

## MINIMALLY INVASIVE POSTERIOR FORAMINOTOMY (CERVICAL):

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	<ol> <li>Diaphragm breathing</li> <li>Seated and supine chin-tucks</li> <li>Shoulder blade squeezes</li> <li>Gentle walking (&lt;10-mins per walk)</li> </ol>	☐ 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	<ol> <li>Small ROM cat/cow</li> <li>4pt-kneeling: rocking, single arm lifts, chin tucks, gentle rotation, scapular mobility</li> <li>Light reformer supine and standing leg-work (no upper body ex's)</li> <li>Theraband rows</li> <li>Increase walking tolerance to 20-mins</li> <li>Shoulder and lower limb stretches</li> <li>Upright stationary bike</li> </ol>	<ul> <li>Minimal pain with small ROM spinal movements</li> <li>Can maintain neutral spine in exercises</li> <li>Able to use diaphragmatic breathing in all exercises</li> <li>20-mins walking with minimal pain</li> <li>Can lift up to 10% bodyweight without pain</li> </ul>



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)	1. Bird dogs 2. 4pt-kneeling knee hovers 3. 4pt-kneeling chin tucks, rotations, scap press 4. Supine chin tucks 5. Supine lower core toe taps 6. Supine and standing reformer exercises (light springs) 7. Upper limb theraband exercises (rows, rotator cuff, bicep, tricep) 8. Glute bridge with neutral spine 9. Increase walking tolerance to 30-40-mins 10. Lower limb and shoulder stretches	al al as ain ne in e natic in all s th ain to
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	OM as ank for alking hal



			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 11. 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 and thoracic twists  7. Bicep curls and 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



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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 unrestricted 10. Light jogging 20-40 mins 11. Progress swimming and stationary bike 12. Lower limb stretches	□ 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
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