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Notes on Your Personal Specific Spinal Rehab Program

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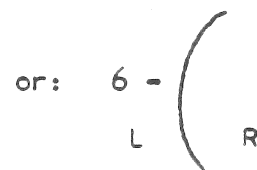
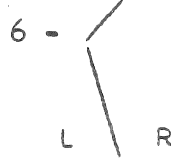
EXAMPLES OF COMMON PASSIVE AND ACTIVE SOFT TISSUE CORRECTONAL TREATMENT FOR

CARDIAC PATIENTS WITH 2 - 6 THORACIC COSTOVERTEBRAL RESTRICTIONS

EX:

Time limits given for exercises are generally considered maximum and optimum. mmm

For patterns, thus:



(1) Patient lies on right side, on bed, up on right elbow with head resting in right hand, thus:



This is done 5 minutes maximum, twice

daily. Pillow under right elbow increases leverage and force if desired.

(2) Patient stands, bends head, neck and thorax over and down on left, and reaches gently down toward floor, then straightens to an upright position. Repeat

10 times twice daily, thus:



+ PRESSES L. fist against L. chest & RESTS BACK OF R. WRIST AGAINST R. SIDE OF HEAD OR NECK

(3) Pillow roll (padded book, etc.) placed under left upper thorax centered at left 6th rib level. Patient lying on left side for 15 minutes daily on the floor,

thus:



STRETCH R ARM OVER & BEYOND HEAD TO CREATE R NECK & CHEST STRETCH

(4) Patient lies prone on bed, up on elbows, chin in hands for 5 minutes

twice daily, thus:



This reduces contractures and shortening of anterior spinal ligaments and cervical fascia.

(5) Cervical upper thoracic traction via neck halter while sitting, 5 minutes twice daily.

(6) Patient is encouraged to sleep more on right side with pillow under head,

thus:



(7) Patient is directed to carry heavy or tiring loads more in left hand or

arm.

Patients are generally instructed to be more posture conscious by erect stand-

ing and sitting. This becomes far easier for patient without a fatigue that such effort previously evoked. Deep inspiration is noted to become easier and more satisfying. Lower spinal and pelvic imbalances, curves and lists (usually present) are treated according to similar principles of spinal reconstruction, and heel lift therapy is used when indicated. Patients are repeatedly cautioned to meter the dosage of home treatment to comfortable tolerance both as to duration and intensity; else uncomfortable stiffness and soreness will discourage future cooperation. Vigor and duration of treatments is commenced at a minimum and increased within tolerance to comfort. Patients are cautioned that the treatment will not result in a "straightened spine" but is designed to:

- (1) Stop progress of list or curve, which will:
- (2) Help remove and prevent recurrent harmful lesion formation by "neutralizing" harmful daily effects of gravity, occupation, posture, etc.
- (3) Possibly reduce to some small degree the spinal asymmetry. (This is observed more frequently in the youthful patient, and xrays at 6 month intervals ~~may be reveal~~ ^{COMMONLY} REDUCTION OF ASYMMETRIES

Excluding ankylosis or other contraindications to such a program, spinal mobility is observed by both patient and physician to improve rapidly.

Dr. Richard S. Koch