

Fractured Hip

Cape Breton Regional Hospital

Fractured Hip

You have broken or fractured your hip. This pamphlet will help you and your support person during your hospital stay and recovery.

This pamphlet is yours to keep. You may use it to write down any special instructions you are given.

My health care team

Surgeon, resident, or clinical associate: _____

Nurse practitioner (NP): _____

Charge nurse: _____

Registered nurse (RN): _____

Licensed practical nurse (LPN): _____

Physiotherapist (PT): _____

Physiotherapy assistant (PA): _____

Occupational therapist (OT): _____

Occupational therapy assistant (OTA): _____

Rehabilitation Assistant (RA): _____

Social worker: _____

Dietitian: _____

Spiritual care: _____

Continuing care coordinator: _____

Unit clerk: _____

Unit aide: _____

Since each person's condition is different, this pamphlet is only a guide. How long you will need to stay in the hospital will depend on:

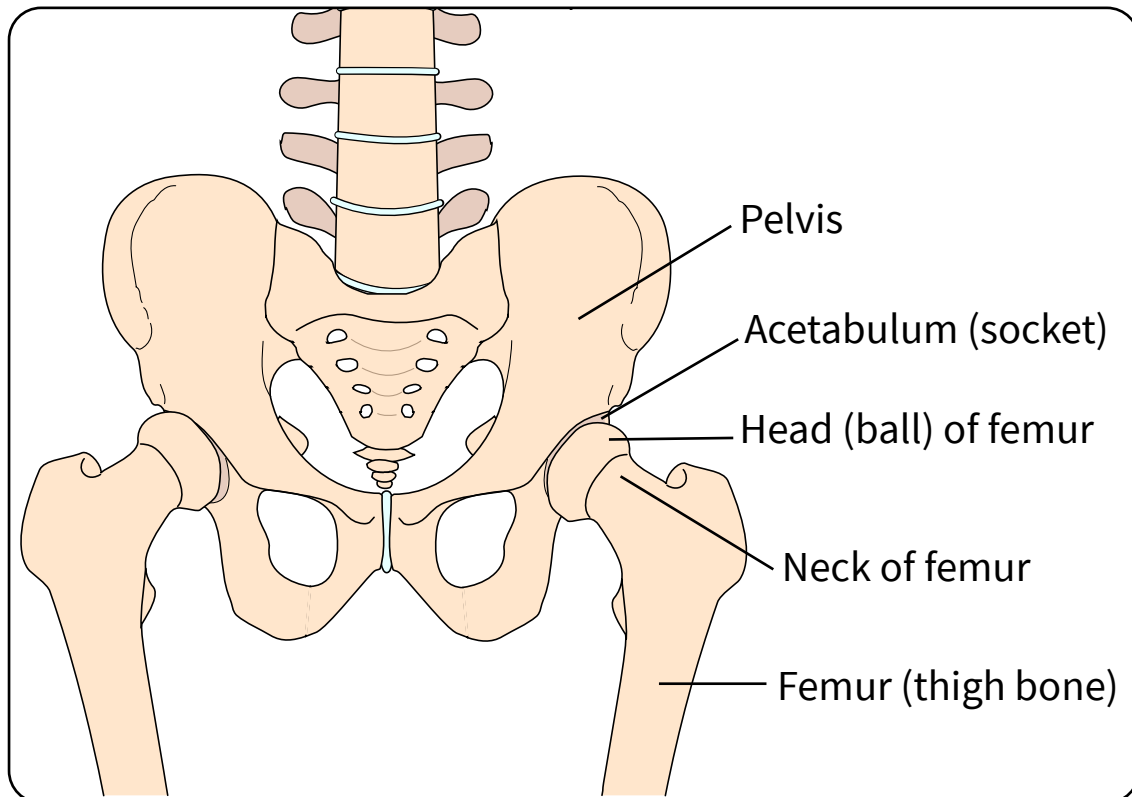
- › What type of hip fracture you have
- › The type of care your hip fracture needs
- › Your health

What does the hip joint look like?

The hip joint is made up of 2 bones:

- › The femur (thigh bone)
- › The pelvis

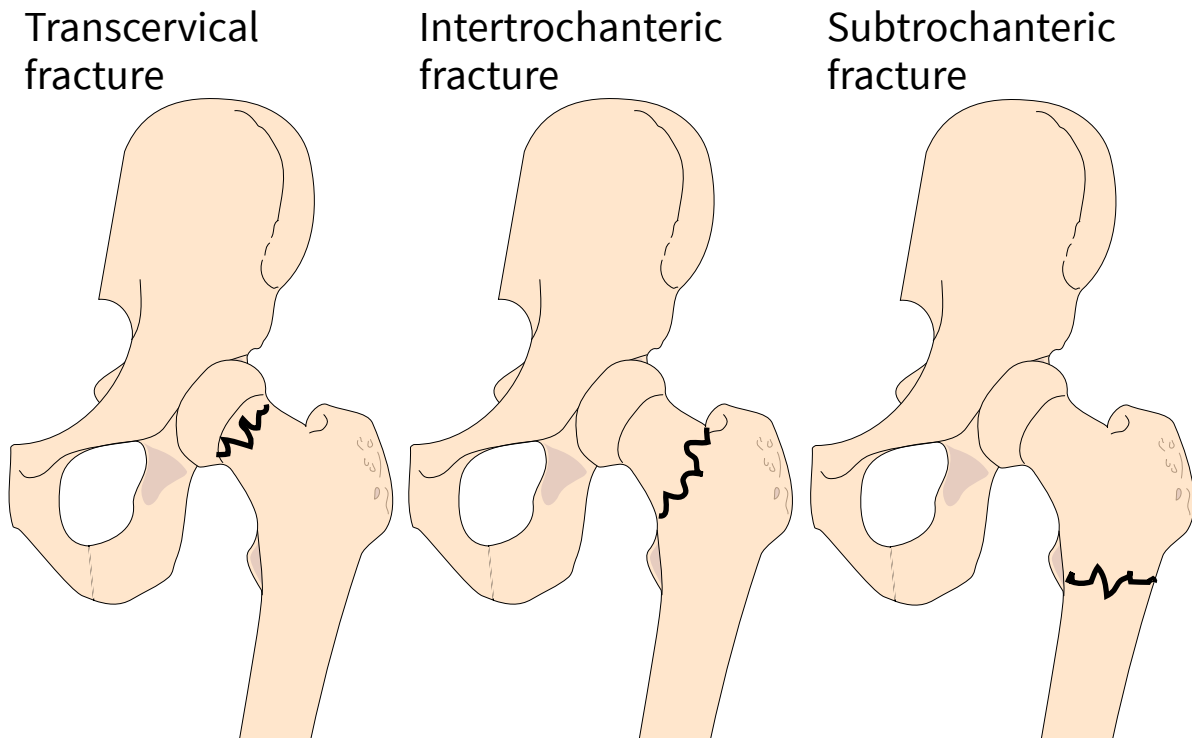
The head (also called the **ball**) of the femur fits into the socket of the pelvis. Muscles and ligaments hold the hip joint together.



Types of hip fractures

The hip can break:

- › Across the neck of the bone (transcervical fracture)
- › Down through the bone (intertrochanteric fracture)
- › Across the shaft of the bone (subtrochanteric fracture)



Hip fractures are managed in 2 ways:

1. Non-surgical (no surgery)

- › Your health care provider will examine you and do tests to decide if you need surgery.
- › If you do not need surgery, your health care team will talk with you about other treatments.

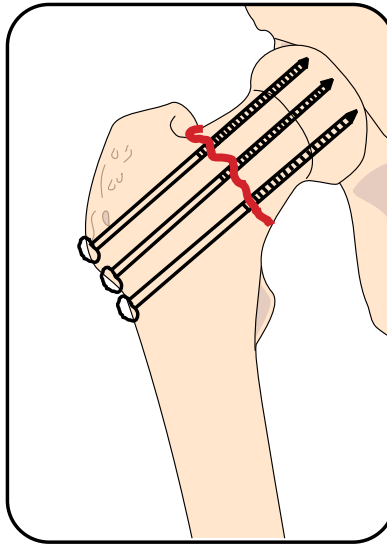
2. Surgical

- › The surgeon can fix your hip in different ways. This will depend on what type of hip fracture you have.

☐ Transcervical fracture

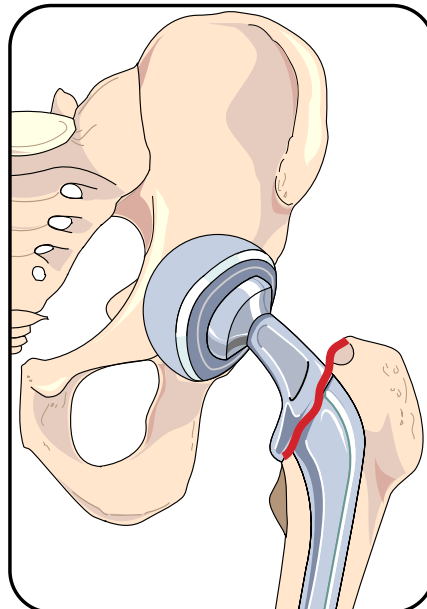
☐ Femoral neck fracture

› The surgeon may insert (put in) metal pins across the fracture.



☐ Hip replacement

› If your hip cannot be fixed, the surgeon may replace the head of the femur and/or the socket of the pelvis with an artificial hip called a **prosthesis**.

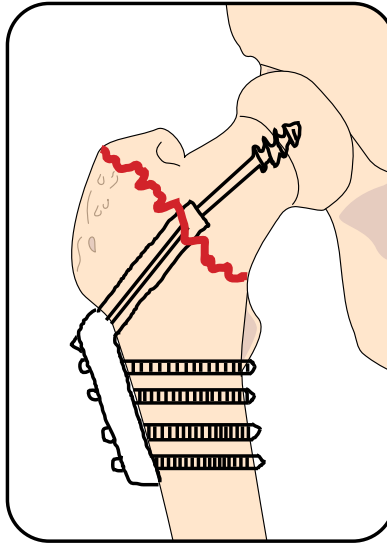


❑ **Intertrochanteric fracture**

- › This is fixed with dynamic (movable) hip screws or intermedullary nails.

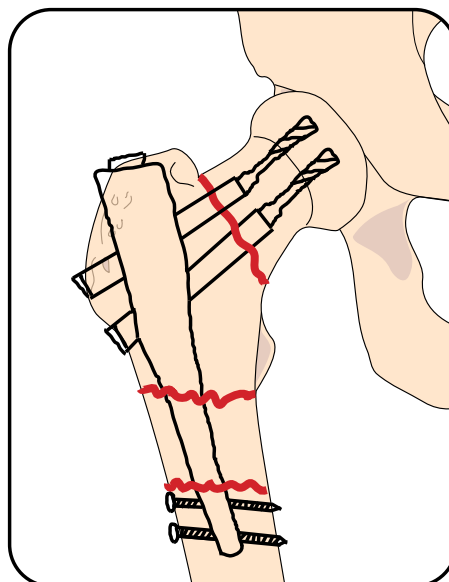
❑ **Dynamic (movable) hip screws (DHS)**

- › The pieces of bone are held together using a metal plate. Screws are used to screw the plate into the broken bone. This is often used for an intertrochanteric fracture.



❑ **Intramedullary nails (IM)**

- › The bones are held in place using screws and a rod inside the femur. This is often used for intertrochanteric or subtrochanteric fractures.



Hip Precautions

- After hip surgery, you may need to follow **Hip Precautions** for up to 12 weeks (3 months), or until told by your surgeon or health care team. These restrictions will help your joint heal and lower the chance that it may dislocate after surgery.



DO NOT twist at the hips.



DO NOT cross your legs at the ankles or knees.



DO NOT bend your hip past 90 degrees by leaning forward or lifting your knee up.

Your hospital stay

- You can expect to be in the hospital until you are able to manage your pain and can walk safely.
- A nurse will review your progress with you and/or your support person each day.
 - › If you have any questions, please ask a member of your health care team. We are here to help you.
- You may go from the Emergency Department (E.D.) to the Operating Room (O.R.) to have your hip fixed, or you may be taken to an inpatient orthopedic unit first.
- Your health care team will tell you and your support person when your surgery will be done and what will happen next.

Tests

- You had X-rays taken of your hip in the E.D. They will help the surgeon decide what type of treatment you need.
- You will also have blood work and other tests.

Deep breathing and coughing

- Since you are not able to move around because of your fracture, your breathing may be shallow. This may cause chest problems, like pneumonia (lung infection).
- We will show you how to do deep breathing and coughing exercises to help keep your lungs clear.
 - › **You should do these exercises 5 to 10 times every hour while you are awake.**
 - › Your nurse may give you an **incentive spirometer** to help with these exercises. This device measures how deeply you can breathe in.

Ankle pumping

- You will be asked to move both of your ankles up and down 5 to 10 times every hour while you are awake. This helps the blood move in your legs.

Managing your pain

- It is normal to have pain after fracturing your hip. You will be offered pain medication.
- Please tell your nurse if you are in pain. **Do not** wait for your pain to be severe (very bad) before asking for pain medication.
- **If you are worried about getting addicted to pain medication:**
 - › Please know that getting addicted to pain medication after a short stay in the hospital is **not** likely.

Food and medications

- **Do not eat or drink anything after midnight the night before your surgery.**
- Your health care team may tell you to stop taking some of your medications before your surgery. Your health care provider will talk with you about this.

What should I bring to the hospital?

- Personal items (like a toothbrush, toothpaste, shampoo)
 - › Nova Scotia Health is scent-free. **Do not** use scented products (like perfume, aftershave, scented deodorant, or hairspray) in the hospital.
- Dentures and a denture container, if needed
- Comfortable clothes (like jogging pants and loose tops)
 - › Housecoats should have buttons or a zipper on the front and be short enough to avoid tripping when you walk.
 - › You will wear a hospital gown during part of your hospital stay.
- Lightweight, supportive shoes with a non-slip sole (like running shoes)
 - › Shoes with elastic laces or Velcro® are easier to put on and take off.
 - › Supportive slippers with a back and a non-slip sole are OK.
 - › **Do not** wear slippers that have no backs.

Do not bring:

- Large amounts of money
- Credit cards
- Cell phone
- Jewelry
- Perfume and other scented items
- Toileting equipment (like a raised toilet seat)

After surgery

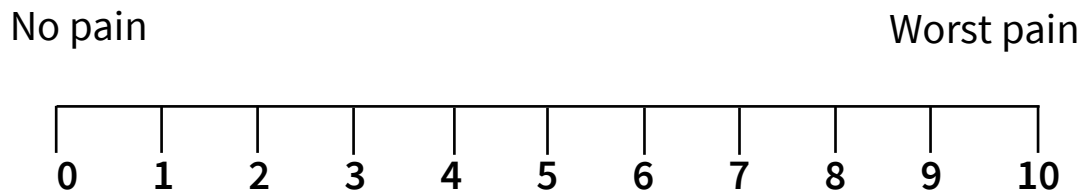
- Your surgery will take about 1 ½ to 2 ½ hours.
- After surgery, you will be taken to the Post-Anesthetic Care Unit (PACU) or to the Recovery Room. You will be closely monitored (watched) until you are ready to go to the inpatient unit.
 - › Tell the nurse if you have pain or nausea (upset stomach).
- If you need to be watched more closely, or if you need cardiac (heart) monitoring after your surgery:
 - › You may go to the Intermediate Care Unit (IMCU) or to the Intensive Care Unit (ICU) for 24 to 48 hours (1 to 2 days), or until your surgeon feels that you can safely be moved to an inpatient bed.
- During surgery, you will be given 1 dose (amount) of an antibiotic medication. After surgery, you will be given 2 more doses while you are on the inpatient unit. This is to prevent infection.

While you are on the inpatient unit

- When you arrive on the inpatient unit, the nurses will check your vital signs (blood pressure, heart rate, breathing rate, temperature, pulse) and the feeling and movement in your affected leg and foot every 4 hours for 24 hours.
- They will examine your abdomen (stomach area) with a stethoscope to check for bowel sounds.
- Other members of your health care team (like the PT, OT, social worker, and dietitian) will check you, as needed.
- You may have ice chips or sips of water for the first few hours after surgery.
- You will likely have routine blood work done.
- You will be encouraged to do as much as you can for yourself.
- Your leg may be bruised and swollen, and it may hurt when you move.
- The nurses will check your bandage and ask you about your pain.

Managing your pain

- It is normal to have pain after surgery.
- We will ask you to rate your pain using a pain scale where “0” means no pain and “10” means worst pain.



- We will give you pain medication to help manage your pain.
- Managing your pain will help you to be able to do your hip exercises and to move more. **This is important for your recovery.**
- Your pain will get better over time as you heal.
- If you have pain, please tell your nurse. **Do not** wait for your pain to be severe before asking for pain medication.

Confusion

- Some people become confused from the anesthetic (medication) used during surgery, or from the pain medication used after surgery.
 - › If you have a history of being confused while in the hospital, please tell your surgeon or another member of your health care team.
- **Support person: If you notice that your loved one is acting differently or is restless, please tell the nurse or another member of the health care team.**

Nausea

- You may have nausea from the anesthetic or from the pain medication.
- Tell your nurse if you do not feel well or if you have nausea. They will give you medication to help.

Skin

- The nurse will check your bandages often.
- Lying in bed puts pressure on your skin. Over time, you can develop pressure injuries (bedsores). **Tell a member of your health care team right away if you have burning, redness, or pain.**
- If you feel pressure or soreness on your heels, a member of your health care team may put foam heel protectors on your feet.

- **To prevent skin damage, try to:**
 - › Change your position often
 - › Move as much as you are able
- You should get up and out of bed for all meals.
- Your health care team will remind you to get up and move as much as possible after your surgery. You should also do this when you go home.



Swelling

- It is normal for your operated leg to have some swelling after surgery. This can last for a few weeks. You may have more swelling as you become more active.
- **To help lower swelling:**
 - › Avoid sitting for a long time.
 - › Pump your ankles and feet often to help the blood move in your legs.

Weakness

- You may feel tired and dizzy when you get out of bed. **Make sure someone helps you get up until it is safe for you to move around on your own.**
- Your health care team will tell you when it is safe for you to get up by yourself.

Urinary problems

- You may have trouble urinating (peeing) after surgery.
- You may:
 - › Need to pee more often
 - › Need to pee suddenly (right away)
 - › Have pain or burning when peeing
- Tell your nurse if you have any of these symptoms.
- If you have any of these symptoms after going home, please call your primary health care provider (family doctor or nurse practitioner) or your surgeon's office.

Bowel problems

- There may be a change in your bowel habits (pooping) after your surgery. Some medications can make you constipated (not able to poop).
- While you are in the hospital, your surgeon may start you on a laxative (a medication to help you poop) or a stool softener.
- If you are going home on pain medications, you may need to keep taking a laxative. You can buy these over the counter at any drugstore.

To help avoid constipation:

- Drink 6 to 8 cups of fluids (like water, milk, juice, decaffeinated tea or coffee) each day.
- Slowly over time, eat more foods that are high in fibre, like:
 - › Whole-grain breads and cereals
 - › Seeds
 - › Fresh fruits
 - › Legumes (dried peas, beans, and lentils)
 - › Vegetables
 - › Nuts
- Move around as much as you are able to each day.

Lung problems

- To help keep your lungs clear, get up and move as much as you are able to each day.
- **It is important to do deep breathing and coughing exercises every hour while you are awake.** Deep breathing and coughing helps to:
 - › Expand (make bigger) your lungs
 - › Clear mucus from your lungs and throat
 - › Lower the chance of getting a chest infection

Deep breathing and coughing

1. While sitting or lying down, put both hands high on your stomach below your rib cage.
2. Breathe in as deeply as you can. Feel your stomach push out against your hands.
3. Hold briefly for 2 to 3 seconds.
4. Breathe out slowly through your open mouth.
5. Repeat 3 to 4 times.
6. Give a strong cough. **Clearing your throat is not enough.**
7. Take 2 to 3 more deep breaths.
8. Do this exercise every hour while you are awake.

Blood clots

- After surgery, you have a higher risk of blood clots.
- **To help prevent blood clots, it is very important to:**
 - › Do the exercises you were given
 - › Get up and move as much as you can
- **Signs of a blood clot in your leg include:**
 - › Redness
 - › Swelling
 - › Warmth
 - › Pain anywhere in either leg

Tell a member of your health care team right away if you have any signs of a blood clot in your leg.

- **Signs of a blood clot in your lung include:**
 - › Sharp chest pain
 - › Fast heart rate
 - › Sputum (phlegm) with blood in it
 - › Shortness of breath or trouble breathing
 - › Fever (temperature above 38 °C or 100.4 °F)

Tell a member of your health care team right away if you have any signs of a blood clot in your lung.

- **If you have any of these symptoms after going home, call 911 or go to the nearest Emergency Department right away.**

Blood-thinning medication

- This medication (also called a **blood thinner**) helps to stop blood clots from forming. Your surgeon will prescribe the type and dose that is right for you.
- **It is important to take this medication as prescribed until it is all gone.**
 - › You will get blood-thinning medication by injection (using a needle) or in pill form while you are in the hospital after your surgery, and after you go home.
 - › When you are home, you will give yourself this medication. **Your nurse will teach you how to do this.**

When standing and/or sitting, remember to follow:

- › Any weight-bearing restrictions you were given (see page 16)
- › Any Hip Precautions you were given (see page 6)

Learning how to move

- If you had a hip replacement, the biggest chance of dislocating your hip is when you change positions. You can protect your new hip by planning how you will move.

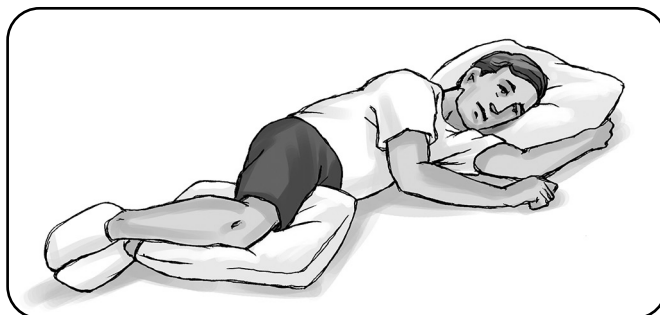
Lying on your back

- The best way to lie in bed is on your back.
- Try to keep your knees and toes pointing up.



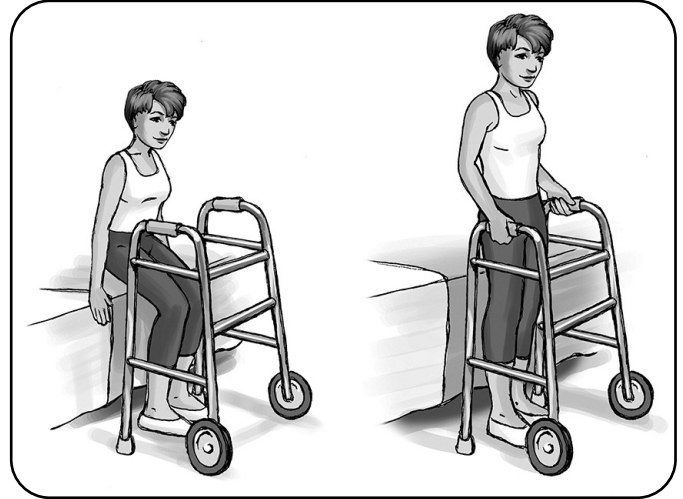
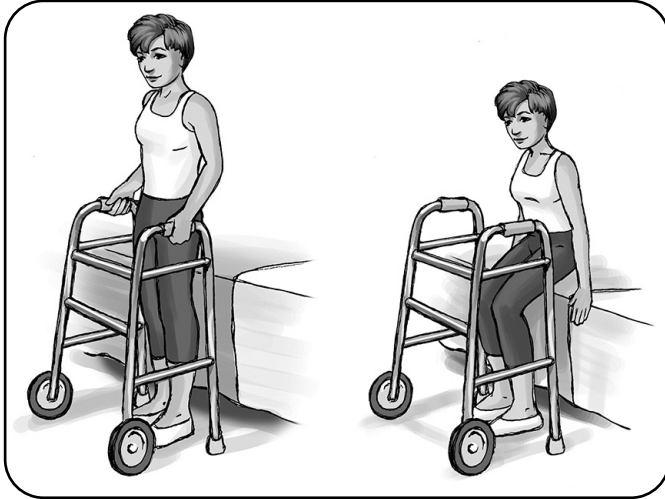
Lying on your side

- **You will need to lie on your non-operated side.**
- Your nurse or PT will show you how to turn safely onto your side.
- Use a few pillows between your legs to keep your operated hip, knee, and ankle at the same level.



How do I get in and out of bed?

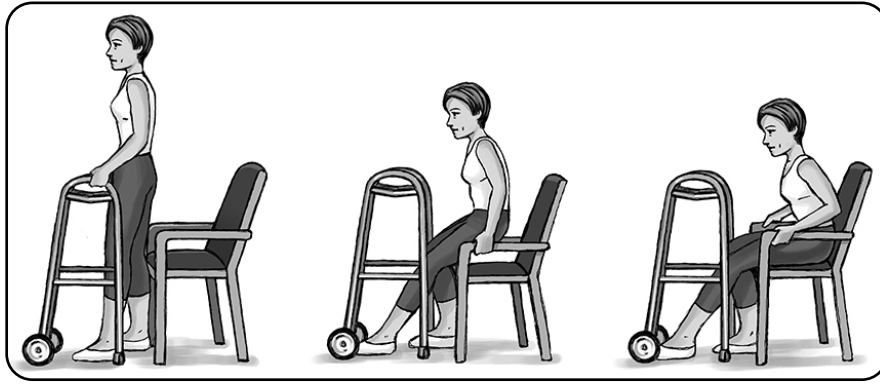
- After your surgery, your nurse or PT will show you how to get in and out of bed safely. If you have Hip Precautions, **DO NOT** sit up in bed and reach forward to get something. This will make you bend more than 90 degrees at your hip. You can reach for things easily by using a long-handled reacher.



Weight bearing

- Weight bearing is the amount of weight you can put on your operated leg. Usually after surgery you are allowed to bear weight as tolerated.
- If you have restrictions for how much weight you are allowed to put on your operated leg, the nurse and PT will show you how to walk.

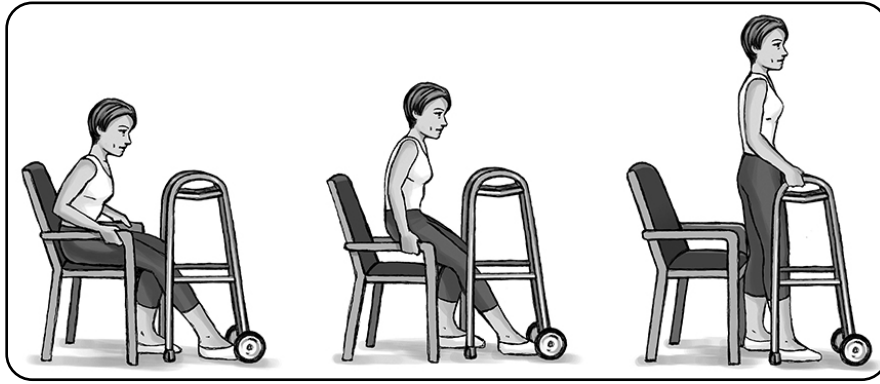
Sitting down



To sit down:

1. Back up to the edge of the chair or bed.
 2. Feel the edge of the chair or bed with the backs of your knees.
 3. Slide your operated leg forward.
 4. Hold the chair arms or put your hands on the bed.
 5. Lower yourself to a sitting position slowly and gently.
- **Remember, chairs with arms are best.**
 - **Do not** sit in low chairs. Put a pillow on the chair to raise the height, if needed.
 - **Your knees should not be above your hips.**

Standing up



To stand up:

1. Move to the edge of the chair or bed.
2. Bend your non-operated leg under you to hold your body weight.
3. Slide your operated leg forward.
4. Push down with your hands on the chair arms or bed to stand up. Put most of your weight on your non-operated leg.
5. Once you have your balance, use your walker.

Walking

- At first, you will use a walker or crutches. Then you will progress (move) to using a cane or a crutch.
- The first few times you get out of bed, you may feel weak or dizzy. Make sure a nurse or a PT is with you. **Tell a member of your health care team anytime you feel weak or dizzy.** Your PT will tell you when it is safe for you to walk by yourself.

To walk with a walker:

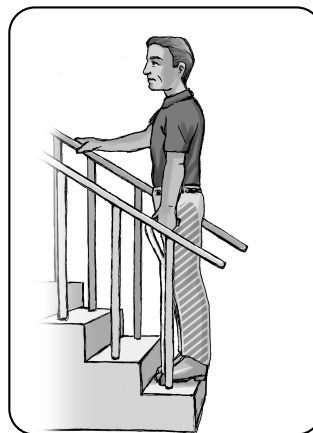
1. Move your walker ahead first.
 2. Step forward with your operated leg first, then with your non-operated leg.
- **Take short walks as often as you can using your walker.** Try to walk farther as you are able.
 - › Walking helps to prevent joint stiffness and is good for your general health, strength, and circulation (blood flow).

To turn:

1. Turn towards your non-operated side.
2. **Do not** twist your body.
3. Pick up your feet and take small steps.

For stairs, steps, and curbs

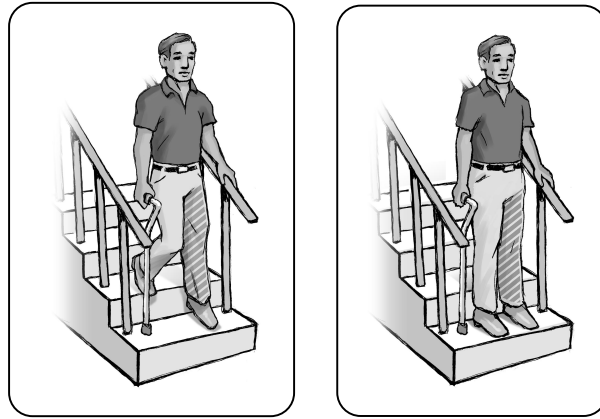
- Your PT will show you how to climb stairs safely.



Going up steps with a handrail — your non-operated leg steps up first

1. Face the step. Hold your cane in the hand away from the handrail.
 2. Stand close to the step.
 3. Hold the handrail with your other hand.
 4. Put your weight on the handrail and the cane.
 5. Step up with your non-operated leg.
 6. Straighten your non-operated leg and bring your cane and your operated leg up together.
- **Note:** Shaded leg is the operated leg.

Going down steps with a handrail — your cane and your operated leg step down first



1. Hold the handrail with 1 hand and your cane in your other hand.
 2. Stand close to the edge of the step, facing down the stairs.
 3. Put your cane in the middle of the next lower step, followed by your operated leg.
 4. Then step down onto the same stair with your non-operated leg.
- When you are at home, have someone with you when you go up or down stairs until you can do it safely on your own. The person should:
 - › Follow closely behind you on the way up
 - › Be on the next step below you on the way down

Exercises

- **Exercising after surgery will help you to:**
 - › Strengthen the muscles in your legs
 - › Move your hip and prevent joint stiffness
 - › Improve blood flow to your legs
- Exercising both legs will help to improve circulation and muscle strength, and prevent blood clots.
- Your PT or RA will show you how to do your exercises.
- You are expected to do these exercises several times a day while you are in the hospital, and when you go home. As you get stronger, your PT will give you harder exercises (progressions) to do.

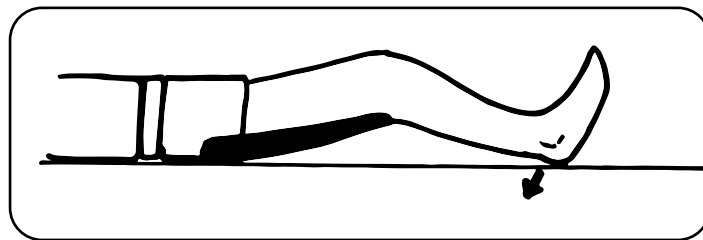
Exercises just after surgery

- Do the exercises below at least 3 times a day on both legs.

Leg exercises (while lying down)

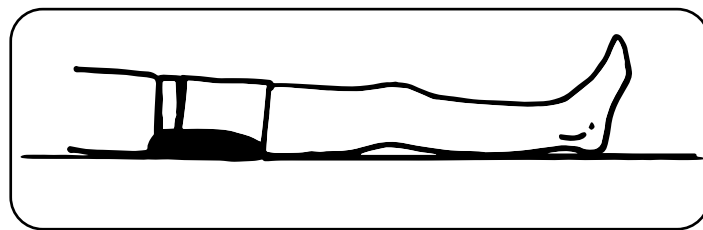
Hamstring isometrics

- Let your knee bend a little.
- Push your heel into the bed.
- Tighten the muscles on the back of your thigh.
- Hold for 5 seconds.
- Relax and repeat 10 times.



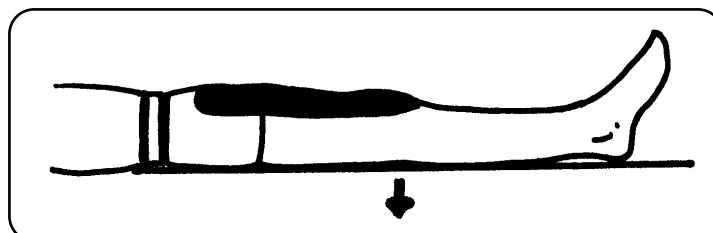
Glute isometrics

- Squeeze your buttocks (bum) together.
- Hold for 5 seconds.
- Relax and repeat 10 times.



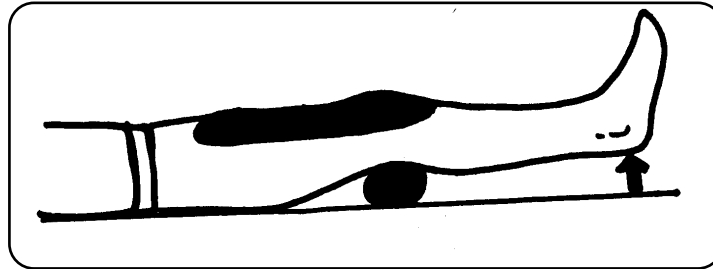
Quad isometrics

- Straighten your leg by tightening the muscles on the front of your thigh.
- Push the back of your knee into the bed.
- Hold for 5 seconds.
- Relax and repeat 10 times.



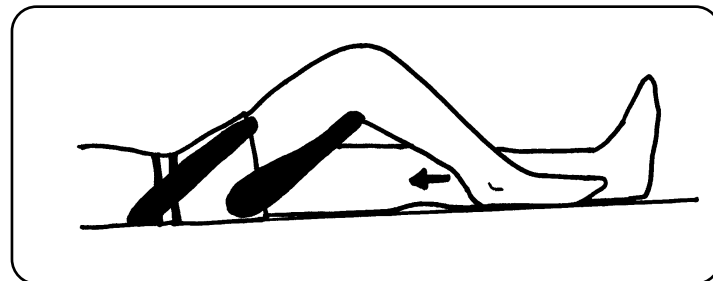
Quad over roll

- Wrap a large can in a towel. Put it under your knee.
- Lift your foot off the bed by straightening your leg.
- **Do not** lift the back of your knee off the can.
- Hold for 5 seconds.
- Relax and repeat 10 times.



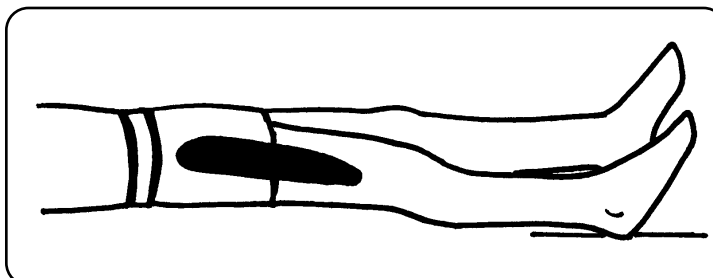
Heel slides

- Slide your heel towards your buttocks.
- Keep your heel and buttocks on the bed.
- Hold for 5 seconds.
- Relax and repeat 10 times.



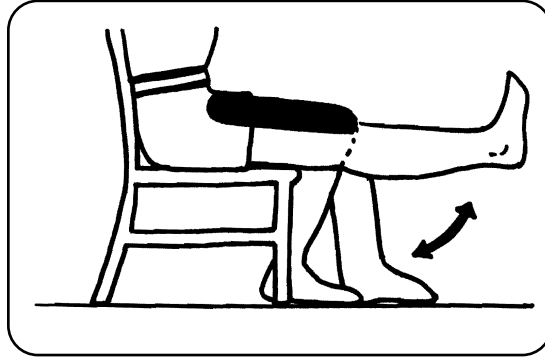
Hip abduction

- Slide your leg out to the side. Keep your toes pointed at the ceiling.
- Hold for 5 seconds.
- Then bring your leg back towards your other leg.
- Relax and repeat 10 times.



Knee extension (while sitting)

- Straighten your leg as far as possible.
- Hold for 5 seconds.
- Then bring your heel as far back under the chair as possible.
- Hold for 5 seconds.
- Relax and repeat 10 times.

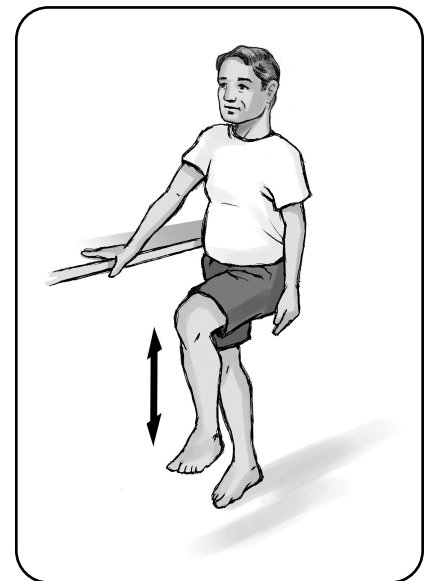


Standing leg exercises

- When you find it easy to do the exercises on pages 21 to 23, you can start doing standing exercises. Stand holding onto a counter or a sink.
- **Note: Do not** use a walker or crutches for balance. **This is not safe.**

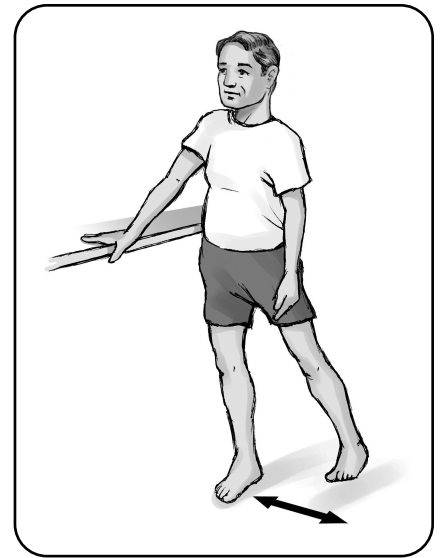
Hip and knee flexion

- Stand up straight.
- Lift the knee of your operated leg upwards.
 - › **Do not** lean forward or bend at the waist.
 - › **For the first 8 weeks (2 months), only lift your knee so that your hip does not bend more than 90 degrees.**
- Hold for 5 seconds. You should feel the muscle on the front of your hip working.
- Relax and repeat 10 times.



Abduction

- Stand up straight.
- Lift your operated leg out towards the side.
- **Do not** lean to either side.
- Hold for 5 seconds. You should feel the muscles on the sides of your thigh and hip working.
- Relax and repeat 10 times.



Hip extension

- Stand up straight.
- Lift your operated leg behind you while keeping your knee straight.
- **Do not** lean forward while lifting your leg.
- Hold for 5 seconds. You should feel the muscles on the back of your thigh and your buttocks working.
- Relax and repeat 10 times.



Knee flexion

- Stand up straight.
- Bend your knee by bringing the heel of your operated leg towards your buttocks.
- **Do not** move your hip.
- Hold for 5 seconds. You should feel the muscles on the back of your thigh working. You may also feel a stretch on the front of your thigh.
- Relax and repeat 10 times.



Let pain be your guide. Stop if you feel any pain.

Getting ready for discharge

- After surgery for a fractured hip, some people are able to go back to their own home or to a long term care facility. Others may need to go to their home hospital or to another nursing unit to recover longer.
- **Plan to have someone drive you home from the hospital before 10 a.m. on discharge day.**

Getting your home ready

- You will likely need help when you go home. If you live on your own, ask someone to stay with you. How long you will need help will depend on your situation.
- Have someone prepare some meals and freeze them.
- Remove any loose rugs.
- Rearrange kitchen equipment and items in other rooms so you do not have to bend or reach to get them.

Equipment

- You will need a walker or crutches. Your PT will tell you what you need. You will **not** need to bring your own equipment to the hospital unless your PT asks you to.
- You may need equipment like a raised toilet seat or a reacher. This will be assessed by the PT or OT while you are in the hospital.
- You can borrow, rent, or buy the equipment that your PT recommends. You may get equipment from:
 - › Canadian Red Cross
 - › Medical suppliers in the YellowPages™ phone book
 - › Local drugstores with home health centres
- You will need a high, firm chair with arms (like a wingback chair or a captain's chair from a dining room set). It can be hard to get out of a low chair after surgery.

Home support and services

- Continuing Care is the provincial home care program funded by the Nova Scotia Department of Health and Wellness. They offer:
 - › Nursing services
 - › Personal care assistance
 - › General housekeeping
 - › Laundry
 - › Meal preparation
 - › Caregiver relief/respite
 - › Oxygen services
- A care coordinator may visit you while you are in the hospital. They will do a home care assessment and help you plan your care, if needed. If you have any questions about home care, please ask your nurse, PT, or OT.
- A hospital social worker is available to counsel you and your support person about social and emotional concerns. They can help connect you with services in your community (like financial supports). If you have concerns that you would like to talk about before or after your surgery, please ask your nurse to contact the social worker.

Follow-up visit with your surgeon

- You will see your surgeon 2 to 6 weeks after you leave the hospital.
- If you have staples over your incision (cut), you will need to have them removed 10 to 14 days after your surgery. Your nurse may give you:
 - › A staple remover to take with you to your primary health care provider
 - › Instructions if you are visiting your surgeon for staple removal
- Once your incision is dry, it can be left open to the air. If you have Steri-Strips™ over your incision, they will fall off on their own.
- If you need the bandage on your incision changed after you leave the hospital, your nurse may arrange with Continuing Care or VON (Victorian Order of Nurses for Canada) to send a nurse to your home.

What to watch for after surgery

Dislocation

- If your hip moves out of place, you may have these changes:
 - › More pain
 - › Pain in a new place in your hip
 - › A change in the shape of your hip
 - › Your hip gets stuck in 1 position
 - › You are not able to bear weight or walk on your operated leg



If you have any of these changes, call your surgeon right away, or go to the nearest Emergency Department. A dislocation must be treated right away.

Infection

- Bacteria in your blood can get into your hip and cause an infection. Signs of infection are:
 - › Swelling
 - › Drainage from the incision
 - › More pain
 - › More redness around the incision
 - › Fever (temperature above 38 °C or 100.4 °F)

If you have any of these changes, call your surgeon right away. An infection must be treated right away.

Blood clots

- You have a higher risk of blood clots after surgery. Signs of a blood clot in your leg are:
 - › Redness
 - › Swelling
 - › Warmth
 - › Pain
- Signs of a blood clot in your lungs are:
 - › Shortness of breath or trouble breathing
 - › Low-grade fever (temperature between 37.5 and 37.9 °C)
 - › Fast heart rate
 - › Sharp chest pain
 - › Sputum with blood in it

If you have any of these signs of a blood clot, call 911 or go to the nearest Emergency Department right away.

Exercises

- It is important to keep doing your exercises at home to strengthen your muscles and get your hip moving well.
- Your PT will progress your exercises to help you improve the strength and range of motion (movement) of your hip.
- Walking is an excellent exercise. **It is important to bend your knee when you walk.**
- Go for several walks a day. Walk a bit farther each day, as you are able.
- **Being active will help to keep you and your new hip healthy.**

Getting dressed

- After a hip replacement, if you have Hip Precautions, make sure you follow them as you are getting dressed.
- Getting dressed from the waist up will be the same as before your surgery.
- You may need the following tools to help you dress your lower body:
 - › Sock aid
 - › Long-handled reacher
 - › Long-handled shoehorn
 - › Walker
 - › Bed or chair

Long-handled shoehorn

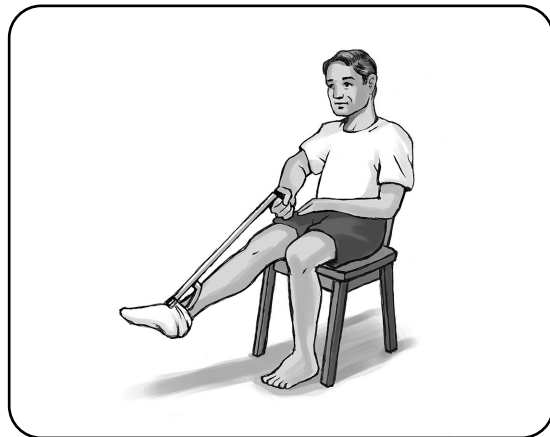
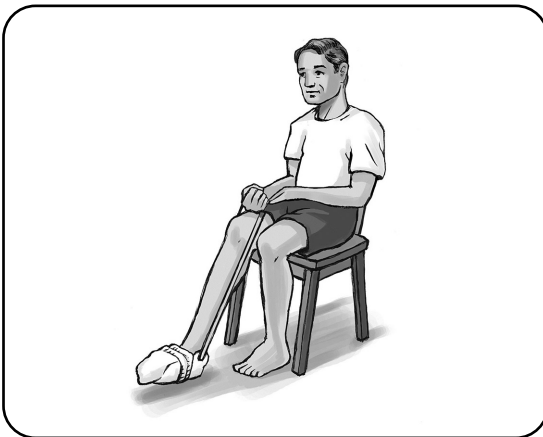


Socks

If you have had a hip replacement or you are not able to reach your feet, there are 2 ways to put socks on after surgery:

1. Use a sock aid.

- › This works best with stretchy socks, like gym socks.
- Slide the sock onto the sock aid.
- Lower the sock aid to the floor using the string handles. **Do not** bend over to lower the sock aid to the floor.
- Slide your foot into the sock aid. Then pull up the sock by pulling on the string handles.
 - › If the sock does not come all the way up, use a reacher to pull it up the rest of the way.



2. Have someone help you.

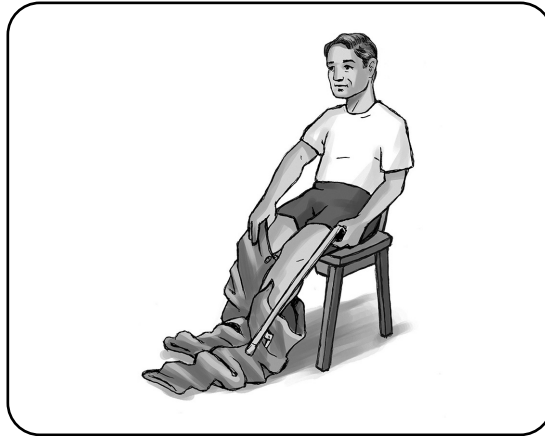
To put clothes on your lower body:

Long-handled reacher



1. Have your reacher and your walker close to you.
2. Sit on the edge of a bed or on a chair with arms.
3. Put the item of clothes on your lap and use the reacher to lower it to the floor.
Do not bend over or twist to lower the item.
4. While holding onto the item with the reacher, slide your operated leg in first. Make sure that your foot comes through the hole fully, so the item does not slip off.
5. Then slide your non-operated leg into the item.
6. Pull the item up as far as possible while you are sitting down.
7. Stand up with your walker and pull the item up the rest of the way. You may need to keep 1 hand on your walker and use your other hand to pull up the item.

To take clothes off your lower body:



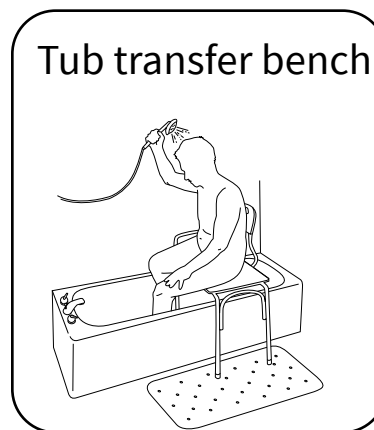
1. Stand up, with your walker in front of you.
2. Keeping 1 hand on your walker, use the other hand to lower the item of clothes. **Do not** bend over. Only lower the item enough to be able to sit down without sitting on it.
3. Sit down safely on a chair or a bed.
4. Use a reacher to lower the item to the floor.
5. Take your non-operated leg out first.
6. Then take your operated leg out.
7. Use a reacher to pick the item up off the floor.

Bathing

- Your OT will show you how to bathe and/or shower safely. Talk with your surgeon about when it is safe to get your incision wet.

You can choose different ways to bathe:

- Take a sponge bath at the sink.
- Use a walk-in shower and sit on a shower chair.
 - › You may need a grab bar to help you get up and down.
- Shower while sitting on a tub transfer bench in the tub.
 - › Your OT will suggest the best height and teach you how to get on and off the bench.
 - › You may want to install (put in) a hand-held showerhead.
- Use a long-handled sponge to wash your feet, lower legs, and back.
- **Make sure there is a non-slip surface mat inside and outside of the shower or tub.**



Driving

- **Do not** drive until your surgeon says it is OK.
 - › **If you choose to drive before your surgeon says it is OK, you may not be covered by your insurance.**
- Remember to move your ankles and legs often while riding in a car.
- Try to avoid long rides at first, or stop to stretch often (about every 1 to 1 ½ hours).

How to get in and out of a car

- You can get in and out of all cars (including vans and SUVs) in a similar way. You may need to make adjustments (changes) depending on your height, the height of the passenger seat, and your physical condition.
- **The front passenger seat is the safest place to sit.**
- Put a plastic bag on the seat to make turning easier.
- Talk with your PT if you have any concerns about getting in and out of cars.

To get in and out of a car:

1. Have your support person:

- › Open the passenger door fully and move the bottom of the seat as far back as it will go.
- › Tilt the backrest back.
- › Put a pillow on the seat, if needed. Put a plastic bag on top of the pillow, if needed.

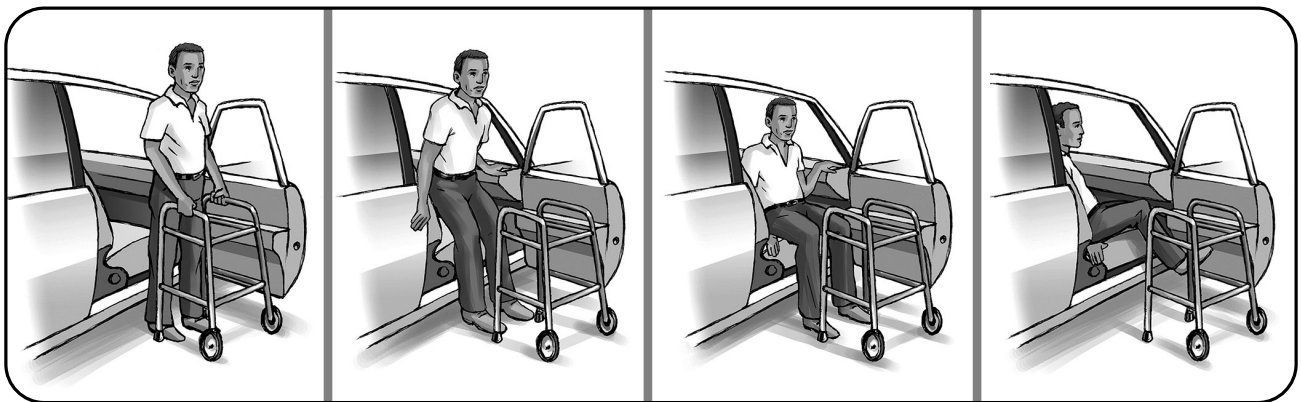
2. Stand so that the backs of your legs are against the base of the car.

3. Put one hand on the dashboard and slide your operated leg forward.

4. Carefully lower yourself onto the seat.

5. Bring your legs into the car by moving one leg a few inches with your hands, then the other. **Do not** swing your legs into the car in one motion. Keep doing this slowly, until you are in the car.

6. Reverse these steps to get out facing forward.



Work and leisure

- Each person's lifestyle is different. Your PT will talk with you about any limits and safety for your work and leisure.
- Do more activities slowly over time. Ask your primary health care provider or PT to help you plan your return to work and your usual activities.
- To save your energy and prevent injury to your hip, make sure items are within easy reach. Put items at or above your waist level. This can help you avoid bending, lifting, and reaching.

To prevent hip pain or injury:

1. Do your exercises.
2. Follow your Hip Precautions.
3. Use the right equipment.
4. Change your position often.
5. Let pain be your guide.
 - › **If your pain gets worse, stop the activity. If you have severe pain, call your primary health care provider.**

Sex

- **Do not** have sex for 6 to 8 weeks (1 ½ to 2 months) after your surgery. If you have questions or concerns, talk with your OT.

Sitting

- Sit on high, firm chairs with arms.
- **Check all seat heights before you sit down.**
 - › **Your hips should always be higher than your knees.**
 - › Your feet should be supported on the floor or on a flat surface.
- Some chairs can be adjusted to the right height. Talk with your PT about this, if needed.

Kitchen

- Sit in a chair with arms when you are doing activities at a counter or resting.
- Use an apron with pockets to carry things from one place to another.
- Buy frozen meals or have someone prepare and freeze meals for you before you leave the hospital.
- Have someone organize your cupboards and fridge so the things you may need are easy to reach without bending. Items should be between your waist and shoulder height.

Bedroom

- A regular bed with a firm mattress is best. **Do not** use a waterbed or a low bed.
- You may want to move a bed to the main floor of your home so you will not have to climb stairs for the first 7 to 14 days (1 to 2 weeks) after your surgery.
- Have someone organize your dresser drawers and closet so things are within easy reach. Items should be between your waist and shoulder height.

Bathroom

- Have someone do these things for you before you leave the hospital:
 - › Install a hand-held showerhead for easy bathing.
 - › Put a non-slip mat inside and outside of the tub or shower.
 - › Install toilet and tub equipment as recommended by your OT or PT. To fit a tub transfer bench into a tub, remove sliding doors (if needed) and replace them with a shower curtain.
 - › Buy a long-handled sponge or a washcloth tied to a scrub brush to wash your feet, lower legs, and back.

Equipment

- **You will need equipment to help you at home. This must be ready for when you go home after your surgery.**
- Your health care team will:
 - › Tell you what equipment you will need and where to get it
 - › Teach you how to use it

Toilet

- Most toilets will be too low. You may need a raised toilet seat.
- You may also need arms around the toilet to help you sit down and stand up. These can be grab bars on the wall or arms attached to the toilet.
- Your OT will help you decide what is best for you.

Raised toilet seat



Tips to prevent falls

- Wear non-skid, supportive shoes.
- Move or tape down electrical cords.
- Clear hallways of clutter.
- Make sure there is a handrail on all staircases and steps.
- Remove any loose rugs.
- Watch for pets or small objects on the floor.
- **Use your walker at all times, even for short distances.**
- When using a chair, stand up and sit down slowly.
- Hem long pants.
- Keep living areas well-lit.
- If you use the bathroom often at night, keep the path to the bathroom well-lit. You may want to use a bedside commode (portable toilet) for the first few weeks after your surgery.
- Clean up spills right away.
- Put items you use often within easy reach.
- Ask for help when you need it.
- Take your time (for example, **do not** rush to answer the phone). Stay safe by taking the time to use the skills you have learned.

Osteoporosis

- Osteoporosis is a disease that makes your bones weak and more likely to fracture or break.
- Osteoporosis takes years to develop and does not have any symptoms or signs. The first warning is often a fracture (broken bone).
- If you are over 50 years old and your fractured hip happened because of a fall, you have osteoporosis.
- **You are at a high risk of having another fractured bone unless your osteoporosis is treated.**
 - › **It is very important to talk with your primary health care provider about your risk for osteoporosis and future fractures.**
- There are treatments available that can greatly lower your risk of another fracture. Talk with your primary health care provider about what is right for you.
- You should also have a **Bone Mineral Density (BMD) test** to help your primary health care provider monitor how well your treatment is working.
- **To help keep your bones healthy and for your osteoporosis treatment to work well:**
 - › Do weight-bearing exercises regularly.
 - › Make sure that you get 1200 mg of calcium a day. This is the same as having at least 3 servings of dairy products a day.
Food is the best way to get calcium. Only take a calcium supplement after talking with your primary health care provider.
 - › Make sure you get 800 to 2000 IU of vitamin D a day. You can get this from supplements.

For more information about osteoporosis:

- Osteoporosis Canada
 - › www.osteoporosis.ca

Nutrition

- Good nutrition is important over the next few months. Healthy foods help your body heal.
- Each food gives you some of the more than 50 nutrients that your body needs. This is why it is important to eat a variety of foods.
- **It is important to get lots of:**
 - › Energy (calories)
 - › Protein
 - › Calcium
 - › Vitamin A
 - › Vitamin C
 - › Zinc
 - › Iron
- You can get all of these by eating a variety of healthy foods, like:
 - › Vegetables and fruits
 - › Whole grain foods
 - › Protein foods
- Eating 3 healthy meals a day will help to give you the energy you need to heal. You may want to eat 6 small meals a day instead of 3 large meals. To do this, simply add a small meal mid-morning, mid-afternoon, and in the evening.
- Choose water more often.
- Try to limit coffee and tea to 3 cups or less a day.
- Talk with your primary health care provider about how much alcohol you drink.
- If you have questions, ask to meet with a dietitian while you are in the hospital. Your primary health care provider can also refer you to an outpatient dietitian after you leave the hospital.

Stopping smoking

- If you smoke, smoke less or quit, if possible.
- If you are having trouble stopping smoking, talk with your primary health care provider or community pharmacist. There may be medications that can help.
- If you are concerned about withdrawal symptoms, ask your primary health care provider or community pharmacist about products like nicotine patches.

The following resources may help:

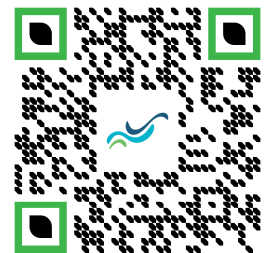
- The Lung Association of Nova Scotia and Prince Edward Island
 - › www.lungnspei.ca
 - › Phone (toll-free): 1-800-451-2221 (for support groups in your area)
- *About Nova Scotia Health's Smoke and Tobacco Reduction Policy*
 - › www.nshealth.ca/patient-education-resources/1547

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



If you decide you are ready to try to quit smoking, Tobacco Free Nova Scotia (TFNS) can help:

- You can talk with a trained counsellor by phone for support with issues like cravings or withdrawal, or just to talk.
- Your counsellor will work with you to develop a personal quit plan that is right for you.
- To talk to a quit specialist at TFNS:
 - › Phone: 811
 - › Visit: <https://tobaccofree.novascotia.ca>
- **To register for a Stop Smoking Program, call the Mental Health and Addictions Intake Service:**
 - › Phone (toll-free): 1-855-922-1122



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This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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