

# Hip Fracture Education for Patients and Families



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**RWJBarnabas Health is dedicated to restoring a higher quality of living to your life after your hip fracture.**

**This patient guide will give you the necessary information for a safe and successful recovery.**

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## Welcome!

We understand that a hip fracture can be frightening and painful. A hip fracture caused by a sudden fall or accident can be a life-changing event.

Your care team will include physicians, nurses, advance practice providers, physical and occupational therapists and patient care technicians specially trained in hip fracture care. We hope this guide will assist you in knowing what to expect as you prepare for your surgery and recovery. Your care team may further customize these guidelines to best care for you.



## What is a hip fracture?

The hip is a ball-and-socket joint where the femur (thigh bone) joins the pelvis. The femur is the largest bone in the body. A hip fracture is a break in the femur (thigh bone). The fracture can be at the head, neck or upper shaft of the femur. The break can be non-displaced (the bone is broken but stays in place) or displaced (the bone has moved out of place).

## How do hip fractures happen?

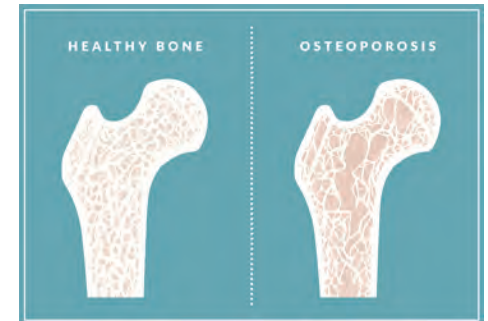
Hip fractures can happen from a fall with or without osteoporosis. Osteoporosis is a common disease that weakens your bones and makes them brittle. Osteoporosis increases your risk of a fracture, even with a small fall. There are many factors that contribute to osteoporosis, including aging, heredity, medications, nutrition, lifestyle and other illnesses.

## How do doctors identify the problem?

A hip fracture is usually diagnosed during an Emergency Department visit. The most common test to confirm a hip fracture is an X-ray. The X-ray will allow the doctor to determine which type of fracture it is. These same X-rays will also allow the orthopedic surgeon to assess the fracture and decide which procedure, if any, to perform to treat the hip fracture.

There may be cases when the fracture is not visible on X-ray. If the patient is still feeling pain, the doctor may request a CT scan or MRI. This allows X-ray images to be taken from different angles and provides a more complete view of the bone.

In addition to diagnosing the hip fracture, your overall condition will be evaluated in the hospital. This may require blood tests, electrocardiograms (ECG) and other tests to be completed. If at any time during these tests you have questions, please do not hesitate to ask. It is important that you are informed as much as possible.



## Hip fracture facts

- Falls are common - 1 in 3 seniors fall each year.
- Falls are the leading cause of fatal and nonfatal injuries among people 65 and older in the United States.
- About 3% of all falls cause fractures. The most common are fractures of the pelvis, hip, femur, spine, shoulder, wrist, forearm, leg, and ankle.
- Falls increase with age - as many as 40 percent of seniors over 80 experience a fall.
- About 50% of the elderly who sustain a fall-related injury will be discharged to a nursing home rather than return home.
- Nursing home residents average approximately 3 falls per year.
- Fear of falling can make you more likely to fall.
- Women are 3 times more likely than men to be hospitalized for a fall-related injury.
- Half of the people who have a hip fracture never regain their pre-fall level of functioning.

## Pelvic Fractures

The pelvis is a ring-like structure of bones at the lower end of the trunk. The two sides of the pelvis are actually three bones (ilium, ischium, and pubis) that grow together as people age. Strong connective tissues (ligaments) join the pelvis to the large triangular bone (sacrum) at the base of the spine. This creates a bowl-like cavity below the rib cage. On each side, there is a hollow cup (acetabulum) that serves as the socket of the hip joint.

Unlike hip fractures, most pelvic fractures do not require surgery. They usually heal on their own. Patients with pelvic fractures are usually treated with pain medication and short periods of bed rest, followed by physical therapy. Physical therapy usually consists of light exercise and ambulation training with an assistive device.

## Treatment Options

Since hip fractures are considered an orthopedic emergency, a benefit of treatment is relief of pain that results from the injury. Based on your general health and current medications, your doctor will plan the best form of treatment for you. X-rays, CT scans or Magnetic Resonance Imaging (MRI) tests enable your doctor to make an informed decision regarding treatment. Hip fractures most commonly require emergency surgery by an orthopedic surgeon to restore the bones to their original position. During surgery, a surgeon may use metal devices such as rods to stabilize the bone and hold it in place. Bone grafts may also be needed to ensure adequate healing of the fracture.

In addition, sometimes total or partial hip replacements are performed depending on where the fracture is located. Your surgeon will decide and discuss the best treatment option for your hip condition with you.

## Having orthopedic surgery

A plan of care will be created for you and will be individualized to meet your needs. When you leave the hospital, we hope that you will feel prepared to assist in your recovery process. If at any time during your stay with us you have any questions, please feel free to speak with any staff member. It is our goal that you will have all the answers you need.

## Before surgery

Prior to your operation, hospital protocol requires that each patient undergo tests such as chest x-rays, blood work, and electrocardiograms (EKG) to assess your overall health and condition. Before your surgery, you will need to sign a consent form. Your procedure and consent will be explained to you and you will have

the opportunity to ask questions. This consent may also include consent to receive blood if needed. Try to have all your questions answered about your surgery and anesthesia before it is time to sign the consent forms.

To reduce the risk of infection at the surgical site, chlorhexidine gluconate (also known as CHG) in the form of disposable wipes will be used before your surgery. Before surgery, the nurse or nurse's aide will apply the cloth to the surgical area first and then will continue to use the cloth on the rest of the body closest to the surgical site. Do not use the wipes around your face, eyes or private areas.

## The day of surgery

- Jewelry and body piercings are **NOT PERMITTED** to be worn in surgery and should be removed prior to surgery.
- **DO NOT** use lotions, gels, hairspray, cologne or powders.
- Contact lenses are not permitted in surgery. Please wear glasses or bring a contact lens case.
- You may wear glasses, hearing aids and dentures, but they will need to be removed before your surgery.
- Remove wigs, hairpins and hairclips.

In the operating room, your care will be provided by nurses, surgeons, assistants and other certified personnel. This is where the anesthesia provider will give you medications to allow the surgery to begin. During surgery you will be closely monitored by your surgical team. When the procedure is complete, your surgeons will speak with your loved ones and will provide an update on your surgery.



## Anesthesia

Anesthesia will be custom-fit to your personal needs.

### The types available for you are:

- General Anesthesia, which provides loss of consciousness or awareness.
- Spinal Anesthesia, which takes away the ability to feel pain and prevents movement from the abdomen to your toes. You will be placed in the sitting position or will lie on your side after monitors are placed on you. Once the medication is injected, you will be positioned on your back. The anesthesiologist will ensure you have no feeling so that the surgery can be performed without pain. You will be numb for several hours after spinal anesthesia is performed.
- Medications are also given to make you sleepy or drowsy and lower your anxiety.
- Some patients may receive regional anesthesia, which involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body such as your hip and leg.

## Will I have any side effects?

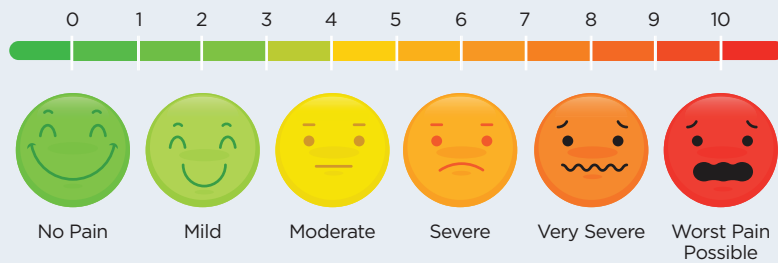
Your anesthesiologist will speak to you about risks and benefits associated with the different anesthetic options as well as any side effects that might happen with each type. Nausea or vomiting may be related to anesthesia or the type of surgery. Advances in techniques and medications have reduced the likelihood of nausea or vomiting but side effects may still occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you have will depend on different factors, especially the type of surgery. Your doctors and nurses will do everything possible to lessen pain and keep you safe.

You may be uncomfortable, but do not expect to be totally pain-free. The staff will use a pain scale to assess your pain levels.



## Pain Management

### PAIN MEASUREMENT SCALE



#### Understanding pain

After surgery you will most likely be in pain. Our goal is to manage your pain, not get rid of your pain completely. All patients have a right to have their pain managed. Pain can be chronic (lasting a long time) or intense (breakthrough). Pain can change through the healing process.

#### Your role in pain management

Using a pain scale to describe your pain will help the team understand your pain level. If “0” means you have no pain and “10” means you are in the worst pain imaginable, how would you rate your pain? With good communication about your pain, the team can make changes to make you more comfortable. Try to relax. When you are relaxed, medication works better.

#### Multimodal Analgesia

Pain can come from multiple nerve pathways in your body. To help manage your pain after surgery your surgeon may use pain control called multimodal analgesia.

Multimodal analgesia means that you will get two or more medications that lessen pain and when used together, they can block more pain signals. Multimodal analgesia is focused on lowering your pain after surgery to help you heal more quickly and easily.

One of the biggest goals of multimodal analgesia is to lessen your need for

opioid medications or narcotics. Opioid medications include drugs that come from the opium plant (such as morphine) and also man-made drugs designed to have similar pain reducing effects (oxycodone and hydrocodone).

Opioid medications provide pain relief, but taking them regularly can lead to physical dependence and, sometimes, addiction. Using less opioid medication can help lower the chance of dangerous side effects and also other side effects (such as sleepiness, nausea, vomiting, and constipation) that may be unpleasant for you and may disturb your ability to participate in physical therapy.

#### What can I do to lessen the pain?

There are many ways to lessen pain. Work with your health care team to find the best ways.

#### Ice

- Ice is a good way to lessen pain.
- Ice should be used right after surgery around the incision.
- Ice should NEVER be placed directly on bare skin. Keep ice packs wrapped in a towel or placed over clothing.
- Ice for 20 minutes at a time. Ice should be off at least 20 minutes.

#### Stay active

- Get up and move around as instructed.
- Change positions to relieve pain.

#### Relaxation

- Rest. Make sure you are getting enough, good quality sleep.
- Meditation can help focus your mind and let you relax.
- Music that is calming or enjoyable to you can also help with relaxation.
- Breathing Exercises with slow, deep breathing can reduce stress and pain.



#### Post-Anesthesia Care Unit

After surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). Each patient recovers from anesthesia at their own pace. Drifting between being asleep and awake during this time is normal. In addition to feeling tired you may notice that your throat feels sore or that you have pain at the incision site. Please tell your nurse so the nurse can give you medications to help with the pain. We ask that one person be the designated spokesperson for each patient. Once all necessary care is provided, the recovery nurse will contact your designated spokesperson to update them on your status.



## After surgery

### Daily Schedule

As soon as it's medically feasible after your surgery, the staff will assist you in getting out of bed. Early mobility is crucial for preventing complications like pneumonia, constipation, and blood clots. Research shows that the sooner you get up and move around, the better your post-surgery outcomes will be.

Your surgeon or a representative from his/her surgical team will visit you daily during your hospital stay. Soon after surgery, a physical and/or occupational therapist will visit you. During these visits, the therapist will be assisting and teaching you how to begin your recovery.

A physical therapist will help you move from the bed to a chair. We encourage you to get out of bed and sit in a chair for your meals. They will also show you how to use the walker and begin walking if you are able. The amount of weight that you can place on the operative leg will depend upon the surgical procedure and type of fracture.

An occupational therapist may also visit you and show you how to dress, bathe and complete other activities of daily living. All therapy sessions you receive during your stay are important to your recovery and will help prevent complications.

### Deep breathing and coughing

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises. Techniques such as deep breathing, coughing and using an Incentive Spirometer may also help you recover more quickly.

### Breathing exercises

#### **\*\*Perform hourly after surgery\*\***

- Perform in an upright, sitting/leaning forward/standing position, shoulders relaxed.
- Breathe in deep and slow as much as possible through nose or mouth.
- Hold breath for 2-5 seconds.
- Then breathe air out slowly through pursed lips (like you are blowing out birthday candles) as a normal relaxed breath.
- Take 10-15 breaths in a row repeated for 3 sets with 60 second pause between each set.
- Cough during pause to mobilize secretions if necessary.

### To help you cough

- Take a slow deep breath. Breathe in through your nose and concentrate on filling your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

### Constipation management

Constipation can be uncomfortable and may prevent eating a healthy diet.

#### Constipation can be caused by:

- Not drinking enough fluids
- Use of opioids
- Decreased activity or mobility

#### To help prevent constipation, you should try a combination of the following:

- Drink plenty of fluids, up to 8 glasses of water per day (soda, coffee, and alcohol do not count towards your daily water intake).
- Decrease the use of opioid pain medicine.
- Stay active, get up and move as you are able.
- Eat prunes or drink prune juice. These are natural laxatives. Try this before medicines.

If you are still constipated, a stool softener or laxative may help. If you reach a point when you stop passing gas, this may be a medical emergency.







### Nutrition

Good nutrition will help your recovery after surgery. Your body may need extra calories, protein and other nutrients to help you recover and get back to enjoying your life. Your body uses protein to build cells and repair tissues. This is even more important when you have a surgical incision or wound to help it heal. Poor nutrition and dehydration can lead to complications and possibly put you back in the hospital.

### Mental confusion (Delirium)

Having a hip fracture and being in the hospital can cause a lot of stress to a patient. The treatments and care associated with the injury can sometimes cause behavior changes. These include medications, anesthesia, new surroundings and stress of the injury.

The changes in behavior can be scary for you and your family. It is important to remember that these changes are most often temporary and the staff is trained to understand these changes and help guide you through them. The best treatment for this confusion is usually to get you moving down the path of healing and back to your normal surroundings.

### We may take the following steps for your safety during these times of confusion:

- Medications can be changed or new ones introduced.
- The patient may be moved to a room that is closer to the nurses station, making them more visible to staff.
- There may be an alarm that is turned on to alert staff if the patient tries to get out of bed unassisted.

Our goal is to protect you, prevent any further damage to the hips and assist in healing in the most comfortable environment possible.

### Preventing nausea

Unfortunately, anesthesia and pain medication can cause nausea and vomiting as side effects. Our anesthesiologists carefully adjust the medications during your surgery to reduce nausea. You will receive medication to help control nausea. Getting out of bed to a chair and starting to walk on the day of surgery are the best ways to reduce nausea.

## Important things to know

### Signs of infection:

- Increased swelling and redness at incision site.
- Change in color, amount, odor of drainage.
- Fever greater than 101.5 degrees.

### What can I do to prevent infection?

- Sleep in clean pajamas and wear clean clothes at home to make sure fabric that is close to your incision is clean.
- Keep pets off of your bed or chairs and away from your incision. Pets can carry germs.
- Pets like to lick wounds so keep your incision covered when around them.
- Be sure to wash your hands after touching pets.

### Signs of blood clots in legs:

- Swelling in thigh, calf or ankle that does not go away with elevation.
- Pain, heat and tenderness in calf, back of knee or groin area.

**NOTE: blood clots can form in either leg.**

### To help prevent blood clots:

- Perform ankle pumps.
- Walk several times a day.
- Take your blood thinners as directed.

## Pulmonary Embolus:

An unrecognized blood clot could break away from the vein and travel to the lungs. **This is an emergency and you should CALL 911 if suspected.**

### Signs of a Pulmonary Embolus

- Difficult and/or rapid breathing
- Shortness of breath
- Sudden Chest Pain
- Sweating
- Confusion

### Prevention of Pulmonary Embolus:

- Prevent blood clot in legs.

Recognize if a blood clot forms in your leg and call your physician promptly.

## Pneumonia

All surgical patients are at risk for pneumonia especially those who spend a long time under anesthesia. Pneumonia is an inflammation of the lungs and can be caused by an infection from bacteria or a virus. Fortunately pneumonia can be prevented by using a device called an incentive spirometer after surgery as well as getting out of bed and walking after surgery with the assistance of your nurse, a family member, or friend.

### Pneumonia – Signs and Symptoms

- Cough
- Fever
- Shortness of Breath
- Painful Breathing

### Pneumonia - Prevention

- Incentive Spirometer
- Walk



### Leaving the hospital

Your stay in the hospital could be anywhere from a few days to a week or more. This depends on how you are doing medically and physically after surgery.

Rehab will be necessary after surgery to help strengthen and increase mobility in the hip. But the level and length of rehab is different for every patient. You, your family, your physicians and the orthopedic care team will help determine what level is best for you.

#### Home

If you are doing well enough and have support at home, home may be an option. If discharged home, outpatient therapy is typically recommended until your surgeon and therapists decide you no longer need it.

#### Home health care

Home health care has a wide range of health care services that can be given in your home for an illness or injury. Home health care helps you get better, regain

your independence and become as self-sufficient as possible. This service helps you transition back to your prior level of function. Home health care services are for those who are unable to leave their home for therapy.

#### Skilled nursing facility/acute inpatient rehabilitation facility

Post-acute facilities help patients who are experiencing a sudden and major loss of function from injury or illness become as independent as possible in their activities of daily living so that they can re-enter the community and return home. In an acute inpatient rehab facility, a patient must be able to tolerate a minimum of three hours of therapy a day.

#### Nursing home

Nursing home facilities provide a high level of longer term personal and nursing care for persons who are unable to care for themselves.

### At home

#### Patient experience survey

From the time of discharge to perhaps a year later, you may be asked to participate in patient satisfaction surveys. These surveys, both from the hospital and from the Hip Fracture Program, are your chance to tell us what you feel went well and what can be better.

#### Caring for yourself at home

- Gradually wean yourself from prescription medication to a non-prescription pain reliever. Ask your physician for narcotic alternatives.
- Change your position every 45 minutes.
- While you are recovering, try not to nap too much during the day so that you will sleep better at night.
- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal.
- Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.



## Preparing your home for after surgery

It is important to have your house ready for your return home. You can use this checklist to get your house ready.

Plan to have someone stay with you for the first one to three nights after surgery and have someone available to help with tasks such as shopping and housekeeping for several weeks.

Arrange to have someone collect your mail and remove garbage.

### Living space

- Remove all throw rugs and doormats or make sure they have non-skid backing applied.
- Make sure walkway areas are well lit and free of clutter/electrical cords so you can pass easily with a walker or crutches. This may require a temporary rearrangement of furniture. A standard walker is 19.5" wide.
- Place a cushion or folded blanket in chairs that sit low or are hard to get out of. You may also consider bed/chair risers that elevate the sitting height.
- If possible, have at least one sturdy handrail for stairs.

### Kitchen

- Move frequently used items to waist height for easy retrieval, such as medications, a phone, cooking items or anything that you normally store in high or low places that you may need. A small, wheeled cart can work well in the kitchen.

### Bedroom

- Measure your bed height. It should be at least as high as the bend in your knee. A firm mattress is recommended.
- Put clean sheets and blankets on the bed.

### Bathroom

- Be sure the height of your toilet is at least as high as the bend in your knee. There is equipment to use during recovery if this is not the case, such as a raised toilet seat or commode chair.
- Use a hand-held, flexible shower head, if possible.

### Pets

- You may need help with feeding or walking your pets for the first few weeks after your surgery. Be mindful of small pets that may get under foot while walking around your home.

### Other

- Consider getting a bag or basket to attach to your walker to carry small items. Both hands need to hold the walker, so you will be unable to carry these items otherwise.
- If possible, plan to have a portable phone with you at all times with a list of emergency phone numbers.
- Keep a flashlight nearby for emergencies.
- Find a stable chair with armrests, a firm seat and NO WHEELS. The seat height should be at least 18 inches.
- Try to arrange for a mid-sized, easily accessible vehicle to take you home. You may not be able to step into a truck, and compact cars may not allow you the space to enter comfortably.



## Wound care and preventing infections

- Keep the incision covered with a DRY dressing.
- Mild drainage from the incision is common. Change and/or remove dressing as instructed by your doctor or surgeon. We want you to keep your surgery area dry.
- No baths, hot tubs, pools or soaking of the wound until you are evaluated by the physician assistant or until you are cleared by your surgeon.
- You or a family member should check your surgical site daily for signs of infection and notify your surgeon if you develop any of these signs:
  - Increased swelling or redness in the area around the incision
  - A fever higher than 101.5°F taken orally
  - Drainage that looks like pus or smells bad or discharge that has changed in color or odor
  - More pain with both activity and rest that is not controlled by pain medications
- If you have staples closing your incision, they will be removed at the surgeon's office or by the home care nurse. You will receive instructions at discharge.
- You will feel some numbness in the skin around your incision; this is normal and will return to normal over time.

- **DO NOT** apply cream or ointment to incision

### Diet

- Some loss of appetite is common for a few weeks after surgery. A balanced diet is important to help your wound heal and to restore muscle strength.

### Activity

- Exercise is a very important part of home care, especially during the first few weeks after surgery. You should be able to restart most normal daily activities within 3 to 6 weeks following surgery. Some pain with activity and at night is common for several weeks.

### Your activity program should include:

- A graduated walking program to slowly better your mobility and walking, starting in your home and later outside.
- Restarting other normal household activities, such as sitting, standing and climbing stairs.
- Specific exercises many times a day to restore movement and strengthen your hip.
- You will probably be able to do the exercises without help, but you may have a physical therapist help you at home or in a therapy center the first few weeks after surgery.

## Postoperative safety and avoiding falls

### Kitchen

- Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching. To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

### Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout your home.
- Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs. This is a fire hazard.
- Wear properly-fitting shoes with nonskid soles.
  - Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
  - Tie your shoelaces.
  - Replace slippers that have stretched out of shape and are too loose.
  - Use a long-handled shoehorn if you have trouble putting on your shoes.
  - Avoid high heels and shoes with smooth, slick soles.
  - Women who cannot find wide-enough athletic shoes for proper fit should shop in the men's shoe department because men's shoes are made wider.

- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.

### Travel

#### For the first three months:

- Do not sit in one position for long periods of time.
- Avoid long car rides if possible; make sure to stop every one to two hours to walk and stretch your legs.
- Foot pump exercises will help blood circulation and reduce pain and swelling.
- On plane rides, get up and stretch your legs every hour.

### Sitting

- Do not sit for extended periods of time.
- Limit sitting to 30-45 minutes at a time.
- Avoid soft sofas, deep chairs, recliners and chairs with wheels.
- Sit in a chair that has back support and armrests.
- Getting up, walking and changing positions are important to recovery.

### Bathing

- Use non-slip bathmat on bathroom floor and in shower/tub.
- Sit on a shower seat/chair.
- Use grab bars for balance.
- Stop every hour during long car trips to get out and move around.
- Use a pillow or chair cushion to raise the seat on low chairs.
- As a safety precaution, do not drive while taking pain medications or until cleared by your surgeon.



### Other activities

Walk as much as you like. Swimming is also recommended; you can begin swimming as soon as the sutures have been removed and the wound is healed (approximately six to eight weeks after surgery). Acceptable activities include dancing, golfing (with spikeless shoes and a cart) and bicycling (on level surfaces).

Avoid activities that involve impact stress on the joint like contact sports such as football and baseball, squash or racquetball, jumping or jogging.

### Intimacy after surgery

Ask your doctor about when it is safe to have sex and what precautions you should follow. You may need to try new positions that are more comfortable and safe. Maintain hip precautions, if applicable.

### Therapy

- Walking is the best exercise you can do for yourself.
- Begin by walking for three to five minutes every two to three hours throughout the day. Slowly add to the time you are walking three to five minutes every hour.
- Slowly add distance to length of time you are walking.
- After your walk, you may want to apply ice to lessen swelling.



## Life after surgery

- Be patient with recovery.
- It may take 3 months to a year to get desired result
- Be positive. A good attitude leads to better and faster recovery.
- Do not stop doing things if you still have pain. Find a less painful way to do it.
- Less activity may cause stiffness and more pain.

## How to prevent fractures in the future

Many people don't know they have osteoporosis until their first fracture, which is why it is called the "silent disease." Even after a break, it often goes untreated. The good news is osteoporosis can be treated and fractures often prevented through healthy lifestyle choices. It's now a largely treatable condition and with a combination of lifestyle changes many fractures can be avoided.







## Postoperative recovery and rehabilitation

### Following up with your surgeon

You will need to follow up with your surgeon two to four weeks after your surgery. Please call your surgeon's office and make an appointment if you have not already done so.

### Physical Therapy/Occupational Therapy

A physical therapist will meet with the patient shortly after their procedure to start their rehabilitation. Treatment will focus on improving motion in the operated limb and improving the level of mobility, and using assistive devices if necessary. An individualized treatment program is established by the physical therapist and occupational therapist for each patient that will address their specific needs and problems to develop the best course of post-operative treatment and care.

## Mobility and exercises

### Rehabilitation and Fall Prevention

Your health care team will help you learn how to safely do basic tasks such as getting out of bed, walking short distances and using the bathroom. The more you practice, the easier these tasks will become.



### Getting out of bed

- Get out of bed on the side of your operated leg. Take it slowly, keeping your thighs apart as you move.
- Pivot on your hips using your arms for support. Then use your good leg to scoot to the edge of the bed. Keep your operated leg out to the side. Do not twist your leg inward.



### Walking forward

- Move the walker a few inches in front of you.
- Use your arms and hands to lean on the walker so it supports your weight. Step into the center with your operated leg, taking care not to twist your leg.
- Stop once with your other leg. Land with it slightly in front of your operated leg. Then repeat these steps.
- As you progress, you will be able to move the walker as you step. Try to walk smoothly taking even steps.







### Standing to sitting

- Choose a firm chair with a high seat, straight back and armrests. Back up until you feel the chair touching the back of your legs.
- Reach back for the armrests. Keep your operated leg slightly out in front. Lower yourself slowly without leaning forward.
- Sit, then lean back in the chair. Keep your hips higher than your knees. To stand, reverse these steps.



### Taking the next step towards your recovery

As you build your strength, you will begin learning more advanced exercises. You will also learn how to do daily tasks such as bathing and dressing yourself. Although the pace of recovery can sometimes seem slow, stick with it. By taking an active role in your rehab, you can improve how you and your hip feel.



The following exercises can be done in bed. Some help improve blood flow. Other exercises help build strength. Your physical therapist may give you special instructions. Otherwise, repeat each exercise 10 times. Do them at least twice each day.

### Ankle pumps

- Point your toes, then flex both feet.
- Doing this 10 to 30 times each hour helps prevent blood clots in your legs.



### Quadriceps sets

- Lie in bed with your legs straight. Tighten the front thigh muscle of your operated leg while pressing the back of your knee down into the bed.
- Hold for 5 seconds, then relax the leg.

### Gluteal sets

- Squeeze your buttocks together tightly. Your hips will rise slightly off the bed.
- Hold for 5 seconds, then release.



#### Heel slides

- Keep the heel of your operated leg on the bed. Then slide the heel toward your buttocks as far as you comfortably can.
- Hold for 5 seconds, then slide your heel back.



#### Abduction/Adduction

- Start with your feet slightly apart. Keeping your knee and foot pointing toward the ceiling, slowly slide your operated leg out to the side.
- Slide your leg back to its starting point without crossing the midline of your body.



#### How to safely climb stairs

By the time you are ready to leave the hospital, your physical therapist will train you to safely navigate stairs. You should be able to climb stairs using an assistive device or utilizing stair railings for support.

- When climbing up the stairs, lead with your strongest leg or the non-operated leg.
- When going down, lead with your operated leg or the weaker leg.
- Always look and be mindful of your hand placement on the railings and the position of your feet on the steps to maintain safety.







After your hip fracture surgery, you will have an occupational therapy (OT) consult.

Your occupational therapist will teach you how to complete daily activities like bathing, toileting, dressing and getting in and out of a shower, a car and the bed. This may require changes to each activity or equipment, which will be selected for each person by your OT.

Your surgeon may place rules or limitations on your movement depending on the type of fracture or the surgery performed. Depending on your specific surgery and your specific needs, your OT will make recommendations that will make you as independent as possible.

You may need some help with some of your daily activities from friends, family or other support personnel. If your OT feels it is needed, caregiver training may occur during your hospital stay. If your OT feels you need more teaching, they may recommend continued OT services when you leave the hospital.



**Some equipment you may be recommended to use include:**

- A raised toilet seat or a bedside commode if you need a higher toilet seat to sit on, or grab bars to help you on and off the toilet.
- A shower chair or tub transfer bench depending on your shower set-up to prevent falls in the shower.
- Tools for performing daily activities, such as a long handled sponge, long handled shoe horn, reacher or sock aid, may be used to make bathing and dressing easier if you are not able to reach your feet after surgery.

**Methods your OT will teach you for getting around during daily activities include:**

- When standing from any surface (bed, toilet, chair, etc.), push from the surface you are standing from, then reach for your walker or other device once you are standing.
- When sitting on any surface, back up until you feel the surface fully against the surface, then reach back and sit slowly.
- When getting into a car, we recommend you sit in the front passenger seat. Have your driver move the passenger seat as far back as it goes and recline the seat slightly. Back into the seat, entering butt first. Sit on the seat and then turn to the front, bringing your legs in. You may need help getting your injured leg into the car. When looking for somewhere to place your hands, use the pull strap above the door, the dashboard or the edge of the seat. Do not hold on to the car door or use the window.

