Flex Therapist CEUs

Bridge-Enhanced Anterior Cruciate Ligament Repair

1. What distinguishes the BEAR procedure from traditional ACL reconstruction methods?

A. BEAR uses a graft to replace the torn ligament.
B. BEAR involves the use of a synthetic implant to replace the ligament.
C. BEAR uses a collagen scaffold to preserve and regenerate the native ligament.
D. BEAR involves harvesting tissue from the hamstring for grafting.

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2. Which of the following outcome measures can be used to assess the success of BEAR ACL repair?

A. Proprioception and graft integration
B. Ligament strength and proprioceptive function
C. Range of motion and donor site healing
D. Pain levels and scaffold stability

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3. What key characteristic of the BEAR scaffold promotes natural healing in ACL repair?

A. It is made from a non-biodegradable material.
B. It is infused with synthetic growth factors.
C. It has a porous matrix that supports cellular infiltration.
D. It completely replaces the native ligament functionally.

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4. When considering BEAR ACL repair, which patient characteristic is most important for success?

A. Presence of chronic tears or extensive damage
B. Proximal tears occurred within a few weeks
C. Patients over the age of 60
D. Patients with significant arthritis

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5. How is proprioception affected in BEAR compared to traditional graft-based procedures?

A. BEAR improves proprioception by using donor tissue.
B. BEAR restores proprioception by preserving the native ligament.
C. Proprioception is not a concern in either procedure.
D. Traditional grafts provide better proprioceptive function.

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6. What is one of the key distinctions between BEAR ACL repair and autograft/allograft in terms of the biological healing process?

A. BEAR emphasizes remodeling of transplanted tissue into ligament structures.
B. BEAR promotes natural regeneration using the patient's blood-infused scaffold.
C. Autografts promote angiogenesis through scaffold integration with patient's blood.
D. Allografts generate proprioception by preserving native ACL fibers.

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7. Which outcome measure is particularly useful for evaluating neuromuscular control after a BEAR ACL repair?

A. Single-leg hop for distance tests emphasize muscular symmetry.
B. Quadriceps and hamstring strength testing evaluates muscle strength.
C. Balance tests like the Y Balance Test focus on neuromuscular control.
D. Instrumented knee laxity tests measure anterior tibial translation.

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8. Which factor is critical in the expected timeline for recovery after a BEAR ACL repair?

A. Type III collagen immediately provides ultimate tensile strength to the ligament.
B. Rapid cellular growth enhances ligament maturation during early phases.
C. The scaffold integration ensures immediate transition to Type I collagen.
D. Patient compliance with rehabilitation protocols influences healing outcomes.

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9. Which MRI finding best indicates a successful BEAR ACL repair outcome?

A. Increased signal intensity at late phases reflects ongoing ligament remodeling.
B. Continuous ligament structure with organized fibers on T2-weighted images.
C. Presence of cystic changes supports ligament maturation and stability.
D. Hyperintense vascularity diminishes over time, reducing perfusion.

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10. When assessing proprioceptive function post-BEAR ACL repair, which method provides the most comprehensive evaluation?

A. The Lysholm Knee Scoring Scale assesses ligament injuries comprehensively.
B. The IKDC form evaluates overall knee function in athletes.
C. The Star Excursion Balance Test evaluates multiple reach directions.
D. Quadriceps-to-hamstring ratio testing ensures dynamic stability.

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11. What is a key distinction between BEAR ACL repair and traditional ACL repair techniques?

A. BEAR ACL repair uses an autograft for reconstruction and focuses on ligament preservation.
B. BEAR ACL repair involves the use of allografts and emphasizes ligament reconstruction.
C. BEAR ACL repair prioritizes the preservation of the native ligament over the use of grafts.

D. BEAR ACL repair involves the use of prosthetic materials for ligament repair and reconstruction.

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12. Which functional outcome measure is specifically useful in assessing psychological readiness after BEAR ACL repair?

A. Numeric Pain Rating Scale
B. Anterior Cruciate Ligament-Return to Sport after Injury (ACL-RSI) scale
C. Stroke Test for effusion grading
D. Single-leg hop for distance

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13. What is a critical consideration during the early phase (weeks 0–2) of BEAR ACL rehabilitation concerning ROM exercises?

A. Increasing flexion to 120° at the end of week 2
B. Achieving full knee extension quickly to prevent contractures
C. Progressing flexion beyond 90° to ensure full ROM
D. Prioritizing weight-bearing activities to enhance quadriceps control

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14. What is a complication that may arise if persistent or excessive swelling is not addressed during BEAR ACL rehabilitation?

A. Improved joint stability and proprioception
B. Enhanced knee range of motion
C. Increased inflammation and potential overloading of the healing ligament
D. Improved strength and neuromuscular control

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15. How do neuromuscular electrical stimulation (NMES) and biofeedback assist in the early phase of BEAR ACL rehabilitation?

A. By reducing atrophy and improving proprioception without increasing muscle activation
B. By targeting muscle groups indirectly related to quadriceps control and knee stability
C. By enhancing muscle engagement and promoting motor unit recruitment during isometric exercises
D. By facilitating active knee extension and ROM beyond 150 degrees

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16. What is a unique feature of the BEAR procedure compared to traditional ACL reconstruction?

A. It uses a collagen scaffold to repair the native ACL instead of a graft.
B. It involves complete removal of the native ACL.
C. It uses only autografts and requires longer recovery time.
D. It focuses on synthetic grafts over biological repair.

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17. Post-BEAR procedure, how is effusion typically managed?

A. By increasing weight-bearing activities immediately.
B. Through ice application, leg elevation, and gentle range-of-motion exercises.
C. By restricting all forms of physical activity for six months.
D. With only surgical intervention and no physiotherapy.

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18. Which functional outcome measure is critical post-BEAR ACL repair?

A. Y-Balance Test.
B. Timed Up and Go Test.
C. Six-Minute Walk Test.
D. Berg Balance Scale.

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19. In the context of BEAR ACL repair, what is a critical focus during early rehabilitation?

A. Achieving full flexion through dynamic exercises.
B. Preventing stiffness while protecting the healing ligament.
C. Returning to unrestricted sports activity.
D. Maximizing weight-lifting capacities immediately after surgery.

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20. What consideration must be taken during BEAR ACL rehabilitation with concurrent medial meniscus damage?

A. Initiating aggressive high-impact exercises early.
B. Balancing early protection with gradual loading to promote healing.
C. Focusing exclusively on ACL rehab without regard to meniscal healing.
D. Removing all weight-bearing restrictions immediately post-surgery.
