



ADVANZ HEALTH

SPORTS MEDICINE | PHYSIOTHERAPY

MICRODISCECTOMY

REHABILITATION PROTOCOL

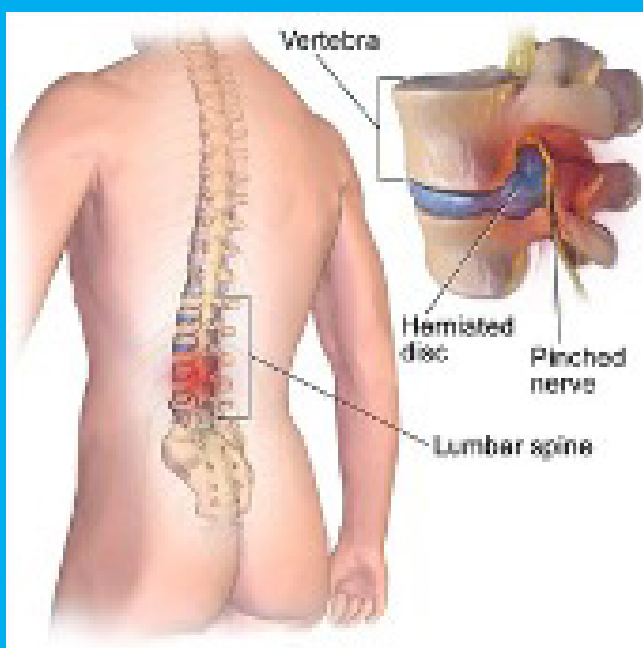
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Sports Medicine & Physiotherapy

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MICRODISCECTOMY

Microdiscectomy is a minimally invasive procedure performed on the spine to remove a piece of protruding disc that is compressing a nerve root.

A disc protrusion/herniation may occur at any time and at any age, but most commonly occurs with bending, lifting and twisting movements of the back. Most patients will benefit from physiotherapy for pain relief and function restoration, however if pain extends beyond 6-8 weeks without any improvement and the patient has loss of strength or sensation from the nerve compression, then a microdiscectomy may be necessary.



EXPECTED RECOVERY TIMEFRAME

Patients are normally able to stand and walk on the same day or the day after the procedure.

You can expect your back to feel stiff or achy for the first week, which should gradually improve over the first 6 weeks.

Radiculopathy or 'sciatica' (pain that radiates down the leg) should be the first symptom to improve, often immediately after surgery. Pins and needles may take longer to improve. Numbness can take up to 12 months to resolve.

Driving should be avoided for the first 1-2 weeks.

For the first 6 weeks your body will be spending a lot of energy on the healing process, so it's normal to feel that your energy levels are lower.

Normally, you can start Physio and gentle exercises after 2 weeks.

Return to work depends on the work environment (sedentary jobs can usually recommence after 2-4 weeks. Those with more manual jobs usually after 4-6 weeks).

PHASE 1 – WEEKS 2-6 POST OP

*You should be feeling less pain and find your energy levels returning.
Wound should be healing well by week 2 (hydrotherapy can be commenced once doctor satisfied with wound healing).*

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none"> • Stabilise pain • Improve posture • Patient understands principles of core stability • Upper/lower limb strength restoration • Improve Thoracic spine and hip mobility • Maintain fitness whilst avoid impact activities • Teach diaphragmatic breathing 	<ul style="list-style-type: none"> • Avoid sitting for longer than 30-45 minutes at time • Avoid bending and twisting • No lifting > 5 kg • No impact exercises 	<ol style="list-style-type: none"> 1. Real-time ultrasound assessment of pelvic floor, TA and multifidus 2. Diaphragmatic breathing training 3. Introductory Core Exercise (see videos) Important: pain must not increase during/ after exercises 4. Walk: gradually increase walking distance by 10% per week, depending on your previous level of fitness 5. Manual therapy to thoracic spine, hips and other areas of reduced mobility 6. Pilates reformer (individualised program to address weakness and movement errors) 	<ul style="list-style-type: none"> <input type="checkbox"/> Minimal pain <input type="checkbox"/> Good understanding of core stability <input type="checkbox"/> Wound healed <input type="checkbox"/> 6-week review with surgeon

Please note that the below timeframes are a guide. Your surgeon or physio may request slight variations for optimum outcome.



PHASE 2 – WEEKS 7-12 WEEKS POST OP

Pain should have subsided at this point. You can expect a transition back to most or all of your normal activities. Your surgeon may advise you to avoid high impact activities until after 12-weeks.

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none"> • Improve posture • Improve core and pelvic strength • Restore spinal mobility • Direct rehabilitation towards goals (sports or ADL's) 	<ul style="list-style-type: none"> • Avoid sitting for longer than 1 hour • No lifting > 10 kg • No impact exercises 	<ol style="list-style-type: none"> 1. Comprehensive assessment from physiotherapist to identify areas of weakness, technique error and poor mobility 2. Intermediate Core Exercises (see videos) Important: pain must not increase during/ after exercises 3. Gradual return to non-impact physical activities 4. Manual therapy to address postural and joint dysfunction 5. Pilates reformer: individualised classes (see videos) 6. Neural glides 	<ul style="list-style-type: none"> <input type="checkbox"/> Good postural awareness <input type="checkbox"/> Good biomechanics across all tasks <input type="checkbox"/> Leg strength back to normal <input type="checkbox"/> Surgeon



PHASE 2 – WEEKS 7-12 WEEKS POST OP

Pain should have subsided at this point. You can expect a transition back to most or all of your normal activities. Your surgeon may advise you to avoid high impact activities until after 12-weeks.

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none"> Return to full functional capacity Prevent recurrence 	<ul style="list-style-type: none"> If neural symptoms return then consult your physio or doctor 	<ol style="list-style-type: none"> Advanced Core Exercises (see videos) Important: pain must not increase during/ after exercises Full return to all physical activities Physiotherapy maintenance consults (quarterly check-up recommended) Pilates reformer classes 	<p>NA</p>



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