

PRACTICE EXAM 3: NPCP COMPREHENSIVE SIMULATION

125 Questions | 3 Hours | Passing Score: 80%

Instructions: Choose the single BEST answer for each question. You have 3 hours to complete all 125 questions. Mark only one answer per question. Read carefully — many stems build a multi-variable client picture before the question.

1. A 47-year-old client with diagnosed mild scoliosis (15-degree right thoracic curve) and a recent history of intermittent right-sided low-back pain has been training with you for 8 weeks. Her physician has cleared her for Pilates with no specific restrictions. In today's session, while observing her from the posterior view in standing, you note a more pronounced rib hump on the right than at intake. The most appropriate immediate professional response is to:

A. Discuss the observation with the client and recommend she return to her physician for an updated assessment before progressing the work

B. Continue the session unchanged since she has been cleared

C. Add aggressive rotation to the left to "rebalance" the curve

D. Discharge her from Pilates work until the scoliosis is "resolved"

2. During the descending phase of the Roll Up, when the spine is unrolling sequentially toward supine, the abdominal muscles are working:

A. Concentrically to lower the spine

B. Isometrically without length change

C. Eccentrically — lengthening under tension to control the descent

D. Reciprocally inhibited by the antagonist

3. A teacher observes that during the Reformer's standard footwork, a client's pelvis tilts anteriorly as her legs extend toward full knee extension. The most accurate observation is:

A. Effective use of the gluteal complex during the press

B. Anterior pelvic tilt occurring as the legs reach end-range extension

C. Optimal pelvic stabilization during the press

D. Posterior pelvic tilt with loss of imprint

4. When a Pilates teacher uses the phrase "draw your navel toward your spine and lift the pelvic floor as you exhale," the cue most directly addresses simultaneous recruitment of which two structures?

A. Rectus abdominis and gluteus maximus

B. Latissimus dorsi and diaphragm

C. Erector spinae and quadratus lumborum

D. Transverse abdominis and pelvic floor

5. A client in her third trimester of pregnancy arrives at the studio reporting pelvic-girdle discomfort that worsens with weight-bearing. The most appropriate immediate Pilates response is to:

A. Discontinue weight-bearing patterns and substitute supported supine (with wedge incline), side-lying, or seated alternatives, and recommend she discuss the symptoms with her physician

B. Continue with all standing exercises to "strengthen through" the discomfort

C. Discharge the client until after delivery

D. Add heavy spring resistance to the lower body to strengthen the pelvis

6. During the Reformer Long Stretch series, the client lies in a plank position with hands on the footbar and feet against the shoulder rests, then presses the carriage out and back through a small range. The primary purpose of this exercise is to:

A. Maximize cardiovascular conditioning through prolonged high-intensity work

B. Build hamstring length through static stretching

C. Develop trunk stability in plank position against the demand of a moving platform

D. Train cervical flexion strength

7. A client documents at intake that she has had two prior cesarean deliveries (the most recent 7 months ago) and feels "rebuild her core." On observation, she presents with mild diastasis recti (2-finger separation that closes with deep TA recruitment). The most appropriate programming priority for her first 4 weeks of sessions is to:

A. Begin with the standard Mat series at full demand

B. Emphasize breath, deep TA recruitment, lateral and side-lying work; defer loaded supine flexion until the diastasis closes reliably

C. Avoid all abdominal work

D. Refer her to surgery to address the diastasis

8. A teacher who has been working with a client for a year notices the client repeatedly arrives 15 minutes late and asks for the full session to be extended. The most appropriate professional response is to:

A. Always extend the session to maintain the client relationship

B. Charge an additional fee for the extended time without warning

C. Politely terminate the relationship for chronic lateness

D. End the session at the scheduled time and discuss the lateness pattern with the client at an appropriate moment

9. During the Single Leg Stretch on the Mat, a teacher observes that the client's chest collapses backward toward the mat each time the legs alternate. The most accurate observation is:

A. Loss of cervical and thoracic flexion during the leg switch, with the chest lift dropping

B. Effective use of the latissimus dorsi

C. Optimal scapular depression

D. Normal pattern of single-leg reciprocal motion

10. The Code of Ethics provision requiring teachers to "comply with applicable laws" includes which of the following responsibilities?

A. Reporting all client conversations to a state licensing board

B. Maintaining a perfect attendance record at studio meetings

C. Adhering to business, tax, employment, and jurisdiction-specific health and safety laws relevant to Pilates practice

D. Submitting annual reports to the NPCP about each client

11. The Cadillac's push-through bar is connected to springs at the head end of the apparatus. When the client lies supine and presses the bar through (toward the feet), the springs:

- A. Stretch and provide increasing resistance proportional to the distance pushed through
- B. Compress and provide decreasing resistance
- C. Remain at their resting length without contributing resistance
- D. Pull the bar toward the foot end without involvement of the spring system

12. A client whose physician has restricted her to "no overhead reach for 6 weeks" following a rotator cuff repair arrives for her first session 2 weeks post-surgery. The teacher's most appropriate response to her request to "try just one overhead exercise" is to:

- A. Allow the request as a single exception
- B. Adhere to the restriction precisely; substitute the requested exercise with below-shoulder arm work
- C. Reduce the spring resistance and permit the overhead reach
- D. Discharge the client until the 6 weeks have passed

13. During tactile cueing, the most appropriate technical principle for the teacher's contact is:

- A. Sustained pressure throughout the exercise to maintain feedback
- B. Heavy contact to ensure the client clearly feels the cue
- C. Manipulation of the joint into the desired position
- D. Light, purposeful contact that lands the cue and is then withdrawn

14. A client whose teacher consistently uses imagery cues such as "imagine your spine is a string of pearls" responds well to this language and consistently produces the desired movement quality afterward. The teacher's appropriate response is to:

- A. Force the client to switch to anatomical language to build broader understanding
- B. Adopt anatomical language exclusively
- C. Continue using imagery cues for this client while observing whether response remains strong
- D. Apply the same imagery cues to all clients regardless of response

15. A teacher observing a client perform a Wunda Chair Pump Front exercise notes that the standing knee tracks medially (collapses inward) as the opposite foot presses the pedal down. The most accurate observation is:

- A. Effective hip external rotation during pedal work
- B. Knee valgus collapse of the standing leg during pedal work
- C. Optimal stability through the standing leg
- D. Pelvic tilt without knee involvement

16. A teacher who notices that her studio's Reformer springs have not been replaced in 4 years, despite the manufacturer's recommendation of 2-5 years depending on use, most appropriately:

- A. Schedules a comprehensive spring inspection and replacement of any spring showing wear, regardless of age
- B. Continues using the springs until visible damage appears
- C. Waits until a client reports an issue before addressing the springs

D. Replaces only the most heavily used springs and continues with the others

17. A client in the autonomous stage of motor learning for the Hundred returns from a 6-week break following a flu illness. The most appropriate teaching response is to:

A. Continue from where she left off in the autonomous stage

B. Discharge the client until she has fully recovered

C. Maintain the same advanced exercises since skill memory is preserved

D. Assess current execution and adjust cueing as needed; the client may have temporarily regressed and need cueing more typical of the associative stage

18. During the Mat Roll Over, the cervical spine should:

A. Bear the full weight of the body during the inversion

B. Flex maximally to support the inversion

C. Remain in neutral position without bearing significant weight

D. Extend during the inversion to maintain alignment

19. A 55-year-old client with diagnosed mild osteoporosis is referred to your studio by her physical therapist with a specific prescription: "no loaded spinal flexion; emphasize extension-direction work; introduce balance training." During the first session, you most appropriately:

A. Strictly adhere to the prescription and design the session around its parameters

B. Modify the prescription based on what you observe during the session

C. Refer the client back to the PT for clearance of more demanding work

D. Discharge the client since osteoporosis requires specialist care

20. A teacher observing a client perform the Reformer's Stomach Massage Round position notes that the client maintains a deep C-curve through the spine throughout the press. The most accurate observation is:

A. Loss of spinal articulation

B. Effective C-curve maintenance during the press, consistent with the exercise design

C. Excessive lumbar flexion

D. Excessive thoracic kyphosis

21. A client during a session reports a sudden onset of left-sided arm and facial weakness with slurred speech. The most immediate appropriate response is to:

A. Reduce intensity and continue

B. Ask the client to take a sip of water and rest briefly

C. Stop the session, position the client comfortably, and call emergency services immediately

D. Apply pressure to her left shoulder

22. The most accurate documentation of a client's standing posture observation should include all of the following EXCEPT:

A. A diagnostic label for any postural deviation observed (e.g., "scoliosis," "kyphosis")

B. The date and time of the assessment

C. The view from which the observation was made (anterior, lateral, posterior)

D. Specific measurements or descriptions of the finding

23. A new client during the initial interview reveals that she has been told by a friend that she has "very tight psoas muscles." The most appropriate teacher response is to:

A. Confirm the friend's assessment

B. Provide deep psoas stretching during the session

C. Diagnose the psoas based on observation

D. Acknowledge the client's report and explain that observation during sessions will inform the work, without confirming or denying her friend's claim

24. During the Reformer's Footwork series, the appropriate spring count for the standard parallel-heels position is typically:

A. 1 light spring

B. 3 to 4 springs (heavy resistance)

C. 0 springs

D. 5 heavy springs (all springs engaged)

25. A client during a session reports she is feeling shaky, sweaty, and confused. She has type 2 diabetes managed with oral medication. The most appropriate immediate response is to:

A. Continue the exercise at lower intensity

B. Have the client drink water and try to push through the symptoms

C. Stop the session, position the client comfortably, and offer her preferred source of fast-acting carbohydrate per her medical guidance

D. Apply the AED preemptively

26. A teacher observing her client perform the Roll Up notices that the lift is being driven by hip flexion (the legs lift slightly off the mat) rather than spinal articulation. The most accurate observation and corrective approach is:

A. Effective use of the iliopsoas

B. Optimal use of the latissimus dorsi

C. Hip flexor dominance compensating for insufficient abdominal control; cue active reach through the heels and consider shortening the lever

D. Excessive use of the rectus abdominis

27. A teacher who runs a Pilates studio and is approached by a new client who is a friend's sister most appropriately:

A. Maintains the same professional boundaries, intake protocols, and standards as with any other client

B. Provides reduced rates as a personal favor

C. Skips the formal intake since she knows the family

D. Allows extra flexibility in scheduling and payment terms because of the personal connection

28. The annulus fibrosus of the intervertebral disc is composed primarily of:

A. Hyaline cartilage with synovial fluid

B. Smooth muscle fibers oriented vertically

C. A single layer of dense connective tissue

D. Concentric rings of collagen fibers oriented at opposing angles

29. A client returning from a 4-month break asks her teacher to "pick up where we left off" with the Boomerang. The teacher who reassesses and finds the client's foundational form has weakened most appropriately:

A. Resumes the Boomerang to honor the client's request

B. Regresses temporarily and rebuilds toward the Boomerang as foundational form returns

C. Discharges the client because skill has been lost

D. Increases the spring resistance to "shock" the system back into the work

30. During the Reformer Pulling Straps T-position exercise, the breath pattern is most commonly:

A. Inhale to prepare; exhale to pull the arms back along the body

B. Inhale on the pull; exhale on the return

C. Continuous breath without coordination

D. Hold the breath during the pull

31. A teacher observing a client during a Mat Side Kick series notes that the upper leg drops below the level of the lower hip during the front-to-back kick. The most accurate observation is:

A. Optimal hip mobility through the lower hip

B. Effective use of the gluteus medius

C. Loss of working-leg height and pelvic anchoring during the kick

D. Necessary compensation given typical hip anatomy

32. A 32-year-old client at week 18 of pregnancy with physician clearance asks her teacher whether she may continue performing the Roll Up. The teacher's most appropriate response is to:

A. Allow it because the client is comfortable with the exercise

B. Increase the spring resistance to support her trunk

C. Allow the Roll Up but limit it to 3 repetitions

D. Modify or substitute the Roll Up; loaded spinal flexion is generally avoided from the second trimester onward to protect the linea alba

33. The Pilates teacher's scope of practice does NOT include:

A. Designing and instructing Pilates programs for cleared clients

B. Diagnosing musculoskeletal conditions and prescribing exercise as treatment for diagnosed disease

C. Modifying and progressing exercises based on observation

D. Referring clients to medical or allied health professionals when warranted

34. A client at intake describes that she has been told she has "loose joints" and demonstrates a deep forward bend with palms flat on the floor, knees fully extended, and elbow hyperextension during arm work. The most appropriate teacher response is to:

A. Cue stability through co-contraction and active end-range control rather than passive end-range stretching

B. Add deep stretching to take advantage of her flexibility

C. Refuse to teach the client without rheumatology clearance

D. Use maximum spring resistance to fatigue her into stability

35. A teacher who teaches a small group class with one client who has disclosed osteoporosis and four who have not most appropriately:

A. Eliminates the osteoporosis client from the class entirely

B. Teaches the standard session without adjustment, expecting the osteoporosis client to self-modify

C. Designs a session balanced for the group with extension-direction work and lateral work, while modifying or substituting loaded spinal flexion for the osteoporosis client

D. Discharges the osteoporosis client from group training to privates only

36. During the Mat Spine Stretch Forward, the agonist muscles producing the spinal flexion forward over the legs are predominantly the:

A. Hamstrings

B. Gluteus maximus

C. Erector spinae

D. Rectus abdominis and obliques

37. A teacher observes a client whose left scapula sits noticeably more elevated and protracted than the right in standing posture. The most accurate documentation entry is:

- A. "Client has unilateral shoulder dysfunction with elevated left scapula"
- B. "Left scapula appears more elevated and protracted than right in standing posture"
- C. "Client appears asymmetric in the shoulder region"
- D. "Refer for orthopedic evaluation of left scapula"

38. A client reports during a session that her physical therapist has cleared her for "neutral spine work only" while she recovers from a recent disc herniation. The most appropriate response is to:

- A. Strictly adhere to the PT's clearance and design the session around neutral-spine work
- B. Modify the clearance based on what feels comfortable during the session
- C. Question the PT's clearance and try a Roll Up to test the spine
- D. Discharge the client until the disc has fully healed

39. A 75-year-old client with controlled hypertension is in a group class. During the session, the teacher introduces the Roll Over. The teacher's most appropriate immediate action regarding this client is to:

- A. Allow the Roll Over since the hypertension is controlled
- B. Increase the spring resistance to support her trunk
- C. Substitute the Roll Over with a non-inverted exercise such as a Pelvic Curl
- D. Reduce the duration of the Roll Over

40. A client during the Reformer Coordination exercise lifts the head and chest, extends both arms long alongside the body, and extends both legs out long simultaneously. The most accurate description of this combined movement pattern's primary training value is:

- A. Pure abdominal endurance work
- B. Pure cardiovascular conditioning
- C. Pure hamstring stretching
- D. Integration of breath, arm, leg, and chest-lift coordination in a single complex pattern

41. A teacher's most appropriate response to a client who arrives at a session smelling strongly of alcohol is to:

- A. Decline to teach the session and reschedule, addressing the issue with care and professionalism
- B. Continue the session at reduced intensity
- C. Continue the session but charge a higher fee
- D. Tell the client to "sober up" and continue

42. During the Mat Hundred, a teacher delivers the cue "reach long out the top of your head and long out the bottom of your tailbone." This cue is best categorized as:

- A. Correction cue addressing breath-holding
- B. Imagery and axial elongation cue
- C. Setup cue describing starting position
- D. Tactile cue requiring physical contact

43. A teacher observes that her client cannot maintain pelvic neutral position during the Mat Hundred and the lumbar spine arches off the mat as the legs extend. The most appropriate next teaching response is to:

A. Continue the standard Hundred to build endurance

B. Add additional repetitions

C. Substitute a different exercise entirely

D. Modify by bringing the legs into tabletop position to shorten the lever and reduce the demand on the powerhouse

44. A client whose physician has cleared her for exercise with controlled hypertension reports during a session that her blood pressure medication was changed yesterday. She feels fine. The most appropriate response is to:

A. Continue the session unchanged

B. Increase the workout intensity to test her response

C. Pause demanding work, monitor for symptoms, and consider rescheduling the session if any concerning signs appear

D. Discharge the client until the new medication has been in place for 6 weeks

45. The diaphragm during quiet inhalation:

A. Contracts and descends, expanding the thoracic cavity vertically

B. Ascends to compress the abdominal contents

C. Remains stationary while the intercostals do the work

D. Lifts the rib cage entirely without descent

46. A teacher observing a client perform the Mat Saw notes that the pelvis lifts off the mat on the side toward which the upper body rotates. The most accurate observation is:

A. Optimal trunk rotation

B. Loss of pelvic anchoring, with the pelvis rising on the side of rotation

C. Effective use of the obliques

D. Necessary substitution for tight hip rotators

47. A client requests during her session that the teacher avoid all tactile cueing. The teacher most appropriately:

A. Apologizes and ends the session

B. Continues with tactile cueing because the studio's standard practice allows it

C. Uses lighter tactile cueing throughout the session as a compromise

D. Acknowledges the request and proceeds using only verbal, visual, and imagery cues for this client

48. The agonist muscle during the Mat Pelvic Curl (Shoulder Bridge prep) producing the hip extension that lifts the pelvis is predominantly the:

A. Gluteus maximus

B. Rectus abdominis

C. Quadriceps femoris

D. Iliopsoas

49. A client during the Reformer's Long Spine Massage exercise is lying supine with feet in straps, rolling the pelvis over the head into an inversion. Which of the following client conditions would be a contraindication to this exercise?

- A. Mild hamstring tightness
- B. Stable healed ankle sprain from one year ago
- C. Uncontrolled hypertension
- D. Stable lumbar disc degeneration with no acute symptoms

50. A teacher observes a client during the Mat Single Leg Stretch and notes that the abdominal muscles appear to relax (the chest drops back) each time the right leg extends, but maintain engagement when the left leg extends. The most accurate observation is:

- A. Optimal bilateral abdominal recruitment
- B. Asymmetric chest-lift maintenance, with the chest dropping during right-leg extension but maintaining during left-leg extension
- C. Effective use of the obliques
- D. Normal variation in motor pattern

51. A 70-year-old client with osteoporosis is referred to your studio by her physician for "balance training and posture work." The most appropriate session emphasis is to:

- A. Loaded spinal flexion to develop core strength
- B. Deep rotation with flexion to strengthen the obliques

C. Inversions to improve circulation

D. Standing balance work, extension-direction exercises, and lateral work, with avoidance of loaded flexion

52. The fundamental principle of "do no harm" in Pilates practice most directly governs which of the following decisions?

A. The teacher's decision about whether to teach an advanced exercise to a client whose foundational form is unreliable

B. The teacher's decision about whether to charge differential session rates

C. The teacher's decision about which apparatus to purchase for the studio

D. The teacher's decision about which continuing education to pursue

53. During the Mat Series of Five, the abdominal muscles function predominantly as:

A. Antagonists to the hip flexors

B. Stabilizers preventing trunk movement

C. Agonists producing the chest lift maintained throughout the series

D. Synergists to the lower extremity rotators

54. A teacher reviewing her studio's documentation finds that a client's intake form from 6 weeks ago is incomplete — health history was not fully captured. The most appropriate response is to:

A. Continue the sessions and complete the form at a convenient time

B. Address the missing information at the next session, complete the form with the client, and document the date of completion

C. Discard the original form and start a new one

D. Have an assistant fill in the gaps based on session observations

55. A client whose teacher has been observing during sessions over 8 weeks reports that her low-back pain has decreased substantially. The teacher's most appropriate documentation should:

A. State that Pilates "cured" her back pain

B. Diagnose the cause of the pain reduction

C. Speculate about which exercise produced the change

D. Document the client's specific self-reported pain rating with date and compare to baseline rating from intake

56. The cue "send your sit bones down toward the floor and lift through the crown of your head" is most likely delivered during which of the following situations?

A. Tall-spine alignment cueing in a seated exercise

B. Foot grounding during pedal work

C. Cervical flexion during the chest lift

D. Long-line opposition during a supine lever exercise

57. A teacher observing a client perform the Reformer Footwork in V position notes that the knees track medially as the legs press into extension. The most accurate observation is:

- A. Effective external hip rotation during the press
- B. Knee valgus collapse during the press, despite the externally rotated foot position
- C. Optimal alignment given the externally rotated foot position
- D. Hip abduction during the press

58. A client during a session reveals that she has not been taking her prescribed blood pressure medication "because it made me feel tired and I was doing fine without it." The most appropriate response is to:

- A. Provide medical advice about which medication to take
- B. Continue the session unchanged
- C. End the session and require the client to resume her medication immediately
- D. Express care, recommend the client discuss the situation with her physician, and adjust the session intensity conservatively for safety

59. During the Reformer Knee Stretch Round position, the agonist muscles producing the deep C-curve shape are predominantly the:

- A. Erector spinae group
- B. Latissimus dorsi
- C. Rectus abdominis and obliques
- D. Hip extensors

60. A teacher observes during a forward bend assessment that the client's right hand reaches 4 inches closer to the floor than her left hand. The most accurate documentation is:

A. "Right hand reaches 4 inches lower than left in forward bend; lateral asymmetry observed in spinal/hamstring range"

B. "Client has tight left hamstring"

C. "Likely L4-L5 disc issue on the left side"

D. "Refer for orthopedic evaluation immediately"

61. A teacher whose client has shown reliable performance of the Roll Up across 4 weeks now begins to demonstrate hip flexor dominance with the legs lifting slightly off the mat. The most appropriate professional response is to:

A. Discharge the client because skill has regressed

B. Continue with the Roll Up to build through the compensation

C. Increase the breath count to encourage abdominal engagement

D. Address the emerging compensation through cueing, and if the pattern persists, regress to a level where reliable form can be re-established

62. During the Mat Saw, the breath pattern most commonly involves:

A. Continuous breath without coordination

B. Inhale to rotate; exhale to reach forward and articulate down

C. Inhale during the reach forward; exhale to return to center

D. Hold the breath during the reach

63. A teacher who has been working with a client for 2 years notices a developing romantic interest in the client from her own side. The most appropriate professional response is to:

A. Confess the interest to the client and ask for her view

B. Continue the professional relationship without action while pursuing the interest privately

C. Terminate the professional relationship, refer the client to a colleague, and refrain from pursuing the romantic interest for an appropriate period

D. Discuss the interest with the studio owner for advice on how to proceed

64. During the Mat Roll Up, the agonist muscles producing the initial spinal flexion are predominantly the:

A. Rectus abdominis with assistance from the obliques

B. Hip flexor group

C. Erector spinae

D. Latissimus dorsi

65. A teacher observes a client during the Reformer Stomach Massage Series in the Round position. The client's chest is collapsing into the front of the body, and the C-curve appears to be lost. The most appropriate cue is:

A. "Bend your knees more deeply"

B. "Increase the spring resistance"

C. "Push harder with your feet"

D. "Lift up through the crown of your head while maintaining the C-curve in your spine"

66. A client whose initial assessment showed bilateral foot arch collapse during weight-bearing returns 6 weeks later. The teacher reassesses and finds the arches are now lifted. The most appropriate response is to:

A. Discharge the client because the issue is resolved

B. Document the change and celebrate the improvement with the client; continue programming that supports the new pattern

C. Add aggressive arch-collapsing exercises to test the change

D. Eliminate all standing work permanently

67. The Wunda Chair was originally designed by Joseph Pilates as a piece of furniture that doubled as conditioning apparatus, intended primarily for:

A. Small apartments where his dancer clientele lived

B. Hospital settings for injured clients

C. Large studio spaces with multiple apparatus

D. Outdoor exercise in public parks

68. A teacher observes a client during the Mat Spine Twist exercise. The client's pelvis rotates with the upper body, lifting one sit bone off the mat. The most accurate observation is:

A. Effective spinal rotation

B. Optimal use of the obliques

C. Pelvic rotation accompanying upper-body rotation, with one sit bone lifting

D. Normal pattern given lumbar anatomy

69. A teacher whose group class includes a client with controlled hypertension would most appropriately omit which of the following exercises from the session?

A. Side-lying hip abduction

B. The Pelvic Curl

C. Seated Spine Twist

D. Inversions such as Roll Over and Jack Knife

70. A teacher receives an email from a client's physical therapist asking for an update on the client's progress in Pilates. The most appropriate response is to:

A. Confirm with the client first and obtain her written consent before sharing any specific information

B. Provide a complete summary of the client's progress immediately

C. Decline to respond

D. Forward all session notes without redaction

71. A client who is a registered nurse asks the teacher to "tell her what's wrong with her back." The most appropriate response is to:

A. Provide a tentative diagnosis based on observation

B. Refer the client to a physician or physical therapist

C. Acknowledge that diagnosis is outside the Pilates teacher's scope, share what is observed in the movement, and recommend she consult a physical therapist or physician

D. Tell the client there is nothing wrong

72. During the Mat Single Leg Kick (prone, elbows beneath shoulders), the agonist muscle producing the leg kick toward the same-side gluteal is predominantly the:

A. Quadriceps femoris

B. Hamstrings (predominantly biceps femoris)

C. Iliopsoas

D. Gluteus maximus

73. A teacher observing the Reformer Pulling Straps notes that the client's chest collapses into the carriage as the arms pull back. The most accurate observation is:

A. Effective scapular protraction during the pull

B. Optimal cervical flexion

C. Effective lumbar flexion

D. Loss of trunk extension during the pull

74. The phrase "lengthen the back of your neck as your head lifts" delivered during the Mat Hundred is best categorized as:

A. A correction cue addressing the specific compensation of cervical flexor dominance

B. A setup cue describing starting position

C. An imagery cue invoking metaphor

D. A tactile cue requiring physical contact

75. A 65-year-old client with diagnosed Parkinson's disease arrives for her first session. Her medications are working well during her "on" phase. The most appropriate session approach is to:

A. Treat the session like any other 65-year-old client

B. Discharge her until the disease progresses to a more stable phase

C. Coordinate with her neurologist and physical therapist; design the session to capitalize on her "on" phase, emphasize balance and proprioception, and adjust based on her current state

D. Focus exclusively on aerobic conditioning

76. During the Reformer's Standard footwork in parallel position, the appropriate headrest position for most clients is:

A. Always up regardless of client

B. Down or in a position that allows the cervical spine to remain in neutral alignment with the rest of the spine

C. Always up to support the head

D. Removed entirely

77. A teacher observes a client during a Mat Roll Down (from standing to forward fold). The client's lumbar spine flattens, but the upper thoracic and cervical regions remain relatively rigid. The most accurate observation is:

A. Effective full-spine articulation

B. Optimal use of the obliques

C. Lumbar flexion only

D. Limited articulation through the upper thoracic and cervical regions, with motion concentrated in the lumbar region

78. A client during a session asks the teacher whether she should take a particular supplement marketed for "core strength." The most appropriate response is to:

A. Acknowledge that nutrition advice is outside the Pilates scope and recommend the client consult a registered dietitian or her physician

B. Recommend the supplement based on personal experience

C. Recommend a different supplement the teacher believes is better

D. Confirm that supplements are unnecessary for core strength

79. A teacher observing a client during the Reformer's standard supine footwork notes that the carriage bangs at the spring plate on the return phase. The most accurate observation is:

A. Effective use of the springs

B. Optimal control of the carriage return

C. Loss of eccentric control during the return phase, with the springs pulling the carriage back too rapidly

D. Necessary acceleration to engage the springs

80. A teacher delivering tactile cueing on a client's right scapula notices the client's shoulder visibly tensing as the cue is applied. The most appropriate response is to:

A. Continue applying the cue to teach the client to relax

B. Withdraw the contact, give the client a moment, and use a verbal cue instead

C. Apply heavier pressure to overcome the tension

D. Discharge the client from the session

81. A teacher who has just finished teaching a session that involved a fall by a client (no serious injury, but the client landed on the mat unexpectedly during a transition) most appropriately:

A. Continues with subsequent sessions without documentation

B. Reports the incident only if the client complains

C. Writes a verbal description to the next teacher

D. Documents the incident in writing the same day, including the date, time, what happened, the exercise being performed, the client's response, and the immediate actions taken

82. A teacher observing a client perform a Mat Pelvic Curl notes that the client lifts the pelvis primarily through extending the lumbar spine (arching the back) rather than articulating the spine sequentially with hip extension. The most accurate observation is:

A. The pelvic lift is being produced through lumbar extension rather than through sequential articulation with hip extension

B. Effective use of the gluteal complex

C. Optimal spinal articulation

D. Normal pattern for a Pelvic Curl

83. During the Reformer's Pulling Straps exercise, the spring resistance is typically:

A. Heavy (3 to 4 springs)

B. Variable depending on the client's preference

C. Light (1 light spring)

D. No spring (the springs are unhooked)

84. A teacher's most appropriate response to discovering that a long-term client is dating another long-term client from the same studio is to:

A. Refuse to teach either client

B. Continue teaching both clients as separate professional relationships, respecting the confidentiality of each

C. Insist that one of them transfer to another teacher

D. Disclose the relationship to other teachers in the studio

85. A client whose stated goal at intake was "improve posture, reduce back pain, and feel taller" returns for a 12-week re-assessment. Her posture has visibly improved, her self-reported pain has decreased from 6/10 to 3/10, and she reports feeling taller in daily life. The most appropriate teacher response is to:

A. Discharge the client since the goals have been achieved

B. Eliminate all the goals from the program

C. Add the most advanced exercises to maintain progress

D. Celebrate the achievements, document the progress, retire the original goals, and collaborate with the client to set the next layer of goals

86. When designing a 90-minute Pilates session, the recommended balanced proportion of warm-up, main work, and cool-down is approximately:

A. 10-15% warm-up, 70% main work, 10-15% cool-down

B. 25% warm-up, 50% main work, 25% cool-down

C. 5% warm-up, 90% main work, 5% cool-down

D. 30% warm-up, 30% main work, 40% cool-down

87. A teacher who observes a client showing what appears to be early signs of an eating disorder (excessive concern with weight, unusual food restriction, frequent comments about body shape) most appropriately:

A. Provides advice on healthy eating during sessions

B. Confronts the client about the behavior

C. Acknowledges concern with care, refers the client to qualified mental health and medical professionals, and continues Pilates work within scope

D. Refuses to teach the client until the behavior changes

88. During the Reformer's Footwork in V position, the heels are typically:

A. Apart with the toes pointing forward

B. Together with toes turned outward at approximately 45 degrees

C. Apart with toes turned outward at 45 degrees

D. Resting on the headrest

89. A teacher who has been working with a client for 18 months notices that the client has consistently shown improvement and reports feeling more capable in daily life. The teacher most appropriately:

A. Maintains the exact same session each week

B. Discharges the client to a different teacher

C. Adds only the most advanced exercises to challenge her

D. Continues to vary the session through periodization principles to prevent plateau and maintain ongoing adaptation

90. A client whose pelvic floor was assessed by her physical therapist 4 weeks ago as "weak but improving" returns to your studio. The teacher's most appropriate session emphasis is to:

A. Support the pelvic floor work through breath-canister integration; coordinate with the PT's protocols; avoid high-impact and Valsalva patterns

B. Eliminate all abdominal work entirely

C. Add aggressive pelvic floor strengthening exercises

D. Discharge the client until the pelvic floor is fully strong

91. During the Reformer's Long Stretch series, the spring count is typically:

A. 3 springs (heavy)

B. 2 springs (medium)

C. 1 light spring

D. 0 springs

92. A client at intake asks whether the teacher's tactile cueing will involve "massage." The most appropriate response is to:

A. Confirm that tactile cueing involves manipulation similar to massage

B. Clarify that tactile cueing in Pilates is light, brief, and instructional, distinct from manual therapy or massage; explain that the client can decline at any time

C. Explain that the teacher provides massage as well

D. Refer the client to a massage therapist

93. The Pilates teacher whose client mentions persistent foot pain during walking sessions most appropriately:

A. Refers the client to a podiatrist or physical therapist for assessment of the foot pain

B. Provides foot massage during sessions

C. Diagnoses the cause of the foot pain

D. Continues sessions without addressing the foot pain

94. During the Mat Double Leg Stretch, when both legs and both arms reach out long simultaneously, the primary stabilization demand falls on the:

A. Hip flexor group

B. Latissimus dorsi

C. Cervical extensors

D. Deep abdominal canister (transverse abdominis, multifidus, diaphragm, pelvic floor)

95. A teacher who has 12 clients on her schedule today notices that her 9 AM client is consistently late and her 10 AM client always arrives exactly on time. The most professionally appropriate scheduling response is to:

A. Cancel the 9 AM client permanently

B. Move the 9 AM client to a later time without notice

C. End the 9 AM session at its scheduled end time, regardless of arrival, and use the time to prepare for the 10 AM client

D. Charge the 9 AM client for the missed time without addressing the lateness pattern

96. A teacher whose group class includes a beginner who is visibly struggling with the standard version of an exercise most appropriately:

A. Directs the beginner to the appropriate regression while continuing the class

B. Stops the entire class to address the beginner individually

C. Pretends not to notice the beginner's struggle

D. Singles the beginner out as an example to the class

97. A client whose physician has restricted her to "no impact exercises for 6 months" following a stress fracture in her foot most appropriately receives a Pilates session that:

A. Includes Jump Board work on the Reformer

B. Eliminates all impact and jumping patterns and substitutes non-impact work

C. Tests her foot capacity with light jumps to assess healing

D. Discontinues the client until the 6 months have passed

98. During the Reformer's Stomach Massage Series, the typical spring count is:

A. 0 springs (springs unhooked)

B. 1 light spring

C. 5 heavy springs (all engaged)

D. 2 to 3 springs

99. A teacher who notices a client's facial expression suggesting she is in pain during an exercise most appropriately:

A. Encourages the client to "push through" the pain

B. Increases the spring resistance to challenge the client further

C. Stops the exercise, checks in with the client about the pain, and modifies or substitutes the exercise based on her response

D. Discharges the client immediately

100. A client whose teacher has been working with her for 3 years and who has shown consistent progress reports that she is moving across the country and will need a new teacher. The most professionally appropriate response is to:

A. Provide a referral to a colleague in the new location if possible, transfer relevant records with the client's consent, and wish the client well

B. Discourage the client from leaving by offering reduced rates

C. Refuse to provide a referral as a way to encourage the client to stay

D. Disparage other teachers in the new location

101. During the Mat Hundred, when the head lift is correctly supported by the deep abdominal flexion rather than by the cervical flexors alone:

A. The back of the neck remains long while the chin softly approaches but does not crush into the chest

B. The chin tucks tightly into the chest with visible cervical tension

C. The head extends backward away from the chest

D. The head rests entirely on the mat

102. A teacher's most appropriate response to discovering a stretched coil and visible damage on a Reformer spring during a pre-session inspection is to:

A. Continue using the spring with the client

B. Mark the spring with tape to "use less" while continuing sessions

C. Immediately remove the spring from service and replace it before continuing sessions

D. Wait until the next scheduled maintenance to address the issue

103. During the Mat Pelvic Curl, the agonist muscles producing the hip extension that lifts the pelvis are predominantly the:

- A. Hip flexor group
- B. Rectus abdominis
- C. Quadriceps femoris
- D. Gluteus maximus working with the hamstrings

104. A teacher whose client requests a specific exercise that is contraindicated for her diagnosed osteoporosis (loaded spinal flexion) most appropriately:

- A. Substitutes the exercise with a non-contraindicated alternative and explains the rationale with care
- B. Allows the exercise once because the client requested it
- C. Refuses to teach the client because of the request
- D. Allows the exercise with reduced repetitions

105. During the Reformer's Knee Stretch series, the spring count for the Round version is typically:

- A. 3 springs (heavy)
- B. 2 springs (medium-heavy)
- C. 1 light spring
- D. 0 springs

106. A teacher whose intake form includes a question about tactile cueing consent most appropriately:

- A. Eliminates the question because consent is implied by the client's presence
- B. Treats the form's answer as both a documentation record and the starting point for ongoing contextual consent verification during sessions
- C. Treats the form as final and stops checking with clients about tactile cueing
- D. Asks the client to sign a separate consent form for each tactile cue

107. During the Mat Saw, the agonist muscles producing the trunk rotation are predominantly the:

- A. Hamstrings
- B. Hip flexors
- C. Latissimus dorsi
- D. Obliques (internal and external working in opposing roles bilaterally)

108. A teacher's most appropriate response to a client who reveals during a session that she is being followed and feels unsafe is to:

- A. Acknowledge the disclosure with care, provide information about appropriate resources (such as a police non-emergency line or domestic violence resource), and continue Pilates work within scope while respecting the client's confidentiality
- B. End the session and refuse to teach the client until she "resolves" the situation
- C. Disregard the disclosure as outside the teacher's scope
- D. Provide detailed advice on personal safety strategies

109. During the Reformer's Footwork in Wide Second position, the heels and toes are typically:

- A. Together with toes turned out at 45 degrees
- B. Apart with the toes pointing forward
- C. Apart and turned out to approximately 45 degrees in a wide stance
- D. Resting on the headrest

110. A teacher whose client has been training for 6 months and who arrives at a session reporting she fell yesterday and now feels neck pain most appropriately:

- A. Continues the session at reduced intensity
- B. Discontinues the session, recommends the client see a physician or physical therapist for evaluation, and reschedules
- C. Performs cervical stretches to address the pain
- D. Provides cervical traction during the session

111. During the Mat Roll Up, the breath pattern most commonly involves:

- A. Inhale to prepare; exhale to roll up; inhale at the top; exhale to roll down
- B. Inhale to roll up; exhale at the top; inhale to roll down
- C. Hold the breath during the roll up
- D. Continuous breath without coordination

112. A teacher observing a client during the Reformer's Coordination exercise notes that the client's breath rhythm consistently lags behind the movement. The most accurate observation and corrective approach is:

- A. Effective breath pattern
- B. Optimal coordination
- C. Normal pattern for the Coordination exercise
- D. Breath-movement coordination is misaligned; cue the breath to lead the movement, allowing the breath rhythm to organize the limb pattern

113. A client whose physician has cleared her for exercise but who reports during a session that she has been having episodes of vertigo most appropriately:

- A. Continues at reduced intensity
- B. Performs floor-level exercises only
- C. Has the session paused while the teacher contacts the physician to verify continued clearance for the new symptom
- D. Has the session continue with adjustments to her transitions

114. A teacher who delivers the cue "imagine your spine is a beach where the waves roll in and out, articulating each grain of sand" is using:

- A. A correction cue addressing a specific compensation
- B. An imagery cue invoking metaphor and sensory experience to elicit segmental articulation
- C. A setup cue describing starting position

D. A tactile cue requiring physical contact

115. A teacher who has discovered that the studio's Cadillac trapeze attachment strap has visible fraying most appropriately:

A. Immediately removes the trapeze from use and replaces the strap before sessions resume

B. Reduces the trapeze's load capacity in future sessions

C. Continues using the trapeze with a noted limit

D. Waits until the next maintenance schedule

116. During the Mat Single Leg Stretch, the agonist muscle producing the hip flexion that brings the knee toward the chest is predominantly the:

A. Hamstrings

B. Quadriceps femoris (specifically the rectus femoris)

C. Gluteus medius

D. Iliopsoas

117. A teacher whose client has been training for 9 months and who shows visible asymmetry between her right and left shoulder heights during standing most appropriately addresses this through:

A. Eliminating all upper-body work from the session

B. Forcing the higher shoulder down with manual pressure

C. Targeted unilateral work that addresses the underactive side while integrating overall programming

D. Pretending the asymmetry does not exist

118. During the Reformer's Footwork series, when the client lies supine on the carriage and the spring count is appropriate, the carriage should:

A. Move smoothly through the press and return phases without rebounding or banging at the spring plate

B. Move rapidly through both phases regardless of client control

C. Snap back to the spring plate on the return phase

D. Remain stationary throughout the press

119. A teacher's most appropriate response to a client who reports during a session that she is experiencing persistent left arm numbness is to:

A. Continue the session at reduced intensity

B. Stop the session, address the symptom with appropriate concern, and recommend immediate medical evaluation

C. Apply massage to the left arm to relieve the numbness

D. Suggest the client increase her water intake

120. A client whose stated SMART goal is "complete 8 unmodified Roll Ups with segmental articulation by the end of 12 weeks" returns at week 6 and demonstrates the ability to complete only 3 modified Roll Ups (with bent knees and hands behind thighs). The most appropriate response is to:

A. Extend the timeline arbitrarily

B. Eliminate the goal

C. Force the client to perform unmodified Roll Ups

D. Continue working toward the goal at the modified level; the client has not yet reached the standard version and is progressing through the regression appropriately

121. A teacher observing a client during a Mat Side Kick series notes that the client's pelvis rolls forward during the front kick. The most accurate observation is:

A. Loss of pelvic stacking with the pelvis rolling forward during the kick

B. Effective lateral trunk stability

C. Optimal use of the obliques

D. Normal pattern of the side kick

122. A teacher whose client requests during a session that the teacher use a specific cue she heard from another teacher most appropriately:

A. Refuses to use any cue from another teacher

B. Adopts the cue exactly to avoid confusion

C. Acknowledges the client's experience, explains the cue she uses, and discusses how the client may adapt to the new wording

D. Disparages the other teacher's cueing

123. During the Mat Single Straight Leg Stretch (Scissors), the agonist muscles producing the leg extension toward the ceiling are predominantly the:

A. Hamstrings

B. Quadriceps femoris in combination with the hip flexors

C. Gluteus maximus

D. Latissimus dorsi

124. A teacher whose client mentions during a session that she has been to the chiropractor for "an adjustment" most appropriately:

A. Acknowledges the information, asks whether the chiropractor has provided any guidance for activity, and proceeds with Pilates work consistent with the chiropractor's recommendations

B. Refuses to teach the client until she stops seeing the chiropractor

C. Disparages chiropractic care

D. Recommends a different chiropractor

125. During the Mat Series of Five, the typical sequence of exercises in order is:

A. Single Leg Stretch, Roll Over, Saw, Spine Stretch Forward, Hundred

B. Hundred, Single Leg Circles, Spine Stretch Forward, Saw, Pelvic Curl

C. Roll Up, Hundred, Saw, Single Leg Circles, Spine Stretch Forward

D. Single Leg Stretch, Double Leg Stretch, Single Straight Leg Stretch, Double Straight Leg Lower-Lift, Criss-Cross

PRACTICE EXAM 3 – ANSWER KEY AND EXPLANATIONS

1. A — A scoliotic rib hump becoming more pronounced over 8 weeks is a clinically significant change that warrants medical reassessment, not a Pilates teaching decision. The teacher's responsibility is to communicate the observation to the client and recommend physician follow-up. Continuing unchanged, adding aggressive counter-rotation, or discharging would all bypass the appropriate clinical pathway.
2. C — During the descending phase of the Roll Up, the abdominal muscles are generating force while lengthening, which is the definition of an eccentric contraction. The muscle's tension controls the spine's return against gravity. Eccentric work is where the deepest strength adaptation often occurs in Pilates exercises.
3. B — When the pelvis tilts anteriorly as the legs extend toward full knee extension, the long-lever load has exceeded the client's ability to maintain pelvic position. The anterior pelvic tilt is the observable compensation, often associated with hip flexor dominance pulling the pelvis forward. Naming the specific observation guides the corrective intervention.
4. D — "Draw your navel toward your spine and lift the pelvic floor as you exhale" cues simultaneous recruitment of the transverse abdominis (navel to spine) and pelvic floor (lift) — two of the four structures that form the deep canister. This integrated cue addresses the inner unit as a coordinated system, which is foundational to powerhouse engagement.
5. A — Pelvic-girdle discomfort in the third trimester is often associated with relaxin-induced ligamentous laxity at the sacroiliac joints and pubic symphysis. The appropriate response discontinues weight-bearing patterns and substitutes supported alternatives, with referral back to the physician for the symptomatic change. Continuing weight-bearing, discharging, or adding heavy resistance are all inappropriate.
6. C — The Reformer Long Stretch series places the client in a plank position with a moving carriage, demanding sustained trunk integrity against the apparatus's spring resistance. The primary training value is trunk stability in plank with the added challenge of the moving platform. The other descriptions misrepresent the exercise's purpose.
7. B — A client 7 months postpartum with diastasis that closes with deep TA recruitment is best served by 4 weeks of breath, deep TA, lateral, and side-lying work while deferring loaded supine flexion until the diastasis closes reliably under flexion attempts. Starting with the standard Mat series at full demand, avoiding all abdominal work, or surgical referral would all be inappropriate responses.
8. D — Ending the session at the scheduled time and discussing the lateness pattern with the client at an appropriate moment maintains the professional boundary while addressing the pattern constructively. Extending sessions to accommodate lateness, charging without warning, or terminating the relationship are inappropriate responses to chronic but resolvable behaviors.
9. A — When the chest collapses backward toward the mat during the leg switch, the cervical and thoracic flexion required to maintain the chest lift has been lost. The chest lift dropping is the observable compensation. This indicates that the deep abdominal flexion supporting the head/chest position is insufficient to sustain through the reciprocal leg motion.

10. C — The Code of Ethics provision requiring teachers to "comply with applicable laws" encompasses business, tax, employment, and jurisdiction-specific health and safety laws relevant to Pilates practice. The other options describe activities not encompassed by the legal compliance requirement, or activities outside the teacher's role.

11. A — Hooke's Law states that the force a spring exerts is proportional to the distance it has been stretched from its resting length. When the client presses the Cadillac's push-through bar toward the feet, the springs stretch and provide increasing resistance proportional to the push-through distance. Compression, no resistance, or pulling without spring involvement all misdescribe the mechanism.

12. D — Light, purposeful contact that lands the cue and is then withdrawn is the technical standard for tactile cueing. Sustained pressure becomes distracting; heavy contact violates the light-touch principle; manipulation crosses into bodywork, which is outside Pilates scope. The hand should leave once the cue has done its work.

13. D — When a client requests an exception to a surgeon-specified restriction, the teacher's professional obligation is to adhere precisely. The 6-week restriction on overhead reach is binding; substituting with below-shoulder arm work respects the restriction while continuing the work. Allowing the exception, reducing resistance to permit it, or discharging until the 6 weeks pass are all inappropriate responses.

14. C — When a client responds well to a particular cue type, the teacher should continue using that cue type while observing whether response remains strong. Forcing a switch to anatomical language, adopting anatomical language exclusively, or applying the same cue to all clients without observation would all override the principle that effective cueing matches the client's response channel.

15. B — When the standing knee tracks medially as the opposite foot presses the pedal, the standing leg is exhibiting knee valgus collapse — the same dynamic compensation seen in squats and stepping patterns. Effective external rotation, optimal stability, or pelvic tilt without knee involvement all misname the observation.

16. A — Spring replacement is governed by wear inspection, not solely by age, but springs aged 4 years should be inspected with high attention to integrity. Scheduling a comprehensive spring inspection and replacing any spring showing wear is the responsible response. Continuing until damage appears, waiting for a client complaint, or replacing only the most heavily used springs all create risk.

17. D — A 6-week break can cause motor-learning regression from the autonomous stage back to a more conscious associative stage. The appropriate response is to assess current execution and adjust cueing accordingly — the client may need cueing more typical of the associative stage temporarily. Continuing from where she left off, discharging, or maintaining advanced exercises would all be inappropriate responses.

18. C — During the Mat Roll Over, the cervical spine must remain in neutral position without bearing significant weight. The upper thoracic region supports the inversion, and the cervical spine is protected. Bearing weight, maximum flexion, or extension during inversion would all risk cervical injury.

19. A — When a physical therapist provides specific clearance parameters, the teacher's professional obligation is to strictly adhere to those parameters. The PT's clinical judgment takes precedence over the

teacher's preferences. Modifying the prescription, referring back unnecessarily, or discharging based on diagnosis would all undermine the coordinated care the prescription enables.

20. B — Maintaining a deep C-curve through the spine during the Reformer Stomach Massage Round is the exercise's design — the deep abdominal compression creates the C-curve, which the press through the footbar then loads. This is a desired pattern, not a compensation. Loss of articulation, excessive flexion, or excessive kyphosis would all misname the observation.

21. C — Sudden left-sided arm and facial weakness with slurred speech is a neurological red flag consistent with stroke or transient ischemic attack. The immediate appropriate response is to stop the session, position the client comfortably, and call emergency services. Reducing intensity, water and rest, or pressure to the shoulder would all delay critical medical intervention.

22. A — Effective documentation describes specific, observable findings without diagnostic labels. The Pilates teacher does not diagnose, and diagnostic labels like "scoliosis" or "kyphosis" should not appear in documentation. The other items (date/time, view, specific measurements) are appropriate standard elements of postural documentation.

23. D — Acknowledging the client's report and explaining that observation during sessions will inform the work — without confirming or denying her friend's claim — respects scope of practice. The teacher does not diagnose tightness or confirm another person's assessment. Providing deep stretching, confirming, or diagnosing would all violate the appropriate professional response.

24. B — The Reformer's standard footwork series typically uses 3 to 4 springs (heavy resistance). The lower-body musculature is large and requires substantial resistance to produce meaningful work. 1 light spring, 0 springs, or 5 heavy springs all misrepresent the standard spring count for this exercise family.

25. C — Sudden shakiness, sweating, and confusion in a diabetic client managed with oral medication are classic signs of hypoglycemia. The immediate appropriate response is to stop the session, position the client comfortably, and offer her preferred fast-acting carbohydrate per her medical guidance. Continuing exercise, water alone, or applying the AED would all be inappropriate.

26. C — When the legs lift slightly during the Roll Up, the hip flexors (rectus femoris and iliopsoas) are compensating for insufficient abdominal control to articulate the spine sequentially. The corrective approach cues active reach through the heels (engaging long-line opposition) and may shorten the lever to bring the work back into the abdominal capacity. The other descriptions misname the compensation.

27. A — Maintaining the same professional boundaries, intake protocols, and standards regardless of personal connection is the appropriate response. Reduced rates, skipped intake, or extra flexibility based on the personal connection would all distort the professional relationship and the standard of care.

28. D — The annulus fibrosus is composed primarily of concentric rings of collagen fibers oriented at opposing angles, like a radial tire. This architecture allows the disc to resist compression, tension, shear, and torsion simultaneously. Hyaline cartilage with synovial fluid, smooth muscle fibers, and a single layer of connective tissue all misdescribe the annulus.

29. B — When a returning client's foundational form has weakened, the appropriate response is to regress temporarily and rebuild toward the previously mastered exercise as foundational form returns. Resuming

the advanced exercise immediately, discharging, or increasing resistance would all fail to respect the body's current state.

30. A — During the Reformer Pulling Straps T-position exercise, the breath pattern is most commonly inhale to prepare and exhale to pull the arms back — the work phase synchronizes with the exhale, consistent with the general Pilates convention. Inhale on the pull or breath holding would conflict with the convention; continuous breath misses the synchronization.

31. C — When the upper leg drops below the level of the lower hip during the Side Kick series, the working-leg height has been lost and the pelvic anchoring is compromising the work the exercise is designed to deliver. The cueing correction restores both. Optimal mobility, effective glute medius use, or necessary compensation all misname the observation.

32. D — Loaded spinal flexion is generally avoided from the second trimester onward to protect the thinning linea alba, which is at risk for diastasis recti during pregnancy. The Roll Up represents loaded spinal flexion and should be modified or substituted at week 18. Allowing, increasing spring resistance, or limiting repetitions would all fail to address the protective concern.

33. B — Diagnosing musculoskeletal conditions and prescribing exercise as treatment for diagnosed disease are explicitly outside the Pilates scope of practice — those functions belong to medicine and physical therapy. The other options (designing programs, modifying exercises, referring) are all within the Pilates teacher's scope.

34. A — Hypermobile clients need stability work rather than additional stretching. Cueing co-contraction and active end-range control rather than passive end-range stretching addresses the underlying joint instability. Adding deep stretching, refusing to teach, or using maximum resistance would all be inappropriate responses to hypermobility.

35. C — A balanced session for the group with extension-direction work and lateral work, while modifying or substituting loaded spinal flexion for the osteoporosis client, serves the room well. Eliminating the client, ignoring the difference, or restricting to privates only would all be inappropriate. Group teaching can accommodate the condition through built-in modifications.

36. D — During the Mat Spine Stretch Forward, the agonist muscles producing the spinal flexion forward are predominantly the rectus abdominis and obliques. The hamstrings limit the forward fold; the gluteus maximus and erector spinae are antagonists. The abdominal muscles are the prime movers of the forward articulation.

37. B — Specific, observable documentation describes the asymmetric finding in observable language without diagnostic claim. "Left scapula appears more elevated and protracted than right in standing posture" names the side, the elevation, the protraction, and the position. The other entries introduce inappropriate diagnostic claims or vague descriptions.

38. A — When a physical therapist has provided specific clearance parameters, the teacher's professional obligation is to strictly adhere to those parameters. The PT's clinical judgment takes precedence over the teacher's preferences. Modifying based on comfort, testing the spine, or discharging are all inappropriate responses to a PT's clearance specifying neutral spine work only.

39. C — Inversions such as the Roll Over are contraindicated for clients with hypertension because they raise intracranial pressure. The appropriate response is to substitute the Roll Over with a non-inverted exercise such as a Pelvic Curl. Allowing, modifying spring resistance, or reducing duration would all still expose the client to the inversion mechanism.
40. D — The Reformer Coordination exercise integrates breath, arm, leg, and chest-lift coordination in a single complex pattern. The name reflects the purpose. Pure abdominal endurance, cardiovascular conditioning, or hamstring stretching all miss the integrated coordination value that defines this exercise.
41. A — A client arriving smelling strongly of alcohol presents a safety concern: impaired judgment during exercise, increased fall risk, and the inability of the client to give meaningful in-the-moment consent. The appropriate response is to decline to teach the session and reschedule, addressing the issue with care. Continuing at reduced intensity, charging more, or directing the client to "sober up" would all be inappropriate.
42. B — "Reach long out the top of your head and long out the bottom of your tailbone" invokes imagery and axial elongation — directing the body to lengthen through both poles simultaneously. This is the axial elongation cue used to promote length through the spine without specific muscle naming. It is not a correction, setup, or tactile cue.
43. D — When the lumbar spine arches off the mat as the legs extend during the Hundred, the lever load has exceeded the client's capacity to maintain pelvic position. The appropriate modification brings the legs into tabletop position, shortening the lever and reducing the demand on the powerhouse. Continuing standard, adding repetitions, or substituting a different exercise would not address the underlying issue.
44. C — When a client's blood pressure medication has been changed, the teacher does not know how she will respond to exercise. The appropriate response is to pause demanding work, monitor for symptoms, and consider rescheduling if any concerning signs appear. Continuing unchanged, increasing intensity to test, or discharging for 6 weeks would all be inappropriate.
45. A — During quiet inhalation, the diaphragm contracts and descends, expanding the thoracic cavity vertically. This descent decreases intrathoracic pressure and draws air into the lungs along the pressure gradient. Ascending, remaining stationary, or lifting the rib cage entirely all misdescribe the diaphragm's behavior during inhalation.
46. B — When the pelvis rises on the side toward which the upper body rotates during the Saw, the pelvic anchoring on the sit bones has been lost. The appropriate cueing restores the anchor while directing rotation upward from the bottom of the rib cage. Optimal rotation, effective oblique use, or necessary substitution all misname the observation.
47. D — When a client requests no tactile cueing, the appropriate response is to acknowledge and proceed using only verbal, visual, and imagery cues for that client. Apologizing and ending the session is excessive; continuing tactile cueing despite the request would violate consent; reducing tactile cueing as a compromise still uses touch the client declined.

48. A — During the Mat Pelvic Curl, the agonist muscles producing the hip extension that lifts the pelvis are predominantly the gluteus maximus, with synergistic contribution from the hamstrings. The rectus abdominis is antagonist; quadriceps and iliopsoas serve other functions in the pattern.
49. C — Uncontrolled hypertension is a contraindication to inversions such as the Long Spine Massage because the inverted position raises intracranial pressure. The other listed conditions (mild hamstring tightness, stable old ankle sprain, stable lumbar disc degeneration with no acute symptoms) would not contraindicate this exercise.
50. B — Asymmetric chest-lift maintenance — dropping during right-leg extension but maintaining during left-leg extension — is the observable asymmetry. This points to asymmetric trunk stabilization that needs to be addressed in the work. Optimal recruitment, effective oblique use, or normal variation all misname the observation.
51. D — Osteoporosis programming emphasizes balance training (to reduce fall risk and resulting fracture risk), extension-direction work (which is protective rather than contraindicated), and lateral work (which the osteoporotic spine tolerates well). Loaded spinal flexion is the primary contraindication. Inversions, deep rotation with flexion, and loaded flexion would all be inappropriate.
52. A — The "do no harm" principle most directly governs the decision about whether to teach an advanced exercise to a client whose foundational form is unreliable. The other listed decisions (rates, apparatus purchase, continuing education) are business or professional development decisions, not safety-of-progression decisions where "do no harm" applies most directly.
53. C — During the Mat Series of Five, the chest lift is maintained throughout — the abdominal muscles function as agonists producing the spinal flexion that sustains the chest-lift position. The series demands continuous abdominal flexion across the five exercises. Antagonist, stabilizer, or synergist roles would all misdescribe the abdominal muscles' role.
54. B — Addressing the missing intake information at the next session, completing the form with the client, and documenting the date of completion is the appropriate response. Continuing without addressing the gap, discarding the form, or having an assistant fill in gaps would all fail the documentation standard.
55. D — Effective documentation describes specific, observable findings with dates. The client's specific self-reported pain rating with date, compared to baseline rating from intake, is the appropriate documentation. "Cured" claims, diagnoses of cause, or speculation about which exercise produced the change all introduce inappropriate diagnostic claims.
56. A — "Send your sit bones down toward the floor and lift through the crown of your head" cues tall-spine alignment in a seated exercise. The sit-bone grounding establishes the pelvic foundation; the crown-lift establishes the upward extension. This is the cue used to elicit a tall seated position with axial elongation.
57. B — When the knees track medially during the V position footwork, the externally rotated foot position has not been transmitted up the leg into the hip — knee valgus is occurring despite the rotated foot. This is a compensation, not optimal alignment. The remedy involves cueing the hip rotation that should accompany the foot position.

58. D — A client who has discontinued prescribed blood pressure medication on her own creates a safety concern that the Pilates teacher cannot resolve alone. Expressing care, recommending the client discuss with her physician, and adjusting session intensity conservatively for safety is the appropriate response. Providing medical advice, continuing unchanged, or ending the session without context are all inappropriate.

59. C — During the Reformer Knee Stretch Round, the deep C-curve is produced by the rectus abdominis and obliques flexing the spine into the shape. The erector spinae would extend the spine (antagonistic to the C-curve); the latissimus dorsi and hip extensors are not the primary producers of the curve.

60. A — Specific, observable documentation describes the asymmetric finding with measurement. "Right hand reaches 4 inches lower than left in forward bend; lateral asymmetry observed in spinal/hamstring range" names the side, the measurement, and the asymmetry without diagnostic claim. The other entries introduce inappropriate diagnostic statements.

61. D — When a previously reliable client begins to show compensation, the appropriate response is to address it through cueing, and if the pattern persists, to regress to a level where reliable form can be re-established. Discharging, continuing with the compensation, or increasing breath counts would all fail to address the emerging issue.

62. B — During the Mat Saw, the breath pattern is most commonly inhale to rotate, exhale to reach forward and articulate down. The exhale supports the deep abdominal engagement during the flexion phase. Continuous breath without coordination, inhale during the reach, or breath holding all misdescribe the standard pattern.

63. C — When a teacher recognizes developing romantic interest in a client, the appropriate response is to terminate the professional relationship, refer the client to a colleague, and refrain from pursuing the romantic interest for an appropriate period. Confessing, continuing without action, or discussing with the studio owner all bypass the appropriate professional response.

64. A — During the Mat Roll Up, the agonist muscles producing the initial spinal flexion are predominantly the rectus abdominis with assistance from the obliques. The hip flexors lift the legs (the compensation to be avoided); the erector spinae extend the spine (antagonist); the latissimus dorsi does not produce spinal flexion.

65. D — When the chest collapses during the Reformer Stomach Massage Round, the cue should redirect attention to lifting through the crown of the head while maintaining the C-curve. This cueing distinguishes the C-curve (which the exercise requires) from a collapsed chest (which is a compensation). Other cues do not address the underlying issue.

66. B — When a client shows improvement in a pattern identified at intake, the appropriate response is to document the change, celebrate it with the client, and continue programming that supports the new pattern. Discharging because the issue is resolved, adding aggressive opposite-direction exercises, or eliminating standing work would all be inappropriate.

67. A — Joseph Pilates designed the Wunda Chair as a dual-purpose piece of furniture and conditioning apparatus for the small Manhattan apartments where his dancer clientele lived. The chair functioned as a

chair when upright and as conditioning apparatus when inverted. The other listed contexts (hospital, large studio, outdoor) misdescribe the original design intent.

68. C — When the pelvis rotates with the upper body during the Spine Twist, with one sit bone lifting off the mat, the rotation has migrated from the thoracic spine to the pelvic girdle. This is the observable compensation pattern. Effective rotation, optimal oblique use, or normal lumbar anatomy all misname the observation.

69. D — Inversions such as the Roll Over and Jack Knife are contraindicated for clients with hypertension because they raise intracranial pressure. The other listed exercises (side-lying hip abduction, Pelvic Curl, seated Spine Twist) are not contraindicated for hypertensive clients and remain appropriate for the group session.

70. A — Sharing client information with another professional — even with a referring PT — requires the client's written consent for the specific disclosure. The teacher's relationship with the colleague does not substitute for the client's authorization. Providing immediate, complete, or no information at all would all bypass the consent requirement.

71. C — Diagnosis is outside the Pilates scope of practice. The appropriate response acknowledges the scope limitation, shares what is observed in the movement (which is within scope), and recommends the client consult a PT or physician. Providing a tentative diagnosis, simply referring without acknowledging the question, or telling the client there is nothing wrong all miss the appropriate professional response.

72. B — During the Mat Single Leg Kick, the agonist muscle producing the leg kick toward the same-side gluteal is predominantly the hamstrings (with the biceps femoris contributing most directly). The hamstrings flex the knee against gravity. The quadriceps, iliopsoas, and gluteus maximus serve other functions in the pattern.

73. D — When the chest collapses into the carriage during Pulling Straps, the trunk extension that should be sustained during the pull has been lost. The agonist work of the back extensors and trunk stabilizers is compromised. Effective scapular protraction, optimal cervical flexion, or effective lumbar flexion all misname the compensation.

74. A — "Lengthen the back of your neck as your head lifts" is delivered during the execution of the Hundred and specifically addresses the compensation of cervical flexor dominance (chin-tucked head lift with tense anterior neck). It functions as a correction cue because it responds to a specific observed compensation. It is not a setup, imagery, or tactile cue.

75. C — Clients with Parkinson's disease require coordination with their neurologist and physical therapist; the session should capitalize on the "on" phase of medication, emphasize balance and proprioception, and adjust based on current state. Treating like any other client, discharging, or focusing exclusively on aerobic conditioning would all miss the specific Parkinson's considerations.

76. B — The Reformer's headrest should be positioned to allow the cervical spine to remain in neutral alignment with the rest of the spine. For most clients this means the headrest is down or in a low position. Always up regardless of client, always up to support the head, or removed entirely would all fail this principle.

77. D — When the upper thoracic and cervical regions remain rigid while the lumbar flexes, the segmental articulation is limited to the lumbar region. This is the observable compensation. Effective full-spine articulation, optimal use of the obliques, or lumbar flexion only without naming the missing motion all misname the observation.

78. A — Nutrition advice is within the scope of registered dietitians and qualified nutrition professionals, not Pilates teachers. The appropriate response acknowledges the scope limitation and refers the client to a dietitian or physician. Recommending the supplement, recommending an alternative, or confirming that supplements are unnecessary would all involve practicing outside scope.

79. C — When the carriage bangs at the spring plate on the return phase, eccentric control has been lost — the client has allowed the springs to pull the carriage back too rapidly rather than controlling the return. This is a compensation. Effective use, optimal control, or necessary acceleration all misname the observation.

80. B — When tactile cueing causes visible tension, the appropriate response is to withdraw the contact, give the client a moment, and use a verbal cue instead. The body's response is informative — the tactile cue is not serving its purpose. Continuing to teach relaxation, applying heavier pressure, or discharging would all be inappropriate responses.

81. D — Incident documentation should be written the same day, in specific factual language, including the date, time, what happened, the exercise being performed, the client's response, and the immediate actions taken. Lack of documentation, reporting only on complaint, or verbal description to the next teacher would all fail the standard of professional incident documentation.

82. A — When the pelvic lift is produced through lumbar extension (arching the back) rather than through sequential articulation with hip extension, the exercise's design has been compromised. The lumbar extension pattern misuses the spine in a way that places focal stress on the lumbar segments. Effective glute use, optimal articulation, or normal pattern all misname the observation.

83. C — During the Reformer's Pulling Straps exercise, the spring resistance is typically light (1 light spring). Heavier resistance overwhelms the arm musculature and pulls the client out of position. The light spring allows the back extensors and scapular stabilizers to work without compromise.

84. B — When two clients are dating each other, the teacher's appropriate response is to continue teaching both as separate professional relationships, respecting the confidentiality of each. Refusing to teach either, insisting on transfer, or disclosing to other teachers would all violate the professional standard. Each relationship operates independently and confidentially.

85. D — When stated goals have been achieved, the appropriate response is to celebrate the achievements, document the progress, retire the original goals, and collaborate with the client to set the next layer of goals. Discharging, eliminating all goals, or adding only the most advanced exercises would all bypass the appropriate goal-cycle response.

86. A — The standard balanced session structure devotes roughly 10-15% to warm-up, 70% to main work, and 10-15% to cool-down. For a 90-minute session, this corresponds to approximately 10-15 minutes each

for warm-up and cool-down with 60-70 minutes of main work. The proportions are consistent across session lengths.

87. C — Eating disorder concerns are outside the Pilates scope of practice. The appropriate response acknowledges concern with care, refers to qualified mental health and medical professionals, and continues Pilates work within scope. Providing nutrition advice, confronting the client, or refusing to teach are all inappropriate responses.

88. B — In V position during Reformer footwork, the heels are together with the toes turned outward at approximately 45 degrees. This produces external hip rotation and engages the deep external rotators of the hip. The other foot positions described describe parallel toes, wide second, and the headrest, respectively.

89. D — Continuing to vary the session through periodization principles prevents plateau and maintains ongoing adaptation across long-term training. Maintaining the exact same session, discharging, or adding only advanced exercises would all fail to serve the client's long-term development.

90. A — Coordinating with the PT's protocols, supporting the pelvic floor through breath-canister integration, and avoiding high-impact and Valsalva patterns is the appropriate response. Eliminating abdominal work, adding aggressive pelvic floor exercises, or discharging would all bypass the coordinated care that benefits the client.

91. C — During the Reformer's Long Stretch series, the spring count is typically 1 light spring. Heavier resistance makes the plank position too difficult to control on a moving carriage. 2 springs, 3 springs, or no springs all misrepresent the conventional spring count for this exercise family.

92. B — Clarifying that tactile cueing in Pilates is light, brief, and instructional — distinct from manual therapy or massage — and explaining that the client can decline at any time is the appropriate response. Confirming similarity to massage, explaining the teacher provides massage, or referring to a massage therapist would all misrepresent the nature of Pilates tactile cueing.

93. A — Persistent foot pain that arises during walking is a clinical finding that warrants professional assessment by a podiatrist or PT. The appropriate response is to refer. Providing foot massage, diagnosing the cause, or continuing sessions without addressing the pain would all be inappropriate responses.

94. D — During the Mat Double Leg Stretch with both legs and both arms extended long, the primary stabilization demand falls on the deep abdominal canister (transverse abdominis, multifidus, diaphragm, pelvic floor). The long-lever load on both sides requires the deep stabilization system to hold the trunk against the displacement force. Hip flexors, latissimus dorsi, and cervical extensors serve other functions.

95. C — Ending the 9 AM session at its scheduled end time, regardless of arrival, respects the 10 AM client's appointment and maintains professional boundaries. Canceling, moving, or charging without addressing the lateness would all fail to manage the recurring pattern professionally.

96. A — Directing the beginner to the appropriate regression while continuing the class addresses the visible struggle without disrupting the group. Stopping the entire class, pretending not to notice, or singling the beginner out would all be inappropriate responses.

97. B — When a physician restricts the client to "no impact for 6 months," the appropriate Pilates response eliminates all impact and jumping patterns and substitutes non-impact work. Including Jump Board, testing capacity with light jumps, or discontinuing the client until the 6 months pass would all be inappropriate.
98. D — During the Reformer's Stomach Massage Series, the typical spring count is 2 to 3 springs (medium-heavy). The seated position with the client pressing the footbar requires substantial resistance against the legs while allowing for the trunk's seated work. 0 springs, 1 light spring, or 5 heavy springs all misrepresent the standard spring count.
99. C — When a client's facial expression suggests pain, the appropriate response is to stop the exercise, check in about the pain, and modify or substitute based on her response. Encouraging her to "push through," increasing resistance, or discharging immediately would all be inappropriate responses to observed pain.
100. A — Providing a referral if possible, transferring relevant records with the client's consent, and wishing the client well is the professional response to a client moving. Discouraging through reduced rates, refusing to provide a referral, or disparaging other teachers would all violate the Code of Ethics provisions on respect for clients and colleagues.
101. A — When the head lift during the Hundred is correctly supported by deep abdominal flexion, the back of the neck remains long while the chin softly approaches but does not crush into the chest. The cervical spine is supported by the trunk rather than by the cervical flexors alone. Tight chin-tuck, head extension, or head fully on the mat would all describe other patterns.
102. C — A spring showing a stretched coil and visible damage should be immediately removed from service and replaced before sessions resume. Continuing use, marking with tape, or waiting for scheduled maintenance would all create significant safety risk. Spring failure during use can produce serious injury.
103. D — During the Mat Pelvic Curl, the agonist muscles producing the hip extension that lifts the pelvis are predominantly the gluteus maximus working with the hamstrings. The hip flexors are antagonist; the rectus abdominis and quadriceps serve other functions. The gluteus maximus is the prime mover of hip extension.
104. A — When a contraindicated exercise is requested, the appropriate response is to substitute with a non-contraindicated alternative and explain the rationale with care. The client's preference does not override the safety calculus. Allowing once, refusing to teach the client, or allowing with reduced repetitions would all be inappropriate responses to a contraindication.
105. C — During the Reformer Knee Stretch Round series, the spring count is typically 1 light spring. The exercise emphasizes trunk integrity in the quadruped position rather than heavy resistance. 3 or 2 springs would be too heavy; 0 springs would not provide the necessary resistance.
106. B — Treating the intake form's answer as both a documentation record and the starting point for ongoing contextual consent verification respects the principle that consent is continuous and revocable. Eliminating the question, treating the form as final, or signing per cue would all fail this principle.

107. D — During the Mat Saw, the agonist muscles producing the trunk rotation are predominantly the obliques (internal and external working in opposing roles bilaterally). The obliques are the prime movers of trunk rotation. Hamstrings, hip flexors, and latissimus dorsi serve other functions in the pattern.

108. A — When a client discloses concerning safety information, the appropriate response acknowledges with care, provides information about appropriate resources, and continues Pilates work within scope while respecting confidentiality. Ending the session, disregarding, or providing detailed safety strategies would all bypass the appropriate professional response.

109. C — In Wide Second position during Reformer footwork, the heels and toes are apart and turned out to approximately 45 degrees in a wide stance. This position differs from the V position (heels together, toes apart) and from the parallel positions. Together with 45-degree toes, parallel heels and toes, or resting on the headrest all misdescribe the position.

110. B — A fall the day before producing new neck pain is a clinical finding that warrants professional evaluation. The appropriate response is to discontinue the session, recommend the client see a physician or PT, and reschedule. Continuing, performing cervical stretches, or providing traction would all bypass the necessary medical evaluation.

111. A — During the Mat Roll Up, the breath pattern is most commonly inhale to prepare, exhale to roll up, inhale at the top, exhale to roll down. This four-phase breath supports both the flexion and the eccentric descent. Other breath patterns described do not match the standard convention.

112. D — When the breath rhythm lags behind the movement during Coordination, the appropriate cueing approach is to have the breath lead the movement, allowing the breath rhythm to organize the limb pattern. Effective breath pattern, optimal coordination, or normal pattern all fail to recognize the misalignment.

113. C — When a client reports new symptoms (vertigo) that were not present at the original clearance, the original clearance may not cover the new finding. The appropriate response is to pause the session while contacting the physician to verify continued clearance. Continuing, restricting to floor-level, or adjusting transitions all proceed without addressing the symptom change.

114. B — "Imagine your spine is a beach where the waves roll in and out, articulating each grain of sand" is an imagery cue invoking metaphor and sensory experience to elicit segmental articulation. The cue describes the desired pattern through visual metaphor. It is not a correction, setup, or tactile cue.

115. A — A visibly fraying trapeze attachment strap is a serious safety hazard. The appropriate response is to immediately remove the trapeze from use and replace the strap before sessions resume. Reducing load capacity, continuing with a noted limit, or waiting until scheduled maintenance would all create unacceptable injury risk.

116. D — During the Mat Single Leg Stretch, the agonist muscle producing the hip flexion that brings the knee toward the chest is predominantly the iliopsoas. The hamstrings extend the hip and flex the knee; the quadriceps would extend the knee; the gluteus medius produces hip abduction. The iliopsoas is the prime hip flexor.

117. C — Asymmetric shoulder height visible in standing benefits from targeted unilateral work addressing the underactive side while integrating overall programming. Eliminating upper-body work,

forcing with manual pressure, or pretending the asymmetry does not exist would all fail to address the finding professionally.

118. A — When the carriage moves smoothly through both phases without rebounding or banging, the eccentric control is intact and the spring count is appropriate. This is a desired pattern, not a compensation. Rapid movement, snapping back, or remaining stationary would all describe compensations or errors.

119. B — Persistent left arm numbness is a neurological red flag potentially indicating a vascular or neurological condition. The appropriate response is to stop the session, address with appropriate concern, and recommend immediate medical evaluation. Continuing, applying massage, or suggesting water increase would all delay critical medical intervention.

120. D — At week 6 of a 12-week goal, demonstrating 3 modified Roll Ups represents progress toward — but not yet at — the unmodified standard. The appropriate response is to continue working toward the goal at the modified level, recognizing that the client is progressing appropriately. Extending arbitrarily, eliminating, or forcing unmodified Roll Ups would all be inappropriate.

121. A — When the pelvis rolls forward during the front kick in the Side Kick series, the pelvic stacking has been lost. This is the observable compensation. Effective stability, optimal use of the obliques, or normal pattern all misname the observation.

122. C — Acknowledging the client's experience, explaining the cue she uses, and discussing how the client may adapt to the new wording respects both the client's history and the teacher's pedagogy. Refusing to use any cue from another teacher, adopting exactly, or disparaging would all be inappropriate responses.

123. B — During the Mat Single Straight Leg Stretch (Scissors), the agonist muscles producing the leg extension toward the ceiling are predominantly the quadriceps femoris in combination with the hip flexors. The quadriceps extends the knee; the hip flexors lift the leg. The hamstrings would oppose this motion.

124. A — Acknowledging the client's chiropractic care, asking whether the chiropractor has provided guidance for activity, and proceeding consistently with the chiropractor's recommendations is the appropriate response. Refusing to teach, disparaging, or recommending a different chiropractor would all be inappropriate professional responses.

125. D — The Mat Series of Five consists of Single Leg Stretch, Double Leg Stretch, Single Straight Leg Stretch, Double Straight Leg Lower-Lift, and Criss-Cross — performed in that sequence with the chest lift maintained throughout. The other listed sequences contain different exercises that do not constitute the Series of Five.