

VERTIFLEX PHYSICAL THERAPY POST-OP PROTOCOL

PHASE 1 0-2 WEEKS | WOUND HEALING AND PROTECTION

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

PROCEDURE

- 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 the option of future surgery (decompression laminectomy or fusion if necessary without bone removal or alteration).
- This device is contraindicated in patients with stenosis and instability (confirmed with flexion and extension x-ray).

WOUND CARE [DERMABOND CLOSURE]

- Central Incision (size depends on number – small)
- Surgical Site Instructions
 - Ok to get wet
 - Do not submerge until wound has stopped scabbing
 - Do not apply lotion/balms/ointments to the incision site until it has closed and there are no scabs.

PHYSICAL THERAPY

Education

- BODY MECHANICS Log rolling limiting trunk rotation.
- POSTURE Sitting in neutral with support, changing position every 30 minutes.
- RESTRICTIONS 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.

Notify your surgeon immediately if any new drainage or redness occurs around the incision.

VERTIFLEX PHYSICAL THERAPY POST-OP PROTOCOL

PHASE 2 4-6 WEEKS | FUNCTIONAL STRENGTH (OUTPATIENT PT)

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.

RESTRICTIONS Community driving – take breaks every 30 min. with long drives. Limit end range combined flexion and rotation [avoid device migration].

WOUND CARE [DERMABOND CLOSURE]

- Surgical Site Instructions
 - Ok to get wet
 - Can submerge after 4 weeks if no scabbing and incision healed with no redness.

PHYSICAL THERAPY

Education

- BODY MECHANICS Avoid combined rotation and distraction.
(Vertiflex implant is placed between spinous processes.)

Exercises

- Progressive lifting >15 lbs. no restrictions at 6 (six) weeks.
- No longer requiring assistive device (unless pre-morbid).

- **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

VERTIFLEX PHYSICAL THERAPY POST-OP PROTOCOL

- UBE

- o **CARDIO:**
 - Recumbent bike 20+ min.
 - Walk 20-30 min.