Physiotherapy After Spinal Cord Stimulation (SCS)

Gentle graded land activity and physiotherapy are to begin once the procedural pain from implanting your spinal cord stimulator has settled. (Hydrotherapy can be undertaken once the wound has fully healed)

Learning to activate the deep muscles of the abdomen and low back area (core) that support the spine can be done nearly immediately without putting stress on the implanted stimulator, lead(s) or wound; no lifting, twisting, reaching, bending or stretching are required.

These core muscles, when activated, work like an internal brace that helps to support the spine. After the stimulator is implanted, activating these muscles may feel different because there is less pain. It is recommended that you consult a physiotherapist before starting any core exercise program.

The phases of rehabilitation after SCS outlined below are to be read in conjunction with the SCS Discharge Instruction leaflet.

Reminders:
No Monkey bars, Avoid over stretching/reaching/bending, Lift less than 2.5kg for first 6 weeks.

Post-operative: typically 3-7 days
Gentle exercises for the ankle and leg to improve circulation including assisted walking
Education on how to log-roll in and out of bed, reach, stretch and bend safely, to prevent lead movement.
Start basic trunk stabilisation exercises under supervision
Home Exercises after discharge: Standing Heel Raises (3 sets of 10 reps), Mini Squats (10 squats) (Keep your back straight, bend at the hips and knee only), Marching on the Spot (1-2 minutes at a time, rest as needed), Step up and Step downs on a small step (10 times). Do home exercises 2-3 times day.

Recovering at home: 1-5 weeks
Schedule an appointment with your physiotherapist who will assist with the following.
General conditioning exercises for the lower extremity
Upper extremity exercises below shoulder height
Structured walking as per your specialist's advice
Review your home exercise and activity program

Ongoing rehabilitation: 6 weeks onwards
Further physiotherapy will usually not be required until after 6 weeks when the restrictions outlined by your specialist have been lifted. This time allows scar tissue to form around the electrodes and wires in order to keep them in place before doing any significant movements with your trunk and back. Your specialist will advise when it is appropriate for the restrictions to be lifted for you.

During this phase you will:
Undergo structured pool program if applicable (DON'T take the remote into pool!)
Continue advanced trunk stabilising exercises
Improve general conditioning

After approximately 8 weeks, you will be able to increase your activity level and start to resume more of your normal activities. Your physiotherapist will advance your core strengthening exercises at this time so that you are doing challenging exercises that progress your strength and endurance without undue stress on the trouble spot. They will also advise you on returning to your regular daily work and leisure activities. Cardiovascular exercise in the pool may also be suggested but should not be done until the wounds have healed and your specialist has given clearance. Spinal cord stimulators should be turned off before entering a swimming pool above waist height, while driving or using machines unless advised otherwise.

Participating in more stressful cardiovascular activities such as jogging, weightlifting or regular sport will need to be discussed with your specialist to ensure they are appropriate for you. Contact sports and activities with sudden movement (eg singles tennis or squash) increase the risk of lead movement and should be avoided.

Funny or inconsistent stimulation sensations may indicate some lead movement and the need for further discussion with your specialist and programmer.

Should your pain flare up, you may need to seek follow-up with your programmer, physiotherapist or pain specialist until the pain settles.