Jennifer Thomson, MD
ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol: Subacromial Balloon Spacer

Precautions

Distal Clavicle Excision	- Hold horizontal cross body adduction until 8 weeks
Biceps Tenodesis	- Limit active elbow flexion of biceps beyond 90 deg & limit eccentric loads on biceps for 6 wks postop - Avoid abduction and 90/90 ER until 8 wks - No resisted elbow flexion until 8 wks

Phase I: 0-4 weeks

- Brace: Sling x2 weeks strict, then wean out by 4 weeks
- ROM:
-- Weeks 0-2:
    - Elbow/wrist/hand ROM, pendulums x2 weeks
    - Weeks 2-4:
      Supine and progression to seated elevation by 6 weeks. Passive to active ROM as tolerated: 140 FF, 40 ER with arm at side, IR behind back with gentle posterior capsule stretching.
      No rotation of arm in abduction until 4 weeks.
- Weightbearing: Non-weightbearing
- Exercises:

Weeks 0-2:
- Pendulums
- Grip strengthening

Weeks 2-4:
- Motion emphasis
- Pulleys/canes
- Begin scapular protraction/retraction

Phase II: 4-8 weeks

- Brace: no sling
- ROM: advance active ROM as tolerated (goals: FF 160, ER up to 60). No horizontal cross body adduction until 8 weeks for DCE.
- Weightbearing: <10 lbs
- Exercises:
    - Begin isometrics with arm at side, rotator cuff, and deltoid
        - ER/IR (submaximal) at neutral
    - Advance to therabands as tolerated
    - Capsular stretching at end ROM to maintain flexibility

Phase III: 8-12 weeks

- Brace: None
- ROM: as tolerated
- Weightbearing: progress as tolerated
- Exercises:
    - Advance to full, painless ROM

Phone: 201-639-6620

- Below shoulder level strengthening
- GOAL of procedure: Return to functional ADLs. Patient will not return full strength.

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