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APPENDIX 9.1 Spinal Fusion - Advice for Patients
1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient-focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing spinal fusion surgery.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing spinal fusion surgery, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.
6.0 Definitions and Abbreviations

Spinal Fusion Unstable segment(s) of the body spinal column are stabilised using bone grafting and / or internal metal fixation.

7.0 Guideline

7.1 Pre-Operative

7.1.1 Patients should be evaluated prior to surgery, including:

7.1.1.1 Assessment of joint range of motion, muscle strength, mobility and general function.

7.1.1.2 Respiratory status.

7.1.1.3 Explanation of post-operative physiotherapy management, including respiratory and circulatory exercises.

7.1.1.4 Teaching independent bed mobility, log rolling and transfers.

7.1.1.5 Pre-operative activity programme.

7.2 Post-Operative

Review operation notes and post-operative physiotherapy and mobility instructions.

7.2.1 Day 1

7.2.1.1 Assess respiratory status and treat as appropriate.

7.2.1.2 Encourage circulatory exercises, isometric abdominals, quadriceps and gluteal exercises, neck and shoulder range of movement.

7.2.1.3 Stand patient when comfortable and stable, progress mobility as able.

7.2.1.4 A neofract jacket may be requested by the surgeon.

7.2.1.5 Sitting for short periods allowed as comfortable.

7.2.2 Day 2 onwards

7.2.2.1 Attend gym when fit enough:

- Practise transfers
- Stairs
- Gait re-education
- Back care and advice

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7.2.2.2 Add the following exercises:
- Inner range quadriceps
- Alternate hip and knee flexion
- Neural stretches - SLRs as able
- Bridging
- Side lying hip extension/abduction
- Prone lying

7.3 Discharge (3-5 days)

7.3.1 Discharge Criteria
7.3.1.1 Pain controlled
7.3.1.2 Independently mobile.
7.3.1.3 Independent with home exercise programme

7.3.2 Discharge Advice
7.3.2.1 Sitting - restrict for 3 months. Start with short periods only (5-10 minutes) and build up gradually as comfortable.
7.3.2.2 Driving - after 6 weeks.
7.3.2.3 Walking – no restrictions, aim for a mile.
7.3.2.4 Swimming – restrict for 3 months.
7.3.2.5 Return to office work - after 6 weeks.
7.3.2.6 Return to physical work - after 3 months.
7.3.2.7 Return to sport - after 3 months on doctor’s advice. Avoid contact sports (GAA, rugby, soccer).
7.3.2.8 Encourage activities that use arms e.g. swimming, basketball, rather than one arm (tennis, badminton).

7.4 6 Weeks
Review exercises.

7.5 3 Months
Once fusion well healed, aim to improve range of movement and strength of all muscle groups and return to normal activities/sport.

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8.0 Related Documents
   Individual Physio tools exercise sheets
   IM-CNOH-21 Back Care Advice Booklet - Patient Information Booklet

9.0 Appendices
   9.1 Spinal Fusion - Advice for Patients

10.0 References
    N/A
APPENDIX 9.1  Spinal Fusion - Advice for Patients
The following instructions are general and may be changed by your doctor depending on your surgery.

9.1.1 Sitting
- Sit only as comfortable for the first 3 months.
- Start with short periods e.g. for meals (5-10 minutes) and gradually increase.
- Always maintain good posture

9.1.2 The Journey Home by Car
- Sit on the passenger side, recline the seat and if necessary place a small rolled towel or cushion in the small of your back.
- Take short breaks in the journey to walk around and give your back a rest from sitting.

9.1.3 Driving
- After 6 weeks, but limit driving to short journeys only.

9.1.4 Walking
- Walk as much as comfortable.
- There is no limit.
- Aim for one mile a day

9.1.5 Swimming
- This is not advised because of the possibility of twisting movements while swimming

9.1.6 Return to work (Office)
- After 6 weeks, on your doctor’s advice. Sit for short periods, stand and walk around frequently

9.1.7 Return to work (Physical)
- After 3 months

9.1.7 Return to sport
- On your doctor’s advice