

Sports Medicine and Rehabilitation

Lumbar Spine Fusion/Multi Level Laminectomy Rehabilitation Protocol

Phase 1	0-6 Weeks Post-op
Rehabilitation Goals	 Protect the incision, encourage healing and monitor for signs of possible infection Independent in ambulation and ADL's Improved aerobic tolerance Good sitting/standing posture Good motor control/body mechanics during all transitional and functional activities Independence in phase 1 exercises Maintain the nerve root mobility and prevent an adherent nerve root Independence in donning/doffing back brace Able to walk for 10 to 15 minutes 2 times per day
Appointments	Every 1 to 2 weeks to advance home exercise program or more as indicated by reassessment
Precautions	 No trunk flexion, extension, side bending or rotation Limit hip flexion to 90 degrees (use a toilet seat extender as needed) Limit sitting to 30 minutes No lifting over 10 pounds No sharp low back or radicular pain during or following exercises
Brace	As recommended by Spine Surgeon
Treatment Strategies	 Instruct the patient to protect the incision site and to inspect for signs of infection Gait training as needed with maintenance of proper posture Instruct/re-instruct in proper sitting and standing posture Instruct in transfers and bed mobility with maintenance of neutral spine and ADIM ADL training with maintenance of neutral spine position and correct body mechanics Instruct in donning/doffing of back brace Instruct in using ice to control pain and inflammation 2 to 4 times per day for 20 minutes

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Therapeutic Exercises	Phase 1 home exercise program in an unloaded supported position Diaphragmatic (abdominal) breathing Transversus abdominis setting (ADIM) Gluteal sets Lat sets Lower trapezius sets Nerve flossing
Advancement Criteria	 Pain and swelling within tolerance, including no radicular symptoms Independent in phase one home exercises Functional with ADL's (self-care, hygiene, all transitional activities and brace donning/doffing) Achieve all phase 1 goals

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Phase 2	6-8 Weeks Post-op
Rehabilitation Goals	 Healed incision Independent normal gait without an assistive device Able to ambulate 20 to 30 minutes 1 to 2 times per day Good postural habits in sitting/standing No nerve tension or pain provocation with the Slump test in sitting or SLR in supine Progress from unloaded to partially loaded and supported phase 2 lumbar stabilization exercises Good motor control during phase 2 exercises and ADL's
Appointments	Every 1 to 2 weeks to advance home exercise program or more as indicated by re-assessment
Brace	As recommended by Spine Surgeon
Precautions	 Avoid excessive loading of lumbar spine Avoid twisting and end-range motions of lumbar spine No standing lumbar AROM testing No sharp low back or radicular pain during or following exercises No lifting over 10 pounds
Treatment Strategies	 Normalize scar tissue mobility Instruct in progressive walking program (20-30 minutes) Re-instruct in maintaining good posture as needed Re-instruct in motor control and proper body mechanics for transitional and functional activities Re-assess nerve tension and advance nerve flossing as tolerated
Therapeutic Exercises	 Instruct in phase 2 post-operative lumbar exercises: Supine arm lifts Supine bent leg raises Side lying bent leg hip abduction/external rotation Prone arm lifts or sitting elastic band rowing Sitting arm lifts with back supported Standing balance exercises Partial squats Heel lifts

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Advancement Criteria	 No increase in LBP or any radicular pain with home exercise program Independent with home exercise program for phase II Able to maintain a neutral spine, ADIM, and proper breathing technique for all transitional activities and exercises. Independent in postural correction in sitting, standing, and lying
	 Dynamic sitting and standing tolerance of 20 to 30 minutes Able to ambulate 20 to 30 minutes at a moderate pace

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Phase 3	8-12 Weeks Post-op
Rehabilitation Goals	 Normal scare tissue mobility Progressive walking/cardiovascular program 30 minutes/day Normal sitting and standing posture without verbal cues Normal nerve tissue mobility Progression to phase 3 post-op lumbar exercises No mechanical signs or symptoms Control pain and inflammation
Appointments	Every 1 to 2 weeks to advance home exercise program or more as indicated by re-assessment
Brace	As recommended by Spine Surgeon
Precautions	 Avoid reproduction of low back and radicular pain. Avoid pre-loading the spine in a posterior pelvic tilt. Avoid end range lumbar AROM/passive stretching No high load, low repetitions for strengthening 15-to-20-pound lifting restriction
Treatment Strategies	 Walking 30 minutes at a moderate to brisk rate Re-instruct in postural correction as indicated Re-instruct in motor control and body mechanics for transitional and functional activities as indicated. Re-assess nerve tension & advance nerve flossing as indicated
Therapeutic Exercises	 Instruct in phase 3 post-operative exercises: Supine unilateral arm lifts Supine SLR Supine bridges Side lying straight leg hip abduction Quadruped FWD/BWD rocking Lumbar stabilization exercise sitting on a ball Squatting & lunging to 60 degrees progressing to 90 degrees Strengthen neurologically compromised muscles PRN Mobilize/stretch tight tissues

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Advancement Criteria	 No increase in LBP or any radicular pain with phase 3 exercise program Independent with home exercise program for Phase III Able to maintain a neutral spine and ADIM during all ADL's and extremity strengthening exercises Able to demonstrate proper breathing technique during all home strengthening exercises Independent in postural correction and body mechanics for ADL's Demonstrate dynamic sitting and standing tolerance of 30 minutes Able to tolerate walking and cardiovascular exercise for 30 minutes
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Phase 4	12-24 Weeks Post-op
Rehabilitation Goals	 Good postural habits in sitting and in standing Lumbar AROM will be WFL's through all planes No nerve tension or pain provocation with nerve tension testing 4+ to 5/5 strength for all trunk and hip musculature with MMT Independence in Phase 4 post-operative lumbar exercises Functional lift training to achieve all functional goals No mechanical signs or symptoms with HEP and ADL's
Appointments	Every 1 to 2 weeks to advance home exercise program or more as indicated by re-assessment
Precautions	 Avoid reproduction of low back and radicular pain. Avoid pre-loading the spine in a posterior pelvic tilt. Avoid end range passive stretching of lumbar spine No symptoms with functional lift training Follow weight lifting restrictions as indicated by surgeon
Treatment Strategies	 Re-instruct in postural correction as indicated Re-instruct in motor control and body mechanics for ADL and functional activities as indicated Assess lumbar AROM if ordered by surgeon Manual muscle testing of all trunk and hip musculature instructing in specific strengthening exercises as indicated Advance patient's progressive walking program, 30 to 45 minutes, 1-2 times per day at a brisk rate Instruct in neural mobilization to normal end range response with overpressure as needed

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Therapeutic Exercise	 Instruct in phase 4 postoperative lumbar exercises Front, back and side planks progressing from standing to lying Sustained bridge with alternating bent leg lifts and alternating knee extension Push-ups in standing progressing to lying Advanced lumbar stabilization exercises in supine and in prone on a ball Squatting, lunge matrix, and functional lift training (floor to waist, waist to chest, chest to crown, front carry, unilateral carry, push/pull)
Advancement Criteria	 No increase in low back pain or any radicular pain during physical therapy or with patient's home exercise program Independence with home exercise program for phase 4 Lumbar, thoracic and hip AROM within normal functional limits 4+ to 5/5 strength for all trunk and lower extremity musculature Good static and dynamic sitting and standing balance Demonstrate dynamic sitting and standing tolerance of 30 minutes Able to tolerate 35 to 45 minutes of brisk walking or other cardiovascular exercises

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Phase 5	24 Weeks Post-op and Beyond
Rehabilitation Goals	Patient will be independent in a comprehensive home stretching and strengthening program for the low back
	Patient will be able to demonstrate normal sitting and standing posture
	Patient will be able to demonstrate normal thoracic, lumbar and hip AROM
	Patient will be able to demonstrate 5/5 strength for all trunk and hip musculature with manual muscle testing
	Patient will be able to demonstrate good cardiovascular fitness
	Patient will be able to participate in a full mechanical
	evaluation without pain or increased symptoms
	Patient's functional capacity results will be suitable for
	employment, sports and ADLs/functional activities at home
	Patient will return to full activity or fully redefined activity level
	Patient will be responsive to mechanical signs and symptoms
Appointments	• PRN
Precautions	Any mechanical signs or symptoms with testing
	Any neurological signs or symptoms
Treatment Strategies	Assess patient's ability to perform their independent home exercise program for maintenance of functional status
	Assess sitting and standing posture instructing in correction as indicated
	If ordered by surgeon, instruct lumbar fusion patients in passive stretching exercises to recover full lumbar AROM
	Perform a full mechanical evaluation
	Manual testing of all trunk and hip musculature
	Assess gait on multiple surfaces
	Assess cardiovascular status
	Set up a functional capacity evaluation (results suitable for employment, sports and ADLs/functional activities at home) if ordered by physician
	Instruct patient in how to return to activities or fully redefined activities

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Advancement Criteria	Achievement of all phase 5 goals
(Discharge)	 A full understanding of prophylaxis
	 Maintenance of normal posture
	 Functional ROM/flexibility
	 Functional trunk and extremity strength
	 Good cardiovascular fitness
	 Responsive to mechanical signs and symptoms
	 Proactive

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