

## Lumbar Post-op Precautions

### Laminectomy/Decompression/(Micro)Discectomy

- Dr. Roh
  - Microdiscectomy: begin PT at 2 weeks post-op
  - Laminectomy with METRx: begin PT at 2 weeks post-op
  - Open lumbar decompression or laminectomy: begin PT at 3 weeks post-op
- Dr. Sliva
  - Refer to PT order for timeline to begin PT, but typically:
    - Laminectomy: begin PT at 2 weeks post-op
    - Microdiscectomy: begin PT at 2 weeks post-op
  - For 2 weeks: No bending, twisting, or lifting >20 lbs, no repetitive lifting of more than a gallon of milk (8 lbs)

#### Adapted From:

- 1) Consultation with Drs. Roh and Sliva of Orthollinois

### Fusion

- Precautions:
  - For 3 months post-op, no prone lying
  - Dr. Roh
    - Begin PT at 4 weeks post-op, unless METRx TLIF begin at 3 weeks post-op
    - For 6 weeks: no bending, twisting, lifting > 20 lbs
  - Dr. Sliva
    - Refer to PT order for timeline to begin PT, but typically:
      - Begin PT at 6 weeks post-op, unless METRx no PT
    - For 6-12 weeks: no bending, twisting, lifting > 20 lbs, no repetitive lifting of a gallon of milk (8 lbs)

#### Phase I (0 – 4 weeks post-op)

- Wound care: Observe for signs of infection
- Modalities: prn for pain and inflammation
- Brace:
  - Dr. Roh: no bracing
  - Dr. Sliva: no bracing
- Exercises:

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- Ambulation progression as tolerated with use of assistive device as needed; Progressing to treadmill when ambulating independently
- Bed mobility
  - Log rolling
  - Place pillow between knees in sidelying and pillow under knees when supine
- Include isometric transversus abdominis contraction with all exercises
- Ankle pumps, Quad sets, Glut sets, Heel slides, SLR, SAQ, LAQ, Isometric hip adduction, Hooklying knee fall out, Seated hip abduction, Scapular retraction

### **Phase II (4 – 8 weeks post-op)**

- Wound care: Begin scar management techniques when incision is closed
  - Dr. Roh: begin at least > 6 weeks post-op
- Modalities: prn for pain and inflammation (ice, IFC)
- Exercises:
  - Continue isometric transversus abdominis contraction with all exercises
  - Cardiovascular exercises
  - Mini squats, Lunges, Step ups, Wall press (single/double leg), Sidelying CLAM shells/reverse CLAM shells
  - Balance progression (SLS, SLS eyes closed, SLS UE movement)
  - Supine neutral spine with arm and leg movements (marching, dying bug)
  - Theraband exercises (rows and lat pull downs)
  - Push up progression (wall to table to floor)
  - Stretching of hamstrings, quads, gastroc/soleus, and hip flexors
  - Body mechanics and lifting technique
  - Aquatic therapy

### **Phase III (8 weeks – 12 weeks post-op)**

- Wound care: Continue as in Phase II
- Modalities: prn for pain and inflammation (ice, IFC)
- Exercises:
  - Continue isometric transversus abdominis contraction with all exercises
  - Supported bike, Retro treadmill
  - Wall slides, Bridges
  - Advanced core stabilization exercises with emphasis on prone and quadruped positions
  - Bird/dog
  - Advance UE and LE resistive activities
- Consider FCE as needed for work comp patients

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#### **Phase IV (12+ weeks post-op)**

- Return to function, work simulated activities with progression of lifting, pushing, and pulling
- Bridge progression (UE to 90 degrees to alternating knee extension to unilateral)
- Prone walk out on swiss ball
- Planks, as tolerated, starting from knees
- Work conditioning program as needed
- At 6 months post-op, begin rotational and supine flexion stretching

#### **Adapted From:**

- 1) Center for Sports Medicine & Orthopaedic Rehabilitation Services. Lumbar Fusion Protocol.
- 2) Advanced Orthopedics and Sports Medicine. Post-operative Spine Rehab- Lumbar Fusion Treatment Guidelines.
- 3) Consulted with Drs. Roh and Sliva. Orthollinois Spine Care.

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