



Cardiff and Vale Hospitals Physiotherapy Department. (01443 449269)

Posterior Cervical Fusion Physiotherapy post-operative protocol.

Please note that the information provided is advisory only and that all cases should be assessed and directed by a physiotherapist. Rehabilitation provided will be dependent on the patient's rehabilitation needs and follow any specific consultant instruction, which may differ from the protocol.

Indications:

- Cervical pain with arm pain
- Arm weakness with sensory loss

Pre-operative Physiotherapy Assessment:

- Carried out by the Inpatient Physiotherapist.
- During the assessment, the physiotherapist discusses current functional ability (noting subjective markers for post op comparison) general health.
- Neck ROM, myotomes, dermatomes are checked
- Postural advice
- Discussion of approximate recovery timescales linking to post-operative function, employment, plans for returning to work, hobbies, expected post-operative mobility including driving.
- Operation approach scar discussed posterior approach
- Log roll taught/ demonstrated.

Reviewed by Adrian Brown and Cath Hext, Physiotherapy Manager June 2022

Review date June 2024

Post-operative Physiotherapy: Ward Based

- It is important that the operative notes and any special post-operative instructions are checked, discussed with the surgeon, noted and highlighted on the transfer sheet.
- **Collar** – This is instructed in the surgery notes if required
- **Education and Advice** – patient education of the procedure and precautions. Precautions include:
 - Sitting – Initial post-op limit of 15 minutes maximum or shorter if in discomfort, avoid prolonged or slumped postures.
 - Movement within normal basic functions i.e. sit to stand walking etc.
 - Avoid any forced cervical range of movement, but move your neck as is comfortable. No specific exercises given.
 - Be cautious with any overhead activities especially if they are repetitive
 - Lifting light small objects for the first 6/52 no lifting from low levels this will be reviewed at outpatient physiotherapy
 - Walking – advised to start walking and gradually increase distance as is comfortable.
 - Driving – Depending on physiotherapy advice earliest 6/52 depending on recovery, it is advisable to wait the consultants review at 6/52 and discuss driving. The patient must be able to sit comfortably and complete an emergency stop. It's recommended the patient contacts their insurance company and inform them of the surgery.
 - Log-rolling is demonstrated and completed.
- **Physiotherapy Exercises:**
 1. Circulatory and deep breathing exercises and assisted cough if indicated (based on assessment)

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2. Cervical spine range of movement – advice to move the head freely in comfortable range however movement should be not forced. No specific exercises given.
3. Stair assessment offered but is not essential. Needs assessed on an individual basis.
4. Outpatient Physiotherapy appointment made for 2/52 post operatively or as special instructions from surgeon / inpatient physiotherapist. Mr. Chopra requests 6 weeks post op.

Outpatient Physiotherapy:

1. Education and advice:

- Lifting light small objects for the first 6/52 no lifting from low levels this will be reviewed and progressed in-line with healing and recovery.
- Housework – restricted to light housework 6/52 will be reviewed and progressed
- Reinforce no driving until earliest 6/52 and only when patient is comfortable thereafter.
- Discuss return to work – dependant on role and symptoms. It is recommended that the patient organise a phased return this should be discussed with physio and approved by patient's line manager, occ health and HR if possible.
- The surgeon will instruct when the patient is fit to return to his job earliest time considerations.
- Sedentary role 6-12/52
- Active / manual 16/52
- Patient gets reviewed by the consultant at 6/52, 3/12 (x ray is completed) and 6/12

2. Physiotherapy exercises:

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- i)** Continue to increase the walking distance gradually as instructed
- ii)** Postural advice
- iii)** Back care advice
- iv)** Static bike can be started 6/52.
- v)** Return to the gym after 6-12/52 under rehabilitation physiotherapist strict guidance of exercises. No weights or rowing should be completed before 3/12 post op.
- vi)** Return to swimming after check x-ray in-line, strokes recommended as guided by physio.
- vii)** Return to impact activities, racquet and contact sports will be dependent on recovery 4-6/12 and will be directed by the Physiotherapist and surgeon.