

**Kathleen
Zondagh**



PHYSIOTHERAPY

Cervical Booklet

In association with Pretoria Spine



B.Physt (pret) Practice no: 0383619

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Introduction:

The practice will provide you with post-operative instructions, exercises, assistance and general information pertaining to your stay in hospital and your recovery after surgery. Please read the following information pack provided. Any questions or concerns that you may have will be addressed. Please do not hesitate to call the physiotherapist if there are any queries about anything.

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Surgical Procedures

Discectomy:

Is performed when the intervertebral disc has herniated or torn. It involves removing the protruding disc, either a portion of it or the entire disc that is placing pressure on the nerve root. The disc material which is putting pressure on the nerve is removed through a small incision that is made over that particular disc.

Laminectomy / Decompression:

In cases of spinal stenosis or disc herniation, laminectomies can be performed to relieve the pressure on the nerve. During such a procedure, the surgeon enlarges the spinal canal by removing or trimming away excessive lamina (bone) and soft tissue which will provide more space for the nerves.

Spinal Fusion:

A spinal fusion is surgery that is done to link together two or more vertebrae therefore eliminating the motion that occurs within that portion of the spine. As part of the process to perform a spinal fusion, instrumentation will be inserted. This means that your surgeon will place metal within the spine to hold the vertebral bones together. In an attempt to stimulate bone growth between vertebrae possible usage of extra bone from the pelvis (auto graft), bone chips from a donor (allograft), or manufactured bone substitute may be used. Once new bone forms, the vertebrae will be fused together, and there will be no further movement between those segments. An anterior or posterior approach may be used.

Possible Complications

Immediate post op complications:	Long term complications:
<ul style="list-style-type: none"> - Excessive blood loss - Wound infection - Spinal Cord damage - Blood clot (DVT) - CSF (Cerebro Spinal fluid) leakage 	<ul style="list-style-type: none"> - Non-fusion of vertebrae - Adjacent level degeneration - Disc degeneration - Instrumentation failure

What to expect in hospital (Post operative)

- You will be in high-care for the day and night of the surgery
- You will have a drain in-situ, a catheter and a drip (CVPLine) from surgery
- The physiotherapist will come twice a day from the first day after the surgery and every day after that to assist you with circulation/breathing exercises and mobilisation
- The drain will be removed once it stops draining (usually on the 3rd day)
- The catheter will be removed once you have mobilized yourself independently
- The drip will be removed on the Doctor's instruction
- A soft brace and a Miami J (hard brace) will be given to you by the Orthotist and must be worn at all times when mobilising for the next 6 weeks
- You might feel light-headed when standing the first time- this is normal

General advice for the hospital and at home

When going home:

Recline front passenger seat (>45 degrees) so that you are comfortable and lying down (Hard neck brace must be worn!)

Make sure your neck is supported and resting on headrest

Wear the soft brace when resting and in bed asleep for 6 weeks

The hard brace is to be worn when mobilising (walking) for 6 weeks

NB. Watch out for pain, swelling or redness in the calf muscles (possible DVT)

When sleeping:

Sleep with your soft neck brace on

Sleep on your side or back

Place your pillow between your ear and shoulder and not under your shoulders

If sleeping on your back use only one pillow under the head and put a pillow under your knees

Don't sleep on your stomach

Turning/ getting out of bed:

Lie on your back, cross your arms and hold the edges of the pillow to support your neck

Turn to the side that you find most comfortable

Roll by kicking off with your leg

Put your legs over the side of the bed and push yourself up with your arms

Don't stand up immediately; you may be a bit light-headed

Mobilising/walking:

Wear flat, non-slip shoes – no high heels

Don't stand for too long – keep moving

Sitting/working:

Concentrate on relaxing your shoulders at all times

Sit in a comfortable chair with head support

Never sit and work or watch TV for more than half an hour at a go – get up and walk around in between

Sit straight in front of the TV when watching (not at an angle)

The TV or computer should be eye level

When reading/doing needlework etc, support arms and elbows and lift the object to a 45 degree angle

When at a desk it must be elbow height

Bathing/showering:

You may shower or bath – just try keep the wound dry
The brace may be taken off just to wash the neck and hair and then put on before getting out again
Make sure your wound is covered with a water-proof dressing
If the dressing gets wet please change it
Avoid making the water too hot, you may still feel light-headed
Be careful not to slip in the shower or when getting out the bath

Driving:

No driving for the first 6 weeks!
Avoid long trips and bumpy roads as a passenger

Things to remember:

Never work with both hands above your head

Avoid sudden movements with your neck

Do not pick up heavy objects (>2kg) such as wet washing, shopping bags or children

No vacuuming, sweeping or heavy gardening

Avoid the following sports: horse riding, squash and running

No sport except walking and swimming is allowed for the first 12 weeks

Swimming only after complete wound healing

Sexual activity – after 4 weeks

Wash your soft brace when necessary by hand

Only take the medicine that the doctor prescribed

Listen to your body: over-activity will increase the pain.

Returning to work all depends on what type of work you do – consult your Doctor

It is advisable not to smoke as this impedes circulation and retards bone growth

Wound care

The Doctor normally uses absorbable sutures

Occasionally metal staples are indicated

In this case, staples must be removed after 2 weeks

The wound will be dressed with a waterproof plaster

Keep the wound dry at all times

Change the dressing if the plaster gets wet

After 10 - 14 days the wound should be closed, pain free and the bandage removed

Note: Anti -inflammatory medication retards wound healing therefore not advised

Once the wound is completely closed and healed start applying tissue oil to assist in the flexibility of the scar tissue and to prevent keloid formation

Signs of Infection:

Redness, swelling, extreme sensitivity or pain of the wound, continual drainage of foul smelling fluid, fever

Call immediately if infection is suspected

Weaning off the brace

After 6 weeks you may progressively start taking the brace off

This should happen over a period of 10 days

When your neck feels tired you should put the brace back on

If you are doing any new activity ie. driving - wear your brace

If you have any pain put the brace on again and rest

Weaning-off program:

Day: (post 6 wks)	Morning:	Midday:	Evening:
1-2	1 hour	1 hour	1 hour
3-4	2 hour	2 hour	2 hour
5-6	3 hour	3 hour	3 hour
7-8	4 hour	4 hour	4 hour
9-10	5 hour	5 hour	5 hour

The following exercises must be done 3X a day. If any of the exercises cause pain stop doing the exercise and consult your Physiotherapist.

Exercises

BREATHING EXERCISES

Abdominal Breathing:

Breathe deeply in through your nose

Your belly rises as you breathe in – hold for 3 secs

Slowly let your breath out through your mouth (as if you were blowing out a candle) – Hold for 5 secs / Repeat 5x

Huffing/supported cough:

Place a cushion over your stomach and brace by pulling belly button in

Breathe deeply in through your nose then 'huff' the air out

This can be done every time you feel an irritation in your throat or secretions in the lung / Repeat 3X



CIRCULATION EXERCISES

Foot pumps:

Pump both feet vigorously up and down for 1 minute

Circular movements:

Make big circles with both your feet in and then out for 1 minute

Heel slide:

Bend one knee slowly up and then down again

Repeat with the other leg/ Repeat for 1 minute

Isometric contractions:

Static quads:

Straighten both knees and push them into the bed while lifting the heels

Hold for 5 secs

Repeat 10X

Gluts contraction:

Tighten your buttocks muscles

Hold for 5 secs

Repeat 10X

STRENGTHENING EXERCISES

Static Strengthening:

In a sitting position with the brace on (in front of a mirror)

Put the left hand against your temple

Push slowly against the hand exerting static resistance

Hold for 5 secs Repeat 2X

Now take the right hand against your temple

Repeat as above

Put the palm of the hand against your forehead

Repeat as above

Now move the hand to the back of the head

Repeat as above



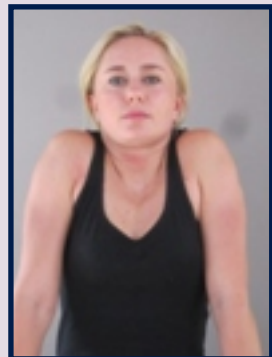
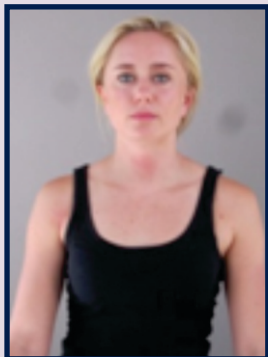
Shoulder girdle exercises:

Contract-Relax:

Pull both shoulders up towards your ears

Hold for 5 secs then relax

Repeat 3X



Shoulder rolls:

Make big circles with both shoulders

Move forward and up then back and down

Repeat 10X

Reverse direction



Scapula Stabilization:

In sitting, pinch shoulder blades together and then pull them down to the small of the back

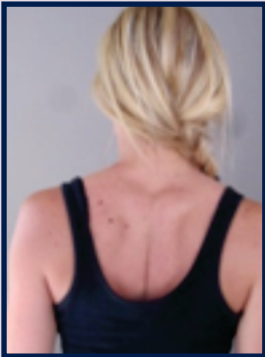
Maintain this position

Slowly lift 1 arm to 90 degrees then back down

Repeat with the other arm

Then lift both arms simultaneously to 90 degrees. Repeat 3X

Note: Scapula position must be maintained



STRETCHES

Neural tissue stretch:

Standing with shoulder to the wall, extend your arm to place hand flat against the wall

Fingers pointing upwards and wrist totally flat

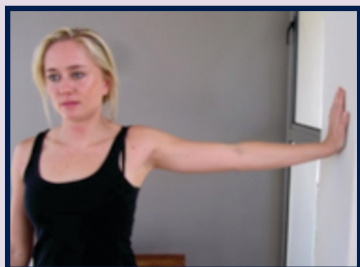
The shoulder must remain down and elbow straight

Slowly walk fingers backwards until a stretch is felt

Hold for 10 secs

Repeat twice

Repeat on the other side



Shoulder/Thoracic stretch:

Wrap arms around chest – as if to hug yourself

Then depress/pull shoulders down towards your belly button

Hold for 10 secs Repeat 3X

The following exercises must be done 3X a day.

