

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.
- RESTRICTIONS** 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.
- PROCEDURE** Often combined with a hemilaminectomy to decompress the affected nerve root, this procedure involves the removal of a herniated or bulging disc at a single level in the lumbar spine and is performed using one mid-line or just a lateral mid-line incision with a Dermabond closure.

WOUND CARE [DERMABOND CLOSURE]

- Surgical site incision is ok to get wet.
- Do NOT submerge.
- Do NOT apply lotion/balms/ointments/oils to incision.
- Silverlon dressing can be removed after 5 (five) days.

PHYSICAL THERAPY

Education

- **BODY MECHNICS** Lifting is restricted to <15LBS, transfers, log rolling, positioning with lumbar support.
- **POSTURE** Upright sitting posture with lumbar roll and knees not above hip height (minimize flexion). Frequent position changes every 30 (thirty) minutes. Sleep with pillow between legs on side.
- **DRIVING** Allowed when off narcotic pain medications and can tolerate sitting for more than 15 (fifteen) minutes at a time after (1-2 weeks).

Exercises

Light stretching. (Hip Flexors, quads, hamstrings and calves), Glute Sets, Abdominal Isometrics (transverses), Mini Bridge.

Walking 1-2 x per day. Start at 10 minutes and work up to 20 minutes per session.

Notify surgeon if you show any signs of worsening of radicular symptoms or progressive weakness.

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PHASE 2 2 – 6 WEEKS | STRENGTH TRAINING & PHYSICAL THERAPY (OUTPATIENT)

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)

RESTRICTIONS 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 PT	At 2 weeks once incision healed (no scabs), no rotation, TA bracing with exercises walking all directions, balance, multi-directional arm moves with dumbbells (foam). Decompression via hanging noodle.

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 Lateral pulldown, rowing, punchouts with transversus abdominis bracing.
○	Neural mobilization as needed – gentle in supine.

PHASE 3 6 – 8 WEEKS | ADVANCED STRENGTH PROGRESSION (OUTPATIENT)

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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/Basketball: 8 to 12 wks.

EXERCISES

Progress to multi-planar exercises, agility, and cable column with extension bias plyometrics/return to sport at 8 - 12 weeks.