

VERTIFLEX PHYSICAL THERAPY POST OP PROTOCOL

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

OBJECTIVES: Pain control, wound care and promote healing via return to pre-op mobility. Resume driving as tolerated when off narcotic pain medication. Limit driving to short intervals < 30 min. time.

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

GOALS: Diminish pain/inflammation, learn correct body mechanics and transfers. Progression of walking tolerance to at least 10 minutes, 2 x/day.

PLACEMENT OF ONE OR MORE IMPLANTS (come in sizes) THAT ARE PLACED IN BETWEEN THE SPINOUS PROCESSES OF THE LEVEL(S) WITH STENOSIS.

THE IMPLANT WORKS BY SPREADING THE COMPRESSED VERTEBRAE APART AND RESTORING THE DISC SPACE AT MULTIPLE LEVELS (up to 3).

THIS DEVICE STILL PRESERVES (no boney removal or alteration) THE OPTION OF FUTURE SURGERY (decompressive laminectomy or fusion) IF NECESSARY.

THIS DEVICE IS CONTRAINDICATED IN PATIENTS WITH STENOSIS AND INSTABILITY (confirmed with flexion and extension x-ray).

CENTRAL INCISION (size depends on number-small)

DERMABOND CLOSURE

SURGICAL SITE/INCISION: OK TO GET WET – DO NOT SUBMERGE UNTIL NO SCABBING.

DO NOT APPLY LOTION/BALMS/OINTMENTS OR OILS TO INCISION UNTIL CLOSED WITH NO SCABS.

NOTIFY DOCTOR IF ANY NEW DRAINAGE OR REDNESS AROUND INCISION

PHYSICAL THERAPY:

EDUCATION:

BODY MECHANICS: LOG ROLLING LIMITING TRUNK ROTATION.

POSTURE EDUCATION: SITTING IN NEUTRAL WITH SUPPORT, CHANGING POSITION EVERY 30 MIN.,

LIMIT FLEXION BELOW KNEE LEVEL

AVOID EXCESSIVE LOADING AND DISTRACTION

EXERCISES:

**TA BRACING – Isometrics WITHOUT pelvic tilt
 STRETCHING – supine hip flexors, hamstrings, calves, pulleys in sitting**

MAT EXERCISES – TA with marching, SAQ, light dowel bench press

THERABAND – rowing, latissimus pulldown

WALKING PROGRAM – 1-2 x/day for 10-15 min.

PHASE 2 – 4-6 WEEKS (FUNCTIONAL STRENGTH)

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 – take breaks every 30 min. with long drives.

PHYSICAL THERAPY:

EDUCATION:

BODY MECHANICS: AVOID COMBINED ROTATION AND DISTRACTION (Vertiflex implant is placed between spinous processes).

PROGRESSIVE LIFTING > 15 LBS. NO RESTRICTIONS AT 6 WEEKS.

NO LONGER REQUIRING ASSISTIVE DEVICE (unless pre-morbid)

CAN SUBMERGE AFTER 4 WEEKS IF NO SCABBING AND INCISION HEALED WITH NO REDNESS.

EXERCISES:

TA/MULTIFIDI ACTIVATION:

- Supine marching, SAQ
- Supine heel slides
- Dead bugs, ball kneel planks
- Straight leg lift

GLUTE ACTIVATION:

- Bridges (add ball if able), side lying clams, bird Dog, mini squats, Airex lateral steps, step overs

U/E STRENGTH:

- Theraband rowing, pulldown, punch outs, UBE

CARDIO:

- Recumbent bike 20+ min. Walk 20-30 min.