

Spine Surgery Care Companion

Guiding you along your path with spine surgery



Welcome to Your Spine Surgery Care Companion

This is an educational program that partners with you and guides you along your path to prepare for and recover from spine surgery. You will find helpful information and answers to common questions that you may have. We encourage you to read the modules at the outlined times; however, you may read ahead if you want to read ahead to be better prepared.

We know that sometimes it can be difficult to absorb all the information in one sitting, so viewing the modules more than once can continue to give you greater insight into your condition.

Finally, everyone's journey is different. We have created this care plan to complement the education and handouts you have received from your surgical team. If you have questions about any of the instructions, please reach out to your surgery team.

Questions?

Your questions are important. Talk with your doctor, nurse, or other member of your spine care team if you have questions or concerns.

Provider name/specialty: _____

Number: _____

Provider name/specialty: _____

Number: _____

Provider name/specialty: _____

Number: _____

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Spine Surgery Care Companion: Section 1

Preparing for your surgery

Welcome to your Spine Surgery Care Companion. This program supports your surgical care team's instructions. It is important that you call your clinic if you have any questions or concerns throughout this process.

30 Days Before Your Surgery

Preparing for Spine Surgery

By now, you have made the decision to have spine surgery. It is important that you prepare yourself and your home for your recovery. Just as you would for a long trip or a big event, planning and preparation are key. Our team is here to support you and make sure you have the best experience possible.

Key things to focus on now:

- **Health:** A healthy diet, daily activity, and good sleep will help improve your strength for surgery.
- **Help:** Make sure you have a supportive care partner who can help you after surgery.
- **Illness:** Lower your risk of respiratory infections by wearing a mask in public and keeping physical distance (about 6 feet) from others in the 30 days before your surgery.

Keep up Your Strength

Strength is key to success both before and after your surgery. If you have seen a physical therapist (PT) in the past, continue doing your exercises if you can. Please also review the exercises specific to your surgery (see pages 15 to 18).

- Continue exercising **before** surgery so that your body is strong and physically prepared.
- The sooner **after** surgery you get moving and regain your strength, the better you will feel.
- Please record your daily walking distance and exercises to track your progress in getting physically ready for surgery.

- If you are having neck surgery, see “Rehabilitation and Recovery After Cervical Spine Procedures” on page 15
- If you are having back surgery, see “Rehabilitation and Recovery After Thoracic and Lumbar Spine Procedures” on page 18.

28 Days Before Your Surgery

Planning to Return Home

Part of being prepared for surgery includes planning for your return home. After surgery, our goal is for most patients to go home from the hospital so that they have better mobility and lower risk of infection. By planning your return home now, you can help make this process as smooth as possible.

When you can return home depends on your individual condition and surgery experience. See pages 3 to 7 of this Care Companion for more information about discharge planning.

- Do you have a care partner who has agreed to take care of you after your surgery?
- What type of care do you think you will need after surgery?
 - Home care with care partner
 - Home care with hired help
 - Skilled nursing facility care
 - I don't know
- A responsible adult must drive you home. You cannot take a taxi or public transportation.

21 Days Before Your Surgery

Continue Planning to Return Home

Pages 3 to 7 explain the role of your care partner and the different types of care available after your surgery. If you need help arranging care for after surgery, contact your care team today.



Discharge Planning After Spinal Procedures

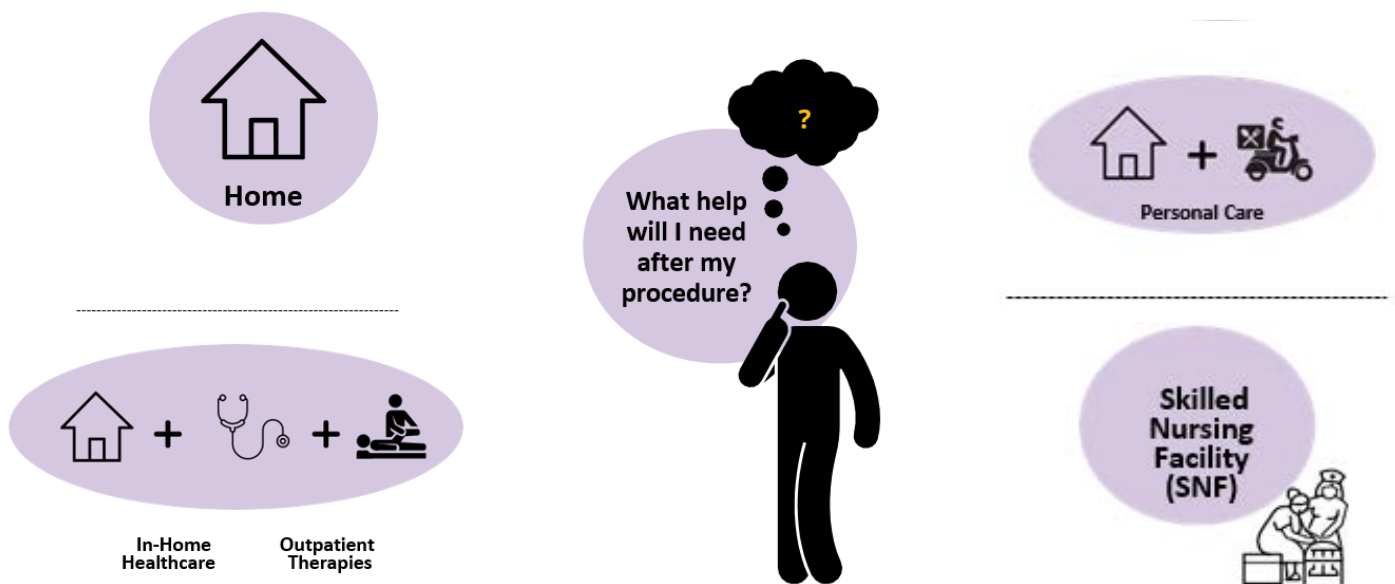
Planning for support at home

This handout reviews different types of care you may need after a spinal procedure, a checklist for planning your return home, and resources.

What help will I need after my procedure?

Your care team will help you make decisions about the care you will need after you are discharged. Your discharge plan may include any of the options below. Your health insurance company must agree to pay for any additional skilled care outside the hospital.

- **Skilled nursing facility (SNF):** An SNF is a facility where you stay 24 hours a day. You must have 24-hour nursing and daily rehab needs to qualify. An SNF is like a bridge between the hospital and home.
- **In-home healthcare:** Sometimes you need continued skilled care (nursing and therapies) after you leave the hospital. If you are unable to go to a clinic for these services, you may be able to receive in-home care from a medical professional.
- **Outpatient therapies:** This may include going to a rehabilitation clinic for physical, occupational, or speech therapy.
- **Personal care:** If you expect to need extra help at home (with cooking, cleaning, or transportation), these services are **not** covered by insurance. You will need to arrange and pay for them directly.



Return Home Checklist

Most people can return home after their procedure. Being prepared is key to make your return home a success. Use the checklist below to prepare.

I have a responsible adult who can:

- Help me get in and out of chairs
- Help me use the toilet and bathe
- Get food and prepare meals for me
- Help with incision hygiene and taking care of my bandages
- Drive me to appointments

My home is prepared:

- I can easily get in and out of my home:
 - The path to the entrance is clear
 - There are no stairs to the entrance (or only a few stairs)
 - If there are stairs, they have handrails
- I can easily get to the toilet:
 - I have a raised toilet seat or grab bars to help me, if needed
 - The path to the bathroom is clear
- I have 7 days' worth of prepared meals (this may include frozen meals) OR someone will prepare meals for me for 7 days
- I have removed any rugs or cords that may be a trip hazard
- I have 2 to 4 weeks of my medications

I have a plan for transportation home:

- Personal vehicle (a responsible adult must drive you)
- Taxi, bus, or rideshare (such as Uber or Lyft) that you will ride with a responsible adult
- If you took a plane to Seattle for your appointment, be sure you have a plan to fly back home with someone who will help you

If you have any questions or concerns about preparing to return home after surgery, please ask your provider to connect you to our social work team. Planning for surgery takes a team, and we are here to help!

Additional Resources

There is a lot to do to prepare for your surgery. After surgery, our goals are for you to return home from the hospital, improve your mobility, and decrease risk of infection. Reaching these goals depends on your individual condition and how your surgery went.

Discharge Readiness

Helping your doctor create a safe discharge plan for you

Reading this handout will help you prepare to leave the hospital when your doctor says you are ready for discharge.

At Your Clinic Visit Before Surgery

Please be ready to answer these questions at your clinic visit before surgery. This information will help your doctors create a safe discharge plan for you. It may also help prevent a delay or cancellation of your surgery.

Follow-up Care

- Who is your primary care provider (PCP)?
- Do you have a pain specialist who manages your *chronic* (long-term) pain?

Going Home

- For your safety, your doctor will make sure you meet these goals before you are discharged:
 - You can *urinate* (pee) and pass gas.
 - The pain medicine you take by mouth controls your pain during basic activities.
 - Any drains have been removed.
 - You are able to get around safely.
 - You do not have any signs of infection.
- When you are discharged, you cannot drive yourself home. A responsible adult can drive you, or you can ride on public transportation. We suggest that someone ride with you.



At your pre-surgery clinic visit, we will ask you for the name of the person who will help you at home after discharge.

- How will you get home when you are discharged from the hospital?
 - Personal vehicle (a responsible adult must drive you)
 - Taxi or bus
 - Uber or Lyft
 - Hopelink or Cabulance
 - Other (please specify)
- A responsible adult must help you at home after discharge. Your doctor will tell you how long this person will need to stay with you. This person will need to help you with preparing meals, grocery shopping, lifting items that weigh more than 10 pounds, household chores, pain control, wound care, and more. Questions to consider:
 - Who will help you at home after discharge?
 - What is their relationship to you?
 - What is their phone number?
- Think about your home. If your home has more than 1 level, you may want to stay on only 1 floor for 2 to 3 days after discharge. This way, you can easily get to your bed and bathroom without needing to climb stairs.

Extra Help

If you expect to need extra help at home after your surgery, please know that Medicare and private insurance will not pay for cooking or cleaning services, or for rides to medical appointments. These services will need to be provided by friends or family, or you will need to pay for them directly.

Based on their healthcare needs, some patients may need to go to a skilled nursing facility (SNF) after discharge. Living alone or not having a care partner does **not** qualify you for placement at an SNF.

Please see the table on the next page for more information about these services:

- Skilled nursing facilities
- Agencies to hire a personal caregiver
- In-home healthcare services

Care Resources After Surgery

<p>Skilled Nursing Facility (SNF)</p>	<p>Even if you have an SNF benefit through your insurance, it does not guarantee that you will be placed in an SNF, or that your insurance will pay for your stay there. Costs for an SNF in King County range from \$375 to \$550 a day.</p> <p>Before you can go to an SNF:</p> <ul style="list-style-type: none"> • Your care team must decide after surgery that you need this extra level of care. Extra care needs include complex wound care and physical or occupational therapy. • Your health insurance company must agree to pay for your care at an SNF. • An SNF must agree to the placement and payment rate.
<p>Personal Care <i>Cooking, cleaning, and transport or escort to appointments</i></p>	<p>Personal care costs in King County range from \$25 to \$45 an hour. Local agencies include:</p> <ul style="list-style-type: none"> • Home Instead: 253.943.1603 • Rescare Homecare: 866.737.2273 • Visiting Angels: 206.439.2458 <p>You can find more personal caregiving services on the internet.</p>
<p>In-home Healthcare Services <i>Skilled nursing services and therapies (physical, occupational, speech-language, respiratory)</i></p>	<p>To receive home healthcare:</p> <ul style="list-style-type: none"> • Your care team must decide after surgery that you need skilled in-home care. This means that you need more than care than an outpatient clinic can provide. • Your health insurance company must agree to pay for in-home healthcare. • An in-home healthcare agency must agree to accept the referral. This means that they have confirmed payment and have service providers to care for you. <p>Costs in King County range from \$60 to \$150 per hour. Local agencies include:</p> <ul style="list-style-type: none"> • Assured: 253.838.7916 or • Evergreen: 425.899.3300 • Providence: 425.525.6800 • Signature: or 877.670.3850 <p>Find more agencies online at www.medicare.gov. Click on “Find Care: Search all providers & facilities.” Under “I want to find,” click on “home health services” to search for agencies by city or zip code.</p>

To Learn More

Visit these websites to learn more about care after discharge:

- **UW Medicine Post-Acute Care Network:**
www.uwmedicine.org/patient-resources/preparing-for-your-appointment-or-hospital-stay/post-acute-care
- **Lodging Near UW Medical Center:**
www.uwmedicine.org/patient-resources/lodging-options

Questions?

Talk with your doctor or healthcare provider if you have questions or concerns.

10 Days Before Your Surgery

Know Which Medicines to Stop Taking

Your doctor or the anesthesia nurse most likely told you which blood thinners, supplements, and medicines to stop taking before surgery. Make sure you know which day you should stop each medication. If you are not sure or have questions, contact the clinic nurse.

Before your surgery day, make sure you filled any prescriptions recommended by your doctor. This includes refilling any of your normal medications that may run out in 1 to 2 weeks. Make sure you have someone who can pick up refills for you for at least 3 weeks.

8 Days Before Your Surgery

Pain Control

Pain control is important to your recovery. To learn more about how we will help you stay comfortable in recovery, read the handout, “Pain Control After Spine Surgery.”

Link: healthonline.washington.edu/record/pain-control-after-spine-surgery-uw-medicine .

6 Days Before Your Surgery

Carb Loading

Your doctor may recommend *carb loading* before your surgery. This usually means drinking a high-carbohydrate or protein drink in the days before your surgery.

If the pre-anesthesia team told you to drink Ensure or Gatorade before surgery, follow their instructions. This **may not** be recommended for patients with diabetes or other conditions.

5 Days Before Your Surgery

Learn About the Importance of Activity

Right after your surgery, your nurse or therapist will help you get out of bed, even if just to a chair. The sooner you get up and moving with your care team, the sooner you will feel better. Your goal will be to walk 3 times a day while in the hospital.

For patients who normally use a wheelchair, the goal will be to sit at the edge of the bed as soon as possible to get up to the wheelchair.

3 Days Before Your Surgery

Pack Your Bag

Now is a great time to pack your bag to make sure you have everything you need for your hospital stay. Below is a suggested list of items to make sure you are comfortable at the hospital.

Bring with you on surgery day:

- Personal hygiene items (such as a toothbrush and deodorant)
- If you have an assistive device or brace, put your name and phone number on it and bring it to the hospital with you.
- Eyeglasses (do not bring contact lenses)
- Dentures
- One to 2 pairs of comfortable, loose-fitting shorts, tops, underwear, and bras (do not wear any clothing that would rub against your incision site)
- Comfortable tennis shoes that come up over your heel (do not bring backless or slip-on shoes)
- Socks
- Hearing aids and their case
- C-PAP or BI-PAP (if you have one)
- A list of all your current medicines, their doses, and how many times a day you take them.
- A copy of your advanced directive (if you have one)
- Driver's license or photo ID and insurance cards
- Cell phone and charger
- Entertainment items such as books or magazines

Leave at home:

- Contact lenses
- Medicines (unless your provider asked you to bring them)
- Jewelry or other valuable items

1 Day Before Your Surgery

Clean Your Skin

Your care team either recommended or gave you an antibacterial surgical wash for cleaning your skin before surgery. Follow your

cleaning instructions to prepare for surgery and reduce the risk of infection.

Both the night before your surgery and the morning of your surgery, take a shower using this surgical wash.

- Do **not** wash from your shoulders up with the surgical wash.
- Do **not** wash your armpits, groin, or genital area with the surgical wash.
- Use a clean washcloth with every shower.
- Rinse your body thoroughly.
- Dry off with a clean towel after showering.
- After showering, put on clean, loose-fitting clothes.
- Sleep in clean sheets and pajamas.
- Do **not** apply any products to your skin after showering. This includes deodorant, lotion, and oils.
- Remove any nail polish.
- Do **not** shave within 24 hours of surgery.

Follow Instructions About Stopping Eating and Drinking

Follow the instructions you were given about when to stop eating or drinking fluids. Please call your care team with any questions or concerns.

The Day of Your Surgery

- Make sure you allow plenty of time to get to the hospital, park, and find your check-in location. If you do not know where to check in, contact the surgery center as soon as possible before the day of your surgery.
- Take or stop medications as you were told.

Questions or Concerns

We hope this information helps you feel ready for your surgery. Please call your surgeon's office if you have any questions at all about your procedure or how to prepare. We want to make sure you are well prepared for your surgery!

Questions?

Your questions are important. Call your surgeon's office or your referring clinic if you have questions or concerns.

Your surgery clinic name and phone number:



Spine Surgery Care Companion: Section 2

Care and recovery after your surgery

By now you have had your spine surgery. This Care Companion provides reminders and education for spine surgery patients. Always follow the specific instructions given to you by your care team. Call your clinic if you have any questions.

After Your Surgery: Discharge Day 1

Daily Checklist

Please review this checklist every day after your surgery to stay safe during recovery:

Question	Response
Are you having chest pain or trouble breathing?	If yes, call 911 or go to the emergency room.
Do you have a fever, chills, or feel like you are overheating?	If yes , take your temperature. If it is over 101.5° and you have not talked to someone in your doctor’s office, call your clinic.
Have you had a bowel movement in the last 3 days?	If no and you have not talked to someone in your doctor’s office , call your clinic.
Does your incision site have: yellow drainage, bad smell, or oozing blood?	If yes and you have not already talked to someone in your doctor's office, call your clinic.
Does your surgery site hurt worse than yesterday?	If the pain has been getting worse for 3 days and you have not talked to someone in your doctor's office , call your clinic.
Compared to the day after surgery, are you having new or worsening numbness or muscle weakness?	If yes, call the clinic immediately (even after hours). If you are not able to talk to anyone right away, go to the emergency room.

Have you fallen since your surgery?	If yes and you have not already talked to someone in your doctor's office, call your clinic.
Are you leaking urine or having bowel movements that you cannot control? (This does not mean leaking from not getting to the toilet in time.)	If yes, call the clinic immediately (even after hours). If you are not able to speak to anyone right away, go to the emergency room.

Using Ice to Aid Recovery

- Ice can help reduce your pain and swelling after surgery.
- Do **not** put ice directly on your skin. Wrap the ice in a towel or pillow case and then place it over your incision.
- Leave the ice on for 20 minutes at a time. Then, give your skin a rest for at least 30 minutes before using ice again.
- Do **not** put hot packs on your incision until after your follow-up appointment. Use hot packs only if your surgeon says you can.

Constipation

Constipation is common after surgery. Getting out of bed, walking, eating fiber, and drinking plenty of fluids can help with constipation. Taking a stool softener such as Colace, prune juice, or milk of magnesia as directed can also be helpful. If you go more than 3 days without a bowel movement, contact the clinic nurse.

Discharge Day 2

Exercise

It is important to continue doing your rehab exercises and to add daily activity as you are able. Aim to take 4 walks throughout the day. Start with short walks and increase the distance as you can. If you are using a wheelchair, follow your surgeon's instructions. If your physical therapist gave you an exercise sheet, do the exercises the number of times each day that they recommended.

Discharge Day 4

Bruising

Bruising and swelling are common after surgery. Your incision site may look worse before it gets better. It should get better with time. Be sure to go through your daily checklist (on pages 11 and 12) to know if you need to contact your clinic about your incision.

Discharge Day 5

Managing Pain

Pain is common after surgery and will improve as you heal. It is important to manage your pain right from the start so you can comfortably do your rehab exercises and restore your mobility.

Normally, you will manage your pain for the first few days by using prescription pain medicines. After that, you will switch to using over-the-counter (OTC) pain medicines such as acetaminophen (Tylenol) and ibuprofen (Advil). Follow the instructions from your care team.

Careful Use of Prescription Pain Medicine

Your prescription pain medication will likely be an opioid. Opioids are extremely effective in managing pain (especially bone pain) but must be used carefully. The sooner you can switch to OTC pain medicine, the better. If you have any questions, contact your care team for additional help with your pain management.

Visit this link to learn more about safe use of opioids:

<https://healthonline.washington.edu/record/opioid-safety-and-pain-control-uw-medicine-patients>

Continue Using Ice

You should continue to use ice to reduce your incision swelling and pain. Wrap the ice pack in a clean pillowcase or a towel before placing it on your incision. You may ice throughout the day, especially after doing your rehab exercises. Do not apply ice for more than 20 minutes at a time.

Discharge Day 7

Dressing

By now, your surgeon has likely told you that it is okay to remove your bandage. Follow your discharge instructions. Ask your care partner for help and peel it off from one end to the other.

If the wound is completely dry, you can either leave it uncovered or put on a light bandage (such as gauze, which you can buy from a pharmacy or the first-aid section of the grocery store). If there is any drainage, cover it again with a bandage. If the wound has a smell, becomes open, or if the drainage is yellow or green, contact your care team.

Showering

By now, your surgeon has likely told you that it is okay to take a shower. Follow your discharge instructions to be sure about when and how you can take a shower. You may find it easier to shower in the morning when you have more energy. Move slowly and be aware that you may have a hard time balancing while you recover.

For safety, ask your care partner to help you get in and out of the shower the first time you shower, and each time until you feel steady on your feet. If your dressing comes off, you can leave it off. Do not soak your incision in the tub.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Your clinic: _____

Clinic phone: _____

Discharge Day 30

Thank you for having your surgery with us. We hope by this point you are on your way to recovery. Our team is here to support you so don't hesitate to call your clinic with any questions.

Rehabilitation and Recovery Program After Cervical Spine Procedures

Precautions

- Do not lift more than 10 pounds until you are cleared by your doctor (a gallon of water weighs about 8 pounds).
- Do not sit for more than 30 minutes at a time to prevent compression of the discs in your neck.
- Avoid pulling with both arms at the same time.
- Do not begin neck *range of motion* (ROM) or *cervical isometric exercises* (exercises that tighten the muscles of the neck) until cleared by your doctor.

Therapy Goals

1. To become as independent as possible with your mobility and exercises.
2. To demonstrate proper body mechanics when moving around and doing activities of daily living (ADLs).
3. To understand the reasons for these precautions and activity guidelines:
 - a. Reducing post-surgical pain
 - b. Protecting your post-surgical incision
 - c. Promoting healing of surgical site

Body Mechanics

- It is important to use proper body mechanics to protect your spine by keeping it aligned.
- When getting in and out of bed, log-roll to your side and sit up at edge of bed without twisting.
- This reduces strain on your spine and maintains good alignment.



Sitting Posture

- Avoid soft chairs. Choose chairs that support good posture. A lumbar roll may help (see the image with the check mark).
- Activate your abdominal muscles and “grow tall.” Maintain this good upright posture to strengthen the muscles that support your back and neck.
- Use pillows under your forearms to keep strain off neck when sitting in chair or bed (see the bottom image).



Standing Posture

- Keep your head lined up directly over your shoulders, hips, and ankles.

Sleeping Posture

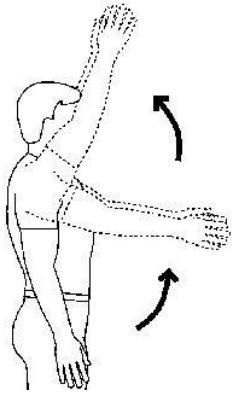


- Use one small pillow to keep your neck in a neutral position (not bent) while you sleep.
- You may use a small rolled towel at the base of the pillow for further support if needed (see the image above).

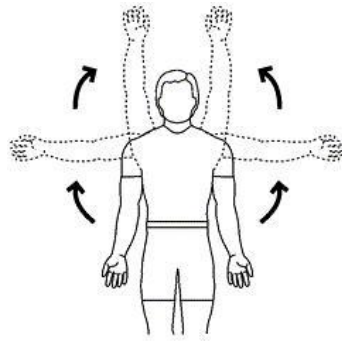


- When lying on your side, put a pillow between your legs to minimize twisting. A pillow in front of you will keep your upper body from twisting. Keep your head in a neutral position with a pillow.

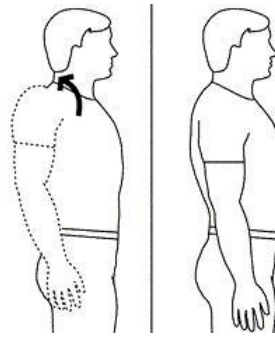
Shoulder Range of Motion



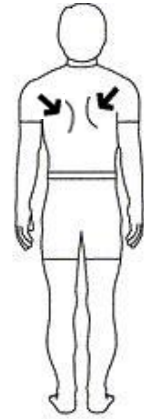
Front arm raises



Side arm raises



Shoulder circles



Scapular squeezes

Post-Operative Walking Program

- **It is important for you to walk every day.** Walking helps your heart, lungs, and spine get stronger.
- Walk at a comfortable pace and **stand up straight** with whatever walking device you use.
- Walk on level ground (a smooth surface if possible) for the first several weeks.
- When you first get home, you may only be able to take short walks. Aim to take a few walks each day. Start by walking in your home and gradually increase time and distance each day.
- **2- to 3-week goal:** Walk for 30 minutes, 7 times a week.
- **3- to 6-week goal:** Walk for 30 to 60 minutes, 5 to 7 times a week.
- If there are days that you cannot take a long walk, take several short walks indoors to keep moving.
- **Stairs:** You do not need to avoid stairs if you can use them safely. Walking up and down stairs will help increase your strength. Follow your physical therapist's instructions for stair safety.

Helpful Hints

- Plan and prioritize your day to spread your tasks throughout the day to avoid overdoing it. Plan to do your exercises twice a day.
- Rearrange your household items so that the most commonly used things are kept between waist and shoulder height. Work at counters that are a height that allows you to keep good posture.
- Sit in a supportive chair to put on pants, socks, and shoes. To keep a straight back while doing these tasks, cross your ankle over your opposite knee and bend from your hips. If needed, an *occupational therapist* (OT) may train you to use adaptive devices.
- Do **not** drive until your physician says it is okay to do so. You may need to take breaks on your ride home, to be sure that you do not sit for too long (do not sit still for more than 30 minutes).
- When picking items up from the ground, maintain a neutral spine (not bent). Activate your abdominal muscles while you bend your knees. Use adaptive equipment such as a reacher as instructed by your OT.
- Change positions carefully, as dizziness and fatigue are common after surgery.

Questions? Please call your clinic or send a MyChart message to your provider if you have questions or concerns.

Rehabilitation and Recovery Program After Thoracic and Lumbar Spine Procedures

Precautions

- Do not lift more than 10 pounds (a gallon of water weighs about 8 pounds).
- Keep objects close to your torso as you carry them.
- Avoid bending, twisting, pushing, or pulling.
- Do not sit for more than 30 minutes at a time. Take standing breaks to “decompress” your spine.
- Practice good posture at all times.

Therapy Goals

1. To become as independent as possible with your mobility and exercises.
2. To use proper body mechanics when moving around and doing activities of daily living (ADLs).
3. To understand the reasons for these precautions and activity guidelines:
 - a. Reducing post-surgical pain
 - b. Reducing the chance of post-surgical irritation and *nerve root adherence* (which is when scar tissue joins muscle to the nerve).

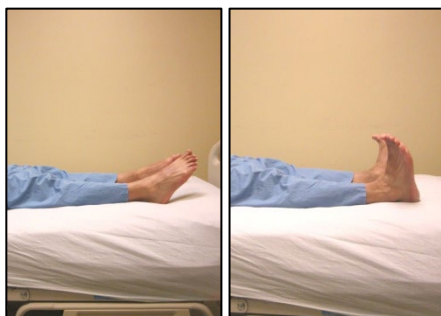
Posture

- When standing, keep your head aligned directly over your shoulders, hips, and ankles.
- “Activate” your abdominal muscles and “grow tall.” Maintain this good upright posture to strengthen the muscles that support your back.
- Avoid soft chairs. Choose chairs that support good posture. You may roll up a towel or use a lumbar pillow behind your back for support (see the image with the check mark).



Post-operative Exercises

It is important for you to do these exercises the first few days after surgery. This will help make sure you do not have problems with your lungs or with blood clots. These will also help you move easier in bed.



Ankle Pumps



Deep Breathing with Overhead Reaching
(while sitting, standing, or lying down)



Heel Slides

Body Mechanics

- It is important to use proper body mechanics to protect your spine by keeping it aligned.
- When getting in and out of bed: Log-roll to your side, and sit up at the edge of the bed without twisting. Then stand.
- This reduces strain on your spine and keeps it aligned.



- When lying on your side, put a pillow between your legs to minimize twisting in your lower back. A pillow in front of your torso will keep your upper body from twisting.



Warm-up Exercises to Do Before Walking

These exercises will help warm up your lumbar spine and hip and knee joints before walking. If your legs are weak, your physical therapist may recommend heel raises and knee bends to strengthen them.



Marching in Place



Heel Raises



Knee Bends

Post-operative Walking Program

- **It is important for you to walk every day.** Walking helps your heart, lungs, and spine get stronger.
- Walk at a comfortable pace and **stand up straight** with whatever walking device you use.
- Walk on level ground (a smooth surface if possible) for the first several weeks.
- When you first get home, you may only be able to take short walks. Aim to take a few short walks each day. Start by walking in your home and gradually increase time and distance each day.
- **2- to 3-week goal:** Walk for 30 minutes, 7 times a week.
- **3- to 6-week goal:** Walk for 30 to 60 minutes, 5 to 7 times a week.
- If there are days that you cannot take a long walk, take several short walks indoors to keep moving.
- **Stairs:** You do not need to avoid stairs if you can use them safely. Walking up and down stairs will help increase your strength. Follow your physical therapist's instructions for stair safety.

Questions? Please call your clinic or send a MyChart message to your provider if you have questions or concerns.