

Lumbar Post-op Precautions

Laminectomy/Decompression/(Micro)Discectomy

- Dr. Okroj
 - Discectomy: begin PT at 2 weeks post-op
 - Laminectomy: begin PT at 2 weeks post-op
 - Decompression & multi-level laminectomy: begin PT at 4 weeks post-op
 - Until beginning PT: No bending, twisting, or lifting > 20 lbs, then gradually progress
- Dr. Roh
 - Microdiscectomy: begin PT at 2 weeks post-op
 - Laminectomy with METRx: begin PT at 2 weeks post-op
 - Open lumbar decompression or laminectomy: begin PT at 3 weeks post-op
- Dr. Sliva
 - Refer to PT order for timeline to begin PT, but typically:
 - Laminectomy: begin PT at 2 weeks post-op
 - Microdiscectomy: begin PT at 2 weeks post-op
 - For 2 weeks: No bending, twisting, or lifting >20 lbs, no repetitive lifting of more than a gallon of milk (8 lbs)

Adapted From:

- 1) Consultation with Drs. Okroj, Roh, and Sliva of OrthoIllinois

Fusion

- Precautions:
 - Dr. Okroj
 - Begin PT at 6 weeks post-op, unless METRx begin at 4 weeks post-op
 - For 6-12 weeks: no bending, twisting, lifting > 20 lbs
 - Dr. Roh
 - Begin PT at 4 weeks post-op, unless METRx begin at 3 weeks post-op

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- For 6 weeks: no bending, twisting, lifting > 20 lbs
- Dr. Sliva
 - Refer to PT order for timeline to begin PT, but typically:
 - Begin PT at 6 weeks post-op, unless METRx no PT
 - For 6-12 weeks: no bending, twisting, lifting > 20 lbs, no repetitive lifting of a gallon of milk (8 lbs)

Phase I (0 – 4 weeks post-op)

- Wound care: Observe for signs of infection
- Modalities: prn for pain and inflammation
- Brace:
 - Dr. Okroj
 - < 3 levels, no bracing
 - 3+ levels, LSO bracing
 - Dr. Roh: no bracing
 - Dr. Sliva: no bracing
- Exercises:
 - Ambulation progression as tolerated with use of assistive device as needed; Progressing to treadmill when ambulating independently
 - Bed mobility
 - Log rolling
 - Place pillow between knees in sidelying and pillow under knees when supine
 - Include isometric transversus abdominis contraction with all exercises
 - Ankle pumps, Quad sets, Glut sets, Heel slides, SLR, SAQ, LAQ, Isometric hip adduction, Hooklying knee fall out, Seated hip abduction, Scapular retraction

Phase II (4 – 8 weeks post-op)

- Wound care: Begin scar management techniques when incision is closed
- Modalities: prn for pain and inflammation (ice, IFC)
- Exercises:
 - Continue isometric transversus abdominis contraction with all exercises
 - Cardiovascular exercises
 - Mini squats, Lunges, Step ups, Wall press (single/double leg), Sidelying CLAM shells/reverse CLAM shells
 - Balance progression (SLS, SLS eyes closed, SLS UE movement)
 - Supine neutral spine with arm and leg movements (marching, dying bug)

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- Theraband exercises (rows and lat pull downs)
- Push up progression (wall to table to floor)
- Stretching of hamstrings, quads, gastroc/soleus, and hip flexors
- Body mechanics and lifting technique
- Aquatic therapy

Phase III (8 weeks – 12 weeks post-op)

- Wound care: Continue as in Phase II
- Modalities: prn for pain and inflammation (ice, IFC)
- Exercises:
 - Continue isometric transversus abdominis contraction with all exercises
 - Supported bike, Retro treadmill
 - Wall slides, Bridges
 - Advanced core stabilization exercises with emphasis on prone and quadruped positions
 - Bird/dog
 - Advance UE and LE resistive activities
- Consider FCE as needed

Phase IV (12+ weeks post-op)

- Return to function, work simulated activities with progression of lifting, pushing, and pulling
- Bridge progression (UE to 90 degrees to alternating knee extension to unilateral)
- Prone walk out on swiss ball
- Planks, as tolerated, starting from knees
- Work conditioning program as needed
- At 6 months post-op, begin rotational and supine flexion stretching

Adapted From:

- 1) Center for Sports Medicine & Orthopaedic Rehabilitation Services. Lumbar Fusion Protocol.
- 2) Advanced Orthopedics and Sports Medicine. Post-operative Spine Rehab- Lumbar Fusion Treatment Guidelines.
- 3) Consulted with Drs. Okroj, Roh, and Sliva. OrthoIllinois Spine Care.

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