Professor Paul S. D'Urso MBBS(Hons), PhD, FRACS

#### Neurosurgeon

Provider Nº: 081161DY

Epworth Centre Suite 7, Level 8 32 Erin Street Richmond 3121 Tel: 03 9421 5844 Fax: 03 9421 4186 AH: 03 9483 4040 Email: paul@pauldurso.com Web: www.pauldurso.com

# **PHYSIOTHERAPY**

# **POST BACK SURGERY**

Your physiotherapist will visit you the day after your surgery to teach you how to get out of bed and move around again. You will also be taught a basic exercise routine to help rehabilitate your back.

### **GETTING IN/OUT OF BED (VIA LOG ROLL)**

- Lying on back, bend legs.
- Place arm across chest.
- Roll on to side in one movement.
- Bring legs over edge of bed.
- Use arms to push up into sitting.
- Always move as one unit and don't twist shoulders or hips.

### PRECAUTIONS/RESTRICTIONS

There are several precautions you must adhere to in the first four weeks until review with your surgeon. At this time, ask when these precautions and restrictions are no longer required and return to previous activities is allowed. E.g. sitting, driving, golf, bowls, gardening etc

- Avoid any twisting/bending movements. Aim to keep your back as straight as possible at all times.
- Do not sit for prolonged periods (i.e. > 15 mins). When you are sitting ensure you are sitting on a high straight-backed chair.
- Do not bend over to pick objects up from the floor. Ensure that you bend your knees, keeping your back straight as you reach down towards the ground.
- Do not lift heavy objects (over 2 kg) including shopping bags, full laundry basket, small children

# **EXERCISES**

- These exercises are designed to stretch and strengthen the muscles that protect your back. They should be done daily and without significant pain. You may feel some slight discomfort as the muscles begin working again.
- Direct any concerns that you may have to your physiotherapist.
- If you experience sudden or increased pain, rest lying face down for up to ½ hour every few hours until the pain settles. Stop doing the exercises until your next review with your physiotherapist.

## PHASE 1: WEEKS 1-4

Your physiotherapist will suggest how many exercises and how often you are to practice these at home during the first 4 weeks.

### 1. <u>GLUTEAL MUSCLES</u>

 Tighten your buttock muscles. Hold \_\_\_\_\_\_ seconds. Repeat \_\_\_\_\_\_ times. Do \_\_\_\_\_\_ sessions per day.

### 2. LOW ABDOMINAL EXERCISE

Lying on your back with the knees bent and feet flat, gently draw your tummy in to a hollow by tightening your stomach muscles. You should still be able to breathe and speak during this exercise.

Hold seconds. Do times. Repeat per day.

### 3. PELVIC FLOOR MUSCULATURE

These muscles allow you to hold off going to the toilet and support the organs inside your pelvis. They also support the spine and supplement sexual function.

To contract: Lightly squeeze and lift the pelvic floor as if you were stopping your self from passing water or bowel motion.

Hold\_\_\_\_\_seconds.Repeat\_\_\_\_times. Do \_\_\_\_\_sessions per day.

## 4. <u>PELVIC TILT</u>

Lying comfortably on the floor with your knees bent, flatten your back by rolling your pelvis backwards, then gently arch your back by rolling your pelvis forwards.

Repeat \_\_\_\_\_times. Do\_\_\_\_\_ sessions per day.\_\_

## 5. WALKING PROGRAM

Commence walking each day. Start on the ward under the guidance of your physiotherapist who will set you achievable goals. On discharge start for the first few days by going to the letter box a couple of times per day. Gradually increase this distance, as you feel comfortable. You should gradually build up to 30 minutes daily by 6 weeks.

Recording your achievements will help to keep you motivated with your exercise.
---

	DATE	DISTANCE/TIME	EXERCISES	REPETITIONS
Eg.	15/11/01	1 block	1 – 4	x 5

# PHASE 2: WEEKS 5-14

Your physiotherapist will suggest how many exercises and how often you are to practice these at your review appointment in week 5.

### **Stretches**

### 1. SINGLE KNEE TO CHEST

Pull one knee in to chest until a comfortable stretch is felt in the lower back and buttocks. Repeat opposite knee.

Hold seconds. Repeat times on each side. Do sessions per day.

### 2. PRONE LYING: RESTING ON FOREARMS

Assume the position shown. Breathe out as you rest on your forearms to help the back relax.

Hold \_\_\_\_\_ seconds/minutes. Do \_\_\_\_\_ repetitions \_\_\_\_\_ times per day.

#### <u>Strength</u>

### 3. LOW ABDOMINAL EXERCISE

Lying on your back with the knees bent to a comfortable height, feet flat: flatten your back and tighten your stomach muscles. Maintain this pressure while you lift one foot off the floor, then lower it.

Hold\_\_\_\_seconds. Do\_\_\_\_times. Repeat\_\_\_\_per day.

### 4. <u>BRIDGING</u>

Brace your trunk by flattening your back and tightening your stomach muscles. Maintain this contraction while you lift your buttock off the floor, keeping the back straight and arms relaxed on the floor.

Hold seconds. Repeat times. Do per day.

### 5. PRONE SINGLE ARM RAISE

Lying on your stomach if comfortable to do so, raise one arm from floor with the elbow straight.

Hold\_\_\_\_\_seconds. Repeat \_\_\_\_\_times. Do \_\_\_\_\_sessions per day.

### <u>Endurance</u>

- 6. Aim to be walking 40 60 minutes per day or every second day.
- 7. Optional: swimming for 30 minutes 2-3 times weekly.

Exercising in water may seem quite easy at the time. **REMEMBER** that you are actually working your spine more than you think! You may feel some stiffness and soreness the next day when you first begin, so be careful to increase the intensity of this activity slowly.

Begin by walking in the water – forwards, backwards, sideways. Gradually introduce kicking using a kickboard, swimming freestyle and/or backstroke, as you feel comfortable. Avoid breast-stoke and butterfly.

### **<u>References</u>**:

Jull GA and Richardson CA (2000): Motor control problems in patients with spinal pain: a new direction for therapeutic exercise. *Journal of Manipulative Physical Therapy* 23:2, 115-117.