

Acdf rehab protocol pdf

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Download PDF version to print The goal of this protocol is to provide a clinical guideline for the post-surgical course of physical therapy for a patient who has had a Cervical Fusion Surgery. This is not intended to substitute clinical decision making regarding the patient's proper progression based on evaluation findings, individual progress, and if/when post-operative complications arise. If a clinician requires assistance in the progression of a post-surgical patient the surgeon should be consulted. GENERAL GUIDELINES: Surgical incision care: While you are in the hospital, you will wear a dry gauze dressing. Once your incision is no longer draining, you may take off the dressing and leave the incision open to air. Do not apply any ointments or lotions to the incision while it is healing. YOU MAY NOT BATHE IN A TUB, SWIM, OR USE A HOT TUB UNTIL YOUR INCISION IS HEALED AND UNTIL YOU HAVE SEEN YOUR SURGEON. Wear a cervical collar per surgeon's instructions. The physician may change the time guidelines for progression out of collar Driving. You can drive when you feel up to driving and are not taking narcotic pain medications or after clearance by your surgeon. Narcotic pain medications will delay your reflex time. Begin with short trips first and get out of the car every 30 to 45 minutes to walk around and reposition. GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING (ADLs) Full healing takes > 6 months. Patients are cautioned not to overdo their activities before this time. Walking is the best activity you can do for the first 6 weeks after surgery. You should start out slowly and work up to walking 30-45 minutes at least twice a day. Do not be surprised if you require frequent naps during the day. Between the narcotic pain medications you will be discharged with and the stress your body has undergone in surgery, you will be tired. Don't forget about your restrictions for the first 6-12 weeks after surgery. You need to avoid bending, lifting, and twisting (BLTs). You also need to avoid lifting objects greater than 5 lbs and pushing or pulling objects greater than 10 lbs. All movements should be "conversational" range of motion which is small and pain free movements. Lifting and activity restrictions will be gradually removed as the healing process takes place. Remember to keep your spine in the neutral position and maintain good posture throughout the day. Rehabilitation Progression PRE-SURGICAL PHYSICAL THERAPY VISIT: Proper Lifting Technique Gentle Neural Mobilization Instruction Ergonomic Positioning Instruction: Sitting, Sleeping General Instructions for Icing and Wearing a brace Recommendation: Pre-Surgical Nutritional Consultation anti-inflammatory diet, supplements to promote bone healing/bone health PHASE I: Week 0 - 2: Goals: Pain control Walk independently Activities of daily living independently Cleared for PT Brace: Cervical collar use as directed by surgeon Exercises: Regular walking daily Active range of motion within pain free range (conversational ROM) Upper extremity range of motion to tolerance Shoulder shrugs and retraction PHASE II: Weeks 2-8: Criteria to advance to Phase II: Pain is well controlled Cleared to begin physical therapy Goals: Begin a home exercise program Increased activity tolerance Continue to adhere to post-surgical precautions Exercises: Cervical isometrics Postural education Light resistance for upper extremity and scapular exercises Core engagement exercises with neutral neck posture Nerve glides without provoking symptoms Phase III: Week 8 to 12 (2-3 months): Criteria to advance to Phase III: Understanding/awareness of neutral spine body mechanics Good neural mobility Goals: Increase cardiovascular and muscular endurance Improved scapular strength and control Good exercise technique and form with all exercises Exercises: Begin Aerobic exercise program (low impact): Biking, Walking, Elliptical Incorporate anti-rotation stability exercises Soft tissue mobilization Joint mobilizations Progress Postural strengthening Progress Flexibility exercises Progress Range of motion (ROM) exercises Phase IV: Weeks 12-20 (3-5 Months) Criteria for advancement to Phase IV: Graduate from post-surgical precautions (after Surgeon follow-up XRs) Good postural awareness Good body mechanics with daily activities Good strength and technique with foundational exercises Low level pain ratings with ADLs Goals: Increase body load tolerance in preparation for higher-level functional activities Improve rotational control of core and cervical musculature integration Exercises: Progression of Phase III Exercises Begin Dynamic Lifting Program Incorporate functional rotational exercises Progress of weights/load with strengthening program Functional Training specific to patient's ADLs/Recreational Activities Sports Specific Training for Athletes Phase V: Weeks 20-52: (5 Months-1 Year): Criteria for advancement to Phase V: Low pain to pain free with phase IV exercises Good adjacent joint mobility Goals: Progress patient to higher level functional activities and sports Transition to Fitness Center Program Exercises: Return to sport (i.e. golf, tennis, skiing) Begin fitness center program Maintain healthy lifestyle

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1