Post-Surgical Rehabilitation Protocol:
Cervical Laminectomy, Discetomy, 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
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