EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

InSpace Balloon Implant

Early controlled motion after isolated subacromial balloon implantation

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Use only when the balloon was implanted without tendon repair. If rotator cuff, subscapularis, labral, or biceps repair was also performed, follow the more restrictive repair protocol.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-4 weeks	Sling day and night; remove for therapy	Immediate passive/assisted motion; elevation and abduction no more than 60 degrees
4-6 weeks	Wean sling as directed	Slow, pain-limited progression toward functional ROM
6-12 weeks	Avoid sudden/repetitive use and lifting	Steady ROM gains; begin light control work
3-6 months	Advance loading gradually	Strength and function progress toward baseline/goal activity

PHASE-BY-PHASE PLAN

Phase 1 | Early motion (0-4 weeks)

- **Priorities:** Control pain; protect the shoulder; maintain distal and scapular mobility.
- **Protection:** Wear the sling during day and night for approximately 4 weeks. No lifting, forceful motion, or quick/repetitive shoulder activity.
- **Therapy focus:** Begin passive and active-assisted scapular, shoulder, cervical, elbow, forearm, wrist, hand, and grip exercises as directed.

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- **Therapy focus:** Limit forward elevation and abduction to 60 degrees or less if painful.

Phase 2 | Functional ROM (4-6 weeks)

- **Priorities:** Wean the sling and progress useful, comfortable shoulder motion.
- **Protection:** Do not force end range. Pain should settle after exercise rather than build.
- **Therapy focus:** Progress passive, assisted, then active motion with slow steady stretching. Emphasize scapular mechanics and smooth elevation.
- **Therapy focus:** Continue sling for comfort during sleep or higher-risk activity if advised.

Phase 3 | Motion and control (6-12 weeks)

- **Priorities:** Regain preoperative ROM or demonstrate steady weekly gains; restore light functional control.
- **Protection:** For the first 3 months, avoid quick sudden movement, repetitive loading, lifting weight, and force/power activity.
- **Therapy focus:** Progress active motion, deltoid/periscapular control, and low-load endurance under therapist guidance.
- **Therapy focus:** Temporary mild discomfort may occur, but escalating or persistent pain is not a progression signal.

Phase 4 | Strength and return (3-6+ months)

- **Priorities:** Build shoulder endurance and return to normal activity.
- **Protection:** Increase resistance only if motion is maintained and the shoulder is not reactive the next day.
- **Therapy focus:** Progress low-load/high-repetition deltoid, rotator-cuff, scapular, and functional exercises.
- **Therapy focus:** Return to heavier work or sport requires surgeon clearance and task-appropriate motion and strength.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.