

PHYSIOTHERAPY

POST SPINE SURGERY

Your physiotherapist will visit you the day after your surgery to teach you how to get out of bed and move around again. You will also be taught a basic exercise routine to help rehabilitate your back.

GETTING IN/OUT OF BED (VIA LOG ROLL)

- · Lying on back, bend legs.
- · Place arm across chest.
- Roll on to side in one movement.
- Bring legs over edge of bed.
- · Use arms to push up into sitting.
- · Always move as one unit and don't twist shoulders or hips.

PRECAUTIONS/RESTRICTIONS

There are several precautions you must adhere to in the **first four weeks** until review with your surgeon. At this time, ask when these precautions and restrictions are no longer required and return to previous activities is allowed. E.g. driving, golf, bowls, gardening etc

- 1. Avoid repetitive bending, twisting and sitting for longer than approximately 30 minute periods. Try to sit upright with a firm back support. The act of prolonged sitting, bending, heavy lifting and twisting does cause more stress on your back and can cause back and even leg pain. Dr Pope recommends a reclined/semi-reclined position or lying on a couch; however, strict bed rest is not required or recommended.
- 2. Driving is not recommended until formal review (usually 6 weeks). Following such an operation, you may find that your reaction times are slow because of pain, generalized fatigue, stress of surgery, and prescribed pain medication. As a passenger you may find it more comfortable in a reclined position or in the back seat. If you are planning to take long trips, please try to take interval breaks, every 45-60 minutes, getting out of the car light stretching and walking short distances.
- 3. You may take short walks inside or outside of your home. You may walk up and down stairs. You are to avoid any type of Spapool or baths until review by Dr Pope.
- 4. You are to avoid housework, yard work, shoveling, lifting more than a few kgs (especially up over your head) or any strenuous activity. Do not begin any exercise program or sports program until you are instructed to do so (usually 6 weeks). Do not bend over to pick objects up from the floor. Bend your knees, keeping your back straight as you reach down towards the ground
- 5. Smoking is a **major** risk factor for non-healing and mal-union of fusion if you underwent this procedure. Smoking impairs healing of bone and thus slows the rate of your recovery, possibly leading to suboptimal results. Smoking cessation will not only help you heal but will improve your general health.
- 6. Sports, especially full contact sports are obviously avoided until formal review and depending on the procedure undertaken. Usually 6-9 months post-op before taking up these activities fully.

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EXERCISES

These exercises are designed to stretch and strengthen the muscles that protect your back. They should be done daily and without significant pain. You may feel some slight discomfort as the muscles begin working again.

If you experience sudden or increased pain, rest lying face down for up to $\frac{1}{2}$ hour every few hours until the pain settles. Stop doing the exercises until your next review with your physiotherapist.

PHASE 1: WEEKS 1-4

Your physiotherapist will suggest how many exercises and how often you are to practice these at home during the first 4 weeks.

1. GLUTEAL MUSCLES Tighten your buttock muscles. Hold seconds. Repeat times. Do sessions per day.
2. LOW ABDOMINAL EXERCISE Lying on your back with the knees bent and feet flat, gently draw your tummy in to a hollow by tightening your stomach muscles. You should still be able to breathe and speak during this exercise. Holdseconds. Dotimes. Repeatper day.
3. PELVIC FLOOR MUSCULATURE These muscles allow you to hold off going to the toilet and support the organs inside your pelvis. They also support the spine an supplement sexual function. To contract: Lightly squeeze and lift the pelvic floor as if you were stopping your self from passing water or bowel motion. Holdseconds.Repeat times. Dosessions per day.
4. PELVIC TILT Lying comfortably on the floor with your knees bent, flatten your back by rolling your pelvis backwards, then gently arch your back by rolling your pelvis forwards. Repeattimes. Do sessions per day.
5. WALKING PROGRAM Start on the ward under the guidance of your physiotherapist who will set you achievable goals. On discharge start for the first fe days by going to the letter box a couple of times per day. Gradually increase this distance, as you feel comfortable. You should

Recording your achievements will help to keep you motivated with your exercise.

gradually build up to 30 minutes daily by 6 weeks.

DATE Eg. 15/11/01	DISTANCE/TIME 1 block	EXERCISES 1 – 4	REPETITIONS x 5

PHASE 2: WEEKS 5-14

Your physiotherapist will suggest how many exercises and how often you are to practice these at your review appointment in week 5.

Stretches				
1. SINGLE KNEE TO				
	nest until a comfortable s	stretch is felt in the lower	back and	
buttocks. Repeat opp	oosite knee. . Repeattimes	s on oach side. Do	sossions	
per day.	Repeattimes	s on each side. Do	565510115	
2. PRONE LYING: R	ESTING ON FOREARM	IS		
•	shown. Breathe out as y	ou rest on your forearms	s to help the back	
relax.	anda/minutaa Da	ronotitiono	timos nor	
day.	onds/minutes. Do	repetitions	umes per	
Strength				
3. LOW ABDOMINA				
	ith the knees bent to a c			
	r stomach muscles. Mair	ntain this pressure while	you lift one foot	
off the floor, then low	erit. Dotimes. Repeat	ner dav		
1101u3ccontas.	Jotimes. Nepeut	per day.		
4. BRIDGING				
	lattening your back and t			
	tion while you lift your bu	ittock off the floor, keepi	ng the back	
straight and arms rela		Do nor day		
noiasecond	s. Repeattimes.	. Doper day.		
5. PRONE SINGLE	ARM RAISE			
			or with the elbow straight.	
Holdseconds	. Repeattimes. Do	sessions per o	lay.	
Endurance				
	g 40 - 60 minutes per da	ay or every second day	<i>(</i> .	
	ing for 30 minutes 2-3 t			

Exercising in water may seem quite easy at the time. **REMEMBER** that you are actually working your spine more than you think! You may feel some stiffness and soreness the next day when you first begin, so be careful to increase the intensity of this activity slowly.

Begin by walking in the water – forwards, backwards, sideways. Gradually introduce kicking using a kickboard, swimming freestyle and/or backstroke, as you feel comfortable. Avoid breast-stoke and butterfly.

References:

Jull GA and Richardson CA (2000): Motor control problems in patients with spinal pain: A new direction for therapeutic exercise. *Journal of Manipulative Physical Therapy* 23:2, 115-117.