

## Physical Therapy Protocol: InSpace Balloon Implant

### Philosophy:

During the first 3 months post-operation, the patient may be counseled to avoid quick sudden movements, repetitive movements, lifting of any weight and any activity that requires force or power. Driving is not recommended until the patient can safely hold the steering wheel with both hands and operate the vehicle safely.

### Weeks 0-4:

- It is suggested that the operated arm is placed in a sling during day and night for approximately 4 weeks. Afterwards, the sling/immobilizer may be removed unless needed for comfort reasons (recommended while sleeping or during physical activities).
- Passive and active physical therapy exercises are recommended beginning immediately post-operatively, during which the sling may be removed.
- Depending on patient condition, exercises may include passive and active assisted scapula, cervical spine, elbow, forearm, wrist, and hand exercises with grip.
- Forward flexion and abduction are recommended to be limited to no more than 60 degrees (less if painful).

### Weeks 4-6:

- Passive and active exercises are recommended to achieve functional ROM with slow steady stretching (without pain), beginning lightly and increasing over time. These activities may be done independently and/or with the assistance of the physical therapist.

### Weeks 6-12 (may continue through 6 months, until return to normal activity):

- The patient is expected to regain their preoperative ROM or at least continue to make steady gains on a weekly basis (including ROM and strengthening exercises) until return to normal activity.
- Please note that in this stage it is expected to feel temporary discomfort or transient increase in shoulder pain.



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Please note that the treating health care professional (HCP) has the full and final authority to assess a patient's rehabilitation program and any other post-surgery therapy based upon the HCP's assessment of the patient's clinical condition as assessment that may be affected by factors such as age, pain general health condition, individual postoperative progression, etc. Consequently, any recommendations herein should be evaluated and implemented only at the discretion and under the authority of the HCP.