knowledge

164. Your client has an area of about a square inch on her left posterior forearm that lacks pigment and hair follicles. It is denser than surrounding tissues, and does not move freely over deeper tissues. She reports that the area is not painful. What is the most likely situation?
a. This is a scar
b. This is a decubitus ulcer
c. This is basal cell carcinoma
d. This is a patch of eczema

ANS: A PTS: 1 DIF: medium REF: 70
TOP: scar tissue KEY: scar tissue, signs and symptoms MSC: knowledge

165. What the most likely complications of scar tissue?
a. Nerve damage in the skin or repeating delicate blisters that rupture with any shearing force
b. Increased risk of infection or of squamous cell carcinoma related to repeated irritation
c. Excessively dry skin that cracks and bleeds, along with increased risk of infection
d. Accumulations of tight, constrictive tissue that limits range of motion

ANS: D PTS: 1 DIF: medium REF: 70
TOP: scar tissue KEY: scar tissue, contracture scars MSC: knowledge

166. Your client has residual scar tissue from a surgery that happened years ago. She would like to increase her mobility. What realistic claims can be made about massage therapy?
a. Massage is only helpful in the immediate period after surgery; later scars are too dense to be affected
b. Enough skilled massage therapy will break down and eradicate even mature scar tissue
c. No specific benefits for long-term scar tissue can be claimed or predicted
d. Massage therapy may help with some range of motion and pain, but it is unlikely to resolve keloids or contractures

ANS: D PTS: 1 DIF: hard REF: 70
TOP: scar tissue KEY: scar tissue, apply what you know MSC: comprehension

167. Your client had a minor surgery to remove a sebaceous cyst from his back last week. The incision is about 2” long, and covered by a bandage. He would like you to work as close to the incision as possible to help manage scar tissue. What is your best strategy?
a. Work through the bandage to mobilize the wound; replace the bandage if bleeding starts
b. Recommend that he provide a clearance note from his surgeon before working
c. Refuse to work in the area until the incision is completely healed
d. Work around the edges of the incision within pain tolerance, to improve mobility and range of motion

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ANS: D PTS: 1 DIF: hard REF: 70
TOP: scar tissue KEY: scar tissue, apply what you know MSC: comprehension

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