



Spine Academy

Spine Surgery Education

 **Tanner** Spine Surgery

Spine Academy

Spine Surgery Education

For an electronic copy of the presentation, please scan this QR code with your camera:



SCAN ME

Together, Tanner works with your spine surgeon's office to take care of all your spine needs

- Spine Surgery
- Non-Invasive Spine Surgeries
- Sports Medicine
- Rehabilitation

**Your Tanner resource for these services is
the Orthopedic and Spine Coordinator
770)812-5547**



Welcome to Spine Academy Class!

We want to provide you with:

- Valuable information on what to expect before, during and after your surgery.
- An opportunity to prepare for surgery
- An opportunity to ask questions that are specific to you
- A lower anxiety level by being informed and supported



Next steps after the class:

- **Take the quiz that is online at tanner.org. It can be found under Services, Orthopedic Care, Resources, or you can scan this QR Code.**
 - If you prefer a written quiz, please ask your Tanner nurse
- **Complete any health questionnaires that have been assigned to you through My Chart if you haven't already.**
 - If you prefer to verbally complete these questionnaires, please let your Tanner nurse know

After class online quiz:



OUR SERVICES

Behavioral Health Care

Cancer Care

Gastroenterology Care

Heart Care

Maternity Care

Neurosciences

Orthopedic Care

Senior Living

[Spine Surgery](#)

Surgical Services

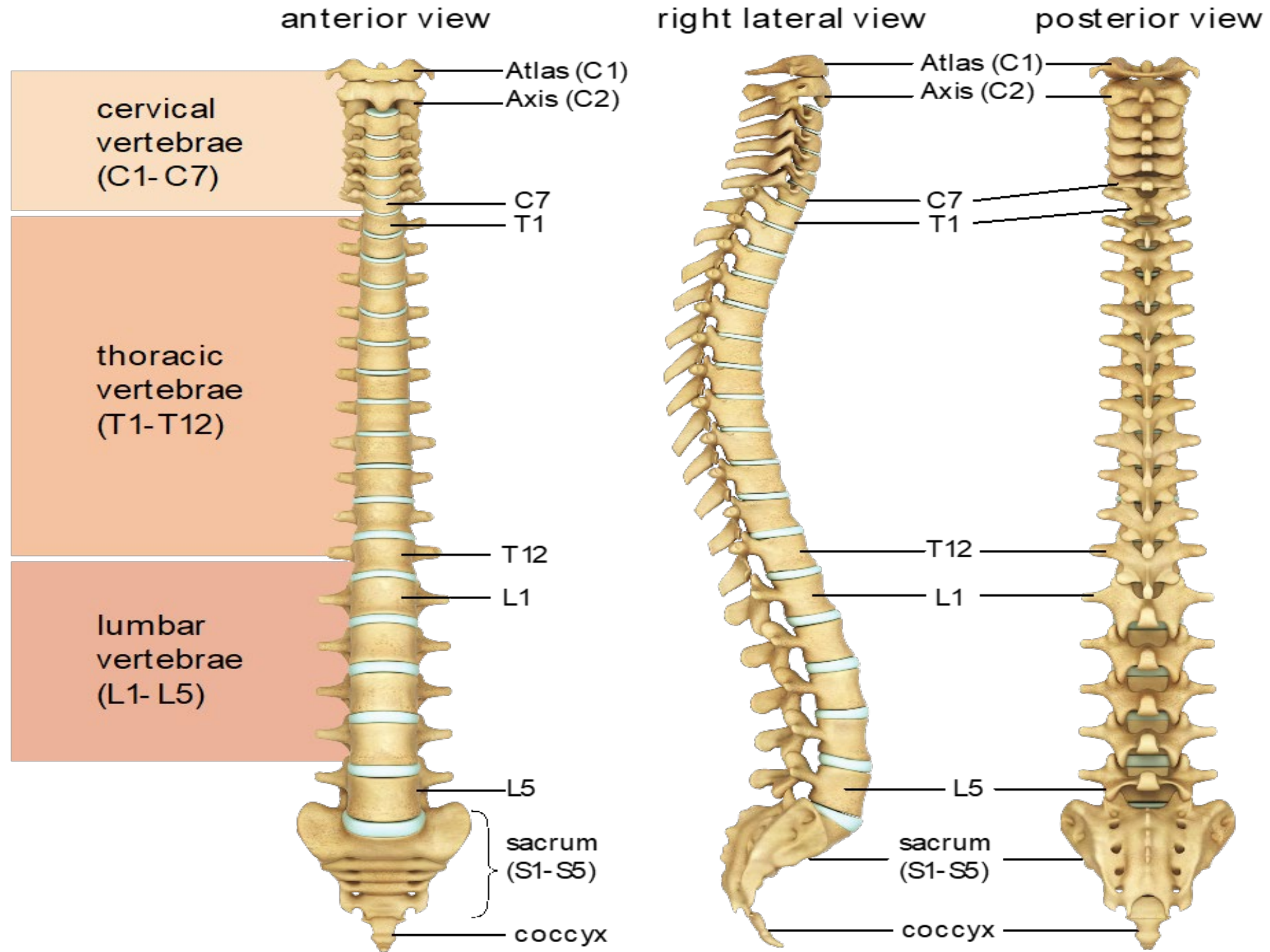
Urology Care

Vascular Care

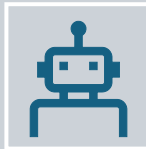
Women's Care

[View All Services](#)

Spine Anatomy



Please Note



There are several types of surgeries discussed in this presentation



Your surgical procedure is determined by your diagnosis and condition



Each surgical case is individualized, and outcomes may be different

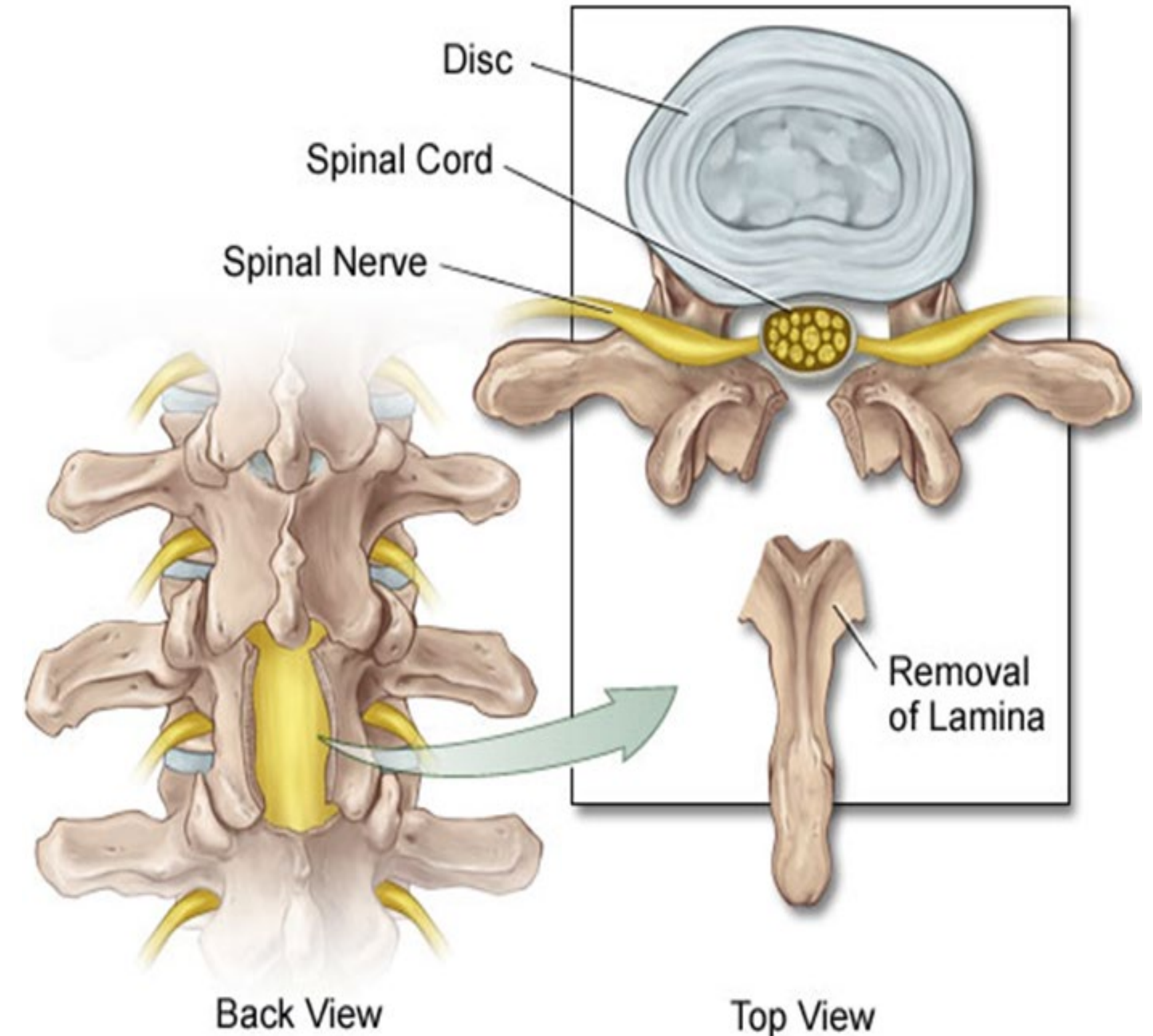


Please refer to your surgeon's plan of care for you and your planned surgery



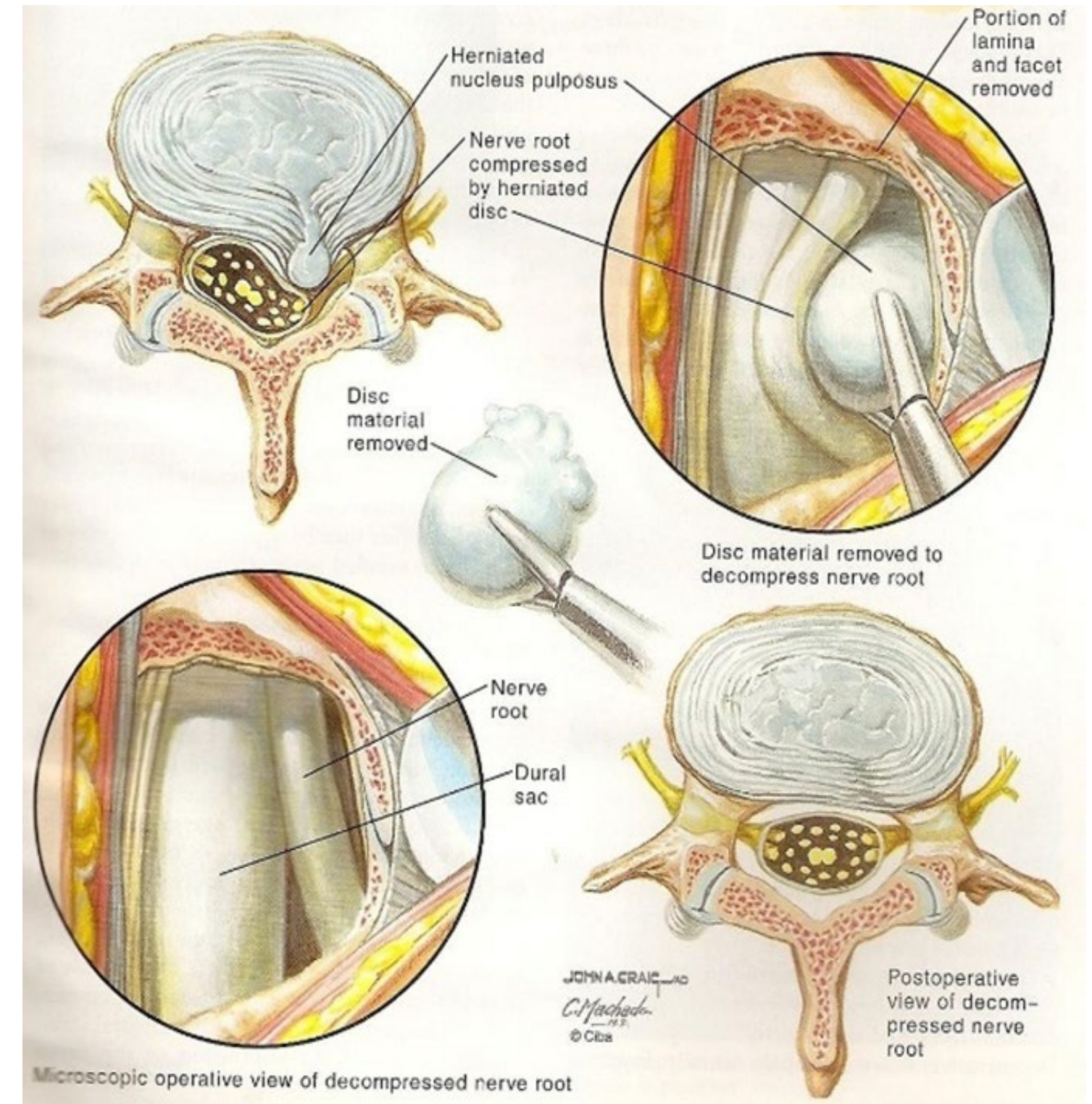
Laminectomy

- **What is it?**
 - Removal or trimming of the lamina (roof) of the vertebrae to create more space for the nerves
- **Why do it?**
 - Narrowing of the spinal canal resulting in the crowding off the nerve roots in the canal
- **What is the goal?**
 - To relieve pressure on the spinal cord or spinal nerve



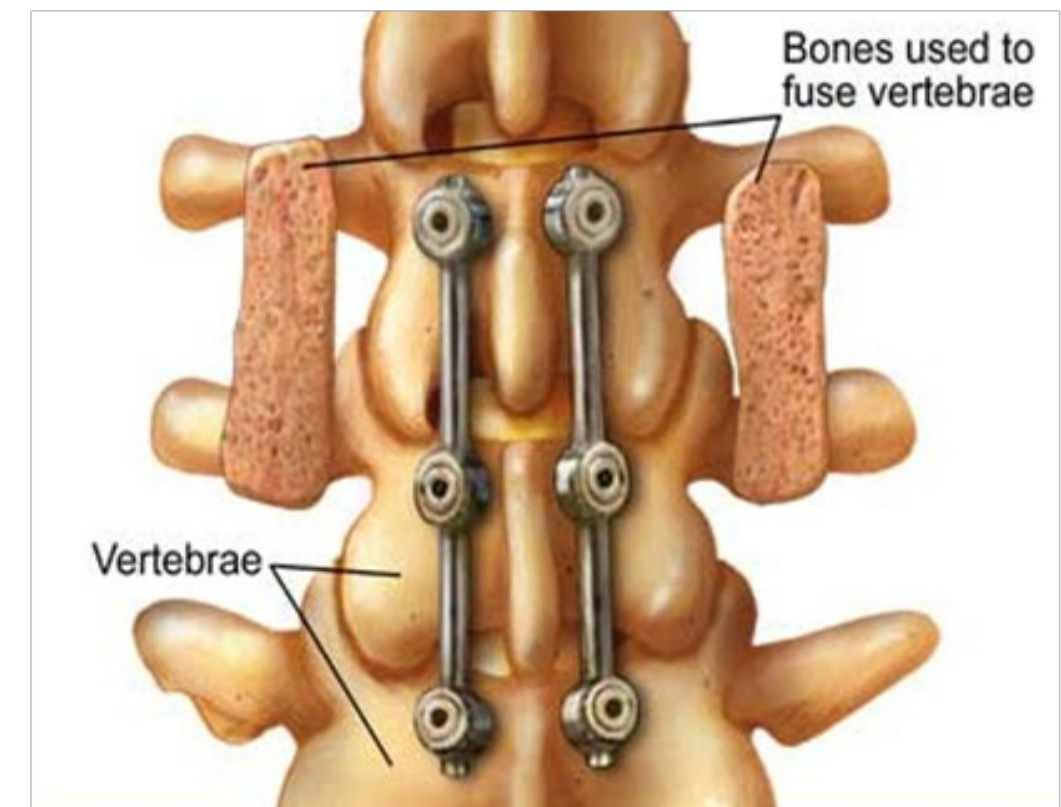
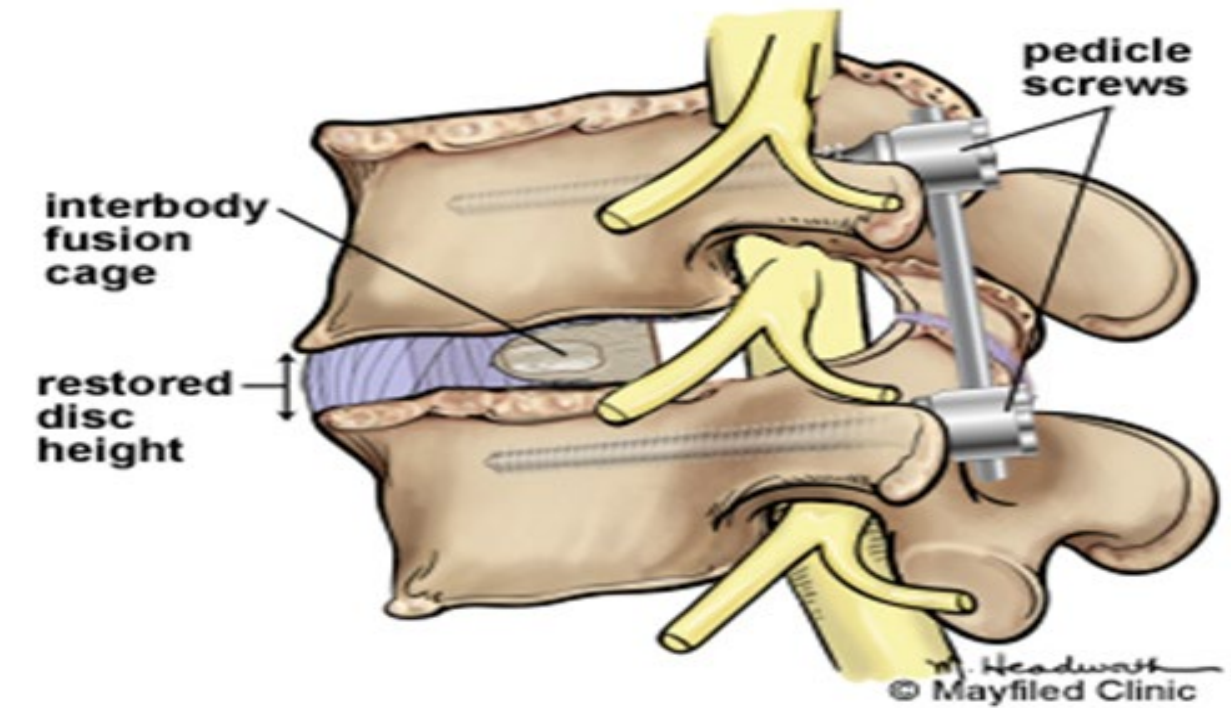
Diskectomy

- **What is it?**
 - Removal of a herniated disk, giving relief to the nerves. Sometimes this is done with a microscope through a laminotomy (opening created in the lamina)
- **Why do it?**
 - Part of the disk has bulged/herniated/"leaked" out from its normal space and causing nerve pain
- **What is the goal?**
 - To relieve pressure on the spinal cord or spinal nerve and reduce pain



Spinal Fusion

- **What is it?**
 - Two or more vertebrae are united together so that there is no motion between them
- **Why do it?**
 - Treatment of a pars defect (fracture of part of the vertebrae)
 - To correct a deformity
 - Improve stability between the vertebrae
 - Two or more vertebrae are causing pain when there is movement
- **What is the goal?**
 - Obtain a solid union between two or more vertebrae using bone or hardware
 - Restore lost disk height



Cervical (Neck) Spine Surgery

- **Approach?**
 - Your surgeon may go in from the back of your neck for laminectomy, diskectomy and fusions.
 - Cervical laminectomy cannot be performed from the front, but diskectomy and fusions can be.
- **You may or may not be admitted to the hospital after this surgery. This depends on:**
 - The number of levels performed
 - The complexity of your surgery
 - Past medical history



Thoracic (mid back) and Lumbar (low back) Spine Surgery

Laminectomy, Diskectomy and/or Fusion

- **Approach?**
 - Your surgeon may go in from the back (posterior), side (lateral) or the front (anterior)
- **You may or may not be admitted to the hospital after this surgery. This depends on:**
 - The number of levels performed
 - The complexity of your surgery
 - Past medical history
 - Two or more vertebrae are causing pain when there is movement



What should your surgeon and your Tanner team know before your surgery?

- Do you see a specialist like a cardiologist (heart doctor), pulmonologist (lung doctor), neurologist (brain doctor), nephrologist (kidney doctor), endocrinologist (diabetes/adrenal gland/thyroid doctor), etcetera?
- A complete list of medications, including vitamins, over the counter medications, or medications that you only take on occasion. Blood thinning medications are especially important because you may need to hold these medications.
- Do you have a plan for after surgery? Is there someone that will be helping you at home?

Introduction



The Coach's Role!

Your coach is the person who will be assisting you at home after your surgery. This person can be family, friend(s), or an outside resource. It is important to have help, especially during the first week(s) following your surgery, depending on your progress.

- Provide motivation and encouragement!
- Prepare the home for a safe return.
- Be knowledgeable of the home exercise program.
- Review new medications with nurse prior to discharge.
- Understand all discharge instructions.
- Encourage attendance at all follow up physician and therapy appointments if applicable.
- Recognize the signs and symptoms of complications.



Please remember to arrange transportation for when you are discharged from the hospital and arrange for a caretaker to be with you at least 24 hours after surgery.



What to Expect at Your Pre-Admission and Testing (PAT) Visit:

- Prior to your visit, a nurse will call to go over your health history, allergies and medications.
- For your safety, in preparation for your surgery, you will be asked several times to verify your name, birth date, allergies, and the procedure you are having by staff in the different departments.
- During your in-person PAT visit:
 - A nurse will review all your medications and go over instructions for the evening before and the morning of surgery.
 - You will have a nasal swab to screen you for staph colonization (MRSA) and blood work drawn.
 - You will receive directions to properly use the Sage wipes the night before your surgery to reduce the risk of infection
 - You may see someone from the Anesthesia department
 - You may have an EKG
 - You may have an X-ray of your neck if you meet a certain criteria

We want you to be as healthy as possible before surgery. Here, we call it: “Optimized”

There are certain health conditions or habits that can delay healing and increase the risk of complications

- BMI greater than 30
- Uncontrolled diabetes
- Poor nutrition / malnutrition
- Nicotine use
- High Blood Pressure

Tanner Health System’s Get Healthy, Live Well offers evidence-based programs in the community to help you on your journey to a healthier life.

All programs are taught by certified lifestyle educators.

www.tanner.org/living-well-resources

Get Healthy, Live Well

Wherever you are on your wellness journey, Tanner Health System’s Get Healthy, Live Well can meet you on your path to a healthier lifestyle.

We help you get healthy and live well by offering resources and programs that strengthen the link between healthy habits and personal wellbeing.

Get Healthy, Live Well Resources

- **Healthy Haralson** – Our initiative to improve the health and wellness of Haralson County residents
- **Healthy Living** – Resources you need to overcome health barriers and live well
- **Healthy Kids** – Creating healthy environments at home and school
- **Healthy Eating** – Programs that improve access to nutritious foods
- **University of West Georgia Programs** – An alliance to increase health access and improve outcomes in our communities



For additional information, tools and support, explore our [Tanner Health Library](#) to find healthy living articles, quizzes, podcasts, videos, interactive tools and more.

Whether your goal is to keep your family active, prevent disease or better manage a chronic condition, when you take that next step, Tanner has the resources you need to get healthy and live well.

What to bring with you the morning of your surgery?

- Loose comfortable clothing to wear the duration of your stay
 - Your surgeon will let you know how long you should expect to stay.
 - Even if you plan on going home the same day, pack an overnight bag in case your surgeon would like you to stay for observation
- Flat supportive walking shoes that are non-slip with an enclosed heel
 - Slippers or slides are not a good choice.
- Any specialized home medications in the original container
 - Do not bring your medications in a pill organizer
 - You will not take these medications except under special circumstances.
- Brace, walker, or any other assistive devices if you already have them
- CPAP machine if you plan on staying overnight.
- Contact lens solution and container. Please do not wear your contact lens the day of your surgery.
- Your Advanced Directive or Living Will if you have one if not already on file at Tanner.
- Your Spine Academy binder

****Someone will call you around lunchtime
the business day before your procedure to give you your arrival time.**

What NOT to do before your surgery:

- No alcohol, drugs or tobacco (including beer, wine, vapes, smokeless tobacco) 24 hours prior to your surgery.
- Nothing to eat or drink after midnight except what you PAT nurse has advised.
- Do not bathe the morning of your surgery unless advised by your PAT nurse (you will use the wipes again when you get here).
- Do not shave the surgical area for at least 2 days PRIOR to surgery, including the morning of surgery. Your PAT nurse will go over this in detail with you at your appointment
- Do not wear nail polish or artificial nails
- Do not wear makeup the morning of surgery, this includes foundation, eyelines, mascara, false lashes, or lipstick
- Do not wear body piercings
- Do not apply lotions, oils, powders or deodorant the evening before and the morning of your surgery (we want the Sage wipes to be all that is on your skin)
- Do not bring valuables with you

The morning of surgery in **Carrollton**

Enter through the Outpatient & Surgery entrance on Clinic Avenue.
(Free valet parking provided)

- Check in at the Registration desk to receive your wrist band. It is **very important** that you make sure the wristband has **your** correct name and date of birth
- Sign in at the Short Stay desk on the right
- Pre-Op wait times vary; your family will be allowed to wait with you during that time



The morning of surgery in **Villa Rica**

Enter through the Surgical Services entrance on Old Stone Road.
Enter through the doorway on left. Take the elevator to the 2nd floor.



- Check in at the Registration desk to receive your wrist band. It is **very important** that you make sure the wristband has **your** correct name and date of birth
- Pre-Op wait times vary; your family will be allowed to wait with you during that time



The Day of Surgery:

PRE-OP

- You will be provided with a hospital gown and non-slip socks to change into.
- You will be assisted with the second application of antiseptic solution and have a nasal antiseptic applied (infection prevention).
- A Pre-Op Holding Nurse will review your paperwork and medical history. It is very important to tell your nurse if you have had any changes in your health since your last visit with your surgeon.
- Tell your nurse if you have any open wounds, rashes, and sores.
- Your medications will be reviewed and the last time you took each one will be recorded.
- You will be asked about the last time you've had anything to eat or drink.
- An IV will be started and appropriate medications may be given including antibiotics for infection prevention.
- The surgical site will be marked by your Surgeon.
- An Anesthesiologist will speak to you about your anesthesia.
- If applicable, you may receive a block in your surgical extremity. This will assist with controlling pain after your surgery.
- Pre-op wait times may vary - You will be updated frequently.



The Day of Surgery: Time to go to the Operating Room!

- You will be transported to the Operating Room by your surgical team on a stretcher
- Your family will be directed back to the Surgical Waiting Area
 - They will be updated periodically throughout the procedure .
- A family member will need to sign back in at the reception desk.
 - This is a great time for them to get something to eat; however, have them leave a cell phone number so they can be reached



The Day of Surgery: Operating Room

- We will use an operating table that is specific to your surgical approach.
- Upon entering the OR, your anesthesia will be administered by the anesthesia provider
- Length of surgery varies approximately 2 to 5 hours
- Things that you may have after surgery:
 - Drain
 - Urinary Catheter



The Day of Surgery: Neuromonitoring

- Once you are asleep, electrodes (small needles in your skin) will be placed in different muscle groups in your arms, legs and scalp
- These will be removed before you wake up.
- You may notice small amounts of blood where the needles were placed



The Day of Surgery:

Post- Anesthesia Care Unit (PACU)

- When you leave the Operating Room, you will go to the Post Anesthesia Care Unit (Recovery Room).
- You will awaken to:
 - oxygen tube in your nose
 - blood pressure cuff on arm
 - pulse oximeter on finger
 - surgical bandage on your incision
- Your comfort, pain, and nausea will be assessed, and medications will be administered as indicated.
- Your nurse may log roll you to look at your dressing and incision site.
- Your stay in PACU will be an additional 30-60 minutes



After Surgery Destination

You will either go to the Short Stay Unit *(if the plan for you is to go home the same day)* or to 1 West *(if you will be staying with us for observation)*

- Your nurse will monitor your vital signs
- Educate you and your coach about pain management and the plan of care
- If you had neck surgery, evaluate how well you are swallowing
- Physical Therapy will be in to see you if you are moved to your destination by 6pm. Otherwise, you can expect that your nurse will walk you. We want you to at least sit on the side of the bed the day of your surgery, and we will push you to do more
- Your progress and readiness for discharge will be assessed frequently



If you stay here for observation:

- We will get labs early in the morning to see how your blood cell count is looking
- You will be assisted with your daily cares like bathing, standing at the sink to comb your hair or brush your teeth and dressing
- Physical therapy, and occupational therapy (if ordered) will visit you first thing in the morning. You will have 1 sessions of physical therapy the first day after your surgery.
- You may keep oxygen in your nose overnight if needed and continue IV fluids if needed.
- We want you to plan to get out of the bed and sit up in the chair and wear your clothes instead of a hospital gown. *Remember, you are not sick, just recovering.*

Your nurse will:

- Float your heels to prevent a pressure injury on your heels and help you to turn in the bed if needed- this will help prevent pressure injuries
- Encourage you to turn, cough and deep breathe and use your incentive spirometer to help prevent pneumonia or other lung complication that are a risk of surgery. Also, sitting in a recliner will help with this as well.
- Encourage you to walk or do ankle pumps to prevent blood clots
- Teach you about preventing infection, constipation and other topics related specifically to you
- Administer all medications- Please do not take medications from home



If you go home after your surgery on the same day:

- Physical therapy will see you once while in SSU if ordered and assess whether you can safely return to your home. They will demonstrate using the walker if needed and after-surgery exercises.
- You and your coach will get the after-surgery care instructions including medications, appointments, referrals for home health, equipment, complications, circulation hose, etcetera. Your coach will sign the discharge instructions. Because of sedation, you will not be able to.
- Once you get home, take the rest of the day to rest, while managing your pain, doing your lung exercises and ankle pumps.

Your coach will:

- Encourage you to turn, cough and deep breathe and use your incentive spirometer to help prevent pneumonia or other lung complication that are a risk of surgery. Also, sitting in a recliner will help with this as well.
- Encourage you to walk or do ankle pumps to prevent blood clots
- Keep the home safe by keeping a clear path for the walker
- Be available for support
- Help with providing nutritious meals. Increased vegetables, protein and iron aid with healing



Pain Management

- Everyone experiences pain differently. Your pain after surgery may be more or less tolerated than your neighbors or peers.
- Pain is expected after surgery. It is usually not completely eliminated. The pain medication works best when taken consistently as your pain begins to increase and before it becomes severe.

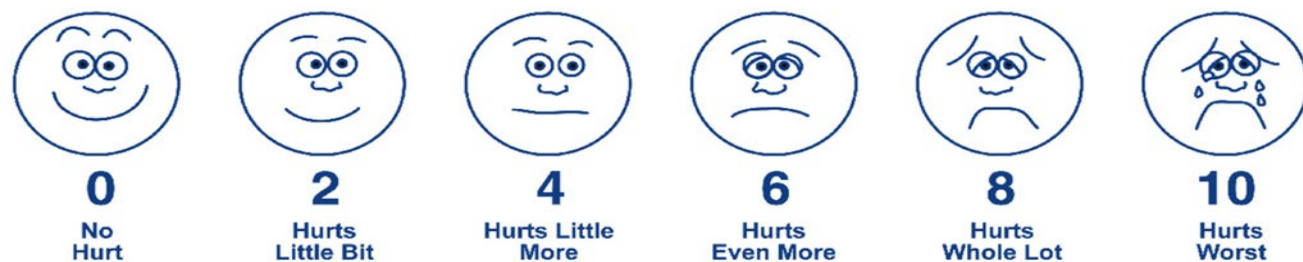
Hospital:

- While you are in the hospital, your nurse will ask you about your pain frequently. We want to keep your pain at a manageable level. **Let your nurse know when you need something for pain.**
- While you are in the hospital, your nurse will ask you to describe your pain: aching, dull, sharp, numbing, shooting, burning, cramping, stabbing or throbbing. Your nurse will ask you if the pain is constant or if it comes and goes.
- We may use IV or pills. We begin pills as soon as they are tolerated
- Here at Tanner, we use a pain scale to help determine your level of pain

Home:

- Follow the directions. Do not take more than prescribed.
- Do not drive while taking narcotic pain medication.
- Do not drink alcohol, take sedatives or mix your pain medication with recreational drugs.
- Pain medications can cause nausea, so take them with food on your stomach to help

Wong-Baker FACES™ Pain Rating Scale



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Preventing Falls

- After surgery, it is not uncommon to have a drop in blood pressure, dizziness, fainting or a loss of balance.
- **Never attempt to get up alone!**

Hospital:

- While you are in the hospital, in addition to your walker, TWO clinical staff members will assist you to the chair, bathroom or bed-side commode.
- Please use your CALL LIGHT for any needs. We are here for you and strive to give you exceptional care.
- “Call for help before you step”!

Home:

- Have your walker (if ordered) close and assistance when getting up if you need it
- There are many things that can be implemented in the home to prevent falls: remove rugs, extension cords, contain animals that may trip you up.
- Take your time when changing positions from laying to sitting to standing.
- More resources at the end of the presentation.

Preventing Nausea

- After surgery, you will first have ice chips or water. Then, you can advance as tolerated to your regular diet or as directed by your surgeon.
- Pain medications can cause nausea. Taking them with food on your stomach helps.
- Your surgeon may prescribe you something to take for nausea (Zofran, Phenergan) at home. And, if you are in the hospital, we can also administer these medications with an order.

Preventing Constipation

- Constipation is a major side effect of pain medication.
- If you are in the hospital, we will give daily medications, as ordered by your physician to help (stool softeners, laxatives)
- At home, make sure you have stool softeners and laxatives available if needed and suggested by your surgeon.
- Walking will help to “wake your belly up” after anesthesia.
- Fluids, Fruits and Fiber will also aid in constipation

Preventing Infection after Surgery:

○ **HANDWASHING**

- Everyone (staff, family, visitors) who come into and out of your room should sanitize their hands while you are in the hospital setting
- At home, ask your visitors to do the same thing
- If your hands are visibly soiled, use soap and water.

○ **PROTECT YOUR ENVIRONMENT**

- Restrict pets from the area that you are sleeping and contain them in another room when your dressing is being changed
- Don't remove your dressing unless you have instructions to do so
- If you are wearing circulation hose, be sure to launder them
- Wear clean clothes, use clean bath towels, and sleep on clean linens

○ **FEVER**

- A low-grade fever is expected the first few days after surgery.
- We treat temperatures that are greater than 100.4
- If your temperature at home is greater than 100.4, treat your fever and notify your surgeon
- Make sure you have a working thermometer at home.



Your Dressing:

- **SILICONE DRESSING WITH SILVER**

- May be managed by home health.
- Can stay in place for 7 days if not soiled greater than 75%, if this is the circumstance, please report to your surgeon or home health nurse
- Make sure all the edges are sealed. Do not lift this dressing.

- **MESH WITH A LIQUID ADHESIVE**

- This is a closure system
- Do NOT remove

- **SIMPLE STERILE DRESSING**

- Can be changed with surgeon's instructions



Preventing Pneumonia:

○ **COUGH AND DEEP BREATHE EXERCISE**

- Inhale deeply, hold the breath for a few seconds, and then cough 1-2 times

○ **Incentive Spirometry**

- Inhale on the mouthpiece slowly, keeping the side float between the arrows. Hold breath for a few seconds, then allow center float to completely return to zero.
- Complete this exercise 10 times every hour while you are awake

○ **TURNING**

- Don't stay in one position for greater than 2 hours (this also helps prevent pressure (bed) sores)
- You can use pillows to help wedge or prop for comfort

○ **POSITIONING**

- Try to stay upright in a recliner. In the hospital, we can adjust the head of the bed to a 30° elevation. This helps you breathe better.



Preventing Blood Clots:

- **EARLY AMBULATION (Walking)**
 - Our goal is to have you walking 2-4 hours after you are out of PACU
 - At home, walk 5-10 minutes every hour. As your strength and balance improves, increase the amount that you walk.
- **Mechanical Devices**
 - SCDs (sequential compression devices) are used in the hospital. They are worn on your legs and inflate and deflate
 - At home, you may be instructed to wear “TED hose” or other compression stockings. Please make sure that these are removed for one hour every 12 hours.



Discharge from the Hospital:

- We will wait until your coach, family member or other caretaker are present before going over discharge instructions. You will not be able to drive yourself home.
- Your nurse will review discharge instructions, give you and your coach education on any new prescriptions, and how to recognize the signs and symptoms of complications. The prescriptions will be given to your coach, family, or your caretaker to be filled for you if this was not done prior to surgery. After discharge, if you have questions regarding your medications, please contact your physician.
- You will have instructions on how to care for your incision. You **SHOULD NOT** remove the dressing unless you have direction to do so. We do want you to look at your dressing and skin surrounding your dressing everyday. Let your surgeon know if there is any drainage, redness, rash or if the skin is hot to the touch.
- You should already have an a after-surgery appointment scheduled with your surgeon. If not, call as soon as you get home to make that appointment



Care Coordination

Our expectation is that you return home after surgery.

- **Care Coordinator/Case Management will:**
 - Discuss your discharge plan.
 - Assist with any insurance or coverage questions.
 - Plan for medical equipment if needed.
 - Plan and communicate with referrals for home health care if ordered and not already in place.

- **Discharge Options**
 - Home with family/coach
 - Home with family/coach and home health
 - Home Health Nursing- 1-2 x per week
 - Home Health Therapy- 2-3 x per week

After Surgery:

- Limit your activities for the first 24 hours.
- Do not make personal, business or legal decisions 24 hours after anesthesia. Your judgement and mental alertness could be altered from sedation and narcotic pain medications.
- Additionally, do not make personal, business or legal decisions while taking narcotic pain medications.
- Do not drive, operate machinery, or use power tools while taking narcotic pain medications.
- Rest as needed, it is normal to feel weak and fatigued after your procedure.



When to call the surgeon:

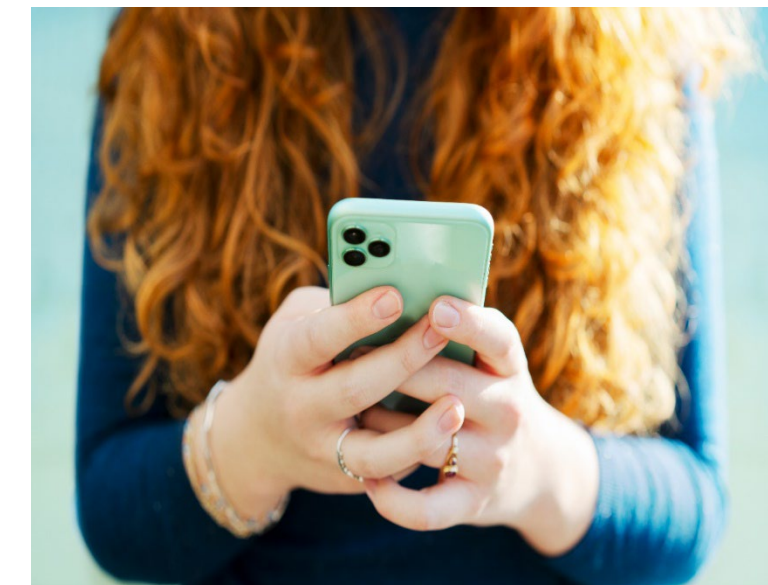
- Call 911 if you have chest pain, difficulty breathing, slurred speech, weakness one side of your body or confusion. Additionally, if you have loss of control of your bladder or bowels. If you had neck surgery and are having swelling that makes it difficult to breathe.
- Call your surgeon if you experience:
 - Fever greater than 100.4 that does not resolve with medications
 - Numbness, tingling, decreased sensation, temperature and/or color changes in the surgical extremity
 - Extreme pain that is not relieved with your pain medications
 - If your dressing becomes soaked with blood or you have bleeding that does not stop when pressure is applied (a small amount of blood is expected)
 - Excessive swelling, red streaks, drainage or if the skin is hot to the touch around the incision
 - If you have pain, swelling, redness, and skin that is hot to the touch in the calf of either leg
 - If you have not had a bowel movement in 3 days, having abdominal pain, or excessive nausea or vomiting.
 - Your dressing is lifting off and there were instructions not to remove it. Or, if the dressing is soiled and you have been told not to remove it. You can call home health for this if you were ordered home health.

Surgeon's Contact Information:

Surgeon's Name: _____

Office Number: _____

Office Contact's Name and Extension: _____



Common Questions:

- **Pain in other areas:**
 - Your hand or arm may be sore from the IV. You can use a warm compress. If it persists or gets worse or you get a fever, call your surgeon.
 - You may have a scratchy or sore throat, this usually clears in a few days
- **Can I take anti-inflammatory medications like Advil/Ibuprofen/Aleve?**
 - Only if directed by your surgeon. Always ask before taking a medication in this class because it has blood thinning properties. And remember, you are already on a blood thinner after surgery.
- **Do I have/Will I have staples? And when do they come out?**
 - Depending on the dressing or closure system chosen by your surgeon will determine if you have staples or not. You will know this surely when you are discharged.
 - Staples are typically removed 2 weeks after surgery by home health or your surgeon's office.



Pre-Habilitation (Getting Stronger Before Surgery)

- Pre-Hab teaches you the skills and exercises that you will need after surgery.
- Patients that participate in Pre-Hab recover more quickly
- There are Pre-Hab programs that are offered in the community but will have to be ordered by your surgeon.
- Even if you are not in a formal Pre-Hab program, we will show you some exercises to do before surgery to get you stronger. **START THOSE TODAY.**



Preparing your home before surgery:

- Remove all throw rugs.
- Move all electrical cords out of the way.
- Move items within reach.
- Widen pathways for a walker.
- Check the height of your bed. Is it easy to get in and out of? If it is difficult now, it will be more so after surgery.
- Check the height of your “sitting chair”. Is it low? Can you add pillows to increase height or firmness?
- Have a safe place for your pets to be contained. They can be a fall risk
- Have meals planned that can be prepared easily
- Install handrails on stairs if needed
- Consider non-slip tread on stairs or in the bathtub/shower.
- Install grab bars near the toilet or in the bathtub/shower.
- How far is your bathroom from your bed? Consider a bedside commode.
- Have lighting (night lights with motion sensors, lamps) in hallways, bedrooms and bathrooms

What contributes to falls?

- Feeling weak, dizzy, tired, sick, or simply not strong enough to stand or walk.
- Medications
- Slippery or wet floors
- Obstructed pathways (clutter, rugs)

Preventing falls:

- Increase strength. Complete Pre-Hab exercises.
- Call for help before you get up and have your walker nearby
- Stay hydrated. Dehydration can cause dizziness
- Have your vision checked if needed
- Let your surgeon know if your medication is causing you to be in a fog
- Sit in chairs with arm rests and do not have wheels.
- Wear firm, flat shoes that do not slip and have backs
- Replace rubber tips on canes or walkers. Use your walker properly.
- Rise slowly from sitting to standing
- ALWAYS THINK BEFORE YOU MOVE



Pre-Hab Exercises

Quad Sets

- Tighten the muscles of the thigh on the straight leg. Hold for 5 seconds.
- Do this 10 times on each leg.
- Do this 3 times per day.



Pre-Hab Exercises

Straight Leg Raise

- Lie on your back and bend 1 leg. Keep your other leg as straight as possible and tighten the thigh muscle as you slowly lift the leg off the bed. Lift as much as you can, but no more than 12 inches. Hold that position for 5 seconds then lower slowly.
- Do this 10 times on each leg.
- Do this 3 times per day.

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Pre-Hab Exercises

Long Arc Quad

- Straighten the leg while tightening the thigh muscle. Hold for 5 seconds. Then slowly lower
- Do this 10 times on each leg.
- Do this 3 times per day.

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Pre-Hab Exercises

Long Arc Quad

- Straighten the leg while tightening the thigh muscle. Hold for 5 seconds. Then slowly lower
- Do this 10 times on each leg.
- Do this 3 times per day.

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Pre-Hab Exercises

Tricep Dips in Chair

- Place both hands on a stable chair and push your body up out of the chair.
 - To prevent a fall, do not use a chair with wheels.
 - Keep your buttocks over the seat of the chair.
- Do this 10 times
- Do this 3 times per day.

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Pre-Hab Exercises

Hip Adduction Hip Abduction

- While lying on your back, lift your leg 2-5 inches off the bed. Move your leg out and in (like a snow angel)
- Do this 10 times
- Do this 3 times per day.



Physical Therapy

Our team will work with you to improve your functional abilities and will teach you proper body mechanics and safe procedures for:

- Transferring in and out of the bed
- Walking with a walker
- Home exercise program
- Climbing stairs
- Getting up and down out of a chair
- Using a gait belt (please note that these are not provided and if you prefer one, you will need to purchase one)
- Preventing falls
- Proper positioning
- Pain management alternatives
- Other equipment education and device training as needed

Your recovery is a commitment for us. It is very important to work hard with therapy whether you are at home or in the hospital. At home, you may not have home health physical therapy ordered. You and your coach will need to commit to completing the exercises that were given to you during your hospital stay.

Occupational Therapy

Occupational therapists work with patients to improve functional abilities to complete activities of daily living. They teach proper body mechanics and safe procedures related to activities of daily living. Not everyone is ordered occupational therapy. If you are this is what you can expect training on:

- Dressing
- Bathing
- Going to the bathroom
- Grooming and hygiene
- Transferring
- Strengthening exercises and home exercise programs
- Assistive device training
- Activities of Daily Living (ADL) Kits may be distributed.
- Fall prevention



ADL Kit

Spine Precautions

For Back Surgeries

No BLT's!

B - Do not **bend** forward

L - Do not **lift** anything heavier than 10 pounds (approximately a gallon of milk)

T - Do not **twist** your body



Spine Precautions

For Back Surgeries

Log Roll

Shoulders, hips and heels roll together like a log (no twisting).

1.



Lying flat in bed, turn your shoulders, hips and heels at the same time to get to your side

2.



Push up with arms as you lower your legs. Move as one unit.

3.



Sit upright.

Transferring

In and out of the bed:

- Walk up to the surface with your walker.
- Turn on the leg that is opposite your surgical side until your buttocks is square against the bed.
- Place your hands behind your hips on the bed and scoot into (or out of the bed). Use your arm strength



Into the car:

- Walk up the car with your walker as closely as possible.
- Turn on the leg that is opposite your surgical side until your buttock is parallel with the car.
- Reach back with your hands and scoot into the seat. Use grab bars for stability.
- Rotate your legs into the car.



Equipment- Back Surgery

- **Back Brace**– You may or may not be prescribed a back brace. If you are, your surgeon will have already obtained this for you
 - Lumbar Sacral Orthotic Brace (LSO)



- **Standard Rolling Walker** - is used to help support your surgical knee while walking after surgery. You may or may not be prescribed a walker



- **Gait Belt** - is placed around your waist to help support you while walking to prevent a fall. These are used while you are in the hospital. If you want one for the home, you will have to purchase through a retail vendor like Amazon or Ebay



Spine Precautions

For Neck Surgeries

- No excessive movements of the neck
- Shoulder and neck relaxation exercises
- Softer food if you are having trouble swallowing

Equipment- Neck Surgery

- **Soft Neck Collar**– You may or may not be prescribed a soft neck collar.
 - Worn as needed for comfort
- **Hard Neck Collar**–
 - Worn always except to perform hygiene



Thank You For Choosing



Next steps after the class:

- **Take the quiz that is online at tanner.org. It can be found under Services, Orthopedic Care, Resources, or you can scan this QR Code.**
 - If you prefer a written quiz, please ask your Tanner nurse
- **Complete any health questionnaires that have been assigned to you through My Chart if you haven't already.**
 - If you prefer to verbally complete these questionnaires, please let your Tanner nurse know

After class online quiz:



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