

CERVICAL DISC REPLACEMENT:

POST-OP REHABILITATION PROTOCOL

| Week | Restrictions & Precautions | Aims of phase | Physio treatment (1-2 x per week) | Rehabilitation exercises Perform daily (can be spread out across the day). NB: Not all exercises appropriate for all clients - ex's & reps determined by the physio. | Criteria for progression to next phase/level |
|------|---|--|--|--|--|
| 1-2 | Avoid neck bending & twisting (flexion/exten sion/rotation) first 2 weeks No lifting first 2 weeks Log-roll for getting out of bed | Neutral spine awareness in static exercises and daily tasks Diaphragmatic breathing Deep neck muscle activation | Teach exercises Massage for muscle spasm Education on daily task modifications | Diaphragm breathing Seated and supine chin-tucks Shoulder blade squeezes Gentle walking (<10-mins per walk) | ☐ Can activate deep neck flexor muscles ☐ Neutral neck in ADL's ☐ 10-mins walking with minimal pain ☐ Able to use diaphragmatic breathing in daily tasks ☐ Wound healing satisfactory |
| 2-4 | Small range of motion for spinal bending/twist (avoid end ROM) Lifting maximum of 10% bodyweight Avoid prolonged periods in one position (e.g. excessive sitting/lying) | Neutral spine in exercises Diaphragmatic breathing during exercises Commence gentle ROM Improve walking tolerance | Teach rehab exercises Massage for muscle spasm/tone Manual therapy for thoracic mobility | Small ROM cat/cow 4pt-kneeling: rocking, single arm lifts, chin tucks, gentle rotation, scapular mobility Light reformer supine and standing leg-work (no upper body) Theraband rows Increase walking tolerance to 20-mins Shoulder and lower limb stretches Upright stationary bike | Minimal pain with small ROM spinal movements Can maintain neutral spine in exercises Able to use diaphragmatic breathing in all exercises 20-mins walking with minimal pain Can lift up to 10% bodyweight without pain |



| 4-6 | Medium range of motion for spinal bending/twist (avoid full/end ROM) Lifting maximum of 15% bodyweight Keep exercises slow Avoid prolonged periods in one position (e.g. excessive sitting/lying) | Increase range of movement Increase exercise demands of core muscles Increase walking tolerance | Teach new rehab exercises Massage for muscle spasm/tone Manual therapy for thoracic and shoulder mobility Low grade manual therapy to cervical segments adjacent to operated levels (avoid surgical segments) | Bird dogs 4pt-kneeling knee hovers 4pt-kneeling chin tucks, rotations, scap press Supine chin tucks Supine lower core toe taps Supine and standing reformer exercises (light springs) Upper limb theraband exercises (rows, rotator cuff, bicep, tricep) Glute bridge with neutral spine Increase walking tolerance to 30-40-mins Lower limb and shoulder stretches | Minimal pain with larger ROM spinal movements Can maintain neutral spine in exercises Able to use diaphragmatic breathing in all exercises 30-40 mins walking with minimal pain Can lift up to 15% bodyweight without pain |
|-----|--|---|--|--|--|
| 6-8 | Full range of motion for neck movements Lifting maximum of 20% bodyweight Keep exercises slow Minimise sedentary behaviour | Functional movement Introduce light resistance training Progress core and glute strength Commence light cardio stationary bike for cardio | Teach new rehab exercises Massage for muscle spasm/tone Manual therapy for thoracic and shoulder mobility Low grade manual therapy to cervical segments adjacent to operated levels (avoid | 1. Bear pose 2. 8-pt plank with neck ROM ex's 3. Supine/prone/s tanding reformer exercises (light-medium springs) 4. Modified side plank 5. Theraband exercises: rows, lateral raises, chest press 6. Bicep curls and tricep press 7. Standing thoracic | Minimal pain with full ROM spinal movements 8-point plank for >30-secs Modified side-plank >30-secs 60-mins walking with minimal pain Can lift up to 20% bodyweight without pain |



| | | | surgical segments) Whole body alignment check | rotations with theraband 8. Supine dead bugs (small ROM) 9. Increase walking tolerance to 60-mins 10. Progress stationary bike 1. Shoulder/LL stretches |
|------|--|---|--|---|
| 8-10 | Full ROM Lifting maximum of 30% bodyweight Avoid excessive sitting | Increase strength and endurance Commence light running and swimming Increase lateral and rotational demands | Teach new rehab exercises Perform new objective strength measures Massage & needling for muscle spasm/tone Manual therapy for thoracic and shoulder mobility Low grade manual therapy to cervical segments adjacent to operated levels (avoid op-site) Whole body alignment check | 1. 6-pt plank with neck ROM ex's 2. Push-ups (knees only) 3. Reformer exercises (heavier springs) 4. Modified side plank with head mvt 5. Theraband exercises (heavier bands): lateral raises, chest press 6. Cable machine rows & thoracic twists 7. Bicep curls & tricep press 8. Light lat pull downs 9. Light overhead press 10. Supine dead bugs with head lifted 11. Increase walking tolerance to >1-hour 12. Introduce gentle swimming and jogging 13. Progress stationary bike |

| 10-12 | Full ROM Lifting maximum of 40% bodyweight Care with lifting technique | Increase strength and endurance Increase exercise speed/power Increase lateral and rotational demands Return to pre-injury levels by end of phase | Teach new rehab exercises Retest objective strength measures Massage & needling for muscle spasm/tone Manual therapy for neck, thoracic and shoulder mobility Testing for clearance of return to sport and/or discharge | 1. Plank with alt arm/leg lifts 2. Push-ups 3. Reformer Pilates 4. Slowly increase weight training within lifting restriction limits: rows, bicep curl, tricep press, OHP, lat pull-down 5. Standing rotations with cable (increase speed) 6. Sit-ups 7. Supine dead bugs with crunch 8. Side plank (knees up) 9. Walking tolerance | Clearance from Surgeon No pain with full ROM spinal movements Can perform all exercises pain free Can lift up to 40% bodyweight without pain Discharge testing reflects pre-injury capacity |
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| | | | | swimming and stationary bike 12. Lower limb stretches | |
| 12+ | Await surgeon and physio clearance for high-impact activities such as contact sport No other restrictions, but must continue core strength exercises ongoing | Avoid re-injury Continue to improve capacity | Consolidate ongoing strength and core program Manage any impairments with manual therapy and soft tissue releases | As per week 10-12 program, but increase speed, load, power demands. Sports specific rehab. | N/A |