

LUMBAR LAMINECTOMY PHYSICAL THERAPY POST OP PROTOCOL

PHASE 1

0 - 2 WEEKS | WOUND HEALING AND PROTECTION

- OBJECTIVES** Pain control, wound care. Patient to focus on good body mechanics. Resume driving as tolerated.
- RESTRICTIONS** Limit driving to short intervals < 30 min. time and progress walking to 10+ min, 2x/day. Avoid extension and rotation beyond neutral. NO lifting > 15 lbs. and sitting for > 30 min./time.
- PROCEDURE** Direct decompression by removal of the lamina at surgical level(s). Includes foraminotomy for decompression of affected nerves. May include removal of hardware if Vertiflex device previously used. More than one level – wearing brace for up to 4 weeks. 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.
 - Occasional serosanguinous drainage from incision site.

PHYSICAL THERAPY

Education

- **BODY MECHANICS** Bed mobility/positioning, log rolling, transfers.
- **POSTURE** Sitting in neutral with support, changing position every 30 min., and, how to lift < 15 lbs.
- **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

- Stretching: Supine – hip flexors, hamstring, calves.
- Standing balance: Airex – tandem balance, lateral step off
- Mat exercises:
 - ta bracing – isometrics with pelvic tilt
 - glute sets – isometrics
 - ta with marching – supine
- Walking/recumbent stepper 1-2x/day for up to 10-15 minutes.
- Neural mobilization as needed (gentle).

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

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PHASE 2

2 – 6 WEEKS | FUNCTIONAL STRENGTH TRAINING (OUTPATIENT)

- 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 OK – take breaks every 30 min. for up to 3 months if driving longer distances. Patient no longer requiring brace (wean off).Lifting: begin at 15 lbs. And increase to no restrictions at 6-8 weeks. (dependent on core strength). No ROM “limits” after 4 weeks but review minimizing repeated facet loading activities for up to 8 weeks
- IMAGING** A/P lateral with flexion/extension views will be done to identify new instability.

PHYSICAL THERAPY

Education

Body mechanics: review concepts of facet loading and how to minimize.

Exercises

- Cardio:** Walking: 2 weeks – now 15-30 min./time. Stationary bike/water exercise: 4 weeks. Pilates: 6 weeks Elliptical/yoga/swimming: 8 weeks, Golf/hunting/running/skiing: 12 weeks
- TA activation:** Supine marching (can add weights), Supine hook ly. – knee extension (+ weights), Dead bugs, straight leg lift, ball kneel planks.
- Glute activation** Bridges (add ball if able) double/single leg. Side lying clams/abduction (add band if able). Bird dog – alternating leg/arm extension. Airex balance – tandem/single leg.
- Upper and lower extremity strength:** Airex/block step ups/ overs, wall squats, BOSU. Squats, Ankle weights – knee extension, marching. Hamstring curls . Theraband - rowing, Pulldowns, punching. UBE. Cable column: diagonals (flexion>extension).