#### Flex Therapist CEUs

# **Balloon Rotator Cuff Surgery: A Guide for Physical Therapists and Assistants**

- 1. Which rotator cuff muscle primarily contributes to internal rotation and provides anterior stabilization to the glenohumeral joint?
- A. Supraspinatus
- B. Infraspinatus
- C. Teres Minor
- D. Subscapularis
- 2. What is a key indication for choosing subacromial balloon arthroplasty over traditional rotator cuff repair?
- A. Presence of massive or irreparable rotator cuff tears
- B. Repetitive stress injuries
- C. When the patient reports night pain
- D. Early stages of shoulder impingement syndrome
- 3. During rehabilitation after a subacromial balloon arthroplasty, which strategy is critical to support healing and restore function?
- A. Immediate high-intensity strengthening exercises
- B. Complete shoulder immobilization for 12 weeks
- C. Phased rehabilitation with gradual loading strategies
- D. Focusing solely on pain management
- 4. How can physical therapists recognize clinical signs of complications or delayed progress in rotator cuff rehabilitation?
- A. By solely monitoring range of motion
- B. By assessing external rotation strength
- C. Through regular imaging techniques
- D. By evaluating pain levels and functional limitations over time
- 5. Which factor is crucial in distinguishing between degenerative and traumatic rotator cuff tears?
- A. Patient age and the event's nature
- B. Pain level during sleep
- C. Frequency of overhead activities

#### D. Presence of scapular dyskinesis

#### 6. Which component of the traditional rotator cuff repair is critical for optimal healing?

- A. Performing biceps tenodesis regardless of the tear size
- B. Achieving a tension-free repair with proper tendon-to-bone apposition
- C. Utilizing only bioabsorbable sutures
- D. Removing additional bony impingements

#### 7. What distinguishes subacromial balloon arthroplasty from traditional rotator cuff repair?

- A. It always includes enhanced imaging techniques for diagnosis
- B. It requires a mini-open incision for the procedure
- C. It involves solely manual therapy post-operatively
- D. It offers mechanical support during a critical adaptation period

#### 8. In the context of rehabilitation following balloon surgery, what should be a primary focus?

- A. Optimizing deltoid function as the primary motor for shoulder elevation
- B. Immediately loading the shoulder joint with maximum weights
- C. Ensuring complete rest before beginning scapular mechanics
- D. Replacing all physical therapy with pharmacological treatment

# 9. When addressing complications in post-operative rehabilitation, what is an appropriate strategy?

- A. Discontinue exercise immediately and permanently
- B. Rely solely on pharmacological treatments
- C. Modify rehabilitation approach based on clinical signs of progress
- D. Immediately increase exercise intensity to overcome delays

#### 10. What is the intended long-term benefit of subacromial balloon arthroplasty once the balloon is resorbed?

- A. Permanent mechanical replacement of rotator cuff function
- B. Improved shoulder mechanics and neuromuscular adaptation
- C. Complete elimination of shoulder pain without further therapy
- D. Full strength restoration in overhead tasks

#### 11. In the context of subacromial balloon arthroplasty, what is the primary biomechanical role of the balloon in addressing massive rotator cuff tears?

- A. To serve as a replacement for the damaged rotator cuff tendons.
- B. To permanently restore the rotator cuff tendons' function.

- C. To gradually improve the strength of the rotator cuff muscles.
- D. To act as a dynamic spacer, reducing humeral head elevation and restoring joint congruency.

### 12. What are the essential imaging and physical criteria for selecting candidates for subacromial balloon arthroplasty?

- A. Massive, irreparable rotator cuff tears with Goutallier grade 3 or 4 changes and retained forward elevation.
- B. Advanced glenohumeral arthritis and active infection in the shoulder.
- C. Presence of moderate joint degeneration with the absence of subscapularis tendon function.
- D. Small rotator cuff tears and significant active shoulder mobility.

#### 13. Which phase in rehabilitation after subacromial balloon arthroplasty focuses on retraining coordinated shoulder movement?

- A. Initial post-operative phase of immobilization.
- B. Early mobility phase with light stretching and passive exercises.
- C. The strengthening and functional retraining phase emphasizing scapular control and deltoid strengthening.
- D. The final phase involving high-impact athletic training.

# 14. What clinical indications suggest a modification of the rehabilitation approach after subacromial balloon arthroplasty?

- A. Complete lack of pain after six months post-surgery.
- B. Continued pain and limited range of motion suggesting potential complications or delayed progress.
- C. Increased strength and full active range of motion early in rehabilitation.
- D. Patient's request to return to overhead sports prematurely.

#### 15. Why is the subscapularis tendon function critical for successful outcomes with subacromial balloon arthroplasty?

- A. It stabilizes the humeral head anteriorly, contributing to the force couple necessary even when the posterior cuff is compromised.
- B. It can replace the function of the supraspinatus tendon entirely.
- C. It acts independently from the balloon for shoulder stability.
- D. It solely provides blood supply to the rotator cuff complex.

#### 16. Which aspect of subacromial balloon arthroplasty makes it distinct from traditional rotator cuff repair when considering post-operative rehabilitation?

- A. It relies primarily on tendon-to-bone healing for success.
- B. It involves surgical reattachment of the rotator cuff tendons.

- C. The implant does not degrade over time and offers permanent structural support.
- D. Rehabilitation focuses on neuromuscular adaptation and pain reduction due to its mechanical role.

# 17. What is the primary focus during the early phase of rehabilitation following subacromial balloon arthroplasty?

- A. Facilitating aggressive overhead strengthening exercises.
- B. Introducing multi-planar dynamic movements to enhance endurance.
- C. Encouraging active shoulder movement beyond pain-free limits.
- D. Protecting the surgical site, controlling pain, and maintaining passive range of motion.

#### 18. What is a significant consideration when selecting rehabilitation exercises following subacromial balloon arthroplasty?

- A. Exercise selection should prioritize motor retraining, stabilization, and functional integration rather than isolated strength gains.
- B. Exercises should focus solely on increasing speed and strength of the rotator cuff.
- C. Exercises should involve high-intensity resistance training immediately after surgery.
- D. Heavy resistance exercises should be prioritized in the initial weeks.

### 19. What is crucial for guiding the progression of rehabilitation after subacromial balloon arthroplasty according to the content provided?

- A. Progression should be solely time-based regardless of symptoms.
- B. Progression should align with physiological changes and symptom-guided criteria.
- C. Progression should be driven by the patient's ability to perform maximum strength exercises.
- D. Progression should focus exclusively on rapid improvement of active range of motion.

#### 20. In the later phase of recovery following subacromial balloon arthroplasty, what should rehabilitation focus on?

- A. Re-attaching the rotator cuff tissues biologically.
- B. Avoiding any dynamic functional exercises to prevent strain.
- C. Supporting muscular endurance, restoring functional strength, and reintegrating into daily activities.
- D. Ensuring that the balloon implant does not degrade even at the cost of patient mobility.

#### 21. Which muscle activation technique is crucial for restoring functional movement in the absence of a repaired rotator cuff?

- A. Proprioceptive Neuromuscular Activation
- B. Advanced Progressive Loading
- C. Isolated Muscular Endurance Training
- D. Neuromuscular Adaptation

### 22. When comparing subacromial balloon arthroplasty to traditional rotator cuff repair, what is a key distinction regarding the surgical approach?

- A. It requires complete biological healing of the rotator cuff.
- B. It offers a temporary mechanical solution by optimizing deltoid function.
- C. It primarily focuses on tendon healing and scar formation.
- D. It eliminates the risk of complications entirely.

### 23. What should be prioritized during the early phases of rehabilitation post subacromial balloon arthroplasty?

- A. Movement quality and functional relevance
- B. Maximal strength output
- C. Return to work before rehabilitation completion
- D. Immediate return to sports activities

### 24. What clinical sign might indicate that rehabilitation protocols need to be adjusted for a patient post-SBA?

- A. Complete absence of pain during all movements
- B. Immediate improvement in shoulder function
- C. Steady, linear progression in all metrics
- D. Persistently high pain levels despite adherence to the program

### 25. What complication should be suspected if a patient experiences a sudden increase in shoulder dysfunction during rehabilitation after subacromial balloon arthroplasty?

- A. Joint laxity
- B. Infection
- C. Balloon migration
- D. Muscle atrophy

#### 26. Which of the following factors increases the risk of developing adhesive capsulitis postoperatively following shoulder surgery?

- A. Prior shoulder surgery and prolonged medication use
- B. Prolonged immobilization and diabetes
- C. Younger age and high physical activity level
- D. Lack of initial post-operative pain relief

# 27. Comparing subacromial balloon arthroplasty with traditional rotator cuff repair, which statement about the expected outcomes is correct?

A. Balloon arthroplasty generally does not restore the rotator cuff integrity

- B. Traditional repair offers superior pain relief compared to balloon arthroplasty
- C. Both procedures have similar rates of restoring full biomechanics
- D. Subacromial balloon arthroplasty has higher early failure rates

## 28. In what phase of rehabilitation is a focus on closed-chain loading and scapular stabilization most critical for a patient post-subacromial balloon surgery?

- A. Immediate post-operative phase
- B. Initial protective phase
- C. Pre-operative educational phase
- D. Late strengthening and functional reintegration phase

#### 29. Which clinical sign suggests the need for surgical re-evaluation after subacromial balloon arthroplasty?

- A. Consistent mild soreness during exercise
- B. Sudden loss of range of motion with increased pain
- C. Normal end-range functionality but transient discomfort
- D. Gradual improvement with occasional stiffness

### 30. For a patient experiencing weakness and instability during pressing movements after subacromial balloon arthroplasty, what is a suitable rehabilitation strategy?

- A. Focus exclusively on range-of-motion activities
- B. Increase aerobic conditioning and minimize resistance training
- C. Integrate tempo-based eccentric work and scapular stabilization
- D. Avoid pressing movements entirely

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