

Cervical Laminectomy/Discectomy/Fusion Rehabilitation

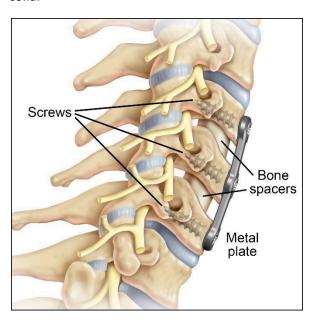
Protocol

Precautions

Prevent excessive initial mobility or stress on tissues

- Anterior cervical fusion: avoid extension
- Posterior cervical fusion: avoid flexion
- For 4 weeks, no heavy lifting. Do not lift above shoulder level. No overhead lifting or activity

Follow surgeon's recommendations regarding collar



Recommended Exercises

Days 1-3 Post-op

- Bed mobility and transfers
- Donning/doffing collar
- Diaphragmatic breathing
- Scapular retraction, shrugs, gluteal squeezes, full range leg kicks

- Gait, with appropriate assistive device if necessary
- Exercise tolerance

 Reinforce sitting, standing and ADLs modifications with neutral spine and proper body mechanics (posture education)



Weeks 4-6 Post-op

Start outpatient physiotherapy

Avoid excessive cervical loading (minimal overhead arm resisted movements). Limit lifting to 6kg

- Continue above exercises
- Pain-free active range of motion (AROM) cervical spine and upper extremities



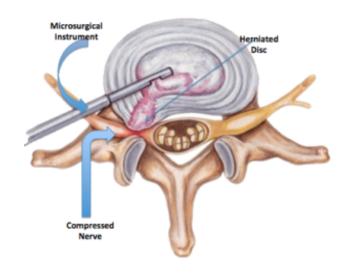
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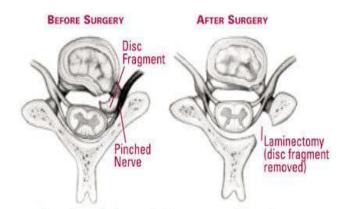
Protocol

- Postural work and influence of lumbar spine
- Upper thoracic mobilisation exercises (cat/camel exercises, upper thoracic extension, upper thoracic rotation)
- Gentle 2-finger isometrics
- Treadmill and bike with proper posture
- Upper body ergometer (UBE) with resistance
- Core stabilisation exercises with neutral lumbar spine (no bridging)
- Lifting mechanics and education
- Nerve glides as needed (as long as they do not reproduce symptoms)
- General upper and lower body strengthening
- Soft tissue release, scar tissue management
- Electrotherapy as appropriate

Months 2-6 Post-op

- Continue with above exercises and emphasize posture
- Clear to initiate stretching of cervical spine if necessary
- Scapular stabilisation strengthening exercises with resistance (shrugs, chest press, rows)
- Work/activity specific training
- Begin jogging/running if desired
- Manual therapy when necessary





Top view of disc, spinal nerves, and vertebra