

## Level 1 Written Test

STUDENT NAME: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Location: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please draw the schema of blocks for both a **right A Type (3C)** and a **right B Type (4C)** scoliosis, clearly representing translation, rotation, deformity of the blocks and global imbalance. Do your drawings below:

a) **Right A Type (3C)**

b) **Right B Type (4C)**

2. Please draw the schema of blocks for a **single left E Type** scoliosis pattern (single left lumbar curve), representing clearly: translation, rotation, deformity and global imbalance.

## Level 1 Written Test

3. Please draw the sagittal schema of blocks for a **Thoracolumbar kyphotic deformity**.
4. Regarding the **1<sup>st</sup> Specific Principle for Correction**:
  - a. What is it called?
  - b. How do we do it?
5. What is the difference between **3D Postural Correction** and **3D Expansion Correction**?

## Level 1 Written Test

6. Define the **2<sup>nd</sup> Pelvis Correction**. Be complete in your answer.

7. Regarding the **3<sup>rd</sup> Pelvis Correction** in an **A Type (3C)** scoliosis:

- a. Which plane does it occur in?
- b. To which Specific Principle for Correction does it belong?
- c. How does the pelvis move for this Pelvis Correction?
- d. What does 'correction' and 'over-correction' mean?
- e. Which other Pelvis Correction is/are necessary and closely associated with the 3<sup>rd</sup> Pelvis Correction and why?

## Level 1 Written Test

8. Please describe what the **Diagonal Traction Line** is. Be complete with your answer.

9. Relating to the **2<sup>nd</sup> Specific Principle for Correction** in scoliosis:

a. What is it?

b. Please circle which is the correct '**corrective direction**' – to ventral or to dorsal – when applying this principle to the following regions:

- Weak Point:                      ventral or dorsal
- T-Prom:                            ventral or dorsal
- L-Prom:                            ventral or dorsal
- Weak Side:                        ventral or dorsal
- Weak Side Shoulder:    ventral or dorsal

10. Why do we need a **4<sup>th</sup> Pelvis Correction** in an **A Type (3C) Scoliosis**?

## Level 1 Written Test

11. Consider the **3<sup>rd</sup> Pelvis Correction** in a **B Type (4C)** scoliosis:

- a. Which plane does it occur in?
- b. How does the pelvis move for this correction?
- c. Can you over-correct when using this correction in a B Type (4C)? Why or why not?

12. In a **B Type (4C)** scoliosis pattern:

- a. Describe the 4<sup>th</sup> Pelvis Correction
- b. Describe the 5<sup>th</sup> Pelvis Correction
- c. What is the corrected position of the pelvis in B type (4C)?

## Level 1 Written Test

13.Regarding '**PE with WSSA**' (Proximal Expansion with Weak Side Shoulder Amplification):

a. Please define it. Be complete with your answer.

b. Which Clinical Types practice it?

c. Why is it necessary?

14.Regarding '**PE with TPSA**' (Proximal Expansion with T Prom Shoulder Amplification):

a. Please define it. Be complete with your answer.

b. Which Clinical Types practice it?

c. Why is it necessary?

15.What is the **direction of the Expansion Technique** in these regions:

i. Weak Point:

ii. Weak Side:

iii. Ventral Flat zone:

## Level 1 Written Test

16. Consider a **C Type** (N3N4) scoliosis:

a. Please either describe it OR draw it (you do not need to do both)

b. Can a **C Type** (N3N4) be accompanied with a structural lumbar curve?  
Please explain.

c. What are the differences between **C Type** (N3N4) and **B Type** (4C) curves? You may use pictures or words or both.

## Level 1 Written Test

### 17. Consider **E Type** Scoliosis”

- a. Please describe what it is.
- b. We often say that an **E Type curve is 'like' a B Type (4C)** but what is different?
- c. Why do you have to treat the **E Type curve 'like' a B Type (4C)**?

18. Please list all the **General Principles of the BSPTS Rigo Concept**.

19. Relating to the exercise position called **'Prone on knees'**:

- a. Please describe the main points for setting up this starting position.
- b. Explain why these points are important, when starting to exercise in this starting position.
- c. Why do you think this starting position is important for you as a physiotherapist and for a patient?



## Level 1 Written Test

20. Consider a patient in the **Supine** position. What are your anatomical references to know if they are well aligned in **3D** without compensations?

21. For the **Side Lying** position:

a. State the main **differences** in the starting positions when comparing the following curves (for example, leg position, wedges etc):

i. A type

ii. B Type

iii. C Type

iv. E Type

b. What are the **main reasons** for the above mentioned differences (when setting up for the side lying position for these curves)?