

Patient Name: _____
Diagnosis: _____
Notes: _____

Cervical Foraminotomy Physical Therapy Prescription

The intent of this protocol is to provide guidelines for rehab. It's not intended as a substitute for clinical decision making.

If any of the following occur, contact Dr. Poulter and hold off on physical therapy:

- Any signs of infection
- Worsening of radicular symptoms, including progressive weakness
- Unexpectedly high self-reports of pain in comparison to pre-surgical state

Phase I (0 to 2 Weeks): Protective Phase

Precautions

- Avoid bending, twisting, lifting, pushing and pulling **25 pounds or more for six weeks.**
- Limit sitting, including in the car, to no more than 30 minutes at a time (standing/walk breaks).
- No specific cervical exercises in first two weeks, cardio and scapular retractions only.

Goals

- Diminish pain/inflammation and minimize upper extremity radiating symptoms (ice, modalities as needed).
- Learn correct posture, body mechanics, transfers.
- Focus on cardio exercise program, increasing tolerance to 30 minutes, two times a day.

Education

- **Postural Education:** Sitting posture with lumbar roll at all times; frequent change in positions, avoid prolonged flexion (books, phones, iPads, etc.), sleeping positions
- **Body Mechanics:** Light lifting, transfers (include log rolling), positioning, etc.
- **Driving:** When off narcotic pain medicine

Exercises

- **Cardio:** Walking or stationary bike two times a day, 10 minutes each session to start
- **Scapular Retractions:** Emphasis on neuromuscular control (eliminate shrug), 10" isometrics
- **Light Stretching:** Pecs only (eg.: supine over towel)

Phase II (2 to 6 Weeks): Strengthening Phase

Therapy

- Starting at week two, two to three times per week, four or more times a week

Precautions

- Keep spine in neutral and good posture for strengthening with a focus on proper neuromuscular control
- Lifting, pushing and pulling less than 25 pounds until six weeks
- Gentle active range of motion only (no passive stretching nor aggressive range of motion)

Goals

- Patient to have proper neuromuscular control and posture with stabilization and strength exercises
- Initiate light strengthening and progress to independent with long term home exercise program
- Release soft tissue restrictions/muscle spasm/scar
- Body mechanics review
- Increase aerobic endurance to more than 30 minutes

Flexibility

- **Cervical Active Range of Motion:** Emphasis on retractions, gentle range of motion only
- **Stretching:** Pecs, thoracic extensions
- **Neural mobilization:** Performed as needed, gentle with caution not to flare up nerve roots

Manual Therapy

- Sound assisted soft tissue mobilization for restriction and spasm

Strength

Only initiate these once patient can complete Phase I exercises. Then begin with light resistance and slowly progress. Emphasize good posture and correct muscle firing of scapula stabilizers during each exercise.

*(This is **not** a complete list.)*

- **Postural/Scapula Strengthening**
 - Scapular retractions first (eliminate shrug)
 - Prone scapula strengthening
 - Theraband rows, extensions, external rotation, horizontal abductions, etc.
 - Transverse abdominis isometrics first, then progression
 - Machine rows, lateral pull down (keep bar in front of the head), free motion machine, etc.
- **Cervical Postural Strengthening**
 - **Deep Cervical Flexors:** Emphasis on correct neuromuscular control, 10" isometrics to start
 - Prone on elbows, quadruped, modified plank position with 10" retraction isometrics
 - **Swiss Ball:** Seated, quadruped stabilization exercises
 - Seated retractions against Theraband
 - Cervical isometrics (if needed)

Cardio

- Should be continued to be done daily working up to at least 30 minutes per day (emphasis on walking or stationary bike to start).
- Time frames may vary per patient, consult with Dr. Poulter if you have questions (eg.: an avid cyclist with proper bike fit might start sooner).
- Emphasize correct form and equipment setup (eg.: elliptical, bike, walking terrain, etc.).
- When initiating running and sports listed on the following page, slowly increase in the six to eight week time frame.

	No Earlier Than:
Walking Progression	At least 30 minutes a day
Stationary Bike	Gradual increase in resistance at four weeks
Pilates (Neutral Spine)	Four weeks
Outdoor Biking	Four weeks
Hiking	Four weeks
Elliptical	Six weeks
Skiing	Six weeks

	No Earlier Than:
Yoga	Six weeks
Swimming	Six to eight week progression
Running	Six to eight week progression
Soccer/Basketball	Six to eight week progression
Golf	Six to eight week progression

Aquatic Physical Therapy (*more than three weeks, if available, once incision has healed*)

- Transverse abdominis bracing during all exercises and good head position
- Walking all directions, balance, lower extremity and upper extremity strengthening

**Phase III (6+ Weeks): Return to Work/Work Conditioning/
Return to Sport (if applicable)**

- No lifting restrictions after six weeks.
- Continue to progress strengthening exercises from Phase II.
- Continue any manual therapy, stretching, etc. from Phase II as appropriate.
- Functional/sport/job drills may begin now with supervision. See time frames above for sport time frames.
- Possible referral to work reconditioning program.