Physiotherapy information for hip fractures

Introduction

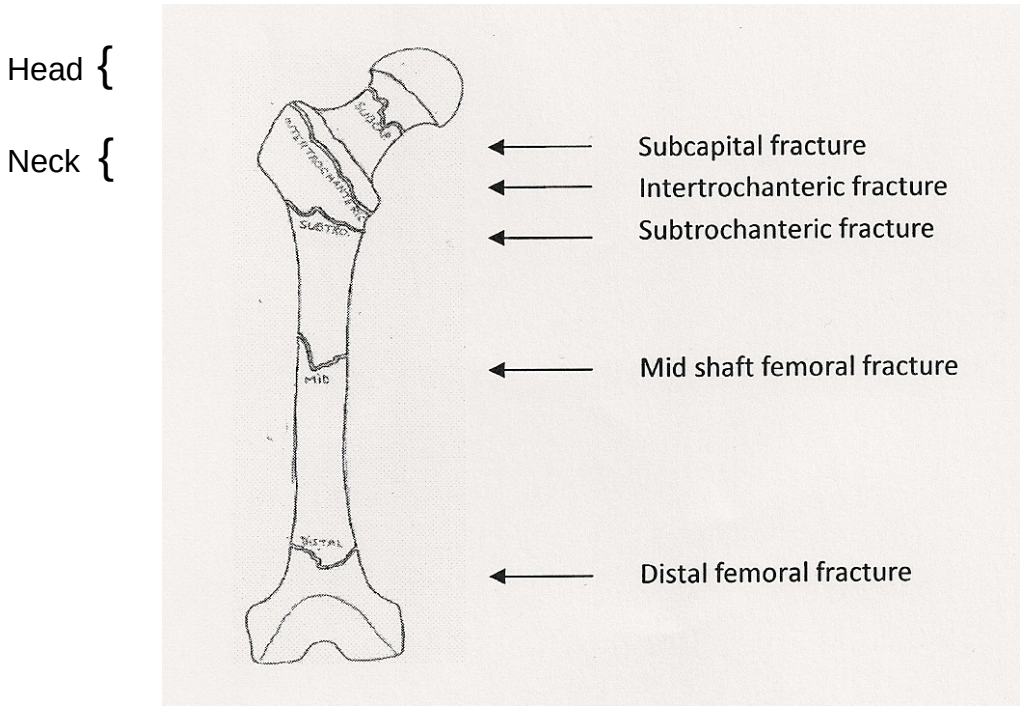
This information booklet is intended to give you a better understanding of the injury you have, the operation you may require and the rehabilitation and discharge process.

From a physiotherapy perspective, our aim is to help you regain mobility and to support your discharge from hospital providing an appropriate level of assistance.

We anticipate that you will stay in hospital for up to one week however sometimes people require a little longer to reach their goals.

What is a hip fracture?

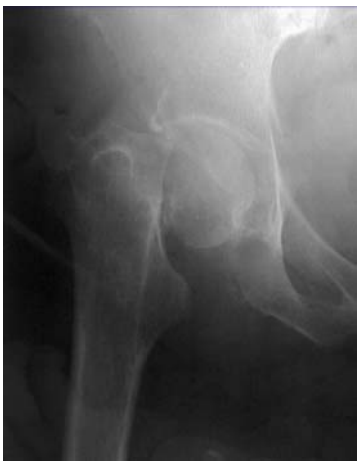
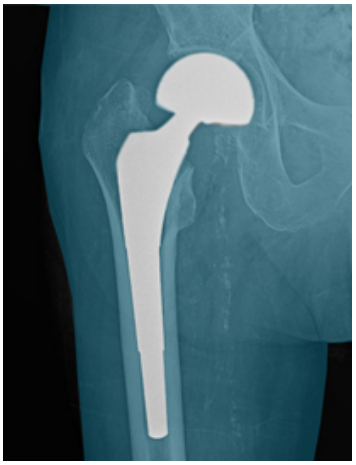
This is when the neck (top section) of the thigh bone (femur) breaks. It is also known as a broken hip or fractured neck of femur (NOF). This injury normally requires surgery. The diagram below shows the main types of femur fractures:



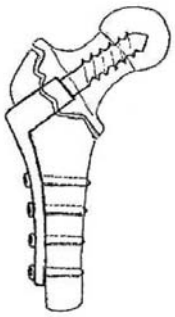
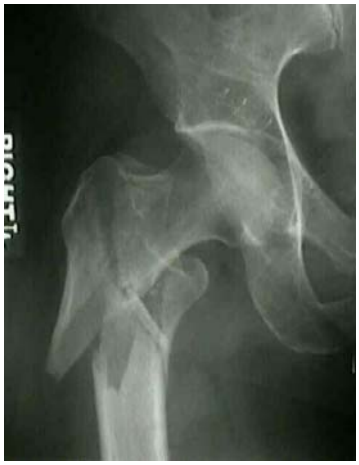
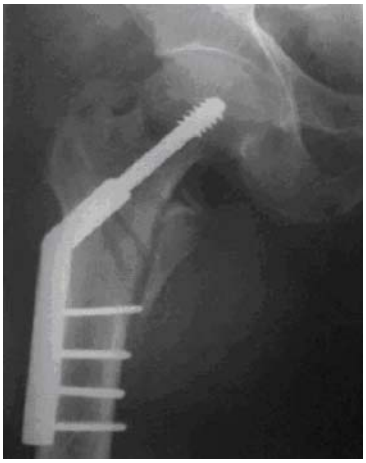
What kind of operation will I have?

The operation you have will depend on the type of fracture. The two most common operations are:

- Hemiarthroplasty. This is when the head of the femur is replaced with a metal prosthesis.

- Dynamic hip screw. This is when a plate is positioned on the outside of the bone and screws going into the bone hold the fracture in position.

What are the alternatives?

There may be a possibility that you may not wish to have surgery or the orthopaedic surgeons may decide that surgery is not appropriate and the fracture may be treated without surgery. This will be assessed on an individual basis.

What are the potential risks and side effects?

Any risks and side effects will be fully explained to you by the consultant and health professional team prior to surgery.

What are the expected benefits of treatment?

Surgical fixation of a hip fracture aims to reduce pain and to allow the patient to regain mobility and independence, where appropriate.

What happens after my operation?

Operation Day

When you return to the ward after your surgery you may have oxygen in place. You may also need a drip to prevent dehydration which will be removed once you are drinking enough fluid. You may also be given antibiotics to reduce the risk of infection. Regular pain relief will be prescribed to help control your pain. It is important to take pain-killers regularly, and in anticipation of movement, as this will make your recovery quicker.

Day 1 - Sitting out

The physiotherapist, occupational therapist and nursing staff on the ward will all be working together to help you return to your normal routine.

If appropriate, you will be seen by a physiotherapist who can advise you on exercises to help you build up strength in your leg. It is important to continue these exercises when you return home as they help to strengthen specific muscle groups and aid your recovery.

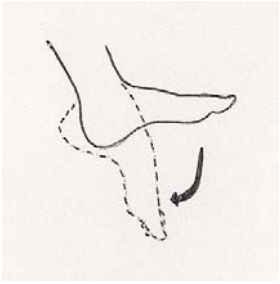
You will be assisted out of bed to sit in your chair on the first day after your operation. This helps to prevent complications such as bed pressure sores or chest infections and helps you to return to normal activity quicker.

What physiotherapy exercises should I do to aid my recovery?

The following exercises should be performed as demonstrated by your physiotherapist to:

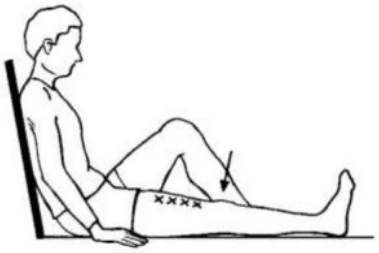
- Improve your circulation
- Strengthen the muscles surrounding your hip
- Regain movement of your hip

Ankle exercises
Briskly and regularly bend your ankles up and down.

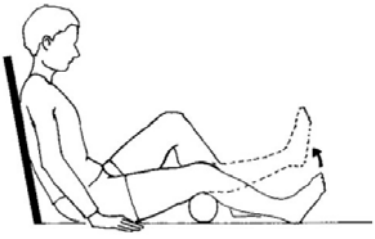


Buttock exercises
Tighten your buttock muscles by squeezing them together. Hold for a count of 5 and relax.

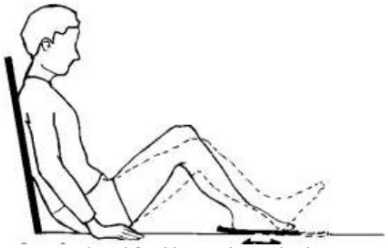
Thigh exercise (1)
Sitting with your legs out in front of you, pull your toes up towards you and push you knee down onto the bed, tightening your thigh muscles. Hold for a count of 5 and relax.



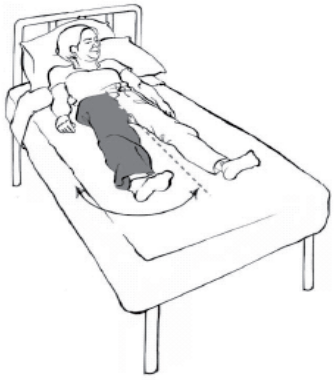
Thigh exercise (2)
Position your knee over a rolled towel. Push your knee down into the towel, tightening your thigh muscles. Straighten your knee, lifting your heel off the bed. Hold for a count of 5 and relax.



Hip bending
Lying with your legs out in front of you, slowly bend your knee by sliding your foot up the bed then gently lower your knee back to the bed. Keep your knee and toes pointing towards the ceiling throughout the exercise.



Hip abduction
Lie on the bed with your legs out in front of you. Keeping your knee straight and your toes pointing towards the ceiling, slide your leg out to the side, leading with your heel (you may need some help at first) and bring it back to the middle.



Each exercise should be performed at least 10 times and repeated at least 4 times a day

Walking
You will be taught how to walk with an appropriate walking aid. Members of the team will continue to monitor your progress and provide advice during your hospital stay. You may be progressed onto crutches or sticks if appropriate. This may happen after you return home.

It is important that you practice walking with the nurses to and from the toilet/bathroom where possible, to get you back into your normal daily routine. This will help to build your strength and confidence.

Please ask friends or family to bring in a pair of supportive shoes or slippers from home as this will assist your walking.

How much weight can I take through my operated leg after the operation?

The consultant may decide that you need to protect your hip after surgery by instructing you to take less weight through your operated leg when standing or walking. The following weight-bearing terms may apply:

- **Non Weight Bearing** – No body weight is to be placed through the affected limb.
- **Minimal Weight Bearing** – Performs heel-toe of normal walking pattern with up to 25% of weight through the affected limb.
- **Partial Weight Bearing** – Walking pattern as above with up to 50% of weight through the affected limb.
- **Full Weight Bearing** – Walking pattern as above with 100% of weight through the affected limb.

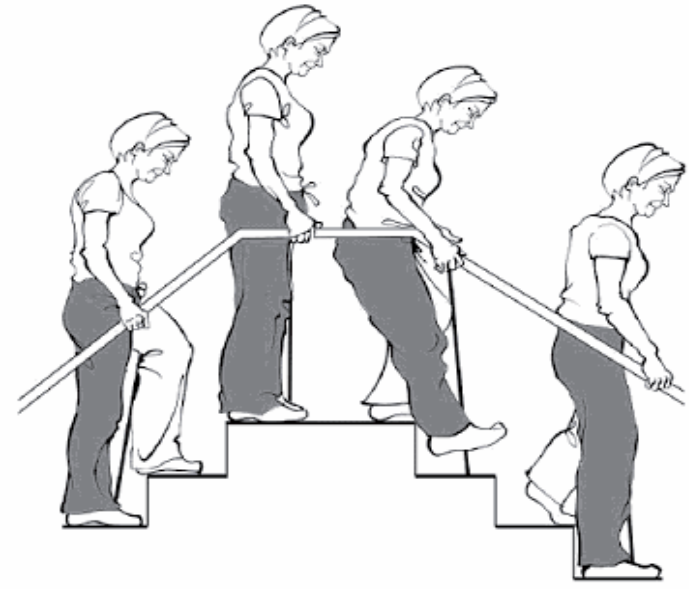
The physiotherapist will explain and practice the appropriate weight bearing status with you.

Stairs
If you have steps or stairs at home, the physiotherapist will show you the correct way of going up and down.

Hold the rail in one hand and your stick/crutch in the other.

Going upstairs – Take one step at a time. Lead with the leg that **has not** been operated on.

Going downstairs – Take one step at a time. Lead with the leg that **has** been operated on.



What are my discharge options?

The multi-professional team, consisting of the nurses, therapy staff and social services will work closely with you to agree realistic and acheivable goals for a supportive and safe discharge from hospital.

You may be asked about your personal situation such as who you live with, if you have any stairs or steps to manage and whether you have any community help. This information, along with your progress on the ward, will help us to agree on an appropriate discharge plan with you.

Once medically fit to leave hospital there are a variety of options to support your discharge.

Home

If you have achieved your agreed goals to safely return home, you may be referred for further rehabilitation or support from our community therapy services/Trauma Assisted Discharge Scheme (TADS). They will aim to progress your mobility to try and regain your previous level of independence. They may make recommendations about your safety, review your exercise programme, and continue working on your mobility, for example to practice outdoor mobility.

A referral can be made to Adult Social Care services to discuss appropriate options for discharge where disability may make return to pre-admission living circumstances difficult.

Short-term residential rehabilitation

If your team consider you need a little longer to achieve your goals with regard to mobility and/or personal daily activities, they may refer you to an intermediate care unit. You may stay as a resident in the unit for a short period to continue your rehabilitation before returning home.

Sources of information

Orthopaedic Physiotherapy Surgical Services

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital

Email: **palsh@esht.nhs.uk** - Telephone: **01424 758090**

Eastbourne District General Hospital

Email: **palse@esht.nhs.uk** - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your physiotherapist, nurse or doctor.

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Reference

Written by: Sameena Ismail, Senior Physiotherapist

The following clinicians have been consulted and agreed this patient information:

Helen Harper-Smith, Clinical Specialist Physiotherapist in Orthopaedics and Complex Vascular Rehabilitation
Donna Gurr, Specialist Physiotherapist in Orthopaedic and Complex Vascular Rehabilitation

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Responsible clinician/author: Sameena Ismail, Senior Physiotherapist