Flex Therapist CEUs

Rotator Cuff Dysfunction

1. A 67-year-old retired painter with diabetes and a 30-year history of overhead work presents with gradual onset lateral shoulder pain and weakness. Which explanation best integrates the main mechanisms predisposing him to rotator cuff dysfunction according to the course content?

A. Age-related intrinsic tendon degeneration combined with reduced vascularity and long-standing repetitive overhead mechanical loading
B. Primarily acute inflammatory bursitis resulting from a single episode of shoulder overuse without structural tendon change
C. Isolated acromioclavicular joint arthritis without meaningful contribution from tendon or scapular mechanics
D. Exclusive contribution of poor posture, as age and workload do not significantly influence rotator cuff tendon health

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2. Which of the following best characterizes an intrinsic contributor to rotator cuff dysfunction as described in the course?

A. Repetitive overhead reaching that compresses the supraspinatus tendon beneath the acromion during elevation
B. Reduced vascular supply to the supraspinatus tendon leading to impaired repair of microtrauma and progressive collagen disorganization
C. Forward head posture and increased thoracic kyphosis altering scapular position and subacromial space
D. Variation in acromial shape that narrows the subacromial space and increases mechanical compression

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3. A 38-year-old recreational swimmer increases training volume rapidly and develops shoulder pain. Imaging shows a partial supraspinatus tear. He has no systemic disease, and acromial morphology is normal. Based on the course content, which factor most likely accelerated the onset of symptomatic rotator cuff dysfunction in this case?

A. Exclusive contribution of reduced physical activity levels leading to global deconditioning rather than focal tendon overload
B. Age-related degenerative tendon changes that predictably occur before age 40 regardless of activity level
C. Primary structural narrowing of the subacromial space due to acromial variation as the dominant mechanism
D. Sudden increase in repetitive overhead workload exceeding the tendon’s capacity for repair and recovery

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4. Imaging reveals a full-thickness supraspinatus tear in an asymptomatic 72-year-old woman. According to the prevalence data and interpretive guidance in the course, which clinical decision-making approach is most appropriate?

A. Correlate imaging findings with clinical symptoms and function, recognizing that degenerative tears are common and often initially asymptomatic in older adults
B. Recommend immediate surgical repair because structural tearing in this age group invariably leads to disabling pain and dysfunction
C. Disregard the imaging finding entirely because full-thickness tears in older adults never become symptomatic
D. Base treatment decisions solely on tear size on MRI without considering patient-reported symptoms or functional status

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5. A 29-year-old competitive snowboarder reports sudden severe shoulder pain and inability to abduct the arm after falling onto an outstretched hand. Compared with a 68-year-old with gradual onset symptoms, what aspect of his presentation most strongly suggests a traumatic rotator cuff tear mechanism as described in the content?

A. Presence of night pain several weeks after symptom onset without a specific injury event
B. Acute onset of pain and weakness immediately following a high-impact fall onto an outstretched arm
C. Gradual development of pain during routine household activities over several months
D. Intermittent mild discomfort only during long-distance driving without any functional weakness

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6. When designing a prevention program for hospital orderlies who frequently perform overhead transfers, which modifiable factor from the course should be a primary target to reduce future rotator cuff injury risk?

A. Exclusive focus on cardiovascular conditioning, as rotator cuff pathology is largely unrelated to local mechanical loading
B. Complete avoidance of all overhead activity, as any elevation beyond 90 degrees inevitably causes tendon tearing
C. Workload management and gradual progression of repetitive overhead tasks to match tendon repair capacity
D. Reduction of thoracic mobility through bracing to decrease motion in the shoulder complex

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7. A patient demonstrates excessive superior migration of the humeral head during arm elevation with associated subacromial pain. Which biomechanical impairment best explains this finding based on the course material?

A. Excessive concavity of the glenoid fossa producing too much inherent bony stability and reduced motion
B. Overactivity of the rotator cuff producing excessive inferior translation of the humeral head during elevation

C. Isolated sternoclavicular hypomobility without changes in rotator cuff or scapular muscle function
D. Insufficient rotator cuff compression of the humeral head into the glenoid combined with altered scapular stabilization

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8. According to the arthrokinematic principles outlined in the course, what is the consequence of impaired inferior glide of the humeral head during shoulder abduction?

A. Reduced superior migration of the humeral head, thereby decreasing the likelihood of subacromial impingement
B. Increased superior translation of the humeral head, contributing to greater compression of the rotator cuff tendons within the subacromial space
C. Exclusive limitation of internal rotation with no effect on elevation mechanics or tendon loading
D. Improved congruency between the humeral head and glenoid, resulting in less stress on the supraspinatus tendon

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9. Scapulohumeral rhythm is described in the course as approximately a 2:1 ratio of glenohumeral to scapular motion during elevation. If the scapula fails to upwardly rotate adequately, which outcome is most consistent with the described biomechanics?

A. Decreased demand on the rotator cuff because reduced scapular motion automatically lowers tendon loading
B. Increased reliance on glenohumeral motion, potentially elevating mechanical stress on the rotator cuff and subacromial structures
C. Improved subacromial clearance due to reduced scapular rotation, thereby protecting the supraspinatus tendon
D. Unchanged distribution of motion because scapulohumeral rhythm is fixed regardless of scapular contribution

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10. Which muscle is correctly paired with its primary role in both movement and stabilization of the glenohumeral joint as described in the anatomy review?

A. Long head of the biceps – serves as the main abductor of the shoulder through the full range
B. Deltoid – primarily externally rotates the shoulder and provides anterior stabilization of the humeral head
C. Supraspinatus – initiates shoulder abduction and helps stabilize the humeral head within the glenoid fossa
D. Pectoralis major – functions mainly to posteriorly tilt the scapula and prevent superior humeral translation

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11. A desk worker presents with forward head posture, rounded shoulders, and increased thoracic kyphosis. According to the course, how does this postural pattern most likely influence rotator cuff loading?

A. It has minimal effect on shoulder kinematics because thoracic posture is unrelated to scapular orientation
B. It primarily stiffens the glenohumeral capsule in isolation, reducing rotator cuff demand and protecting the tendons
C. It alters scapular positioning and shoulder mechanics, increasing cumulative stress on the rotator cuff during functional activities
D. It selectively unloads the supraspinatus tendon by increasing subacromial space during arm elevation

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12. Why does the course emphasize the stabilizing role of the rotator cuff in counteracting the superior translational force of the deltoid during arm elevation?

A. Because the deltoid has minimal effect on humeral head translation and primarily functions as a stabilizer
B. Because the deltoid alone is sufficient to center the humeral head, making rotator cuff activation unnecessary for overhead tasks
C. Because the rotator cuff's primary role is to limit scapular motion rather than influence humeral head translation
D. Because without adequate rotator cuff compression, the deltoid's superior pull can promote humeral head migration and subacromial impingement

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13. A patient reports deep lateral shoulder pain radiating to the mid-humerus but not past the elbow, worsened by overhead activity, without numbness or tingling. Based on the pain pattern descriptions, which interpretation is most consistent with the course content?

A. Radiation to the mid-humerus strongly indicates cervical nerve root compression rather than shoulder involvement
B. The pain distribution supports rotator cuff–related shoulder pathology rather than primary cervical radiculopathy
C. Lack of distal symptoms rules out any clinically significant shoulder pathology
D. This pattern is most typical of thoracic outlet syndrome due to vascular compromise to the upper limb

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14. A hallmark examination finding in rotator cuff dysfunction is a painful arc during active abduction. According to the course, what does pain between roughly 60 and 120 degrees of elevation most likely reflect?

A. Primary restriction of the glenohumeral capsule without any mechanical contact between the tendons and acromion
B. Exclusive involvement of the acromioclavicular joint, as the rotator cuff is minimally loaded in this arc
C. Compression of the rotator cuff tendons, particularly the supraspinatus, within the subacromial space in this mid-range of motion
D. Cervical nerve root tension that is most pronounced in mid-range shoulder elevation

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15. During examination, a patient has markedly limited active shoulder abduction due to pain and weakness, but passive abduction is close to normal with only mild discomfort. According to the movement limitation section, what is the most likely interpretation?

A. Classic capsular pattern consistent with adhesive capsulitis because passive motion is as limited as active motion
B. Rotator cuff dysfunction with impaired active control rather than a primary capsular restriction such as adhesive capsulitis
C. Isolated acromioclavicular joint arthritis because passive movement is always absent in this condition
D. Predominant glenohumeral joint instability, as preserved passive motion rules out rotator cuff involvement

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16. In John's case (58-year-old with gradual lateral shoulder pain, painful arc, and weakness in abduction/external rotation), which impairment most directly explains his difficulty placing items on overhead shelves?

A. Primary loss of elbow flexion strength limiting his ability to position the hand in space
B. Global loss of both active and passive range of motion with a firm capsular end feel in all directions
C. Reduced active shoulder elevation due to painful rotator cuff loading and impaired dynamic stabilization
D. Complete absence of scapular upward rotation while the glenohumeral joint remains fully functional

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17. A patient with chronic rotator cuff dysfunction elevates the arm using excessive scapular elevation and trunk side bending. According to the course, what is the primary concern with allowing these compensatory patterns to persist?

A. They immediately reverse supraspinatus tendinosis by unloading the tendon during elevation
B. They reinforce inefficient motor patterns and may increase stress on surrounding structures, contributing to further dysfunction over time
C. They primarily strengthen the deltoid and therefore are considered desirable adaptations for shoulder function
D. They eliminate the need for rotator cuff rehabilitation because functional elevation is achieved by any means

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18. Based on the functional limitation descriptions, which daily task is most likely to be challenging for a patient with rotator cuff dysfunction characterized by reduced endurance and pain with sustained elevation?

A. Ankling exercises for lower leg circulation performed in supine
B. Brief isometric contraction of the quadriceps in sitting without upper extremity involvement
C. Short-distance walking on level ground with the arms resting at the sides
D. Prolonged grooming activities such as holding the arm overhead to wash or style hair

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19. During special testing, a patient demonstrates marked pain but preserved strength with the empty can test, while the drop arm test is negative and external rotation lag is absent. According to the continuum described in the course, what does this pattern most strongly suggest?

A. Supraspinatus tendinosis with an intact tendon that is painful but still capable of generating near-normal force
B. A large full-thickness supraspinatus tear resulting in complete loss of force transmission
C. Adhesive capsulitis with global capsular restriction as the primary pathology
D. Posterior labral tear with minimal involvement of the rotator cuff tendons

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20. A patient presents with a global limitation of both active and passive shoulder motion, with external rotation most restricted, followed by abduction and internal rotation. End-range produces a firm capsular end feel in all planes, and accessory glides are restricted. According to the course, what diagnosis is most consistent with these findings?

A. Long head of the biceps tendinopathy localized to the bicipital groove without capsular involvement
B. Isolated supraspinatus tendinosis in which passive motion is typically preserved
C. Adhesive capsulitis with capsular inflammation and fibrosis producing a characteristic capsular pattern
D. Pure subacromial impingement in which passive motion remains full and painless

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21. A 40-year-old overhead laborer reports anterolateral shoulder pain aggravated by elevation. Examination reveals a positive Hawkins-Kennedy test, positive Neer test, and a painful arc between 60 and 120 degrees. Based on the impingement section, which mechanism best explains his symptoms?

A. Primary cervical radiculopathy with reproduction of pain through neural tension rather than shoulder loading
B. Isolated posterior labral tear without any subacromial structure involvement
C. Mechanical compression of the rotator cuff tendons and subacromial bursa within a narrowed subacromial space during elevation
D. Exclusive long head of the biceps tendon instability in the bicipital groove without subacromial contribution

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22. A patient has localized tenderness in the bicipital groove and reports anterior shoulder pain during resisted shoulder flexion with the elbow extended and forearm supinated. Yergason's test also reproduces pain at the groove. According to the course, which structure is most likely involved?

A. Posterior band of the infraspinatus tendon with isolated degeneration
B. Inferior glenohumeral ligament complex with primary capsular laxity
C. Long head of the biceps tendon demonstrating tendinopathy or irritation
D. Acromioclavicular joint capsule with degenerative arthrosis

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23. A recreational tennis player reports deep shoulder pain and clicking with overhead serves. O'Brien's test is positive with pain and clicking in the internally rotated position that lessen with supination. Crank testing also reproduces deep joint pain. According to the labral section, what pathology is most likely?

A. Adhesive capsulitis with global capsular fibrosis and no intra-articular lesion
B. Isolated subscapularis tendinosis limited to the anterior rotator cuff
C. Superior labrum anterior to posterior (SLAP) lesion involving the superior labrum at the biceps anchor
D. Primary acromioclavicular joint sprain with superficial pain over the distal clavicle

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24. The course emphasizes that no single special test is definitive for rotator cuff or labral pathology. Which clinical reasoning approach is recommended to improve diagnostic accuracy?

A. Using only one high-sensitivity test, as additional tests add unnecessary complexity without clinical benefit
B. Relying on the most painful single test result as the primary determinant of diagnosis
C. Disregarding special tests entirely in favor of imaging findings alone
D. Integrating clusters of special test findings with patient history, symptom patterns, and movement assessment to form a comprehensive clinical picture

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25. During early rehabilitation of a painful rotator cuff tendinosis, a patient asks how much pain is acceptable during exercises. According to the pain education and loading principles in the course, what guideline should the clinician provide?

A. Mild to moderate discomfort during exercise is acceptable if symptoms do not persist or worsen significantly and generally return to baseline within about 24 hours
B. All exercises must be completely pain-free, and any discomfort indicates that tendon loading is harmful and should be stopped immediately
C. Exercises should be progressed until the patient reaches maximal pain (10/10) to ensure sufficient stimulus for tendon remodeling
D. Pain intensity is irrelevant as long as the patient completes the prescribed number of repetitions each session

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26. Marie, with a partial-thickness supraspinatus tear, now has near-full active elevation with mild end-range discomfort and mild external rotation weakness but fatigue with repetitive tasks. Based on the therapeutic exercise section, which strengthening approach is most appropriate at this stage?

A. Gradual progression of low- to moderate-load strengthening for the rotator cuff and scapular stabilizers, emphasizing controlled external rotation and scapular stabilization while monitoring symptoms
B. Immediate initiation of high-load, end-range ballistic stretching and heavy resisted abduction to quickly restore maximal strength

C. Prolonged immobilization in a sling to protect the partial tear from any mechanical load until imaging confirms complete healing
D. Exclusive focus on trunk and lower extremity exercise, as local shoulder loading is contraindicated in partial-thickness tears

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27. A patient with internal rotation deficit and signs of subacromial impingement demonstrates posterior shoulder tightness. According to the manual therapy and stretching section, which combined intervention best addresses the described impairment?

A. High-velocity thrust manipulation directly over the supraspinatus tendon insertion to lengthen the tendon fibers
B. Aggressive anterior glides with forceful end-range external rotation to increase anterior capsular laxity
C. Posterior glenohumeral joint mobilizations with cross-body adduction or modified sleeper stretching to reduce posterior capsule tightness
D. Long-duration traction of the elbow joint to improve distal joint space while avoiding shoulder mobilization

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28. An overhead athlete recovering from rotator cuff dysfunction wishes to return to sport. According to the return-to-sport criteria described, which combination best reflects readiness?

A. Full passive range of motion alone, without consideration of active control or sport-specific demands
B. Complete absence of pain at rest, regardless of persistent strength deficits or poor movement quality during overhead tasks
C. Near-full pain-free shoulder range of motion, adequate rotator cuff and scapular strength and endurance, good neuromuscular control, and tolerance of graded sport-specific loading without symptom exacerbation
D. Patient-reported psychological readiness only, without objective assessment of motion or strength

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29. Two weeks after rotator cuff repair of a medium-sized tear, which intervention strategy is most consistent with the post-operative guidelines in the course?

A. Use of a sling to protect the repair, gentle passive range of motion within surgeon-defined limits, and active motion of the elbow, wrist, and hand
B. Introduction of resisted isotonic external rotation and abduction to prevent post-operative weakness of the repaired tendon
C. Active overhead reaching exercises to quickly restore full active range of motion to the repaired shoulder
D. High-intensity closed-chain weight-bearing through the involved upper extremity to promote early joint compression and stability

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30. When educating a patient with degenerative rotator cuff pathology about activity modification, which message aligns best with the course's recommendations?

A. Completely avoid all shoulder movement until pain fully resolves, as any use of the arm risks further tendon degeneration
B. Temporarily reduce or adjust aggravating overhead and heavy lifting tasks while maintaining general activity and performing prescribed exercises within tolerable limits
C. Ignore pain during daily tasks because symptomatic tendons invariably recover regardless of loading patterns
D. Increase overhead activity intensity rapidly to accelerate tendon adaptation without regard to symptom response

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