

LUMBAR LAMINECTOMY PHYSICAL THERAPY POST OP PROTOCOL

PHASE 1 – (WOUND HEALING AND PROTECTION – OUTPATIENT PT STARTS AT 2 WEEKS)

OBJECTIVES: Pain control, wound care. Patient to focus on good body mechanics. Resume driving as tolerated. Limit driving to short intervals < 30 min. time and progress walking to 10+ min, 2x/day.

PRECAUTIONS: Avoid extension and rotation beyond neutral. NO lifting > 15 lbs. and sitting for > 30 min./time.

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

<p>DIRECT DECOMPRESSION BY REMOVAL OF THE LAMINA AT SURGICAL LEVEL(S).</p> <p>INCLUDES FORAMINOTOMY FOR DECOMPRESSION OF AFFECTED NERVES</p> <p>MAY INCLUDE REMOVAL OF HARDWARE IF VERTIFLEX DEVICE PREVIOUSLY USED</p> <p>MORE THAN ONE LEVEL – WEARING BRACE FOR UP TO 4 WEEKS.</p>	<p>MIDLINE INCISION – DERMABOND CLOSURE</p> <p>SURGICAL SITE/INCISION: OK TO GET WET – DO NOT SUBMERGE.</p> <p>OCCASIONAL SEROSANGUINOUS DRAINAGE FROM INCISION SITE.</p> <p>DO NOT APPLY LOTIONS/BALMS/OINTMENTS OR OILS TO INCISION.</p>
<p>PHYSICAL THERAPY:</p> <p>EDUCATION: <u>BODY MECHANICS:</u> BED MOBILITY/POSITIONING, LOG ROLLING, TRANSFERS. <u>POSTURE EDUCATION:</u> SITTING IN NEUTRAL WITH SUPPORT, CHANGING POSITION EVERY 30 MIN., AND, HOW TO LIFT < 15 LBS. <u>DRIVING:</u> ALLOWED WHEN OFF NARCOTIC PAIN MEDICATION AND NO LEG WEAKNESS (2-4 WEEKS)</p>	<p>EXERCISES:</p> <p>STRETCHING: -SUPINE – hip flexors, hamstring, calves. STANDING BALANCE: -AIREX – tandem balance, lateral step off MAT EXERCISES: -TA BRACING – isometrics with pelvic tilt -GLUTE SETS – isometrics -TA WITH MARCHING – supine WALKING/RECUMBENT STEPPER – 1-2x/day for up to 10-15 minutes</p>

PHASE 2 – 4-8 WEEKS (FUNCTIONAL STRENGTHENING PHASE)

OBJECTIVES: Wean off pain medication – if not already off. Independent with body and lifting mechanics. Able to tolerate 30 min. cardio/day. Incision healed with no soft tissue restrictions/muscle spasm. Community driving OK – take breaks every 30 min. for up to 3 months if driving longer distances.

<p>*IF NEW OR WORSENING RADICULAR SYMPTOMS – REFER BACK TO SURGEON/PA. *</p> <p>*AP/LATERAL WITH FLEXION /EXTENSION VIEWS WILL BE DONE TO IDENTIFY NEW INSTABILITY*</p>	<p>PATIENT NO LONGER REQUIRING BRACE (WEAN OFF).</p> <p>LIFTING: BEGIN AT 15 LBS. AND INCREASE TO NO RESTRICTIONS AT 6-8 WEEKS. (dependent on core strength)</p> <p>NO ROM “LIMITS” AFTER 4 WEEKS BUT REVIEW MINIMIZING REPEATED FACET LOADING ACTIVITIES FOR UP TO 8 WEEKS.</p>
<p><u>BODY MECHANICS:</u> REVIEW CONCEPTS OF FACET LOADING AND HOW TO MINIMIZE.</p> <p>CARDIO: WALKING: 2 WEEKS – NOW 15-30 MIN./TIME.</p> <p>STATIONARY BIKE/WATER EXERCISE: 4 WEEKS</p> <p>PILATES: 6 WEEKS</p> <p>ELLIPTICAL/YOGA/SWIMMING: 8 WEEKS</p> <p>GOLF/HUNTING/RUNNING/SKIING: 12 WEEKS</p>	<p>EXERCISES:</p> <p>TA ACTIVATION:</p> <ul style="list-style-type: none"> -Supine marching (can add weights) -Supine hook ly. – knee extension (+ weights) -Dead bugs -Straight leg lift -Ball kneel planks <p>GLUTE ACTIVATION:</p> <ul style="list-style-type: none"> -Bridges (add ball if able) double/single leg -Side lying clams/abduction (add band if able) -Bird dog – alternating leg/arm extension -Airex balance – tandem/single leg <p>UPPER AND LOWER EXTREMITY STRENGTH:</p> <ul style="list-style-type: none"> -Airex/block step ups/ overs, wall squats, BOSU squats -Ankle weights – knee extension, marching, hamstring curls -Theraband - rowing, pulldowns, punching -UBE -Cable column: diagonals (flexion>extension)