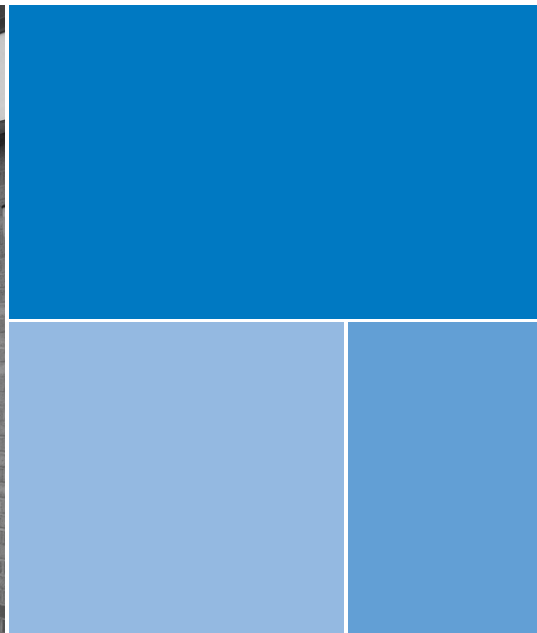




**James Paget
University Hospitals**
NHS Foundation Trust

Fractured Neck of Femur (Hip) Therapy Booklet



Patient Information

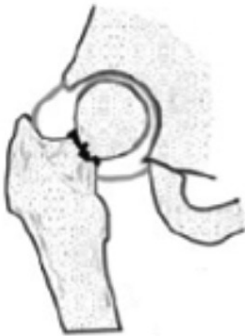
Introduction

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

From a therapy perspective, our aim is to help you regain your mobility and to support your discharge from hospital with an appropriate level of assistance. We anticipate that you will stay in hospital for at least three to four days dependent on how active and independent you were beforehand; however, sometimes people require a little longer to reach their goals.

What is a fractured Neck of Femur (hip)?

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



Fracture within
the joint
capsule



Fracture just
outside the joint
capsule



Fracture further
below the joint
capsule

What type of surgery?



Total Hip Replacement

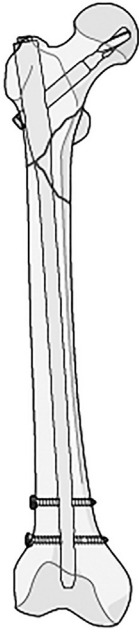
If the break is close to the ball part of the joint we may recommend a **total hip replacement**. In a total hip replacement, the surgeon replaces both the ball and socket part of the joint. This option will depend on how active you are usually, and your individual needs.



Hemiarthroplasty

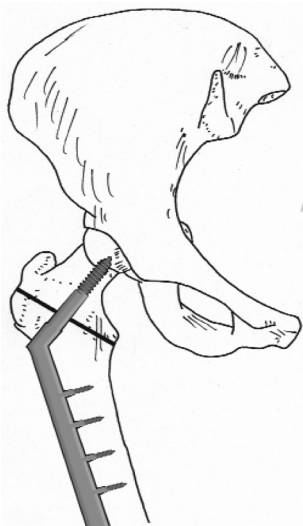
If the break is close to the ball part of the joint, the surgeon may also consider doing a half-hip replacement (**hemiarthroplasty**). This is where the surgeon only replaces the ball part of the joint. This option will depend on your needs as an individual.





Nail Fixation

If the break is lower down the neck, then we can fix this with a short or long nail. The surgeon places a large metal nail from the top of the hip down through the femur. The bottom of the nail may then be secured with a screw.



Dynamic Hip Screw

If the break has left a good blood supply to the ball part of the joint we can fix this with a **Dynamic Hip Screw (DHS)**. The surgeon places a large metal screw across the fracture and secures the bones together using a plate and a number of smaller screws.



What painkillers will I be given?

To be able to take part in rehabilitation, it is essential that your pain is well controlled at all times: when you are lying still, moving in bed, getting out of bed and especially while walking.

When the nurse asks whether you are in pain and need some painkillers, try to move your leg and imagine whether you would be able to stand. **If you feel that your pain would stop you being able to move or stand, you should accept or ask for pain relief.**

Everyone has a different pain tolerance threshold. If your painkillers are not enough, please tell a nurse or doctor so they can change your prescription.

It is very important that your pain is well controlled, to allow you to move and engage in therapy.

In addition to regular paracetamol, we will prescribe you a stronger painkiller. We will start you on a small dose until we work out how much you need and how often.

Some people worry about becoming addicted to painkillers so they try to avoid them. This is not advised. You have had a very painful injury for which most people need strong painkillers. It is therefore normal to need to take regular painkillers as prescribed by your hospital doctor.

While taking strong painkillers, some people may have funny sensations, such as hallucinations or confusion. If this happens, let us know and we can alter the medication and find one to suit you.

Laxatives

You will be prescribed laxatives after your operation to counteract any constipation. Please make sure you take them.

When will I have my medical review?

A member of the medical team who specialises in orthopaedic medicine and frailty may come to see you, if needed.

They will find out any medical problems that may affect the surgery or your recovery. They will also be interested in why you fell and whether or not you have weaker bones (osteoporosis). They will do a general physical examination and an assessment of your memory. They will ask about the medications that you take normally and why. This is important because they may need to adjust or stop some medications for a short time around the operation.

Blood clot prevention

If the doctors feel you need to have injections to reduce your risk of blood clots, then you will either be shown how to do this yourself, or a district nurse will come and see you at home.

A nurse will see whether you also need to be given a pair of stockings to try to reduce the risk of blood clots. If you are to have stockings, you need to wear them for up to six weeks (night and day). The only time these should be removed is for your legs and feet to be washed. A nurse on the ward will discuss this with you.

You will need someone to help you put on and take off the stockings. If you have no-one available to help you, let a member of staff know as soon as possible.

The wound

The wound can be closed with stitches, clips, or glue. This is the surgeon's choice. A dressing will be placed over the top of the wound.

Your dressing will be removed at 14 days post-operation and your wound will be reviewed. If you have had stitches or clips they will be removed at the same time. This will be done either at your GP practice or by a district nurse at home.

When will I start rehabilitation?

Your rehabilitation and recovery starts straight away after the operation. The aim of surgery is to enable you to put weight through your injured leg and start using your hip again. You can expect to get out of bed on the same or on the first day following your operation. This will be with a member of the nursing team or therapy team. The sooner you start moving, the quicker you will recover.

End "PJ paralysis"

Research shows that if you remain in your pyjamas and spend too much time in bed in hospital you rapidly lose muscle strength, fitness and your ability to walk safely and independently.

By sitting out in your chair to wash and eat, and by getting dressed in your own clothes and footwear, you are much more likely to:

- Regain your independence and retain your dignity
- Reduce your care needs on discharge from hospital
- Reduce the need for urinary catheters and the risk of constipation/continence issues
- Potentially reduce the length of time you spend in hospital

Getting up and dressed is something we will expect you to try and do **every** day.

Please ask a family member or friend to bring in some appropriate loose fitting **clothing and slippers or shoes and toiletries** for you as soon as possible.

Physiotherapy

A physiotherapist will provide an assessment on the first day following your operation. This may involve looking at how you get in and out of bed, looking at your balance, strength and ability to move your operated leg.

Physiotherapists will aim to see you almost every day during your period of acute rehabilitation on the ward. In between sessions, they will give you exercises to do yourself, if you are able.

It is important to remember that everyday things you could do easily before the injury may now take much more effort. Rehabilitation is all about getting used to doing these things again and your therapy sessions are just one part of this. The ward nurses, occupational therapists and healthcare assistants will continue your rehabilitation in between physiotherapy sessions.

As you progress in the first few days after your surgery, the physiotherapists and occupational therapists will work with you to set goals to work towards in order to return home.

What physiotherapy exercises should I do to aid my recovery?

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

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

We recommend you do these exercises five to 10 times, approximately three to four times per day. However, you can increase the repetitions as your comfort allows.

Bed Exercises

Ankle exercises

Briskly and regularly bend your ankles up and down. This exercise is important for your circulation and to work your calf muscles.



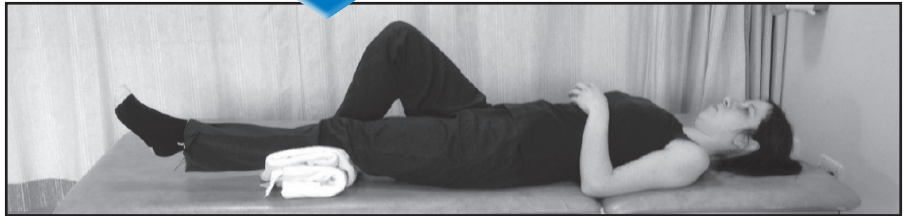
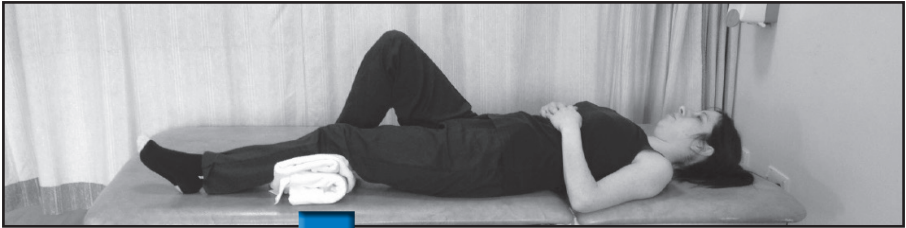
Thigh exercise (1)

With your leg resting on the bed or stool and your knee straight, pull your toes up towards you and push you knee down onto the bed/stool, tightening your thigh muscles. Hold for a count of five and relax.



Thigh exercise (2)

Position your knee over a rolled towel or blanket. Push your knee down into the towel/blanket, tightening your thigh muscles. Straighten your knee, lifting your heel off the bed. Hold for a count of five and relax.



Hip abduction

Lie on the bed with your legs out in front of you. Keeping your knee straight and your toes pointing towards the ceiling, slide your operated leg out to the side and bring it back to the middle.



Hip bending

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



Knee extension

Sit in a supportive chair. Straighten your operated leg pulling your toes up towards you at the same time. Hold this position for five seconds then lower the leg down.



Hip Flexion

Sit in a supportive chair. March your knees up and down alternately. Move as far as comfort allows.



Arm Raise

Sit in a supportive chair, lift your arm up and let your thumb lead the way. Repeat with the other arm.



Walking

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

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

Please ask a family member or friend to bring in your slippers or shoes to assist with your walking.

Steps/stairs

If you have steps and/or stairs within your property, we can practise these with you.

The rule is:

“Good leg goes up first; operated leg goes down first”

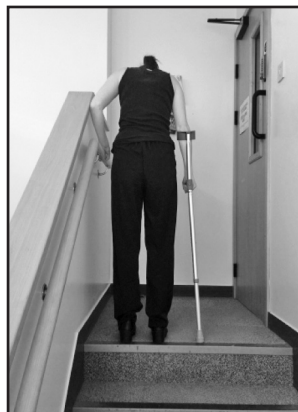
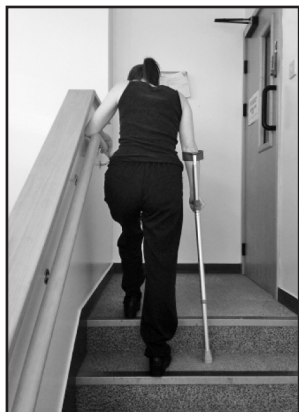
If you have been given a pair of crutches/sticks, we can supply a third crutch/stick, so you have one downstairs, one upstairs, and then the one you’re using to complete the stairs.

We can also practise any steps you have to access your property. The method is the same, but you may not have a rail to do this.

If you are unable to complete the stairs, we will explore the option of you having a bed brought downstairs to aid a safe and timely discharge home.

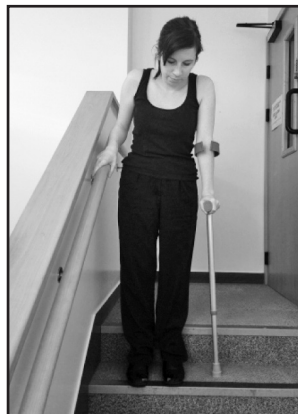
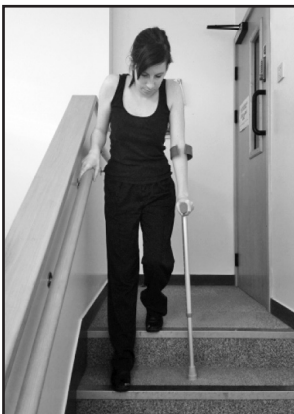
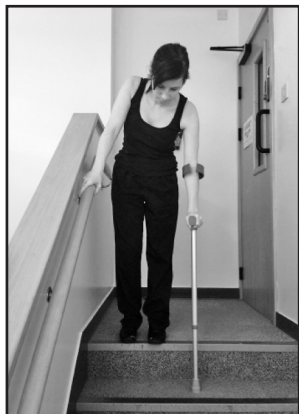
Going up the stairs: -

Hold onto the banister, with your walking aid in the opposite hand. Lead with your good leg, then operated leg, then the walking aid.



Going down the stairs:-

Hold onto the banister with your walking aid in the opposite hand. Lead with your walking aid, then operated leg, then your good leg.



Where will I continue my recovery?

How long you stay in hospital depends on many things, such as how well you could walk before the operation, your general health and any complications after your surgery.

As you improve over the first few days, the therapists will recommend the most suitable place for you to continue your rehabilitation. This is ideally in your own home, if you are able and it is safe to do so. This could be with support from your family or from reablement services who can provide short term care with an aim to improve your independence in your own home. You will also be referred to community therapists who would visit you at home as part of your ongoing rehabilitation pathway. This will be discussed with you before you go home.

Sometimes your progress will be slower or you will need more assistance during the day and overnight, so being at home would not be practical at this point. In this case, you will be referred to our discharge hub who will explore options with you.

Sometimes you may need to continue your rehabilitation in hospital for a longer time. This could be for a number of reasons, such as needing ongoing medical attention or nursing care. In this case, you will either stay on the Orthopaedic Ward where your therapists will continue to see you, or you may be moved to another ward.

Unfortunately, in some instances there may be a long term change in your care needs. This will usually require the involvement of a social worker, alongside the ward case manager, physiotherapist and occupational therapist, to decide with yourself and your family how to plan your discharge from hospital.

Occupational Therapy (OT) and equipment

During your hospital stay a member of the OT team will visit you on the ward if required.

The OT or Therapy Assistant Practitioner (TAP) will ask you, or the person who will look after you on discharge, more specific details about your home environment and how you managed your day to day activities prior to your hip fracture.

You may be issued with a Furniture Height form. Please ask a friend or relative to complete the form with details of heights of chair/bed/toilets at home and return it to the ward as soon as possible.

Please ask your family/friend to bring in suitable day clothes for you. They should be comfortable and allow easy access to your hip wound. Suitable footwear is also essential. Footwear with backs on that is 'worn in' will be more comfortable and easier to get on as your feet and ankles will swell after surgery.

As you progress with your rehabilitation the OT or TAP will assess whether you require any assistive equipment. This could include a toilet raise, chair raisers or bed loop to enable you to be as independent as possible on discharge. Should equipment or additional reablement support be needed, the OT or TAP will discuss this with you and your family.

Showering

We usually recommend strip washing for the first few weeks once home. After 14 days when your dressing is removed, you can shower; however, you must take account of the wet floor and the risk of falling. If it is not safe to shower, then continue to strip wash. We do not recommend for you to get into a bath, or shower over a bath, for at least six weeks.

Washing and dressing

It may be easier for you to wash and dress from a seated position either on your bed or toilet seat. You will normally find it easier to dress the injured limb first and undress the injured limb last. This is so that you can use the full range of movement of the functional limb to assist with clothing needs.

You may find that using a helping hand to assist with pulling clothes on and off over the feet and lower legs and a long handled shoe horn to put your shoes on and off make these tasks easier. You can purchase a helping hand and / or shoehorn from a therapist on the ward or from an independent living centre. A friend or relative may also help you with this.



Helping hand



Long handled shoe horn

Kitchen

You may benefit from completing kitchen tasks from a seated position initially. This will allow you to conserve energy and take pressure off the operated limb. You might like to think about having a stool or chair close to the work surface when making a hot drink, cooking or washing up. Think about the activity, e.g. if you are peeling vegetables could you do this whilst sitting at the dining table instead of standing at the work surface.

If you have any concerns regarding completing activities of daily living please inform a member of the therapy team as soon as possible, so concerns can be addressed and resolved in a timely manner.

Sleeping

You can sleep either on your back or on either side with a pillow between your knees. Any of these positions are fine; it is just for your comfort.

Driving

Driving is not normally advised before six to eight weeks. However, it is each individual's responsibility to ensure they are fit to drive. It is always recommended to contact your insurance company one month before you return to driving, to ensure your insurance is valid. Even if you drive an automatic car, we still recommend this time frame before returning to driving.

Leisure activities

You need to pace yourself with daily tasks and perform them as your fitness allows. After three months we advise that you can return to the following activities:

Riding
Golf

Cycling
Dancing

Sailing
Swimming

We advise you never RUN or JUMP as the hip cannot withstand this pressure.

Returning to work and/or hobbies

Returning to work/hobbies depends solely upon what this entails. This may be anything from six weeks for light activities or four months for more physical activities.

When to stop using the walking aids?

This will be reviewed by your community physiotherapist and will depend on your weight bearing status after surgery.

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

Courtesy and respect

- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals
So people feel **welcome**

Attentively kind and helpful

- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care
So people feel **cared for**

Responsive communication

- Listen to people & answer their questions
- Keep people clearly informed
- Involve people
So people feel **in control**

Effective and professional

- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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