



Post Lumbar Micro-discectomy/ Decompression Surgery Protocol

Initial rehabilitation phase: 0 – 4 weeks

Goals:

1. Mobilise independently and safely.
2. Understand good posture and spinal mechanics.
3. Independent in home exercise programme (HEP).
4. Understand self-management and concept of pacing concept and considering posture to unload site of injury throughout daily activities
5. Return to driving at 4-6 weeks

Precautions:

For the first 4 weeks, whilst the initial post-operative pain settles and the disc begins to heal, it is advised to be careful with some activities. Respect post-operative soreness, disc healing times, neural sensitivity.

1. Initially keep sitting to a minimum for 3 weeks. You might try standing or perching against a table or bench to eat, or kneeling.
2. Try not to cough and keep sneezes as small as you can.
3. Keep your stools loose- no constipation and no pushing to move stools along when you are in the toilet.
4. No lifting more than light weight items (e.g. under 1kg). No running.
5. Caution with flexion in sitting and standing for the first 4 weeks. Remember your “Bobbing Duck” exercise: this is the way you should bend to clean your teeth or bend
6. Sitting should be gradually built up during activities such as eating or relaxing and should be guided by the development of symptoms. A limit of 15-20 mins per any 3 hours is sensible in weeks 2-4, and once this is comfortable it can be increased gradually. If a long journey is unavoidable e.g. to get home from hospital, the patient can recline as a passenger and ensure breaks every 20-30 minutes to stand and walk.
7. Avoid prolonged sitting [>1 hour] for about 4-5 weeks until neural sensitivity has settled and your core strength has improved. You can then try with care.
8. When standing, walking or sitting always consider the image of a balloon floating above your head that then allows you to float 1mm up off the injury level so that you give the disc that little bit of space (rather than compression). Let you belly and bottom relax as you “float”.
9. Walking is unrestricted, and should be increased day by day as comfort allows.
10. Avoid driving until about 3-4 weeks post-operation, or longer if there is a significant loss of function or sensation in one or both legs/feet. The patient should be able to sit comfortably in the driving position, drive safely, and turn to look in the mirror, having
11. 100 % reaction times for an emergency stop.
12. At 2-3 weeks, re commence **really gently core activation**, keeping in mind to keep sitz bones wide and hip relaxed etc.
13. Slowly increase lifting to 1-2kg at around 3-4 weeks once you feel you can activate your core and control your posture during the lift and this does not increase any leg symptoms
14. Continue to log-roll until neural sensitivity has settled and strength improved which takes about 2-4 weeks.

Exercises

1. **BOBBING DUCK:**



- a) With correct alignment in standing, gently engage your core
- b) With your knees a little soft, fold your body at the hip joint (not your waist or in the lumbar spine and keep your spine aligned in neutral) and think of widening your sitz bones and sticking your butt out behind you a little

2. **To activate transversus abdominus & pubococcygeus**

- a) Find your triangle, and keep the back of the triangle wide. Imagine a string (or zipper) connecting pubic bone to your belly button, and gently tighten the string toward the belly button. You only need a gentle 5% contraction, and if you feel you bottom squeeze you are trying too hard.



- b) For men: To find your pelvic floor imagine you were walking into icy cold water and feel yourself draw your scrotum up. Now, find your triangle, and keep the back of the triangle wide as you gently draw your scrotum up toward your belly button

3. **Multifidus facilitation**

- a) Imagine there is a hook coming down from the sky and hooking in to your L4 (or level of their pain). Now imagine that it is floating your L4 a mm up off your L5.
- b) **Co-contraction of Transverse abdominus, pelvic floor and multifidus muscles**

Find your triangle, and keep the back of the triangle wide. Imagine a string connecting your pubic bone through to your low back (or where you feel your pain!) and gently tighten the string toward your pain.



Recovery/ rehabilitation phase: 4 – 20 weeks

Goals:

1. Increase normal activity and function.
2. Return to work at 4 weeks. An appropriate return to work should be planned for about 4 weeks and it should be phased /part time if appropriate especially if there is a lot of travelling/sitting. If the job involves heavy manual work the aim would be to return by 3 months with a planned phased return if appropriate.
3. Avoid heavy lifting [>10 kg] until 12 weeks post-operation or until the surgeon advises.
4. Optimise normal movement.
5. Return to sport/gym at 4 weeks (see restrictions below).