

HealthExchange

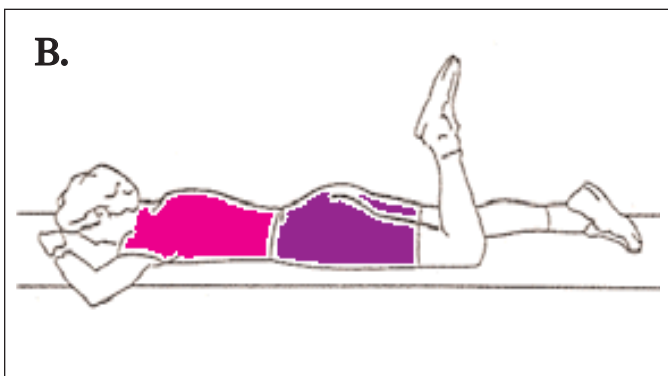
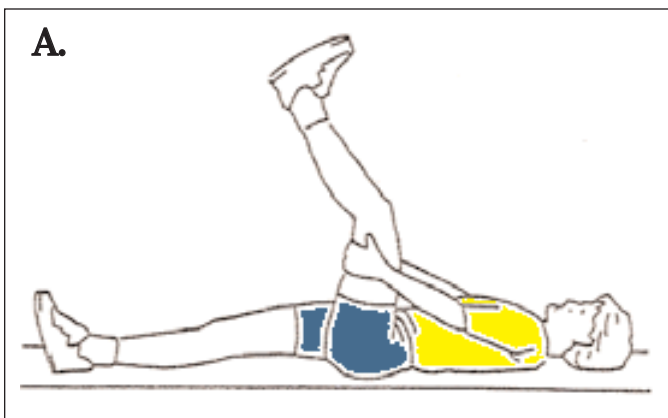
Osteoporosis and the Mature Spine

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Appointments: 440.569.6800 or 1.800.223.2273



Body Mechanics and Back Exercises

EXERCISES:

Dural Stretching

A. Supine root stretch: Lie on your back on a firm mattress with one knee straight and one hip flexed up to a 90 degree angle (*see image A*). Holding the back of your thigh with both hands, slowly straighten your knee with your foot flexed until you feel a stretch. Slowly bend your knee and relax.

■ Complete ____ repetitions ____ times a day.

B. Prone knee flexion: Lie on your stomach. Keep your neck and back relaxed and slowly

bend your knee, bringing your heel up toward your buttock (*see image B*). Slowly relax. Alternate legs.

■ Complete ____ repetitions ____ times a day.

YOU MAY INCREASE OR REPRODUCE PAIN AS WELL AS A STRONG STRETCH WITH ANY OF THE PREVIOUS. ALWAYS ALLOW ANY PAIN OR STRETCH TO RESOLVE TO YOUR BASELINE LEVEL BEFORE PROGRESSING INTO THE NEXT REPETITION. DO NOT OVERSTRETCH.

These exercises may be altered by your therapist depending on your pain.

Flexion and extension (pelvic rocks)

A. Side lying: Lie on one side with knees slightly bent. If this is initially painful, you may start by lying on a small towel roll placed at your waistline. Rest in this position for ___ seconds/minutes. Staying in this position, gently perform pelvic rocks, i.e., slowly arch your back, creating the lordosis (inward arch), then round your back in the opposite direction. Relax.

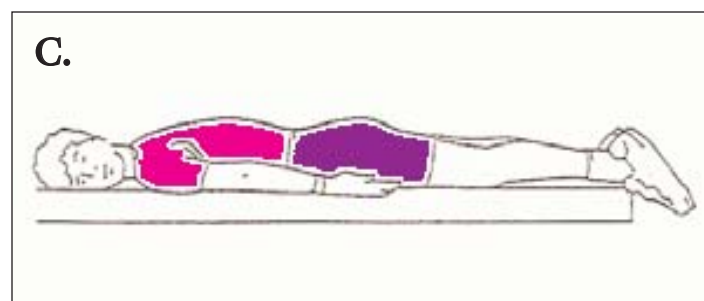
- Complete ___ repetitions. Repeat on opposite side.
- Complete ___ repetitions ___ times a day.

If you started with a towel roll, when comfortable, perform the same exercise without the towel roll.

B. Supine lying: Lie on your back with both knees bent and feet flat on the bed. If this is initially painful, you may start with a small towel roll to support your lower back. Rest in this position for ___ seconds/minutes. Staying in this position, gently perform pelvic rocks, i.e., slowly arch your back, creating the lordosis (upward arch), then slowly flatten your back against the towel roll/bed. Relax.

- Complete ___ repetitions ___ times a day.

C. Prone lying: Lie face down with your arms beside your body and your head turned to either side (*image C, below*). If this is initially painful,



you may start with a pillow under your abdomen. Rest in this position for ___ seconds/

minutes. Staying in this position, gently perform pelvic rocks as described above. Relax.

- Complete ___ repetitions ___ times a day.

If you started with a pillow, when comfortable, perform the same exercise without the pillow.

AEROBIC CONDITIONING:

Aerobic conditioning is an integral part of your rehabilitation program. A goal of a three-mile walk in one hour should be attained by most patients by six weeks post surgery. As your progress, your therapist will recommend methods useful to attain this goal as well as other forms of aerobic exercise that will also be appropriate for you.

If you have a history of heart disease, you must consult and be cleared by your medical doctor for aerobic conditioning. You must also inform your therapist of your history. You can calculate your training/target heart rate by using the following formula:

$$220 - \text{your age} = _ \times .70 = _ \text{ target heart rate.}$$

You might not reach 70% percent of your target heart rate initially due to being deconditioned or due to back or leg pain; however, this is your goal as you progress with therapy. If you are unable to reach your target heart rate due to pain, progress only as tolerated and specifically discuss it with your therapist.

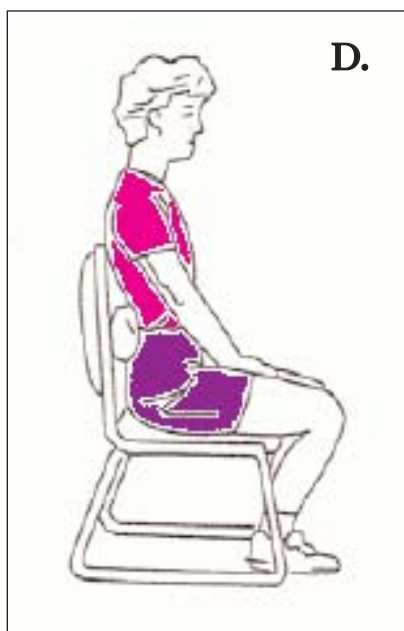
- Begin walking ___ minutes ___ times a day.
- Walk with good, erect posture.
- Walk briskly as tolerated. Avoid hills.
- DO NOT ADVANCE YOUR EXERCISES UNLESS DIRECTED BY YOUR THERAPIST.

Early, appropriate activity enhances recovery from most surgical procedures, especially when the surgery affects any area of the body that plays a role in the way we move. The spine is certainly not an exception to this rule, but the key word is “appropriate” activity. The following outline of

exercises to be performed after lumbar laminectomy and/or discectomy is offered as a guide to one such appropriate activity program.

Each movement suggested has a specific response intended, and your therapist must determine the safety of progressing to the next group of exercises. (Time periods noted are only guidelines and not a “protocol” to be followed regardless of symptoms.) Your therapist will explain the reasoning behind each exercise so that in the future you will be able to “troubleshoot” your own problems, but for now, *do not progress without advice from your therapist.*

You might not be entering this program in the first week after your surgery. If this is the case, the program will progress as if you are entering at day one post-op. It is likely that the progression may be done rapidly, but again, *no progression is undertaken without the specific advice of your therapist.*



D.

POSTURE AND BODY MECHANICS:

Maintenance of the normal lumbar lordosis is of vital importance.

Use a lumbar roll or a towel roll in sitting. *Always sit in firm, straight-back chairs (see D, left).*

Avoid sitting longer than 15 to 20

minutes for the first two weeks. After two weeks,



E.

your therapist will determine the appropriate length of sitting time.

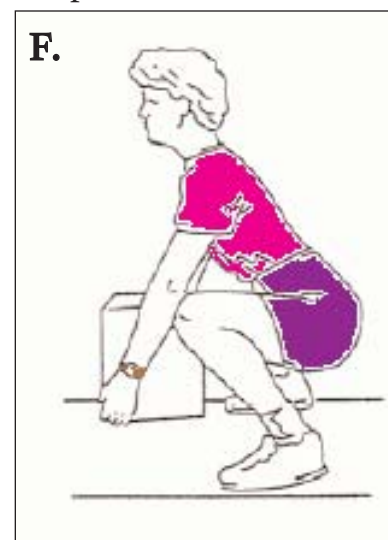
- DO NOT SLOUCH.
- DO NOT BEND OVER WITH A ROUNDED SPINE.

Maintain the normal lordosis when squatting and bending for everything. Squat with the lordosis regardless

of how light the object is (*see E and F*).

Do not lift more than 15 pounds or as directed by your physician.

Do not sleep in a fetal position or in any twisted position. Lie straight on your back or on your side with your spine in a good position. Use pillows as needed to assist you with the positioning.



F.



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