

Activity Guidelines Following Spinal Column Injury/Surgery

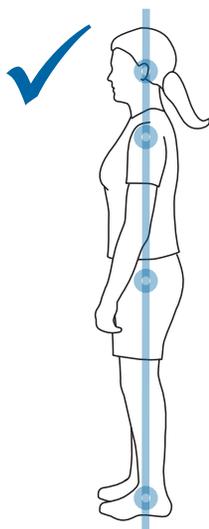
Research shows that patients have the best recovery after injury/surgery when they balance activity and rest. They say they have less pain, use less medication, move better, and get better sooner. Patients who are not 'up-and-about' don't do as well and are more likely to have complications and take longer to recover.

This information will help you decide how to stay active while being safe and independent. You will be shown how to do things like get in/out of bed, take a shower, get dressed and manage in the bathroom. If you have family or friends who will support you, they can be shown how to help.

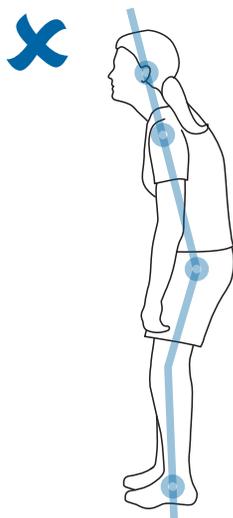
Think about the next 8–12 weeks as your recovery time. Use regular daily activities as a starting point for activity once you are home. When you do activities, keep in mind the following guidelines:

Neutral Spinal Alignment

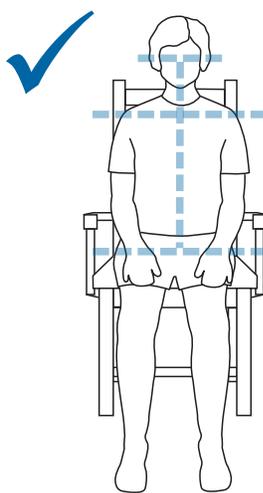
As much as you can, keep your spine in a neutral position. That means in the area of your injury/surgery try to not bend your spine forwards, backwards, side-to-side or twist. You do not have to stay in a perfectly straight line all the time. Making small body movements will happen (e.g. when using the toilet, moving in bed, or dressing) but try to avoid big movements.



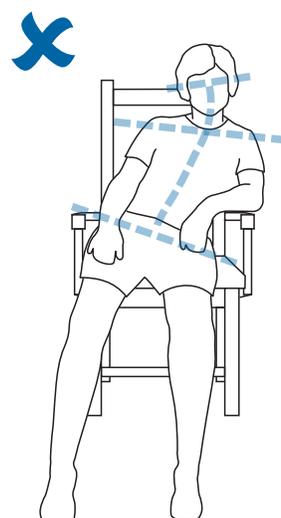
Neutral spinal alignment



Poor spinal alignment



Neutral spinal alignment



Poor spinal alignment

Increasing Activity Levels

Your ability to do activities will improve gradually. Do not rush the rate of recovery but it is important that, every day, you stay active throughout the day. As your pain decreases and your strength and energy increase you can add more activities into your day, do things for longer periods, or do things with less help.

Pain Management

People are not completely pain-free when they go home. The doctors and nurses will work with you to manage your pain so that it is at an acceptable level. It is normal to have low-level pain when being active. However, if you are having high-level pain, you may need to avoid the activity, do it in a different way, or have somebody help you. If high-level pain does not decrease with your usual routine (e.g. medication or rest) or if it steadily increases and doesn't go away, seek medical attention. Call your family doctor, or go to the nearest Emergency Department, or call 911.

Sleeping

Avoid lying or sleeping on your stomach. If you wake up on your stomach, there is no need to worry, simply roll onto your side (or back) and go back to sleep.

Moving In Bed and Getting In/Out of Bed

Log-roll when turning in bed. Move from lying to sitting (and back again) through side-lying. You may use the bed rail, but try to avoid twisting when reaching. As your mobility improves, practise getting in and out of bed with the head of bed flat and without using the bed rail.

Sitting

Only sit as long as you are comfortable. When you sit, you load weight through the area of your injury/surgery and this can cause soreness. Switch your body position between sitting, standing, and lying (lie flat on your back or side, and use good posture when sitting and standing).

Walking

Each day, increase how much time you walk. As your walks get longer, go for fewer walks so you do not get too tired or sore. Continue to follow the instructions you received (e.g. how to move from sitting to standing, keeping good posture when walking, how to properly use your walking aid).

Stairs

It is okay to use stairs at home and in other places. Continue to follow the instructions you received (e.g. take your time, use the handrail, make sure there is good lighting).

Lifting and Carrying

Do not lift or carry anything that weighs more than 5-10 pounds (a 2-litre carton of milk weighs almost 5 pounds). When lifting and carrying, use two hands and keep the item centred in front of you, keep the item close to your body, hold it between your hips and shoulders. When lifting, stay upright and do not combine reaching, bending and twisting of your spine.

Pushing and Pulling

Do not do vigorous activities that make you repeatedly push-and-pull, bend, twist, or reach too far (e.g. vacuuming, yard work). Do not do activities that are forceful or jerky (e.g. walking a dog that pulls on its leash).

Sexual Activity

You may return to sexual activity as soon as you wish. Avoid anything that places stress or strain in the area of your injury/surgery.

Driving

You may not be ready to drive until 2–3 weeks after surgery. To drive safely you need to be focused so you can pay attention, and think and react quickly. Your pain must be under control, you must be alert, and you must be able to sit long enough to get where you need to go. Before you start driving, get approval from your family doctor or spine physician - ask whether or not you are 'fit to drive'. You can be a passenger when family or friends drive for you, and you may use public transportation (e.g. taxi, bus). Try to avoid crowded buses, rush hour traffic, etc. Lastly, do not ride a bike, a scooter, a horse, or operate a snowmobile, a forklift, a tractor, etc...

Therapy Services

Do not arrange other therapy (such as massage, chiropractic, or physiotherapy) to treat your spine unless you have been asked to do so while you were in the hospital. During your follow-up appointment with the spine physician (usually about 6–8 weeks after you go home), you can ask whether or not you need to start any kind of follow-up therapy.

Exercise and Sports

Do not do any exercises (or sport activities) unless you have been asked to do so while you were in the hospital. If there are activities (like walking on a treadmill, stationary cycling, swimming, yoga) you want to do during the next 6–8 weeks, you must ask your spine physician about these activities before you leave the hospital. During your follow-up appointment with the spine physician, you can ask when you may start or progress any kind of exercise (or sport activities).

Return to Work, School or Volunteering

Working, going to school and volunteering require lots of different movements and activities and there could be limits on the kinds of things you can do. Do not return to work until your spine physician and employer say it is okay. If you will be returning to school or volunteering, talk to your spine physician and anyone else who may be involved before you start.

When to Seek Medical Attention

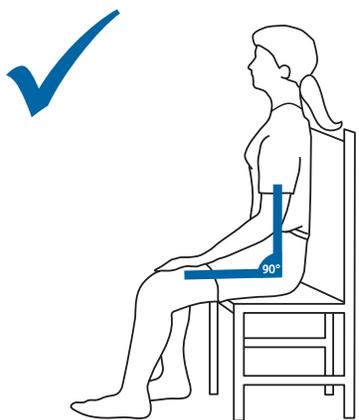
Don't wait - contact your spine physician's office if you are having fever/chills, a problem with your incision, nerve (neuropathic) pain, have new bowel accidents or cannot pass urine. If you cannot speak with somebody in the office, call the Spine Unit (604-875-5800) and ask for the Clinical Nurse Specialist or the Charge Nurse.

Call 911 if you have chest pain or shortness of breath. Contact your family doctor if you think the problem (e.g. constipation, uncontrolled pain) needs non-urgent attention (in the next 24 hours). If you receive any medical attention related to your spine injury/surgery, make sure to call the office of your spine physician to provide an update.

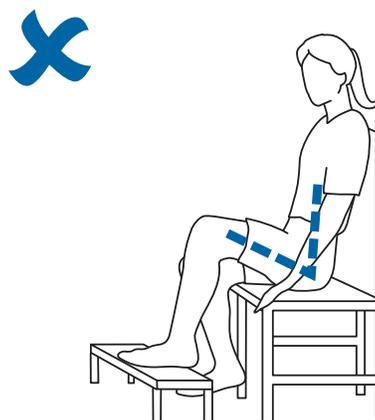
Hip-Flexion Precaution

This precaution only applies if the following box has a checkmark in it: []

Do not bend your hips more than 90 degrees (**Figure 1**). For example, when seated your knees should not be higher than your hips (**Figure 2**); your thighs should be level with the floor. It is important that you do not pull your knee up towards your chest (**Figure 3**) or bend forward to reach the floor (**Figure 4**) – both movements cause you to bend more than 90 degrees. You need to be careful when moving in/out of bed, when dressing, when using toilet, when getting in a car, etc. Also, you need to avoid sitting on low surfaces (e.g. your bed, the toilet, at the dining table, on the couch). For most people a seat height of 19-21” (measured from the floor to the top of the sitting surface) is a good height – that means just above the height of your knee.



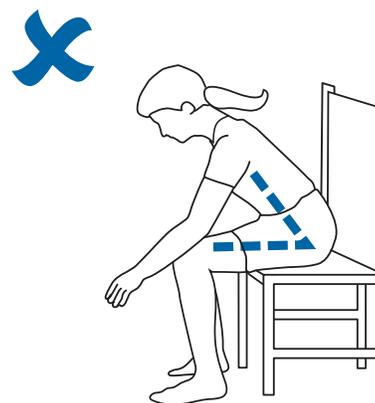
(**Figure 1**) Proper neutral spine posture with hips at 90 degrees



(**Figure 2**) Poor posture with hips past 90 degrees



(**Figure 3**) Avoid pulling your knee up to your chest



(**Figure 4**) Avoid reaching and bending too far forward

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