

Comprehensive Orthopaedics, S.C.

Lumbar Fusion

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	Precautions	Physical Activities	Physical Therapy
0-6 weeks	<ul style="list-style-type: none"> • No bending or twisting • Wear brace when out of bed. • Log roll in and out of bed. • Use toilet extender. • Walk with assistive device as needed. • Limit sitting to 15- 30 mins. • Limit lifting to 10 pounds. • Patient will be in rigid brace for 2wk and then velcro brace for six weeks. • May drive at 2 weeks if not on any narcotic pain pills. 	<ul style="list-style-type: none"> • Slowly progress walking as tolerated with back brace and assistive device as needed. • Ambulate 2-3 times a day for shorter distance rather than one longer distance. • Goal is to walk 1 mile in 20mins, 2-3 times a day. 	<ul style="list-style-type: none"> • No lumbar movement, not even for evaluation. • Assess LE weakness and address as appropriate. • Assess Neurotension and address as appropriate. • Assess abdominal & lumbar paraspinal activation. • Education patient hip dominated mvts. • Education in neutral spine mechanics. • Education on posture. <ul style="list-style-type: none"> ○ Lumbar roll sitting ○ Use of pillows for sleeping in sidelying and supine. • Education on proper transfers. • Abdominal bracing. • Gait training with assistive device as needed. • Modalities as needed to decrease pain and restore functioning. <ul style="list-style-type: none"> ○ Tens, US, STM/MFR, heat, ice.
6-12 weeks	<ul style="list-style-type: none"> • Minimal back movement, limit forward bending and rotation of lower back. • Patient is out of corset when comfortable. This will be dependent upon patient; some patients may still be in brace. • Sexual activities at six weeks. • 10 pound weight lifting restriction. 	<ul style="list-style-type: none"> • Continue to progress walking and d/c assistive device once able. • May initiate gym program once per week with L-S-O (self-limiting). • Hamstring stretching. • Very gentle single/double knee to chest. • Stabilization exercises. • Treadmill. <p>Once released from back brace:</p> <ul style="list-style-type: none"> • Start gym program 3 times per week. • Patient may benefit from upper cycle and stairmaster to increase cardiovascular fitness without increased back pain. • Gentle stabilization exercises and cardiovascular. • No aggressive strengthening yet. • Goal is to walk 2 mile in 15mins. 	<p>At 6 wk S/P</p> <ul style="list-style-type: none"> • May begin light pool exercises: <ul style="list-style-type: none"> ○ Stabilization exercises • Restricted rotational and flexion/extension exercises and mvts. • Continue to educate patient on hip based mvts. • Start lumbar stabilization exercises. • Progress abdominal strengthening program while maintaining neutral spine. • LE stretching – HS, Quads, gastroc/soleus, hip flexors. • Back stretching – knee to chest, piriformis. • May start prone position to stretch hip flexors (as tolerated). • Functional movements with abdominal bracing: <ul style="list-style-type: none"> ○ Mini anterior lunges. ○ Mini squats. • May begin light lifting with proper biomechanics (10 # maximum). • Stress Body mechanics.
3-6 months	<ul style="list-style-type: none"> • Back movement only in pain free range and no end of range activities. • Encourage patient not to use corset, but we want to keep patient active so okay to use if needed. • Lifting restrictions per surgeon orders. 	<ul style="list-style-type: none"> • Start upper level program of rehabilitation as tolerated. • Work on multidirectional exercises. <ul style="list-style-type: none"> ○ Backwards and sideways walking • Focus on trunk strengthening. • Physioball exercises. 	<ul style="list-style-type: none"> • Gradually add side bending and rotation when they can stabilize. • Progress lumbar stabilization and abdominal strengthening exercises. • Work on multidirectional exercises once they are able to stabilize spine. • Progressive resistance training. • Functional training exercises for sports and work specific activities.
6+ Months	<ul style="list-style-type: none"> • No end of range back movements. • Good mechanics and posture at all times. • Lifting restrictions per surgeon orders. 	<ul style="list-style-type: none"> • Resume all activities. • Still needs to use good mechanics. 	<ul style="list-style-type: none"> • Advanced lumbar stabilization exercises and abdominal strengthening need to part of a regular exercise program.



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