

PATIENT HANDBOOK AND JOURNAL

EQUIPMENT

OrthoCarolina

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EQUIPMENT NEEDED



Welcome to the Post-Surgical Department at OrthoCarolina. Your physician may order the following equipment for your recovery needs following your surgery:

CERVICAL PROCEDURES

- » Soft Collar/Aspen Collar/Miami J: Immobilizes the neck and adds stability and support while you recover.

SPINE/BACK SURGERY

- » Kit – includes a “reacher”, back scrubber, sock aid and long shoe horn—these assist with independence and reduce movements that can often be painful in the recovery.
- » Rolling Walker: assists you to safely walk as you regain strength and stability.
- » 3 in 1 Bedside Commode: provides convenience and safety as you regain movement and speed.
- » Corset/LSO: gives you added support and comfort while you recover and get back to an active lifestyle.

HOW DO I OBTAIN THE RECOMMENDED EQUIPMENT?

- » Our post-surgical representative will contact you prior to your surgery to assess and order equipment you may need or want.
- » Equipment will be delivered to the hospital and any necessary adjustments and patient education will take place at that time. If you would like to obtain the equipment prior to your surgery, please call our department at 704.323.2462.

THE BRACE

Your physician may have prescribed a brace for you because you have had a spinal fusion. The brace is designed to protect your spine while healing takes place. The brace can be fitted before admission, or the first day after your spine surgery; it is usually worn for a minimum of four weeks at all times when out of bed (except while in the shower). You will need to wear a fitted T-shirt, camisole or sleeveless shirt under the brace. When you return for your post-operative appointment, your surgeon will determine if you need to continue to wear the brace.

Your physician will decide which of the following braces you need based on your specific case:

The Lumbosacral Corset Brace is an elastic corset type brace with a Velcro attachment in the front. Most patients learn to put on and remove this brace independently, while some may require assistance from a caregiver. This brace may be applied while sitting on the edge of the bed.

The Flexiform Brace is designed as one or two plastic molded pieces with straps on each side. It has a soft foam lining with plastic overlay. This can be applied while sitting on the edge of the bed.

The Thoracic-Lumbo-Sacral-Orthosis (TLSO) Brace is designed as two molded plastic pieces (front and back) with straps on each side. Most patients will require assistance to place and remove the TLSO brace. Your Physical Therapist and Occupational Therapist will work closely with you and your caregivers on proper procedures for placing the brace or taking it off. If you are experiencing problems with your customized TLSO, notify the company that made your brace. In the meantime, pad any pressure areas with gauze or cotton.

Journal entries and questions regarding Equipment:

MOBILITY IN THE HOSPITAL & AT HOME



No Bending, Lifting, Twisting (B,L,T)

- » Do Not bend at the waist; do bend at the hips and knees.
- » Do Not lift objects heavier than a gallon of milk (10 pounds).
- » Do Not twist your trunk.

The only aerobic exercise prescribed by your surgeon immediately after surgery is walking. At one week post surgery you will be expected to TRY and walk up to one mile OVER THE COURSE OF THE DAY. At two weeks post surgery two miles over the course of the day, if you are able. Approximately 2,100 steps = 1 mile and 4,200 steps = 2 miles. Use can utilize a step pedometer to monitor how far you are walking!

BED MOBILITY

When rolling to your side, move as a unit, with hips and shoulder moving simultaneously to avoid twisting. You will hear your patient care team refer to this as a “Log Roll.” You will also be asked to tuck your chin down and brace your abdominal muscles for added stability.

Getting In and Out of Beds and Chairs

To get into bed, sit on the edge then lower your upper body sideways, using your arms for support. At the same time you are lowering your upper body, bring your legs and feet up onto the bed.

To get out of bed, the process is reversed. Avoid twisting by using the arm closest to the bed for support, eliminating the need to reach across your body. Before standing, scoot as close as possible to the edge of the bed and place your feet on the floor. If you are sitting on a chair without arms, push with your hands against your thighs, keeping your head up and your back straight. Move slowly to avoid injuring your back.

USING A WALKER

- » Standing with a Walker
- » Slide your hips forward to the edge of the bed, chair or toilet seat.
- » Use your arms to push down on the edge of the object you are sitting on and lift yourself up.
- » Move your hands to the handgrips of the walker and stand straight up.

USING A CANE

- » Standing with a Cane
- » Slide your hips forward to the edge of the bed, chair or toilet seat.
- » Place cane in one hand by grasping the handle with your palm turned downward.
- » Raise yourself up by pushing down on the cane in one hand and down on the object you are sitting on with the other hand.

WALKING UP STAIRS

You will always lead with your stronger leg. Bring your cane and sore/weak leg up to that step. Take a minute to get your balance and continue up steps, leading with your stronger leg.

WALKING DOWN STAIRS WITH A CANE

- » This time you will lead with your weaker leg.
- » On the upstairs landing, rest your weaker leg forward on the edge of the step.
- » Put cane on the step below. Place the cane near the front edge of the step to help you keep your balance.
- » Bring your weaker leg down to the next step.
- » Push down on your cane and slowly lower your stronger leg.

Journal entries and questions regarding special precautions/mobility to follow:
