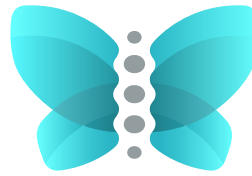




the **SUMMIT**
Together for Exceptional Health Care



inspired
spine health

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LUMBAR/SACROILIAC/LOWER THORACIC POST-OPERATIVE (4-12 WEEKS)

GENERAL EDUCATION

- **Avoid excessive bending, lifting, or twisting** (PT will define for individual)
 - NO lifting greater than 16 pounds until 8 weeks post-op
 - NO lifting greater than 25 pounds until 4 months post-op
 - NO lifting greater than 35 pounds until 6 weeks post-op
- Do NOT complete the same activity for 2 hours
- Make frequent changes to position (avoid sitting for >30 minutes)
- Takes breaks during activity as needed
- **Proper positioning in seated and lying**
 - Use of lumbar roll in seated
 - Pillow between knees in side lying and under knees while lying on back
- Follow wearing schedule prescribed by physician for brace
- **Wear brace for 4 months during activities with high frequency vibration (riding in car)**
- **Wear brace for activities which cause increase in pain symptoms**
- Managing your pain
 - Follow physician's order for medication
 - Use of heat/cold for comfort
 - Education on anatomy, tissue healing, nervous system, and pain
- When can you return to work?
 - Typically, 4-12 weeks, and will be determined on individual basis with physician
- *** Consider Graded Exposure/Graded Activity***
 - Make small changes, observe symptoms for 3 days, then readjust level of activity

FOR SACROILIAC: Patient to maintain toe touch weight bearing with front wheeled walker when upright and walking for 3-4 weeks

- Sexual activities are a healthy part of daily living and are able to be resumed when each patient feels ready. Be sure to listen to your body, and clearly communicate with your partner. Avoid positions which cause increased stress to the area of surgery or that increase your pain or discomfort. Contact your therapist or Inspired Spine with questions regarding this activity.

INTERVENTIONS TO ADDRESS - Impairments will be individually assessed and determined by PT and interventions progressed according to patient tolerance and need

Range of motion (ROM)

- Back and lower extremity stretching and mobility exercises

Strength

- Core/lumbar stabilization (i.e., bracing and bridging progression)
- Hip and lower extremity strengthening (i.e., supine<->side lying<-> quadruped <-> standing stabilization progression for involved musculature)
- Emphasize neutral spine, progressing to multiplanar functional strengthening as tolerated (6 weeks +)

Increased muscle tone

- PNF Principles (contract relax, reciprocal inhibition, etc.)
- Soft tissue mobilization

Impaired posture

- **Educate and reinforce proper positioning**

Reduction of sensitive nervous system and radicular symptoms

- ***Apply principles of pain neuroscience education*** (consider cross referral to TPS)
- Desensitize heightened nervous system with education, hands on techniques, and exercise

Gait

- Address observed impairments
- Restore normalized gait pattern
- Proper and safe ambulation on stairs
- Reduce use of assistive device when appropriate

Functional Activities

- Proper and safe bending/lifting mechanics
- Return to work/home specific tasks

Transition Training

- Ensure safety with each transfer
- Improve mechanics to decrease strain on spine

Increasing level of activity

- Complete 5-10 minutes of post-operative exercises 2-3 times per day
- Encourage implementation of aerobic exercise program
- Progress to 30 minutes or aerobic exercise/day (walking, recumbent bike)

Patient to complete individually adjusted home exercise program 2-3x/day to improve mobility, strength, and manage pain symptoms

INJURY PREVENTION

- Education on reducing risk for future re-injury
- No repeat offenders! 😊