

ACDF 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 allowed to move into gentle flexion, extension, and retraction active range of motion in pain free range – supported in supine (without collar). Avoid bending, twisting, lifting, pushing and pulling > 15 lbs. for 4 weeks. ROM: Gentle cervical active range of motion within pain free range for 6 weeks post op. Driving allowed when off narcotic pain medication and out of collar (2-4 weeks).
- BRACING** 1 level fusion – no brace. 2 level fusion – brace for 4-6 weeks.
3+ level fusion – brace for 6 weeks (per doctor). Normal movements with ADL activities are ok with brace on.
- WOUND CARE** Observe anterior incision give instruction on keeping area clean, light “dabbing” with warm clean washcloth to remove surgical glue. Do NOT apply Lotion/balms/ointments/oils To incision. observe for any drainage – keep covered if any drainage.
- PRECAUTIONS** Notify the doctor if the patient has severe swallowing difficulty/inability to tolerate solid food and/or difficulty that is not improving.

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 – (phones, tablets, books)

Exercises

- Supported chin tuck
- Cervical AROM: Gentle pain free range – use laser if available – emphasis on slow, controlled movements.
- Isometrics: Gentle into flexion, rotation, and side bend
- Stretching to pecs and upper thoracic
- Supine with longitudinal towel roll
- “W” -supported arm slides on bed
- Scapular retraction in sitting and standing
- cardio: stationary bike or walking 2x/day. Start 10 min. – work up to 20 min.

Notify the surgeon

- if the patient has severe swallowing difficulty/inability to tolerate solid food and/or difficulty that is not improving.
- any signs of infection, swelling, difficulty breathing or worsening of radicular symptoms/weakness.

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PHASE 2 2 - 4 WEEKS | STRENGTHENING (OUTPATIENT)

OBJECTIVES Improve scar tissue mobility and review body mechanics to minimize head forward position. Post-op X-rays indicate boney incorporation around fusion. Patient to have good cervical neuromuscular control – initiate light strengthening with upper extremities/neck stabilization and increase aerobic endurance to 30+ min.

RESTRICTIONS No lifting > 15 lbs. For 12 weeks. No impact activities for 12 weeks. Activities beyond 4 weeks can only be done if allowed to wean off brace.

PHYSICAL THERAPY

Posture education review:

Sitting in neutral minimizing forward head, adjust workstation for better ergonomics (issue workstation setup handout), changing position every 30 min., avoid prolonged flexion > 15 min./time using phone, tablets, handwork etc.

Cardio guidelines:

- 2 weeks Stationary bike. No lifting > 15 lbs. No impact activities.
- 4 weeks Elliptical/hiking/Pilates. No lifting > 15 lbs. No impact activities.
- 12 weeks Running, Yoga, outdoor biking, swimming.
- 16 weeks Skiing. Golf/basketball/soccer.

EXERCISES

Postural strengthening
 Prone scapular strength (t 's)
 Theraband rows, straight arm pulldowns, Horizontal abduction etc. Using TA stab.
 Machine rows, lat pulldown (keep bar in Front of head), pallof press, tricep press down.
 Seated ball-alternating bicep curls < 10 lbs.
 Upper body ergometer (light to mod.)
 Walking 30+ min. / day

Cervical postural strengthening
 Prone on elbows/quadruped – cervical retraction, add ¾ neck rotation and look forward
 Wall ball – (small playball) neck side bend seated retraction with Theraband.

Initiate phase 2 exercises when patient is able to complete phase 1 exercises without increase in pain/symptoms and doctor allows weaning out of brace.