



Spine care.

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Remember this is just a guide. Your surgeon may add to or change any of the recommendations that have been provided in this guidebook. Always use their recommendations first, and ask questions if you are unsure of any information you receive.



Dr. Morrison is board certified and fellowship trained in Orthopedic Spine Surgery. He spent an entire year at Texas Back Institute training under world renowned spine surgeons. He is a published text book author and has given podium presentation and lectures at international spine meeting in three different countries. He has published original research in minimally invasive techniques and artificial disc replacement. Dr. Morrison is dedicated to continually learning the most effective and least invasive procedures and techniques to provide his patient with the best care available anywhere in the world.

Hello,

Thank you for choosing the Citizens Memorial Hospital and CMH Orthopedic & Spine Center for your treatment. It is our honor and privilege to be a part of your quest for better spine health. My team and I are dedicated to providing quality care for your spinal condition. We will not compromise on patient care, will use the most clinically effective methods and foster collaborative relationships within the spine continuum of care. Our team of healthcare professionals, including a physician assistant, nurses, medical assistants, and administrative personnel, has many years of experience helping patients and their families find their way to better health. Each one of us is here as a resource for you during the treatment process.

Spinal surgery is a major undertaking and we aim to make your stay and recovery as comfortable and positive as possible. If, however, during your treatment we are not meeting your needs please share your concerns with us and we will strive to address them in the most effective manner.

This book was developed with your surgery in mind and is intended to be a resource for you and your family throughout and even after your treatment has been completed. Please take the time to read this information and refer to it as needed. If you have any questions please do not hesitate to contact us.

The staff at Citizens Memorial Hospital and I believe that we can optimize the outcome of your treatment by establishing a philosophy of treating every patient as if they were our only patient. We fully appreciate the trust you have placed in us and do not take the obligation to provide the most appropriate and least invasive treatment lightly. Please rest assured that you have come to the right place for your spine care. We also believe that you play a key role in your recovery, and our goal is to involve you in your treatment every step of the way. This guidebook is designed to educate you on:

- Preparing for surgery,
- What to expect after surgery,
- How to take care of yourself after surgery, and
- How to exercise after surgery to gain maximum benefit.

Respectfully Yours,

Troy D. Morrison, D.O.

I. Preparing for Surgery

1. Obtain Medical and Anesthesia Clearance

Prior to selecting a date for surgery, you may be asked to receive a medical clearance from your primary care physician. You may also be required to see a cardiologist or other specialist to be sure that your health is optimized prior to your surgery. We are committed to patient safety, and a medical clearance will help us best meet your health care needs.

2. Pre-Operative Appointment

Our surgery scheduling staff will make a pre-operative appointment for you. This involves meeting with a surgical nurse to go over your health history and to confirm your home medications. Please bring an updated list of your medications or the prescription bottles with you. You will also have blood drawn for labs and an EKG. You will receive detailed information about your arrival and preparation for the surgery and hospital stay. If you have an advanced directive, please bring it with you. Bring a copy of your insurance card and a photo I.D.

3. Insurance Notification

The surgery scheduling staff in the office will contact your insurance company for pre-certification, a referral, and/or authorization. If you do not have insurance benefits, please contact the hospital financial office. Insurance approval usually takes 3 weeks.

4. History and Physical (H&P)

If more than 30 days has passed between the times that you saw the surgeon and the date of surgery, you will need to be seen in the office for a history and physical appointment. This is often performed by a physician assistant or a nurse practitioner. The details of the surgery, expectations, and the post-operative recovery will be discussed. You will be measured for a brace and sign a consent for the procedure.

Pre-Operative Instructions

We are committed to making your hospital stay and surgery successful, safe and efficient, which requires your participation. Follow these instructions to help your surgery go smoothly:

- Notify our office immediately if you develop a cold, temperature, cough, flu-like symptoms, or any other illness between now and your surgery.
- Do not eat or drink anything after midnight the night before your surgery.
- You must shower or bathe at home the morning of your surgery. Please use the hibiclens soap that the pre-operative nurse gives you and follow the instructions.
- You may brush your teeth and/or gargle the morning of your surgery, but DO NOT swallow the water.
- NO chewing gum, chewing tobacco, breath mints, or smoking is allowed the morning of surgery.
- DO NOT wear make-up, nail polish, jewelry, lotion, cream or perfume the day of your surgery. Acrylic nails may remain in place.
- Remove contact lenses, hair pins, wigs, dentures, etc. prior to your surgery. Hearing aides may be worn.
- Please DO NOT bring any money or valuables with you to the hospital or surgery center. The hospital cannot be held responsible for lost items.
- If you are going to be admitted to the hospital, bring loose fitting clothing (i.e. button-up shirts, pull-on elastic pants or shorts, and slip-on flat shoes with rubber soles).
- If you are having outpatient surgery, please wear the above clothing to the hospital the day of surgery.
- Ensure you have arranged transportation home after the surgery. You are not allowed to drive yourself.

Pre-Operative Medication Instructions

- ONE WEEK prior to surgery, discontinue the following anti-inflammatory medications:
 - Aspirin
 - Bufferin
 - Nabumetone (Relafen)
 - Ibuprofen (Advil, Motrin, Vicoprofen, Combunox)
 - Ketoprofen (Oruvail, Orudis)
 - Naproxen (Naprosyn, Aleve, Anaprox, Naprelan)
 - Diclofenac (Arthrotec, Voltaren, Cataflam)
 - Indomethacin (Indocin)
 - Etodolac (Lodine)
 - Piroxicam (Feldene)
 - Meloxicam (Mobic)
 - Celecoxib (Celebrex)
 - Oxaprozin (Daypro)
 - Ginko Biloba
 - Other Herbal Supplements and Extra Vitamin E (multi-vitamins are allowed up to the day before surgery)
- 7-10 DAYS before surgery discontinue any blood-thinners under the supervision of your cardiologist or prescribing physician. DO NOT stop this medication without their approval. If your doctor feels you should not be off this medication, contact the office at 417-777-2663. These may include Plavix, Clopidogrel, Warfarin, Coumadin, Aggrenox, Dipyridamole, Ticlid, Xarelto, Rivaroxaban, Pradaxa, Dagigatran, and Aspirin.
- Phentermine- This medication must be stopped at least 14 days before surgery.
- The morning of surgery, you may take blood pressure medications and Neurontin or Lyrica with a small sip of water. Duragesic or pain patches do not need to be removed.
- Insulin Dependent Diabetics --- DO NOT take your insulin if your surgery is scheduled for early morning and you are fasting. DO take HALF your insulin dose if your surgery is scheduled for afternoon and you have been instructed to eat a light breakfast.
- Morning of SURGERY --- You may take necessary medications with a small sip of water the day of your surgery as described above.
- If you are taking birth control pills, these may increase your risk of a blood clot.

Preparing Your Home for Your Return from the Hospital

For a smooth transition home and an easier recovery, have your house ready for your arrival back home.

- Clean, do the laundry and put it away
- Put clean linens on the bed
- Cut the grass, tend to the garden and finish any other yard work
- Pull up any loose rugs or any trip and fall hazards

You will typically be restricted from lifting heavy objects for two to three weeks after your surgical procedure. Please verify these restrictions with your surgeon.

What to Bring to the Hospital

- Your patient guidebook
- A copy of your Advance Directives if you have it completed
- Your insurance card, driver's license or photo I.D. and any co-payment required by your insurance company
- **If you have sleep apnea, please bring your CPAP machine to the hospital**
- Personal hygiene items (shampoo, toothbrush, deodorant, razor, etc.) and a robe
- Loose fitting clothes that include an elastic waistband for the bottoms
- Well-fitted slippers, flat shoes or tennis shoes
- The back brace or cervical collar
- A walker or cane if you have one of your own

What Not to Bring to the Hospital

- Jewelry, valuables and large amounts of money
- Chewing tobacco or cigarettes

II. Hospital Stay

Day of Surgery: What to Expect

Before Surgery

On the day of the surgery, please go to patient registration desk. Ask for directions if you are not familiar with this area. Please plan to arrive promptly at the hospital at your given arrival time. This allows us time to make you comfortable, answer your questions and prepare you for surgery. Please call **888-326-4310** the day before your surgery to get an arrival time.

It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute, and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

Once you've been registered, you will be taken to the surgical preparation area where the nurses will take your temperature, blood pressure, pulse and start an intravenous catheter (IV). You may also receive medications through your IV.

Your surgeon, operating room nurse and a member of the anesthesia staff will interview you prior to going to the operating room and will answer all your questions. Your nurse will then escort you to the operating room where you will see your surgeon, operating room nurse and anesthesia staff again.

After Surgery

Once the surgery is complete, you will be taken to a recovery area where you will remain for a few hours. During this time, pain control will be established, and your vital signs will be monitored. You will then be taken to the medical-surgical floor where a specialized team of nurses and other health care providers will care for you. In most cases, you will receive fluids and medications through an IV, and you will receive oxygen from a tube that will be placed beneath your nose called a nasal cannula. You will also have calf pumps that will gently massage your lower legs to prevent blood clots. When you are fully awake, the nurse may ask you to get up out of bed. Be sure to wear your back corset brace when you are up.

To get your recovery off to a good start and to help prevent blood clots from forming in your legs, it is very important that you begin using your Incentive Spirometer to assist with the deep breathing exercises. The staff will teach you how to use this.

During Your Hospital Stay

Our multidisciplinary team of caregivers will work together to plan your recovery and get you back to your active life following surgery. Your days following surgery will typically consist of a visit from the social services staff, physical therapists, and possibly occupational therapists or respiratory therapists. Your surgeon and physician's assistant will visit you during your stay as well.

The care team will help address all aspects of your recovery, including:

- **Pain** – Generally, your physician will determine the best approach to manage your pain. Pain control can be managed through an IV, injection, oral medication, and/or through a continuous local anesthetic to the surgical site. You may also have a PCA (Patient Controlled Analgesic) that will dispense IV pain medication with a push button.
- **Diet** – After your surgical procedure, you will be on a clear liquid diet for your first meal. Your surgeon will decide when you are ready to advance your diet to regular foods.
- **Mobility** – Soon after surgery, a physical therapist will come to your room, teach you the appropriate way to get out of bed and assist you with walking. Your nurse or patient care assistant will also be available to help you walk around the unit.

After surgery most patients are in the hospital one to three days. Some patients may stay longer or shorter depending on the nature of the surgery and how quickly they recover. Your inpatient stay will be adjusted as needed depending on how comfortable, mobile and independent you are after surgery.

As you recover, the staff will continuously inspect your incisions and assess your progress in becoming more comfortable, safe and mobile. When your surgeon determines that you are ready to be discharged from the hospital, discharge plans will be prepared. Under some circumstances the team may recommend you continue your recovery in an inpatient rehabilitation hospital or skilled nursing facility. Most patients, however, go home at discharge.

Someone responsible needs to drive you home. You will receive written discharge instructions concerning medications, incision care and activity.

Your first post-operative appointment has already been scheduled for you. It is usually about two weeks after your surgery. You will receive a reminder call from the Parkview Orthopaedic Clinic staff a few days prior to your appointment. X-rays will likely be taken at that visit. You may see the surgeon or his assistant.

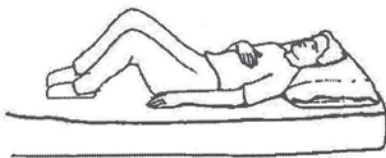
We look forward to caring for you, assisting in your recovery and helping improve your quality of life.

III. Going Home

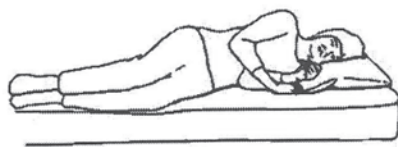
General Guidelines for Home Management after Spine Surgery

1. **Home transfer:** Sit in a reclining passenger seat or lie down in the back seat of a family care or van. If your drive is longer than 1 hour, you must stop every 45 minutes to get out and walk around. This will help keep you from becoming stiff and sore, and to keep your blood circulating.
2. **Getting in and out of bed:** Use the log roll technique when getting in and out of bed to place less stress on your spine. See Picture A for details.

PICTURE A: LOG ROLL TECHNIQUE



1. Bend both knees until you are in this position.



2. Roll your body as a unit. Keep hips and shoulders in alignment. Do not twist at trunk.



3. Push yourself up with arms keeping hips and shoulders in alignment. Do not twist at trunk.

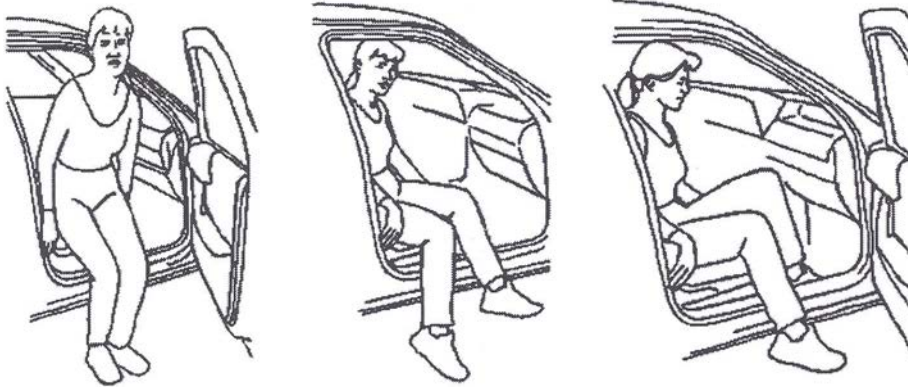
3. **Sleeping:** Avoid sleeping on your stomach for the first 7 days. After 7 days you may sleep in any bed in any position that is comfortable for you.

4. **Incision care and bathing:** Please see “Incision Care” directions on page 8.

5. **Activities:** Avoid sitting for prolonged periods. Sitting tolerance is variable and usually about 30 minutes at a time. Walking is encouraged. Short, frequent walks should be done on a daily basis, increasing your distance every day based on your comfort level. Balance your rest and activity periods. Back or leg discomfort is common and it is your warning to stop or change activity.

6. **Riding in a car:** When riding in a care, use the sit pivot method to get in and out of the car. See picture for details.

PICTURE B: SIT PIVOT METHOD



1. Sit on car seat facing out the side of car.

2. Pivot body to inside of car keeping hips and shoulders in alignment. Do not twist trunk.

Herniated Disc or Spinal Stenosis Surgery

If you had surgery for a herniated disc or spinal stenosis, **AVOID BENDING FORWARD AT THE WAIST FOR 6 WEEKS.** Wear your brace when standing or walking for the first 2 week. You do not need to wear the brace when in bed or while sitting. Squatting is acceptable. Avoid repetitive twisting. Avoid heavy lifting, pushing and pulling.

Fusion Surgery

If you had fusion surgery, **AVOID BENDING FORWARD AT THE WAIST FOR 6 weeks.** Wear your brace for 6 weeks while standing or walking. You do not need to wear the brace in bed or while sitting. Squatting is acceptable. Avoid repetitive twisting. Avoid heavy lifting, pushing and pulling.

- Stair climbing is permitted and can be done as tolerated based on your comfort level.
- Sexual activity is permitted based on your comfort level.
- Driving is permitted when you can climb a flight of stairs unassisted (this includes no use of the hand rails) and are no longer on narcotic pain medications. Riding in a vehicle as a passenger is permitted any time.
- Wear supportive shoes with flat rubber heels (e.g., tennis shoes).
- You will typically be able to return to work within 2 to 6 weeks after surgery, depending on your type of job duties. This will be reviewed with you.

7. If you develop any unusual or different leg tenderness and/or calf, ankle or foot swelling, call the office **IMMEDIATELY.**

8. It is not uncommon for the leg/back pain to take a couple of weeks to subside. This is related to the inflammation process and should settle down with time. Please call the office if you are experiencing pain that is worse than the pain you were experiencing prior to surgery. If you experience any new numbness, weakness or loss of bowel or bladder control, call the office or hospital immediately.

9. In general within 3 months you should be able to return comfortably to all your usual daily activities with only mild discomfort. Between 2-3 months you will progress to a spine rehabilitation and exercise program. During this same period most will be able to return to work or school without any restrictions. If your job involves heavy labor, it will be longer before you will be able to return to work; usually between 3 and 6 months.

10. Most patients are able to resume unrestricted activities after 3-6 months depending on the type of surgery.

11. Those patients involved in contact or high risk sports will receive instructions on when they can return to these activities.

If you have any questions, or issues, please do not hesitate to call our office at 417-777-2663.

Incision Care

During your hospital stay, you received antibiotics to prevent a surgical wound infection. The antibiotic is not a guarantee against infection. Therefore, it is very important for you to follow these guidelines:

- If you had neck surgery, use a large band-aid daily. Begin showering 2 days after surgery.
- If you have a Silverlon Dressing (silver or gray letters on dressing), keep the dressing on for 7 days and then remove.
 - It is OK to shower with the dressing on.
 - If your dressing starts to come off before 7 days then reinforce with tape.
- If you have a tape and gauze dressing, keep your incision dry and covered.
 - Do not wet the incision for 5 days after surgery.
 - You can place plastic wrap and tape on the incision to keep it dry if you want to shower.
- You should only take showers (not baths) only for the first 3 weeks.
- Your incisions must be checked DAILY after discharge from the hospital.
- To clean the incision, use hydrogen peroxide soaked gauze, allow the area to dry, then, cover with a dry gauze pad.
- No soaking in a bathtub or swimming for 3 weeks from the date of surgery.

Please notify your surgeon's office of any changes in the appearance of your incision, such as:

- Increased redness
- Increased swelling
- Increased pain (sore to touch)
- Drainage
- Bumps or pimples
- Opening of incision line
- Fever or chills

If problems occur, call your surgeon's office at 417-777-2663, Monday through Friday from 8 a.m. to 4:30 p.m. If you need to call at night or on the weekend, call 417-326-6000 and ask to speak to Dr. Morrison or the surgeon on call.

Your incision is closed with absorbable sutures (unless you have been told otherwise) and with Steri-strips (white pieces of tape) across the incision. No sutures need to be removed, and any suture that is showing will dissolve and fall off usually within 3 weeks. If at three weeks there is a still a tag, a gentle tug will remove the tag of suture material. Steri-strips can get wet once the incision is dry (approximately 3 days) and the strips will begin to loosen and fall off about 10 days after surgery. If the steri-strips are still on at 14 days they can be removed at home with the help of another person.

Occasionally, your surgeon will use non-absorbable sutures or staples. We will inform you of this if you have these. If you do, they will need to be removed approximately 14 days after surgery. This will be discussed with you upon discharge from hospital.

Post-Operative Body Mechanics and Exercises

Proper body mechanics means to use the body safely and effectively without excess stress, fatigue or risk of injury.

The following key concepts should be followed in various situations:

- Be constantly aware of your posture.
- Avoid sudden trunk and neck movements.
- Avoid vulnerable or unpredictable situations such as climbing a ladder, walking on slippery surfaces, etc.
- Avoid excessive bending forward, backward, sideways and rotating or twisting.
- It is better for your neck and back to keep your posture erect.
- Think before you move to avoid unexpected stress on the back or neck. Move slowly and carefully and avoid combining movements such as bending and twisting or lifting and reaching.
- Use a wide base of support. Stand with feet apart for better balance, especially during lifting.
- Use your leg power to do your work, not your back.
- Bend at the knees, maintaining your normal spinal curvatures. You may bend at the knees and tilt forward at the hip joints slightly, while keeping your back straight.
- Pace yourself so you do not get fatigued or tired. Spread your work over time.
- Remember to rest your back and neck. Stop during the day to rest your back and neck. Proper resting postures are as important as proper working postures.
- Excessive working or reaching overhead when you are in the upright position should be avoided because it creates too much movement in the low back and neck which could cause injury.

The following are activity specific suggestions.

Daily Activities

Standing

When standing to do normal activities such as brushing teeth, shaving, applying makeup, fixing hair, washing dishes, cooking or ironing:

- Do not stand in the forward-bent position. Instead, squat slightly and brace your knees against the front of a cabinet. Put one or both hands down on the counter to take some pressure off your back.
- If your leg strength is adequate and balance is good, prop one foot inside a low cabinet or on a low ledge or foot stool.
- Change positions frequently.
- Use a cup or basin to spit out toothpaste.
- Use a washcloth to wash your face rather than bending over.

Sitting

Studies show that sitting concentrates the force of your body on the low back, especially when sitting with poor posture. To minimize stress on the discs, ligaments and musculature of the back and neck, follow these guidelines:

- Do not sit unsupported for more than a few minutes (e.g., side of the bed, edge of the chair). It is important that you are able to relax your back in good posture.

- Avoid low, soft furniture that is hard to get in and out of. Also avoid furniture that will not support your back well. This includes some recliners and low, soft couches.
- Chair dimensions should include:
 - Height – with feet on floor, the knees should be even with or slightly lower than hips.
 - Firmness – firm but padded seat and back.
 - Back support – a small cushion, towel roll or small lumbar roll can be used for low back support.

Standing Up From the Sitting Position

Scoot to the front of the seat and come to a standing position using your legs to push and your arms on the supports to lift. Keep your back straight.

Sitting Down

Back up until you feel the surface against your legs, reach back with one hand and grasp the arm supports. Lower yourself on to the front edge of the seat. Look directly ahead, if possible to help keep your back straight.

Sitting tolerance is individually specific. Some can tolerate 30 minutes and some only 5 minutes. Try not to sit for more than 20 minutes at a time unless you are comfortable in a supported chair.

Lying Down

Avoid lying on your stomach, which is stressful on the back and neck. Any other position is fine as long as it is comfortable.

Be aware of pillow height. If the pillow is too fluffy or thick, it can cause excessive neck flexion and, if it is too thin, it may cause neck extension. Sometimes more pillow height is necessary when you lie on your side, depending on your shoulder width. Your head should be in a neutral position when you lie on your back or side.

Showering and Grooming

If you have a Silverlon Dressing (silver or gray lettering on the dressing) then you may shower with the dressing on. Pat it dry with a clean towel when you get out of the shower.

- Do not take a bath or soak in a hot tub or swimming pool until incision is healed and doctor’s permission is granted (due to posture and submersion of incision).
- Do not have your shower water too hot and steamy as this tends to make you weak and possibly faint.
- Side step over the bathtub carefully, with assistance. Use a rubber mat to avoid slipping.
- Use a long-handled sponge/brush to reach your back and legs. Use liquid soap (pump or canister) to avoid dropping the bar of soap.
- If you have difficulty standing while washing in the shower, get someone to assist you and/or obtain a sturdy shower chair with a back and adjustable legs. This can be found at a medical supply store, some pharmacies or issued at the hospital before discharge.
- Shaving the legs is discouraged for back patients, as it often requires bending at the waist.
- To wash/rinse your hair, stand directly under the showerhead with knees bent slightly to avoid bending.
- Rather than leaning forward and extending your neck to look in the mirror, use a hand held mirror.

Dressing

Avoid bending over at the waist when sitting or standing.

- You may lie on your back, keeping your back flat on the mattress and bring one foot up to the opposite bent knee to put on socks, shoes, nylons or underwear.
- You may also sit in a chair and step into your clothes, using a long reacher to pull them up over your feet and past your knees.
- Button up shirts are easier after surgery.

Shoes

Wear low-heeled shoes. Shoes with higher heels, including some boots, angle your foot downward, throwing your body weight forward and causing you to arch your back to maintain your balance.

- High heels decrease ankle stability, increasing your chances of twisting your ankle, stumbling or falling.
- Closed toe and closed heel shoes are recommended over flip-flops and sandals.
- Wear shoes with a soft rubber or crepe sole to absorb shock and cushion your steps. A supportive pair of tennis shoes is recommended for your walks.

Driving /Riding

Driving/riding can be troublesome to a sore back or neck because of the prolonged sitting, bumps and jolts and the inadequate seat support found in many cars.

Here are some suggested guidelines:

- You may resume driving only when you can walk up a flight of stairs without holding the banister/handrail and are no longer on narcotic pain medications.
- Limit driving to 45 minutes at a time. After each 45 minute interval, you should stop, get out and walk around.
- Use pivot principles to get in/out of the car. It will help if the seat is back far enough to accommodate your leg length. Back into the seat, sit down slowly and then turn as one unit, bringing your knees, hips and shoulders in together. To get out, perform in reverse order.
- Reclining the seat, as a rider, decreases the stress on the spine. Be careful not to arch or bend your back when reclining. Maintain good support.
- On long road trips, you should pull over at least every 45 minutes to walk around and rest your back and neck. Continue to keep your feet and legs moving for good circulation and to prevent blood clots.

Lifting

When lifting, remember how you lift is as important as what you lift.

- Limit lifting weight to what is reasonable for your body size and strength. Usually no more than 8 to 10 lbs for the first 6 weeks after surgery.
- Bend at the knees and hip joints, keeping your back straight.
- Grasp the load securely, keeping it close to your body, and look straight ahead.
- Avoid twisting at the waist when picking up or putting down a load.
- An alternative technique for use by patients with good trunk stability is to extend one leg behind while keeping your back straight. Hold on to a table or chair for balance with one hand, while reaching for the light weight object.

Outdoors

Yard or garden work should be avoided for the entire time specified by your physician. Contact your physician before beginning more strenuous tasks such as mowing, weeding, spreading, tilling or fertilizing.

Once your physician gives permission, here are a few steps to follow to avoid injury:

- Keep mower, weed eater or spreader close to you and under control.
- Move with the tool, allowing your legs to do the work.
- Avoid leaning forward to pull, push or reach.
- Get down close to your work. Sit, kneel or get down on all fours to weed, plant, or trim shrubs.
- Some patients may be unable to assume these positions safely and comfortably without adequate assessment and teaching by a healthcare provider.

- Be creative and think of ways to make your work easier, such as putting extensions on hand tools or using a footstool in the garden to sit on.

Sexual Activity

Individuals with low back pain or neck pain often find sexual activity nearly impossible or very painful. Because of some positions commonly used by individuals and the amount of motion in the low back and neck during intercourse, sexual activity can increase stress on the back and neck. A mutual understanding and discussion of this situation between the partners is essential in avoiding undue strain and emotional stress on the relationship. Sexual activity can be maintained and can remain a normal, meaningful part of life if several principles are remembered and practiced:

- Resume activity when comfortable.
- A firm mattress is best.
- Try positions that support your back.
- When returning to sexual activity after surgery, give yourself time. Talk openly and honestly with your partner about your pain level, your hesitance and the support you need, both physically and emotionally.

IV. Exercises

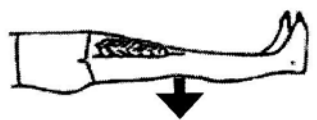
Home Exercise Program

Begin these exercises on your first full day home and progress gradually as tolerated. These home exercises were designed specifically for your procedure in order to increase your strength, endurance and mobility within an ample time period. Your outpatient physical therapists may also progress you through more advanced exercises when appropriate and guide you safely back to normal activity levels. For some patients outpatient therapy can be an essential part of your rehabilitation. Your surgeon will discuss your need for outpatient physical therapy based on your surgery, progress and activity level.

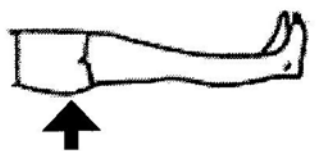
PICTURE C: EXERCISES TO BEGIN WHEN YOU FIRST ARRIVE HOME



HAMSTRING SETS: Slightly bend your knee, press your heel down into the bed and tighten the muscle on the back of your thigh. Hold for five seconds. Relax, and then repeat five times. As tolerated, bend knee further, keeping foot on bed. 5-10 reps.



QUAD SETS: With a straight leg press your knee down into the bed and tighten the muscle on the front of your thigh. Hold for five seconds. Relax, then repeat 5-10 reps.

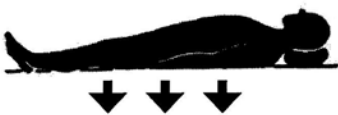


GLUT SETS: Squeeze your buttocks together gently. Hold for five seconds. Relax. Then repeat five times. Avoid arching your back. 5-10 reps.

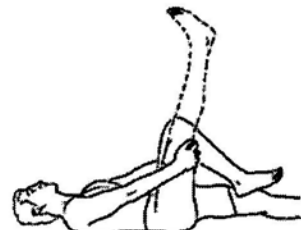


ANKLE PUMPS: Pump foot up and down keeping leg straight. Do not hold position. Repeat 15 times.

PICTURE D: EXERCISES TO BEGIN 2 WEEKS AFTER YOUR SURGERY AND CONTINUE UNTIL YOUR 6 WEEK FOLLOW UP WITH DR. MORRISON. PERFORM THESE EXERCISES 2-3 TIMES A DAY.



ISOMETRIC EXTENSION: Lie on your back with arms extended at your side. Press your arms into the bed. Squeeze shoulder blades together while pressing. Do not arch your back. Hold five seconds. Repeat five reps.



SCIATIC NERVE MOBILIZATION: Lie on your back with knees comfortable bent. Bring one thigh up toward waist line with knee bent (use a towel or sheet assist if hands are unable to reach back of thigh). Slowly pump leg up and down with gentle pull at top and no hold. Perform 15 reps each leg.



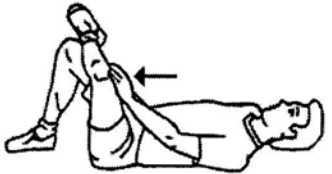
TA (TRANSVERSE ABDOMINUS) STABILIZATION: Draw or suck in navel toward the mattress without moving hips or spine. Your navel should drop not rise. It feels like zipping a tight pair of pants. Hold contraction 5-10 seconds then relax, perform 5-10 reps.



MARCHING WITH TA STABILIZATION: Lie on back with knees bent. Maintain TA contraction (navel to spine) throughout exercise. Bring one knee up, then return. Be sure pelvis does not rock backward or forward keeping the back relaxed. Perform 5-10 reps each leg.



MODIFIED GLUT/PRETZEL STRETCH: Lie on back with one ankle crossed over the opposite knee. Gently push out knee with arm on same side. Hold for 10-30 seconds based on tolerance. Perform 2-3 reps each leg.



At your 6 week follow up, Dr. Morrison will discuss further exercises; physical therapy if needed.

Walking

Walk for a short distance at first, twice daily at a comfortable pace.

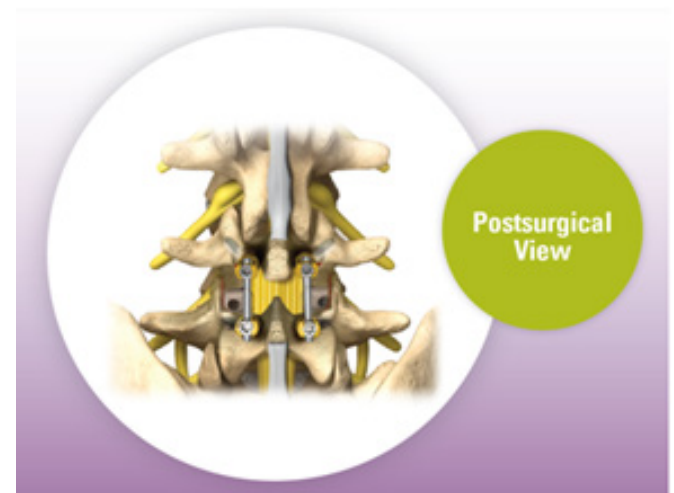
- Chose a safe, paved area, and gradually increase distance.
- Long term goal (1-2 months).
- Walk ½ - 1 mile in the morning and ½ - 1 mile in the evening.

Be attentive to your body's painful "warning signals," which may indicate over activity or undue stress. If any of the above exercises cause persistent pain in the back, buttocks or legs, or if you experience an abnormal increase in morning pain or stiffness, discontinue the exercises until you see the physical therapist.

This is a picture of a typical anterior cervical discectomy and fusion (ACDF). Your procedure and postsurgical views may vary somewhat.



This is a picture of a typical lumbar fusion (TLIF or XLIF). Again, your procedure and postsurgical views may vary from these.



cmh