

# Flex Therapist CEUs

## Rotator Cuff Tendinopathy and Upper Trapezius Effects

1. Rotator cuff tendinopathy is defined as a mechanical entrapment of the subacromial soft tissue underneath the acromial arch during arm elevation.

- A. True
  - B. False
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2. How does the upper trapezius muscle contribute to normal scapular motion?

- A. The UT muscle elevates the scapula during arm elevation.
  - B. The UT muscle rotates the scapula during arm elevation.
  - C. The UT muscle elevates and rotates the scapula during arm elevation.
  - D. The UT muscle does not play a role in normal scapular motion.
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3. Muscle shear modulus is linearly related to both active and passive muscle force.

- A. True
  - B. False
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4. Compared to asymptomatic athletes, athletes with rotator cuff tendinopathy exhibited all of the following, except:

- A. Higher UT shear modulus when passively positioned at 30 degrees of shoulder abduction.
  - B. Higher UT shear modulus during the resting arm position at 0 degrees of shoulder abduction.
  - C. Higher UT shear modulus during active arm holding.
  - D. Compared to asymptomatic athletes, athletes with rotator cuff tendinopathy exhibited higher UT shear modulus under all arm positions.
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5. The higher UT shear modulus values measured during the active tasks in athletes with rotator cuff tendinopathy are most likely explained by intrinsic changes in muscle mechanical properties.

- A. True
  - B. False
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6. Increased UT activation has which of the following clinical consequences?

- A. Decreased activation level.
  - B. A delayed onset activation of serratus anterior and lower trapezius.
  - C. An altered scapular kinematics related to a greater superior translation of the scapula with less efficient upward rotation and posterior tipping.
  - D. Increased UT activation has decreased activation level, a delayed onset activation of serratus anterior and lower trapezius, and an altered scapular kinematics related to a greater superior translation of the scapula with less efficient upward rotation and posterior tipping.
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7. The difference in passive tension can only be assessed using:

- A. Electromyography
  - B. Elastography
  - C. Somatosensory evoked potentials
  - D. Autonomic testing
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8. The upper trapezius is significantly more stretched at \_\_\_\_\_ degrees of shoulder abduction.

- A. 0
  - B. 30
  - C. 60
  - D. The UT experiences the same stretch at all degrees of shoulder abduction.
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9. Active tension is related to the muscle extensibility.

- A. True
  - B. False
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10. Individuals with forward shoulders may have stiffer upper trapezius.

- A. True
  - B. False
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11. Athletes with UT passive shear modulus greater than \_\_\_\_\_ kPa may have higher risk of developing rotator cuff tendinopathy.

- A. 11.8
  - B. 12.0
  - C. 12.2
  - D. 12.4
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**12. This cross-sectional study was able to determine that the observed changes in UT shear modulus are the cause of rotator cuff tendinopathy.**

- A. True**
  - B. False**
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