

## Physical Therapy Protocol: Cervical Surgery

### *Phase I, Immediate Postoperative (0-2 weeks)*

#### Goals:

- Pain control
- Incision care
- Begin gentle mobility below neck
- Protect the surgical site

#### Interventions:

- Patient education on posture, movement precautions (e.g. avoid extreme neck motion)
- Reinforce brace, use if prescribed
- Gentle walking; encouraged multiple times daily
- Deep breathing and lower extremity circulation exercises
- Shoulder shrugs and gentle scapular retraction (not cervical ROM)

#### Avoid:

- Cervical ROM
- Lifting >5-10 lbs
- Overhead activity

### *Phase II, Early Recovery (2-6 weeks)*

#### Goals:

- Gradual return to ADLs
- Prevent deconditioning
- Address scapular and upper back stiffness
- Maintain safe spinal alignment

#### Interventions:

- Continue walking program
- **Begin some isometric cervical stabilization exercises (advance slowly and as tolerable)**
- Gentle AROM for shoulders
- Gentle thoracic extension and posture drills
- Ergonomics training (especially if returning to desk work)



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**Avoid:**

- Repeated cervical flexion/extension
- High-resistance activity
- Lifting >10 lbs

***Phase III, Intermediate Recovery (6-12 weeks)***

**Goals:**

- Restore mobility and strength
- Normalize posture
- Improve endurance and tolerance for daily activity
- Incrementally return to pre-surgical activities

**Interventions:**

- **Gentle cervical AROM**
- Scapular stabilization and periscapular strengthening
- Light resistance band work for UE
- Core strengthening (neutral spine focus)
- Treadmill or elliptical for endurance

**Avoid:**

- Avoid aggressive cervical stretches or loading
- Monitor for signs of adjacent level stress