



KYPHOPLASTY POST OP PROTOCOL

Kyphoplasty Post Op Protocol

(PHASE 1) : 2 - 0 WEEKS | WOUND HEALING AND PROTECTION

Mobility: Bed mobility/positioning, log rolling, transfers, and walking full weight bearing.

Restrictions

Prevent excessive initial mobility or stress on spine.
Avoid lifting, bending and twisting of the spine.

Progression

Pain managed (meds/activity modification).
Able to perform activities of daily living for self-care and hygiene.

Wound Care

Surgical site of incision is should be clean and dry.
Do NOT submerge. Do NOT do not apply lotion/balms/ointments/oils to incision
Notify the surgeon if the incision is draining or there are signs of infection.

(PHASE 2) : 4 - 2 WEEKS | OUTPATIENT PHYSICAL THERAPY (OUTPATIENT)

Reestablish neuromuscular recruitment of multifidus with dynamic lumbar stability exercise. Normalize gait and any extremity flexibility deficits. Return to functional activities of daily living and improve position tolerance for return to active live.

Restrictions

Avoid twisting, and bending of the lumbar spine. Avoid lumbar loading.

Progression

The patient is able to incorporate good body and lifting mechanics, Dynamic sitting, and standing tolerance of 30-15 minutes. walking tolerance of 30 min/day.

WOUND CARE

The incision should no longer have scabbing. Scar tissue mobilization via cupping – educate the patient on self-mobilization of the scar. No additional balms or ointments if scabs are still present.

PHYSICAL THERAPY

Posture education: reinforce neutral spine with performance of functional activities and ways to protect spine with loading.

Driving: usually allowed by this point when oR pain meds and ease with in/out of car.

Train neutral spine with diaphragmatic breathing – drawing in abdomen

Add gentle arm and leg exercises. supine heel slides, supine leg lift, marching

Add lumbopelvic control with movement/instability

Hip and knee flexibility – quads, hamstrings, piriformis, gluts, hip flexors, calves

Initiate balance exercises- sitting/standing

Gait training

(PHASE 3) 8 - 4 WEEKS | ADVANCED STRENGTH PHASE (OUTPATIENT)

Advance lifting to 7+ kg. Progress with flexibility and strength. Address activities of daily living and return to work concerns. Advance stabilization and trunk control.

Restrictions

Advance weight as tolerated based on age and bone density concerns/functional status. Special consideration for osteoporosis, cancer history.

Precautions

Avoid preloading the spine in a posterior pelvic tilt.

Focus on low load/higher reps to improve endurance rather than high load low reps for strength.

Avoid prone upper body extension or prone leg extensions that are ballistic to avoid high compression to the weaker spine.

Avoid sitting rowing, leg press due to anterior column loading.

Activities to avoid with osteoporosis:

Dynamic abdominal ex.'s (sit-ups)

Twisting movements (Golf swing)

Trunk flexion with weight (swinging kettlebell, lifting laundry)

Explosive or abrupt loading (ATV riding)

High impact loading – jumping

Exercises

Thoraco-lumbar stability with increasing complexity:

Bridging on unsteady surfaces (ball)

Double leg/single leg, bird dog, step

Kneeling arm pulldowns, shuttle

Airex pad rowing, punchouts, chops

Diagonal lifts, rowing on BOSU, lunges

Squatting, floor to stand

Advanced cardiovascular training

Elliptical, arm bike

Avoid sitting rowing, leg press due to anterior column loading.

فقيه.

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