KEVIN O'DONNELL, MD
Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Lumbar Sprain / Strain — Nonoperative Management

Conservative rehabilitation of a low-back sprain/strain

Most lumbar sprains improve with early activity and core rehabilitation rather than bed rest. Care progresses from pain control and gentle movement to core stabilization, flexibility, and body-mechanics education.

General Precautions

- Avoid bed rest; stay gently active within comfort.
- Avoid heavy lifting and repeated forward bending/twisting early.
- Report any leg numbness, weakness, or bowel/bladder changes immediately.

Phase I — Pain Control & Movement — Weeks 0–2

Goals

- Reduce pain and guarding
- Maintain gentle movement
- Activate core

Precautions / Restrictions

- Avoid heavy lifting, prolonged sitting, and repeated bending/twisting

Exercises & Interventions

- Walking as tolerated
- Gentle range of motion; directional-preference exercises
- Transverse abdominis / core activation
- Modalities as needed

Criteria to Advance

- Pain reduced
- Improving tolerance to activity

Phase II — Stabilization — Weeks 2–6

Goals

- Restore core stability and flexibility

Exercises & Interventions

- Core stabilization progression (bird-dog, bridges, planks)
- Hip, hamstring, and hip-flexor flexibility
- Glute strengthening
- Aerobic conditioning (walking, bike)

Criteria to Advance

- Improving core control
- Reduced pain with daily tasks

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Phase III — Return to Activity Weeks 6–12

Goals

- Restore full function
- Prevent recurrence

Exercises & Interventions

- Progressive strengthening
- Lifting mechanics and body-mechanics education
- Return to full work/sport activity

Criteria to Advance

- Full painless function
- Good lifting mechanics

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.