



**JSS COLLEGE OF PHYSIOTHERAPY**  
**Department of cardiopulmonary physiotherapy**  
**Assessment for LSCS / Pelvic surgery/ post partum**

### Clinical reasoning

Occupation	To teach proper ergonomics of lifting as early lifting would cause hernia. If his work demands good strength of abdomen muscles
Chart review/ Past history/co morbidities	Mode of delivery/ previous history of childbirth, co morbidities if any  Patients present illness, Relevant medical conditions, Presenting complaints (list) and the details of investigations can be noted. This will indicate if any Precautions to be taken or there is any relative or absolute contraindication for physiotherapy management
Surgery details if any	LSCS/ hysterectomy, date, POD, incision
Respiratory support	Oxygen therapy- liters and mode of delivery, ventilator- settings to manage accordingly
Body type	Assess the body type and the BMI
Pain	Check pain and document the intensity. To ensure patient have less pain as pain may hinder deep breathing and may lead to passive atelectasis.
Cough effort	Check effort of cough. Less effort caused due to pain and fear to cough lead to accumulation of secretion.
Sputum examination	Check for colour and consistency. If purulent do millers classification to know the intensity of the infection. If its thick ensure mucolytics is given prior to implementing airway technique
Chest symmetry /Chest expansion	Examine chest expansion using inch tape. There is chance of reduced expansion as depth of breathing might be effected due to collapse, secretion or less use of diaphragm

LL Oedema/ swelling (DVT)	Check for DVT before mobilization as prolonged bed rest may cause DVT (as it one of the complication of lower abdomen surgery)
On/Auscultation	Examine for breath sounds( reduced or not heard in the collapsed area) and abnormal sounds like creps denotes secretion. Crackles denotes opening of collapsed alveoli
Incontinence / Degree of uterine prolapse	Record the degree of uterine prolapse form medical record – the exercise is evident in grade 1 <sup>st</sup> degree prolapse
Diastasis recti	Assess diastases recti – common problem after pregnancy
Pelvic floor muscle strength (periniometer)	Periometr can be used to check the patient pelvic floor muscle strength
Abdominal muscle strength Core muscle strength	Check abdomen strength after 5 days of surgery to teach grade 1 abdominal muscle exercise and and core muscle strength
Ergonomic evaluation of baby care	Assess baby handling method. To educate about the importance of handling and back care.
Functional evaluation/capacity Management	Bed mobility ADL Core muscle strength

### Progress notes

Chest	Check for chest expansion and diaphragmatic excursion as it may be reduced
Posture of holding baby	Ensure the proper technique is being done- Reassess and educate
Abdominal muscle strength/ core muscle strength	Check abdominal muscle activity or strength.

Exercise adherence	Comprehensive education- handouts
Home programme/ Follow up	Back care/ baby handling Abdominal strength and core muscle strengthening Strengthening rectus to correct diastasis recti (teach self assess) Aerobic exercises, walking or cycling at RPE 11 -13

### Protocol/ progress notes

<b>Caesarean section post natal exercises</b>
<p><b>Exercises to start immediately</b></p> <ul style="list-style-type: none"> <li>Deep breathing</li> <li>Ankle exercise</li> <li>Getting out of bed (Mobilization)</li> <li>Pelvic floor exercises (once catheter removed)</li> </ul> <p><b>Additional exercises (after two to four days)</b></p> <ul style="list-style-type: none"> <li>Abdominal exercises (pelvic tilting)</li> <li>Knee and hip roll</li> <li>Walking</li> </ul> <p><b>Some stronger exercises (after six weeks)</b></p> <ul style="list-style-type: none"> <li>Head raise</li> <li>Oblique abdominal exercises</li> <li>Walking or cycling</li> </ul>

**General advice**

Stitches Gentle exercise helps the wound to heal. Full healing takes about three months but most of this will happen in the first six weeks. During this time avoid straining the wound.

**Bladder**

Sensation in the bladder and pelvic floor muscles may be reduced for some weeks after delivery. To get control back, do pelvic floor exercises, drink plenty and avoid heavy lifting. If you leak when coughing, laughing or running, do tell your GP who will refer you for physiotherapy.

**Rest**

Expect to feel tired. Your recovery will take time and everyone is unique. You will be helping yourself return to normal by resting when you can. If you have learnt relaxation, use it.

**Looking after your back**

You are more prone to backache after having a baby, so it is important that you watch your posture when you are standing, feeding, bathing or changing the baby. Pay particular attention to lifting: • bend your knees • pull in your tummy and pelvic floor before you lift • Ideally you should avoid lifting anything heavier than your baby, for example, a vacuum or pram

**Feeding**

Take time to get really comfortable in order to avoid tension or backache. Back should be well supported, feet flat on the floor and a pillow under the baby to take some of the weight. Lying on your side is also a good position.

**Driving**

Return to driving depends on your recovery. It usually takes about six weeks.

Sport / strenuous activity Swimming is a good, safe exercise once bleeding has stopped and your wound has healed.

Due to changes in ligaments, you should wait at least three months before gradually resuming vigorous activities, for example, aerobics.