

LUMBAR MICRODISCECTOMY PHYSICAL THERAPY POST OP PROTOCOL

PHASE 1 – 0-2 WEEKS (WOUND HEALING AND PROTECTION)

OBJECTIVES: Reduce pain and inflammation and minimize lower extremity radiating pain (use ice and modalities). Achieve proper transversus abdominis, multifidi and glut activation to support back.

PRECAUTIONS: Limit sitting, including in the car, to no more than 30 minutes at a time (take standing and walk breaks). Avoid bending, twisting, pushing, and pulling. Lifting is restricted to <15 lbs. for 2 weeks.

OFTEN COMBINED WITH HEMILAMINECTOMY TO DECOMPRESS AFFECTED NERVE ROOT.

REMOVAL OF HERNIATED OR BULGING DISC AT SINGLE LEVEL IN THE LUMBAR SPINE

ONE MIDLINE OR JUST LATERAL TO MIDLINE INCISION WITH DERMABOND CLOSURE.

SILVERLON DRESSING CAN BE REMOVED AFTER 5 DAYS.

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

DO NOT APPLY LOTION/BALMS/OINTMENTS/OILS TO INCISION.

PHYSICAL THERAPY:

EDUCATION:

BODY MECHANICS: LIGHT LIFTING < 15 LBS., TRANSFERS, LOG ROLLING, POSITIONING WITH LUMBAR SUPPORT.

POSTURE EDUCATION: UPRIGHT SITTING POSTURE WITH LUMBAR ROLL AND KNEES NOT ABOVE HIP HEIGHT (MINIMIZE FLEXION). FREQUENT POSITION CHANGES EVERY 30 MINUTES. SLEEP WITH PILLOW BETWEEN LEGS ON SIDE.

DRIVING: ALLOWED WHEN OFF NARCOTIC PAIN MEDS AND CAN TOLERATE SITTING > 15 MIN/TIME (1-2 WEEKS).

EXERCISES:

- LIGHT STRETCHING (HIP FLEXORS, QUADS, HAMSTRINGS AND CALVES).
- GLUTE SETS
- ABDOMINAL ISOMETRICS (TRANSVERSUS)
- MINI BRIDGE

WALKING PROGRAM:

- 1-2X/DAY – START AT 10 MIN AND GRADUALLY INCREASE TO 20 MINUTES AT A TIME.

NOTIFY DOCTOR IF WORSENING OF RADICULAR SYMPTOMS OR PROGRESSIVE WEAKNESS

PHASE 2: 2 TO 6 WEEKS (INITIAL STRENGTH PHASE – START OUTPATIENT PHYSICAL THERAPY)

OBJECTIVES: Re-establish neuromuscular recruitment of multifidus with dynamic lumbar stability exercise. Complete light strengthening with neutral spine and good control. Release soft tissue restrictions and muscle spasms along with scar mobilization (cupping).

PRECAUTIONS: Keep lumbar spine in neutral – avoid bending and twisting below knees. Begin at 15 lbs. lifting and progress until no restrictions at week six.

FLEXIBILITY:

LUMBAR SPINE: 0-4 WEEKS TO RESTORE LUMBAR EXTENSION RANGE OF MOTION. (PRONE LYING, PRONE ON ELBOWS, PRONE PRESS UPS, BRIDGE, STANDING EXTENSION (if no peripheralization))

STRETCHING: HIP FLEXORS, HAMSTRINGS, QUADS, GASTROC/SOLEUS, AND PIRIFORMIS ETC.

CARDIO: WALKING UP TO 30 MIN./TIME
 STATIONARY BIKE RECUMBENT: START AT 2 WKS.
 STATIONARY BIKE UPRIGHT: START AT 4 WKS. (no Resistance), 6 WEEKS (resistance).

AQUATIC PHYSICAL THERAPY:

AT 2 WEEKS ONCE INCISION HEALED (NO SCABS)
 -NO ROTATION, TA BRACING WITH EX.S
 -WALKING ALL DIRECTIONS, BALANCE, MULTI-DIRECTIONAL ARM MOVES WITH DUMBBELLS.

EXERCISES:

- TRANSVERSUS ABDOMINIS/MULTIFIDI PROGRESSION – (supine/prone/quadruped)
- GLUTE ACTIVATION EXERCISES
 - bridges, SLR, prone hip extension, side lying Abduction, quadruped hip extension, bird dog
- LOWER EXTREMITY STRENGTH
 - Airex side steps/step overs, block step ups, Wall squats, leg press, sit to stand BOSU
- UPPER EXTREMITY STRENGTH
 - Lat pulldown, rowing, punchouts with Transversus abdominis bracing.

NEURAL MOBILIZATION AS NEEDED - GENTLE

PHASE 3 – 6 TO 8 WEEKS (ADVANCED STRENGTH PROGRESSION)

CARDIO:

WALKING: UP TO 30 MIN./TIME
 STATIONARY BIKE: ADD RESISTANCE 6 WEEKS
 SWIMMING/ELLIPTICAL/OUTDOOR BIKE: 6 WKS.
 SKIING/YOGA/PILATES: 8 WEEKS
 RUNNING/SOCCER/GOLF/B.BALL: 8 TO 12 WKS.

EXERCISES:

PROGRESS TO MULTI-PLANAR EXERCISES, AGILITY, AND CABLE COLUMN WITH EXTENSION BIAS
 PLYOMETRICS/RETURN TO SPORT AT 8 TO 12 WKS