

# Flex Therapist CEUs

## Low Back Pain: Barriers and Effects of Exercise

### A Brief Review of Physical and Psychosocial Factors Involved in Chronic Low Back Pain

**1. All of the following describe acute LBP, except for:**

- A. Increased muscle tonus and stiffness.
  - B. Discomfort localized below the costal margin and above the inferior gluteal folds.
  - C. Sometimes accompanied by radiating pain.
  - D. Lasting up to 12 weeks.
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**2. While performing manual lifts, workers spent 25% of their time flexed beyond:**

- A. 20 degrees
  - B. 30 degrees
  - C. 40 degrees
  - D. 50 degrees
- 

**3. While performing a unilateral stance for two hours, subjects experienced an increase in which of the following?**

- A. Center of pressure excursion.
  - B. Vertebral joint rotation stiffness in lateral bending.
  - C. Both center of pressure excursion and vertebral joint rotation stiffness in lateral bending.
  - D. Neither center of pressure excursion nor vertebral joint rotation stiffness in lateral bending.
- 

**4. A reduction in perceived low back pain when using sloped platforms is likely the result of changes in the morphology of the trunk musculature.**

- A. True
  - B. False
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**5. A downhill slope led to decreased torso lean.**

- A. True
  - B. False
-

**6. Lower back activity was not affected by the sloped platform.**

- A. True
  - B. False
- 

**7. Spinal manipulative therapy was found to be more effective in treating acute low back pain compared to:**

- A. No intervention.
  - B. Sham spinal manipulative therapy.
  - C. When combined with another treatment modality.
  - D. Spinal manipulative therapy was found to be no more effective in treating acute low back pain compared to no intervention, sham SMT, or when combined with another treatment modality.
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**8. Which of the following was associated with a 37% faster suspension of time-loss benefits / return to work?**

- A. Problem solving therapy
  - B. A decrease in low back pain
  - C. A positive patient recovery expectation
  - D. Compliance with treatment protocol
- 

**9. Recovery expectations measured within \_\_\_\_\_ of the onset of low back pain are a strong predictor if the pain will become chronic.**

- A. 1 week
  - B. 2 weeks
  - C. 3 weeks
  - D. 4 weeks
- 

**10. Which of the following was identified as a strong predictive factor of LBP chronicity?**

- A. Pain
  - B. Pain intensity
  - C. Fear
  - D. Beliefs
- 

**11. Previous studies have found that with patients experiencing over 10 years of chronic LBP, after \_\_\_\_\_ of being presented with educational material, 51.6% of the chronic LBP sufferers reported noticeable improvements in their pain and related symptoms.**

- A. 1 week
- B. 1 month

- C. 1 year
  - D. Being presented with educational materials had no impact on pain or related symptoms
- 

**12. The normal clinical practice guidelines encourage physical activity and continued normal daily activity if there is an absence of pain. Should pain be present, the guidelines recommend bed rest and passive treatments.**

- A. True
  - B. False
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### **Facilitators and barriers to physical activity in people with chronic low back pain: A qualitative study**

**13. Physical activity's effectiveness in the care management of people with CLBP depends on a person's adherence to the home exercise program and sustainable efforts in the long term, as well as resuming additional physical activities.**

- A. True
  - B. False
- 

**14. Which of the following is the main socioenvironmental barrier to physical activity in people with CLBP?**

- A. Pain
  - B. Kinesiophobia
  - C. Lack of motivation
  - D. Having physically-demanding work
- 

**15. Which of the following factors is not a main facilitator of physical activity practice?**

- A. The will to practice physical activity
  - B. The absence of pain
  - C. Supervision by a healthcare professional
  - D. All of the above are main facilitators to physical activity practice
- 

**16. The main effect of exercise therapy is to:**

- A. Bring functional improvements with decreased disability and incapacity
  - B. Alleviate pain
  - C. Both alleviate pain and bring functional improvements with decreased disability and incapacity
  - D. Neither alleviate pain nor bring functional improvements with decreased disability and incapacity
-

**17. It was previously reported that \_\_\_\_\_ was the main criteria influencing staying active in spite of chronic musculoskeletal pain.**

- A. The benefit of physical activity
  - B. The possibility of resuming a social life thanks to physical activity
  - C. Both the benefit of physical activity and the possibility of resuming a social life thanks to physical activity
  - D. Although the benefit of physical activity and the possibility of resuming a social life thanks to physical activity both influenced staying active, decreasing pain intensity was the main criteria for staying active
- 

**18. Physical barriers and facilitators appear to be minor compared to psychological barriers and false beliefs.**

- A. True
  - B. False
- 

**19. Some studies show, for acute low back pain, that adherence to physical activity is better when the verbal description of the exercises is associated with written guidelines.**

- A. True
  - B. False
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**20. Involving family members in the care management of people with CLBP could alleviate certain barriers, especially:**

- A. Pain
  - B. Kinesiophobia
  - C. Lack of motivation
  - D. Having physically-demanding work
- 

**21. Family support was found to be more important than the influence of social interactions in regards to physical activity adherence in people with chronic pain.**

- A. True
  - B. False
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**22. Attitudes and beliefs of people with CLBP were closely related to the attitude and beliefs of their:**

- A. Consulting physician
  - B. Family members
  - C. Social interactions
  - D. Preconceived beliefs
-

**23. It has been previously noted that there is improved exercise compliance with all of the following, except:**

- A. When the program is supervised.
  - B. When the program is tailored to individual needs.
  - C. When patients are taught self-management techniques.
  - D. When family members are involved in the care management.
- 

**Low back pain in healthy postmenopausal women and the effect of physical activity: A secondary analysis in a randomized trial**

**24. Increasing prevalence of LBP, with a peak in the \_\_\_\_\_ decade, has been reported.**

- A. Seventh
  - B. Sixth
  - C. Fifth
  - D. Fourth
- 

**25. LBP is usually defined as pain localized below the margin of the last ribs and above the:**

- A. Posterior gluteal line
  - B. Anterior gluteal line
  - C. Inferior gluteal line
  - D. Lesser sciatic notch
- 

**26. Non-specific LBP is characterized by the absence of structural anatomical changes and seems to affect more than 85% of individuals.**

- A. True
  - B. False
- 

**27. Previous studies have identified all of the following as risk factors for LBP, except for:**

- A. Age
  - B. Male gender
  - C. Educational status
  - D. Sleep deprivation
- 

**28. Which of the following are at increased risk for the development of chronic LBP?**

- A. Those practicing strenuous physical activities.
- B. Those with a sedentary lifestyle.

C. Those practicing strenuous physical activities and those with a sedentary lifestyle are both at increased risk for the development of chronic LBP.

D. Chronic LBP is dependent on a genetic predisposition.

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**29. The most recent evidence suggests that exercise alone or in combination with education is effective in the prevention of LBP.**

A. True

B. False

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**30. When examining the differences between women with and without LBP, \_\_\_\_\_ should be considered among the risk factors of LBP.**

A. Smoking

B. Alcohol consumption

C. Being underweight

D. Having a vitamin D deficiency

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