**Lumbar Spine Treatment Protocol**

Reviewed by team: 17/02/22

Updated: 17/02/22

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| **STAGE** | **AIMs & OBJECTIVES** | **TREATMENT** | **HOME EXERCISE** | **EX’s PRESCRIPT or CLINICAL PILATES PROGRAM** | **ACTIVITY MODIFICATION** |
| 1  Weeks 0-2 | Unload structure at fault. Provide pain/symptom relief based  Choose techniques based on the structure & the pain mechanism at fault.  Identify and address basic contributing factors to address | Assessment guidelines followed as per condition. Pathway delivered session 3.  Manual therapy: Massage, jt mobs,  Taping, Heat  Neurodynamic tests and releases  Education: Diagnosis, What to expect next 4-6/52 (+/- Rx), Core muscle deficit caused by pain  Advise to seek pharmacist advice re anti-inflams, NSAIDs etc  Release to pelvis, hips: TrP, DN, massage  Introduce to mural (session 1-2) | **Self Treatment and Symptom relief focus**  Avoid lift, bend, sit, twist  Relieving exercises: i.e. prone lay  Self releases (glutes with ball) | PhysiTrack program related to primary diagnosis: i.e. Pelvis vs Lumbar spine and structure  Abdominal Wall assessment 🡪 (US and palpation as per PhysiYoga Ax protocol)  Use assessment to inform “Core activation” cue and put into movement (Session 1-2) | Advice:   * Active rest * Heat min 3x day * Specific work & sport advice   How to:   * squat to bend * Sit well (booty-scooty) |
|  | **CRITERIA TO PROGRESS** | * **Reduced pain** * **Improved AROM** * **Improved inter-regional assessment** * **Ability to attempt more at home** | | | |

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| 2  Weeks 2-4 | Reduce pain to pre-injury level (or better).  Restore AROM to pre-injury levels.    Start correcting movement deficits: Mobility and strength.  Find & address Drivers & deeper contributing factors  Identify specific goals  Pelvis & hip muscle length and strength | Manual therapy: Massage, jt mobs,  Treatment to stiff or poorly controlled contributing regions of the body  Integrate core-activation into functional movements: Core activation with knee float, bent knee fallouts, glute bridges.  Mobilisation with movement (Ridgeway, S&B dynamically, release on reformer or in exercise positions)  Consider referral to massage near end of this stage | Address Objective test findings for muscle length and strength  Completed Individual Exercise Plan with SMART goals: flexibility, strength, CV fitness etc | Quickstart  Home Pilates based on PhysiYoga Matwork repertoire  Fitness plan (cardiovascular fitness): Walking, cycling, swimming etc | Graduated return to normal activities and duties  Use of self-checks to determine when to self-treat  Identify lifestyle factors that impair health and healing: Sleep, general movement |
| **CRITERIA TO**  **PROGRESS** | | * **75% of average/usual AROM spinal movements** * **Minimal pain** * **Ability to “activate core”** * **Re-Assessment visit** | | | |

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| 3  Weeks 4-6 | Integrate core strength activation into higher level tasks to make it automatic and build capacity in tissues | Minimal physiotherapy treatment – refer to massage for specific releases (based on muscle length issues) | Functional exercise program related to sport and occupation | Quickstart 🡪 studio classes or independents  Or direct to studio classes | Graduated full return to occupation and sport  Movement variability screen  Other sport-specific screen |
| **CRITERIA TO**  **PROGRESS** | | * **Full Range of motion (AROM spinal)** * **Full return to ADL’s and sport** * **Good core-muscle recruitment** * **Want’s “tune up” 🡪 massage** | | | |