



Shoulder Arthroscopy with InSpace Balloon Post-Operative Rehabilitation Protocol

0-4 Weeks:

- Strict sling for 2 weeks, then wean to completely out by 4 weeks
- Supine and progression to seated elevation at 0-6 weeks.
- Passive to Active shoulder ROM as tolerated
 - Forward flexion 140°
 - External rotation 40° ER (arm at side)
 - Gradual introduction of ER in 45° abduction (after week 6)
 - No rotation with arm in abduction until 4 wks
 - IR behind back with gentle posterior capsule stretching
- With distal clavicle excision, hold cross body adduction until 8 weeks
- Grip Strength, Elbow/Wrist/Hand ROM, Codmans

4-6 Weeks:

- Advance ROM as tolerated (Goals FF to 160°, ER to 60°)
- Begin Isometric exercises
- Progress deltoid isometrics
- Submaximal ER/IR at neutral
- Close-chain weight shifts at table
- Serratus anterior activation (wall slides)

6-8 Weeks:

- Theraband ER/IR at side
- Forward flexion with light dumbbell (start in supine)
- Prone horizontal abduction
- Light scapular retraction work
- Avoid:
 - Aggressive overhead strengthening
 - High-volume ER that irritates cuff
 - Heavy rows or pulldowns

8-12 Weeks:

- Advance to full, painless ROM
- Normal scapular rhythm
- Below shoulder level strengthening only
 - Gradually progress above 90° only if pain free
- Only perform strengthening 3 times/week to avoid rotator cuff tendonitis

12-16 Weeks:

- Pain free ADL



- Functional overhead reach
- Endurance restoration
- Overhead strengthening
- Light plyometrics
- Work/sport specific conditioning

GOAL OF PROCEDURE:

- Once patient has reached good ROM and pain free ADLs, may discontinue therapy.
- Forward flexion >160°
- ER >60°
- Patient will not return full strength.