

# Physiotherapy following Lumbar Spine Surgery



**ST VINCENT'S  
PRIVATE HOSPITAL**  
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

This information is a general guide only.

Instructions and specific exercises may vary depending on your specific surgery and situation. Your surgeon or physiotherapist will inform you of any further instructions or limitations.

Please ask if there is anything you are unsure about.

Your physiotherapist: \_\_\_\_\_

Phone: 07 **3326 3000**    Pager no. **0104**

Alternative contact: \_\_\_\_\_



Please contact your nurse if you require an interpreter.

# Physiotherapy following Lumbar Spine Surgery

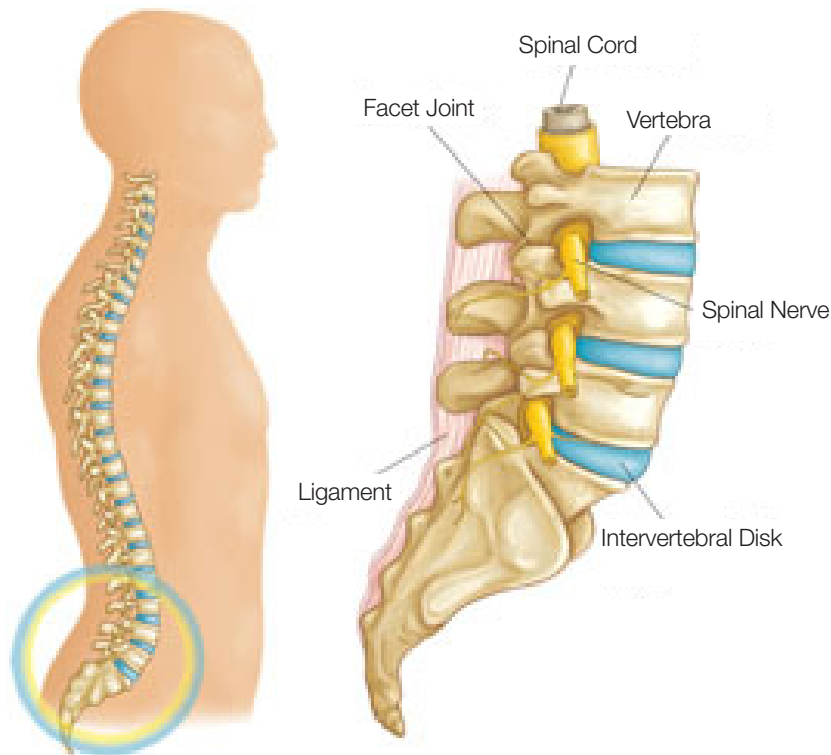
## Welcome to St Vincent's Private Hospital Northside

Our Hospital's Orthopaedic Physiotherapy Team will work with you to regain normal function after your operation.

They will provide you with advice and a home exercise program to enable you to continue your rehabilitation at home.

Please take the time to read through the information in this booklet as it is relevant to your wellbeing and rehabilitation.

There is a Notes section at the back of this booklet for any questions you may wish to ask your physiotherapist.



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## General post-operative advice: *for your safety and care*

You must have regular pain medication so that you are able to walk and do the exercises given to you by your physiotherapist.

A variety of medications are used and we aim to provide sufficient pain relief with minimal side effects.

However, this does not mean you will be completely pain-free.

If we give you too much pain medication it can make you extremely sleepy and nauseated. These side effects can delay your recovery and can increase the risk of complications, such as blood clots.

You must let us know if you are feeling nauseated as it is impossible to walk and exercise well if you are nauseated.

# General post-operative advice: *for your safety and care*

## Lying in bed

You can lie on your back or on your side after the surgery – just make sure your back is always straight. It is important to change position regularly to alleviate pressure on your body.

Please ask your nurse to help you roll over and reposition pillows if needed.

Once able, you may use your bed rail or a bed stick to roll over independently.

## Finding comfortable positions



### Lying on your back

- Lie with a pillow under your knees.

### Lying on your side

- Lie with a pillow between the legs to help keep your back straight.

## Exercises: *immediate post-operative*

These exercises can be started on the day of your surgery and it is a good idea to practice them before.

### ● Relaxed deep breathing

- Relax your shoulders and take a slow, deep breath in.
- Hold for three (3) seconds, and then slowly breathe out.
- After five (5) deep breaths have a strong cough, using support if required to decrease the pain associated with coughing.
- Repeat hourly when awake for the first two (2) days after your surgery.



### ● Triflow – Incentive Spirometry (*to assist in getting your lungs to fully expand*)

- You will be provided with a Triflow device. It can be used in addition to relaxed deep breathing exercises.
- Breathe in through the mouthpiece and hold the ball/balls up for as long as possible.
- Repeat five (5) times every hour whilst in hospital and then 4-5 times per day on discharge for 2-4 weeks.



## Exercises: *immediate post-operative* (continued)

### ● Foot and ankle pumps (to help circulation and prevent blood clots)

- Move your feet up and down from the ankles.
- Repeat ten (10) times every hour when awake.
- Make sure that you aren't just wiggling your toes, but that your whole foot is moving up and down.



### ● Thigh muscle (quadriceps) squeezes



- Straighten your knees and tighten your thigh muscles.
- Hold for five (5) seconds.
- Repeat ten (10) times every hour when awake.

### ● Bottom squeezes



- Squeeze your buttocks (gluteals) gently together.
- Hold for 3-5 seconds.
- Repeat ten (10) times every hour when awake.

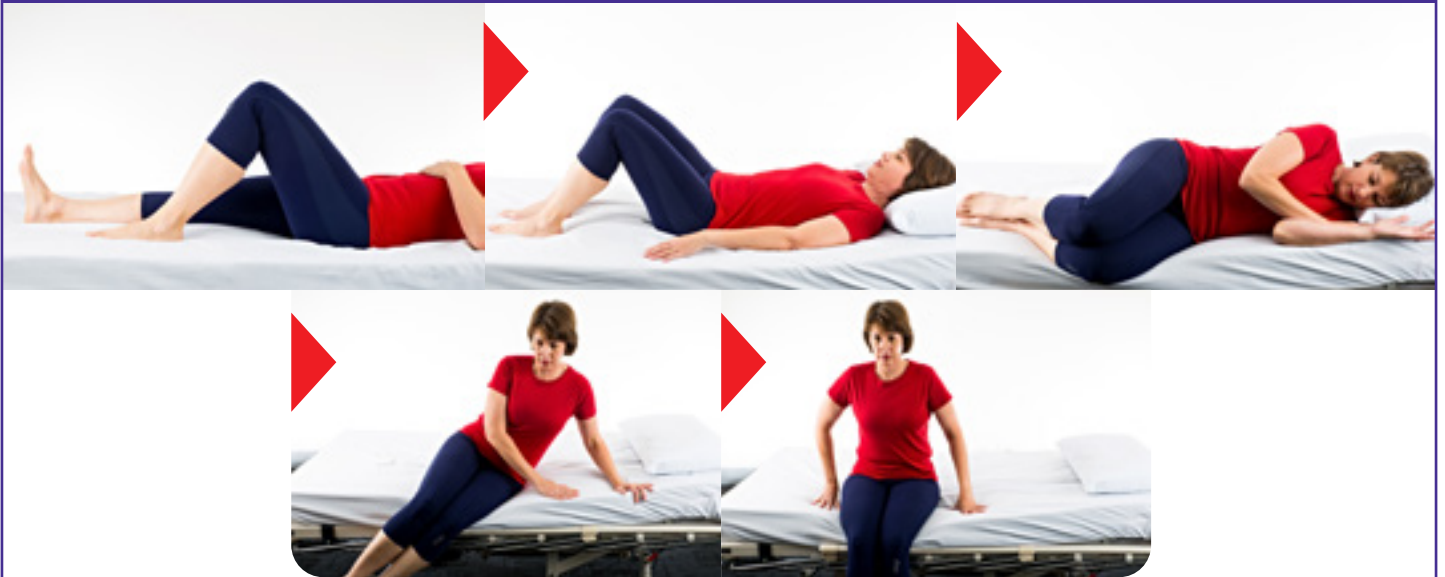
### ● Bending your hip and knee

- When lying on your back you are allowed to bend your knee up.
- Always bend one knee and then the other knee, never both together.



# General post-operative advice: *for your safety and care*

## Getting in and out of bed



### Getting out of bed

- Lie on your back, bring one leg up at a time until both knees are bent.
- Roll over to your side, using a bed stick or rail if required. Move your legs at the same time as you move your trunk. Keep your back straight as you turn (*this is called log rolling*).
- Push through your arms (+/- bed stick) into a sitting position as you lower your legs down. This should avoid any twisting of the spine.

### Getting into bed

- Sit onto the edge of the bed, lower down onto your side as your legs come up onto the bed. From your side, roll over onto your back, moving your trunk and legs at the same time.

# General post-operative advice: *for your safety and care*

## Sitting

Sitting puts the most pressure on the spinal column. Your physiotherapist and nurse will help guide you as to when you can start sitting. As a general rule it is advised to limit sitting to 20 minutes maximum for the first six (6) weeks after your surgery.

When you are sitting maintain a good posture at all times. Have everything you need within an arm's length to avoid reaching and twisting.

Ideally you should use a supportive chair with a good back support and arm rests. Avoid soft couches and low chairs.

## Standing up

- Try to keep your movement symmetrical so you avoid any twisting of your back.
- Bring your bottom to the edge of your bed or chair. Have both feet apart and flat on the ground.
- Lean forward, pushing up strongly through your legs. By using your leg muscles you will be able to take the pressure of your back muscles.
- Raising the height of the bed or chair will make this easier.

## Walking

Walking is a very important part of your recovery after surgery. As long as your posture and movement is normal it puts minimal stress on your back.

The first time you walk after your surgery your physiotherapist (or a nurse) will be there to help you. You may require a mobility aid initially. Your physiotherapist will advise you when you can start walking by yourself and which mobility aid suits you best.

During your stay in hospital you will be encouraged to gradually increase the amount you are walking. As a general guide, at 2-4 days after surgery, you should be aiming for 5-6 walks/day.

By four (4) weeks you should be walking 20-30 minutes, once or twice a day. Your surgeon or physiotherapist will advise you more specifically, depending on your surgery.

Be aware of your posture while you are walking. It is common to tense up your trunk muscles and flex forward after surgery, but this can increase pain, stiffness and muscle spasm. Try to relax your shoulders, stay upright and swing your arms slightly, letting your body move gently with your arms. Initially the speed of walking is not important, as you will speed up as you become more comfortable and confident.

## Rest

Rest is also an important part of your recovery. You will need to find the correct balance between activity (including walks) and rest. Gradually increase your activity levels, so that your muscles have time to adjust to working in different ways. Ensure that between activities you are resting your back by lying down or sitting, remembering that sitting is limited to 20 minutes for the first six (6) weeks.

## Pain

You may have pain, stiffness or muscle spasm after your surgery. This is generally managed with pain relief medication (analgesics) and should settle within a few weeks. If you do have pain make sure you take analgesics regularly to try and avoid any fluctuations in your pain and activity levels. If your pain increases please notify your nurse, surgeon or physiotherapist.



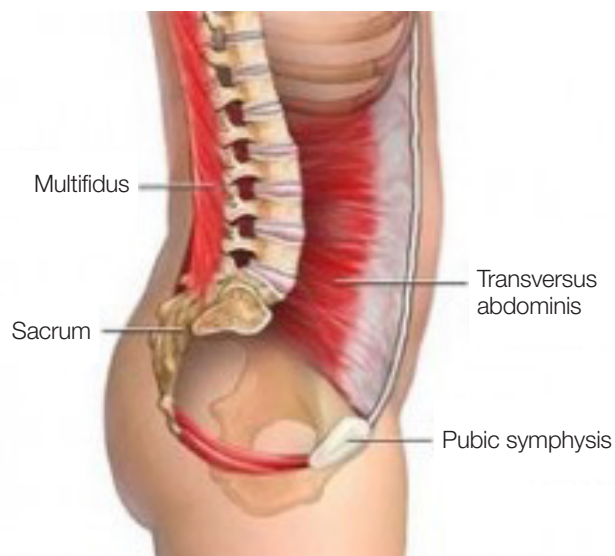
## Exercise program

The following exercises will be commenced at various time after your surgery, depending upon the surgeon's preference and your specific surgery. Your physiotherapist will advise which ones are suitable for you to do. Generally exercises are done 2-3 times a day.

### ● *Transversus Abdominus* exercise

*Only begin this exercise after your urinary catheter (if you have one) is removed.*

- The *Transversus Abdominus* (Trans Ab) is a very important muscle for stabilising your spine. It acts as a muscular corset and works in conjunction with your pelvic floor muscles.
- Lie on your back with bent or straight knees. Place your fingers at the front of your hip bones. When the Trans Ab contracts you should feel a gentle tightening underneath your fingers.
- Draw in your pelvic floor muscles (*your physiotherapist will help you find the correct way to do this*), and gently draw in your lower abdomen.
- Maintain this position whilst breathing in and out for five (5) breaths. Then relax everything.





## Exercise program *(continued)*

### ● Lumbar rotation



- Lie on your back. Bend both knees up (one at a time).
- Gently take both knees to one side, and then to the other side.
- This movement should be pain-free (although you might feel a light stretching at your wound site).
- Gradually increase the distance you move your knees.
- Repeat five (5) times to each side per session.

### ● Bent knee fall-out



- Lie on your back with knees bent up.
- Whilst contracting your *transversus abdominus* muscle, slowly lower one knee to the side and then bring it back up to the middle.
- Do not move your trunk or your pelvis during the exercise and don't hold your breath.
- Repeat five (5) times to each side per session.

## Exercise program *(continued)*

### ● Calf raises



- Keeping both feet on the floor, rise up on to the balls of your feet.
- Hold three (3) seconds then slowly lower your heels back to the floor.
- Repeat ten (10) times.

### ● Mini squat



- With weight evenly balanced between both legs, slowly squat down a quarter of the way.
- Hold this position momentarily, then slowly stand up again.
- Repeat ten (10) times.

### ● Side stepping



- Hold onto the back of a chair, or a bench, or the rail at the end of your bed.
- Place your weight through left leg and step to the right. Bring left leg over to the right leg.
- Then place weight through your right leg and step to the left. Bring your right leg over to the left leg.
- Repeat ten (10) times on each leg.

# Once you are home

## Moving in general

When doing any activity ensure you prepare your environment well.

Have items you use regularly within an arm's reach and at waist height. They should be positioned so you don't need to twist or bend whether you are sitting or standing.

This may involve rearranging your kitchen/bathroom/laundry/workspace etc.

Break your activities down into small portions and spread these out over the day – little and often.

Listen to what your body needs and rest when you need to.

Try to integrate the transversus abdominus exercise (pelvic floor activation) into your everyday movements such as rolling over in bed, getting in and out of bed, standing up and sitting down, and walking. Your goal is to have these muscles working at a low level throughout the entire day. You should contract the muscle just enough to feel it working. The more you practice this the more automatic it will become.

## Lifting



Avoid any lifting for six (6) weeks following your surgery – your surgeon will guide you on when you can start lifting again.

Once you are able to start lifting begin with small, light items, and gradually increase the weight.

### When lifting:

- Ensure you maintain a neutral spinal position – try to bend with your knees rather than your back.
- Carry loads around waist height, and as close to you as possible.
- Position the heaviest part of the load the closest to you.
- If possible, break the load you are lifting into smaller loads.

## Once you are home *(continued)*

### Bathing and dressing

If you have difficulty reaching your legs or feet use a long handled sponge/brush.

Having a non-slip mat in the bath or shower will increase your safety.

When dressing, bring your foot closer to you by bending at the hip and knee, rather than the back. You can do this in sitting, standing with a foot up on a chair, or lying on your back, just remember to keep your back straight.

You may find a long handled reacher or shoehorn useful.

### Domestic activities

Avoid heavy domestic tasks such as vacuuming, mopping and sweeping for at least six (6) weeks after your surgery.

Break your household jobs down into small tasks, and spread these tasks out over the day or week, rather than doing everything at once.

Use long handled tools (upright vacuum cleaners) when possible, hold it at waist height and walk with the tool rather than pushing and pulling. Bend your knees, keep your back straight and avoid twisting.

If you need to reach the ground (e.g. when making beds), kneel down rather than bending over.

When ironing, or completing kitchen tasks, make sure the workbench is high enough so you are not leaning over. Have your things in front of you, so that you are not twisting or reaching too far.

When shopping use a small trolley rather than baskets, and do several smaller shops rather than one big one if possible.

Avoid strenuous tasks such as gardening for at least 6 weeks. Your surgeon will advise you on when you can start these tasks again.

### Car travel

Your surgeon will advise you when you can start driving again – this is usually around 4-6 weeks after your surgery.

It is advised you keep your car travel to a minimum for six (6) weeks after your surgery as sitting in a car seat increases the pressure on your spine.

When you are in a car move the seat right back and make sure your back is well supported – you might find a lumbar roll or cushion behind your back helps with this.

If you do have to travel for longer than 30 minutes take regular breaks so you can stand up and walk around.

### Return to work

Your surgeon will advise you on when you can return to work. This will depend on the type of work that you do, and on your recovery. A graded return to work might be recommended if possible.

Once back at work try to change your position regularly between sitting, standing and walking.

If you sit at a desk try to have a chair that pivots and is on wheels to minimise twisting and reaching, and when sitting ensure your elbows are at desk height.

If your work involves lifting or repetitive back movements and you would like further information on lifting techniques and back safety please consult a physiotherapist before you return to work.

## Long-term care of your back

A lot of the advice in this handout is focused on the first six (6) weeks after surgery. However this advice can be followed for the remainder of your life. Living with back pain often requires a lifestyle change and surgery often necessitates a long-term adjustment to your lifestyle.

- Avoid bending or lifting first thing in the morning.
- Resting posture – no one position is correct, be sure to vary your posture, including spending time standing up and walking around.
- If you spend a lot of time sitting during the day make sure your workspace is set up correctly and you have a supportive chair.
- Try to avoid repetitive movement involving bending and/or twisting your back, even if you aren't lifting anything – repetitive movement has been shown to damage the inter-vertebral discs.
- Ensure you do regular recreational activity such as walking and swimming. This will help to keep you fit, keep your muscles strong, and maintain a healthy weight.
- If you require any further information about safe lifting techniques or back care, please consult a physiotherapist.

### Childcare

If possible get someone else to help with lifting your child. Use kneeling rather than bending if you need to be down at the child's level, including bathing and getting in and out of a pushchair. When carrying your child have their back towards you so the heaviest part of the load is closest to you. When picking your child up kneel if coming from the ground, or squat if coming from a lower surface, have the child as close to you as you can before you lift, and use a support (such as a chair) to push up on.

When putting children or babies in car seats, put one foot on the footwell and slide your child off your thigh into their seat.

### Sport and leisure

Your surgeon will guide you on returning to any form of sport or leisure activity. When you do return to sport or leisure activity gradually increase the amount of activity you do over time. If you need further advice or assistance please see a physiotherapist.

### Sex

You can resume sexual activity when you feel comfortable – however it is advisable to take a more passive role initially. Generally lying on your back is the safest and most comfortable position, and you may find using a pillow under your back helps with support. Please ask your therapist if you would like further advice.

### Will you need further physiotherapy?

Continue with the above exercises until your review with your surgeon. Your surgeon may refer to a physiotherapist after the post-operative review, if necessary.







# St Vincent's Private Hospital Northside

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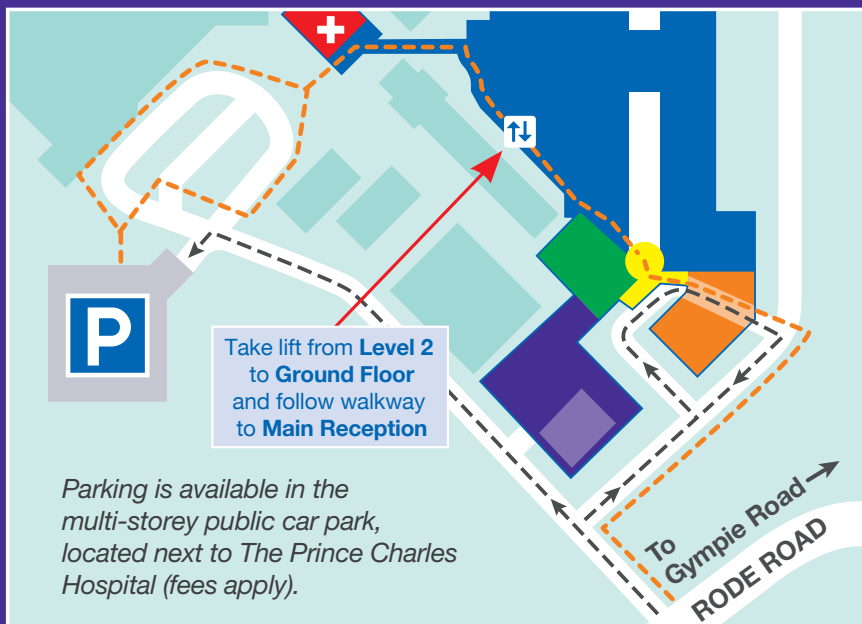
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|---|---|
|  St Vincent's Private Hospital Northside     |  St Vincent's Northside Education Centre |
|  Main Reception/drop-off zone                | <b>Level 1</b>  |
|  St Vincent's Northside Medical Centre       | - Breast Health Centre  |
|  Mary Aikenhead Building                     | - Consulting Suites   |
|  St Vincent's Northside Breast Health Centre | <b>Ground Floor</b>   |
|   | - Education Training Centre   |
|   | <b>Lower Ground Floor</b>   |
|   | - Executive Suites  |
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|--|---|
|  Brisbane Northside Private Emergency |  Multi-storey public carpark |
|  The Prince Charles Hospital          | - - - Vehicular route   |
|  | - - - Pedestrian route  |



Developed in consultation with our consumers (May 2017)

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES