



## Advanced Placement Self-Assessment Questionnaire

The following document will help you determine whether you're a good candidate for the Vicars School Advanced Placement Program. Advanced Placement students challenge the equivalent of our first-year final exam, and gain direct entry into a second-year class. This self-assessment is designed to give you a good idea of what is covered in the first year at Vicars, and to gauge your own level of understanding of those concepts and skills. Please answer all the questions honestly.

### A. Massage Skills

**Goal:** To fully understand and feel confident performing the following massage techniques

Please assess yourself according to the following criteria.

Skill and Comprehension scale

- 1 I have a little or no understanding of the concept or technique
- 2 I have some understanding of the concept or technique
- 3 I completely understand the concept or technique

Application scale

- 1 I do not use or apply this concept or technique in my massage practice
- 2 I sometimes use or apply this concept or technique in my massage practice
- 3 I often or always apply this concept or technique in my massage practice

Concept	Skill and Comprehension	Application
<b>Effleurage Techniques</b>		
<b>Stroking Techniques</b>		
<b>Petrissage Techniques</b>		
<b>Skin Rolling Techniques</b>		
<b>Vibration Techniques</b>		

<b>Rocking and Shaking Techniques</b>		
<b>Friction Techniques</b>		
<b>Muscle Stripping Techniques</b>		
<b>Muscle Approximation Techniques</b>		
<b>Origin/ Insertion Techniques</b>		
<b>Golgi Tendon Organ Techniques</b>		
<b>Lymphatic Drainage Techniques</b>		
<b>Myofascial Release Techniques</b>		
<b>Diaphragmatic Breathing</b>		
<b>Trigger Point Release Techniques</b>		

## B. Musculoskeletal Anatomy

Goal: To be able to accurately palpate the following

Please check those you are capable of demonstrating.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> acromioclavicular joint                    | <input type="checkbox"/> greater tubercle of humerus            | <input type="checkbox"/> sesamoid bones of 1 <sup>st</sup> MTP |
| <input type="checkbox"/> coracoid process                           | <input type="checkbox"/> inferior angle of scapula              | <input type="checkbox"/> external occipital protuberance       |
| <input type="checkbox"/> spine of scapula                           | <input type="checkbox"/> sternoclavicular joint                 | <input type="checkbox"/> lesser tubercle of the humerus        |
| <input type="checkbox"/> lateral epicondyle of humerus              | <input type="checkbox"/> medial border of scapula               | <input type="checkbox"/> acromion                              |
| <input type="checkbox"/> superior angle of scapula                  | <input type="checkbox"/> infraglenoid tubercle                  | <input type="checkbox"/> supraglenoid tubercle                 |
| <input type="checkbox"/> infraspinous fossa                         | <input type="checkbox"/> supraspinous fossa                     | <input type="checkbox"/> subscapular fossa                     |
| <input type="checkbox"/> clavicle                                   | <input type="checkbox"/> intertubercular (bicipital) groove     | <input type="checkbox"/> lateral border of the scapula         |
| <input type="checkbox"/> lesser tubercle of the humerus             | <input type="checkbox"/> hook of hamate                         | <input type="checkbox"/> olecranon process                     |
| <input type="checkbox"/> pisiform                                   | <input type="checkbox"/> head of radius                         | <input type="checkbox"/> Lister's tubercle                     |
| <input type="checkbox"/> lateral epicondyle                         | <input type="checkbox"/> olecranon fossa                        | <input type="checkbox"/> styloid process of ulna               |
| <input type="checkbox"/> head of ulna                               | <input type="checkbox"/> lateral supracondylar ridge of humerus | <input type="checkbox"/> medial supracondylar ridge of humerus |
| <input type="checkbox"/> medial epicondyle of humerus               | <input type="checkbox"/> 5 <sup>th</sup> metacarpal             | <input type="checkbox"/> styloid process of radius             |
| <input type="checkbox"/> shaft of 1 <sup>st</sup> proximal phalange | <input type="checkbox"/> scaphoid                               | <input type="checkbox"/> lunate                                |
| <input type="checkbox"/> triquetrum                                 | <input type="checkbox"/> pisiform                               | <input type="checkbox"/> trapezium                             |
| <input type="checkbox"/> trapezoid                                  | <input type="checkbox"/> capitate                               | <input type="checkbox"/> hamate                                |
| <input type="checkbox"/> spinous process of C-1                     | <input type="checkbox"/> jugular notch                          | <input type="checkbox"/> xiphoid process                       |
| <input type="checkbox"/> 1 <sup>st</sup> rib                        | <input type="checkbox"/> TVP of cervical vertebrae              | <input type="checkbox"/> manubrium                             |
| <input type="checkbox"/> deltoid tuberosity                         | <input type="checkbox"/> spinous process of C-7                 | <input type="checkbox"/> spinous process of T-12               |
| <input type="checkbox"/> iliac crest                                | <input type="checkbox"/> costal cartilage of ribs               | <input type="checkbox"/> lamina groove                         |

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> body of sternum                          | <input type="checkbox"/> 12 <sup>th</sup> rib           | <input type="checkbox"/> spinous process of T-7          |
| <input type="checkbox"/> anterior superior iliac spine            | <input type="checkbox"/> ischial tuberosity             | <input type="checkbox"/> gluteal tuberosity              |
| <input type="checkbox"/> pubic crest                              | <input type="checkbox"/> greater trochanter             | <input type="checkbox"/> sacroiliac joint                |
| <input type="checkbox"/> iliac fossa                              | <input type="checkbox"/> posterior superior iliac spine | <input type="checkbox"/> anterior inferior iliac spine   |
| <input type="checkbox"/> sacrum                                   | <input type="checkbox"/> coccyx                         | <input type="checkbox"/> patella                         |
| <input type="checkbox"/> head of fibula                           | <input type="checkbox"/> adductor tubercle              | <input type="checkbox"/> navicular tubercle              |
| <input type="checkbox"/> lateral malleoli                         | <input type="checkbox"/> medial malleoli                | <input type="checkbox"/> peroneal trochlea               |
| <input type="checkbox"/> tibial tuberosity                        | <input type="checkbox"/> tibial plateau                 | <input type="checkbox"/> medial epicondyle of femur      |
| <input type="checkbox"/> tuberosity of 5 <sup>th</sup> metatarsal | <input type="checkbox"/> sustentaculum tali             | <input type="checkbox"/> shaft of tibia                  |
| <input type="checkbox"/> pes anserinus tendon                     | <input type="checkbox"/> lateral epicondyle of femur    | <input type="checkbox"/> calcaneus                       |
| <input type="checkbox"/> occiput                                  | <input type="checkbox"/> parietal bone                  | <input type="checkbox"/> zygomatic arch                  |
| <input type="checkbox"/> sphenoid bone                            | <input type="checkbox"/> mandible                       | <input type="checkbox"/> external occipital protuberance |
| <input type="checkbox"/> temporal bone                            | <input type="checkbox"/> styloid process                | <input type="checkbox"/> nasal bone                      |
| <input type="checkbox"/> ramus of mandible                        | <input type="checkbox"/> condyle of mandible            | <input type="checkbox"/> coronoid process of mandible    |
| <input type="checkbox"/> superior nuchal line                     | <input type="checkbox"/> mastoid process                | <input type="checkbox"/> frontal bone                    |
| <input type="checkbox"/> maxilla                                  | <input type="checkbox"/> angle of mandible              | <input type="checkbox"/> hyoid bone                      |
| <input type="checkbox"/> talus                                    | <input type="checkbox"/> navicular                      | <input type="checkbox"/> cuneiforms                      |
| <input type="checkbox"/> cuboid                                   | <input type="checkbox"/> femur                          | <input type="checkbox"/> humerus                         |
| <input type="checkbox"/> radius                                   | <input type="checkbox"/> ulna                           | <input type="checkbox"/> tibia                           |
| <input type="checkbox"/> fibula                                   | <input type="checkbox"/> trachea                        | <input type="checkbox"/> external auditory meatus        |
| <input type="checkbox"/> phalanges                                | <input type="checkbox"/> metacarpals                    | <input type="checkbox"/> metatarsals                     |
| <input type="checkbox"/> lamina groove of vertebrae               | <input type="checkbox"/> ethmoid bone                   | <input type="checkbox"/> lacrimal bone                   |

Goal: To feel confident verbalizing and palpating the origin, insertion, actions, and fibre direction of the following

Please check those you are capable of demonstrating.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> deltoid          | <input type="checkbox"/> flexor carpi ulnaris           | <input type="checkbox"/> pectineus            |
| <input type="checkbox"/> trapezius        | <input type="checkbox"/> flexor digitorum superficialis | <input type="checkbox"/> gracilis             |
| <input type="checkbox"/> latissimus dorsi | <input type="checkbox"/> flexor digitorum profundus     | <input type="checkbox"/> tensor fasciae latae |
| <input type="checkbox"/> teres major      | <input type="checkbox"/> pronator teres                 | <input type="checkbox"/> iliotibial tract     |
| <input type="checkbox"/> supraspinatus    | <input type="checkbox"/> pronator quadratus             | <input type="checkbox"/> sartorius            |
| <input type="checkbox"/> infraspinatus    | <input type="checkbox"/> supinator                      | <input type="checkbox"/> piriformis           |
| <input type="checkbox"/> teres minor      | <input type="checkbox"/> splenius capitis               | <input type="checkbox"/> psoas major          |
| <input type="checkbox"/> subscapularis    | <input type="checkbox"/> splenius cervicis              | <input type="checkbox"/> iliacus              |

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> rhomboid major                 | <input type="checkbox"/> quadratus lumborum          | <input type="checkbox"/> gastrocnemius                 |
| <input type="checkbox"/> rhomboid minor                 | <input type="checkbox"/> rectus abdominis            | <input type="checkbox"/> soleus                        |
| <input type="checkbox"/> levator scapula                | <input type="checkbox"/> external oblique            | <input type="checkbox"/> plantaris                     |
| <input type="checkbox"/> serratus anterior              | <input type="checkbox"/> internal oblique            | <input type="checkbox"/> popliteus                     |
| <input type="checkbox"/> pectoralis major               | <input type="checkbox"/> transverse abdominis        | <input type="checkbox"/> peroneus longus and brevis    |
| <input type="checkbox"/> pectoralis minor               | <input type="checkbox"/> diaphragm                   | <input type="checkbox"/>                               |
| <input type="checkbox"/> subclavius                     | <input type="checkbox"/> serratus posterior superior | <input type="checkbox"/> tibialis anterior             |
| <input type="checkbox"/> biceps brachii                 | <input type="checkbox"/> serratus posterior inferior | <input type="checkbox"/> extensor digitorum longus     |
| <input type="checkbox"/> triceps brachii                | <input type="checkbox"/> rectus femoris              | <input type="checkbox"/> extensor hallucis longus      |
| <input type="checkbox"/> coracobrachialis               | <input type="checkbox"/> vastus medialis             | <input type="checkbox"/> tibialis posterior            |
| <input type="checkbox"/> brachialis                     | <input type="checkbox"/> vastus lateralis            | <input type="checkbox"/> flexor digitorum longus       |
| <input type="checkbox"/> brachioradialis                | <input type="checkbox"/> vastus intermedius          | <input type="checkbox"/> flexor hallucis longus        |
| <input type="checkbox"/> extensor carpi radialis longus | <input type="checkbox"/> biceps femoris              | <input type="checkbox"/> sternocleidomastoid           |
| <input type="checkbox"/> extensor carpi radialis brevis | <input type="checkbox"/> semitendinosus              | <input type="checkbox"/> anterior scalene              |
| <input type="checkbox"/> extensor carpi ulnaris         | <input type="checkbox"/> semimembranosus             | <input type="checkbox"/> middle scalene                |
| <input type="checkbox"/> extensor digitorum             | <input type="checkbox"/> gluteus maximus             | <input type="checkbox"/> posterior scalene             |
| <input type="checkbox"/> anconeus                       | <input type="checkbox"/> gluteus medius              | <input type="checkbox"/> masseter                      |
| <input type="checkbox"/> extensor indicis               | <input type="checkbox"/> gluteus minimus             | <input type="checkbox"/> temporalis                    |
| <input type="checkbox"/> flexors of wrist and hand      | <input type="checkbox"/> adductor magnus             | <input type="checkbox"/> platysma                      |
| <input type="checkbox"/> flexor carpi radialis          | <input type="checkbox"/> adductor longus             | <input type="checkbox"/> occipitofrontalis             |
| <input type="checkbox"/> palmaris longus                | <input type="checkbox"/> adductor brevis             | <input type="checkbox"/> medial and lateral pterygoids |

Goal: To feel confident indicating the general location and actions of the following  
Please check those you are capable of demonstrating.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> opponens pollicis                 | <input type="checkbox"/> oblique capitis superior  | <input type="checkbox"/> lumbricals     |
| <input type="checkbox"/> adductor pollicis                 | <input type="checkbox"/> oblique capitis inferior  | <input type="checkbox"/> geniohyoid     |
| <input type="checkbox"/> abductor pollicis brevis          | <input type="checkbox"/> external intercostals     | <input type="checkbox"/> mylohyoid      |
| <input type="checkbox"/> flexor pollicis brevis            | <input type="checkbox"/> internal intercostals     | <input type="checkbox"/> stylohyoid     |
| <input type="checkbox"/> abductor pollicis longus          | <input type="checkbox"/> intertransversarii        | <input type="checkbox"/> digastrics     |
| <input type="checkbox"/> extensor pollicis longus & brevis | <input type="checkbox"/> interspinalis             | <input type="checkbox"/> sternohyoid    |
| <input type="checkbox"/> flexor pollicis longus            | <input type="checkbox"/> quadratus femoris         | <input type="checkbox"/> sternothyroid  |
| <input type="checkbox"/> lumbricals                        | <input type="checkbox"/> obturator internus        | <input type="checkbox"/> thyrohyoid     |
| <input type="checkbox"/> palmar interossei                 | <input type="checkbox"/> obturator externus        | <input type="checkbox"/> omohyoid       |
| <input type="checkbox"/> dorsal interossei                 | <input type="checkbox"/> gemellus superior         | <input type="checkbox"/> longus capitis |
| <input type="checkbox"/> hypothenar eminence               | <input type="checkbox"/> gemellus inferior         | <input type="checkbox"/> longus collii  |
| <input type="checkbox"/> abductor digiti minimi            | <input type="checkbox"/> extensor digitorum brevis |   |
| <input type="checkbox"/> flexor digiti minimi brevis       | <input type="checkbox"/> flexor digitorum brevis   |   |
| <input type="checkbox"/> opponens digiti minimi            | <input type="checkbox"/> abductor hallucis         |   |
| <input type="checkbox"/> spinalis                          | <input type="checkbox"/> abductor digiti minimi    |   |

- |   |   |
|---|---|
| <input type="checkbox"/> longissimus                    | <input type="checkbox"/> extensor hallucis brevis |
| <input type="checkbox"/> iliocostalis                   | <input type="checkbox"/> flexor hallucis brevis   |
| <input type="checkbox"/> multifidi                      | <input type="checkbox"/> adductor hallucis        |
| <input type="checkbox"/> rotatores                      | <input type="checkbox"/> flexor digiti minimi     |
| <input type="checkbox"/> semispinalis capitis           | <input type="checkbox"/> plantar interossei       |
| <input type="checkbox"/> rectus capitis posterior major | <input type="checkbox"/> dorsal interossei        |
| <input type="checkbox"/> rectus capitis posterior minor |   |

I feel confident performing active, passive, and resisted movements of the following joints

Please check those you are capable of demonstrating.

- |   |   |
|---|---|
| <input type="checkbox"/> glenohumeral joint     | <input type="checkbox"/> cervical vertebrae |
| <input type="checkbox"/> talocrural joint       | <input type="checkbox"/> humeroulnar joint  |
| <input type="checkbox"/> radioulnar joint       | <input type="checkbox"/> radiocarpal joint  |
| <input type="checkbox"/> tibiofemoral joint     | <input type="checkbox"/> spine and thorax   |
| <input type="checkbox"/> acetabulofemoral joint |   |

I feel confident indicating the location of the following pulse points

Please check those you are capable of demonstrating.

- |   |   |
|---|---|
| <input type="checkbox"/> common carotid | <input type="checkbox"/> radial           |
| <input type="checkbox"/> ulnar          | <input type="checkbox"/> brachial         |
| <input type="checkbox"/> dorsalis pedis | <input type="checkbox"/> posterior tibial |
| <input type="checkbox"/> femoral        | <input type="checkbox"/> temporal         |
| <input type="checkbox"/> ulnar          | <input type="checkbox"/> facial           |

I feel confident indicating the pathways of the following nerves and the muscles that they innervate

Please check those you are capable of demonstrating.

- median
- ulnar
- radial
- sciatic nerve
- tibial division of sciatic nerve
- peroneal division of sciatic nerve

## C. Orthopedic Assessment

Goal: To feel confident performing the following steps of an assessment

Please assess yourself according to the following criteria:

Skill and Comprehension scale

- 1 I have little or no understanding of the concept or technique
- 2 I have some understanding of the concept or technique
- 3 I completely understand the concept or technique

Application scale

- 1 I do not or seldom use or apply this concept or technique in my massage practice
- 2 I sometimes use or apply this concept or technique in my massage practice
- 3 I often or always apply this concept or technique in my massage practice

Concept	Skill and Comprehension	Application
<b>I feel confident performing an interview</b>		
<b>I feel confident performing postural observation</b>		
<b>I feel confident performing palpation for temperature, texture, tenderness, and tone</b>		
<b>I feel confident performing gait assessment</b>		
<b>I feel confident performing range of motion testing (active, passive, resisted)</b>		
<b>I feel confident performing dermatome, myotome, and deep tendon reflex testing</b>		
<b>I recognize conditions requiring urgent medical attention</b>		
<b>I recognize conditions requiring non-urgent medical attention and advise accordingly</b>		
<b>I interpret my findings and formulate a clinical impression</b>		
<b>I refer clients to other health care professionals when appropriate</b>		
<b>I select treatment modalities and techniques based upon indications, contraindications, precautions, and the client's stage of life</b>		
<b>I formulate an individualized treatment plan based on my assessment findings</b>		
<b>I reassess the client regularly and adapt my treatment plan as needed</b>		

## D. Hydrotherapy

Goal: To fully understand, and feel confident performing, the following techniques

Please assess yourself according to the following criteria:

Skill and Comprehension scale

1	I have little or no understanding of the concept or technique
2	I have some understanding of the concept or technique
3	I completely understand the concept or technique

Application scale

1	I seldom or do not use or apply this concept or technique in my massage practice
2	I sometimes use or apply this concept or technique in my massage practice
3	I often or always apply this concept or technique in my massage practice

Concept	Skill and Comprehension	Application
Heat Pack Treatments		
Cold Pack Treatments		
Ice Massage Treatments		
Contrast Treatments		

## E. Therapeutic Relationship (Ethics)

Goal: Apply appropriate standards consistent with the massage profession

Please assess yourself according to the following criteria:

Comprehension scale

1	I have little or no understanding of the concept
2	I have some understanding of the concept
3	I completely understand the concept

Application scale

1	I seldom or never apply appropriate standards consistent with the massage profession
2	I sometimes apply appropriate standards consistent with the massage profession
3	I always apply appropriate standards consistent with the massage profession

Concept	Comprehension	Application
<b>Informed Consent for Treatment</b>		
<b>Informed Consent for Orthopedic Assessment</b>		
<b>Therapeutic Relationship</b>		
<b>Professionalism</b>		
<b>Boundaries and Types of Boundaries</b>		
<b>Transference and Countertransference</b>		
<b>Boundary Management</b>		
<b>Dual Relationships</b>		
<b>Sexual Misconduct</b>		