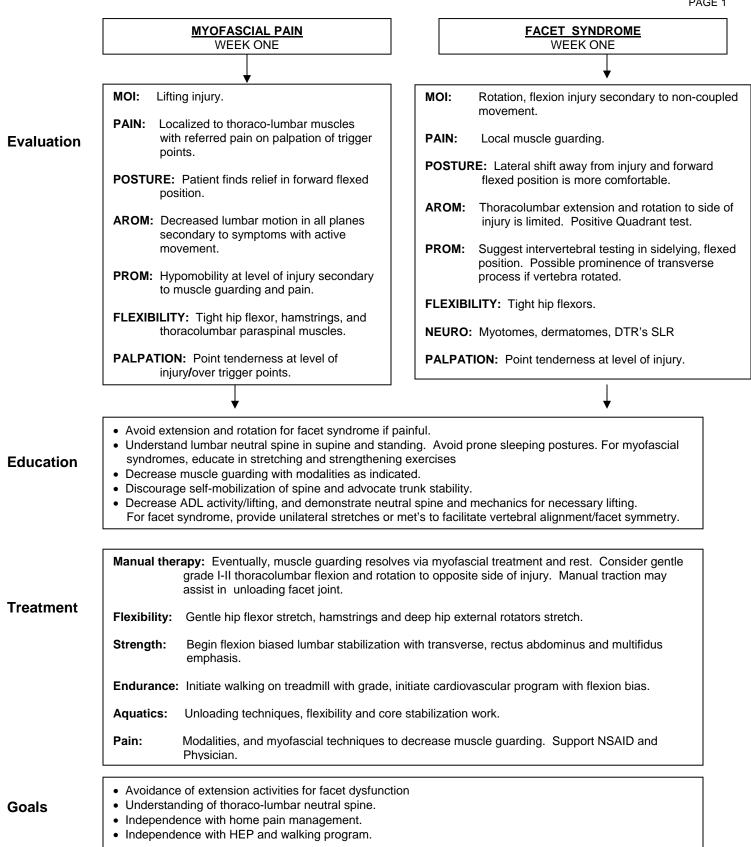


THORACOLUMBAR STRAIN/SPRAIN

PAGE 1





THORACOLUMBAR STRAIN/SPRAIN

PAGE 2

	TWO TO FOUR WEEKS	WEEK FIVE TO DISCHARGE
Evaluation	 Assess PROM/ passive inter-vertebral joint mobility at levels surrounding the injury level and at injury level if local muscle guarding and pain decreased. Compensatory hypomobility at injury level may persist but underlying inter- vertebral hypermobility needs to be addressed with core strengthening. AROM less guarded and minimally restricted. Myofascial component and palpable tenderness decreased. Review ability to acquire and hold neutral lumbar spine in all positions, ie) supine, sit and stand. Review compliance with home exercise and stretching program. 	 Return to work or recreation plan. Contact employer, case worker, or trainer as indicated. Demonstrate neutral spine with trunk strength engaged throughout all straight plane, trunk stabilization therapeutic exercises. Demonstrate a full squat maintaining a neutral spine without loss of balance and/or demonstrate a single knee with same neutral spine postures No active signs of apprehension with rotation and forward bending. Lower extremity flexibility limitations. Lifting tolerance.
Education	 Avoid thoracolumbar extension exercises and activities as well as sleeping postures in prone. Understand lumbar neutral spine in both static and dynamic postures. Discourage self-mobilization of spine and advocate trunk stability. Body mechanics for ADL's and minor lifting. Begin walking program for endurance. 	 Avoid twisting and rotation when loading spine. Discourage self-mobilization of spine and advocate trunk stability. Encourage home met/stretching program to maintain proper facet motion. Body mechanics for lifting greater than 5-10 lbs. Emphasis on keeping established core strength and bridging the patient to continued success in their exercise/hobbies through positive reinforcement.
Treatment	Manual Therapy: Thoracolumbar grade I-III intervertebral joint mobilization in flexion, rotation and the combination of the two if restrictions remain.	Manual Therapy: Treat any joint restrictions remaining with grade I-IV joint mobilization. Referral to manual medicine physician if grade V joint mobilization indicated.
	Strength: Lumbar stabilization in supine on dynamic surfaces. Progress strengthening from supine to standing. Use unloading techniques while strengthening and slowly add thoracolumbar motion that is not flexion biased. If stable on static surfaces, add dynamic levels to straight plane exercises.	Strength: Progress to PNF thoracic and upper extremity diagonals. Progress toward multiplane exercises as tolerated. Decrease limits of stability with unsupported positions of exercise. Maximum multifdus and transverse abdominus strength achieved.
	Flexibility: Pt should be independent with HEP. Treat deficits and residual muscle tightness.	Aquatics: Rotational component to core stabilization introduced in both deep and shallow water if tolerated.
	Endurance: Walking or biking program 10-30 minutes outside of formal P.T. treatment. Aquatics: Progress to deep-water exercises and increase resistance in shallow water exercises.	 Endurance: Cardiovascular activity at least three times per week for 20-30 minutes as tolerated. ADL/WORK: Simulate lifting and endurance type activity needed for work and recreation.
Goals	 Neutral spine in all positions Independent with body mechanics for lifting and restrictions of activity until core strength obtained. Establish return to work plan or return to recreation plan. Independent with home walking and HEP including self management techniques for myofascial trigger points. Demonstrate reversal of lordosis with forward bend. 	 Discuss return to work and/or return to recreational activity. Demonstrate full reversal of lordosis fingertips to lower shin or the floor. Patient to resist standing rotational perturbations to test multifidus. Achieve fifty modified abdominal curls if tolerated. Independent with home walking exercise program Progressive return to work. Appropriate referral outside realm of P.T. if necessary.