

Spinal Fusion Physical Therapy Protocol



SI JOINT FUSION PHYSICAL THERAPY POST OP PROTOCOL

<p>PHASE 1 – 0-4 WEEKS (WOUND HEALING AND PROTECTION – OUTPATIENT PT STARTS 2-4 WEEKS)</p> <p>OBJECTIVES: Pain control and promote healing via emphasis on weight bearing limitations and adherence to midrange ROM.</p> <p>PRECAUTIONS: Avoid hip adduction across the midline. Do not perform repetitive straight leg raise flexion motions. Sit on supportive surface that is level. No additional lifting until out of wheelchair and no longer using assistive devices.</p>	
<p>LIMIT WB TO TTWB WHICH MEANS LIMITED WEIGHT THROUGH HEEL WITH WALKER OR CRUTCHES FOR UP TO 6 WEEKS (minimize hip extension with sm. steps).</p> <p>NO ADDITIONAL LIFTING, BENDING OR TWISTING FOR MINIMUM OF 6 WEEKS.</p> <p>AP/LATERAL PELVIS IMAGES AT 6 AND 12 WEEKS POST OP APPOINTMENTS.</p> <p>NOTIFY SURGEON IF ANY NEW RADICULOPATHY, ESPECIALLY IN THE PRESENCE OF LE WEAKNESS</p>	<p>THREE SCREWS OR PINS (per side) TO ALLOW FOR UNILATERAL FIXATION OF SI JOINT</p> <p>USES ROBOTIC NAVIGATION</p> <p>ONE SMALL INCISION OVER LATERAL BUTTOCKS (per side) WITH DERMABOND CLOSURE.</p> <p>SILVERLON DRESSING CAN BE REMOVED AFTER 5 DAYS.</p> <p>SURGICAL SITE/INCISION IS OK TO GET WET – DO NOT SUBMERGE.</p> <p>DO NOT APPLY LOTION/BALMS/OINTMENTS/OILS TO INCISION.</p>
<p>PROGRESS FROM CLOSED CHAIN TO OPEN CHAIN (MAT TO SITTING TO STANDING)</p> <p>DO NOT STARTING ADDING WEIGHTS TO PATIENTS LEGS UNLESS THEY ARE OFF ALL ASSISTIVE DEVICES AND ABLE TO LIFT WEIGHT OF THEIR OWN LEG</p>	<p>EXERCISES:</p> <p>MAT EXERCISES:</p> <p>TA BRACING: Isometrics without pelvic tilt</p> <p>TA WITH MARCHING: Supported heel slides, SAQ</p> <p>GLUTE SETS – Isometrics</p> <p>SUPINE ISOMETRIC CLAMS</p> <p>LIMIT AMBULATION TO < 1 HOUR/DAY</p> <p>AVOID STAIRS IF POSSIBLE, FOR 6 TO 8 WEEKS.</p>

3

Spinal fusion physical therapy protocol is a critical component of the recovery process for individuals who have undergone spinal fusion surgery. This surgical procedure is performed to stabilize the spine, alleviate pain, and improve function in patients suffering from various spinal conditions, such as herniated discs, spondylolisthesis, or degenerative disc disease. Following surgery, physical therapy is essential in helping patients regain strength, flexibility, and mobility. This article will outline the key components of a spinal fusion physical therapy protocol, including goals, phases of rehabilitation, exercises, and important considerations for patients.

Goals of Spinal Fusion Physical Therapy

The primary goals of spinal fusion physical therapy include:

1. Pain Management: Reducing postoperative pain through various therapeutic techniques.
2. Restoration of Mobility: Regaining full range of motion and functional movements.
3. Strengthening: Building strength in the muscles supporting the spine to enhance stability.
4. Enhancing Function: Improving the ability to perform daily activities and return to pre-surgery levels of activity.
5. Education: Providing patients with knowledge about their condition and recovery process, including proper body mechanics and posture.

Phases of Rehabilitation

The rehabilitation process can generally be divided into three distinct phases: acute, subacute, and chronic. Each phase has specific goals and therapeutic interventions tailored to the patient's needs.

1. Acute Phase (Weeks 1-4)

During the acute phase, the focus is on healing and managing pain. This phase typically lasts from the day of surgery up to four weeks post-operation.

Key Objectives:

- Promote healing and tissue recovery
- Manage pain and inflammation
- Initiate gentle movements

Therapeutic Interventions:

- Pain Management Techniques: Ice therapy, electrical stimulation, and gentle massage may be utilized to alleviate pain.
- Gentle Range of Motion Exercises: Patients may begin with passive and active-assisted movements to maintain some mobility without stressing the surgical site.
- Education on Body Mechanics: Patients receive guidance on proper body mechanics to avoid strain on the spine during daily activities.

2. Subacute Phase (Weeks 5-12)

The subacute phase involves a more active approach to rehabilitation, focusing on restoring mobility and strength. This phase typically spans from four to twelve weeks post-surgery.

Key Objectives:

- Improve flexibility and range of motion
- Strengthen core and spinal muscles
- Enhance functional movements

Therapeutic Interventions:

- Stretching Exercises: Gentle stretching can help improve flexibility in the back and legs.
- Strengthening Exercises: Focus on core stability, including exercises such as:
 - Pelvic tilts
 - Bridges
 - Modified planks
- Aerobic Conditioning: Low-impact cardiovascular activities like walking or stationary cycling may be introduced to improve endurance.

3. Chronic Phase (Weeks 12 and Beyond)

The chronic phase emphasizes the transition to independent exercise routines and the return to normal activities, which can begin as early as three months after surgery.

Key Objectives:

- Further enhance strength and endurance
- Promote functional independence
- Prevent future injuries

Therapeutic Interventions:

- Advanced Strengthening: Introduction of resistance training with bands or weights to build overall strength.
- Functional Training: Exercises that mimic daily activities to enhance the ability to perform tasks such as lifting, bending, and twisting safely.
- Return-to-Activity Guidance: Education on how to safely resume sports or other physical activities while minimizing the risk of re-injury.

Recommended Exercises for Spinal Fusion Recovery

Incorporating a variety of exercises is crucial in a spinal fusion physical therapy protocol. Here are some recommended exercises for each phase of recovery:

Acute Phase Exercises

- Deep Breathing Exercises: Promotes lung expansion and reduces the risk of pneumonia.
- Ankle Pumps: Improve circulation and prevent blood clots.
- Gentle Heel Slides: While lying down, slide the heel of one leg along the surface to maintain some mobility.

Subacute Phase Exercises

- Bridges: Lying on your back with knees bent, lift your hips off the ground, hold for a few seconds, and lower back down.
- Wall Sits: Slide down a wall until your knees are at a 90-degree angle, holding for 10-30 seconds.
- Cat-Cow Stretch: On all fours, alternate between arching your back (cat) and dropping your belly (cow) to improve spinal flexibility.

Chronic Phase Exercises

- Plank Variations: Start with modified planks on your knees and progress to full planks as strength improves.
- Deadlifts with Resistance Bands: Stand on a band and pull it upwards while keeping your back straight, focusing on engaging your core.
- Functional Squats: Practice squatting down as if sitting in a chair, ensuring proper form and alignment.

Important Considerations for Patients

1. Individualized Approach: Each patient's recovery is unique, and therapy protocols should be tailored to individual needs, abilities, and surgical outcomes.
2. Communication with Healthcare Providers: Regular communication with physical therapists and orthopedic surgeons is crucial to monitor progress and make necessary adjustments to the rehabilitation plan.
3. Listening to Your Body: Patients should be encouraged to listen to their bodies and not push through pain. If any exercise causes discomfort, it should be modified or avoided.
4. Consistency is Key: Adhering to the prescribed physical therapy program and performing exercises regularly will significantly impact the overall

success of recovery.

Conclusion

In summary, the **spinal fusion physical therapy protocol** is an essential aspect of recovery after spinal fusion surgery. Through a structured approach that spans several phases, patients can effectively manage pain, restore mobility, and regain strength. By incorporating appropriate exercises and focusing on individualized rehabilitation, patients can enhance their functional capabilities and return to their daily activities with confidence. It is crucial to work closely with healthcare professionals throughout the recovery process to ensure the best possible outcomes.

Frequently Asked Questions

What is the primary purpose of physical therapy after spinal fusion surgery?

The primary purpose of physical therapy after spinal fusion surgery is to help patients regain strength, improve mobility, and reduce pain while promoting proper healing of the spine.

When should a patient typically start physical therapy following spinal fusion surgery?

Patients usually begin physical therapy within 1 to 2 weeks after spinal fusion surgery, once they have been cleared by their surgeon.

What are some common physical therapy exercises included in a spinal fusion protocol?

Common exercises may include gentle range of motion exercises, core strengthening activities, walking, and specific stretching exercises designed to improve flexibility without stressing the fusion site.

How long does physical therapy usually last after spinal fusion surgery?

Physical therapy typically lasts from 6 weeks to several months, depending on the patient's recovery progress and surgeon's recommendations.

What are the signs that a patient may need to modify

their physical therapy routine after spinal fusion?

Patients should consider modifying their routine if they experience increased pain, swelling, or any unusual symptoms, such as numbness or weakness in the limbs.

Why is it important to follow a structured physical therapy protocol after spinal fusion?

Following a structured physical therapy protocol is crucial to ensure optimal recovery, prevent complications, and enhance functional outcomes by safely progressing through rehabilitation stages.

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