

Hip Fracture Recovery Guide

Aberdeen Regional Hospital

How much weight am I allowed to put on my operated leg?

- Weight bearing, as tolerated
- Partial weight bearing
- Toe-touch weight bearing
- Non-weight bearing

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Hip Fracture Recovery Guide: Aberdeen Regional Hospital

This guide will help you and your caregivers understand what your hip joint looks like and how it works. It will also give you guidelines to follow to help you recover after you leave the hospital.

You must follow these guidelines for at least 6 weeks after your surgery, or as instructed by your surgeon or health care team. Your first appointment with your surgeon will be scheduled about 2 weeks after your surgery, or when your surgeon decides is best for you.

To avoid problems after your hip surgery, it is important that you and your caregivers understand the information in this guide.

If you have any questions or concerns, ask to talk with your rehab team, or contact Rehabilitation Services:

- › Phone: 902-752-7600 ext. 2420

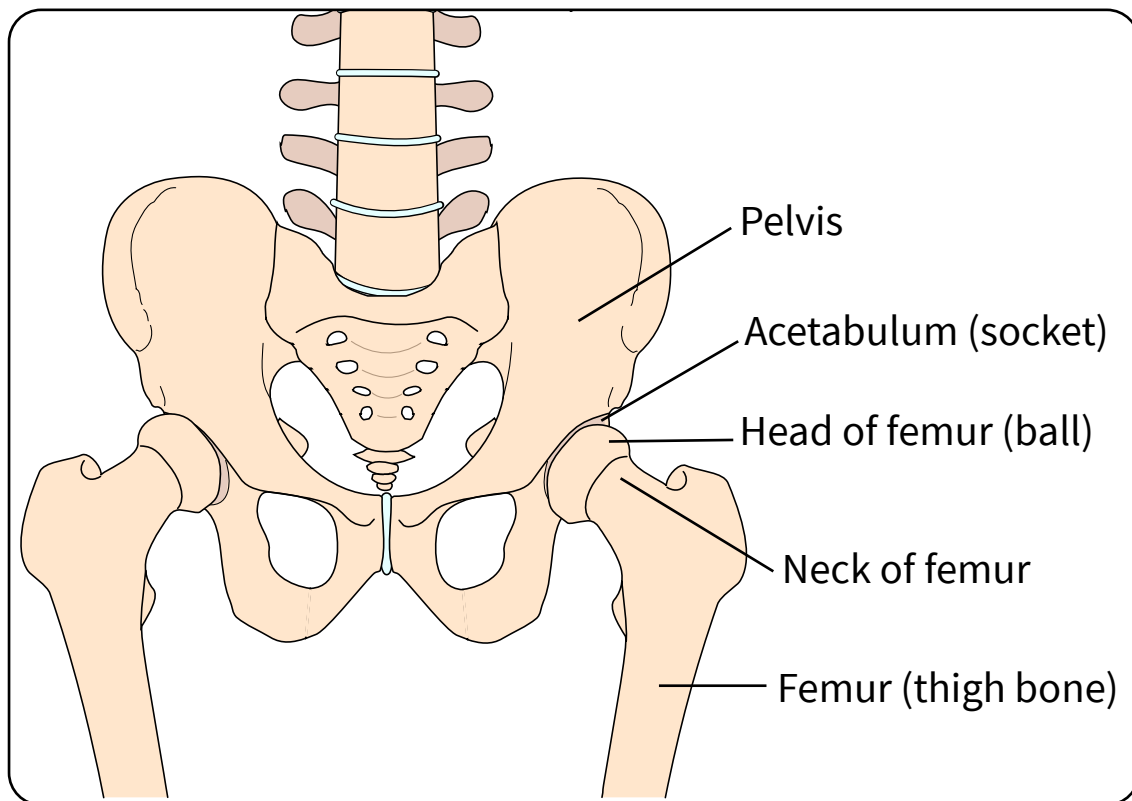
What does my hip joint look like?

The hip joint is called a “ball-and-socket” joint. The “ball” is the rounded head of the thigh bone (femur). The “socket” is the cup-shaped part of the pelvis (acetabulum). The femur fits in the acetabulum.

The ball-and-socket design of the joint:

- › lets the hip move freely.
- › gives stability and support so the hip can move in many directions.
- › lets you stand up and carry your body weight.

The muscles and ligaments around this joint also help to strengthen and support it, allowing you to stand and move.

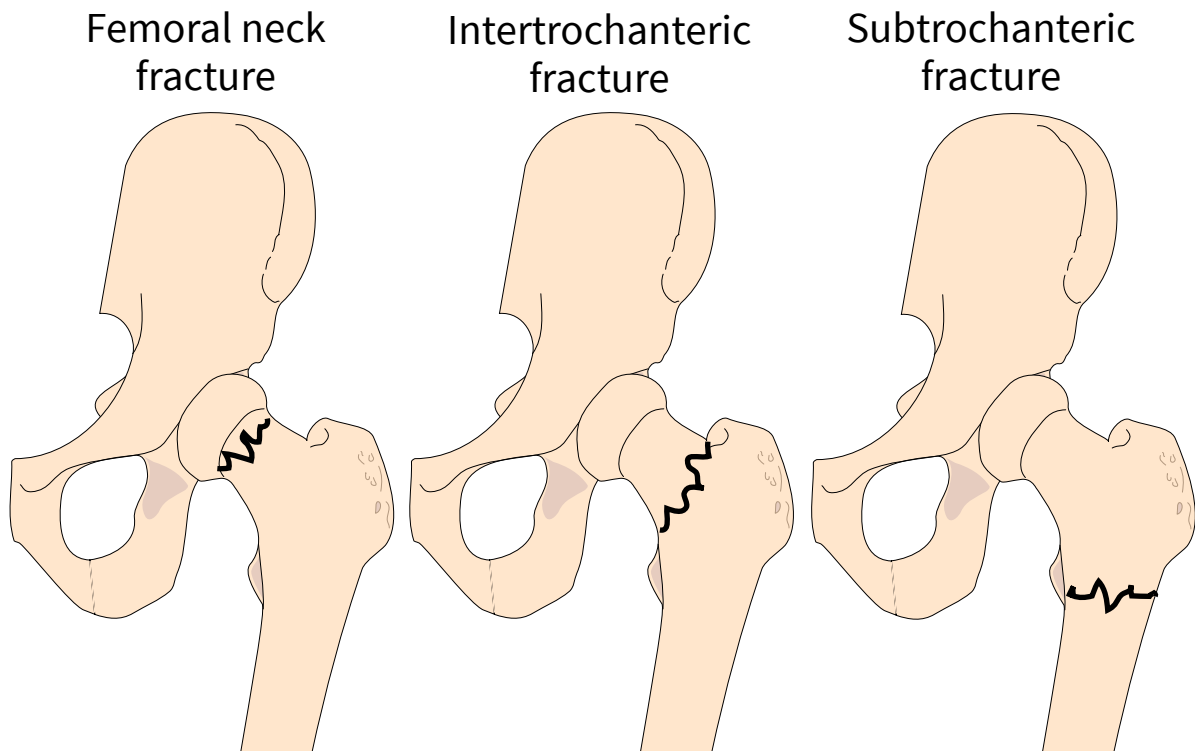


What does my fracture look like?

A hip fracture is a break in the upper part of the femur (thigh bone). Orthopedic surgeons often use an X-ray to:

- › Check for a fracture
- › Find out what type of fracture you have
- › Decide how to repair the fracture

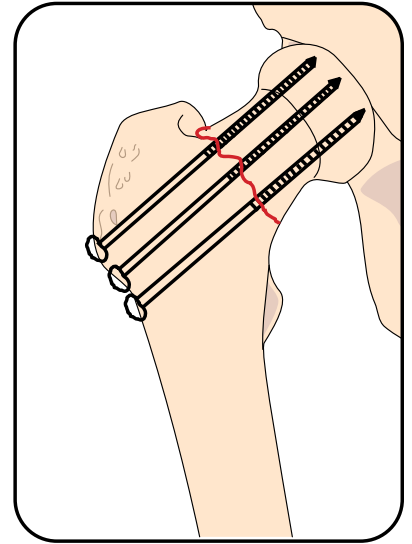
You may have one of the following fractures:



What type of surgery do I need?

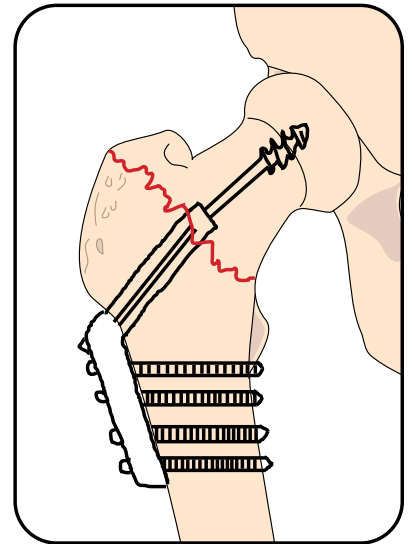
Hip pinning

Your surgeon may use several screws to hold the bone in place. This repair is often used for a fracture through the neck of the femur (femoral neck fracture).



Dynamic hip screw (DHS)

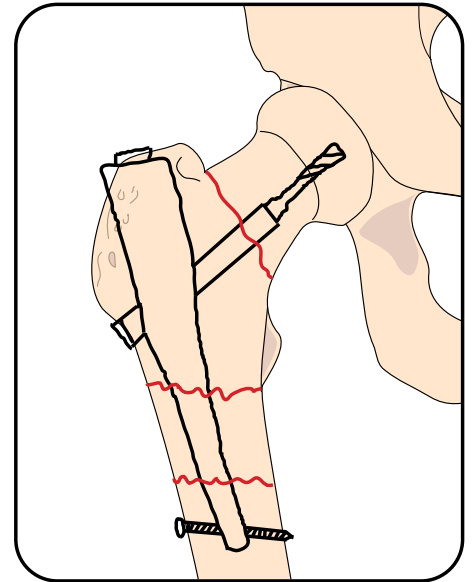
A DHS uses screws and a metal plate to hold the bone in place. This repair is often used for a fracture in the intertrochanteric area of the femur.



What type of surgery do I need?

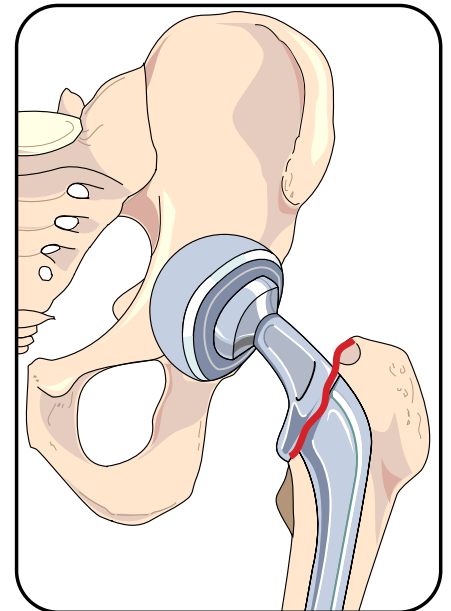
Intertrochanteric nail or intramedullary nail (IM)

Your surgeon will use screws and a metal rod inside the femur to hold the bones in place. This repair is often used for a fracture in the intertrochanteric or subtrochanteric areas of the femur.



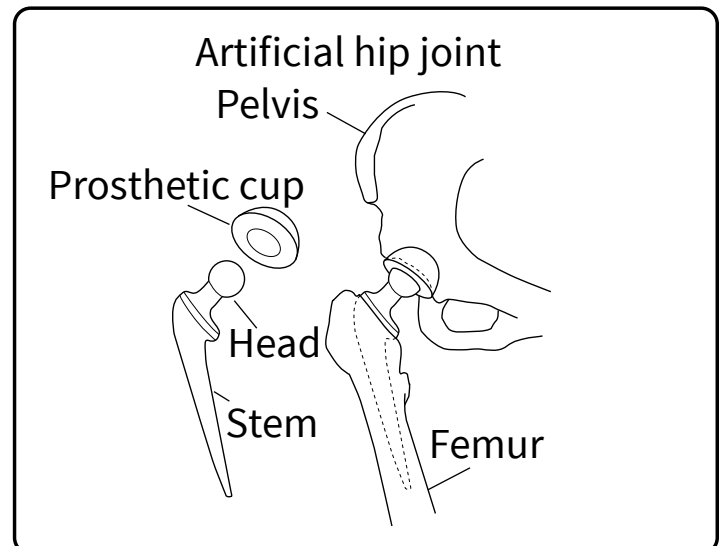
Partial hip replacement

This is also called a hemiarthroplasty. In a partial hip replacement, your surgeon replaces the top of the femur with a prosthesis (artificial thigh bone). This repair is often used for a fracture through the neck of the femur.



Total hip replacement

Both the ball and socket are replaced. An incision (cut) is made and muscles and ligaments are moved out of the way. The head of the femur is replaced with an artificial head (ball) and stem. The pelvic socket is fitted with a prosthetic cup. The muscles are then repaired, and your skin is closed with stitches or staples.



Hip precautions

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.

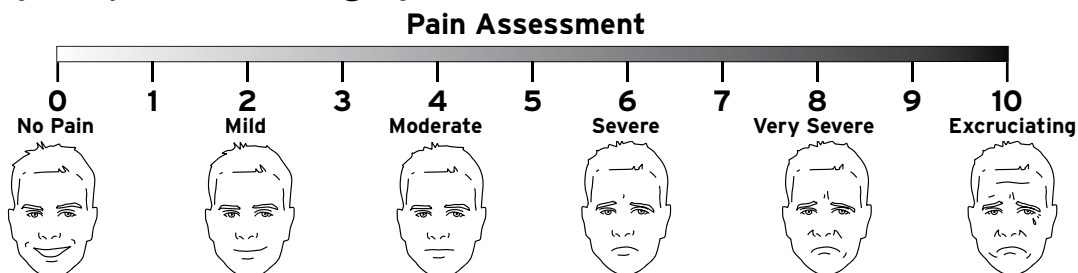
If you had a partial or a total hip replacement, you must follow the above hip precautions.

- I do need to follow hip precautions for _____ weeks.
- I do not need to follow hip precautions.

During my hospital stay

Pain control

- Your nurse will ask you to use the pain scale below or a similar scale to describe your pain after surgery.



- Our goal is to keep your pain around 3 or 4 or lower after surgery.

During my hospital stay

- As your pain starts to approach level 3 or 4, call for your nurse. Pain medication can usually be given every 3 to 4 hours, and will **only be given if you ask for it**. At home you will control your own medication, so make sure you understand how to do this before you leave the hospital. **Please ask your nursing team if you have any questions**. People who ask for and get pain medication do better during their recovery. If you are in pain, it will be harder to get moving. Pain can also make you feel nervous or upset and afraid to do the exercises you need to recover. It is important to ask for medication when your pain increases.
- It can also help to have pain medication about 30 to 60 minutes before your exercises.
- It is **NOT** a good idea to tough it out after surgery and refuse medications to help your pain.

What are the side effects of pain medications?

Make sure to tell your nurse if you have any of these side effects:

- › nausea
- › vomiting (throwing up)
- › drowsiness
- › itchiness
- › constipation (not being able to poop)

Constipation

You may have constipation after surgery. This happens because of a change in foods you are eating, being less active, and taking pain medication.

To help with constipation:

- Drink at least 8 glasses of water or low-calorie fluid every day.
- Eat fibre, such as prunes, bran, beans, lentils, fruits, and vegetables.
- Move around as much as you are able and do your exercises.

Your nurse may give you a laxative (medication to help you have a bowel movement/poop) and/or stool softener. You may need to keep taking these medications at home. If you have constipation at home, talk with your primary health care provider or pharmacist. **Constipation can be serious, so do not ignore your symptoms.**

During my hospital stay

Blood clots

A very small number of people get blood clots after surgery. Blood clots usually develop in the deep veins in the legs (Deep Vein Thrombosis or DVT). People who are not active or who have problems with their circulation are more likely to develop a blood clot.

Symptoms of a DVT:

- › an increase in pain, swelling, or tenderness in the calf or thigh of **either leg**, or in the groin area
- › heat and redness in the lower leg

If you have any of the signs or symptoms of a DVT, go to the nearest Emergency Department right away.

In some cases, a blood clot may travel from your leg to your lung, cutting off the blood flow to your lungs. This is known as **Pulmonary Embolism (PE) and is a medical emergency**. PE is rare, but you should know the signs just in case.

Symptoms of a PE:

- › cough (that you did not have before surgery)
- › shortness of breath (worse than before surgery)
- › wheezing (that you did not have before surgery)
- › coughing up blood
- › fever
- › very bad sweating (while resting)
- › confusion (that you did not have before surgery)
- › sharp, knife-like pain in the chest or back when you breathe in (worse than before surgery)

A Pulmonary Embolism can be life-threatening. If you are in the hospital, tell the nurse or doctor right away if you have any of these signs or symptoms. If you are at home, call 911 right away.

During my hospital stay

Blood-thinning medication (blood thinner)

This medication helps stop blood clots from forming. Your surgeon will decide if this medication is right for you, and prescribe the type and dose that is best for you. It is important to take this medication as prescribed until it is finished. You will get blood-thinning medication by needle or in pill form while you are in the hospital after your surgery, and after you return home. When you return home, you will give yourself this medication. **Your nurse will teach you how to give yourself this medication.**

Swelling

It is normal to have some swelling in your leg after surgery, sometimes as far down as your foot. This may get worse as you become more active. Swelling may make it harder to move, make your pain worse, and lower your range of motion. To help lower swelling:

- Do foot and ankle pumping exercises (see page 19).
- While lying down, place pillows lengthwise under your calf (operated leg) to raise it up. Be sure to follow **Hip Precautions (if you have them)**.
- Do short periods of activity. For example, walk a few steps, rest, then repeat.

Ice may help to lower pain and decrease swelling:

- Wrap your joint in a towel.
- Apply ice for up to 15 to 20 minutes.
- Repeat every 2 hours (or once your skin has returned to normal temperature), as needed.
- **Do not fall asleep with ice on.**

How can I get comfortable?

It is important to be comfortable as you recover from surgery. When you are resting in bed, there are certain positions that will help to make you more comfortable.

If you are resting for a long time, it is best to lie on your back. It can help to place a pillow between your legs.

- If you are lying on your side, you **must** lie with a pillow between your knees.
- It is important to change positions at least every 2 hours to prevent pressure sores (bed sores).



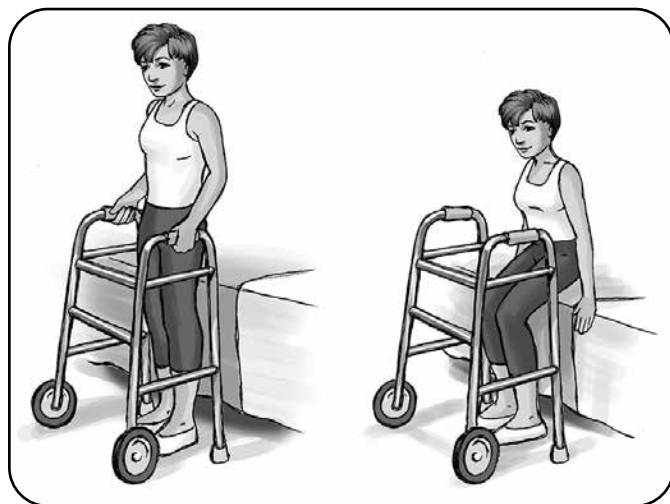
During my hospital stay

How do I get into bed?

After your surgery, a nurse or physiotherapist will help you to get in and out of bed safely.

To get into bed:

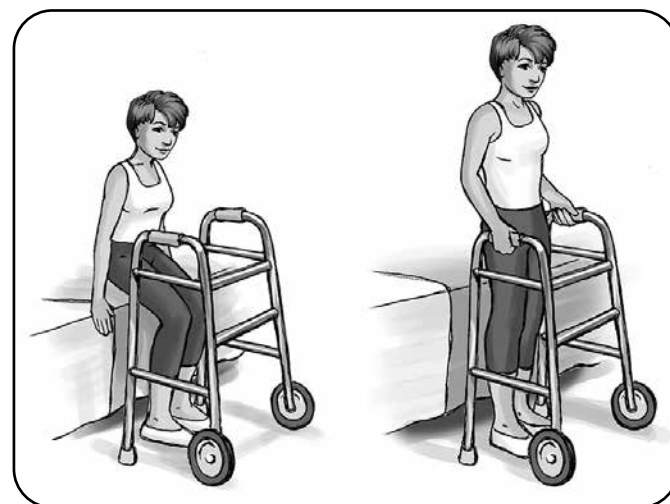
1. Stand with your back to the side of the bed.
2. Slide your operated leg forward and sit on the edge of the bed.
3. Using your arms for support, slide your bum across the bed and lift your legs up onto the bed.
4. Have someone help you lift your operated leg, if needed.



How do I get out of bed?

To get out of bed:

1. Bend your non-operated leg and use your elbows to slide your hips to the edge of the bed.
2. Sit up with your arms supporting you. Then lower your non-operated leg to the floor.



Walking after surgery

- Your health care team will explain how much weight you are allowed to put on your operated leg. **See the front cover of this guide for your weight bearing instructions.**
- It is important that you follow your weight bearing instructions until your follow-up appointment with your surgeon.
- **If you have a weight bearing restriction,** you will need to use a 2-wheeled walker until your follow-up appointment.

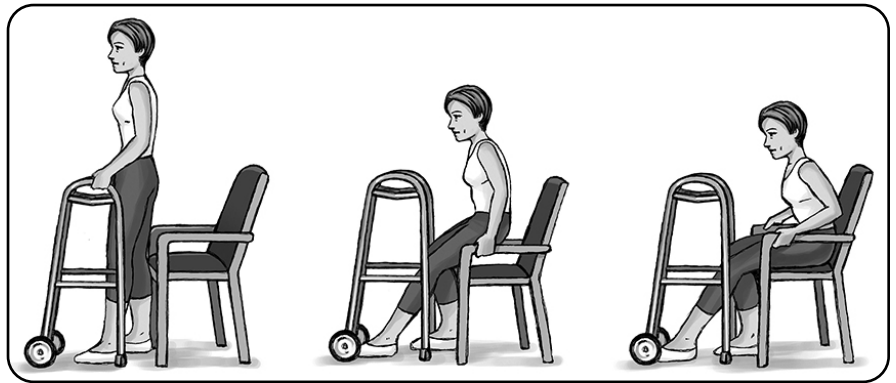
During my hospital stay

How do I sit down?

Getting out of bed often will help with your breathing, circulation (blood flow), and strength. Getting up will also help to prevent pressure sores (bed sores). At first, you may need the help of 1 to 2 people to get into and out of a chair.

To sit down:

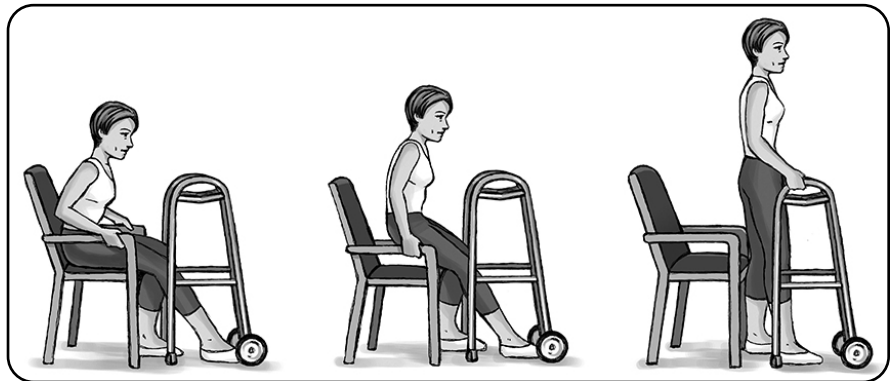
1. Back up until you feel the edge of the chair touching the back of your legs.
2. Slide your operated leg forward.
3. Reach for the armrests of the chair behind you, and slowly and gently lower yourself to a sitting position.
4. Slide your bum to the back of the chair.



How do I stand up?

To stand up:

1. Move to the edge of the chair.
2. Bend your non-operated leg under you to hold your body weight. Slide your operated leg forward.
3. Push down with your hands on the armrests, and raise your body to stand up.



Do not pull up on your walker to help you stand.

After my surgery

What are the possible complications?

Call your surgeon or primary health care provider if you have any of the following:

- More redness, swelling, tenderness and/or heat in the calf or thigh of either leg, or in the groin area
- Trouble breathing or shortness of breath
- Green, yellow, or smelly drainage from the incision (cut) site
- Fever (temperature of 38° C/100.4° F or higher). Signs of a fever include chills, sweating, and/or headache.
- Redness around the incision that spreads
- Red areas or open pressure sores on the skin of bony areas (like the heels or tail bone).

Note: If you need dental work within 3 months after your surgery, talk to your dentist and surgeon about whether or not they want you to take antibiotics.

Osteoporosis

- Osteoporosis is a disease that develops over years without any symptoms. Everyone loses bone mineral density over time. This makes your bones weaker and more likely to fracture or break. The first warning sign of osteoporosis is often a broken bone.
- If you are over 50 years old and your hip fracture happened because of a fall from standing height, you may have osteoporosis. You are at a higher risk of having another broken bone if your osteoporosis is not treated. Ask your primary health care provider about a Bone Mineral Density (BMD) test to assess your fracture risk.
- It is very important that you talk with your primary health care provider about your risk for osteoporosis and falling. There are treatments available that can greatly lower your risk of breaking another bone. Together, you and your primary health care provider will decide which treatment is best for you.

After my surgery

To help keep your bones healthy, and for your osteoporosis treatment to work properly, you need to:

- Take your medication as instructed.
- Regularly do weight bearing exercise. Follow any weight bearing restrictions you were given.
- Make sure that you eat foods with protein.
- Eat 2 to 3 servings of dairy products a day.
 - › Only take a calcium supplement after talking with your primary health care provider. If you are age 50 or older, we recommend taking 1200 mg of calcium a day.
 - › Make sure you get 800 to 2000 IU of vitamin D a day from supplements. Vitamin D helps your body absorb calcium.

If you have any questions about osteoporosis, please contact:

Osteoporosis Canada:

- › www.osteoporosis.ca

At home

Discharge planning

- It is important to talk with your family and caregivers about the supports you will need when you go home from the hospital. Plan to have help with heavier tasks (like preparing meals, housecleaning, laundry, yardwork, etc.).
- While you are in the hospital, it is important to prepare for going home. Your rehab team will work with you to make sure you are able to manage daily tasks before you go home (like getting dressed, going to the bathroom, bathing, and moving around).
- Arrange to stay on the main level of your home until you can safely climb the stairs in your home. If your bathroom is upstairs, you can use a commode (portable toilet).
- Consider installing handrails on both sides of your stairs. Make sure the handrails are as long as your stairs.

At home

How do I climb stairs?

Even if you do not have stairs at home, learning how to go up and down stairs safely is important. Your physiotherapist will help you practice climbing stairs before you leave the hospital.

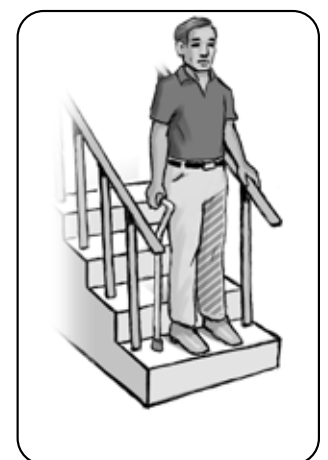
To walk up stairs with a handrail and a cane (or a crutch if you have weight bearing restrictions):

1. Hold the handrail with one hand and the cane/crutch in your other hand. Stand close to the first stair.
2. Step up onto the first stair with your non-operated leg.
3. Straighten your non-operated leg, and bring the cane/crutch and your operated leg up together so that both feet are on the same stair.
4. Repeat steps 1 to 3 for each stair.



To walk down stairs with a handrail and a cane/crutch:

1. Hold the handrail with one hand and the cane/crutch in your other hand. Stand close to the first stair, facing down the stairs.
2. Move your cane/crutch down onto the first stair. Step down onto the first stair with your operated leg.
3. Then step down onto the same stair with your non-operated leg.
4. Repeat steps 1 to 3 for each stair.

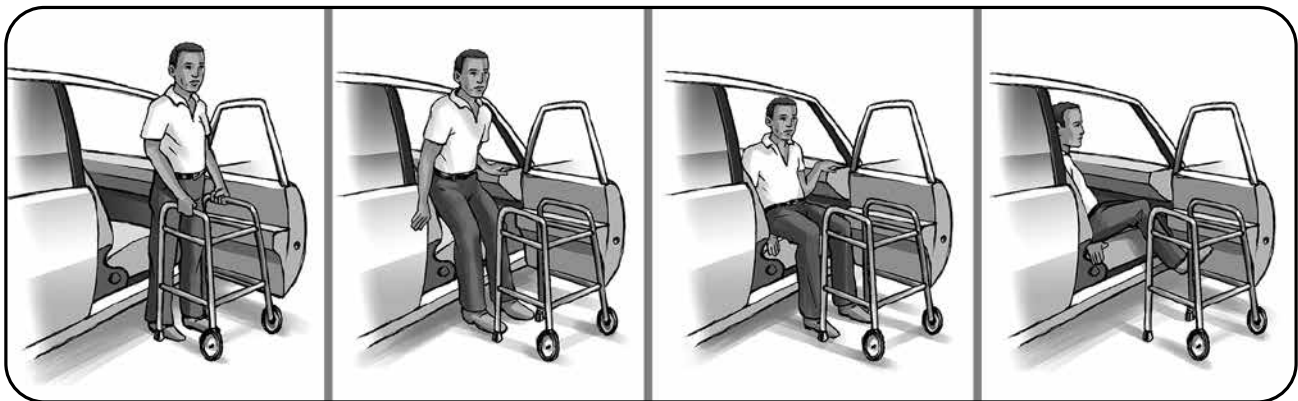


Remember: Your “good” leg goes **up** first and your “bad” leg goes **down** first.

At home

To get in and out of a car

1. Have your caregiver fully open the passenger door, move the seat back, and recline (lean back) the backrest. If it helps, place a cushion on the seat to make it higher. A plastic bag can help you slide onto the seat more easily.
2. Stand so that the backs of your legs are against the base of the car. Place one 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 the process to get out facing forward.



When can I switch from a walker to a cane?

- If you have a weight bearing restriction, you must use a walker until your surgeon tells you that you no longer need to. This is usually at your 6-week follow-up appointment.
- If your surgeon has said you can “weight bear, as tolerated,” you can switch to a cane when you only need light pressure on your walker and you can walk without a limp.
- Using a cane too soon may cause poor walking habits and pain in other areas. Hold the cane in the hand of your non-operated side.

At home

Outpatient physiotherapy

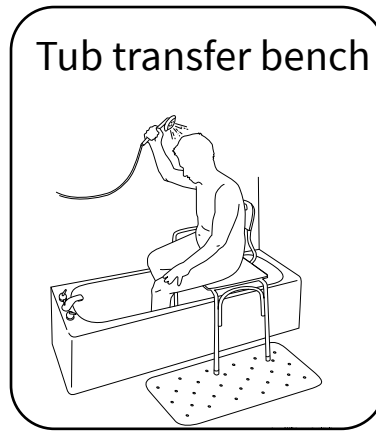
- After your Orthopaedic Clinic appointment, your surgeon may refer you to a physiotherapist. The physiotherapist will go over your exercises with you and progress them (show you ways to make them harder), if needed.
- Keep doing the exercises in this guide and walking as you were taught in the hospital, until your follow-up appointment. Doing your exercises will help you recover.

What equipment will I need at home?

An occupational therapist will meet with you in the hospital to talk about safety equipment you can use at home.

Bathing

- Sponge bathing is the safest way to wash after surgery.
- If you have a bathtub, use a tub transfer bench. This lets you get in and out of the tub without stepping over the edge.
- If you have a walk-in shower, use a shower chair.



Going to the bathroom

You will rely on your upper body more after surgery.

To make toilet transfers easier, you may need:

- › A raised toilet seat with arm rests
- › Just toilet arm rests
- Do not use towel racks or toilet paper holders to help you stand up because they could break or move.
- You may need a commode if your toilet is not close to your bed.



At home

Getting dressed

- There are long-handled tools to help you get dressed and reach for things after surgery.
- An occupational therapist will meet with you in the hospital to practice getting dressed. It is helpful to have your family bring a loose, comfortable outfit to the hospital.
- A “hip kit” is available in the home health care department of your local drugstore. You will need a hip kit if you have hip precautions. A hip kit has:
 - › A long-handled reacher
 - › A long-handled shoe horn
 - › A sock aid
 - › A long-handled sponge
 - › Elastic shoelaces

Long-handled reacher



Long-handled shoe horn



How do I get my home ready?

- Increasing the height of your bed may make getting in and out easier. Try adding an extra box spring or furniture risers.
- A bed rail may help to give you something to hold onto for support.
- Set up a recovery area in your home. Include a firm chair that is at least knee height and has armrests.
- If your chairs are low, use a firm cushion to increase the seat height.
- Your physiotherapist and/or occupational therapist will let you know where you can rent or borrow equipment. If you have private health insurance, it may help to cover your equipment cost.

At home

How do I stay safe and prevent falls at home?

Simple changes to your home can lower your risk of falls. If you have questions, talk with your occupational therapist.

- Use assistive devices and safety equipment as directed by your occupational therapist and physiotherapist.
- Get up slowly after lying or sitting down. Take your time to make sure you are not dizzy before standing up.
- Keep pathways to all rooms free of clutter. This is very important if you use a walking aid.
- Make sure all areas of your home have good lighting.
- Remove rugs and mats that are not fixed to the floor.
- Keep all wires and telephone cords secured safely out of pathways. A cordless phone is a good idea.
- Limit how much alcohol you drink.
- Consider wearing an emergency response button.

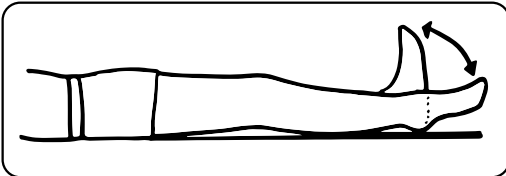
Home support and nursing services

- There may be options for publicly and privately funded home supports.
- A hospital-based care coordinator may visit you in the hospital to assess your needs and determine what services you may be eligible for. They will develop a care plan for you and arrange services for discharge, if needed.
- Continuing Care is a home care program funded by the Nova Scotia Department of Health and Wellness. Continuing Care services include nursing services, personal care assistance, light housekeeping, laundry, meal preparation, family relief/respite, and home oxygen. Continuing Care does not provide 24-hour or overnight care.
 - › There is no charge for nursing services (such as dressing changes). Depending on your income, there may be a fee for home support services (such as personal care, housekeeping, meal preparation, etc.).

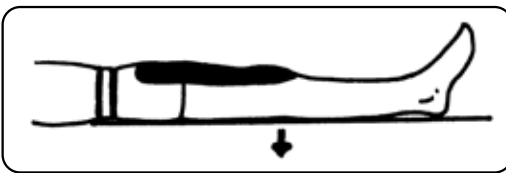
My exercises

Do the following exercises 3 times a day as directed by your health care team. Start with 10 repetitions and increase up to 30 repetitions as you are able. Exercising your leg will help to relieve stiffness, increase strength, and improve circulation. Do not be afraid to move your leg – although it may be sore to move at first, **movement will not hurt your hip.**

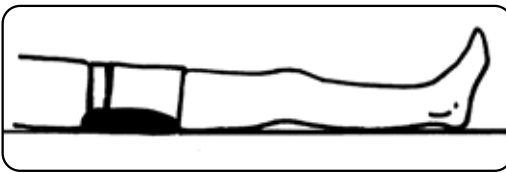
While lying down:



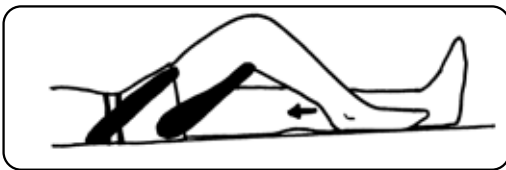
Pump your ankles up and down at least 10 times every hour you are awake.



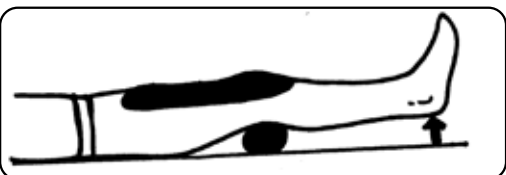
Straighten your leg by tightening the muscles on the front of your thigh. As you straighten your heel, your knee will lift off the bed. Hold for 5 seconds, then relax.



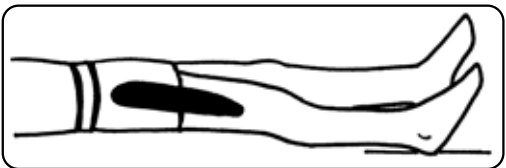
Squeeze your buttocks (bum) together. Hold for 5 seconds, then relax.



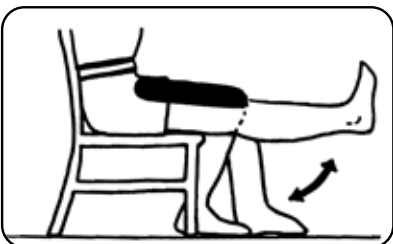
Bend your knee by sliding your heel toward your buttocks.



Place a large can (wrapped in a towel) under your knee. Keep the back of your knee on the can and tighten the muscles on the front of your thigh while you lift your heel off the bed.



Slide your leg out to the side while keeping your knee straight and your toes pointed to the ceiling. Bring your leg back to the middle.



While seated:

With your thigh well supported on a chair, straighten your knee as far as possible. Hold for 5 seconds, then relax.

My exercise schedule

Remember to do your exercises 3 times a day. Put an “X” in each box as you do the exercises.

Week 1 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

My exercise schedule

Week 3 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 4 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 5 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

My exercise schedule

Week 6 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 7 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 8 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

My exercise schedule

Week 9 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 10 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 11 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

My exercise schedule

Week 12 start date: _____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Congratulations! You have completed 3 months of exercises after your surgery!
Keep doing your exercises at least once a day to keep your muscles strong.

