

THE CAMALIER BUILDING, SUITE 303 • 10215 FERNWOOD ROAD • BETHESDA, MD 20817 • TEL (240) 482-2438 • FAX (301) 530-3030

## **Anterior Cervical Fusion Post-Operative Instructions**

- Driving is appropriate once you are no longer using your collar, and you are not taking narcotic medications.
- Wear your collar at all times for first 6 weeks, expect when bathing, unless the surgeon tells you otherwise.
- Be ultra-aware of your posture. Your head will tend to move forward on your shoulders. Fight this tendency! Keep your head directly over your shoulders with your chin tucked *in*. You want to do everything you can to let all structures in your neck heal in a good position.
- Support the low back with a firm cushion that will keep an arch in your back when you sit. This will also help keep your head and shoulders straight. If you are in a seat with a high back or head rest, press the back of your head into the head at times for some extra muscle support work. Be sure to *keep your chin tucked*.
- Once you have been shown them, practice the basic stabilization exercises, a few repetitions at a time, multiple times throughout the day. Remember, you are reprogramming the muscles to work with the new mechanics of the fusion. Learn to hold good neutral spine positions. **NO exercise should increase pain!**
- Do not lift more than 5 pounds for at least six weeks. 10-15 pounds may be appropriate at the 3 month mark following surgery. Speak with your physician regarding when this limit may be lifted. Your physician may be willing to change this limit based on your particular case.
- It is best to avoid sex the first two weeks, or if pain increases significantly after the surgery. Once you resume sex, you still must observe the lifting and bending restrictions listed above and wear your brace. Side lying is the safest approach.
- Preferred sleeping positions: on your side with knees bent and a pillow between them, or
  on your back with pillows under your knees, and adequate support behind your neck to
  maintain a neutral position. Pillow support under your head should be sufficient to keep
  your spine in a neutral position. Some patients obtain relief from wearing a brace at night,
  loosened slightly.
- The muscles in the front of the neck are usually weak after this surgery, but they can help support and protect the neck if you recondition them. Gently pressing your chin into your hard collar is one exercise (press for 5 seconds, 10 reps, 2 times a day). Once you are out of the collar, you can tuck your chin back, and press into your chin. Be very careful to keep your head in a GOOD NEUTRAL POSTURE throughout this exercise. If uncomfortable with this, or any exercise, delay completion of them, and speak with your therapist for assistance with exercise.



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- Practice swallowing several times in a row to help the muscles in the front of your neck regain their flexibility and smooth movement. Cold thick liquids may help reduce discomfort.
- Whenever you get up from lying down, *always* log roll to your side first. Slide your legs to the side of the bed and drop your feet over, sitting up from your side. Speak with your therapist for assistance on this movement if needed. Exercise sheets with visual diagrams are also available.
- Deep breathing, with effort to expand and contract the ribcage as much as possible is helpful for many systems in the body, but also can mobilize the vertebrae in the mid back and reduce the tension on the neck.
- Use an ice pack at the base of your skull for headaches.
- If you have access to a recumbent stationary bike, this can be used with low resistance 6 weeks after your surgery date.
- Walk, walk, walk -- as much as you can without causing neck or arm pain. The walking will help you deliver more blood to the healing area and will help bone heal. If you turn the palms of your hands forward and thumbs out when you walk, this will help your posture.
- Speak with your physician regarding medication usage.
- Your physician will determine when you start outpatient physical therapy. This will be on an individual basis. A common start date is six weeks following surgery.

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