Appendix 5

Rehabilitation after SDR at Gillette Children's

Table A5.1 describes rehabilitation post-selective dorsal rhizotomy (SDR) at Gillette Children's. Rehabilitation protocols vary between centers; your center will provide you with a rehabilitation plan.

Table A5.1 Rehabilitation post-selective dorsal rhizotomy (SDR)

Acute hospital stay (0–3 days post-surgery)	• Children wear knee immobilizers to help manage leg spasms. • Children are monitored for bladder changes in addition to pain in the early days. Bladder changes are relatively uncommon and typically resolve during the hospital stay. • Children are on flat bed rest for the first three days after surgery. Doctors/nurses direct pain management.
Inpatient rehabilitation (4–6 weeks post-surgery)	• Children are admitted to inpatient rehabilitation (rehab). • The inpatient rehabilitation team includes the following specialists: PM&R physician, nurse, physical therapist, occupational therapist, recreational therapist, psychologist, social worker, and child life specialist. • Children participate in therapies for at least three hours per day. • Children also use equipment (prone cart, wheelchair, mobile prone stander) for positioning and strengthening. • Emphasis is on developing new patterns for movement now that spasticity has been reduced. • At the time of discharge home, children are generally pain-free but may need additional help with mobility. Most children use a wheelchair. • Children are able to return to school full-time at the time of their discharge home.
Outpatient rehabilitation (up to 1 year)	• PT five times per week for one month and then at decreasing frequency based on the child's progress. • Emphasis is on continued strengthening, gross motor activities, balance, and gait training. • There is a gradual return to independent mobility and baseline walking function. • Children also continue with a home program for functional mobility, strengthening, and positioning. Most children do not have outpatient OT related to SDR.
Follow-up	• Follow-up with PMR, orthopedics, PT and 3D computerized motion analysis. Recommendations for additional treatment are based on the results of evaluation.