



Orthopaedic Protocols

Post-Surgical Rehabilitation Protocol: Cervical Laminectomy, Discectomy, Fusion

I. Post Op Days 1-3:

A. Precautions:

- Prevent excessive initial mobility or stress on tissues
- Follow MD recommendations regarding use of collar (Multilevel fusion hard collar x 6 weeks; single level fusion collar prn x 1-2 weeks)

B. Treatment:

- Bed mobility
- Transfers
- Donning/doffing collar
- Diaphragmatic breathing
- Scapular retraction, shrugs, gluteal squeezes, full range leg kicks.
- Gait, with appropriate assistive device if necessary, and discuss increasing walking tolerance
- Reinforce sitting, standing and activities of daily living (ADL) modifications with neutral spine and proper body mechanics (posture education)

II. Post Op weeks 4-6: (start outpt PT)

A. Evaluation:

- Establish prior level of function (PLOF)
- Range of Motion (ROM)
- Posture
- Evaluate Muscle tone
- Evaluate radicular symptoms
- General strength
- Transfers
- Gait

B. Therapeutic Exercise:

- Painfree active range of motion (AROM) cervical spine and upper extremities
- Postural work and influence of lumbar spine
- Scapular retraction, shrugs, cervical retraction (gentle)
- Upper Thoracic mobilization exercises: cat/camel exercises, upper thoracic extension, upper thoracic rotation
- Gentle 2 finger isometrics
- Treadmill and bike with proper posture
- Upper body ergometer (UBE) with resistance
- Core stabilization exercises with neutral lumbar spine (no bridging)
- Lifting mechanics and education to 8lbs. only
- Nerve glides as needed (as long as they do not reproduce symptoms)
- General upper and lower body strengthening

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C. Modalities:

- Heat, electrical stimulation, ice and ultrasound as needed

D. Manual:

- Scar mobilization, soft tissue work

E. Precautions:

- Avoid excessive cervical loading (minimal overhead arm resisted movements)
- Limit lifting to 10-15 lbs.

III. Post Op Months 2-6:

- Continue with above exercises and emphasize posture
- Clear to initiate stretching of cervical spine if necessary
- Scapular stabilization strengthening exercises with resistance (shrugs, chest press, rows)
- Work/activity specific training
- Begin jogging/running if desired
- Manual therapy when necessary
- Possible FCE referral