

Appendix 6

Rehabilitation after selective dorsal rhizotomy

Table A6.1 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 A6.1 Rehabilitation post-selective dorsal rhizotomy (SDR)

Acute hospital stay (0–3 days post-surgery)	<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Follow-up with PMR, orthopedics, PT and 3D computerized motion analysis. Recommendations for additional treatment are based on the results of evaluation.