

ORTHOSPACE

InSpace™

Post-Operative and Rehabilitation Guidelines



Recommended Post-Operative and Rehabilitation Guidelines for Patients Following InSpace™ Implantation

These instructions accompany the routine post-operative guidelines at your clinical institution/practice

Please note: If tissue was repaired - then an obligatory period of protection (immobilization) is necessary (usually for no less than 4 and up to approximately 6 weeks)

General Guidelines

- Patients are counseled to avoid: quick sudden movements, repetitive movements, lifting of any weight and avoiding any activity that requires force or power
- Driving is not recommended until such time as the patient can safely hold the steering wheel with both hands and operate the vehicle safely

Phase I: 0-2 weeks

- Immediately after operation, the affected hand should be placed in a sling. The patient can remove the sling for short periods while at home. In order to avoid any inappropriate movements, the sling should not be removed while outside the home or while sleeping
- Passive and active assisted scapula, cervical spine, elbow, forearm, wrist and hand exercises and mobilization are recommended to avoid stiffness and minimize edema at the elbow and hand
- Forward flexion and abduction are limited to no more than 60°, less if painful

Phase II: 2-6 weeks

- Active motion with physical therapist: usually starts at 1-3 weeks and continues until about 6-10 weeks post op
- Sling/immobilizer may be discontinued unless needed for comfort reasons (mainly recommended while sleeping or during outdoor activities)
- Patients are encouraged and instructed in daily home stretches to achieve functional ROM by active movements, with gentle passive motion assistance by therapist (therapist manually guides patient through ROM 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, until return to normal activity)

- Patient is expected to regain their preoperative ROM or at least continue to make steady gains on a weekly basis. Otherwise, the patient should be referred to the surgeon for repeat evaluation
- Please note that in this stage it is expected to feel temporary discomfort or transient increase in shoulder pain