

Flex Therapist CEUs

Torticollis

Do obstetric risk factors truly influence the etiopathogenesis of congenital muscular torticollis?

1. Torticollis is a clinical diagnosis where the _____ muscle is shorted on the involved side leading to a lateral tilt toward the affected muscle and contralateral rotation of the face and chin.

- A. Scalene
 - B. Mylohyoid
 - C. Sternocleidomastoid
 - D. Thyrohyoid
-

2. All of the following obstetric and newborn risk factors have been proposed for the development of congenital muscular torticollis, except for:

- A. Prolonged labor
 - B. Macrosomia
 - C. Breech or other irregular fetal presentations
 - D. Placenta previa
-

3. There were found to be significant differences in which birth characteristic?

- A. Children with left- vs. right-sided CMT
 - B. Boys vs. girls
 - C. Conservative treated vs. surgery
 - D. There were no differences found in any of the birth characteristics
-

4. Previous studies suggest that the side of the torticollis is related to CMT:

- A. By intrauterine positioning.
 - B. Due to delivering of the first shoulder.
 - C. Previous studies suggest that the side of the torticollis is related to CMT either by intrauterine positioning or due to delivering of the first shoulder.
 - D. Neither intrauterine positioning nor delivery of the first shoulder have been suggested as an influence on the side of the CMT.
-

5. A previous study by Lee et al. found that vaginal births, compared to cesarean sections, had more clinical severity of CMT.

- A. True
 - B. False
-

6. One study found an association between torticollis and the fetus being in the same intrauterine position for more than _____ weeks before delivery.

- A. 4
 - B. 6
 - C. 8
 - D. 10
-

7. MRI was used to observe the SCM muscle in infants and found signals similar to those in:

- A. Compartment syndrome
 - B. Dislocation
 - C. Tendinitis
 - D. Herniation
-

8. It has been suggested that stretching of the SCM muscle during delivery may be a direct cause of CMT.

- A. True
 - B. False
-

Spinal manual therapy in infants, children and adolescents: A systematic review and meta-analysis on treatment indication, technique and outcomes

9. Non-musculoskeletal conditions as treatment indication in children differs from manipulative treatment approaches in adults, which are mainly focused on musculoskeletal conditions, such as all of the following, except for:

- A. Scoliosis
 - B. Headache
 - C. Neck pain
 - D. Low back pain
-

10. Gentle, low-velocity mobilization techniques appear to be a safe treatment technique in infants and children.

- A. True
 - B. False
-

11. Cervical and full spine HVLA manipulations might be associated with severe harms.

- A. True
 - B. False
-

12. All of the following mild, transient harms were reported in HVLA manipulation studies, except for:

- A. Stiffness
 - B. Joint dislocation
 - C. Soreness
 - D. Headache
-

Longitudinal follow-up of muscle echotexture in infants with congenital muscular torticollis

13. Infants with CMT feature unilateral fibrous contracture of the SCM muscle with all of the following characteristics, except for:

- A. Smooth philtrum
 - B. Head tilt
 - C. Limited neck rotation
 - D. Palpable mass
-

14. Physical examination is sufficient in diagnosing CMT in infants, even those with minimal clinical presentations.

- A. True
 - B. False
-

15. Using ultrasonography, most infants showed type III fibrosis, which was altered during follow-up to become a pseudo-tumor.

- A. True
 - B. False
-

16. Findings in _____ measurements may reflect clinical improvement but cannot directly reflect the progress of muscle fibrosis during follow-up.

- A. Fibrosis type
 - B. Muscle thickness
 - C. Head tilt angle
 - D. Neck rotation
-

17. Strong correlations were observed between the percentage of _____ seen on MRI and muscle echo intensity.

- A. Fat free mass
 - B. Muscle hydration
 - C. Intramuscular fat
 - D. All of the above
-

18. Animal studies showed muscle echo intensity highly correlated with the extent of fibrosis in affected muscles.

- A. True
 - B. False
-

19. The initial K values of the infants with CMT represented a narrow degree of fibrosis in affected SCM muscles indicating only two different types of fibrosis.

- A. True
 - B. False
-

20. After receiving regular physiotherapy, the CMT infants in this study showed a _____ in K values during follow-up on serial sonograms of affected SCM muscles.

- A. Non-significant increase
 - B. Significant increase
 - C. Non-significant decrease
 - D. Significant decrease
-

21. An increase in K value indicates that the MEI for involved muscle approaches that for uninvolved muscle, for overall decreased muscle fibrosis.

- A. True
 - B. False
-

22. Muscle biopsy specimens from patients with neuromuscular disease show common histopathologic findings of atrophied muscle fibers and increased perimysial fibrosis.

- A. True
 - B. False
-

23. Muscle echo intensity has been clinically used to quantify severity of muscle fibrosis in patients with:

- A. Duchenne muscular dystrophy
 - B. Inflammatory myopathy
 - C. Metabolic myopathy
 - D. Muscle echo intensity has been clinically used to quantify severity of muscle fibrosis in patients with Duchenne muscular dystrophy, inflammatory myopathy, metabolic myopathy, and lumbar radiculopathy
-

24. The uninvolved muscle thickness did not change along the follow-up period.

- A. True
 - B. False
-

25. Selective activation of _____ caused by the release of insulin growth factor-1 from muscle fibers during passive stretch promotes myosatellite cell proliferation and induces skeletal muscle hypertrophy.

- A. Protein kinase B
 - B. Growth hormone
 - C. Ghrelin
 - D. Mammalian target of rapamycin complex 1
-

26. Stretch-induced antifibrotic effects, as much as the well-known antifibrotic agent _____, has been reported in injured gastrocnemius muscles of rats.

- A. Versican
 - B. Brevican
 - C. Decorin
 - D. Aggrecan
-

27. Which of the following may affect the improvement of SCM muscle fibrosis as reflected in the change in K value during follow-up?

- A. Normal growth and development
 - B. Physiotherapy
 - C. Both normal growth and development and physiotherapy
 - D. Neither normal growth and development nor physiotherapy
-

28. This study found an increasing trend of uninvolved muscle thickness during follow-up, with a significant increase at about:

- A. 1 month
 - B. 3 months
 - C. 6 months
 - D. 12 months
-

29. Results of this study showed that involved SCM muscle thickness was related to treatment period.

- A. True
 - B. False
-

30. According to the observations in this study, infants with high initial K value will receive a long treatment course and frequent US examinations.

- A. True
 - B. False
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