

Regular exercises to restore the strength of your back and a gradual return to everyday activities are important for your full recovery. We recommend that you exercise 10 to 30 minutes a day 1 to 3 times a day during your early recovery. This guide can help you better understand your exercise and activity program. If you are unsure of how to do the exercises – please consider supervision by your physiotherapist.

### **Week 1 : Initial Exercise Program**

1 set of ten reps, 1 x daily

### **Week 2 - 3 : Intermediate Exercise Program**

1 set of ten reps each exercise, 1 x daily

### **Week 4 -12 : Advanced Exercise Program**

1 set of ten reps each exercise, build to 2 x daily

### **Follow up**

- Please call us 48 Hrs after your procedure.
- Maintain the pain diary and call email / call us weekly for 3 weeks to tell us how you are doing. We will want to know your daily pain score out of ten as recorded in the pain diary.
- We would like to see you at the Pain Clinic at three weeks please.

## **Initial Exercise Program**

### **Ankle Pumps**



- Lie on your back.
- Move ankles up and down. Repeat 10 times.
- Repeat 10 times.

### **Heel Slides**



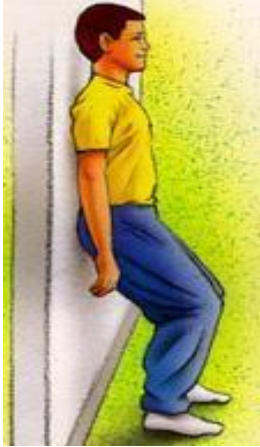
- Lie on your back.
- Slowly bend and straighten knee.
- Repeat 10 times.

### **Abdominal Contraction**



- Lie on your back with knees bent and hands resting below ribs.
- Tighten abdominal muscles to squeeze ribs down toward back.
- Be sure not to hold breath.
- Hold 5 seconds.
- Relax.
- Repeat 10 times.

### Wall Squats



### Heel Raises

- Stand with back leaning against wall.
- Walk feet 12 inches in front of body.
- Keep abdominal muscles tight while slowly bending both knees 45 degrees.
- Hold 5 seconds.
- Slowly return to upright position.
- Repeat 10 times.



- Stand with weight even on both feet.
- Slowly raise heels up and down.
- Repeat 10 times.

### Straight Leg Raises



- Lie on your back with one leg straight and one knee bent.
- Tighten abdominal muscles to stabilize low back.
- Slowly lift leg straight up about 6 to 12 inches and hold 1 to 5 seconds.
- Lower leg slowly.
- Repeat 10 times.

## Intermediate Exercise Program

### Single Knee to Chest Stretch



- Lie on your back with both knees bent.
- Hold thigh behind knee and bring one knee up to chest.
- Hold 20 seconds.
- Relax.
- Repeat 5 times on each side.

### Hamstring Stretch



- Lie on your back with legs bent.
- Hold one thigh behind knee.
- Slowly straighten knee until a stretch is felt in back of thigh.
- Hold 20 seconds.
- Relax.
- Repeat 5 times on each side.

### Lumbar Stabilization Exercises With Swiss Ball

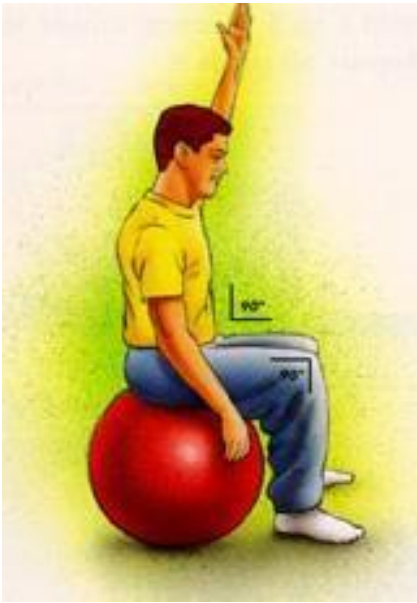
Abdominal muscles must remain contracted during each exercise (see Abdominal Contraction). Perform each exercise for 60 seconds. The farther the ball is from your body, the harder the exercise.

### Lying on Floor



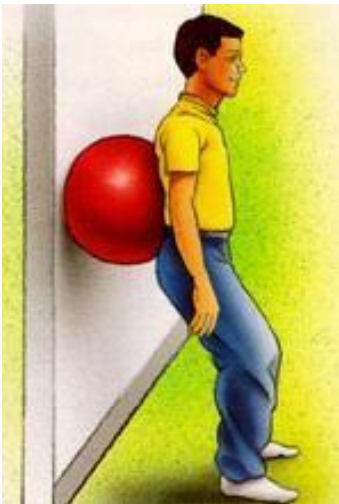
- Lie on your back with knees bent and calves resting on ball.
- Slowly raise arm over head and lower arm, alternating right and left sides.
- Slowly straighten one knee and relax, alternating right and left sides.
- Slowly straighten one knee and raise opposite arm over head. Alternate opposite arms and legs.
- Slowly "walk" ball forward and backward with legs.

## Sitting on Ball



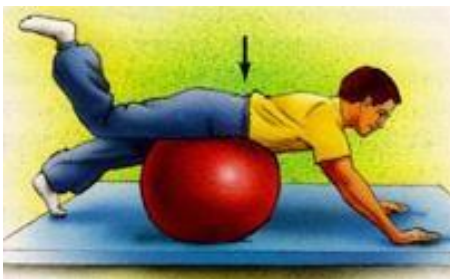
- Sit on ball with hips and knees bent 90° and feet resting on floor.
- Slowly raise arm over head and lower arm, alternating right and left sides.
- Slowly raise and lower heel, alternating right and left sides.
- Slowly raise one heel and raise opposite arm over head. Alternate opposite arm and heel.
- Marching: Slowly raise one foot 2 inches from floor, alternating right and left sides.

## Standing



- Stand with ball between your low back and wall.
- Slowly bend knees 45° to 90°. Hold 5 seconds. Straighten knees.
- Slowly bend knees 45° to 90° while raising both arms over head.

## Lying on Ball



- Lie on your stomach over ball
- Slowly raise alternate arms over head.
- Slowly raise alternate legs 2 to 4 inches from floor.
- Combine 1 and 2, alternating opposite arms and legs.
- Bend one knee. Slowly lift this leg up, alternating right and left legs.

## Advanced Exercise Program

**NOTE: Be careful not to arch your low back!**

### Hip Flexor Stretch



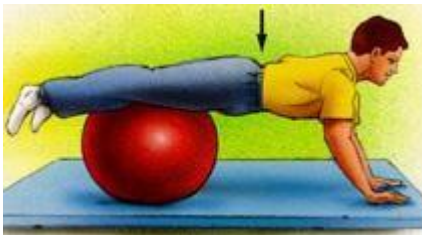
- Lie on your back near edge of bed, holding knees to chest.
- Slowly lower one leg down, keeping knee bent, until a stretch is felt across top of the hip/thigh.
- Hold 20 seconds.
- Relax.
- Repeat 5 times on each side.

### Piriformis Stretch



- Lie on back with both knees bent.
- Cross one leg on top of the other.
- Pull opposite knee to chest until a stretch is felt in the buttock/hip area.
- Hold 20 seconds.
- Relax.
- Repeat 5 times each side.

### Lumbar Stabilization Exercise With Swiss Ball



- Lie on stomach over ball.
- "Walk" hands out in front of ball until ball is under legs. Reverse to starting position.
- "Walk" hands out in front of ball until ball is under legs and slowly raise alternating arms over head.
- "Walk" hands out in front of ball and slowly perform push-ups.

### Aerobic Exercises

Maintain spine in neutral position while stabilizing with abdominal muscles to protect the low back during aerobic exercise.

1. Stationary bike for 20 to 30 minutes.
2. Treadmill for 20 to 30 minutes.

Useful resource for further information "click on the link" >> [Back Rehabilitation - further information](#)





Progress Note Pain Assessment and Documentation Tool (PADT™)																															
Patient Name: _____ Record #: _____			Patient Stamp Here																												
Assessment Date: _____																															
Current Analgesic Regimen																															
Drug Name	Strength (eg, mg)	Frequency	Maximum Total Daily Dose																												
<p>The PADT is a clinician-directed interview; that is, the clinician asks the questions, and the clinician records the responses. The Analgesia, Activities of Daily Living, and Adverse Events sections may be completed by the physician, nurse practitioner, physician assistant, or nurse. The Potential Aberrant Drug-Related Behavior and Assessment sections must be completed by the <u>physician</u>. Ask the patient the questions below, except as noted.</p>																															
Analgesia		Activities of Daily Living																													
<p>If zero indicates "no pain" and ten indicates "pain as bad as it can be," on a scale of 0 to 10, what is your level of pain for the following questions?</p> <p>1. What was your pain level on average during the past week? (Please circle the appropriate number)</p> <p>No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be</p> <p>2. What was your pain level at its worst during the past week?</p> <p>No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be</p> <p>3. What percentage of your pain has been relieved during the past week? (Write in a percentage between 0% and 100%.)</p> <p>_____</p> <p>4. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		<p>Please indicate whether the patient's functioning with the current pain reliever(s) is Better, the Same, or Worse since the patient's last assessment with the PADT.* (Please check the box for Better, Same, or Worse for each item below.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Better</th> <th style="width: 10%; text-align: center;">Same</th> <th style="width: 10%; text-align: center;">Worse</th> </tr> </thead> <tbody> <tr> <td>1. Physical functioning</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Family relationships</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Social relationships</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Mood</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Sleep patterns</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Overall functioning</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Better	Same	Worse	1. Physical functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Sleep patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Overall functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>5. Query to clinician: Is the patient's pain relief clinically significant?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unsure</p>		<p>*If the patient is receiving his or her first PADT assessment, the clinician should compare the patient's functional status with other reports from the last office visit.</p>																													