

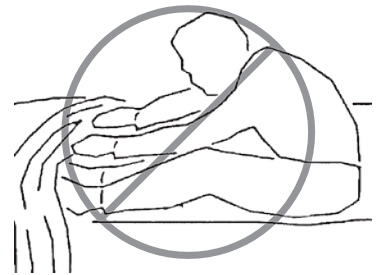
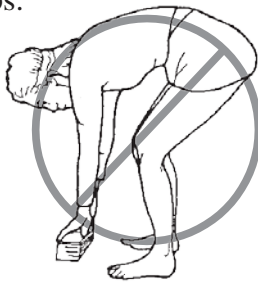


Lumbar Fusion/ Laminectomy



Post Surgical Spinal Precautions – Lumbar Surgery

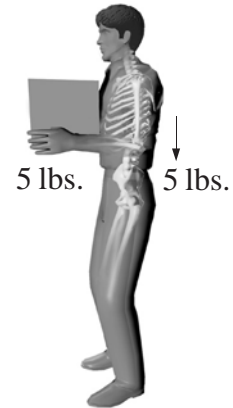
1. Do not **bend** forward at the waist more than 90° or raise knees higher than hips.



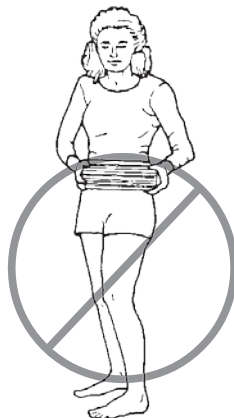
2. Do not **lift** more than 10 pounds.

For example:

- 12-pack of soda.....10 pounds
- Gallon of milk.....8.8 pounds
- 2 liters of soda7.8 pounds
- Large saucepan1 pound

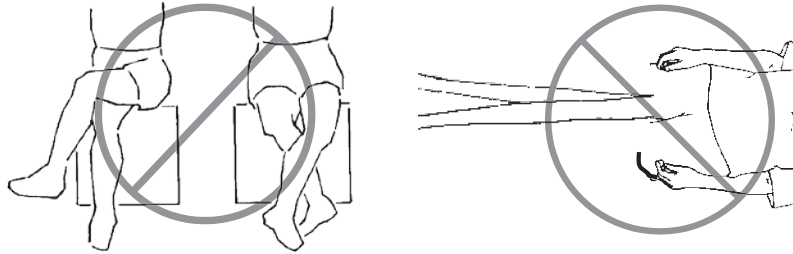


3. Do not **twist** trunk while performing any activity.

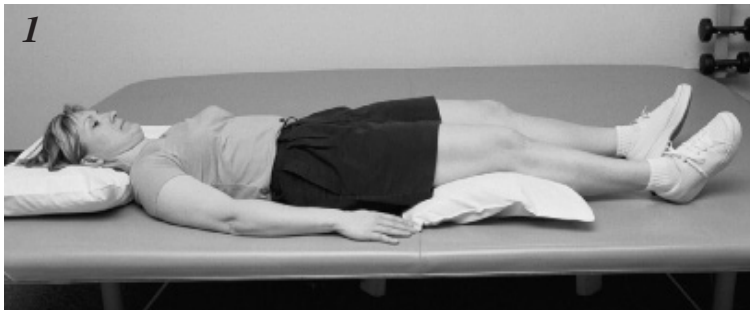


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4. Do not **cross** knees or ankles while sitting, standing or lying.



5. Always log roll out of bed. Have a pillow between your knees for comfort and to help maintain precautions if necessary.



Tip: Change positions often and alternate rest (sitting and lying down) with activity (walking and exercise) to increase comfort. Avoid sitting and standing for long periods of time.



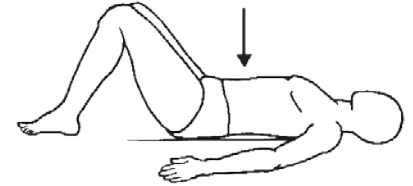
Lumbar Spine Surgery Exercises – Acute Post-Op Phase I

It is important to use good breathing techniques with all exercises. When you breathe, you should feel your stomach push out when you inhale and move inward when you exhale. Your shoulders, neck and jaw should be relaxed when you are breathing.

1. Abdominal Brace

Position: Lying down, sitting or standing

Action: Place fingers on stomach. Tighten abdominal muscles as if to force your fingers out of your abdomen. Practice tightening on sides of abdomen and high and low on abdomen.



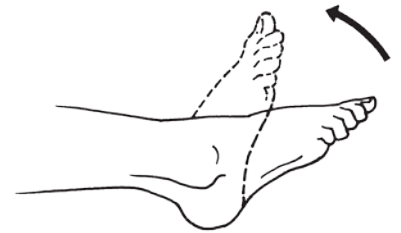
Do _____ sets of _____ repetitions _____ times per day.

Use abdominal bracing and good breathing techniques throughout the following exercises.

2. Ankle Pumps/Neuro Stretch

Position: Lying down, with knees straight.

Action: Pull foot up towards your face until you feel a slight stretch and then point foot down as far as possible.

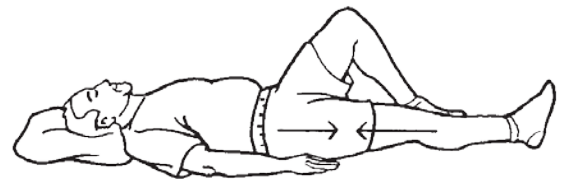


Do _____ repetitions _____ times per day.

3. Quad Sets

Position: Lying down.

Action: Tighten the muscles on the top of the thigh to allow the back of the knee to press into surface or towel.



Repeat _____ times. Do _____ times per day.

4. Heel Slides/Hip and Knee Flexion

Position: Lying down.

Action: While maintaining abdominal brace, slowly bend knee by sliding heel up toward buttock. Do not lift heel from surface. Slowly return to starting position. Keep kneecap pointing up towards ceiling.



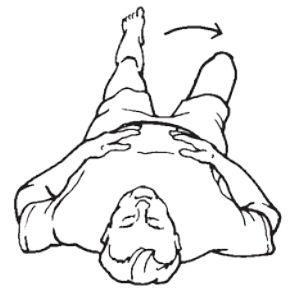
Repeat _____ times. Do _____ times per day.

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5. Bent Knee Fall Outs

Position: Lying down; Keep one leg straight and the other leg with foot on floor with knee bent. Put hands on pelvis to monitor motion.
Action: Let the knee fall out to the side. The back and pelvis should not move.

Repeat _____ times. Do _____ times per day.



6. Lumbar Spine Neural Mobilization – Sitting

Position: Sit in a chair in good upright posture, not leaning on back of chair.

Action:

1. Lift your _____ foot off of the floor and straighten the knee.
2. Keep your trunk straight.
3. Hold _____ seconds.
4. Return to start position. Repeat _____ times.
5. Lift foot off floor again and straighten knee.
6. Move foot up and down. Repeat _____ times.



7. Sitting PNF Upper Extremity Diagonals

Position: Sitting or standing

Action: Cross arms across chest with fist at pocket height while maintaining abdominal brace; raise arms over head, forming the letter “V.” Do **not** allow your back to move.

Repeat _____ times. Do _____ times per day.

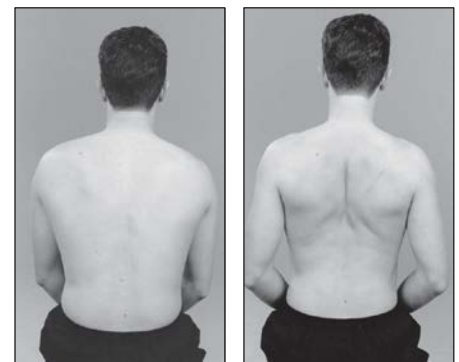


8. Sitting Scapular Sets

Position: Sitting or standing

Action: Pinch shoulder blades together. Avoid shrugging shoulders up or flaring chest out. Hold 3 - 5 seconds and relax.

Repeat _____ times. Do _____ times per day.



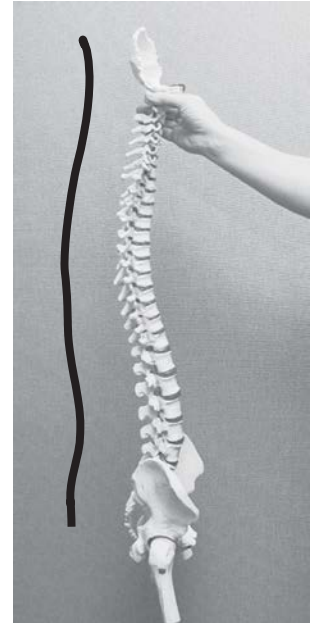
When instructed by your therapist, you should begin a walking program (X44916) and add standing leg exercises (X24510).



Tips for Good Posture

Proper posture is important for injury prevention. Your spine has three general curves. The purpose of these curves is to make the spine as strong as possible and to absorb shock.

With osteoporosis, alignment of the spinal curves may be affected by bone loss, compression fractures, and/or poor postural habits. When the curves are in proper alignment, your weight is supported most efficiently by the bones. When the curves are not in proper alignment, excessive force may be placed on the bones, increasing your risk for fractures or other injuries.



Sitting

- Choose a straight-backed chair with firm but comfortable support.
- Sit with hips at back of chair, head erect, legs uncrossed.
- Place a folded towel or small pillow, approximately 2 to 4 inches thick, behind your low back. Use this whenever you sit (at home, in the car, at church, etc.).
- Align ear over shoulder over hip.
- Knees should be approximately level with the hips. If legs are too short for feet to rest flat on the floor in sitting, use a low footstool or phone book to rest your feet on. The stool may have a flat or slanted surface.
- When looking down, bend forward only at the neck like you're nodding your head (neck hinge).



Continued

Standing

- Align ear over shoulder over hip and try to have a small hollow or inward curve in the low back.
- Keep breastbone lifted, head high and chin tucked back to maintain the proper spinal curves – like a string on the top of your head pulling toward the ceiling.
- Wear comfortable and supportive shoes with cushioned soles.
- Avoid wearing high heeled or platform shoes which change the normal shape of the foot and alter the alignment of the spinal curves.
- When standing in one place for longer than a few minutes, put one foot on a low stool or railing; then switch after a while. This will reduce the strain on your back.
- When looking down, bend forward only at the neck like you're nodding your head (neck hinge).



Sleeping

Sleeping positions should promote the maintenance of proper spinal alignment.

- **Sleeping on Back:** Place a pillow under your knees. Use a small pillow under your head so that your head and neck do not thrust forward.
- **Sleeping on Side:** Use a pillow between your legs, and a pillow under your head so that your neck is straight. You may also use a pillow in front of your torso/abdomen to support your top arm and prevent twisting.



Throughout each day, try to maintain the three natural back curves in neutral alignment – your reward will be good posture, reduced strain on your spine and stronger back muscles.

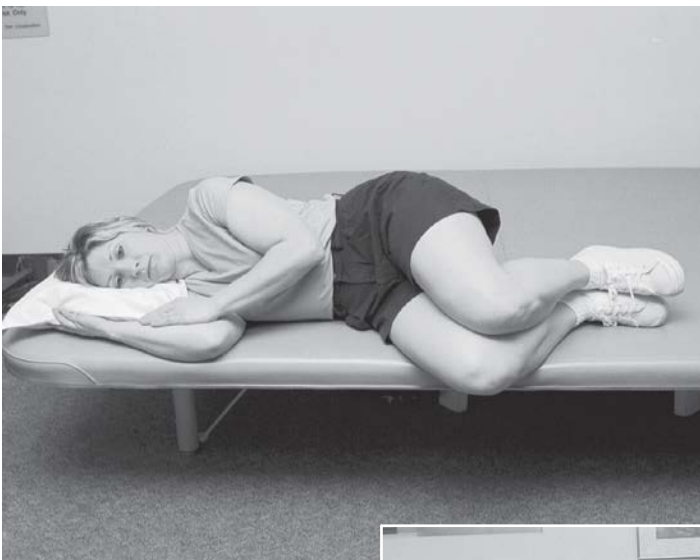


Tips for Proper Body Mechanics

In order to decrease your risk of spinal fractures or other back injury, it is important to learn how to move your body in a safe manner. Learning how to get in and out of bed, pick up items off the floor, and perform your everyday activities without placing added stresses on your spine is essential. This is done by moving your body while maintaining your spine in good postural alignment. When you do this, you are utilizing good body mechanics for spine protection. With osteoporosis, it is especially important to avoid bending forward and twisting at your spine. These movements increase the compressive forces through the spine, and increase your risk for fractures.

Getting in and out of bed

- Avoid twisting while getting in and out of bed. When lying down, first roll onto your side, then onto your back using log rolling technique. Bend both knees and roll, moving knees, hips and shoulders together.
- To sit up, roll using the log rolling technique, lowering legs off bed and using your arms to push upper body into sitting position. Remember to avoid twisting and bending.



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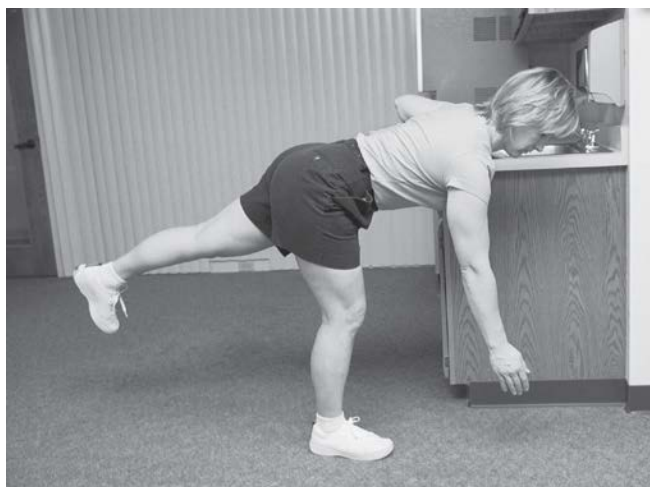
Getting in and out of chairs

- To stand up, scoot to front of the seat; bend or “hinge” forward from the hips while keeping proper spinal alignment; push with your legs and come to stand. Keep chest lifted.
- To sit down, keep good postural alignment (chest lifted up), bend knees and “hinge” hips to sit on the front edge of the seat. Scoot back in the chair.
- You can either place hands on armrests or on your thighs.
- Avoid compressive forces by not allowing your spine to bend when completing these movements.



Reaching

- When reaching overhead, use one hand and have one foot in front of the other. Shift your weight forward onto your front leg as you reach.
- A reaching device can be useful, but use it to lift only lightweight objects and keep spine erect.
- To minimize excessive bending and reaching, reorganize work areas (such as kitchen, closet, hobby room) so that items used regularly are stored at mid-body heights (at levels between your head and knees).



Pushing/pulling

- Never try to push or pull heavy objects (i.e., furniture).
- Face your work.
- Always avoid bending or twisting when you push or pull.
- Keep arms close to your body.
- Use legs with knees bent to shift weight side to side, forward or backwards.
- Maintain proper postural alignment at all times.
- Common push/pull tasks include vacuuming, sweeping and mopping.



Lifting

- Place feet apart to keep you steady.
- Face your work to avoid twisting in the spine.
- Keep object close to your body.
- Keep spine erect/maintain the normal spinal curves.
Tighten your abdominals.
- Use your legs. Bend your hips and knees. Never bend forward from your spine.
- Hinge from your hips when you have to move your trunk forward, maintaining normal spinal curves.
- Squeeze your buttocks and push with your legs as you lift, while maintaining normal spinal curves.
- When picking up an item from the floor, squat down, bring the object in close to your body and stand up while maintaining the normal curves of your spine.
- Never lift heavy objects.
- If you do not know your lifting limit, consult your doctor or physical therapist.
- These lifting tips apply to all tasks (reaching, pushing, pulling, and all mobility). If you follow these principles, you will automatically use good body mechanics every time.



Dressing

- As in all activities, the goal is to keep the spine aligned in the normal postural curves.
- It is important to avoid bending forward at your spine when dressing your lower body. This requires you to hinge at your hips.
- Adaptive equipment such as a long handled shoe horn and sock aide are available to assist if proper mechanics are not possible.



Household activities



Gardening



Coughing/sneezing





Controlling Your Pain

Our goal for treating pain

A certain amount of pain may be expected for many patients, such as those recovering from surgery. Today, pain is no longer something you “just have to put up with.” With medicines and other therapies, it’s possible to prevent, relieve and sometimes get rid of pain altogether. Our goal is to do everything we can to work with you to control your pain and keep you comfortable.

Good pain control can help you:

- Eat, sleep and move better.
- Get well faster. With less pain, you can walk more, do your breathing and physical exercises better, and regain your strength more quickly. You may even leave the hospital sooner.
- Improve your results after surgery. Patients whose pain is well controlled seem to do better after surgery and avoid problems like pneumonia and blood clots.

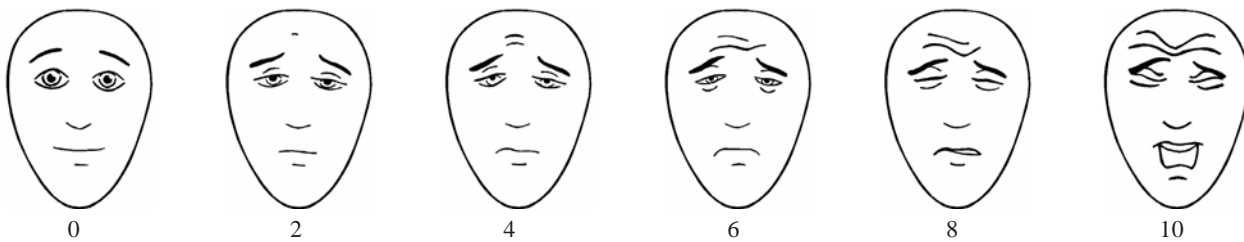
Working together to control pain

It is important to set goals for pain control with your health care team (doctors, nurses and other caregivers). Being “comfortable” means that your pain control lets you rest. But, it also means you are able to do the activities needed to recover and maintain your quality of life. Your caregivers will be asking you to set goals for pain control at rest and with activity. If your pain goals change, talk with your caregivers.

Describing your pain

Tell your caregivers that you have pain, even if they don’t ask. Your doctor or nurse will ask you to describe how bad your pain is on a scale of 0 (no pain at all) to 10 (the worst possible pain). They may use other pain scales that use words or pictures (faces). Tell them where and when it hurts and if anything brings on the pain.

Source: FPS-R, Bieri, et al. (1990)



0 = No pain

10 = Very much pain

The following words can be used to describe your pain:

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Heavy | <input type="checkbox"/> Shooting |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Incisional | <input type="checkbox"/> Stabbing |
| <input type="checkbox"/> Comes/Goes | <input type="checkbox"/> Pressing | <input type="checkbox"/> Tender/sore |
| <input type="checkbox"/> Constant | <input type="checkbox"/> Pricking | <input type="checkbox"/> Tightness |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Pulling | <input type="checkbox"/> Throbbing |
| <input type="checkbox"/> Discomfort | <input type="checkbox"/> Radiating | |
| <input type="checkbox"/> Dull | <input type="checkbox"/> Sharp | |

You also will be asked about what makes the pain worse and what makes it better. We will let you sleep during the night between your care activities, unless you ask us to wake you. Call your nurse if you wake up and are in pain. The more your caregivers know about your pain, the better they can treat it.

Continued

Developing your pain control plan

Your caregivers will work with you to set your pain control goals and to develop a plan to keep you comfortable and active – designed just for you. You often will be asked to “rate” your pain to help us know if your medicine and other treatments are working. We want to treat your pain before it becomes too strong and out of control.

Using pain medications

We want you to understand the medicines you are taking for pain, why you need these medicines, and what possible side effects you could have. Pain medicine can be given in many forms. Your doctor may prescribe a pill, liquid or injection (shot) for you. Pain medicine also can be given through a tube in your vein (IV). Some people are able to use patient-controlled analgesia (PCA), a special pump that allows the person to give themselves medicine when they hurt. The most common side effects of pain medicine are upset stomach, nausea, constipation, dizziness, sleepiness, confusion, itching or problems with urination.

Ask for pain medicine at least 30 minutes before any activities that cause discomfort or pain (repositioning, getting up, walking and bathing, and before breathing treatments, wound care or physical therapy). This allows the pain medicine to begin working before the activity starts and will improve your pain control. The more comfortable you are during these activities, the more they will help you.

Medications called “opioids” often are used for people who have more severe pain. Your health care team will give you instructions to prevent and treat constipation, a condition that may occur while taking these medicines. When opioid medication is taken for several weeks, the body gets used to the medication effect, a normal condition known as “tolerance.” Tolerance means that “withdrawal symptoms” like sweating, anxiety, irritability, nausea or diarrhea, may occur if the opioid is stopped suddenly. Tolerance symptoms are normal and not the same as being “addicted.” It just means that when opioids are no longer needed, the dose must be decreased gradually.

Using non-medication pain treatments

To reduce pain and help you to relax, the following non-drug pain treatments also can be used:

- Position your body for comfort; reposition often
- Hot or cold packs
- Music
- Relaxation techniques
- Massage

Example: Jaw relaxation is an exercise that can be completed in just a few minutes:

1. Let your lower jaw drop slightly as if you are starting a yawn.
2. Rest your tongue on the roof of your mouth. Soften your lips.
3. Breathe slowly and rhythmically while breathing in and breathing out, and then rest.
4. Repeat the pattern breathing in and breathing out, and resting while continuing to relax your jaw. Feel the tension leaving your body.

Managing pain at home

Your health care team will work with you to plan your pain control, and help you to continue your recovery and healing at home.

- Before you leave the hospital, make sure you understand the medications you will be taking at home, why you need these medications and possible side effects.
- Make a written schedule, take your medications and do treatments as instructed.
- Give your medication time to work. Oral medicines can take 20 minutes or more to work before you start to feel better.
- Medications work better when you relax.
- If your pain is not being relieved, getting worse or has changed, call your health care provider.
- Take your medications with food to avoid an upset stomach, unless told not to do so.
- Never drink alcoholic beverages while taking pain medications.
- Pace yourself. Get up and move around. Plan rest periods to keep from feeling fatigued or overtired.
- Keep your pain medications safe and out of reach of children/teens.



Nutrition Tips for the Surgical Patient

This guide has been prepared for your use by registered dietitians. If you have questions or concerns, please call the nearest Aurora facility to contact a dietitian.

A well-balanced diet:

- Gives your body the energy it needs before and after surgery
- Helps fight infection
- Promotes healing

The amount of food you need depends on your age, gender, activity level and physical condition. Limit your intake of foods high in fat and sugar. They should not replace nutrient-rich foods.

What foods do you need?

If you are on a special diet, keep following it unless your doctor tells you to follow another plan.

The food guide below will help you choose foods that supply the nutrients you need – protein, carbohydrate, fat, vitamins, minerals and water. A low intake of nutrients delays healing. If you are not able to eat the recommended foods, you may need a vitamin and mineral supplement.

Food groups	Recommended servings	Examples of one (1) serving
Grains Good sources of complex carbohydrates, B-vitamins, iron, some minerals and fiber	5 to 10 servings daily	<ul style="list-style-type: none"> • 1 slice of bread • 1/2 cup cereal, rice, potato, pasta or most starchy foods
Vegetables Good sources of vitamins, minerals and fiber	3 to 5 servings daily	<ul style="list-style-type: none"> • 1 cup raw vegetables • 1/2 cup cooked vegetables or vegetable juice
Fruits Good sources of vitamins, minerals and fiber	2 to 4 servings daily	<ul style="list-style-type: none"> • 1 medium apple, orange, pear • 1/2 banana • 1 cup raw fruit • 1/2 cup cooked fruit or juice
Dairy Products Good sources of protein, calcium, and Vitamins A and D	3 servings daily	<ul style="list-style-type: none"> • 1 cup low-fat milk or yogurt • 1 1/2 ounces natural low-fat cheese • 2 ounces low fat processed cheese
Meat and Non-Meat Alternatives Good sources of protein, B-vitamins, iron, zinc and other minerals (non-meat examples include peanut butter and nuts)	5 to 7 ounces daily	1 ounce = <ul style="list-style-type: none"> • 1 ounce cooked lean meat, poultry, fish • 1/4 cup cooked dried peas or beans • 1 egg • 1 tablespoon peanut butter • 1/2 ounce nuts
Fluids Important for the body's cells	At least 8 cups daily	<ul style="list-style-type: none"> • Water, milk, juice, other fluids • Limit alcohol and fluids that have caffeine

Protein

Protein is needed for healing after a surgery. It is the building block for cells and tissues. A diet low in protein may slow wound healing. Good food sources are meats, dairy products, eggs and legumes. If you need to follow a low-cholesterol, low-fat diet, choose lower-fat items in these groups.

Vitamins and minerals

Vitamins and minerals are also needed for healing. Antioxidants may decrease the risk of infection. Fruits and vegetables are the best sources of antioxidants. Try to eat 5 to 9 servings a day from these food groups.

Good sources of antioxidants

- Apricots
- Asparagus
- Broccoli
- Brussels sprouts
- Canned pumpkin
- Cantaloupe
- Carrots
- Collard greens
- Corn
- Grapefruit
- Green bell peppers
- Mangoes
- Oranges and orange juice
- Papaya
- Red peppers
- Spinach
- Strawberries
- Sweet potatoes
- Tangerines
- Tomatoes and tomato juice
- Tropical fruit juice (papaya or mango)
- Vitamin-C fortified fruit drinks

Preventing constipation

Constipation can be caused by many things, including medication, inactivity and changes in diet. Here are some tips you may find helpful:

- While you are in the hospital, you may receive “Fiber Basics” to help resolve constipation (one to two tablespoons daily as needed). This is a puree of dates, raisins, prunes and prune juice.
- Drink plenty of fluids – at least 8 cups daily. This may help to keep the stool soft.
- Include juices, especially prune juice and apple juice, to help loosen stools.
- Drink a hot beverage about a half hour before your usual time for a bowel movement. Hot liquids often help to start bowel activity.
- Eat high-fiber foods, such as:
 - Whole-grain bread, cereals and pasta
 - Fresh fruits and dried fruits, such as prunes, raisins and dates
 - Fresh vegetables
 - Dried beans and peas
 - Whole-grain products, such as barley, oats or brown rice
- If raw fruits and vegetables are hard to chew, try grating them into a salad or gelatin, or blenderize them.
- Eat the skin on fruits, vegetables and potatoes, unless you have trouble chewing or swallowing.
- Try high-fiber snack foods, such as oatmeal cookies, fig cookies and date or raisin bars. (Granola, popcorn or nuts may be used if you have no chewing or swallowing problems.)
- Add 1 to 2 tablespoons of unprocessed wheat bran to foods, such as cereal, casseroles and homemade bread.
- Activity, such as walking, can also help start bowel activity. Follow your doctor’s advice for activity.
- If you continue to have problems, you may need a stool softener or laxative.

If you have questions or concerns about your diet or nutrition while you are a patient in the hospital, please ask for a dietitian visit.



Preparing Your Home Before Your Surgery

Planning ahead and following these suggestions will make your return home easier and less stressful.

Bathroom

- Determine if you have enough room to walk into the bathroom and get to the toilet with a walker or crutches (about two feet of clearance).
- Have grooming and toiletry items on a level you can easily reach. A chair in the bathroom might be helpful.
- You may need an elevated toilet or grab bars to help get on/off the toilet.
- Consider obtaining a commode for first floor if bathroom is on the second floor.
- Plan on sponge bathing until doctor gives you permission to shower.
- You may need a shower chair.
- Install a non-skid bathtub shower mat.
- If possible, put up handrails in the shower/tub to make transfers safer.
- Night-lights will be helpful.

Living room

- Remove throw rugs throughout your home.
- Keep electrical cords and telephone cords, newspapers, magazines and other clutter away from your walking area.
- Arrange furniture to allow open walkways.
- Put a pillow or folded blanket on a chair to make rising from a chair easier.
- Have a chair with armrests and firm seat available. The height should allow your feet to touch the floor with your hips bent less than 90 degrees.

Bedroom

- Keep walkways to bathroom, closet and dresser free from clutter (about two feet).
- Arrange clothes for easy access and have laundry bag/basket available.
- Sit at edge of bed or chair when putting on socks, shoes or slacks with your dressing equipment.

- Assure your mattress is firm and your bed is located for easy access. The height of the bed should allow your feet to reach the floor with your hips bent less than 90 degrees.
- Have a pillow available to elevate leg as needed.
- A hospital bed will not be necessary, but consider placing a bed on the first floor if your bedroom is on the second floor.

Kitchen

- Prepare and freeze meals in advance or arrange for a friend or meal service to bring meals.
- Stock up on frozen microwave meals – they are quick, easy, and less messy to clean up.
- Move pots, pans and dishes to counter height so you do not need to bend too low or reach too high to get supplies.
- Use a long-handled grasping device to reach for items that are on the floor or lower shelves.
- Use a walker tray or move a table close to the refrigerator and/or microwave and/or stove to transfer items safely.
- Put a basket or bag in front of the walker to help you carry small items safely.
- Use a wheeled cart to move any heavy things.
- Do not sit on a kitchen chair with rollers.

Outdoor safety

- Sitting on a trash bag can ease getting in and out of the car.
- Make sure walkways and steps are brightly lit at night.
- Ensure your safety by installing rails.
- Stop mail or newspaper delivery or arrange for family/friends to pick them up during your hospital stay.
- Have someone cut your grass, rake leaves or shovel snow for you.

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Homemaking

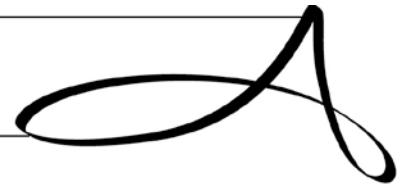
- Do your grocery shopping for necessary items before surgery.
- Arrange for someone to do your laundry. Hand-wash lightweight items.

Miscellaneous

- Extra help at home will be beneficial initially. Arrange for family/friends to help with transportation, etc. You may also need help initially moving around your home or doing self-care.
- Having someone help you with laundry, cleaning, shopping, running errands, yard work and bringing in the paper and mail may help make your transition back home easier.
- If possible, place the phone near you. Ask family/friends to let the phone ring longer to give you plenty of time to answer.
- A portable phone can be carried in your walker/crutch bag to use when away from your chair.
- Be careful around pets – walker and crutches are toys to them.
- Prepare ice packs before surgery to have available to use when home.
- Remove clutter so you have clear paths at home.

Equipment information

- If you have a walker or crutches at home, bring them with you to the hospital.
- The therapist will make sure that the walker or crutches are at the right height.
- If you do not have a device for walking or other needed items, your therapist can assist you in obtaining these.



Wheeled Walker Instructions

How to adjust your walker to the proper height

- Stand up straight with your arms resting at your side.
- The walker height should be at wrist level.
- There should be a slight bend in your elbows (on an angle of about 30 degrees) when holding on to the walker.



To stand up

Place both hands on the armrests or seat of the surface you are sitting on. Push yourself up with both hands and legs to stand up. Once you are standing, place both hands on the walker securely before you begin to walk.

Do not hold on to or pull up on the walker to stand up, as it may tip over.



To sit down

Back up until your legs touch the surface you are going to sit on. Reach back, one hand at a time, for the armrest or seat of the surface you are going to sit on. Sit down slowly.

The information presented is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider. Contact your health care provider if you believe you have a health problem.

To walk

Stand up straight, do not hunch over. Once standing, push the walker forward a comfortable distance so that both of your legs can step into the walker frame.

Push the walker forward, keeping all four legs of the walker in contact with the floor.

Walk into the walker, keeping hips close to the rear legs of the walker.

Step forward one foot at a time. Take a natural stride and pace if possible. As you walk, each foot should step past the other. If one leg is weaker than the other, step forward with the weaker leg first.

Turning wheeled walker in a large space

Roll walker in a wide turn in the easiest direction.

Turning wheeled walker in a tight corner

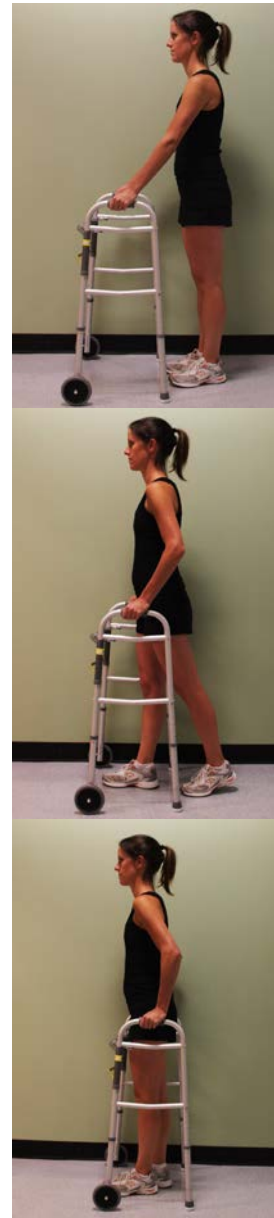
Pick up the walker and turn it slightly; place it down on the floor. Take small steps into the walker.

Repeat several times to complete the turn.

To climb stairs

Walkers are not recommended for use on stairs. If a walker is the only device you can use, follow the special instructions given to you by your physical therapist.

Use a railing rather than the walker. Lead with the stronger or less painful leg when going up stairs and lead with the weaker or more painful leg going down stairs. If there is no difference, then lead with either leg, taking one step at a time.



Safety tips

Do not try to carry anything in your hands when using a walker. Instead, get a basket or bag to attach to the walker and place your items in that.



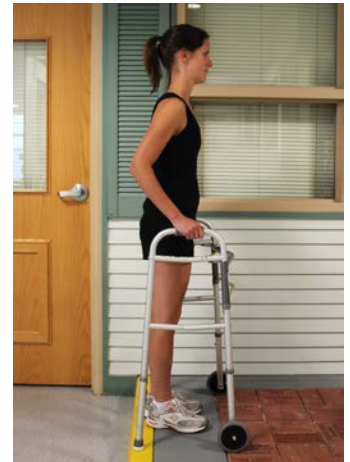
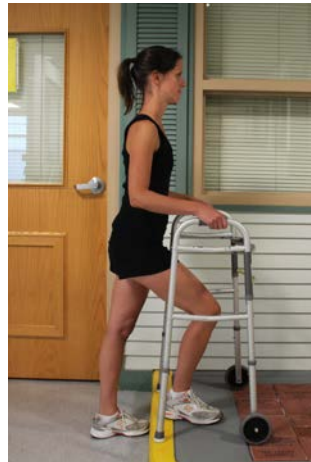
Curb step without a rail – Option 1

To go **up** curb

- Get the walker as close to the curb as possible.
- Place the walker up on the curb with all 4 legs down flat on the curb.
- Step up with the **strong** leg **first**.
- The **weak** or painful leg comes up **last**.
- If there is no difference, then lead with either leg, taking one step at a time.

To go **down** curb

- Get the walker as close to the edge of the curb as possible.
- Place the walker down to the lower level
- Step down with your **weak** or painful leg **first**.
- Your **strong** leg comes down **last**.
- If there is no difference, then lead with either leg, taking one step at a time.



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Curb step without a rail – Option 2

Retro/backward method – if you can put only limited or no weight on one leg

To go **up** curb

1. Back up to the curb with the walker until your heels are touching the curb.
2. Step back with your **strong** leg up onto the curb **first**.
3. Then bring the **weak** or painful leg up **last**. If there is no difference, then lead with either leg.
4. Slowly pull the walker up onto the curb and place all 4 legs down flat.
5. Turn and face forward, turning the walker with you. Carefully start walking.

To go **down** curb

1. Get the walker as close to the edge of the curb as possible.
2. Place the walker down to the lower level.
3. Step down with the **weak** or painful leg **first**.
4. Then bring the **strong** leg down **last**. If there is no difference, then lead with either leg.
5. Carefully start walking again.



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Discharge Options After Surgery

Most patients do go home after recovering in the hospital. Starting the day after surgery, our team (your doctor, nurse, therapist and social worker) will talk with you about your discharge needs. If you are not able to return home, other options are available and listed below. If you have questions, you may call the hospital Social Service department. Your insurance company or Medicare will determine your coverage.

You should be able to return home if you:

- Are able to get in and out of bed by yourself.
- Are able to get on and off the toilet by yourself.
- Are able to walk safely 30 to 50 feet, following weight-bearing restrictions.
- Are able to use stairs (if needed).
- Are able to safely perform your home exercise program.

You should be able to go home and return for Outpatient Therapy if you:

- Are able to do all of the above, but still need rehabilitation services (physical therapy, occupational therapy, or speech therapy).
- Are able to transfer in and out of a car or van.
- Have someone who can drive you to and from therapy.

You may need Home Care if you:

- Are able to do all of the above, but still need help to enter or leave home.
- Need a nurse for skills such as wound care.
- Need continued rehabilitation services.
- Are temporarily homebound except for going to doctor appointments.

You may need a Subacute Rehabilitation or Skilled Nursing Facility if you:

- Need 24-hour care.
- Are able to tolerate at least 1 hour a day of therapies.
- Are medically stable.
- Need help with bathing, dressing and transfers.

You may need Acute Rehabilitation (a hospital-based program) if you:

- Have ongoing medical needs that require management by a doctor in the hospital.
- Need 24-hour care.
- Can tolerate and would benefit from 3 hours a day of at least 2 different therapies.
- Need help with bathing, dressing and transfers.

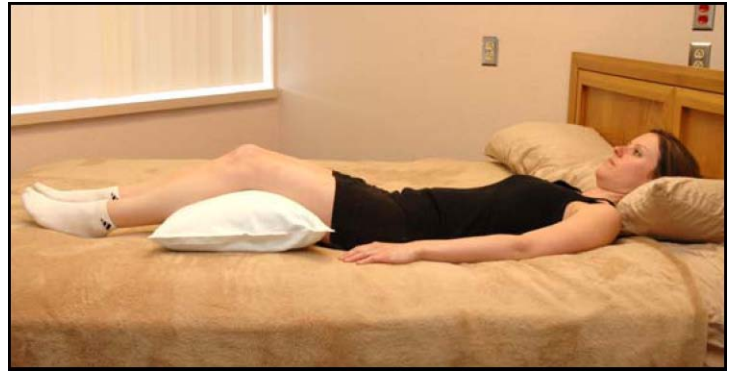
You may need unskilled services (private pay, hourly, not covered by insurance) such as:

- Mobile meals
- Homemaker, companion service
- Lifeline



Bed Positioning After Back Surgery Using Pillows

When lying on your back, make sure to have a pillow under your knees to help support your back.

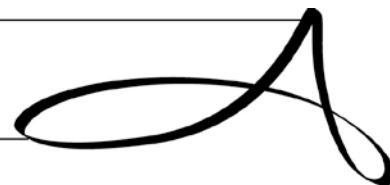


While on your side, place pillow(s) between your knees and in front of your body to maintain proper alignment and prevent twisting.



You may need to place pillows behind you to help position you on your side.





Tub Transfer After Spine Surgery

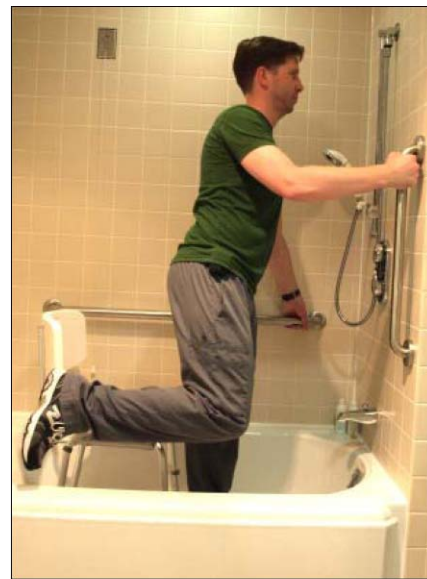
After spine surgery, you may need to change the way you get in and out of the tub or shower so that you do not bend at your waist. It is safer to use a bench or chair to sit on until you no longer have to follow movement precautions.



1. Start by standing next to the tub. Grasp the handrails if they are available for balance and support, or use the wall if handrails are not available.



2. Bend the knee of the leg closest to the tub and step in. Take a wide enough step so that you can fit your other foot in without crossing your legs.



3. While still using the handrails and/or wall for balance, bend the knee of your other leg and step in to the tub.



4. Reach back for the chair on which you will sit, and hold a handrail if available. Sit on the shower chair.

- Reverse the process when you get out of the tub. Be sure to use a non-skid bath mat.
- Follow these precautions as long as your doctor or therapist recommends.

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Walking Guidelines After Spine Surgery

Purpose

A simple walking program can help improve mood, pain, circulation and cardiovascular endurance.

1. Keep a daily record.

- A simple chart should include:
 - Date
 - Distance
 - Amount of time of continuous walking
- Fill in this chart each time you walk.
- Add any symptoms or comments that would be useful to note.

2. Walking should be continuous and rhythmic.

Swing your arms and stride along at an even rhythmic pace. Try not to stop unless necessary. Wear loose-fitting clothing and comfortable shoes. Use any walking aid that you may have been prescribed by your therapist, such as a cane or walker, until you are able to comfortably and safely walk without.

3. If you develop any of the following symptoms during or after your walk, slow down or stop the exercise. If your symptoms continue, contact your physician.

- Increased pain
- Excessive fatigue
- Any unusual joint, muscle or ligament problems
- Lightheadedness or dizziness
- Irregularity of the pulse
- Headache
- Significant or severe shortness of breath

4. Do not walk immediately after meals – wait at least 1½ to 2 hours.

5. Do not exercise during the heat of the day during the summer.

Heat and humidity will increase your heart rate.

6. In the winter, walk inside a mall or at midday.

Avoid icy or snowy conditions.

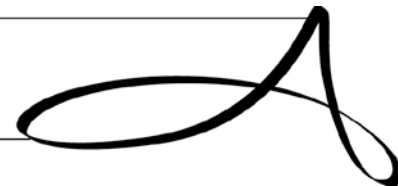
Once you can walk around your house and in the community safely:

- Start out walking 5 minutes a few times per day as able.
- Progress your walking by a few minutes each session as you can tolerate.
- Complete your walking program by progressing to 30 minutes per day.

Other tips

- Walk up and down your driveway and progress to around your block in good weather.
- Have a cell phone with you if available.
- Walk with a friend when possible.

Continued



Lower Extremity Exercises – Standing

Advance yourself to the following exercises done in a standing position. Hang on to a solid support, such as a kitchen counter, when exercising. These exercises are most effective if trunk is kept upright, buttocks tucked in and toes pointed straight ahead. Be sure to hold your stomach muscles tight and use good breathing techniques while exercising.

When doing these standing exercises:

- Hold on to a solid object
- Stand up tall

Marching

- Lift up knee.

_____ repetitions

_____ times per day

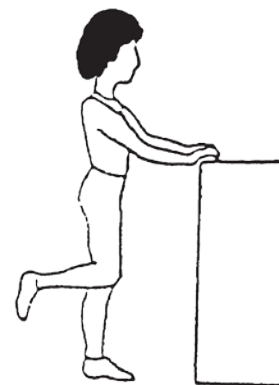


Knee bends

- Bend knee toward buttocks.

_____ repetitions

_____ times per day

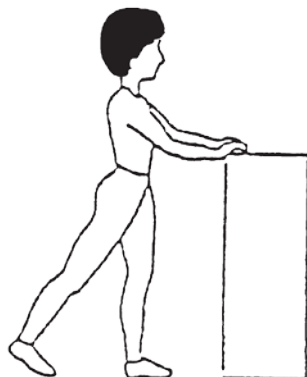


Kick back

- Kick leg behind you.
- Keep knee straight.

_____ repetitions

_____ times per day

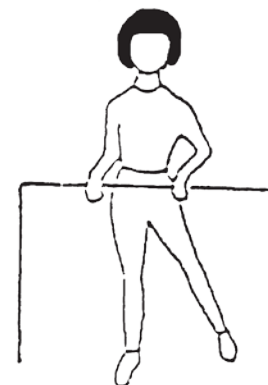


Side kick

- Kick leg to side.
- Keep knee straight.

_____ repetitions

_____ times per day

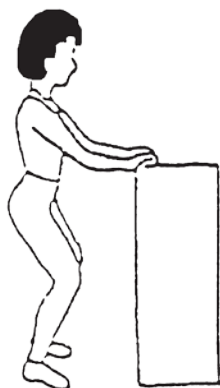


Squats

- Bend hips and knees as if sitting in a chair.

_____ repetitions

_____ times per day



Heel raises

- Go up and down on your toes.
- Repeat on heels.

_____ repetitions

_____ times per day

