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Post-operative Shoulder Rehabilitation Guidelines Following InSpace Balloon Implantation

Below is the recommended post-operative instructions following InSpace™ balloon implantation with no tissue repair. These instructions supplement the routine post-operative instructions for arthroscopic shoulder surgery. Please note: If a concomitant repair was performed please refer to the respective protection (immobilization) requirements outlined in the separate repair protocol.

General guidelines:

- Patients should avoid: quick sudden movements, repetitive movements, lifting of any weight and avoiding any activity that requires force or power.
- Driving is not recommended until the patient can safely get both hands on the steering wheel and operate the vehicle safely.

Phase I: 0-2 weeks

- Immediately after the operation the affected arm should be positioned in a sling. The patient can remove the sling for short periods while at home (pendulum exercises) but must not remove the sling while getting out or while sleeping in order to avoid any inappropriate movements.
- Passive and active assisted shoulder blade, neck, elbow, forearm, wrist and digits exercises and mobilization are allowed to avoid stiffness and minimize edema at the elbow and hand.
- Forward flexion and abduction are limited to no more than 60°, or less if pain is involved.

Phase II: 2-6 weeks

- Active work with physical therapist: usually starts at 1-3 weeks and lasts up till about 6-10 weeks post op.
- Sling/immobilizer may discontinue unless needed for comfort reasons (recommended for 4-6 weeks while sleeping and at outdoor activities).
- Patients are encouraged and instructed in daily home stretches to assist therapist in achieving functional ROM. Active assistive ROM with gentle passive assist by therapist to improve ROM and function (therapist manually guides patient through range of motion with slow steady stretching).
- Strengthening begins lightly and increases over time (no power activity for at least 3 months post op)

Phase III: 6-12 weeks (may continue through 6 months)

- Patient is expected to regain their ROM to prior to surgery level or at least making steady gains on a weekly basis, otherwise, should be referred to the surgeon for further consultation.