

Return-to-work guidelines: Lumbar discectomy



These guidelines were developed in collaboration with the New Zealand Orthopaedic Association (NZOA). The recommended return-to-work timeframes reflect the expert clinical opinion of the New Zealand Orthopaedic Spine Society.

Overview

This document provides guidelines for recovery and return to work for patients who have undergone lumbar discectomy.

This includes procedures performed under the following ACC elective surgery codes:

Code	Procedure Description
SPN380	Lumbar discectomy simple — single level
SPN381	Lumbar discectomy complex — single level

For advice on determining the correct medical certification for your patient's injury, please see the Return-to-work guidelines appendix: ACC certification advice.

Expected recovery timeline

The expected recovery timeline varies depending on the individual patient, the specifics of the surgery and the work type. The following are general guidelines.

The patient's ability and tolerance to perform work tasks should be considered as well as appropriate modifications and restrictions. This will inform the patient, employer and ACC of the suitability for returning to work, either at full, light or alternative duties.

There is strong evidence that a safe and timely return to work results in better patient outcomes. Early return to work with modified duties/hours should be encouraged when appropriate. ACC can provide support to help your patient return to work safely.

Return-to-work recommendations

Work type classification (as per ACC45 claim form):

Work type	Description	Example
Sedentary	Brief standing and walking	Office, desk worker
Light	Mainly standing and walking	Retail, hospitality worker
Medium	Often lifting 5kg plus	Courier, warehouse worker
Heavy	Often lifting 9kg plus	Builder, mechanic, farm worker
Very Heavy	Often lifting 22kg plus	Firefighter, forestry worker

Expected full return-to-work timeframes

The timeframes below are for **normative full return to work (FRTW)**. Returning to the workplace should commence as soon as it is safe to do so, even in a modified capacity or with alternative duties.

Work type	Timeframe for FRTW	Considerations
Sedentary	2-4 weeks	Gradual increase in sitting time. Avoid prolonged sitting (>1 hour) at a time in first 4 weeks
Light	4-6 weeks	Avoid repetitive bending or lifting. May require graduated return to work.
Medium	6-8 weeks	Graduated return to work is recommended
Heavy	8-12 weeks	
Very Heavy	12-16+ weeks	

Restrictions and/or modifications

Activity	Expected timeframe	Considerations
Driving	1-2 weeks	Any wound healing problems
Managing uneven terrain	2-3 weeks	
Lifting greater than 10kg	3-6 weeks	
Lifting greater than 20kg	12-16 weeks	

Flags for delayed recovery

Signs of delayed recovery can include:

- Persistent radicular/leg pain (intermittent radicular/leg pain in the first few weeks is common)
- Neurological deficits (leg weakness or loss of power)
- Post-op infection

If you think the patient is going to be outside the expected recovery timeframes, please let ACC know.

ACC can help your patient return to work by providing:

- vocational rehabilitation programmes
- specialised equipment and technology to support recovery at work
- assistance with transport to and from work
- occupational workstation assessments
- functional assessments
- specialised vocational medical services

For more information

Visit our website or call us on **0800 222 070**.

We're here to help.

