



# Massage Therapy MBLEx

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## Practice Questions

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**1. Which level of structural organization is represented by a group of similar cells working together to perform a common function?**

- A. Organ system level
- B. Chemical level
- C. Organ level
- D. Tissue level

**2. The serous membrane that lines the thoracic cavity wall and covers the surface of the lungs is called the:**

- A. Pleura
- B. Peritoneum
- C. Pericardium
- D. Meninges

**3. Which type of tissue forms the outer layer of the skin and lines internal organs and body cavities?**

- A. Connective tissue
- B. Nervous tissue
- C. Epithelial tissue
- D. Muscle tissue

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**4. The central nervous system (CNS) consists of which two structures?**

- A. Brain and spinal cord
- B. Cranial nerves and spinal nerves
- C. Sympathetic and parasympathetic divisions
- D. Cerebrum and cerebellum



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**5. During a full-body relaxation massage, the client's heart rate decreases and digestion increases. These responses indicate activation of which division of the autonomic nervous system?**

- A. Sympathetic division
- B. Parasympathetic division
- C. Afferent sensory division
- D. Somatic motor division

**6. Interstitial fluid that enters lymphatic capillaries is then called:**

- A. Chyle
- B. Lymph
- C. Plasma
- D. Serum

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**7. The primary function of the lymphatic system relevant to massage therapy is to:**

- A. Produce red blood cells to replace those broken down during massage
- B. Regulate blood glucose levels by transporting insulin to peripheral tissues
- C. Return excess interstitial fluid to the cardiovascular system and defend against pathogens
- D. Synthesize clotting factors in response to tissue micro-damage from massage

**8. A client reports that following regular Swedish massage sessions she consistently experiences improved range of motion in her hip flexors. Which physiological mechanism best explains this outcome?**

- A. Elevated serum cortisol facilitating collagen breakdown in the joint capsule
- B. Accelerated cartilage regeneration in the acetabulum from increased synovial fluid production
- C. Reduced sympathetic tone and mechanical elongation of myofascial tissues reducing resting muscle tension
- D. Increased erythrocyte production in the femoral bone marrow

**9. The sinoatrial (SA) node is located in which chamber of the heart and is responsible for:**

- A. Left ventricle; generating the maximum force needed to pump blood through the aorta
- B. Left atrium; regulating blood pressure via baroreceptor feedback
- C. Right ventricle; controlling the rate of blood flow into the pulmonary circuit
- D. Right atrium; initiating the electrical impulse that sets the heart rate



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**10. During venous return, skeletal muscle contraction compresses deep veins and moves blood toward the heart. Which structural feature of veins prevents backflow in this process?**

- A. A thicker tunica media with more smooth muscle than arteries
- B. Paired cuspal valves (venous valves) projecting from the tunica intima
- C. Semilunar valves located at the ventricular–vascular junctions
- D. Elastic recoil of the tunica externa generated by dense collagen bundles

**11. A massage therapist applies sustained effleurage to a client's posterior thigh, mechanically deforming the soft tissue. Which property of connective tissue accounts for the gradual increase in tissue extensibility that occurs when a constant load is applied over time?**

- A. Creep — the time-dependent deformation of viscoelastic material under sustained load
- B. Thixotropy — the gel-to-sol transformation of ground substance when agitated
- C. Piezoelectricity — bioelectric charge generation that remodels collagen cross-links instantly
- D. Irritability — the ability of collagen fibers to generate action potentials under stretch

**12. The endocrine pancreas secretes glucagon from alpha cells in response to falling blood glucose. Through which mechanism does glucagon restore glucose homeostasis?**

- A. Inhibiting insulin secretion from beta cells to prevent further glucose storage in muscle
- B. Promoting glycogenolysis and gluconeogenesis in hepatocytes to release glucose into the blood
- C. Stimulating GLUT4 receptors on adipocytes to uptake circulating glucose
- D. Activating intestinal brush-border enzymes to accelerate carbohydrate absorption

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**13. A therapist notes that a client's skin in the lumbar region exhibits a dermatomal pattern of hyperalgesia corresponding to spinal level L3. This phenomenon, where visceral or somatic dysfunction at one spinal segment sensitizes afferent pathways causing pain in a distant skin region, is best described as:**

- A. Referred pain via convergence of visceral and somatic afferents at the same dorsal horn segment
- B. Proprioceptive drift — altered joint position sense from repeated cutaneous stimulation
- C. Antidromic conduction — motor neuron impulses traveling backward into sensory dermatomes
- D. Gate control — large-fiber input from massage closing the pain gate at the dorsal horn

**14. Which muscle is the primary flexor of the elbow joint?**

- A. Biceps brachii
- B. Brachioradialis
- C. Triceps brachii
- D. Anconeus

**15. Moving the arm away from the midline of the body in the frontal plane is called:**

- A. Flexion
- B. Adduction
- C. Circumduction
- D. Abduction

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**16. The gluteus maximus primarily performs which action at the hip joint?**

- A. Hip flexion
- B. Hip abduction
- C. Hip extension
- D. Hip internal rotation

**17. A synovial joint that allows movement in only one plane (like a door hinge) is classified as which type?**

- A. Pivot
- B. Condylloid
- C. Hinge (ginglymus)
- D. Ball-and-socket



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**18. Which plane divides the body into anterior and posterior halves?**

- A. Frontal (coronal) plane
- B. Oblique plane
- C. Transverse plane
- D. Sagittal plane

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**19. The trapezius muscle originates on the occipital bone and spinous processes of C7–T12. Its UPPER fibers primarily perform which action on the scapula?**

- A. Scapular protraction
- B. Scapular elevation and upward rotation
- C. Scapular retraction only
- D. Scapular depression and downward rotation

**20. During a biceps curl exercise, the triceps brachii acts as the:**

- A. Synergist
- B. Prime mover (agonist)
- C. Antagonist
- D. Fixator

**21. Which muscle's origin is the anterior superior iliac spine (ASIS) and whose action includes flexion, abduction, and lateral rotation of the hip?**

- A. Rectus femoris
- B. Tensor fasciae latae
- C. Iliopsoas
- D. Sartorius

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**22. An isometric muscle contraction is BEST described as one in which:**

- A. Muscle tension is generated but joint angle and muscle length do not change
- B. The muscle shortens while producing force
- C. The muscle alternates between shortening and lengthening in one repetition
- D. The muscle lengthens while producing force



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**23. The rhomboid major and minor insert on the medial border of the scapula and perform which primary action?**

- A. Scapular elevation and upward rotation
- B. Scapular protraction and downward rotation
- C. Scapular depression and lateral tilt
- D. Scapular retraction and downward rotation

**24. The gastrocnemius originates on the posterior femoral condyles and inserts via the Achilles tendon onto the calcaneus. Its primary actions are:**

- A. Inversion of the foot and flexion of the knee
- B. Dorsiflexion of the ankle and extension of the knee
- C. Plantarflexion of the ankle and flexion of the knee
- D. Plantarflexion of the ankle and extension of the knee

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**25. During the lowering (descent) phase of a squat, the quadriceps femoris group contracts while being lengthened by gravity's load. This is an example of which contraction type?**

- A. Isokinetic contraction
- B. Eccentric isotonic contraction
- C. Concentric isotonic contraction
- D. Isometric contraction

**26. The hip joint is classified as a ball-and-socket joint. Compared to the shoulder's glenohumeral joint, the hip sacrifices some range of motion for increased stability primarily due to:**

- A. A shallower acetabulum and thinner joint capsule
- B. A deeper acetabulum, acetabular labrum, and stronger surrounding ligaments
- C. Greater reliance on muscle tone for stability rather than bony architecture
- D. A larger femoral head relative to the acetabulum



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**27. A massage therapist is applying deep longitudinal strokes along the posterior thigh. The client reports tightness in the hamstring group. Which of the following correctly pairs each hamstring muscle with its DISTAL insertion?**

- A. Semitendinosus → pes anserinus (medial tibia); semimembranosus → posterior medial condyle of tibia; biceps femoris → head of fibula
- B. Semimembranosus → pes anserinus (medial tibia); semitendinosus → posterior medial condyle of tibia
- C. Biceps femoris → medial condyle of tibia; semitendinosus → head of fibula
- D. Biceps femoris long head → medial condyle of tibia; semimembranosus → head of fibula

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**28. A client arrives for a full-body massage and tells you they were diagnosed with deep vein thrombosis (DVT) in their left calf three days ago. What is the most appropriate action?**

- A. Massage the entire body except the left leg
- B. Apply heat to the left leg before massaging
- C. Perform light Swedish effleurage only on the left leg
- D. Decline to massage the client and refer them to their physician

**29. A client presents with a fever of 102°F (38.9°C) and reports feeling fatigued. Which response reflects correct contraindication protocol?**

- A. Proceed with the session but avoid the head and neck
- B. Shorten the session to 30 minutes and use light pressure
- C. Perform only lymphatic drainage to help reduce the fever
- D. Postpone the massage until the fever has resolved

**30. Which of the following skin conditions represents an absolute contraindication for massage over the affected area?**

- A. Well-healed burn scar with no open tissue
- B. Tinea corporis (ringworm) on the forearm
- C. Stretch marks on the abdomen
- D. Dry eczema with no active weeping



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## Answer Key & Explanations

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### 1. D — Tissue level

A tissue is defined as a collection of similar cells and their surrounding matrix that collectively perform a specific function, which is the second level of the body's structural hierarchy above the cellular level.

### 2. A — Pleura

The pleura is the double-layered serous membrane specific to the thoracic cavity — the parietal pleura lines the thoracic wall and the visceral pleura covers the lung surface.

### 3. C — Epithelial tissue

Epithelial tissue covers body surfaces, lines cavities and organs, and forms glands, serving as a protective boundary and a site of absorption and secretion throughout the body.

### 4. A — Brain and spinal cord

By definition the CNS comprises the brain and spinal cord, while all neural structures outside those two organs — including all peripheral nerves — belong to the peripheral nervous system.

### 5. B — Parasympathetic division

The parasympathetic division mediates 'rest-and-digest' responses — slowing heart rate and stimulating gastrointestinal motility — and massage is widely recognized to shift autonomic tone toward parasympathetic dominance.

### 6. B — Lymph

Once interstitial fluid is taken up by blind-ended lymphatic capillaries it is renamed lymph, which is then transported through progressively larger lymphatic vessels back toward the subclavian veins.

### 7. C — Return excess interstitial fluid to the cardiovascular system and defend against pathogens

The lymphatic system collects excess interstitial fluid (preventing edema) and delivers it back to venous circulation while also transporting immune cells; massage supports this function by mechanically encouraging lymphatic flow.

### 8. C — Reduced sympathetic tone and mechanical elongation of myofascial tissues reducing resting muscle tension

Massage reduces resting neuromuscular tension through parasympathetic activation and mechanically stretches myofascial connective tissue, both of which contribute to improved flexibility and range of motion.

### 9. D — Right atrium; initiating the electrical impulse that sets the heart rate

The SA node, embedded in the wall of the right atrium, is the heart's natural pacemaker — it spontaneously depolarizes and generates the action potential that initiates each heartbeat.

### 10. B — Paired cuspal valves (venous valves) projecting from the tunica intima

Veins contain paired pocket-like valves that project inward from the tunica intima; these valves open when blood flows toward the heart and snap shut to prevent retrograde flow, making the muscle pump effective.



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**11. A — Creep — the time-dependent deformation of viscoelastic material under sustained load**

Creep is the viscoelastic property whereby connective tissue continues to deform (lengthen) when a constant stress is maintained over time, explaining why sustained pressure or stretching progressively increases tissue extensibility.

**12. B — Promoting glycogenolysis and gluconeogenesis in hepatocytes to release glucose into the blood**

Glucagon binds receptors on liver (hepatocyte) cells and activates both glycogenolysis (breaking down glycogen) and gluconeogenesis (synthesizing new glucose), directly raising blood glucose back toward the normal set-point.

**13. A — Referred pain via convergence of visceral and somatic afferents at the same dorsal horn segment**

Referred pain arises because visceral and somatic afferent neurons converge on the same second-order neurons in the dorsal horn; the brain misinterprets the visceral signal as originating from the corresponding somatic dermatome, producing pain or hyperalgesia in that skin region.

**14. A — Biceps brachii**

The biceps brachii is the primary elbow flexor because it crosses the anterior aspect of the elbow joint and its contraction produces the greatest flexion torque, while the triceps brachii is the antagonist (extensor) and the brachioradialis is a synergist.

**15. D — Abduction**

Abduction specifically describes movement of a limb away from the body's midline within the frontal (coronal) plane, whereas adduction is the return movement toward the midline.

**16. C — Hip extension**

The gluteus maximus is the largest and most powerful hip extensor; its fibers run from the posterior ilium, sacrum, and coccyx to insert on the iliotibial band and gluteal tuberosity of the femur, producing forceful extension.

**17. C — Hinge (ginglymus)**

A hinge (ginglymus) joint permits flexion and extension in a single plane only; the elbow and interphalangeal joints are classic examples of this uniaxial joint type.

**18. A — Frontal (coronal) plane**

The frontal (coronal) plane divides the body into front (anterior) and back (posterior) sections; movements such as abduction and adduction occur within this plane.

**19. B — Scapular elevation and upward rotation**

The upper trapezius fibers pull the scapula superiorly (elevation) and rotate the glenoid fossa upward, which is essential during shoulder abduction above 90 degrees.

**20. C — Antagonist**

The antagonist is the muscle that opposes the prime mover's action; because the triceps brachii extends the elbow — the opposite of the biceps-driven flexion — it is the antagonist in a biceps curl.

**21. D — Sartorius**

The sartorius originates at the ASIS and, because it crosses both the hip and knee obliquely, it produces hip



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flexion, abduction, and lateral rotation — making it the longest muscle in the body and uniquely multi-functional.

**22. A — Muscle tension is generated but joint angle and muscle length do not change**

Isometric contractions occur when the force generated by the muscle equals the resistance, resulting in no change in joint angle or muscle length — for example, holding a plank position.

**23. D — Scapular retraction and downward rotation**

The rhomboids retract (adduct) the scapula toward the vertebral column and rotate the glenoid fossa downward; they are therefore antagonists to the serratus anterior's protraction and upward rotation.

**24. C — Plantarflexion of the ankle and flexion of the knee**

Because the gastrocnemius crosses both the knee (posteriorly) and the ankle (via the Achilles tendon), it plantarflexes the ankle and assists knee flexion; this dual-joint action distinguishes it from the single-joint soleus.

**25. B — Eccentric isotonic contraction**

An eccentric contraction occurs when a muscle generates tension while lengthening (yielding to a load greater than the muscular force), which is precisely what the quadriceps do to control the rate of descent during a squat.

**26. B — A deeper acetabulum, acetabular labrum, and stronger surrounding ligaments**

The hip achieves greater bony stability than the shoulder because the deep acetabulum (deepened further by the fibrocartilaginous labrum) and robust capsular ligaments (iliofemoral, pubofemoral, ischiofemoral) constrain the femoral head, trading full mobility for weight-bearing stability.

**27. A — Semitendinosus → pes anserinus (medial tibia); semimembranosus → posterior medial condyle of tibia; biceps femoris → head of fibula**

The standard anatomical insertions are: semitendinosus to the pes anserinus on the anteromedial tibia, semimembranosus to the posterior medial tibial condyle, and biceps femoris (both heads) to the head of the fibula — a clinically important distinction for accurate palpation and treatment.

**28. D — Decline to massage the client and refer them to their physician**

DVT is an absolute contraindication for massage because mechanical pressure or movement can dislodge the thrombus, potentially causing a life-threatening pulmonary embolism.

**29. D — Postpone the massage until the fever has resolved**

Fever is a systemic absolute contraindication because massage increases circulation and metabolic activity, potentially worsening the underlying infection and spreading pathogens.

**30. B — Tinea corporis (ringworm) on the forearm**

Tinea corporis is a contagious fungal infection, making it a local contraindication (and effectively absolute at the site) because direct contact can transmit the infection to the therapist and other clients.



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