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FRONT RANGE
ORTHOPAEDICS & SPINE TEAM

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COMPREHENSIVE ADULT SPINE, ADULT TOTAL HIP AND KNEE RECONSTRUCTION, AND ORTHOPAEDIC TRAUMATOLOGY/FRACTURE MANAGEMENT

Patient Name:_____

Diagnosis: _____

Cervical Foraminotomy Physical Therapy Prescription

The intent of this protocol is to provide guidelines for rehab. It is not intended to be used as a substitute for clinical decision-making.

If any of the following occur, contact Dr. Anderson and hold off on physical therapy:

- Any signs of infection
- Worsening of radicular symptoms, including progressive weakness
- Unexpected high self-reports of pain in comparison to presurgical state

Phase I (0-2 weeks): Protective Phase

Precautions

- No Bending, Lifting, Twisting (**No BLT**), pushing and pulling: 5-10 pounds or more for 6 weeks
- Limit sitting, including in the car, to no more than 30 minutes at a time (standing/walking breaks are encouraged).
- No specific cervical exercises in the first 2 weeks, cardio and scapular retractions only. However limit exercise that results in sweating until the surgical wound has healed.

Goals

- Diminish pain/inflammation and minimize upper extremity radiating symptoms (ice, modalities as needed).
- Learn correct posture, body mechanics, transfers.
- Focus on cardio exercise program, increasing tolerance to 30 minutes, 2 times a day.

Education

- **Posture Education:** Sitting Posture with Lumbar Roll at All Times; Frequent Change in Positions, Avoid Prolonged Flexion (Books, Phones, iPads, Etc.), Sleeping Positions.
- **Body Mechanics:** Light lifting, transfers (include logrolling) positioning, etc.
- **Driving:** When off narcotic pain medications, and patient feels that they are safe enough to drive, able to react to avoid accidents/drive defensively without hesitation. Dr. Anderson does not clear patients to drive, this is an individual decision for each patient.

Exercises

- **Cardio:** Walking or stationary bike 2 times a day, 10 minutes each session to start
- **Scapular retractions:** Emphasis on neuromuscular control (eliminate shrug),10-20 second isometrics
- **Light stretching:** Pecs only (example: supine over a towel)

Phase II (2-6 Weeks): Strengthening Phase

Therapy

- Starting at week 2, 2-3 times per week, 4 or more times a week

Precautions

- Keep spine in neutral and good posture for strengthening with focus on proper neuromuscular control
- Lifting, pushing and pulling less than 5-10 pounds until 6 weeks
- Gentle active range of motion only (**No** passive stretching or aggressive range of motion)

Goals

- Patient to have proper neuromuscular control and posture with stabilization and strength exercises
- Initiate light strengthening and progressed to independent with long-term home exercise program
- Release soft tissue restriction/muscle spasm/scar
- Body mechanics review
- Increase aerobic endurance to more than 30 minutes

Flexibility

- **Cervical Active Range Of Motion:** Emphasis on retractions, gentle range of motion only
- **Stretching:** Pecs, thoracic extensions
- **Neural mobilization:** Performed as needed, gentle with caution not to flareup nerve roots

Manual Therapy

- Soft tissue mobilization for restriction and spasm

Strength

Only initiate these once patient can complete phase 1 exercises. Then begin with light resistance and slowly progress. Emphasize good posture and correct muscle firing of scapular stabilizers during each exercise. (This is not a complete list.)

- **Postural/Scapular Strengthening**
  - Scapular retractions first (eliminate shrug)
  - Prone scapular strengthening
  - Thera-Band rows, extensions, external rotation, horizontal abductions, etc.
  - Transversus abdominis isometrics first, then progression
  - Machine rows, lateral pulldown (keep bar in front of the head), free motion machine, etc.
- **Cervical Postural Strengthening**
  - **Deep Cervical Flexors:** Emphasis on correct neuromuscular control, 10-20 second isometrics to start
  - Prone on elbows, quadruped, modified plank position with 10-20 second retraction isometrics

- **Swiss ball:** Seated, quadruped stabilization exercise
- Seated retractions against Thera-Band
- Cervical isometrics if needed

Cardio

- Should be continued to be done daily working up to at least 30 minutes/day (emphasis on walking or stationary bike to start).
- Time frames may vary per patient, consult with Dr. Anderson if you have questions (example: An avid cyclist with proper bike fit might start sooner).
- Emphasize correct form and equipment set up (example elliptical, bike, walking training, etc.).
- When initiating running and sports listed on the following page, slowly increase in the 6 to 8-week timeframe.

	No Earlier Than:
Walking Progression	At least 30 mins/day
Stationary Bike	Gradual increase in resistance at 4 weeks
Pilates (neutral spine)	4 weeks
Outdoor Biking	4 weeks
Hiking	4 weeks
Elliptical	6 weeks
Skiing	6 weeks

	No Earlier Than:
Yoga	6 weeks
Swimming	6-8-week progression
Running	6-8-week progression
Soccer	6-8-week progression
Basketball	6-8-week progression
Golf	6-8-week progression

Aquatic Physical Therapy

- After 6 weeks, if available, once incision has healed)
- Transversus abdominis bracing during all exercises and good head position
- Walking all directions, balance, lower extremity and upper extremity strengthening

Phase III (6+ Weeks): Return to Work/Work Conditioning/Return to Sport (If Applicable)

- No lifting restrictions after 6 weeks.
- Continue to progress strengthening exercises from Phase II
- Continue any manual therapy, stretching, etc. from Phase II as appropriate
- Functional//drop drills may begin now with supervision. See time frames above for sport time frames.
- Possible referral to Work Conditioning/Work Hardening program.