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Dear Patient:

On behalf of Backus Hospital, our skilled physicians, nurses, therapists and technologists, I’d like to thank you for choosing us for your spine surgery.

Your care and health are very important to us and we are committed to providing you with the very best care possible so that you have a safe recovery and can return to the activities you enjoy as soon as possible.

We want to make sure you are informed so you can be an active part of your own healthcare team as you prepare for and recover from surgery. Research has shown that understanding your surgery and actively participating in the whole process positively impacts your recovery and helps you achieve the results you want and expect.

This patient guide is full of important information that will help you prepare for surgery. We encourage you to read this guide carefully. If you or your caregiver have questions, please ask your surgeon.

Again, thank you for choosing Backus Hospital for your care. We look forward to helping you.

Sincerely,

Donna Handley
President, Backus Hospital
Important Phone Numbers

Your Surgeon: ____________________________

Your Medical Doctor: ______________________

Pre-admission testing: _______________________

Spine Nurse Navigator: 860.303.4052

Directions to Backus Hospital

Coming from East
Take Route 6-West to I-395 South. Follow I-395 to exit 13-East for the Routes 2 & 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The hospital entrance is on the right.

Coming from West
Take I-95 North to exit 76 for I-395 North. Follow 395 to Exit 13-A East for the Routes 2 & 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The hospital entrance is on the right.

Coming from North
Take I-91 South to Hartford; watch carefully for sharp left exit to Route 2 East. Take Route 2 East to Norwich. Exit Right onto Washington Street. The hospital entrance is on the right.

Coming from South
Follow I-395 North to exit 13-A East for the Routes 2 & 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The hospital entrance is on the right.

Where to Park
When you pull into the Backus Hospital entrance, stay to the right, around to the back of the building. You will park in the emergency department parking lot and enter through the emergency department entrance. From there, you will be directed to the Same Day Surgery area.
The purpose of the skeletal system is to give your body shape, protection and to allow for movement. The spinal column (vertebral column) is a series of 30-33 bones called vertebrae that starts at the bottom of the skull and continues to the pelvis. The vertebrae are numbered and divided into regions: cervical, thoracic, lumbar, sacrum and coccyx (tailbone).

Only the top 24 bones of the vertebral column move. The vertebrae of the sacrum and coccyx are attached. The vertebrae in each region have specific features that help them perform their main functions:

- **Cervical (neck)** supports the head with seven vertebrae numbered C1-C7.
- **Thoracic (mid back)** holds the rib cage and protects the heart and lungs with 12 vertebrae numbered T1-T12.
- **Lumbar (lower back)** bears the weight of the body with five vertebrae numbered L1-L5.
- **Sacrum** connects the spine to the hip bones with five vertebrae fused together.
- **Coccyx** attaches the ligaments and muscles to the pelvis.
Problems in the Spine

There are many reasons you could need spinal surgery, including:

**Intervertebral disc herniation** – Alternating layers of vertebrae and cartilage (intervertebral discs) stack on top of each other in the vertebral column. The intervertebral discs absorb shock and keep the vertebrae from rubbing together when you move. Vertebral disc herniation is a tear in the outer ring of an intervertebral disc causing the soft portion of the disc to bulge. This is usually the result of age-related changes, but trauma, lifting injuries and strain may also be a cause. Depending on the severity of the herniation and how long you have had symptoms, surgery may be needed.

**Spinal stenosis** – Spinal stenosis, which is a pinching of the spinal nerves, can result from an injury or disc aging or degeneration that can cause the disc to weaken over time, harden and bulge. This is usually associated with the development of bony spurs and ligament growth. The combination of these changes causes a narrowing of the spinal canal and a pinching of the nerves.
Common types of spine surgery

Based on your condition, your doctor may plan one of these types of spine surgery:

- **Discectomy/Decompression** – This is removal of disc material that is pressing on a nerve or the spinal cord.
- **Laminectomy** – In order to enlarge the spinal canal and relieve pressure of spinal stenosis on the spinal cord and nerves, the surgeon will remove the lamina or back part of the vertebra that covers the spinal canal and the underlying, thickened ligament.
- **Foraminotomy** – This is surgery to remove the side portion of the lamina and part of the spinal joint to relieve pressure on the nerve.
- **Fusion** – In this procedure, the surgeon joins together two or more vertebrae to prevent movement between them. This may be done if you have broken vertebrae, abnormal bend of the spine (scoliosis or kyphosis), or spinal instability. Your surgeon may use a bone graft from a different part of your body or a bone bank to help the bones fuse together. The fused vertebrae are usually held together with metal plates, rods or screws to keep them from moving while the bones heal. After six to 12 months, the bone graft should join the vertebrae together to form one solid piece of bone. This surgery is performed with or without a decompression.
- **Disk replacement** – This surgery involves removing a diseased cervical disk and replacing it with an artificial disk. Before this procedure was available, the affected disk was removed and the vertebrae above and below were fused together to prevent motion.

The use of an artificial disk to replace your natural cervical disk is a new type of treatment that has been approved by the FDA. Disk replacement surgery may have the advantage of allowing more movement and creating less stress on your remaining vertebrae than traditional cervical disk surgery.
Intraoperative Imaging

Intraoperative imaging provides real-time images to your surgeon to help verify the success of the operation while still in the operating room. Traditionally, the success of a surgery is determined after the procedure is completed and anesthesia has worn off. Verifying during surgery instead reduces the number of procedures patients must undergo. Bringing 3d imaging to patients during surgery eliminates the need to transfer them out of the sterile operating room to a separate location. This lessens the risk of complications that can occur when patients are moved. Intraoperative imaging is often used in conjunction with image guided surgery as a surgical navigation system.
Backus Hospital surgeons prescribe Force Therapeutics to stay connected to their patients as they recover from surgery.

WHAT IS FORCE?

Force is an interactive online care platform that gives you access to educational material and exercise videos at no charge. It is accessible on your computer or smartphone, allowing you to be in charge of your recovery and in touch with your Care Team within the comfort of your home.

WHY USE FORCE?

- Share important information with your provider
- Access care instructions and exercise videos any time
- Fill out your forms from home

HOW DO I GET SET UP?

- You will be set up with your Force account when your surgery is scheduled
- Look for an email from Force Therapeutics to create a password and log in
- Continue to access Force at app.forcetherapeutics.com/login/hartford
- To use Force on your phone or tablet, download the Force Patient app from the app store

If you have questions about the program, please contact the Force Patient Success team at patientsuccess@forcetherapeutics.com
Preparing for Surgery

Medical evaluation
Your primary care physician or pre-admission APRN must give medical approval for you to have surgery. You should make this appointment up to one month before your surgery. The exam by your primary care physician or pre-admission APRN, in combination with pre-admission testing, is needed to review your overall health and identify any medical conditions that might interfere with your surgery or recovery. Your surgeon may require certain tests before surgery and possibly medical clearance from your primary care physician and/or specialist.

Pre-admission testing at Backus Hospital
The Pre-Admission Center offers comprehensive preoperative testing and medical clearance for patients scheduled for elective surgery.

- Anesthesia evaluation.
- Patient education for enhanced recovery after surgery.
- Pre-op nasal screening for reducing infection risk.
- Blood draw for type and screen if required for your procedure.
- A physician or APRN can provide a medical clearance exam.

In addition, the Pre-Admission Center can complete any needed testing for medical clearance, including EKG, blood draw for lab work and chest x-ray, if needed. Please let your surgeons office or Primary Care Provider know if you would like your pre-op testing completed here. This appointment is generally scheduled two to four weeks before your planned procedure.

In addition to these appointments, it’s important that you are in the best possible physical condition for your surgery. Improving your health before surgery can reduce your risk for surgical complications and help you recover faster after surgery.

Before surgery, you should:

STOP smoking at least six (6) weeks BEFORE surgery. This is a good idea anytime, but especially before major surgery as smoking delays bone healing and can increase complications, especially infections, after surgery. Stopping now will help reduce the risk of postoperative lung problems, raise your oxygen levels and promote wound healing. Check with your surgeon or your primary care physician if you are using medication to help you quit smoking such as a nicotine patch or gum. Please be aware that smoking is prohibited anywhere in the hospital and on the hospital campus.

No alcohol 2 weeks prior to surgery. Also, please inform your healthcare team of any alcohol intake. Alcohol may interfere with certain medications you will be prescribed. Eliminating the alcohol you consume prior to surgery allows your body to heal better. Additionally, serious harm can result from alcohol withdrawal when not properly managed. Alcohol should be avoided after surgery until further advice from your physician.
Preparing for Surgery (continued)

Dental Care. If you need dental work (including routine dental cleanings), it is recommended to complete it at least two (2) weeks before surgery. Although infections after spine surgery are uncommon, infections can occur if bacteria enter the blood stream somewhere in your body. Therefore, you should arrange to have dental procedures such as extractions or periodontal work completed before surgery. Most surgeons prefer that no dental work be done for three (3) months after surgery (excluding dental emergencies). Please discuss with your surgeon any specific questions you have regarding dental care.

Eat a healthy diet. Healthy eating is important before surgery and after surgery. It gives your body the energy it needs to heal well. Avoid any unnecessary weight loss before your surgery to make sure you have the strength for rehabilitation after surgery. If you are overweight, losing weight will help you reduce stress on your body. Healthy foods give you the energy your body needs to heal well.

Exercise. Keeping your muscles toned will help you recover faster after surgery. Be as active as your comfort level allows until your surgery. Continue doing exercises as recommended by your surgeon or physical therapist and always talk with your doctor before starting an exercise program.

Medications. At your medical clearance, you will be told when to stop taking certain medication. Examples of medications and supplements you should stop taking are:
- Blood thinner like Coumadin, Lovenox, Pradaxa, Xarelto and Eliquis
- NSAIDS like Aleve, Motrin, etc.
- Aspirin
- Fish Oil, Flax, Vitamin E

At your medical clearance, you may be told to take additional medication. Your physician or APRN may suggest that you take iron (Ferrous Sulfate) and Folic Acid for at least four weeks prior to surgery and two weeks after. This may boost the minerals needed for new blood production by your body. A stool softener, such as Colace, may be required daily. Consult your physician for the type of iron and appropriate dose of vitamin supplements and stool softeners. You will be given medication for seven days should you test positive for Methicillin-resistant Staphylococcus aureus (MRSA). This is done in abundance of precaution.

At your medical clearance, please be honest about your tobacco, drug, and alcohol use. It is important for your surgical team to know the truth about your tobacco, drug and alcohol use as it can impact your anesthesia, pain management, and recovery. Drug abuse including the excessive use of prescription pain medications can make it difficult to manage your pain after surgery.

- Practice deep breathing. In the hospital, you will need to use a breathing tool called an incentive spirometer. You can prepare by practicing deep breathing exercises before your surgery.
Keep a list of Medications

You should always keep a list of medications and dosages you take with you for your doctor or surgeon to review. On the day of your surgery, please make note of what medications you have taken before coming to the hospital.

**Medication List**

Name: ___________________________________________   DOB: ______________________

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage (mg) (How much do you take?)</th>
<th>Frequency (How often do you take it?)</th>
<th>Reason for medication</th>
<th>Prescribing Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>10mg oral tablet</td>
<td>1 orally once daily</td>
<td>Hypertension</td>
<td>Dr. Smith</td>
</tr>
</tbody>
</table>

Medication Allergies:  ☐ YES  ☐ NO

Allergic to: ________________________________________________________________

Reaction: _________________________________________________________________

Pharmacy Info:

Name: ________________________________________________________________

Address: ________________________________________________________________

Phone: _________________________________________________________________
Home Planning and Preparation for your surgery

Remember, it is important to start making these preparations well before your surgery date. As you are preparing your home, think about how you will move around your home when your mobility is limited.

- **Choose a coach.** This should be an adult family member or friend. They should stay with you for the first few days and help with walking your pets or getting your mail.
- **Fill all routine prescriptions**
- **Prepare meals to freeze**
- **Remove tripping hazards** like throw rugs or electrical cords
- **Put things within reach.** Place things you use often at waist height so you don’t have to reach for them.
- **Create a command center** where you can sit with easy access to things like the phone, television remote, water, reading materials and medications.
- **Get a good chair.** It should have a firm seat with armrests you can lean on to get up. Put the chair where you spend the most time.
- **Choose loose clothing.** Make sure you also have a pair of well-fitting shoes or slippers with non-skid rubber soles.

**Medication instructions**

- Stop taking any vitamins and/or herbal supplements **seven days** before your surgery. Your surgeon will tell you when you can restart these.
- Stop taking aspirin, Ibuprofen (Motrin® or Advil®) and Naproxen (Aleve®) at least **seven days** before surgery. Make sure this has been discussed during your preoperative medical clearance visit and approved by your physician.
- If you take prescription pain medication regularly, please let us know so we can have a special plan in place for your pain control during your hospital stay and when you go home.
- If you are receiving medication-assisted treatment, stop taking Suboxone (butorphanol), Nubain (nalbuphine), and Talwin (pentazocine/naloxone) **five days** before surgery. You will need to contact your provider and ask if there is another medication you can take while you are off the Suboxone.
- Do not use recreational drugs **10 days** before your surgery.
- If you use alcohol regularly, please discuss this with your surgeon before scheduling surgery.
- Follow the instructions from your primary care provider or surgeon for taking blood thinners and medication for diabetes.
- Pick up over the counter stool softeners, such as colace, and laxatives, such as miralax, as you will need to take these after surgery.
Enhanced Recovery After Surgery

Enhanced Recovery After Surgery (ERAS) is a pathway to help you prepare for surgery and help you recover quicker after your operation. ERAS aims to keep things as normal for you as possible before, during and after surgery. The program focuses on making sure that you are an active participant in your surgery and recovery, along with the care team made up of surgeons, nurse practitioners (APRN), physician assistants (PA), nurses, patient care technicians, anesthesiologists, nurse anesthetists (CRNA), surgical technologists, physical and occupational therapists, dieticians, social services, case management and environmental services. Your care team will work closely together with you to ensure you have a safe and comfortable experience.

YOU are the focus of Enhanced Recovery

The goal of ERAS is to reduce the surgical stress on your body optimizing your care and recovery. Studies have shown that patients who participate in their recovery heal and get back to their lives sooner. By using ERAS we hope to:

- Minimize pain with use of non-narcotic medications
- Improve outcomes
- Reduce complications
- Allow for earlier resumption of food and activity
- Reduce your hospital stay
- Expedite return to baseline health and functional status
The Day **Before** and the **Day of Surgery**

In the 48 hours before your surgery, there are some specific steps you must take. It is important that you follow these simple steps.

**Pre-Op Call**
An associate from the Backus Hospital will call you the day before your surgery, usually between 2 and 4 p.m., to tell you what time to arrive at the hospital and to go over a few things with you. If your surgery is scheduled for Monday or the Tuesday after a holiday, the nurse will call you on the Friday before your surgery is scheduled.

**The NIGHT BEFORE surgery:**
- **DO NOT** eat solid food or milk products after midnight.
- Drink your usual amount of clear liquids throughout the evening and night.
- Please avoid beverages that contain alcohol, carbonation or those with pulp.
- Take only the medication you were instructed to take at your medical clearance appointment.

**The MORNING OF surgery:**
- Drink your usual amount of clear liquids the morning of your surgery.
- **Non-Diabetic patients** 2 hours before arrival to the hospital drink 16 oz of Gatorade or apple juice.
- **Diabetic patients** 2 hours before arrival drink 16 oz of water, Gatorade Zero or Powerade Zero
- Please **DO NOT** drink more than 16 oz of fluids.
- Shower as instructed
- Take only the medication you were instructed to take at your medical clearance appointment.

**Clear Liquid BEVERAGES ALLOWED**
Water, coffee, tea (no milk or creamers), strained fruit juices with no pulp (examples: apple juice, grape juice, cranberry juice). Gatorade, Crystal Light, ice tea, lemonade. Chicken or beef bouillon/broth, Jell-O (NO fruit, NO toppings), Popsicles (NO sherbets, NO fruit bars).
Instructions for Surgery Preparation with CHG Cloths

Cleaning your body with Chlorhexidine Gluconate (CHG) wipes before surgery reduces the number of bacteria on your skin and helps prevent infection.

Night before surgery:
1. Shower thoroughly with your normal products and shampoo your hair.
2. Use a clean washcloth and clean towel to dry off.
3. Do not shave any part of your body except your face.
4. Brush your teeth and rinse with an antiseptic mouthwash.
5. **DO NOT apply any lotions, creams, powders, or deodorants.**
6. Wait at least one hour after you shower or bathe, then use the six (6) CHG cloths provided in the order shown on the diagram below.
   - Gently wipe back and forth over each area for about 15 seconds.
   - Avoid contact with your eyes, nose, ears, private or rectal areas.
   - Do not use on skin with cuts or open sores. Report open skin to surgeon.
   - Dispose of cloths in trash.
   - Sleep on clean sheets with clean pajamas

Morning of Surgery:
1. Shower thoroughly with your normal products and shampoo your hair.
2. Use a clean washcloth and a clean towel to dry off.
3. Do not shave any part of your body except your face.
4. **DO NOT apply any lotions, creams, powders or deodorants.**
5. Brush your teeth and rinse with an antiseptic mouthwash.

Please tell your surgeon if you have any of these following problems and **Do Not** Use CHG wipes:
- Have an allergy to CHG
- Currently have severe skin breakdown, rash or burn
- Are receiving radiation therapy
- Are receiving thiotepa (Chemotherapy Drug)
What To Bring to the Hospital

- Toiletries (toothbrush, comb, etc.)
- Eyeglasses (but not contact lenses)
- Dentures and/or hearing aid. These should be stored in a container and kept in your bedside table when not in use after surgery.
- A list of your medications – including the ones you have stopped taking at your surgeon’s request. Be sure to note when you took your last dose.
- Bring your CPAP or BIPAP machine, tubing and mask if you use this device for sleep apnea. If you do not bring your own machine, bring your CPAP or BIPAP settings.
- An insulin pump if you use one.
- Important telephone numbers.
- A book, magazine or items to pass the time.
- Comfortable clothing – pajamas or shorts.
- Any brace you were given to wear after surgery.
- Bring this booklet!

What Not To Bring to the Hospital

- Any medications unless asked to by your care team.
- Valuables such as jewelry, cash, credit cards, expensive watches, etc. The hospital respects your property rights but cannot guarantee security of your personal property.

![No symbol for jewelry, cash, and credit cards]
Your Hospital Stay

Your arrival at the hospital

The day of your surgery has arrived and our team is ready to make sure you’re comfortable and well-informed throughout the entire process.

When you arrive to the hospital, park in the Emergency Department parking lot. Enter through the Emergency Department entrance and you will be directed to the pre-operative area to get ready for surgery.

This includes:

- Changing into a hospital gown, removing all of your clothing. Your clothing and personal belongings will be safely stored. **Reminder: Please leave all valuables at home.**
- Having a member of the healthcare team review your chart, take your vital signs and start an IV that will be used to give you fluids and medication. You will be asked to state your full name and date of birth. To keep you safe throughout your hospital stay, you will be asked to state your name and date of birth often.
- Telling the nurse if you have pain. If you answer “yes,” you will be asked to rate your pain on a scale from 0 to 10, with 0 meaning no pain and 10 meaning the worst pain you could ever imagine.
- Speaking with a member of the Anesthesia Care Team (an anesthesiologist or certified registered nurse anesthetist), who will again review the type of anesthesia that will be used for your surgery to keep you comfortable and safe.
- Asking your surgeon any questions you may have.
- Talking with members of the care team, at which time you will be asked again your name, date of birth, and the surgery being performed.
- Telling your care team who you have designated to be your advocate after surgery. This is the person providers will speak with once the surgery is over. With your permission, the surgeon will contact this person to let them know how everything went and what to expect next. Make sure the surgeon knows how to reach your advocate.
- Receiving preoperative medication as ordered by your surgical/anesthesia team.

While you are in the pre-operative area, a family member can stay with you. When you are taken to the operating room, someone will escort your family to the waiting room. They can stay there or can leave the hospital and return once the surgery is over.
Duration of Surgery

The length of the surgery depends on the type of surgery performed, but typically spine surgeries can range from one hour to more than three hours. Once the surgery has been completed, your family member will be notified. The surgeon meets with or calls the family member and updates them on your progress.

After Surgery

Recovery – Post Anesthesia Care Unit (PACU):
The Post-Anesthesia Care Unit is also referred to as PACU.

After your surgery you will be brought to the PACU, where you will be closely monitored as anesthesia wears off.

The length of stay in the PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used. You may be in the PACU between 1-2 hours, but it will depend on your clinical need.

While you are in the PACU the nurses will monitor your blood pressure, temperature, respirations, heart rate and oxygenation levels, as well as continually assess your pain level.

If you are able to be transitioned to home from recovery, you may be transitioned to a second stage recovery area where your family may stay with you. The PACU staff will contact the secondary recovery unit and provide a report of your surgical case and time spent in the PACU.
Pain management

Pain after surgery is expected, with increased pain when you move, walk, cough and breathe deeply. Managing your pain is an important part of your recovery. Your care team has a specific plan to stay ahead of your pain so that you are comfortable and safe. Medications including around-the-clock acetaminophen, Gabapentin and opioids are commonly prescribed together as a “multimodal analgesia approach” to managing your pain while minimizing constipation, nausea and drowsiness.

What to do when you are in pain

- Your nurse will assess you to be sure your pain relief plan is working before and after each intervention for pain (such as pain medication or an ice pack).
- Please let your nurse know what your own “comfort-function goal” is – the number where you feel comfortable enough to function.
- When you feel the pain intensity is higher than your comfort-function goal, we will try to help you feel better.
- Please tell your nurse if you have any side effects from pain medication like nausea, itching, constipation or drowsiness. Less medicine throughout the day, as you get better, will decrease most side effects.

Integrative Medicine

Integrative medicine, which offers compassionate care to heal the mind, body and spirit, integrates alternative/complementary therapies into Western medical practice. Integrative medicine at Backus Hospital provides pain management and relaxation without the use of medications to improve care and healing.

- Pain reduction
- Relaxation and stress reduction
- Relief of muscle spasm and soreness
- Improved range of motion and flexibility
- Improved sleep and digestion
- Increased circulation and tissue healing
- A general sense of well-being
Understanding Pain & Expectations

The Important Part

Your surgeon has done his or her job by improving the space around the nerves and providing an environment for nerves to heal.

• You will also be experiencing pain related to the surgical procedure. Your medical care team will assist you with pain management after the procedure.

• YOU own your back and your pain, take charge of your ACTIVE recovery with recommendations from your providers (Surgeon, Physician Assistants, APRN’s, Nurses, Physical Therapists, Occupational Therapists).

Some Things to Keep in Mind During Your Recovery

• Pain is always REAL and is normal but unpleasant response to what your brain judges to be a need to protect.

• Pain can be influenced by the things you see, hear, smell, taste, and touch, things you say, things you think and believe, things you do, places you go, and things happening in your body during your recovery.

• Understand that pain does not necessarily mean harm and during your recovery you will have ups and downs, which is expected.

• “It hurts but you are safe.”

• “Hurt DOES NOT equal harm”

• “Sore but safe”

After the surgery it is important to get moving. Your surgeon and their team, including physical therapists will give you advice on movement after you operation. Walking is an important aspect early in your recovery. As you move through your rehabilitation you will begin to increase your exercises focusing on strength and motion and continue with your walking program.
Pain Management: Keeping You Comfortable

You will experience pain following surgery. However, we will work with you to help manage your pain appropriately. If you are in pain or have discomfort, please tell us. Good pain control takes a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

Our Goals

• Develop a pain relief plan
• Decrease pain to a level that is tolerable
• Determine if pain medication is needed and the appropriate amount
• Treat pain with non-opioid strategies whenever possible
• Develop a plan to transition you off of narcotic pain medication

Pain Assessment

• To help us minimize your pain after surgery you will be asked to rate the intensity and type of your pain through the use of a pain scale of 0-10.
• (0 is no pain, 10 is excruciating pain)
• Knowing that after surgery 0 is not attainable, a score between 4-5 is an attainable and acceptable score for most patients.
• It is best if you obtain medication when your pain level starts to rise. Do NOT allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.
• Some of the best non-medication pain management techniques include deep breathing, listening to music/distraction, and using ice near the incision.

Pain Scale (0-10)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No pain</td>
</tr>
<tr>
<td>1-2</td>
<td>Pain is present but does not limit activity</td>
</tr>
<tr>
<td>3-4</td>
<td>Can do most activities with rest periods</td>
</tr>
<tr>
<td>5-6</td>
<td>Unable to do some activities because of pain</td>
</tr>
<tr>
<td>7-8</td>
<td>Unable to do most activities because of pain</td>
</tr>
<tr>
<td>9-10</td>
<td>Unable to do any activities because of pain</td>
</tr>
</tbody>
</table>
Mobility

Mobility is Medicine
• Research has shown that early mobilization following surgery can decrease complications and help with decreasing pain.
• Expect that you will be moving (getting in and out of bed, going to bathroom, transferring to a chair) the day of your surgery.

Mobility Includes

<table>
<thead>
<tr>
<th>Mobility Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers: bed to chair, getting into a car</td>
</tr>
<tr>
<td>Toileting: walking to the bathroom</td>
</tr>
<tr>
<td>Stair training</td>
</tr>
<tr>
<td>Walking with an assisted device (cane or walker)</td>
</tr>
</tbody>
</table>

Getting Started
• Mobility will begin on the day of surgery.
• Most patients receive a physical and/or occupational therapy evaluation and a customized therapy program will be developed.
• You may have certain precautions following your spine surgery that your physical therapist and/or occupational therapist will review with you. These may include no bending, lifting, or twisting.
• DO NOT get out of bed on your own, even if it is to use the bathroom or get up from the bed to the chair. ALWAYS ask for assistance from a staff member until you have been cleared to do these activities on your own safely.

One More Thing
• Pain medication is given as needed, but in the hospital, it is best to take your pain medication PRIOR to your therapy session to allow better participation
• If you have a collar or brace; wear it per your surgeon’s instructions.
**Blood Clot Prevention**

**Mobility is Medicine**  
**Deep Venous Thrombosis** (DVT) is a blood clot in a vein. The biggest danger is a clot that breaks off and travels to the lungs. This is called a **Pulmonary Embolism** (PE) and it can be life threatening.

**Signs of a Blood Clot and Prevention**  
- **DVT** (clot in an arm or leg)- pain, swelling, warmth, numbness/tingling  
- **PE** (clot in the lungs)- difficulty breathing, chest pain, fast heart rate  
- Walking frequently is the key to blood clot prevention.  
- Avoid sitting or lying in one position for long periods of time.  
- Additional medical devices and medications may be provided to decrease the risk of a blood clot, which may include injections of a mild blood thinner delivered into the skin of the abdomen.

**Sequential Compression Device**  
Also known as pneumo compression stockings or “pneumo-boots,” these stockings inflate and deflate automatically via a pump at the end of the bed. They assist in the prevention of blood clots by squeezing your calves to help the blood in your legs continue circulating throughout your body. They are worn while you are in bed or sitting in a chair until you are walking frequently.
Take Charge of Your Recovery

1. Eat your meals in a chair.
2. **Breathe into your incentive spirometer.** You should do this 10 times every hour you are awake. This will help you fully expand your lungs by breathing deeply and will prevent fluid collection, pneumonia and fevers.
3. **Walk.** Walking is key to a speedy recovery. Try to walk at least three times a day, increasing the distance each time you walk.
4. **Eat a well-balanced diet.** Our dietitians can help you choose the right foods.
5. **Brush your teeth at least two times a day.** Oral health is linked to overall health.

Breathing Exercises

Breathing exercises are an important part of your recovery. After your surgery, you will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery.

You will be given a device known as an Incentive Spirometer. The nurse will instruct you on how to use this device.

This will help you to fully expand your lungs by breathing deeply and will prevent fluid collection, pneumonia and fevers.

**What is an Incentive Spirometer?**

- An incentive spirometer is an apparatus that helps with deep breathing.
- It is best to use it 10 times every hour when awake for the first few days after surgery to help improve lung function, especially after surgery.
Going Home

Your post hospital recovery begins the day you are discharged from the hospital and go home. Before you leave the hospital, you will be given:

• A copy of your home care instructions. Have your coach with you to hear these instructions. Together, you will learn what to do to have a smooth recovery.
• A list of medications to take. You will be given prescription medications to help with pain and muscle spasms/cramping.
• Instructions on when to see your surgeon.

Wound Care

For the first four weeks after your surgery, your incision(s) may be slightly raised and firm. If your wound becomes red, more painful or begins to have drainage, contact your surgeon immediately. Other tips include:

• Apply dressing as instructed by your surgeon.
• If you have staples, they are usually removed in the surgeon’s office 10 to 14 days after your surgery.
• If you have glue or Steri-Strips on the incision, leave them in place. They will fall off on their own in 10 to 14 days.
• Avoid touching your incision(s)
• Wash your hands often to prevent bacteria from getting into your incision(s).
• Keep your incision dry at all times

Showering/Bathing

• You may shower when your physician instructions you to do so.
• When you are able to shower, DO NOT rub the incision.
• NO tub baths, hot tubs, spas, or pools until approved by your surgeon.
• DO NOT submerge or soak your incision.
• You will receive instructions from your care team about wound-care management and showering.

Call your surgeon right away if you experience any of the following:

• A fever greater than 101.5 degrees F
• Increasing pain that is not controlled by pain medication
• Redness or drainage from your incision(s)
• Increased drainage from your incision(s)
• No passing of gas for 24 hours
• Difficulty or inability to urinate
• Lower leg pain, redness, and/or swelling

IF YOU HAVE SHORTNESS OF BREATH OR CHEST PAIN CALL 911
Transitioning Home

Your post-hospital recovery begins the day you are discharged from the hospital and go home.

**Medication Instructions**

- Take all medication as prescribed by your doctor.
- Remind your physician of any medications you were on before your surgery, that were not prescribed for you after your surgery.
- Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.
- **DO NOT** drink alcoholic beverages while you are taking pain medications.
- Please get all of your medications filled at the same pharmacy so that your pharmacist can properly identify harmful medication interactions. Ask your pharmacist questions you may have regarding your medications and associated side effects.
- Remember, pain medication is typically written “**AS NEEDED.**” You do not need to take it routinely if you are not in pain or your pain intensity is at a low level!
  - **Take as little as is needed to treat your pain**
- After surgery it is important to get moving. Aerobic exercise (**WALKING**) is an important part of your post-operative plan to assist with the movement of blood and oxygen to help calm down your nerves and decrease your pain.

Pain medication prescriptions are usually given for 7 days, per Connecticut law. Early refills are not allowed, so please do not take pain medications more frequently than allowed on the prescription.
Don’t Forget

• It is important that you fully understand your transitional care plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing before you leave the hospital.

• Before you leave the hospital ask questions about all of your medications and be sure you know what medications are being prescribed, the proper dosage, how and when to take the medication, and possible side effects.

• Be informed about your health condition (ask the care team if you do not understand any information shared with you) and what you can do to help facilitate your recovery.

• **NO DRIVING** while on narcotic pain medication. Your surgeon will tell you when you can return to driving.

Your instructions may include your follow-up appointments with your surgeon and/or other specialists or your primary care physician. If you do not have a follow-up appointment with your surgeon, please make one as soon as you return home. At your follow-up appointment you will discuss when you may return to driving, work and usual activities and hobbies.
Nutrition Guidelines

After your procedure you may experience constipation. Fluid and fiber have been the foundation for treatment of constipation. You should **gradually increase your fiber** and fluid intake over the course of your recovery.

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<th>HOW MUCH FIBER DO I NEED</th>
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<td>Men</td>
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<tr>
<td>30–38 grams per day</td>
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<tr>
<td>Women</td>
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<td>20–25 grams per day</td>
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Fluid Needs

When increasing your fiber intake you must also increase your fluid intake! Otherwise it could potentially make your constipation symptoms worse. Many people will want some more variety in their fluids instead of plain water. If a beverage contains flavoring it may cause you to drink more. Try the list below to increase your fluids daily:

**FLUIDS OTHER THAN WATER**

- Smoothies
- Non-calorie additives (ex. Crystal Light, Hint, Bai etc)
- Low calorie Sports Drinks (<50 calories /serving)
- Electrolyte Beverages (Propel, NUUN tablets, etc)
- Fruit Infused Water

It is recommend to keep a water bottle with you most of the time, so that you will drink more fluids. Remember the old saying: “out of sight out of mind” that holds true for fluid intake too.
**Foods with Fiber**

Here is a list of variety of foods with fiber. When in doubt look at the nutrition facts label to see how much fiber is in each product. We are aiming for at least 3-5 grams of fiber per serving. Pick and choose from the list below to meet your fiber needs!

### FOOD ITEMS WITH AT LEAST 4 GRAMS OF FIBER

<table>
<thead>
<tr>
<th>Grains</th>
<th>Fruits</th>
<th>Vegetables</th>
<th>Other</th>
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<tr>
<td>1/3 to ½ cup of high fiber cereal (check nutrition facts)</td>
<td>½ cup blackberries/ raspberries</td>
<td>1 artichoke (cooked)</td>
<td>½ cup cooked beans (lima, kidney, black, etc)</td>
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<td>½ cup dry oats (makes 1 cup cooked)</td>
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### FOOD ITEMS WITH 1 TO 3 GRAMS OF FIBER

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<tr>
<td>1 slice of whole wheat bread</td>
<td>1 apple</td>
<td>½ cup beets (diced/canned)</td>
<td>2 Tablespoons almond / peanuts / walnuts</td>
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<tr>
<td>4 whole wheat crackers</td>
<td>½ cup apricots (canned)</td>
<td>½ cup broccoli, brussel sprouts or cabbage (cooked)</td>
<td>1 cup plain popcorn cooked</td>
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<tr>
<td>1 whole wheat English muffin</td>
<td>1 banana</td>
<td>½ cup carrots</td>
<td>2 TBSP Ground Flaxseed</td>
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<td>1 TBSP of rice/bran/ wheat cereal</td>
<td>½ cup of cherries</td>
<td>½ cup cauliflower</td>
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<tr>
<td>1 packet of oatmeal (flavored or plain)</td>
<td>½ cup of fruit cocktail</td>
<td>½ cup of corn</td>
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<td></td>
<td>½ grapefruit</td>
<td>½ cup eggplant</td>
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<td>1 kiwi</td>
<td>½ cup okra (boiled)</td>
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<td></td>
<td>1 orange</td>
<td>½ cup potatoes (baked)</td>
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<td>1 peach or ½ cup peaches (canned)</td>
<td>½ cup spinach / kale or turnip greens (cooked)</td>
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<td>1 pear or ½ cup pears (canned)</td>
<td>½ cup squash (winter/ summer) (cooked)</td>
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<td></td>
<td>1 plum</td>
<td>½ cup zucchini (cooked)</td>
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<td></td>
<td>¼ cup raisins</td>
<td>½ cup sweet potatoes or yams</td>
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<td>½ cup strawberries</td>
<td>½ cup tomatoes (cooked)</td>
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<td></td>
<td>1 tangerine</td>
<td>½ cup canned pumpkin</td>
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Exercise

• Please follow the activity plan that your doctor, physical therapist and/or occupational therapist establish for you.
• Your recovery process and continued health depends on good nutrition, rest and appropriate activity.
• It is important to walk for short distances many times a day.
• There are no limitations to walking; however, you should avoid long distances, power walking, and treadmills.
• Keep pets away from you when you are walking as they may cause falls or twisting.

Other Important Information

• Smoking interferes with bone and tissue healing, and nicotine products should be avoided, particularly after any fusion procedures.
• Avoid anti-inflammatory medications, such as ibuprofen, Advil, Aleve, Naprosyn, naproxen, and Motrin for one week if you have had a decompression surgery (such as a discectomy or laminectomy), but for at least 4-12 weeks after fusion surgery UNLESS otherwise suggested by your surgeon.
• After surgery you may be constipated. Please use over the counter stool softeners and laxatives as needed to assist in moving your bowels.
Resuming Normal Activities, Monitoring Health and Diet

Be aware that recovery from surgery takes time. You can expect to feel a bit more tired than usual for the first few weeks. Stay active but don’t overdo it.

It’s also important to monitor your own health on a daily basis to ensure that your recovery is continuing as planned. You are the best to notice changes in your body and you should tell your doctors if needed. Healthy habits include:

- **Drinking plenty of water.** Drink at least six eight-ounce glasses a day.
- **Eating healthy meals.** Be sure to eat enough protein foods such as eggs, chicken, fish, cottage cheese and protein shakes to support wound healing. Surgery and pain medications may affect your bowel habits, drink a lot of water and eat high-fiber fruits, vegetables and grains.
- **Exercise.** Talk to your doctor about a safe exercise plan. Walking is always a good idea. Building up your strength by walking three to four times a day.

You should discuss your goals for returning to work with your surgeon. Check with your surgeon before driving. We need to be sure you have been off opioids for 24 hours and are pain-free so you will react quickly to braking or can sharply turn the steering wheel.

You should be able to climb the stairs once you leave the hospital, but should not do any heavy lifting. Use pain as your gauge. If it hurts, do not lift it.

**Support devices**

If you were given a support device, such as a brace or cervical collar, wear it as instructed. If you had a fusion, you may be referred for a bone growth stimulator after surgery.

You may need a cane, walker or other piece of medical equipment for your recovery.
Rehabilitation at Home

Focus of Rehabilitation:
1. Strength
2. Functional mobility
3. Achieving your goals of recovery

Home care services can be provided, on average for a period of 1-2 weeks with a transition to outpatient rehabilitation as appropriate. Not all patients need home therapies. Your surgeon will determine your needs for outpatient rehabilitation services.

What to Expect
- A phone call from your home care agency to schedule times of visits EITHER the same day as discharge from the hospital or the following morning
- A 2-hour initial visit (RN or PT) to assure full assessment of safety, medical and functional status
- Home care services will be provided, on average, 1-2 weeks
- Transition to outpatient rehabilitation as appropriate

What You Need
- Additional support at home to assist with activities
- Your medication, equipment, insurance information and caregiver available, especially on initial visits
- Transportation to get to and from appointments
- Dedication to your rehabilitation
- Goal for your recovery

Dedicate Yourself to Your Rehabilitation
- Get dressed
- Get moving
- Be diligent about your home exercises
- Be part of your care plan and partner with your care team
How well are YOU RECOVERING today?

EVERY DAY
Follow your exercise plan. Take your medications as prescribed. Eat healthy meals.

**RED LIGHT – STOP/EMERGENCY**
Go to the Emergency Department or call 911 if you have any of the following:
- Difficulty breathing or shortness of breath
- Chest pain
- Localized chest pain with coughing or when taking a deep breath

**YELLOW LIGHT – CAUTION**
Call your surgeon’s office or home care agency if you have any of the following:
- Fever of 101.0° or higher
- Uncontrolled shaking or chills
- New numbness, weakness, or tingling
- Increased redness, heat, drainage or swelling in or around the incision
- Increased pain or significant decrease in motion during activity and at rest
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
- Abnormal bleeding or any kind, such as increased bleeding from the incision, nosebleed, etc.
- Blood in the urine
- Inability to empty your bladder

**GREEN LIGHT – ALL IS GOOD**
When your symptoms are under control you experience:
- No difficulty breathing or flu-like symptoms
- No chest pain
- No abnormal bleeding or drainage from incision site
- Slight pain and swelling expected during healing process
Exercise After your Spine Surgery

One of the most important ways you can help speed your recovery and increase mobility after your spine surgery is to complete your exercises and challenge yourself a little bit every day. Typically, you will complete 10 to 15 repetitions of each exercise every hour while you are awake. Follow all of the precautions outlined here and explained to you by your therapist, and remember to breathe in deep, regular breaths.

Be sure to follow the exercise program your care team gives you.
Spine Precautions

The goal, through physical and occupational therapy, is to train you to move safely after your surgery and throughout your rehabilitation.

- **Physical therapy** focuses on mobility and strengthening, including reinforcing precautions to take when walking and transferring, showing you the best way to walk and climb stairs, teaching you leg exercises, and helping you use assistive devices like a cane or walker.

- **Occupational therapy** focuses on the activities of daily living so you can regain your independence. This includes reinforcing precautions to take when moving and caring for yourself, showing you the best way to bathe and dress after surgery, teaching you arm exercises, and helping you use adaptive equipment like a reacher/grabber, sock aide, etc.

After your spine surgery, there are things you must avoid to reduce the risk of reinjuring your back. This includes:

- **No bending.** Do not bend forward at the waist. Bend at the knee into a squatting position, keeping your back straight and bracing yourself with your hand.

- **No lifting.** Do not lift anything heavier than six pounds or a gallon of milk. When lifting, use two hands and keep the item close to your body to avoid strain to your lower back. Whenever possible, find an alternative to lifting.

- **No twisting.** You should not twist at the waist, such as sweeping or shoveling.
To get into or out of bed, you should use the Log Roll Method

**Getting into bed**
- Sit on the bed, closer to the head than the foot.
- Scoot onto the bed as far as you can.
- Use your arms to help lower yourself onto your side, controlling your body, and bend your knees, pulling your legs onto the bed.
- With your knees still bent, roll onto your back with your shoulders and hips in a straight line.

**Getting out of bed**
- While on your back, bend your knees and roll onto your side. Keep your shoulders and hips in a straight line.
- Put your bottom hand under your shoulder and your top hand on the bed in front of your chest.
- Slowly raise your body and lower your legs to the floor.
Physical Therapy After Spine Fusion

Ankle Pumps, Quad Sets, Gluteal Sets, Abdominal Tightening

The following exercises should be performed daily, every hour you are awake, as described below. Your physical therapy provider will give you additional exercises based on your progress. As with any exercise, STOP if you develop severe pain and notify your provider immediately. Perform each exercise slowly. DO NOT hold your breath.

Ankle pumps
- Point, then flex, both feet.
- Repeat 10 to 30 times each hour while you are awake. This exercise helps prevent blood clots in your legs.

Quadriceps sets
- Slowly tighten the thigh muscles on the straight leg while counting out loud to 5. Repeat with other leg.
- Repeat 10 times on each leg every hour you are awake.

Gluteal sets
- Tense the muscles and squeeze your buttocks. Keep leg and buttock flat on the floor.
- Hold 5 seconds, then release. Perform 10 times per hour while you are awake.

Abdominal tightening
- With feet flat and knees bent, flatten your lower back into the bed or floor.
- Tighten your stomach muscles. Hold for 5 seconds. Repeat 10 times every hour while you are awake.
Occupational Therapy After Spine Surgery

Assistive Devices

You might need a few assistive equipment items after your spine surgery. They are helpful but not all patients will use every piece of equipment. An occupational therapist will assess your need for adaptive equipment and recommend items to help you. These items are available from medical supply stores and some drugstores.

- **Rubber-soled shoes** – You will not be able to bend over to tie your shoes after surgery so you should get a pair of rubber-soled, slip-on shoes. You can also try elastic shoelaces or Velcro shoe closures to make gym shoes easier to slip on.

- **Help dressing and bathing** – There are several pieces of adaptive equipment that can help you get dressed and bathe. These include:
  
  - Sock aid to help you to put on your socks without bending
  - Long-handled shoehorn
  - Reacher/grabber to pick up objects without bending. It can also be used for lower body dressing
  - Long-handled bath sponge to wash hard-to-reach areas without breaking your spinal precautions

Getting in and out of a vehicle

Your occupational therapist will also teach you the best way to get in and out of a vehicle after back surgery.

1. Turn so your back is facing the seat. Back up till you feel the seat behind your legs. Lower yourself onto seat.
2. Scoot back, bringing one leg at a time without twisting your lower back.
3. Reverse this sequence to get out of the vehicle.

Thank you for choosing Hartford HealthCare
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