





# **CERVICAL PSIF PHYSICAL THERAPY POST OP PROTOCOL**

PHASE 1	0 - 2 WEEKS   WOUND HEALING AND PROTECTION
OBJECTIVES	Reduce pain and inflammation and minimize any increases in upper extremity radicular symptoms.
RESTRICTIONS	
	<ul> <li>MOVEMENT         <ul> <li>No passive stretching to neck.</li> <li>Patient allowed to move into gentle flexion, extension active range of motion in pain free range – supported in supine (without collar).</li> <li>Minimize end range rotation.</li> <li>Avoid bending, twisting, lifting, pushing and pulling &gt; 15 lbs. for 4 weeks.</li> <li>Gentle cervical AROM within pain free limits.</li> <li>Limited end range rotation and side bending for 6 weeks post op.</li> <li>No overhead activities for 6 (six) weeks.</li> <li>No lifting of &gt; 15 lbs. for 12 (twelve) weeks.</li> </ul> </li> <li>BRACE         <ul> <li>Level Fusion – No brace.</li> <li>Level Fusion – Wear brace for 4 – 6 weeks.</li> <li>3+ Level Fusion – Wear brace for 6 (six) weeks.</li> <li>Normal movements with ADL activities are ok with a brace.</li> <li>Always wear a brace while riding in a motor vehicle 6 (six) weeks.</li> </ul> </li> </ul>
PROCEDURE	<ul> <li>Posterior cervical midline incision</li> <li>Head clamp used for positioning.</li> <li>All myelopathic patients and posterior cervical patients will have neuromonitoring during the procedure.</li> <li>This involves the placement of electrode needles throughout the scalp as well as lower and upper extremities.</li> <li>This can be a source of soreness/random bruising and or rash from tape removal post operatively.</li> <li>Some patients may be issued bone growth stimulators (osteopenic). This is typically worn 6 (six) months to a year post operatively.</li> </ul>
WOUND CARE	<ul> <li>[DERMABOND CLOSURE]</li> <li>Surgical site incision is ok to get wet.</li> <li>Do NOT submerge.</li> <li>Do NOT apply lotion/balms/ointments/oils to incision.</li> <li>Slight drainage is common, keep covered</li> <li>Report any clear drainage with/without postural headaches to surgeon ASAP.</li> </ul>

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# CERVICAL PSIF PHYSICAL THERAPY POST OP PROTOCOL

# PHASE 1 0 - 2 WEEKS | WOUND HEALING AND PROTECTION

## PHYSICAL THERAPY

### Education

## • BRACE

You may remove your collar 3-4 times a day for up to one (1) hour with the neck supported. Do NOT flex or extend neck). Sleep with your collar on for the first 4-6 weeks.

### • BODY MECHNICS

Lifting is restricted to <15LBS. for 12 (twelve) weeks.

Work on positioning for sleep. It is best if the head of your bed is angled up at 30 degrees using pillows or a recliner for the first 7-10 days to reduce swelling. Sleep on your side or back.

## • POSTURE

Sitting in neutral without forward head change position every 30 minutes. Avoid prolonged flexion (Phones, tablets, computers, books.)

### • DRIVING

Allowed when out of collar and off narcotic pain medication at 4-6 weeks. You must be able to turn your head and check your mirrors.

## Exercises

 CERVICAL AROM Gentle pain free range. Use laser if available. Emphasis on slow and controlled.

### • ISOMETRICS

Supported supine isometric chin tuck. Gentle into flexion/extension and neutral rotation/S.B.

## • STRETCHING

Stretching to pecs and upper thoracic spine Supine with longitudinal towel roll "W" Supported arm slides below top of head. Scapular retraction in sitting and standing.

## • CARDIO

Stationary bike or walking 2x/day Start at 10 minutes and work up to 20 minutes. Avoid prolonged flexion (Phones, tablets, computers, books.)

Notify your surgeon if you show any signs of infection, swelling, difficulty breathing or worsening of radicular symptoms/weakness. Call if you have a fever > 101 degrees F or severe headaches that are worse when sitting upright and relieved when laying down.







# CERVICAL PSIF PHYSICAL THERAPY POST OP PROTOCOL

PHASE 2	4 - 8 WEEKS   STRENGTHENING & STABILIZATION (OUTPATIENT PT)
OBJECTIVES	<ul> <li>Improve scar tissue mobility and review body mechanics to minimize head forward position.</li> <li>Initiate phase 2 exercises when patient demonstrates good neuromuscular control as weaning out of brace and able to complete phase 1 exercises without increases in pain/symptoms and doctor recheck allows final weaning out of brace.</li> </ul>
IMAGING	Post-Operative x-rays at 6 (six) weeks to check for boney incorporation of fusion.
PHYSICAL THERAPY Education	
<ul> <li>POSTURE Sitting in neutral and minimizing forward head. Adjust workstation for better ergonomics. (Issue workstations setup handout)</li> </ul>	
Exercises	
<ul> <li>Postural strengthening (cervical)</li> <li>Initiate pushing/pulling with arms (Theraband)</li> <li>Upper body ergometer (light to moderate)</li> <li>Walking 30 minutes + per day.</li> </ul>	
∘ CAF	RDIO Stationary bike or walking with a brace Elliptical/hiking/Pilates   4 (four) weeks. Jogging/outdoor biking   12 (twelve) weeks. Swimming   12 (twelve) weeks) Skiing/Golf/Basketball/Soccer   16 – 24 weeks