

## CERVICAL PSIF PHYSICAL THERAPY POST OP PROTOCOL

**PHASE 1 – 0 to 4 WEEKS (WOUND HEALING AND PROTECTION – OUTPATIENT PT AT 2 WEEKS)**

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

**PRECAUTIONS:** No passive stretching to neck. Patient allowed to move into gentle flexion, extension active range of motion in pain free range – supported in supine (without collar). Minimize end range rotation. Avoid bending, twisting, lifting, pushing and pulling > 15 lbs. for 4 weeks.

**BRACING:**

- 1 LEVEL FUSION – NO BRACE
- 2 LEVEL FUSION – BRACE FOR 4 WEEKS
- 3+ LEVEL FUSION – BRACE FOR 6 WEEKS (PER DOCTOR)

**ROM LIMITS:**

GENTLE CERVICAL AROM WITHIN PAIN FREE LIMITS  
 LIMIT END RANGE ROTATION AND SIDE BENDING  
 FOR 6 WEEKS POST OP.

**NO OVERHEAD ACTIVITIES FOR 6 WEEKS**

SOME PATIENTS MAY BE ISSUED BONE GROWTH  
 STIMULATOR (OSTEOPENIC). THIS IS TYPICALLY  
 DELIVERED ON DISCHARGE AND WORN 6 MONTHS  
 TO A YEAR POST OP.

**NO LIFTING > 15 LBS. FOR 12 WEEKS. NO IMPACT  
 ACTIVITIES FOR 12 WEEKS.**

**NORMAL MOVEMENTS WITH ADL ACTIVITIES ARE  
 OK WITH BRACE ON. ALWAYS WEAR BRACE WHILE  
 RIDING IN A MOTOR VEHICLE (6 WEEKS).**

**POSTERIOR CERVICAL MIDLINE INCISION.**

-Head clamp used for positioning: patient may  
 have poke holes into scalp – sometimes staples  
 used for closure if brisk bleeding. Can be pain  
 source.

**DERMABOND PRINEO CLOSURE (flaking mesh with  
 glue overlay). Occasionally closed with staples or  
 external sutures. Removed 10-14 days post op.**

**OK TO GET WET, DO NOT SUBMERGE**

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

**SLIGHT DRAINAGE COMMON – KEEP COVERED.**

**\*\*REPORT ANY CLEAR DRAINAGE WITH/WITHOUT  
 POSTURAL HEADACHES TO SURGEON ASAP \*\***

**ALL MYELOPATHIC PATIENTS AND POSTERIOR CERVICAL PATIENTS WILL HAVE NEUROMONITORING DURING THE CASE. THIS INVOLVES PLACEMENT OF ELECTRODE NEEDLES THROUGHOUT THE SCALP, UE, and LE. THIS CAN BE SOURCE OF SORENESS/RANDOM BRUISING AND/OR RASH FROM TAPE REMOVAL POST OP.**

<p><b>PHYSICAL THERAPY:</b></p> <p><b>EDUCATION:</b></p> <p><b>BRACE:</b> YOU MAY REMOVE YOUR COLLAR 3-4 TIMES A DAY FOR UP TO 1 HOUR WITH NECK SUPPORTED. (DO NOT flex or extend neck). SLEEP WITH COLLAR ON 4-6 WEEKS.</p> <p><b>BODY MECHANICS :</b> LIFTING IS RESTRICTED TO &lt;15LBS. FOR 12 WEEKS. WORK ON POSITIONING FOR SLEEP – BEST IF HEAD OF BED IS UP AT 30 DEGREES BY USING PILLOWS OR RECLINER FOR FIRST 7-10 DAYS TO REDUCE SWELLING. SLEEP ON YOUR SIDE OR BACK.</p> <p><b>POSTURE EDUCATION:</b> SITTING IN NEUTRAL WITHOUT FORWARD HEAD. CHANGE POSITION EVERY 30 MIN., AVOID PROLONGED FLEXION – (PHONES, TABLETS, COMPUTERS, BOOKS).</p> <p><b>DRIVING:</b> ALLOWED WHEN OUT OF COLLAR, AND OFF NARCOTIC PAIN MEDICATION (4-6 WEEKS). MUST BE ABLE TO TURN HEAD TO CHECK MIRRORS.</p>	<p><b>EXERCISES:</b></p> <p>-SUPPORTED SUPINE ISOMETRIC CHIN TUCK</p> <p>-CERVICAL AROM: GENTLE PAIN FREE RANGE – USE LASER IF AVAILABLE – EMPHASIS ON SLOW AND CONTROLLED.</p> <p>-ISOMETRICS – GENTLE INTO FLEXION/EXTENSION AND NEUTRAL ROTATION/S.B.</p> <p>-STRETCHING TO PECS AND UPPER THORACIC SPINE</p> <p>-SUPINE WITH LONGITUDINAL TOWEL ROLL –“W” SUPPORTED ARM SLIDES BELOW TOP OF HEAD.</p> <p>-SCAPULAR RETRACTION IN SITTING AND STANDING.</p> <p>-CARDIO: STATIONARY BIKE OR WALKING 2X/DAY. START AT 10 MIN. – WORK UP TO 20 MIN.</p>
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**\*NOTIFY DOCTOR IF ANY SIGNS OF INFECTION, SWELLING, DIFFICULTY BREATHING OR WORSENING OF RADICULAR SYMPTOMS/WEAKNESS. CALL IF FEVER > 101 DEGREES F. OR SEVERE HEADACHES THAT ARE WORSE WHEN SITTING UPRIGHT – RELIEVED WHEN LAYING DOWN.**

<p><b>PHASE 2 – 4 to 8 WEEKS – STRENGTHING/STABILIZATION</b></p> <p><b>OBJECTIVES:</b> IMPROVE SCAR TISSUE MOBILITY AND REVIEW BODY MECHANICS TO MINIMIZE HEAD FORWARD POSITION. POST OP XRAYS AT 6 WEEKS TO CHECK FOR BONEY INCORPORATION OF FUSION.</p> <p><b>*INITIATE PHASE 2 EXERCISES WHEN PATIENT DEMONSTRATES GOOD NEUROMUSCULAR CONTROL AS WEANING OUT OF BRACE AND ABLE TO COMPLETE PHASE 1 EXERCISES WITHOUT INCREASE IN PAIN/SYMPTOMS AND DOCTOR RECHECK ALLOWS FINAL WEANING OUT OF BRACE. *</b></p>
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<p><b>PHYSICAL THERAPY:</b></p> <p><b>POSTURE EDUCATION REVIEW:</b> SITTING IN NEUTRAL AND MINIMIZING FORWARD HEAD. ADJUST WORKSTATION FOR BETTER ERGONOMICS (ISSUE WORKSTATION SETUP HANDOUT)</p> <p><b>CARDIO GUIDELINES:</b> stat. bike/walking with brace  <b>ELLIPTICAL/HIKING/PILATES:</b> 4 WEEKS  <b>JOGGING/OUTDOOR BIKING:</b> 12 WEEKS</p>	<p><b>EXERCISES:</b></p> <p>-POSTURAL STRENGTHENING (cervical)</p> <p>-INITIATE PUSHING/PULLING WITH ARMS (theraband).</p> <p>-UPPER BODY ERGOMETER (light to moderate)</p> <p>-WALKING 30+MIN./DAY</p> <p>-SWIMMING: 3 MONTHS</p> <p>-SKIING/GOLF/B.BALL/SOCCER: 4-6 MONTHS</p>
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