

ACDA PHYSICAL THERAPY POST OP PROTOCOL

PHASE 1 – 0-2 WEEKS (WOUND HEALING AND PROTECTION-FORMAL OUTPATIENT PT AT 2 WEEKS)

OBJECTIVES: Reduce pain/inflammation and minimize any increases in upper extremity radicular symptoms.

PRECAUTIONS: No passive stretching. Patient to focus on good body mechanics. No lifting > 15 lbs. for 6 weeks and no impact activities for 6 weeks.

RADICULAR SYMPTOMS MAY COME AND GO THROUGHOUT RECOVERY. ANY NEW WEAKNESS, SEVERE PAIN OR GLOBAL NUMBNESS SHOULD BE REPORTED TO SURGEON/PA

NO CERVICAL COLLAR

ANTERIOR INCISION TO RIGHT OR LEFT OF MIDLINE

ONE OR MORE STANDALONE ARTHROPLASTY DEVICES IN DISC SPACE (NO PLATE, MAINTAINS SEGMENTAL MOTION)

EXPECTATION OF UP TO 6 WEEKS OF SWALLOWING DIFFICULTY WITH CERTAIN FOODS: WILL IMPROVE OVER TIME.

DERMABOND CLOSURE

SURGICAL SITE/INCISION: OK TO GET WET – DO NOT SUBMERGE.

OBSERVE ANTERIOR INCISION – DRAINAGE UNCOMMON. KEEP AREA CLEAN WITHOUT CLOTHING RUBBING.

DO NOT APPLY LOTIONS/BALMS/OINTMENTS OR OILS TO INCISION.

PHYSICAL THERAPY:

EDUCATION:

BODY MECHANICS: LIGHT LIFTING < 15 LBS.

TRANSFERS, LOG ROLLING, POSITIONING (SLEEP) WITH NECK SUPPORTED.

POSTURE EDUCATION: SITTING IN NEUTRAL WITHOUT FORWARD HEAD, CHANGING POSITION EVERY 30 MIN., AVOID PROLONGED FLEXION WITH PHONES, TABLETS, AND BOOKS.

DRIVING: ALLOWED WHEN OFF NARCOTIC PAIN MEDICATION AND CAN TURN NECK (2-4 WEEKS)

EXERCISES:

-GENTLE AROM WITHIN PAIN FREE RANGE

-LIGHT STRETCHING: PECS ONLY (SUPINE OVER TOWEL OR IN DOORWAY).

-SCAPULAR RETRACTIONS – FIRST WITHOUT RESISTANCE – EMPHASIS ON NEUROMUSCULAR CONTROL. PROGRESS TO LIGHT BANDS.

-CARDIO: STATIONARY BIKE OR WALKING 2X/DAY START 10 MIN. WORK UP TO 20 MIN.

NOTIFY DOCTOR/PA IF PATIENT HAS SEVERE SWALLOWING DIFFICULTIES/INABILITY TO TOLERATE SOLID FOOD AND/OR DIFFICULTY THAT IS NOT IMPROVING.

PHASE 2 – 2 TO 6 WEEKS (STRENGTHENING PHASE – START OF OUTPATIENT PHYSICAL THERAPY)

OBJECTIVES: Improve scar tissue mobility and review body mechanics to minimize forward head position.

PRECAUTIONS: Lifting, pushing, and pulling < 15 lbs. until 6 weeks. No impact activities for 6 weeks. Gentle active range of motion only and NO extension AROM until 4 weeks.

<p>A/P LATERAL FILMS WILL BE DONE AT 6 WEEKS</p> <p>BODY MECHANICS REVIEW</p> <p>INCREASE AEROBIC ENDURANCE TO 30 MINUTES</p>	<p>EMPHASIS ON GOOD NEUROMUSCULAR CONTROL WITH ACTIVITIES</p> <p>SCAR MOBILIZATION – GENTLE DABBING WITH WARM WASHCLOTH IF DERMABOND STILL PRESENT (AVOID IF SCABS)</p>
<p>PHYSICAL THERAPY:</p> <p><u>CARDIO GUIDELINES:</u></p> <p>EMPHASIS ON CORRECT FORM AND EQUIPMENT SETUP.</p> <p>WALKING: AT LEAST 30 MINUTES/DAY</p> <p>STATIONARY BIKE: GRADUAL INCREASE IN RESISTANCE AT 4 WEEKS</p> <p>OUTDOOR BIKING/HIKING/PILATES: 4 WEEKS</p> <p>ELLIPTICAL/SKIING/YOGA: 6 WEEKS</p> <p>SWIMMING/GOLF/RUNNING/SOCCER: 6 TO 8 WEEK PROGRESSION</p> <p>NO LIFTING RESTRICTIONS AFTER 6 WEEKS</p>	<p>EXERCISES:</p> <p>MANUAL THERAPY: SOFT TISSUE MOBILIZATION FOR RESTRICTIONS AND SPASM.</p> <p>FLEXIBILITY: GENTLE ACTIVE RANGE OF MOTION EMPHASIS ON RETRACTIONS. STRETCHING TO PECS AND THORACIC EXTENSION. GENTLE NEURAL MOBILIZATION AS NEEDED WITH CAUTION TO NOT FLARE UP NERVE ROOTS.</p> <p>CERVICAL POSTURAL STRENGTHENING:</p> <ul style="list-style-type: none"> -Deep cervical flexors -Cervical isometrics – supine to standing wall ball -Swiss ball seated bicep curls, “running” 1-3 lbs. -Seated retractions with theraband <p>UPPER BODY STRENGTH:</p> <ul style="list-style-type: none"> -Theraband rows, extensions, tricep pressdowns, Lat pulldowns, shoulder ext./int. rotation, horizontal abduction etc.

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