



POST OPERATIVE RESTRICTIONS											
PROCEDURE PERFORMED	<input type="checkbox"/> SI JOINT FUSION <input type="checkbox"/> POSTERIOR CERVICAL FUSION <input type="checkbox"/> OLLIF <input type="checkbox"/> PERMANENT SPINAL CORD PLACEMENT <input type="checkbox"/> MIS-DLIF <input type="checkbox"/> MICRODISCECTOMY <input type="checkbox"/> ACDF <input type="checkbox"/> SPINAL CORD TRIAL <input type="checkbox"/> MS-DTIF <input type="checkbox"/> LAMINECTOMY <input type="checkbox"/> KYPHOPLASTY <input type="checkbox"/> OTHER _____										
<input type="checkbox"/> SI JOINT FUSION	<ul style="list-style-type: none"> ▪ Partial weight bearing status for 4-6 weeks post-operatively 										
<p>GENERAL RESTRICTIONS</p> <ul style="list-style-type: none"> ▪ NO bending or twisting of the spine ▪ NO climbing, crawling, kneeling or over the shoulder activities for 3 months ▪ DO NOT do the same activity for more than 2 hours ▪ Make frequent position changes, take breaks as needed ▪ NO excessive activity and/or contact sports ▪ Wear brace and/or collar for 6-8 weeks when riding in a car or doing and excessive activities, or specific activities that provoke pain or discomfort ▪ The brace may also be worn in the afternoon when the pain is worse for support and comfort 											
LIFTING LIMITATIONS POST-OPERATIVELY	<table border="1"> <thead> <tr> <th>Post-Operative Month</th> <th>Able to Lift Up to</th> </tr> </thead> <tbody> <tr> <td>MONTH 1</td> <td>8 POUNDS (lbs)</td> </tr> <tr> <td>MONTH 2</td> <td>16 POUNDS (lbs)</td> </tr> <tr> <td>MONTH 4</td> <td>25 POUNDS (lbs)</td> </tr> <tr> <td>MONTH 6</td> <td>35 POUNDS (lbs)</td> </tr> </tbody> </table>	Post-Operative Month	Able to Lift Up to	MONTH 1	8 POUNDS (lbs)	MONTH 2	16 POUNDS (lbs)	MONTH 4	25 POUNDS (lbs)	MONTH 6	35 POUNDS (lbs)
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<input type="checkbox"/> ALL PATIENTS	<ul style="list-style-type: none"> ▪ Further instructions regarding Restrictions and Return to Work status will be discussed at the one month post-op appointment 										