NHS
The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Physiotherapy Advice Following Your Lower Back Surgery

After your surgery

Most people can get up and walk on the day of surgery. Your physiotherapist will help you move in a way that feels safe and comfortable. You may be given a walking stick, crutches or a walking frame.

Before you go home your physiotherapist may also help you practice:

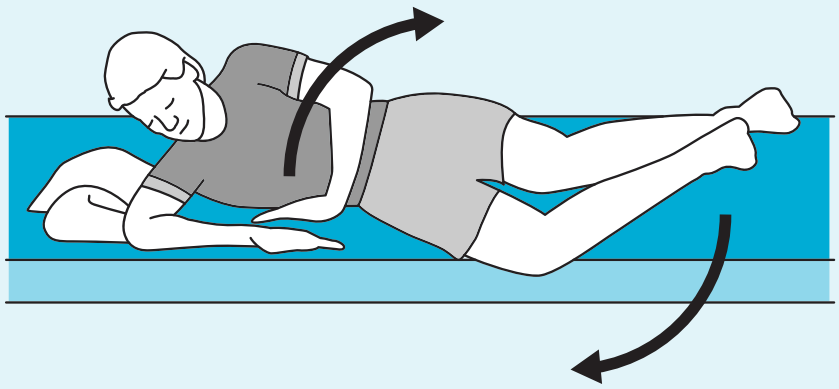
- Getting on/off the bed
- Getting on/off the toilet
- Getting on/off a chair
- Going up and down stairs if you have them at home.
- If your surgeon has given you any individual instructions your physiotherapist will discuss them with you and write them here:

Advice

- Avoid excessive bending, lifting and twisting and use a common-sense approach.
- You should not lift anything heavy for a period of 6 weeks.
- It is advised not to lift objects heavier than a full kettle of water for 6 weeks

Getting in and Out of Bed

The log roll method below is usually the easiest way to get in/out of bed your physiotherapist will teach you this. When getting out of bed, roll onto your side with your knees bent and slide your feet over the edge of the bed. Whilst doing this, use your arms to help push the top part of your body into a sitting position as your legs lower to the floor.



Sitting

You can gradually increase how long you sit unless told otherwise. To start sit for **up to 20 minutes**. Only increase this if it does not make your back or leg pain worse.

If you have a long car journey home, try to take breaks or recline the seat slightly.

Walking

You can walk as much as you feel able. Short and frequent walks are better than long ones to start with. You can increase the distance you are walking if it is not making your back or leg pain worse. You should wear supportive shoes and avoid uneven ground until your feel confident.

Use your walking aid as advised following surgery. As your confidence and balance improve, you may gradually reduce its use – beginning indoors and progressing to full independence when you feel safe to do so. Recovery times vary for each individual.

Driving

You can drive when:

- You can safely do an emergency stop and operate the pedals.
- You can sit comfortably the whole journey.
- You have stopped taking any medication that might affect your concentration.

For most people this is 4-6 weeks after surgery.

Domestic activities

You can engage in light household activities (i.e. dusting, ironing) when you go home from hospital if you wish to but nothing strenuous until you have seen your consultant. When returning to lifting start with lighter loads and build up slowly.



Stand close to the item you are lifting

Bend at your knees keeping you back straight

Use a common-sense approach, remembering no heavy lifting for **6 weeks**, correct lifting posture for lighter tasks and pacing of activities.

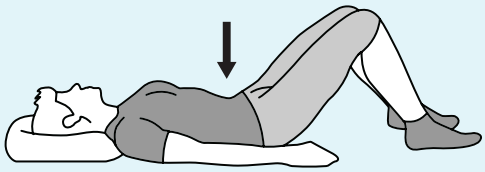
Carry only things that you are comfortable carrying with one hand and do this close to your body. Aim to store frequently used items at waist height to avoid bending and overstretching.

Return to work

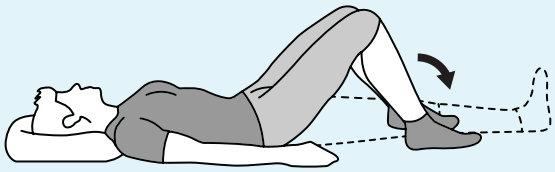
You can return to work as soon as you feel able to manage, remembering heavy lifting must be avoided for the first **6 weeks**. Your doctor or physiotherapist may be able to advise you further.

The nursing staff can provide you with a sick note when you leave hospital, then your G.P can provide any further sick notes. It may be useful to speak to your employer/occupational health about your absence, potential for a graded return and for any changes/work-based assessments.

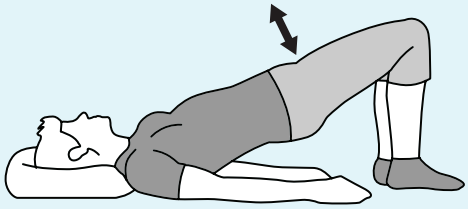
Post Operative Back Exercises



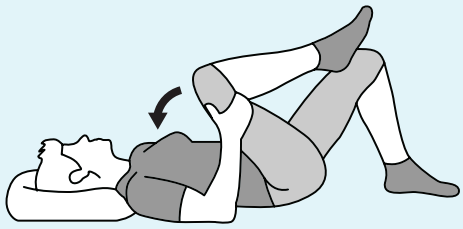
Start with both knees bent and feet on the bed. Slowly draw the lower portion of your abdomen situated below your belly button upwards and inwards "away from your belt line". Breathe normally. Your rib cage should remain relaxed and should not elevate during this process. You should be able to feel the muscle contracting if you press deeply 2 cm in from the bony prominence at the front of your pelvis. Hold this muscle at 20–30% of a maximal contraction for 10 seconds.



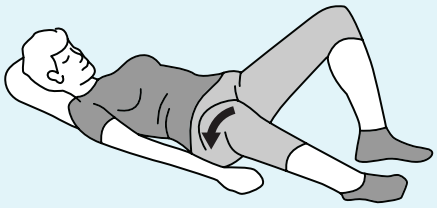
Start with both knees bent and feet on the bed. Lower leg straight to the floor and return to bent position. Repeat alternate legs.



Lying on your back with knees bent, feet on the bed. Lift your pelvis and lower back (gradually vertebra by vertebra) off the bed. Squeeze buttocks together and hold the position for 5 seconds. Lower down slowly returning to starting position.



Lying on your back with a cushion under your head. Pull your knee onto your stomach helping with your hands. Hold approximately 10 seconds – relax. Repeat with other leg.



Lying with your knees bent and feet on the bed. Keep one knee facing up to the ceiling. Allow the opposite knee and leg to fall outwards slowly. Bring knee back to middle. Repeat with alternate leg.

Aim for x10 reps, x3 a day over the next 6 weeks

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