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Your Personal Specific Spinal Rehabilitation Program

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NAME _____

DATE _____

SPECIFICATIONS FOR YOUR INDIVIDUAL SPINAL REHABILITATION PROGRAM

1. (A) SHOE LIFT: Have a non-compressible lift (leather) _____" built or fastened into _____ heel and sole of all footwear. Lift must be the specified amount throughout heel (rather than raised in the back and then tapered to zero at the front of the heel). Also acceptable is the tapering of heel lift for added comfort so long as specified thickness is present at front of heel. Lifts are best built into outside heel of shoe but all or part can be placed inside shoe if not too thick for comfort. In high heel shoes, it is permissible to cut off some from the opposite heel to make the specified difference in thickness between the two heels.

_____ Shoe Repair is recommended for accurate service. (Address is listed in telephone directory.)

1. (B) Continue lift as in past.
2. CHANGE SHOE LIFT: Discontinue, increase, decrease lift _____" to make a total of _____" in _____ shoe.
3. HIP LIFT: Place small pillow, book, etc., under _____ hip (buttock) while sitting if back aches. Lift should be approximately 1 or more inches thick when sat upon. Remove and replace alternately approximately every 15 to 30 minutes as desired to ease recurring backache or tiredness.



4. (A) THIGHS FLEXION: Lie flat on back, draw knees together and up onto abdomen. Place back of one ankle over front of opposite ankle. Reaching around legs below knees hold one hand or wrist with opposite hand. Do not pull knees or raise head, merely hold gently while relaxing. Beneficial corrective stretch may be felt in lower back region. Do for _____ mins. Do _____ times a day.
- (B) Do as described in above treatment (A) however doing it only to _____ leg. Do _____ mins. Do _____ times a day.
- (C) Do as described in (A). Do it to each leg, but one leg at a time.



5. TRACTION-HANGING: Hang by hands from a bar, rope, trapeze, rafter, etc., well above head, hanging limply and relaxed on loose and straightened arms and no weight bearing on feet. Hold until arms tire (5 to 30 seconds). Do nightly on retiring and as often and as long as is practicable throughout every day. Beneficial corrective stretch may be felt in back region.



6. TRACTION-LEG PULLING: Lie on stomach, relax thoroughly. Have assistant stand at foot of bed and grasp your ankles firmly but comfortably avoiding digging in with fingers and nails. Grasp one ankle at a time or both together if possible. It is easiest if assistant then leans back with arms out straight and relaxed, letting his weight pull legs smoothly and without jerking and shaking. Pull can be increased even until body slides down a bit if need be in order to make felt beneficial corrective stretch in lower back region. Tell assistant when lower back pull is felt, as he applies only as much pull as "feels good". Assistant holds till arms are somewhat fatigued (15 to 60 seconds) then releases pull and repeats 3 more times. This is done optionally to either leg separately, or both at once every 4 hours if possible, but twice a day at a minimum.



7. ACTIVITIES: Avoid heavy work (lifting, bending, pushing, bouncing, jogging, jumping, etc., as much as is practicable.

8. REST: Rest lying down whenever practicable instead of in standing or sitting position.
9. (A) ARCH BACKWARD: Lie on stomach, face down. Do not turn head to either side. Slowly arch back, head, neck, and stiffened straightened legs, with toes pointed, backward and upwards. Hold momentarily, then relax. Repeat _____ times _____ times a day.



- (B) ARCH UPWARD: Lie on back on floor. Rest feet up on a chair, bed, hassock or sofa. Clasp hands behind head. Arch back upward and away from floor as high as possible, i.e., try to raise pelvis and stomach up toward ceiling. Hold 5 seconds. Then relax and lower back to floor. Repeat _____ times _____ times a day.



10. BELT: Wear supportive belt or brace as prescribed.

11. PILLOW ROLL: Roll pillow up into firm roll and place under _____ side above hip and pelvic bones (half way between armpit and hip) while lying on _____ side on a firm bed or floor. Let head hang loosely to side and down resting on bed or floor. Lie relaxed over this roll for _____ mins. _____ times a day. Beneficial corrective stretch may be felt in spine and neck and where roll presses under ribs. It is permissible to roll body slightly backward or forward or twist shoulders or hips forward or backward, or to lean head back, or move either arm or leg to any desired position for added comfort at any time. It is of added benefit and comfort while lying thus to allow upper arm and shoulder and head to hang loosely somewhat backward and at the same time to bend and draw up the upper leg and allow upper hip to roll or fall forward. This creates an added beneficial corrective stretch by rotation or a twisting pull. Place rolled up magazines, newspapers, or paper towel roll inside pillow roll for added firmness. Entire roll should be 4" to 8" in diameter when compressed and lain upon and can be tied for permanency if desired.

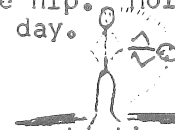


12. (A) ELBOW: Lie on _____ side propped up on _____ arm and elbow, head held in _____ hand for _____ mins. Do _____ times a day. Beneficial corrective stretch may be felt in neck, back, side, and shoulder. Stretch may be increased when desired by placing pillow under bent elbow.



- (B) Repeat same procedure to opposite side also.

13. (A) SIDE BEND: Stand straight, upright, and with head tilted slightly backward with hands on hips keeping feet wide apart and legs stiff. Relax and slowly let head, neck and trunk fall loosely over and downward to _____ side till beneficial corrective stretch is felt on opposite side above hip. Hold momentarily, then straighten up. Repeat _____ times _____ times a day.



- (B) Repeat same procedure to opposite side also.

14. SIDE BEND: Do #13 A and when hanging over, before starting to raise up, slowly twist (rotate) body to opposite (_____) side till a new stretch is felt. Hold momentarily, then straighten up. Repeat _____ times. Do _____ times a day.

15. RECLINING: When lying down or when going to sleep if not already a habit, try to lie more moments on _____ side than usual.

16. (A) HIP STRETCH: When sitting, occasionally place _____ foot up and over onto _____ thigh resting foot above opposite knee for a few moments until tired. (Beneficial corrective stretch may be felt in hip and thigh areas.)

- (B) Do same thing with opposite foot over onto opposite thigh also.

17. (A) HIP STRETCH: Sit on low stool, chair, or edge of bed with feet resting comfortably on floor. Rest _____ ankle on _____ thigh above knee. Lean head, body and arms loosely forward with arms hanging freely downward, over and in front of relaxed crossed leg. Relax and hang loosely _____ mins. Repeat _____ times a day. (Beneficial corrective stretch may be felt in _____ hip, thigh and lower back.)

(B) Repeat same procedure to opposite leg also.



18. (A) HIP STRETCH: Lie on back; place _____ ankle underneath _____ thigh or knee. Let bent leg and knee hang limply. Relax and hold for _____ mins. Repeat _____ times a day. (Beneficial corrective stretch may be felt in hip and thigh area.)

(B) Repeat same procedure to opposite leg also.



- (C) Lie on back with _____ knee and leg drawn up half way. Twist _____ leg to rest _____ foot out to _____ side so that _____ knee, thigh, and hip feel a beneficial corrective stretch. Relax and hold for _____ mins. Repeat _____ times a day.

(D) Repeat same treatment with opposite leg.

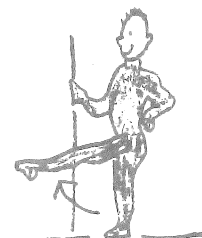


19. PELVIC STRETCH: Lie on back. Draw legs up with knees bent, feet resting on floor or bed with soles facing and touching each other. Relax allowing knees and thighs to fall limply apart. (Beneficial corrective lengthening stretch will be felt in hips, crotch, and thighs areas.) Do _____ mins. _____ times a day.



20. (A) THIGH KICK: Stand straight holding wall, etc., for balance. Keeping _____ leg stiff and straight, kick _____ leg slowly backward, then forward, then out-to-side holding each position momentarily, then relax leg back to original standing position. Repeat _____ times. Do _____ times a day.


(B) Repeat same procedure with opposite leg also.



21. (A) TRUNK TWIST: Stand with feet wide apart, place hands on hips. Keeping feet firmly on ground, twist trunk stretching around as far as comfortably possible rotating around to _____ side. Hold momentarily. Repeat _____ times. Do _____ times a day.

(B) Repeat same procedure to opposite side also.



22. SACRAL LIFT: Lie on back on floor. Place book, folded towel or pillow (1 inch or more in thickness) under lowest part of back between hips, just at and above "tail bone" area. Draw knees up, resting feet on floor. Relax in this position _____ minutes. Do _____ times a day.
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23. DORSAL PILLOW SUPINE: Place a firm pillow between shoulder blades for 5 minutes while lying in bed before sleep at night and on awakening in a.m. before getting out of bed. Rest hands on bed up and above head. Beneficial corrective stretch is felt in back and front of chest and arms. Do not let pillow get below lowest ribs nor into neck area.
24. HALF SIT UPS: Lie on back with knees and legs bent or drawn up with feet touching flat on floor. Clasp hands behind neck and raise head, neck and trunk approximately 1/2 the way up towards knees. Relax lying back and repeat 10 times two times a day.
25. ABDOMINAL THIGHS: Lie on back. Keep legs and knees stiff and straight and toes pointed. Then raise them up as far as comfortable. Do 10 times, 2 times daily. Try to work up to the point where your toes point to the ceiling over you.
26. BACK LIGAMENT STRENGTHENING TREATMENTS: Injections of strengthening medicines into weak back ligaments. (Make appointment with secretary when desired.)
27. OSTEOPATHIC MANIPULATION: Arrange for osteopathic spinal correction treatment at Doctor's office as recommended or if felt needed. (Make appointment with secretary when desired.)
28. PERIODIC PROGRESS RECHECKS: Re-xray spine in _____ months to determine progress and future course of any treatment (with lift in shoe if previously prescribed). (Make appointment with secretary, or a reminder card notice can be sent you if desired.)
29. FURTHER STUDY: X-ray of _____ spine when recommended or if desired. (Make appointment with secretary.)
30. DIET: Eat abundant food with high vitamin "C" and protein content twice daily. (Oranges, lemons, grapefruits, tomatoes and juices; meat, eggs, milk, cheese, and gelatin.)
31. WEIGHT REDUCTION: Lose weight as recommended.
32. PHYSICAL EXAMINATION: Thorough general examination, lab tests, history, etc., annually, when desired or recommended. (Make appointment with secretary.)
33. OTHER RECOMMENDATIONS:

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Osteopathic
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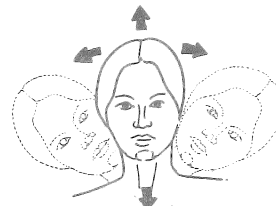
Certified Specialist
Physical Medicine
and Rehabilitation

SPECIFICATIONS FOR YOUR INDIVIDUAL SPINAL REHABILITATION PROGRAM

- (1) **TRACTION:** Obtain neck stretching halter ("harness") from drug store. Use while sitting, as enclosed diagram will show. A mouth "bit" may be used between teeth for jaw comfort. (Felt, wet wash cloth or inner tube type rubber.)

Start with _____ lbs. for _____ mins. Increase _____ lbs. and _____ mins. every four days until _____ lbs. for _____ mins. Do _____ times a day.

- (2) **NECK STRETCH:** Sitting or standing comfortably let head tilt loosely and limply over to the right side looking straight ahead. Return neck and head to straight position as at start; then do same thing to left side. Then hang head loosely and limply downward and forward; straighten head and neck up, then let head fall loosely and limply backward. Return head to straight position. Now turn head and neck as far as comfortably possible to the right, then to the left. Repeat entire procedure _____ times. Do _____ times a day.



- (3) A. **LEAN OVER:** Stand, keep feet wide apart, legs stiff, lower back kept straight, hang head and neck limply over to _____ side. Rest _____ wrist or forearm lightly against _____ side of head or neck raising _____ elbow up until pull is felt on _____ side of chest or spine. Now, press _____ fist or thumb against ribs below _____ armpit at breast level till the beneficial corrective "stretch" is felt on opposite side of neck and back, do not push on head. Hold momentarily and then straighten up. Do _____ times _____ a day. (When neck is tired and slumping is desired throughout day, slump head and neck more often to _____ side.)

B. Repeat same procedure to opposite side.

- (4) A. **ELBOW:** Lie on _____ side on a bed, loose and relaxed, propped up on _____ elbow, head held in _____ hand for _____ mins. Do _____ times a day. (Beneficial corrective stretch may be felt in neck, side and shoulder. Stretch may be increased when desired by placing pillow under bent elbow.)



B. Repeat same procedure to opposite side.

- (5) **ELBOWS:** Lie on stomach on bed propped up on both elbows holding chin in hands, back and neck arched backwards _____ mins. Do _____ times a day. (Beneficial corrective stretch may be felt in front and back of neck and chest. Stretch can be increased when desired by moving elbows forward a bit, away from body.)



- (6) **SLEEPING:** Sleep more on _____ side if pillow is used, and more on _____ side when no pillow is used.

- (7) **ARM WORK:** If carrying heavy and tiring loads and doing any repetitious arm activities, do so more with _____ arm and hand whenever practicable.

- (8) **DORSAL PILLOW SUPINE:** Place a firm pillow between shoulder blades for 5 mins. while lying in bed before sleep at night and on awakening in a.m. before getting out of bed. Rest hands on bed up and above head. (Beneficial corrective stretch is felt in back and front of chest and arms. Do not let pillow get below lowest ribs or into neck area.)

- (9) A. PILLOW ROLL: Roll pillow up into firm roll and place under _____ side of upper chest, at level of breast one-half way between armpit and hip, while lying on _____ side on a firm bed or floor. Lie relaxed over this roll for _____ mins. Do _____ times a day. Corrective stretch may be felt in spine, in neck, on opposite side, or where roll presses under ribs. It is permissible to roll body slightly backward or forward or twist shoulders or hips forward or backward, or lean head back, or move either arm or leg in any desired position for added comfort at any time. It is of added benefit and comfort while lying thus to allow upper arm and shoulder and head to loosely hang backward and at the same time, draw up the upper leg and allow upper hip to roll or fall forward. This creates an added beneficial corrective stretch by rotation or a twisting pull. Rolled up magazines, newspapers, or paper towel roll placed inside pillow roll adds firmness if needed. Entire roll should be 6" to 10" in diameter and can be tied for permanency, if desired.

B. Repeat same procedure on opposite side.



- (10) ISOMETRICS OR COUNTER RESISTANCE: Stand with feet wide apart, hands clasped behind head. Hands are to push against head as head pushes back against hands. Maintaining these counter pressures let head and neck go back as far as possible. While stretched back, let head and shoulders rock gently as far as comfortable down to right and then to left. Relax and repeat _____ times _____ times a day. (Beneficial corrective stretch should be felt on sides of chest and neck.)
- (11) OSTEOPATHIC MANIPULATION: Arrange for osteopathic spinal correction treatment at Doctor's office as recommended or desired. (Make appointment with secretary.)
- (12) PERIODIC PROGRESS RECHECKS: Re-xray spine in _____ months (with heel lift in shoe if previously prescribed). Make appointment with secretary.
- (13) FURTHER STUDY: X-ray of _____ spine when recommended or desired. (Make appointment with secretary.)
- (14) DIET: Eat abundant foods high in vitamin "C" and protein. (Oranges, lemons, grapefruits, and their juices; meat, eggs, milk, gelatine, and cheese.)
- (15) PHYSICAL EXAMINATION: Thorough general examinations, lab tests, history, etc., annually, when desired or recommended. (Make appointment with secretary.)
- (16) BACK LIGAMENT STRENGTHENING TREATMENTS: Injections of strengthening medicine in to weak back or neck ligaments. (Make appointment with secretary.)
- (17) OTHER RECOMMENDATIONS:

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NOTES ON YOUR PERSONAL SPECIFIC SPINAL REHABILITATION PROGRAM

The purpose of your spinal rehabilitation program is to reduce and prevent further progress of an "unbalanced" or "unstable" spine and its complications of pain, arthritis, disc degeneration, and many other related ailments.

Old injuries or various stresses and strains cause many ligaments to weaken, and muscles, fascia and tendons to shorten in certain areas of your spine, resulting in various spine discomfort, "weakness," and harmful effects on your health. Spinal "weakness," tiredness, kinks, aches, pains and "sprains" will occur much more readily because of these localized abnormal tissue weaknesses, shrinkage and tensions. These conditions as well as abnormal spine curves and angulations progressively worse with time if these tissues are allowed to continue untreated. They must shorten abnormally with aging, restricting normal vertebral motion and impairing important nerve and muscular circulation. Spinal arthritis, disc problems and resprains commonly develop and worse with time.

Your spinal rehabilitation program then, is designed specifically to benefit only your particular spinal problem. It is directed toward reducing and removing the progressively shortening soft tissues (muscles, tendons, et al) and their weakening and pain-producing influences present on your spine that are uncomfortable, tiring, and harmful to your health. These are only selected after determining what and where such abnormalities exist in your spine after it is thoroughly examined.

These recommendations and "home treatments" are for you only and are not only necessary for thorough treatment of your present health problem, but are vital in preventing its recurrence, its complications, and its otherwise inevitable progress. Only via serious, persistent, cooperative compliance can one expect to get as well as possible, as rapidly as possible, as comfortably as possible, as economically and as permanently as possible.

Obviously then, the valuable benefits of your total cooperation are for you alone. The responsibilities also are yours.

Do treatments twice daily as a minimum; for instance, on retiring and again on arising or returning home from work.

Begin all treatments at approximately 1/10 of the total amount of time mentioned in your specifications!! Gradually, over a period of weeks or months, increase to the maximum specified time.

Relax completely throughout the procedure! These are not in the least an "exercise program," they are not to strengthen your muscles. These may be thought of as "Lazy Man's Corrective Stretches" which soften, lengthen, and destroy the many short abnormally pulling tissues which twist, lock, and restrict normal vertebral motions and destroy normal circulatory flow.

Do not be concerned if new symptoms of soreness or stiffness appear that were not present before starting your spinal rehabilitation treatments. It is natural and expected. It is due to the desirable, if sometimes unpleasant, corrective stretching which lengthens the various harmful and abnormally shortened muscles and tendons. However, when soreness lasts one or more days, stop all treatments until it disappears, then start again but reduce intensity and time of treatment to that allowing comfort. Always keep treatment within comfortable tolerance so that lengthening stretch "feels good."

If aching, stiffness, or soreness occurs to a distracting degree, soak in a hot tub bath. Use heat (lamp, pad or water bottle), muscle liniments or ointments and massage. Avoid chills, drafts, cold, and wet. You may take 2 Tylenol, or the like, at 4-hour intervals until soreness is better.

Do all treatments marked for you regularly and continuously until advised by Doctor to discontinue them. This may be over several years. Always be more conscious of standing, walking, and sitting more erect, yet without tension.

Feel free to ask questions whenever desired; but keep this outline for constant reference.

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