

ACDA PHYSICAL THERAPY POST OP PROTOCOL

PHASE 1 0 - 2 WEEKS | WOUND HEALING AND PROTECTION

- OBJECTIVES** Reduce pain/inflammation and minimize any increases in upper extremity radicular symptoms.
- RESTRICTIONS** No passive stretching. Patient to focus on good body mechanics. No lifting > 15 lbs. for 6 weeks and no impact activities for 6 weeks. Driving allowed when off narcotic pain medications and can turn neck (2-4 weeks).
- BRACING** 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.
- WOUND CARE** Surgical site of incision is ok to get wet. Do NOT submerge. Observe the anterior incision – drainage uncommon. Keep area clean without clothing rubbing. Do NOT do not apply lotion/balms/ointments/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.

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.

Notify the surgeon:

- if the patient has severe swallowing difficulty/inability to tolerate solid food and/or difficulty that is not improving.
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- OBJECTIVES** A/p lateral films will be done at 6 weeks. Body mechanics review. Increase aerobic endurance to 30 minutes. Emphasis on good neuromuscular control with activities. Scar mobilization – gentle dabbing with warm washcloth if Dermabond still present (avoid if scabs).
- RESTRICTIONS** Lifting, pushing, and pulling < 15 lbs. until 6 weeks. No impact activities for 6 (six) weeks. Gentle active range of motion only and NO extension AROM until 4 (four) weeks.
- IMAGING** A/P lateral films will be done at 6 (six) weeks.

PHYSICAL THERAPY

Cardio Guidelines:

- Emphasis on correct form and equipment setup.
- Walking: at least 30 minutes/day
- 4 weeks
 - Outdoor biking/hiking/Pilates
 - Stationary bike: gradual increase in resistance
- 6 weeks
 - Elliptical/skiing/yoga:
 - 6 – 8 Weeks
 - Swimming/golf/running/soccer:
 - No lifting restrictions

EXERCISES

Manual therapy: Soft tissue mobilization for restrictions and spasm.

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.

Cervical postural strengthening: Deep cervical flexors. Cervical isometrics. supine to standing wall ball. Swiss ball seated bicep curls, “running” 1-3 lbs. Seated retractions with Theraband.

Upper body strength: Theraband rows, extensions. Tricep press downs. Lat pulldowns, shoulder ext./int. rotation, horizontal abduction etc.

Radicular symptoms may come and go throughout recovery. Any new weakness, severe pain or global numbness should be reported to surgeon.