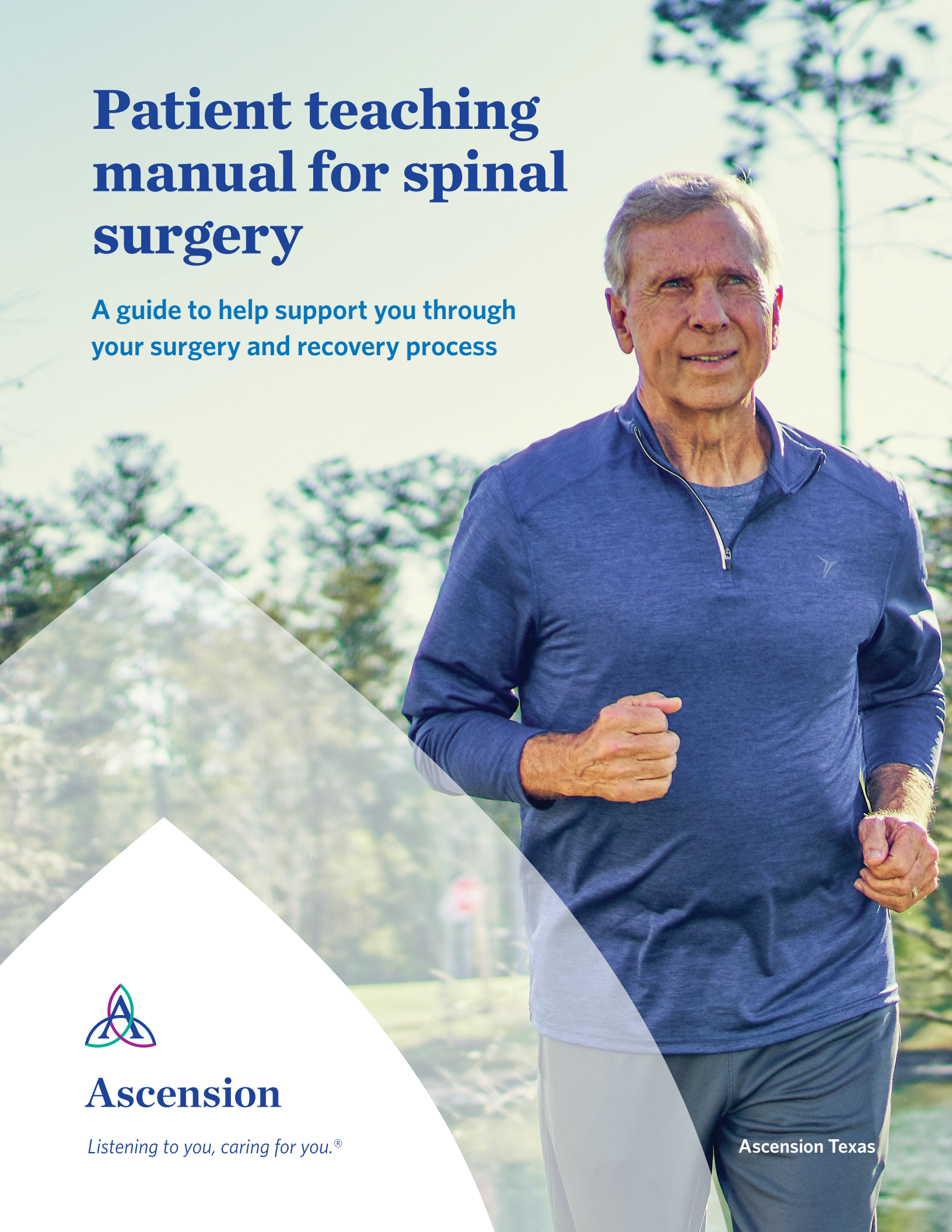
Patient teaching manual for spinal surgery

A guide to help support you through your surgery and recovery process



Ascension

Listening to you, caring for you.®

Ascension Texas

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Welcome

We are so glad to have the opportunity to meet and talk with you before your surgery. We hope that by providing you with more information before your surgery, you will feel more comfortable with your hospital stay and more knowledgeable about decisions regarding your healthcare.

This manual is intended to be a general guide. Your doctor may order additional specific restrictions or limitations (not listed in the manual). You are responsible for following your surgeon's specific directions.

Spine Care Team at Ascension Texas

What you should know before surgery

Preoperative surgery visit information

Your preoperative surgery education may occur in a few different ways depending on where you choose to have your surgery. At some of our locations, this preoperative education occurs during an in-person visit with the members of the surgical team. Other locations accomplish this through a virtual class. Still others offer on-site preoperative teaching on the morning of surgery.

Regardless of which way you receive your preoperative surgery education, you will be well informed and receive all of the necessary information to understand what should occur prior to, on the day of, and the days after your surgery. If after reading through this manual you have additional questions, please do not hesitate to reach out to us. We are always looking for ways to make this educational material more helpful.

Preoperative surgical visit

These visits can take approximately 3 hours (pre-admission visit 1.5 hours and pre op class 1-1.5 hours). This allows the team to complete a number of requirements to ensure you are fully prepared for surgery while you are with them, which can include things such as registration, anesthesia testing, blood work, additional referrals and any additional instructions specific to you. Your visit will ultimately be tailored to your needs and the elements your provider feels are most important.

Preoperative class or video education

A licensed staff member will guide you through the preoperative visit and let you know what to expect before, during, and after surgery. He or she will also explain how proper conditioning and preparation before surgery may help speed up the recovery process. Preoperative classes or videos may be available where you can learn about movement precautions, and understand transfer and walking information. You will also learn ways to make your home a safe environment after surgery, and you will be provided additional instructions on the use of assistive devices.

On the day of surgery, be sure to follow the instructions you received during your preoperative surgery visit regarding what you may or may not eat and drink before going to the hospital. That may vary depending on the scheduled time of surgery. You should also receive instructions about showering with antibacterial soap the night before.

What to bring

- Brace* (if you were given one by your doctor's office)
- Toothbrush and toothpaste
- Shaving supplies
- Deodorant or antiperspirant
- Eyeglasses/contact lens case
- Loose-fitting, comfortable clothing (e.g., knee-length gowns, robes, house dresses, shorts, T-shirts, pajamas)
- Comfortable, non-skid shoes
- Books, puzzles, magazines (if desired)
- Sleep apnea machine (for those with sleep apnea)
- Cell phone charger

What to leave at home

- Jewelry
- Watches
- Credit cards
- Keys
- Cash (anything more than $5)
- All other valuables
- All medications*

*Medication will be provided by the hospital. Only in rare circumstances will the hospital not have your medication in stock. Keeping your medication at home is safer as it will help eliminate any confusion. *If you have a specialty medication please discuss this with your provider, so plans can be made to bring them to the hospital.*

Pain management

Expect to have some pain and discomfort following surgery. Because it is unrealistic to say you will have "no pain" after surgery, satisfactory pain relief allows you to sleep, eat, get out of bed and perform your exercises. We will address your pain goals with you each day.

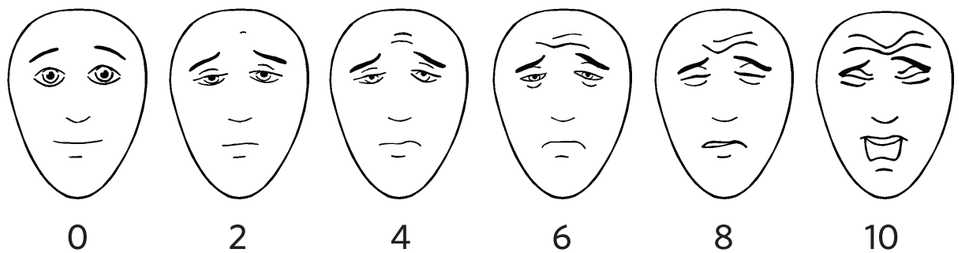
We will utilize a pain scale to measure your level of pain because it provides us with consistent, measurable information to help evaluate your pain.

Our expectations of you

- Let the nurses know as soon as you start feeling pain. As pain intensifies it can be harder to control. Your doctor will be ordering pain medication on a schedule and/or an "as-needed basis." Please request and take your pain medication routinely to manage your pain.
- Utilize the pain scale to describe your pain as a number when communicating your level of pain. This will help the care team know if their methods are effective or if changes need to be made.
- Remember that your pain is now a positive, healing pain and that the faster you can get up, walk and exercise, the faster you will heal and go home.

What you can expect from us

- Your care team will work together to respond promptly to your pain needs.
- We will utilize all options available to promote satisfactory pain relief including reposition, relaxation techniques and a wide range of medications. We refer to this as a multi-modal approach.
- Common oral pain management options
  - Opioids, also known as narcotics. These will be ordered for more severe pain, and most often are ordered "as-needed," meaning you will need to request them. They will not be brought at specific times throughout the day.
  - Neurological for nerve pain (e.g., gabapentin or Neurontin)
  - Skeletal muscle relaxants (e.g., methocarbamol or Robaxin®)
  - Non-opioids (e.g., acetaminophen or Tylenol®)



Smoking

If you are a current smoker or use any form of nicotine, be sure to quit as early as possible before surgery. Compared to non-smoking patients, patients who smoke before surgery have been shown to experience more problems. Smoking has been associated with wound complications, lung and heart complications, as well as an increased length of stay in the hospital.

Preparing your home

We want you to be prepared when you go home; therefore, we will begin teaching you about home preparation well ahead of your surgery. This may occur during a preoperative teaching class held in-person or virtually or during your preoperative visit. Your care team members will then follow up with you during your hospital stay to ensure that you have what you need in terms of equipment, supplies and help.

Tips and things to do before surgery:

- Remove throw rugs and move electrical cords out of the way.
- Add pillows to low chairs and use chairs with arms whenever possible.
- Keep hallways and doorways clear of objects.
- Place the phone within easy reach.
- Install night lights in hallways and bathrooms.
- Get a bag or basket for your walker to transport items, if using a walker.
- Store food and other items at waist to shoulder level to prevent bending over and straining your back.
- Stock up on easy-to-prepare foods and items that you will need.
- Plan ahead and discuss with family and friends who would be able to help you with activities of daily living, including picking up groceries.
- You may find it more feasible to purchase frozen microwave dinners prior to your surgery to have available when you return home. Local grocery stores may deliver for an added charge.

Tips and things to do to prepare your bathroom:

- Consider installing grab bars in your shower or tub for support as you get in and out.
- Use a long-handled sponge to wash hard-to-reach areas including your legs.
- Use a non-slip mat to keep the floor dry, and place a rubber mat or decals in the tub or shower floor.
- Consider installing a hand-held shower hose.
- Store toiletry items within easy reach.
- Consider purchasing a long-handled “grabber” to help you pick things up and assist with dressing.
- Consider purchasing a tub or shower seat as recommended by your rehabilitation therapist.

What you should know about the day of surgery

Diet

Instructions on eating, drinking, or taking medications will be given to you by the nursing or anesthesia staff during your preoperative visit.

Preparations

- Relax and get a good night’s rest!
- Wear easy-to-remove, comfortable clothing.
- Remember to shower the night before and morning of your procedure with antibacterial soap and use fresh sheets. Please avoid allowing your pets to sleep with you after bathing before the procedure.

What you should know during surgery

Spine surgery typically lasts one hour for a discectomy or laminectomy, and two to five hours for lumbar fusion. Afterward, patients are transferred to the postanesthesia care unit (recovery room) for a brief recovery room stay.

A waiting room is available for family members and loved ones. After your surgery is complete, the surgeon will come out to speak with them. Once you are assigned an inpatient room, they are welcome to wait for you there and enjoy amenities such as TV and free wireless internet. You will be taken to your hospital room after recovery is complete.

Immediately after surgery

The postanesthesia care unit (PACU) is staffed by nurses who are specially trained to provide care after surgery. The drugs used in anesthesia will most likely cause blurry vision, dry mouth, chills, and sometimes nausea. If there is pain at your surgical area, the nurse will help to manage it. You may also experience a sore throat for a few days caused by a breathing tube that was placed in your windpipe during the procedure.

You will be attached to heart and oxygen monitors. Do not be alarmed by the beeping sounds they make. Your nurse will monitor your vitals while you are in the PACU, which may be as long as three hours. When you are released, surgery personnel will transfer you to your hospital room.

Visitors are not allowed in the PACU.

Going home immediately after surgery

Some surgeries do not require you to be admitted to the hospital.

- You will spend 1-2 hours in the postanesthesia care unit (PACU) prior to being discharged.
- You will not need to see physical or occupational therapy.
- You will need to have a ride home already arranged and present in the hospital with you.

What you should know about your hospital stay

Your return to maximum physical functioning is our primary goal. Nurses and support staff are here to care for you 24 hours a day. Our spine care team is available to help you with your questions, concerns, or special needs.

Visitors

At the recommendation of the Centers for Disease Control and Prevention (CDC), we may enact visitor restrictions to protect our patients and staff. Please contact the hospital operator for information on our current visitor guidelines.

If no visitor restrictions are in place, please limit your visitors to one or two at a time. Encourage visitors to come later in the day so you can participate in your therapy with fewer distractions.

Medication

The hospital purchases medications from a variety of drug companies; therefore, the pills that we give you may not look like the pills you take at home. Please ask your nurse if you have questions about the medications you are receiving.

We are unable to use any medications that are brought from home. Please send home any medicines you may have with you, except for the specialty medications discussed at your preoperative visit.

Call button

Our staff makes rounds every one to two hours throughout the day and night to proactively assist you with your needs. Use the call light for urgent or emergent needs; otherwise, be aware that your nurse will be back for the next rounding.

When you press your call button or call your nurse or clinical assistant on their portable phones, it may take them a few minutes to arrive as they may be attending to other patients, so we encourage you to anticipate your needs.

Care board

The erasable whiteboard in your room will be used to communicate your plan of care; activity goal needs, reminders, your care team names, and phone numbers; and any other information that is important to you. We will use this board to communicate your daily goals.

Special services

If you have hearing or visual impairments or other special needs that we can help you with, please let us know.

Durable medical equipment (DME)

Durable medical equipment includes canes, walkers, and bedside commodes. The occupational therapist working with you during your hospital stay will make recommendations on the type(s) of equipment that will assist you during your hospital stay and at home.

Your case manager will then review any equipment needs with you, and assist in obtaining the equipment. This includes reviewing your medical coverage and working with your insurance company.

Patient pathway: Spinal surgery

	Before surgery	In the hospital	After surgery, at home
Activity	• Start on the exercises provided in this book if they are not too painful. • Stay active, by going for walks. This helps to improve circulation, lung health, and prepares your body for surgery. • Avoid bending, lifting and twisting. • Limit upright sitting to 20 minutes at a time. • When getting in or out of bed, do a "log roll." Keep your body as straight as possible and roll onto your side, pushing your elbow into the bed to sit up. • If having a cervical surgery, you will need to sleep with your head slightly raised until after surgery.	• You will get up out of bed and take steps within 4-6 hours of arrival to the floor (with staff assistance only). • You will get up to the chair for all meals. • You will get up to the bathroom or a bedside commode with assistance. • As you get stronger, staff will let you know about walking with family and independently. • Avoid bending, lifting and twisting. • Limit upright sitting to 20 minutes at a time. • When getting in or out of bed, do a "log roll." Keep your body as straight as possible and roll onto your side, pushing your elbow into the bed to sit up.	• Gradually increase your walking distance. • Gradually increase the repetitions of the exercises found in this manual and taught by your hospital physical therapist. • Plan your day so as to avoid multiple trips up/down stairs. • Be sure to balance activity with frequent intervals of rest. • Avoid bending, lifting and twisting. • Limit upright sitting to 20 minutes at a time. • When getting in or out of bed, do a "log roll." Keep your body as straight as possible and roll onto your side, pushing your elbow into the bed to sit up. • If a cervical collar was ordered, you will need to sleep with it on until told not to.
Personal hygiene	• Review the tips and things to do to prepare your bathroom before surgery. This will ensure you are prepared and have everything in place for your return home. • Wash sheets and towels. • Stock up on hand soap and sanitizer. • Your surgeon may request that you shower with an antibacterial soap or special soap, such as Hibiclens.	**Bathing** • Staff will assist you by using antibacterial wipes to bathe. **Linens** • Changed every few days and when soiled. **Incision care** • Nursing staff will follow instructions from your surgeon. • You and your family/friend will be taught what the incision should look like as it heals and the signs to look out for. • Any necessary dressing change supplies will be reviewed with you.	**Bathing** • It is important to be clean after surgery. • Prepare for sponge-bathing if you don't have the energy to get into a shower. • Use clean washcloths and bath towels. • Do not submerge your wound/incision in water. **Incision care** • Follow dressing instructions by your surgeon. • If your surgeon prefers keeping a dressing on, keep it dry by placing a press-and-seal covering on the dressing's borders while you bathe.

	Before surgery	In the hospital	After surgery, at home
Complication prevention	**Smoking** • As soon as possible and at least 30 days prior to surgery, quit smoking, vaping and using tobacco products of any kind. In addition to actions above: • Wash your hands or sanitize a lot. • Distance yourself in public places. • Hydrate well each day. • Eat healthy protein and fiber-rich foods. • Get your rest.	**To prevent blood clots in your legs:** • Sequential compression devices (SCDs) will be placed on you. • Wear SCDs while in bed. • The SCDs squeeze your legs to help your blood move while you are in bed. • Pump your ankles 20-30 times every hour. **To prevent complications in your lungs:** • Use your incentive spirometer (IS) at least 10 times every hour while awake. • Taking slow, deep breaths helps to clear and expand your lungs to prevent pneumonia. **Arm and/or leg sensation and strength** • Nursing staff will check the strength and feeling of your arms and/or legs every 4 hours. **Help prevent infection:** • Ask staff to wash their hands if you did not see them do it. • Do not touch around your dressing or incision. • Let the staff know if the dressing is not dry and sealed.	**To prevent blood clots in your legs:** • Pump your ankles 20-30 times every hour. • If ordered, wear support stockings during the day and remove at night. **To prevent complications in your lungs:** • Use your incentive spirometer (IS): 10 deep breaths every hour while awake. **Help prevent infection:** • Watch for signs of infection (see the table in the wound healing section). • Stay well hydrated. • Eat healthily. • Wash hands a lot — before and after eating, performing personal hygiene, performing wound/incision care. • Sleep on clean sheets. • Keep pets away from your wound/incision. • Always have clean hands when near incision. • Have dedicated towels for showering.

	Before surgery	In the hospital	After surgery, at home
Pain management	**Starting seven days prior to surgery:** • Limit narcotic use. • Do not take any non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, naproxen, meloxicam, Celebrex®, Advil®, diclofenac, indomethacin. • Take acetaminophen (Tylenol®) for pain if needed.	**Pain control:** • Expect to have some pain after surgery. • Your pain should be tolerable to complete activities and exercises. • You can have pain pills routinely as needed. Be sure to ask your nurse. • You may need to be awakened during the night to stay on the pain pill schedule. • Take pain pills with crackers/food. • Alert the nurse if your pain is not controlled. **Muscle spasms:** • These are common after surgery. • Try to keep your knees bent and back flat when they occur.	**Pain control:** • Expect pain to increase when at home due to being more active. • Take the pain pills routinely to keep pain at a tolerable level to be able to walk and exercise. • Continue to take the pain pills with food. • Any home medications that were stopped will be resumed based on your doctor's instructions. • Do not drive while on narcotics.
Diet and prevention of constipation	• As soon as possible, begin eating a healthy diet of fruits, veggies and high-protein, low-fat foods to help with healing and to prepare your body for surgery. • Drinking a high protein shake of your choice the night before surgery helps prevent low blood sugar issues after surgery. • Purchase over-the-counter stool softeners and a mild laxative to have on hand after surgery.	• Nausea is common following surgery. • Your diet will start with clear liquids (ice chips, water, juice, gelatin) and will advance to regular food. • Let your nurse know if you need a special diet. **Prevention of constipation:** • Begin drinking fluids, if not nauseated. • Stool softener and a mild laxative may be started. • Get up and move (with staff assistance).	• Regular/high-fiber diet. • Include protein, fruits, and vegetables in your diet. • Drink lots of fluids. • Keep your body in motion. **While taking narcotics:** • Take stool softener twice a day. • If no bowel movement within 3-4 days, please consider taking a strong laxative like Dulcolax for this temporary problem.

	Before surgery	In the hospital	After surgery, at home
Discharge planning	**Please plan ahead for:** • A family member or friend (surgery buddy) available for 24 hours of overnight care for at least the first three days after you return home. • Prearrange who will be taking you to and from the hospital. • Family/friends to help you with preparing meals, shopping, laundry and other errands that require driving for at least two weeks. • If your surgeon prefers outpatient physical therapy, begin looking for one near you that accepts your insurance.	**If not taken care of before surgery, a case manager will discuss:** • Care arrangements for physical therapy visits, whether through telehealth, outpatient or home health. **Reminder on what needs to occur before you can be discharged:** • You have your medical equipment (walker, commode, brace). • Your surgeon and hospitalist have visited. • Physical therapy says you are safe to mobilize. • Nursing has given/explained your discharge instructions. • You have signed and understand your discharge instructions. • Nursing has given/explained your discharge prescriptions. • Transport staff will assist you and your belongings to your car.	**Congratulations! Patients heal better at home.** • Remember to make your follow-up appointments. • Wash hands a lot — before and after eating, performing personal hygiene, performing wound/incision care. • Hand hygiene is one of the most important steps we can take to avoid infection, getting sick and spreading germs.

Your spine care team

Ascension Texas caregivers are committed to providing individualized care to suit your needs and exceed your expectations. Some or all of the following caregivers may be involved in your plan of care:

Spine surgeon, neurosurgeon, physician assistant, nurse practitioner: Performs and/or assists with your surgery and directs your care, checks on your progress during hospital rounds and follow-up appointments.

Vascular or cardiothoracic surgeon: May perform a portion of fusion surgery if access through the abdomen or chest is needed.

Hospitalist: Internal medicine doctor who assists the surgical team in managing any medical issues (e.g. diabetes) you may have while you are in the hospital.

Anesthesiologist: Administers anesthesia and monitors your condition during the surgery.

Spine and orthopedic clinical manager: Provides administrative and clinical leadership for the orthopedic inpatient unit, and works with the nursing team leader on a day-to-day follow-up.

Nursing staff: Includes RNs, LVNs, and clinical assistants who plan and coordinate your care based on doctor orders and nursing expertise, communicate information about your condition and progress to other team members, assist you with your personal care needs, teach you and your family about your care needs.

Case manager and social worker: Coordinate your plan of care for discharge and arrange for discharge needs including equipment and any home health needs, interact with other team members and insurance companies as needed.

Physical therapist: Provides teaching, instruction and assistance with exercise programs, movement precautions, transfers, walking, and stair climbing.

Occupational therapist: Provides teaching and assists in achieving independence with your self-care and other activities of daily living and provides instruction on the use of adaptive equipment when needed.

Dietitian: Provides information and dietary options as needed.

Chaplain: Available to support you during your hospital visit, assists you with prayer and sacramental requests.

What to know about the day you are discharged

- Your surgeon is the one who will determine when you will be released from the hospital.
- Please have your transportation and care arrangements made so that you can be ready to leave the hospital, as soon as your surgeon decides you are ready to be discharged.
  - We recommend having your ride ready prior to lunch, as this will make it easier for you to have your prescriptions filled. And if any questions or concerns arise, you will still have time to call your surgeon's office.
- The vehicle you are going to ride home in will need to be easy to get in and out, neither too low to the ground or too high off the ground.
- We recommend having family take home excess belongings the day before discharge, if possible. That way you all have less to worry about.

What to know after you have left the hospital

Wound healing

Your wound will look different throughout the healing process, and the time it takes to heal is going to be different from person to person. But healthy wound healing has expected stages and wound appearances.

To help you know what normal healing looks like versus changes that would need to be immediately addressed, we have created the below table.

	Signs and symptoms	Who to call
Green light	• Pink color, and slight swelling within the first week. • A slight elevation in temperature (101 degrees or less). • Small amounts of light pink or clear fluid within the first week.	• No one. These changes are expected and mean the wound is healing well. • What you can do: Drink lots of fluids, take deep breaths often and continue to move around a lot.
Yellow light	• Redness at the incision. • Increased amounts of drainage, or swelling around the incision. • White drainage, or foul smell.	• Your surgeon's clinic. Their number can be found on your discharge paperwork. • They will be able to help decide if you need to come in and be seen or if there are actions you can take at home. • During regular office hours (Mon.-Fri. 8 a.m.-5 p.m.) you will speak directly with a member of the staff, but after hours there will be an answering service that can help answer your questions and direct you on next steps.
Red light	• Any new leg pain, numbness or weakness. • Fever above 101 degrees. • Calf or chest pain. • Difficulty breathing.	**These signs and symptoms are very serious.** • They may show that something more serious is going on and may require you to come to the emergency room for treatment. • Call your surgeon's clinic. You can find the number on your discharge paperwork. • They will ask more specific questions to help decide the best next steps, which may include going to an emergency room.

Billing

The hospital is responsible for submitting billing to your insurance company and will do everything to expedite your claim. You should remember that your policy is a contract between you and your insurance company and that you have final responsibility for payment of your hospital bill.

Special notes

You may receive a home follow-up call to check on your recovery and obtain feedback regarding your hospital experience. We need your comments and suggestions to improve our service to you!

Frequently asked questions

How long will I be in the hospital?

Patients will most likely be hospitalized for one to four days depending on the type of surgery that was performed.

How long will it take to perform my surgery?

Back surgery usually lasts about one to five hours. It depends on the surgical techniques required. It will take the staff an additional 20 minutes or so to get you ready to move to the recovery room. The recovery room length of time may be up to three hours.

When will I be able to eat solid food?

Patients will progress their diet slowly after surgery from clear liquids, eventually getting back to solid food. Nausea is common after surgery, so it is better to go slow and ensure you are able to handle the clear liquids and then add in small, more substantial food items.

When can I get out of bed after surgery?

You will get up with staff assistance as soon as possible after surgery, usually the same afternoon as surgery. This can occur as soon as four to six hours from the end of your surgery. The nursing staff will also assist you in getting up to go to the bathroom or using a bedside commode. You need to gradually improve the time and distance that you can walk. The more often you get up, the sooner your pain will improve.

Will I have a catheter in my bladder?

Patients may initially have a catheter that will be removed by the end of the day after your surgery, ideally as soon as you are getting in and out of bed. It is normal to feel some pressure sensations or the urge to urinate while the catheter is present.

When can I begin driving again?

Your doctor will instruct you on when you may begin to drive. You should not take a narcotic and drive. If you have any concerns about driving, discuss this with your doctor.

What activities should I avoid?

You should not lift anything over two to five pounds as instructed by your doctor. Do not twist your body or bend forward repetitively. You may bend forward slightly to dress yourself and perform activities of daily living; however, minimize this motion as much as possible. Bend with your knees instead. Don't pick up your children or pets. Have them climb into your lap for hugs and attention.

What do I need to know to plan for home?

Outpatient therapy may be scheduled following your first postoperative doctor's visit. You should walk multiple times a day and sit as tolerated until then. Gradually increase the walking time and distance.

Other frequent questions that vary by provider

We would suggest reviewing and asking any applicable questions when your surgeon comes to visit in the hospital and during your follow-up appointment.

- When will I see the doctor in the office?
- When will I be able to take a shower or take a bath?
- When may I become intimate with my partner?
- When may I return to work?
- How long will I have to keep a dressing on my back?

Spinal precautions

You will find suggestions and techniques to help you move around safely after your procedure. We would suggest that you practice some of these before coming for surgery. That way you are able to ask any additional questions, make changes in and around your home and have a better understanding of how to move properly without injuring yourself.

- Limit lifting to 5 pounds.
- Use good body mechanics as described on the pages that follow.
- Try to balance the amount of time you spend sitting and standing. Sitting for a long time can cause you to feel stiff.
- Maintain good posture with a neutral spine.
- Pivot using foot movements, and bend at the knees and hips when reaching.

What to avoid

- Do not bend forward, arch backward or twist. Maintain a neutral spine (the shape of the spine when you're standing).
- Avoid bending forward while coughing or sneezing.
- Don't bend or twist the lower back region.
- Avoid any one position for long periods of time.
- Avoid twisting or bending back.
- Avoid overhead reaching, which arches the back. Instead, use a step stool.

Lifting and bending

Squat lift

- Stand close to the object with feet shoulder width apart.
- Lift using your legs, keeping a flat back and tightening your stomach muscles.

Putting on shoes

- To put on your shoes, sit keeping your back in neutral.
- Bring one foot up and cross the leg over the other. All the bending should be from the hip, called “hip hinging.”
- Do not round your back.
- Put on the shoe and then repeat with the other foot.

Golfer’s lift

- Rest one hand on a sturdy object for support. Pick up the leg on the same side as you bend forward.
- Be sure to keep your back neutral. All the bending should come from the hip and knee that are supporting the body.
- Only pick up small objects, e.g., pens, paper, etc.
- Larger objects should be picked up using the squat lift.

Positioning and transitions

Sitting posture

- Use a roll to support the low back.
- Sit upright with hips to the back of the chair, level with knees.

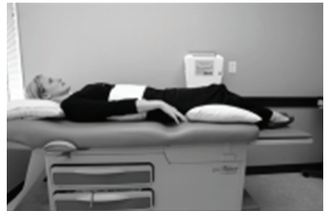
Sit to stand

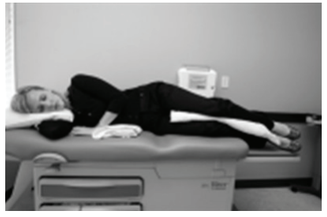
- Scoot to the front of the seat.
- Place one foot forward and use arm and leg muscles to stand up.
- Bend from the hips and keep a normal curve in the lower back.
- Keep a neutral spine of low back while standing and walking.

Positioning and transitions in bed

Getting in or out of bed

- To arise from bed, scoot knees and legs off edge, while using arms to assist.
- Move as a unit without twisting to a seated position.
- To lie down in bed, use the same movements in reverse.





Sleeping positions

- Use towel roll around the small of the waist, to support the lower back while lying on your side or back, if needed.
- Use pillows between or under knees for support.

Rolling side-to-side

- To roll from one side to the back, straighten out the legs and place the top hand (right) on the bed.
- Push with top hand (right) on the bed to begin to roll from your side to your back.
- Move as a unit without twisting your back (log roll)

Rolling from back-to-side

- To roll from your back to your side, bring your knees up, one at a time, and place your feet on the bed.
- Shift your pelvis to the left.
- Reach over with your left hand to begin the roll t o the right.
- Roll completely onto the right side using your top hand (left) to slow

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To learn more
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