

Fractured Hip

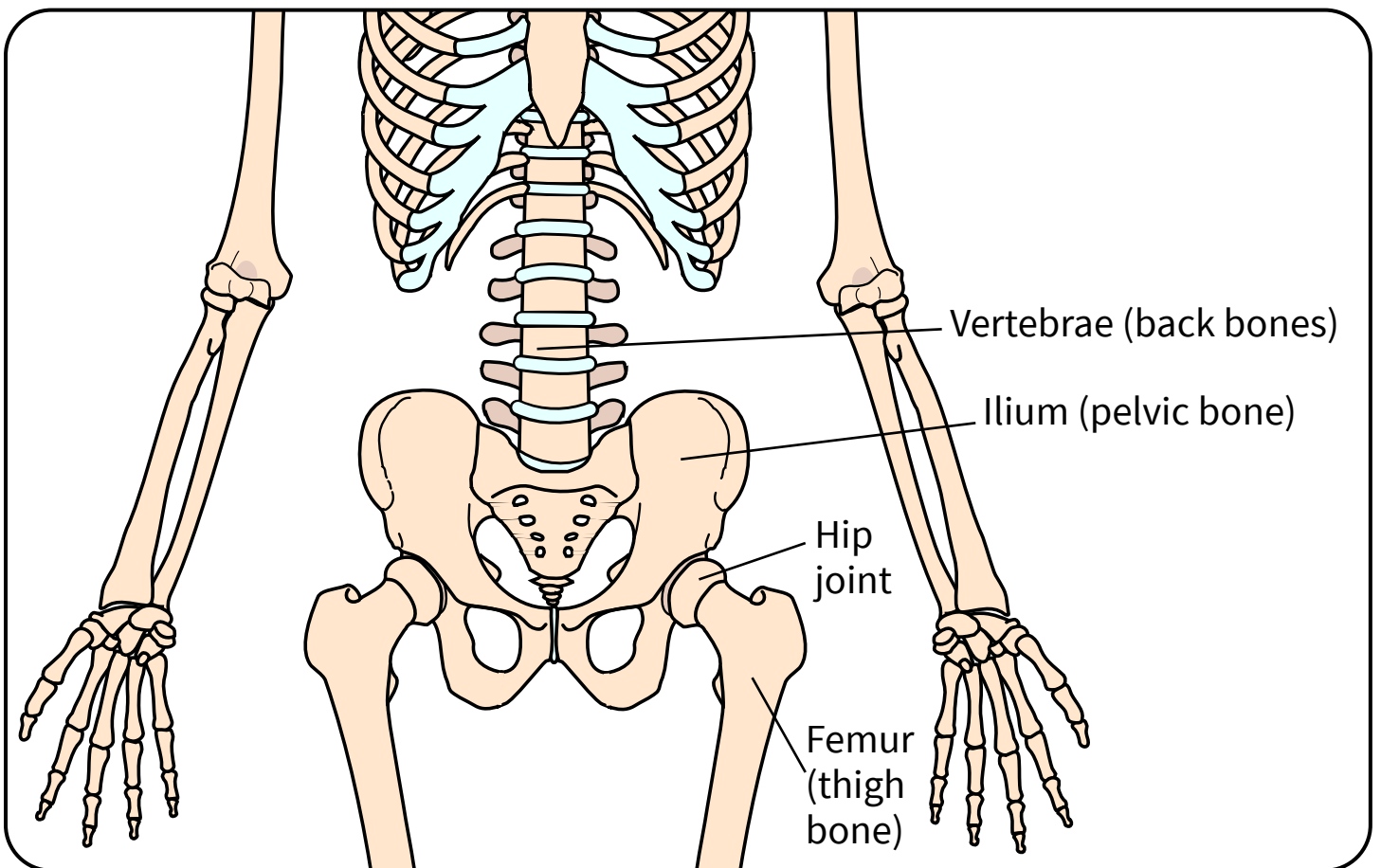
Cape Breton Regional Hospital

Fractured Hip

You have broken or fractured your hip. This guide will help you and your loved ones during your hospital stay and recovery.

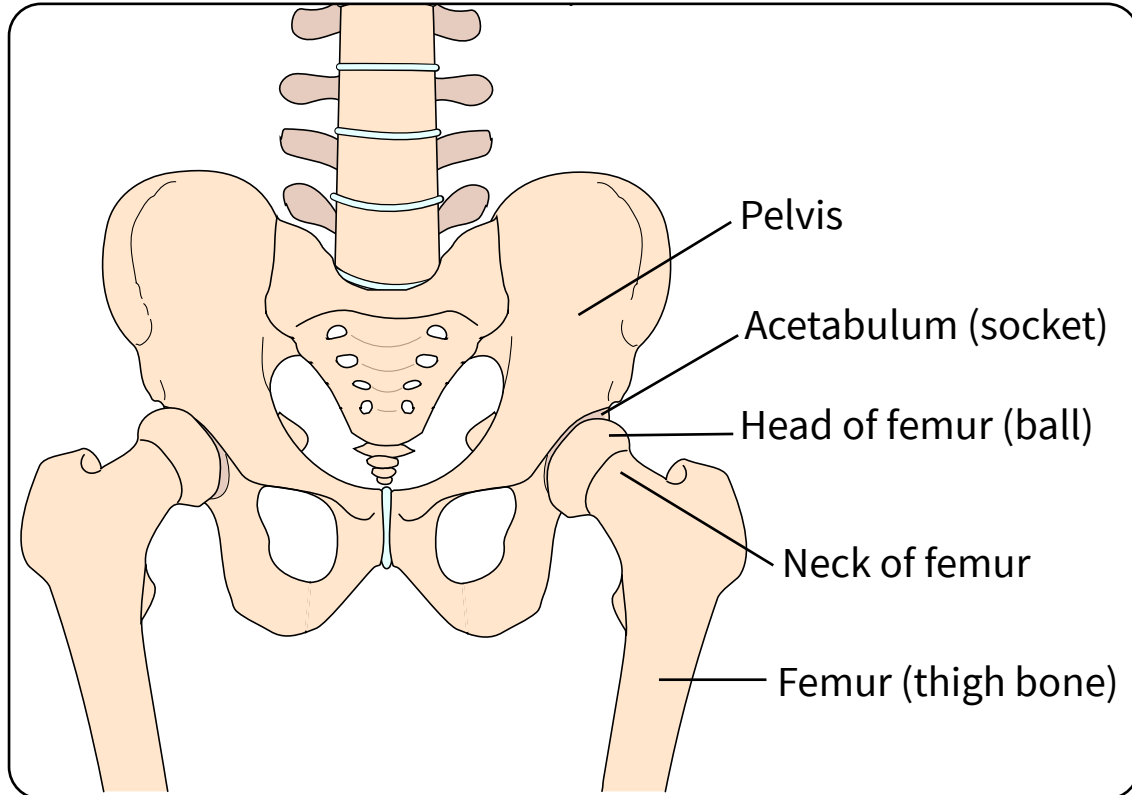
This guide is yours to keep. You may wish to make notes about any special instructions you are given.

Since everyone's condition is different, this is only a guide. How long you stay in the hospital will depend on your type of hip fracture, how your fracture is managed, and if you have any other medical problems.



What does the hip joint look like?

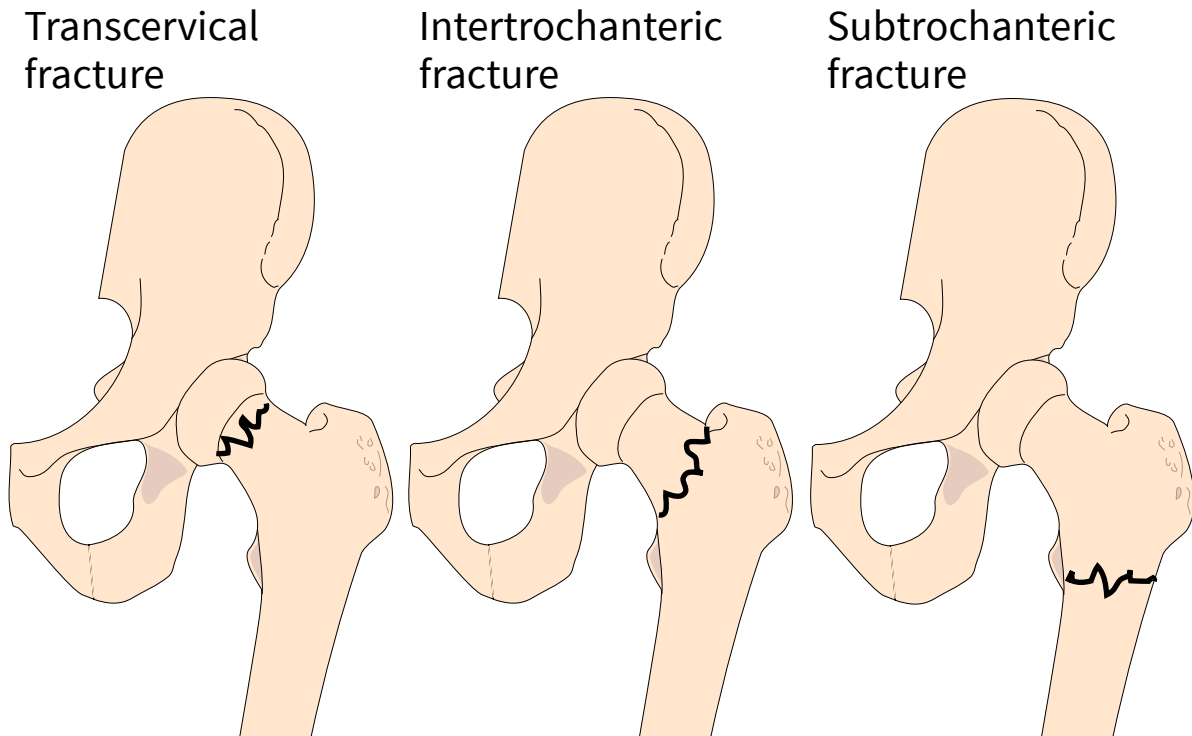
The hip joint is made up of 2 bones: the femur (thigh bone) and the pelvis. The head (or ball) of the femur fits into the socket of the pelvis. Ligaments and muscles hold the hip joint together.



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)
2. Surgical

Non-surgical management

After you have been examined and tests have been done, your health care provider may decide not to do surgery.

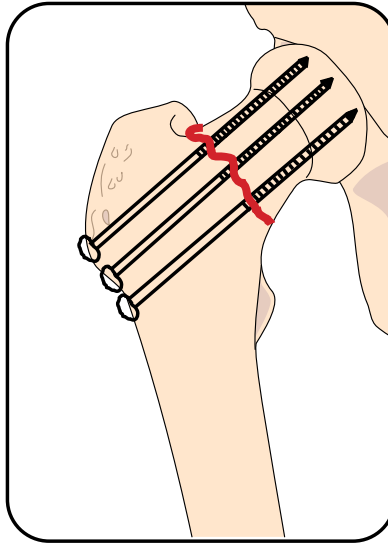
Surgical management

What type of surgery do I need?

The surgeon can fix your hip in different ways. This depends on the type of hip fracture you have.

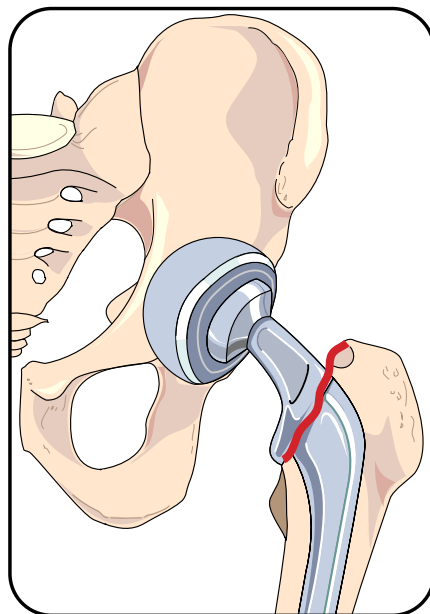
Femoral neck fracture

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



Hip replacement/prosthesis

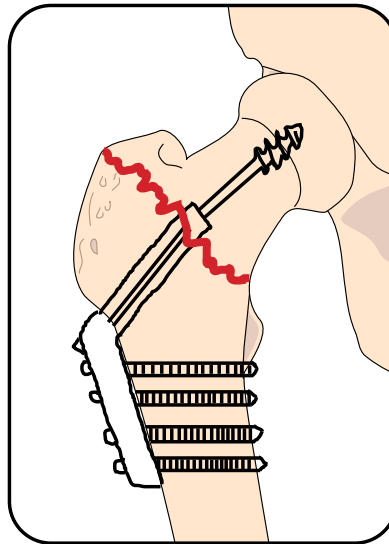
If your hip cannot be repaired, the surgeon may replace the head of the femur and/or the socket that the head fits into with an artificial hip. This is called a prosthesis.



An intertrochanteric fracture is repaired with a dynamic (movable) hip screw or intermedullary nails.

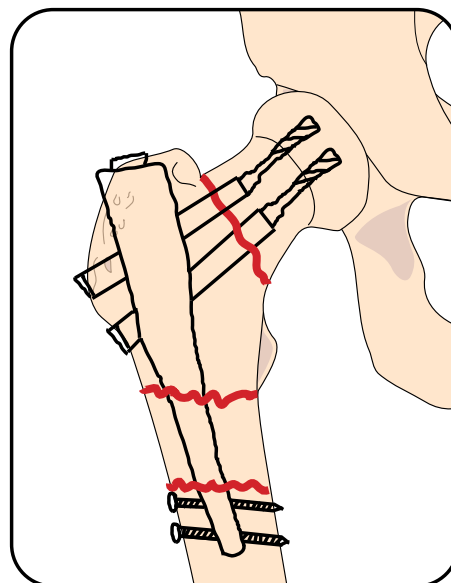
Dynamic hip screw (DHS)

A metal plate and screws are used to hold the pieces of bone together by screwing them into the broken bone.



Intramedullary nails (IM)

Screws and a rod inside the femur are used to hold the pieces of bone in place. This repair is often used for fractures in the intertrochanteric or subtrochanteric areas of the femur.



Hip Precautions (rules) (if you had a hip replacement)

- Follow these rules to help your muscles heal and keep your new hip in place.
- Follow these rules for 6 to 8 weeks (1 ½ to 2 months) after surgery, or until your surgeon tells you to stop.



DO NOT twist your operated leg inwards or outwards from the hip. You can put a pillow or a blanket roll by your ankles when sleeping to stop your legs from twisting outwards. Your shoulders, hips, and knees should be in line at all times.



DO NOT cross your legs at the ankles or knees. Keep your knees hip-width apart.

DO NOT use your foot to remove the shoe from your other foot.

DO NOT use your other foot to lift your operated leg into bed.



DO NOT bend from the hip or waist past 90 degrees when you are sitting, standing, or lying.

DO NOT reach your hands past your knees.

Your hospital stay

You can expect to be in the hospital until you are able manage your pain and can walk safely. A nurse will review your progress with you and/or your loved ones each day. Ask your nurse or another member of your health care team any questions you may have.

You may go from the Emergency Department to the Operating Room (OR) to have your hip repaired, or you may be taken to an inpatient orthopedic unit first. Your health care team will tell you and your loved ones when your surgery will be done.

Tests

You had X-rays taken of your hip in the Emergency Department. They will help the surgeon decide what type of management/repair needs to be done. You will also need to have blood work and other tests.

Deep breathing and coughing

Your breathing may be shallow because you are not active due to your fracture. This may cause chest problems, like pneumonia (lung infection). You will be shown deep breathing and coughing exercises to 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 (device that measures how deeply you can breathe in) to help you with these exercises.

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 to lower the risk of blood clots.

Managing your pain

It is normal to have pain with a fractured hip. You will be offered pain medication. You will need to tell the nurse when you are having pain. **Do not hesitate to ask for pain medication.** You will not get addicted during a short hospital stay, even if you take a lot of medication.

Food and medications

If you are going to have surgery, you will not be able to eat or drink anything after midnight the night before your surgery. Your health care team may tell you not to take some of your medications before surgery. Your health care provider will talk about this with you.

After surgery – in the hospital

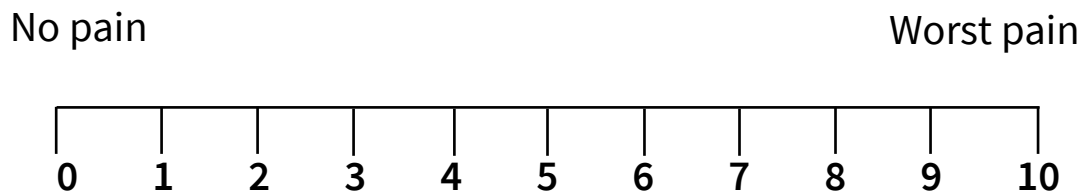
- Your surgery will take about 1 ½ to 2 ½ hours.
- After surgery, you will be taken to the Post-Anesthetic Care Unit (PACU) or to the Recovery Room. You will be closely monitored until you are ready to go to the inpatient unit. If you have pain or nausea (upset stomach), tell your nurse.
- If you need closer observation or cardiac (heart) monitoring after surgery, you may go to the Intermediate Care Unit (IMCU) or 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 the inpatient unit.
- You will get one dose of an antibiotic while you are in surgery. You will also get 2 more doses once you are on the inpatient unit. These antibiotics are given to lower the risk of infection.

While you are on the inpatient unit

- When you arrive on the inpatient unit, the nurses will check your vital signs and operated leg every 4 hours for 48 hours (or more often depending on your condition, or if your doctor says this is needed). Your vital signs include your blood pressure, heart rate, breathing rate, temperature, pulse, and feeling and movement in your operated leg and foot.
- The nurse will examine your stomach (belly) with a stethoscope, to listen for bowel sounds. This is to check that your bowels are working after surgery.
- You may have ice chips or sips of water for the first few hours after surgery.
- You will likely have blood work done after surgery.
- You will be encouraged to do as much as you can for yourself.
- Your leg may be bruised and swollen, and hurt when you move.
- The nurses will check your bandage and ask you about your pain.

Pain control

It is normal to have pain after surgery. The nurses will use a pain scale where “0” means no pain and “10” means worst pain. You will be asked to rate your pain using this scale.



Members of your health care team will control your pain with pain relief medication(s). Your pain will get better over time as you heal. It is important to have your pain controlled so that you can do your hip exercises and move around. Ask your nurse for pain medications as needed.

Confusion

Some people may 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.

If, as a loved one, you notice that the person is acting differently or is restless, please tell their nurse or a member of their health care team.

Nausea

You may have nausea after any type of anesthetic. Nausea is also a side effect of some pain medications. If you feel unwell or have nausea, tell your nurse. You will be given medication to help with these symptoms.

Skin

- Healthy skin helps to prevent infections. We will check your bandages and incision (cut) often while you are in the hospital.
- Lying in bed puts pressure on your skin. Over time, you can develop a pressure ulcer (bed sore). The first signs of this problem are burning, redness, or pain. If you have any of these signs on your buttocks (bum), ankles, heels, elbows, shoulders, or ears, tell a member of your health care team. If you have pressure or soreness on your heels, a member of your health care team will put foam heel protectors on your feet.

The best way to avoid skin problems is to change your position often. Avoid lying down in bed for long periods of time. Your health care team will remind you to get up and move as much as possible after surgery. You should be getting up and out of bed for all of your meals. You should also do this when you go home.



Swelling

It is normal to have some swelling in your operated leg after surgery. This can last for a few weeks. You may have more swelling when you are more active. **To help lower swelling, do not sit for long periods of time.** Pump your ankles and feet often to help help the blood move in your legs.

Weakness

You may feel tired and dizzy when you get out of bed after surgery. 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 to go to the bathroom or walk by yourself.

Urinary problems

You may have trouble urinating (peeing) after surgery. If you have any trouble urinating, are urinating often, or have burning when urinating, talk with your nurse.

Bowel problems

- There may be a change in your bowel habits (pooping) after surgery.
- Pain medication can cause constipation (not being able to poop). Your surgeon may start you on a laxative (medication to help you poop) or a stool softener to help you poop, if needed.
- If you are going home on pain medications, you may need to keep taking a laxative at home. You can buy these over the counter at any drugstore.
- Remember to drink plenty of liquids, eat foods with natural roughage (fibre), and be as active as possible.

Lung problems

Getting up and moving around is one of the best ways to help keep your lungs clear. After surgery, you will be less active. It is important to do deep breathing and coughing exercises every hour while you are awake. Deep breathing and coughing helps to:

- › keep your lungs expanding (getting bigger).
- › clear mucus from your lungs and throat.
- › lower the chance of getting a lung infection.

How to do deep breathing and coughing:

1. Place your hands on your stomach (above your belly button).
2. Breathe in as deeply as you can. You will feel your stomach push out against your hands. Hold the breath for 2 to 3 seconds.
3. Breathe out slowly through your open mouth, like blowing through a straw.
4. Try coughing after doing the deep breathing.
5. Repeat 5 to 10 times each hour while you are awake.

Your nurse may offer you an incentive spirometer to help with deep breathing. If so, they will go over this with you.

Blood clots

- You have a higher risk of forming a blood clot after surgery. **It is very important to do your exercises, and get up and move as much as you can after surgery to prevent blood clots.**
- Signs of a blood clot in your leg are redness, swelling, warmth, or pain anywhere in either leg.
- **Tell a member of your health care team right away if you notice any of these signs of a blood clot in your lung:**
 - › Sharp chest pain
 - › Shortness of breath
 - › Fast heart rate
 - › Low fever (temperature above 38° C/100.4° F)
 - › Bloody sputum (phlegm or mucus)

Preventing blood clots

- Your surgeon will decide what blood-thinning medication is best for you. Blood-thinning medication can be ordered in pill or needle form.
- You may need to keep taking blood-thinning medications at home. If the medication is in needle form, you will be taught how to inject it yourself.
- If you are on medication to prevent blood clots, it is important to finish taking all of the medication.
- Your surgeon may also want you to wear special stockings called T.E.D.™ stockings. If needed, these stockings will be given to you during your hospital stay.

Exercises

Exercising after surgery will help you to:

- › strengthen the muscles in your legs.
- › move your hip and prevent joint stiffness.
- › improve blood supply to your legs.
- Doing exercises on both legs will help to improve blood circulation, increase muscle strength, and prevent blood clots.
- Your physiotherapist will show you how to do your exercises.
- You are expected to do these exercises several times each day while you are in the hospital, and when you go home. As you get stronger, your physiotherapist will give you harder exercises (progressions) to do.

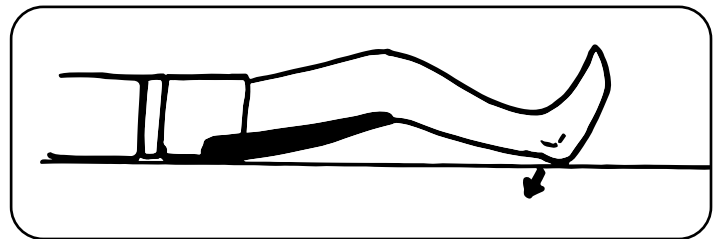
Exercises just after surgery

Do the exercises below up to 3 times a day. Repeat exercises for your other leg.

Leg exercises (while lying down)

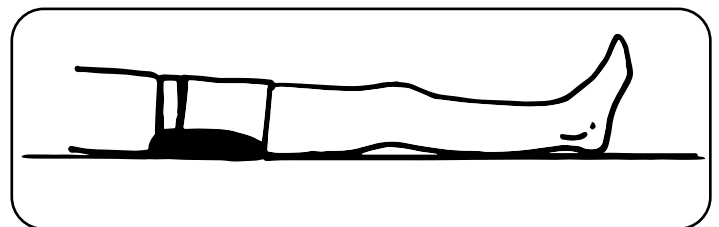
Hamstring isometrics

- 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.



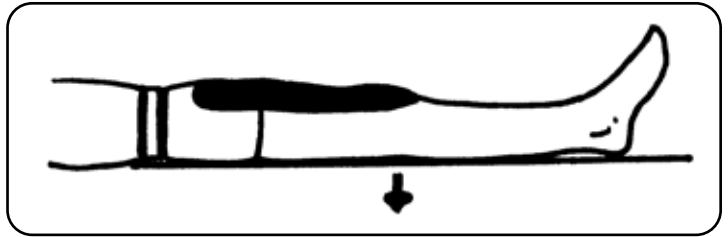
Glute isometrics

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



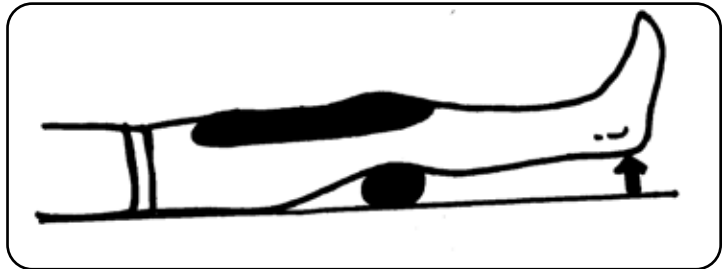
Quad isometrics

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



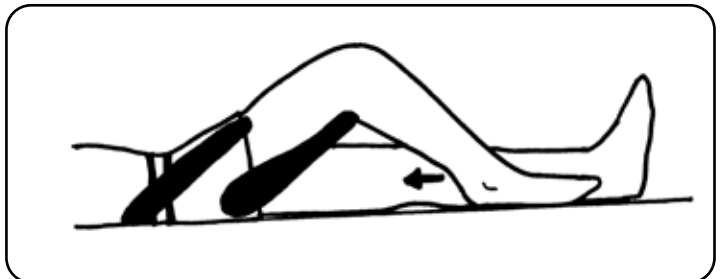
Quad over roll

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



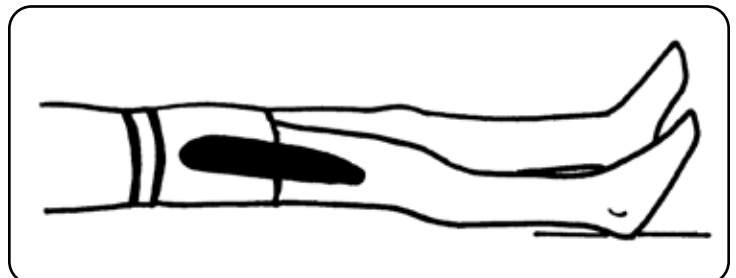
Heel slides

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



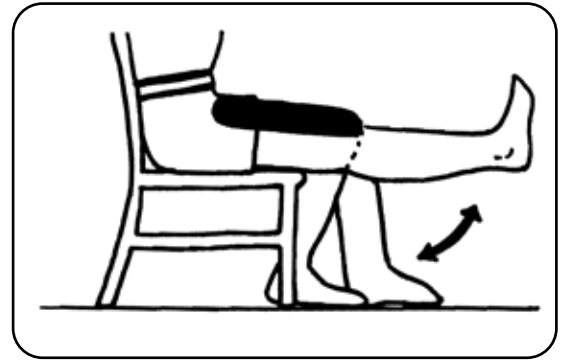
Hip abduction

- Slide your leg out to the side. Keep your toes pointed at the ceiling.
- Hold for 5 seconds.
- Then bring your leg back toward 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

Once the exercises above (done while lying down) become easy, you can start standing exercises. Stand holding onto a counter or sink.

Note: Do not use a walker or crutches for balance — this is not safe.

Hip and knee flexion

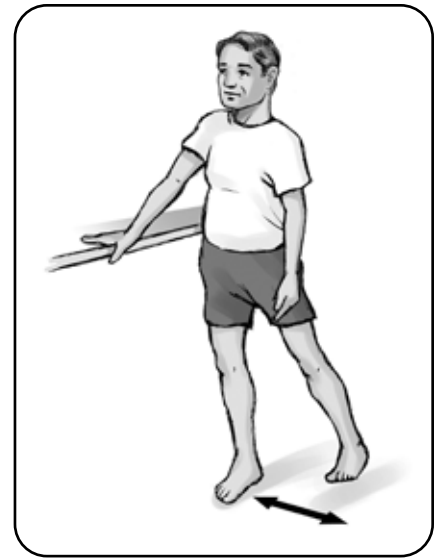
- Stand up straight.
- Lift the knee of your operated leg upwards.
- **Do not** lean forward.
- Hold for 5 seconds. You should feel the muscle on the front of your hip working.
- Relax and repeat 10 times.

If you have had a hip replacement, do not bend your hip past 90 degrees for the first 8 weeks (2 months).



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 side 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 toward 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.



Use pain as your guide. If your pain gets worse, stop the activity. If you have severe (very bad) pain, contact your primary health care provider.

Learning how to move

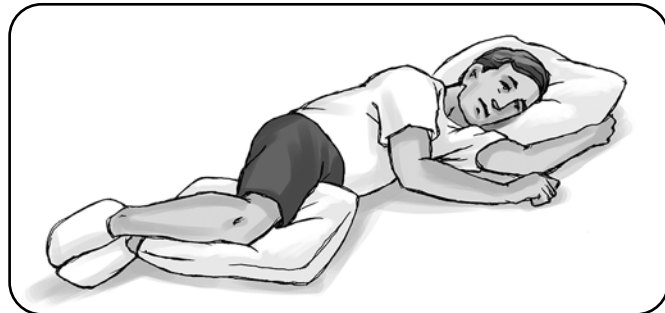
If you have had a hip replacement, the biggest chance of dislocating your hip is when you change positions. You can protect your new hip by planning ahead how you will move.

Lying down 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

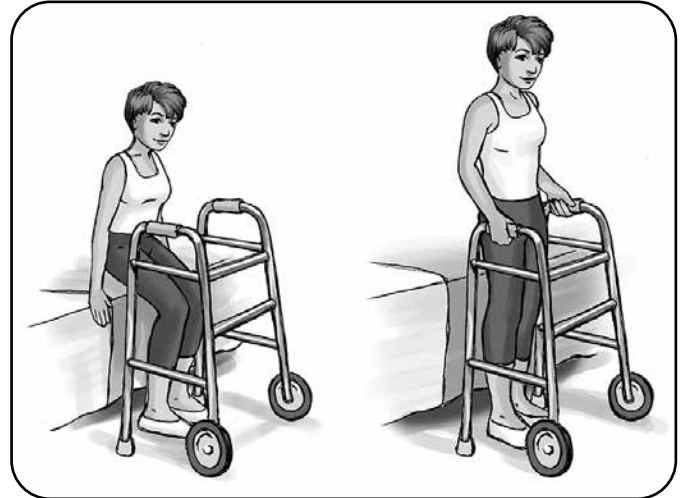
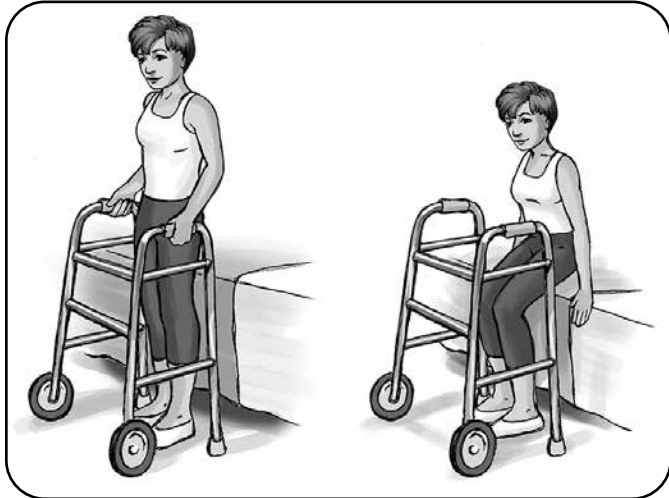


When lying on your side, you will need to lie on your non-operated side. Use a few pillows between your legs to keep your operated hip, knee, and ankle at the same level. Your nurse or physiotherapist will show you how to turn safely onto your side.

Getting in and out of bed after surgery

On the day of your surgery, a member of your health care team will show you how to get in and out of bed.

Note: If you have had a hip replacement, do not sit up in bed and reach forward to get things at the end of the bed. You can get things safely by using a long-handled reacher.



To get out of bed from a lying position:

- Push up on your elbows and hands.
- Then move your whole body as a unit, sliding your hips and legs over to the edge of the bed to sit.
- When possible, get in and out of bed by leading with your non-operated leg.

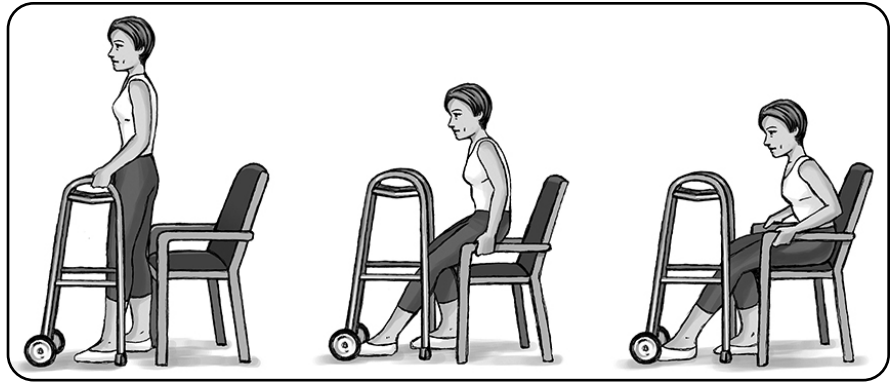
Weight bearing

Weight bearing is the amount of weight you can put on your operated leg. Usually after surgery you are allowed to bear weight as long as it does not cause you pain. If you have restrictions in the amount of weight that you are allowed to put on your operated leg, the nurse and physiotherapist will show you how to walk.

Sitting down

When you sit down, follow these steps:

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 bed with your hands.
5. Lower yourself to a sitting position slowly and gently.



Remember, chairs with arms are best. Do not sit in low chairs.

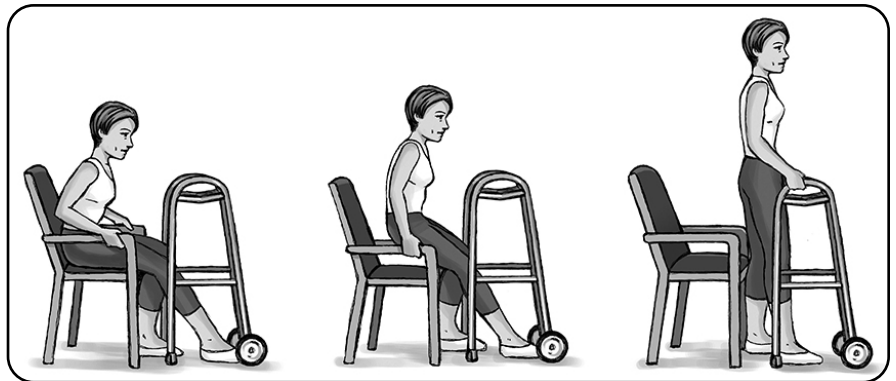
You can put a pillow on the chair to increase the height.

Your knees should not be above your hips.

Standing up

When you stand up, follow these steps:

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 walking aid.



Walking

You will use a walker or crutches first, and then progress to a cane or crutch. The first few times you get out of bed, you may feel weak or dizzy. Make sure a nurse or physiotherapist is with you. Tell them if you feel weak or dizzy at any time. Your physiotherapist will tell you when it is safe for you to walk by yourself.

When you are walking with a walker, follow these steps:

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 walking aid. Walking helps to prevent joint stiffness and is good for your general health, strength, and blood circulation. Try to increase your distance as you are able. When turning, pick up your feet to take small steps. Avoid twisting your body, and turn towards your good (non-operated) side.

Stairs, curbs, and steps

Your physiotherapist will show you how to climb stairs safely.

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

1. Face the step.
2. Stand close to the step with your cane in the hand away from the handrail.
3. Put your other hand on the handrail.
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 the cane and the operated leg up together.



Note: Shaded leg is the operated leg.

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

1. Face the step.
2. Stand close to the edge with your cane in the hand away from the handrail.
3. Put your other hand on the handrail.
4. Put your cane in the middle of the next lower step, followed carefully by your operated leg.
5. Step down with your non-operated leg.



Note: Shaded leg is the operated leg.

When you are at home, have someone with you when you go up or down stairs until you are able to do it safely. The person should follow closely behind you on the way up and should be one step below you on the way down.

Getting ready for discharge

After surgery for a fractured hip, some people are able to return to their own home or to a nursing home. Some people may need to go to another unit in the hospital or to a hospital near their home to recover longer.

Getting your home ready

- You will likely need help when you go home. If you live on your own, arrange to have someone stay with you. How long you will need help will depend on your situation. Also arrange to have someone drive you home from the hospital before 10 a.m. on discharge day.
- Have someone prepare some meals and freeze them. Remove rugs. Rearrange kitchen equipment and items in other rooms so that you will not have to bend or reach to get them.

Equipment

- You will need a walker or crutches. This will be assessed by your physiotherapist. You will not need to bring your own equipment into the hospital unless requested by your physiotherapist. You may need other equipment, like a raised toilet seat or a reacher. This will be assessed by the physiotherapist or occupational therapist during your hospital stay.
- You can borrow, rent, or buy the equipment that is recommended by your physiotherapist. You may get equipment from:
 - › The Canadian Red Cross (while you are in the hospital, you and your loved ones will be told how to get this equipment before you are discharged home)
 - › Medical suppliers in the YellowPages™ of the telephone 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.

Home support and services

- Continuing Care is the provincial home care program funded by the Nova Scotia Department of Health and Wellness. They provide nursing services, personal care assistance, general housekeeping chores, laundry and meal preparation, caregiver relief/respite, and oxygen services (if needed). Care coordinators may visit you while you are in the hospital to 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 or physiotherapist.
- A social worker is available for counselling to help patients and their loved ones with social and emotional concerns. The social worker 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 a 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 to close your incision, you will need to have them removed after surgery. Your nurse may give you a staple remover to take with you to your primary health care provider (family doctor or nurse practitioner), or instructions to visit your surgeon for removal.
- Before you are discharged, your surgeon will give you instructions on how to care for your incision.

What to watch for after surgery

Dislocation

If your hip moves out of place, you may notice:

- › more pain.
- › a change in where you feel pain in your hip.
- › a change in the shape of your hip.
- › your hip gets stuck in one position.
- › you are not able to bear weight or walk on your operated leg.



If you notice any of these changes, call your surgeon right away, or go to the nearest Emergency Department. 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
- › More pain
- › Fever (temperature above 38° C/100.4° F)
- › Drainage from the incision
- › More redness around the incision

If you have any of these symptoms, call your surgeon right away. Infection must be treated right away.

Blood clots

You have a higher risk of forming a blood clot 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
- › Sharp chest pain
- › Fast heart rate
- › Bloody sputum
- › Low fever (temperature above 38° C/100.4° F)

If you have any of these symptoms, call 811, call your primary health care provider, go to the nearest Emergency Department, or call 911.

Exercises

- It is important to keep doing your exercises at home to strengthen your muscles and get your hip moving well. Your physiotherapist will progress your exercise program to help you improve the strength and range of motion of your hip.
- Walking is an excellent exercise. **It is important to bend your knee when you walk.**
- Go for several walks a day. Slowly increase how far you walk each day.
- **Being active keeps you and your new hip healthy.**

Getting dressed and occupational therapy

- **If you have had a hip replacement, follow your Hip Precautions (see page 6) as you get dressed.**
- Getting dressed from the waist up will not be any different than before your surgery.

Long-handled shoehorn



You may need the following tools to help you dress your lower body:

- › Sock aid
- › Walker
- › Long-handled reacher
- › Bed or chair
- › Long-handled shoehorn

Socks

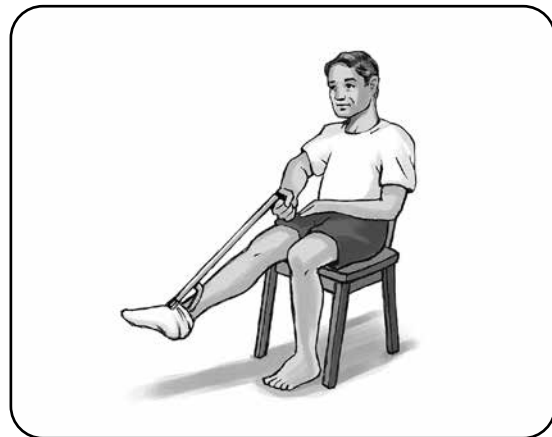
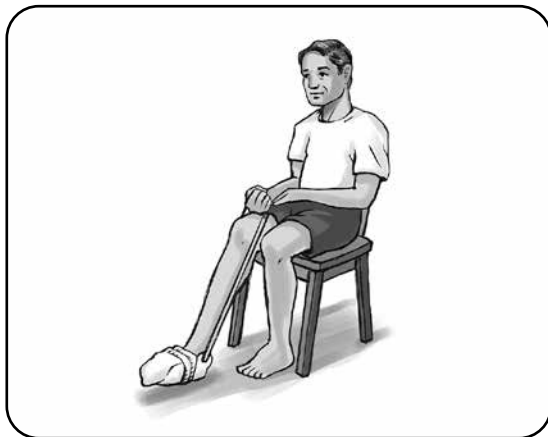
If you have had a hip replacement or you are not able to reach your feet, there are 2 ways to put socks on after surgery:

1. Use a sock aid.
2. Have someone help you.

Using a sock aid:

This works best with stretchy socks, like gym socks.

1. Slide the sock onto the sock aid.
2. Lower the sock aid to the floor using the string handles. **Do not bend over to lower the sock aid to the floor.**
3. Slide your foot into the sock aid, then pull up the sock by pulling on the string handles.
4. If the sock does not come all the way up, use a reacher to pull it up the rest of the way.

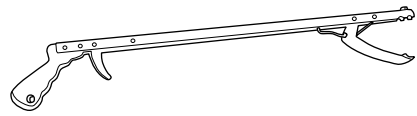


Underwear, pants, shorts:

To put your clothing on:

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

Long-handled reacher



To take your clothing off:

1. Start by standing up, with your walker in front of you.
2. Keeping one hand on your walker, use your other hand to lower the clothing. **Do not bend over.** Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down slowly on a bed or chair.
4. Use a reacher to lower the clothing 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 clothing up off the floor.



Bathing

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

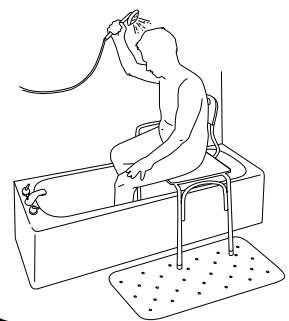
To bathe, you can:

- Take a sponge bath at a sink.
- Use a walk-in shower and sit on a shower chair. You may need a grab bar to help you sit down and stand up.
- Shower while sitting on a tub transfer bench in the tub. Your physiotherapist will suggest the best bench height for you, and teach you how to get on and off the bench.
- Use a long-handled sponge or a washcloth tied to a scrub brush to wash your feet, lower legs, and back.
- Consider installing a hand-held showerhead, if you are using a tub transfer bench.
- Make sure there is a non-slip surface inside and outside of your tub or shower.

Shower chair



Tub transfer bench



Please talk with your health care provider about shower instructions.

Driving

- **Do not drive until your surgeon tells you that you are ready.**
- **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 often for stretch breaks (about every 1 to 1 ½ hours).

How to get in and out of a vehicle

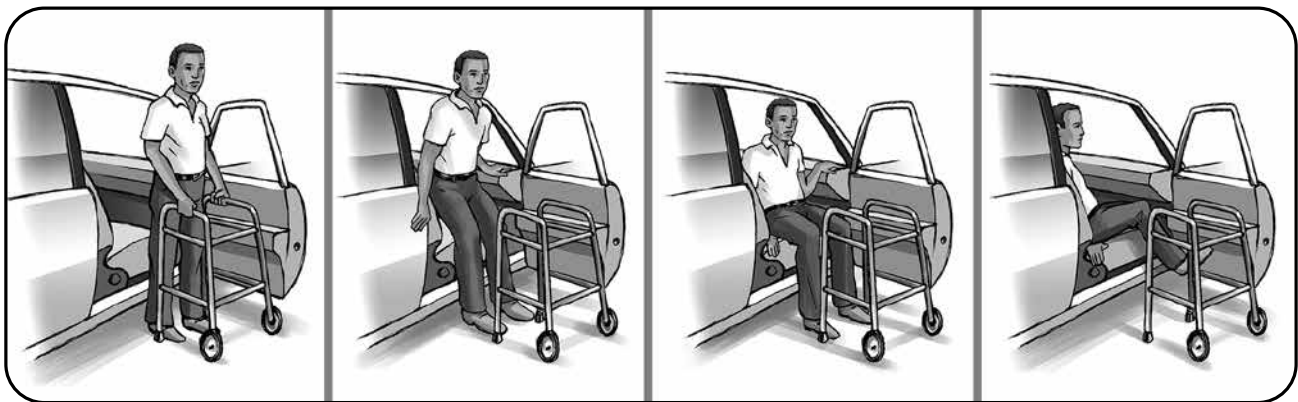
Getting in and out of all vehicles, including vans and SUVs, is similar. You may need to make some adjustments depending on your height, the height of the seat, and your physical condition. A plastic bag placed on the seat will make it easier for you to turn. Please talk with your physiotherapist if you have any concerns about getting in and out of your vehicle. **The front passenger seat is the safest place to sit.**

Have your driver:

Open the vehicle 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 (or seat), if needed.

To get in and out of a car:

1. Have your support person or driver fully open the passenger door, move the seat back, and tilt the backrest back. If it helps, put a pillow on the seat to make it higher. You can put a plastic bag on top of the pillow (or seat) to help you slide more easily.
2. Stand so that the backs of your legs are against the base of the car. Place your left hand on the dashboard and slide your operated leg forward.
3. Carefully lower yourself onto the seat.
4. 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.
5. Reverse these steps to get out facing forward.



Work and leisure

Everybody has a different lifestyle. Your physiotherapist can talk with you about limits and safety during your work and leisure time. You should increase your activities slowly over time. Ask your primary health care provider or physiotherapist to help you plan your return to work and activities.

To conserve (save) energy and prevent injury to your hip, make sure items are within easy reach. Put items at, or above, waist level to avoid bending, lifting, and reaching.

Prevent hip pain or injury by doing the following:

1. Do your exercises each day.
2. Follow your Hip Precautions (see page 6).
3. Use the right equipment.
4. Change your position often when sitting or lying.
5. Use pain as your guide. If your pain gets worse, stop the activity. If you have severe (very bad) pain, contact your primary health care provider.

Sexual activity (sex)

You should not have sex for 6 to 8 weeks after your hip surgery. If you have any questions or concerns, talk with your occupational therapist.

Sitting

- Sit on high, firm chairs with arms. All surfaces you sit on should be high enough that your hips are always **higher** than your knees, and your feet are supported on the floor or a flat surface. **Check all seat heights before you sit down.**
- Some chairs can be adjusted to the right height. Talk with your physiotherapist about how to adjust chair heights.

Kitchen

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

Bedroom

- A standard or 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 week or 2 that you are home.
- Organize your dresser drawers and closet so things are within easy reach. Items should be between your waist and shoulder height.

Bathroom

- Install a hand-held showerhead for easy bathing.
- Make sure there is a non-slip surface inside and outside of your tub or shower.
- Use a long-handled sponge or a washcloth tied to a scrub brush to wash your feet, lower legs, and back.
- Use toilet and bathtub equipment as recommended by your physiotherapist.
- To fit a tub transfer bench into the tub, you may need to remove sliding doors and replace them with a shower curtain.

Equipment

- **You will need equipment to help you at home. You must have this equipment ready for when you go home after surgery.**
- Your health care team will tell you what equipment you will need and where to get it. They will also teach you how to use it.

Toilet

Most toilets will be too low. You may need a raised toilet seat. You may also need support 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 physiotherapist will help you decide what is best for you.



Tips to prevent falls

- Wear non-skid, supportive shoes.
- Move or tape down electrical cords.
- Clear hallways of clutter.
- Make sure there is a railing on all staircases and steps.
- Remove scatter rugs.
- Watch for pets or small objects on the floor.
- Use your walking aid at all times, even for short distances.
- Move slowly when sitting down on a chair or bed and standing up.
- Hem long pants.
- Keep living areas well-lit.
- If you get up to use the bathroom often at night, keep the path to your bathroom well-lit. You may want to consider using 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 your physiotherapist taught you.

Osteoporosis

- Osteoporosis is a disease that takes years to develop and does not have any symptoms. As your bones lose minerals over time, they get weaker and are more likely to fracture or break. The first warning sign of osteoporosis is often a fracture.
- 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 fracture unless your osteoporosis is treated.** Please ask your primary health care provider how to get screened through the Osteoporosis Screening Program.
- It is very important that you 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 which one is best 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. You will also be screened by our osteoporosis nurse regularly to manage your osteoporosis.
- To help keep your bones healthy and for your osteoporosis treatment to work properly:
 - › Do regular weight-bearing exercise.
 - › Make sure that you take in 1200 mg of calcium every 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.**
 - › You need 800 to 2000 IU (international unit) of vitamin D a day. You can get this from supplements. Talk with your primary health care provider about which supplement is best for you.

If you have any questions about osteoporosis, contact:

- Osteoporosis Canada
 - › www.osteoporosis.ca

Nutrition

- It is important to eat well over the next few months, as your hip heals. Food gives your body the building blocks for healing, so it is important to eat enough healthy food every day. **It is especially important to get lots of energy (calories), protein, calcium, vitamin A, vitamin C, and zinc. Dietary iron (iron from food) is also important after surgery.** You can get all of these by eating a variety of healthy foods each day, including vegetables and fruits, whole grain, protein, and water.
- All food has calories, which give your body energy. Eating 3 balanced meals a day helps give you the energy you need to heal. You may want to have 6 small meals a day instead of 3 large meals. To do this, simply add small meals at mid-morning, mid-afternoon, and in the evening. Each food choice 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.
- Try to keep the amount of coffee or tea you drink to 3 cups a day or less.
- Talk with your primary health care provider about how much alcohol you drink.

If you have any questions, ask to see the dietitian while you are in the hospital. Your primary health care provider can also refer you to an outpatient dietitian after you are discharged.

Stopping smoking

If you smoke, smoke less or quit, if possible. If you are having trouble trying to stop smoking, talk with your primary health care provider or community pharmacist. There are 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.ns.lung.ca
 - › Phone (toll-free): 1-888-566-5864 (for support groups in your area)
- Mental Health and Addictions Services Stop Smoking Program
 - › <https://mha.nshealth.ca/en/services/stop-smoking-program>
 - › Find local program contact numbers on the website.

- Call 811 to register for the Tobacco Free Nova Scotia Program or visit:
 - › <https://811.novascotia.ca/>
- Tobacco Free Nova Scotia
 - › <https://tobaccofree.novascotia.ca>

Your health care team members

Surgeon or Resident: _____

Nurse Practitioner: _____

Charge Nurse: _____

Registered Nurse (RN): _____

Licensed Practical Nurse: _____

Physiotherapist: _____

Physiotherapy Assistant: _____

Occupational Therapist: _____

Occupational Therapy Assistant: _____

Social Worker: _____

Dietitian: _____

Spiritual Care: _____

Continuing Care Coordinator: _____

Unit Clerk: _____

Unit Aide: _____

Resources

- Nova Scotia Health
 - › www.nshealth.ca/your-extended-hospital-stay
- Canadian Orthopaedic Foundation
 - › www.canorth.org

