

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
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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
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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
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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
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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
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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
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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
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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
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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
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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.
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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.
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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.
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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.
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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.
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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.
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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.
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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.
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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.
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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.
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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
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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.
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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
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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
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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
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26. Which of the following factors increases the risk of developing adhesive capsulitis post-operatively 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
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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
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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
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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
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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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