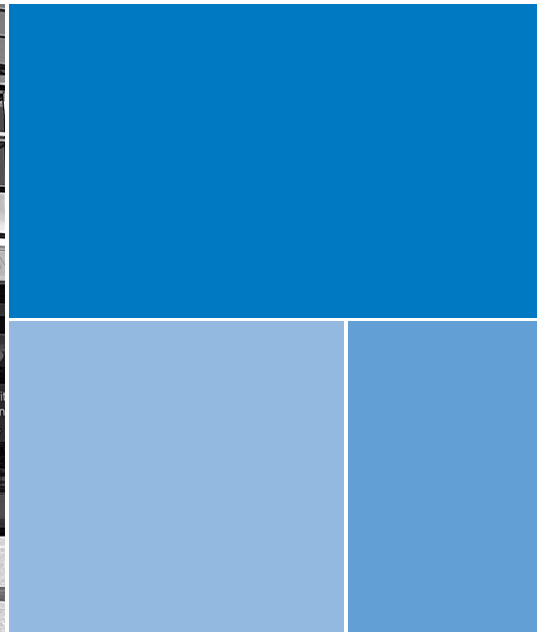




**James Paget  
University Hospitals**  
NHS Foundation Trust

# Hip Fracture 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 you will have a short hospital stay, dependent on how active and independent you were beforehand; however, sometimes people require a little longer to reach their goals.

The more you engage with your therapy, the better your functional outcomes.

## What Is A Hip Fracture (Fractured Neck Of Femur)?

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



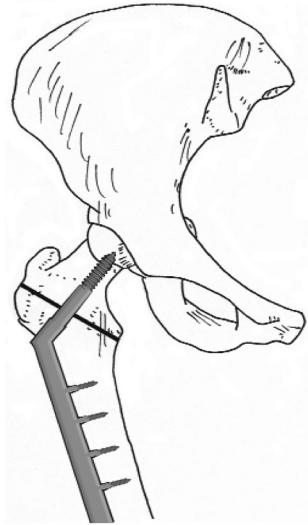
Fracture just outside the joint capsule



Fracture further below the joint capsule

## What Type Of Surgery?

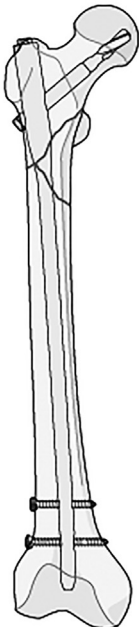
There are several ways the surgeon may fix your hip fracture:



### 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 bone together using a plate and a number of smaller screws.

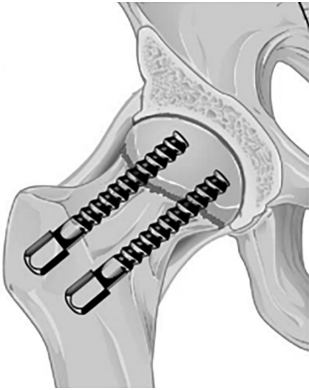
There is usually one scar.



### Nail Fixation

If the hip breaks outside the joint capsule, then we can fix this with a **nail**. The surgeon places a metal rod down the centre of the femur. The lowest part of the nail is often secured with a screw and there are usually three small scars.

## What Type Of Surgery? (continued)



### Cannulated Hip Screw

If the broken bone is not significantly separated apart, it can be held in place with metal **screws**. This is a smaller, quicker operation with less damage to the muscles and tissue around the bone but there is a chance that people who have this operation need another operation on their hip at a later date. There is usually one scar.



### Hemiarthroplasty

If the break is within the capsule of the hip, the surgeon will discuss replacing the ball. This is called a **hemiarthroplasty** (half hip replacement) as the person's cup (acetabulum) is not replaced. There is usually one scar.

## What Type Of Surgery? (continued)



### Total Hip Replacement



In some circumstances if the break is within the capsule of the hip, the surgeon may discuss replacing the ball and socket/cup with a **total hip replacement**. This is based on individual needs and activity levels. There is usually one scar.

### EIDO Leaflets

The Trust subscribes to EIDO Healthcare which produces a wide range of patient information leaflets. The leaflets have been prepared by healthcare specialists and are fully endorsed by the Trust. They can help you to understand your condition and the treatment options available to you. For further details about the type of surgery you have had, please refer to this leaflet which will be given to you after your surgery on the ward.

## 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 which can often be a side effect of the pain relief. 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 will come to see you.

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 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

The doctors will assess your risk of having a blood clot on your legs or lungs. They may prescribe injections to reduce your risk of blood clots or this may be changed to tablet blood thinners.

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.

## When Will I Start Rehabilitation?

Your rehabilitation and recovery start straight away after the operation. The aim of surgery is to maximise movement, strength and reduce your pain to allow you to use 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 as often as possible 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

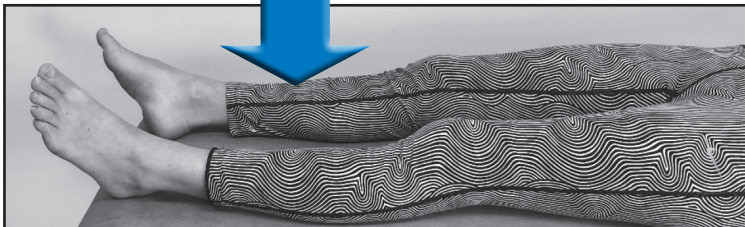
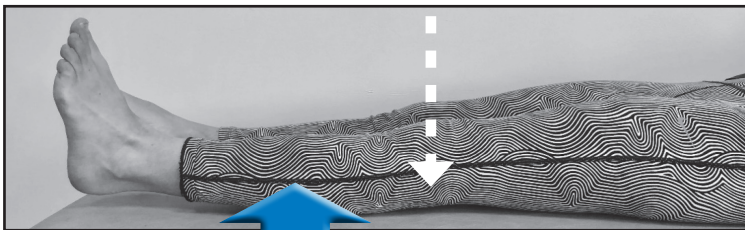
### Ankle Exercises

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 your knee down onto the bed/stool, tightening your thigh muscles. Hold for a count of five and relax.



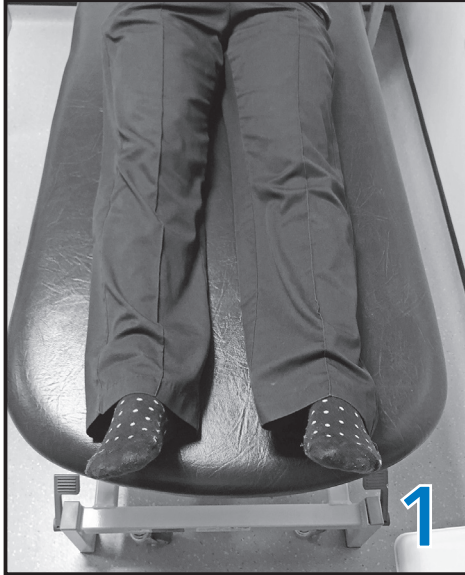
## Thigh Exercise (2)

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.



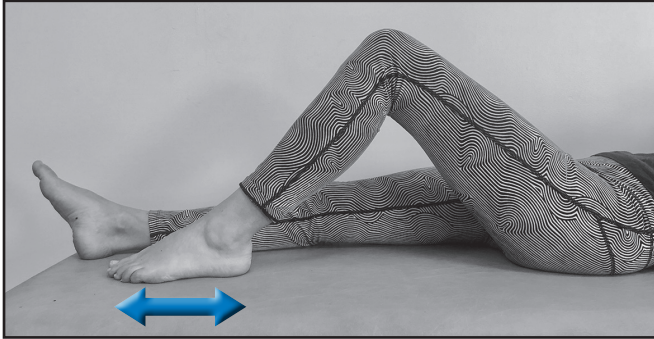
## Hip Abduction

1. Lie on the bed with your legs out in front of you.
2. 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

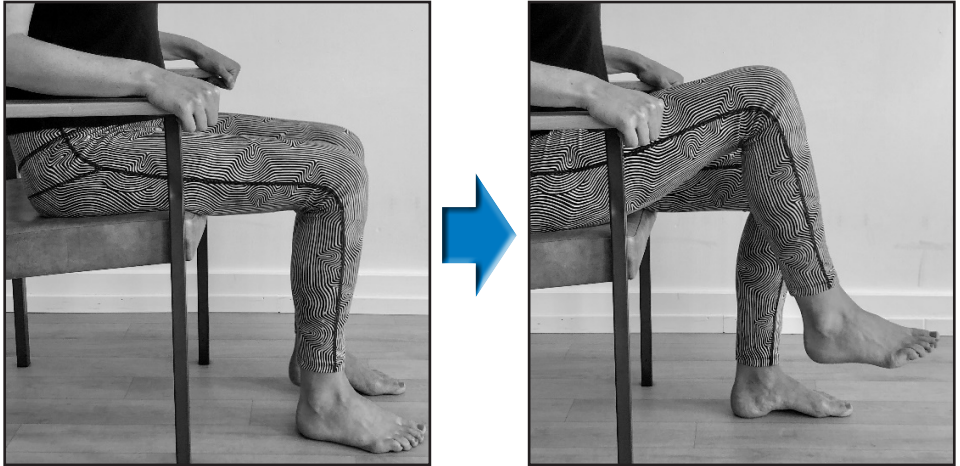
Sit in a supportive chair. Straighten your operated leg, pulling your toes up towards you at the same time. Hold this position for five seconds then lower the leg down.





## Hip Flexion

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



## Walking

If ready, 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.

If advised by your therapist, we encourage that you practise walking with the ward staff to and from the toilet/bathroom. This is important 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 And Stairs

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

The rule is:

***“When going up stairs, non-operated leg goes first;***

***When going down stairs, operated leg goes first”***

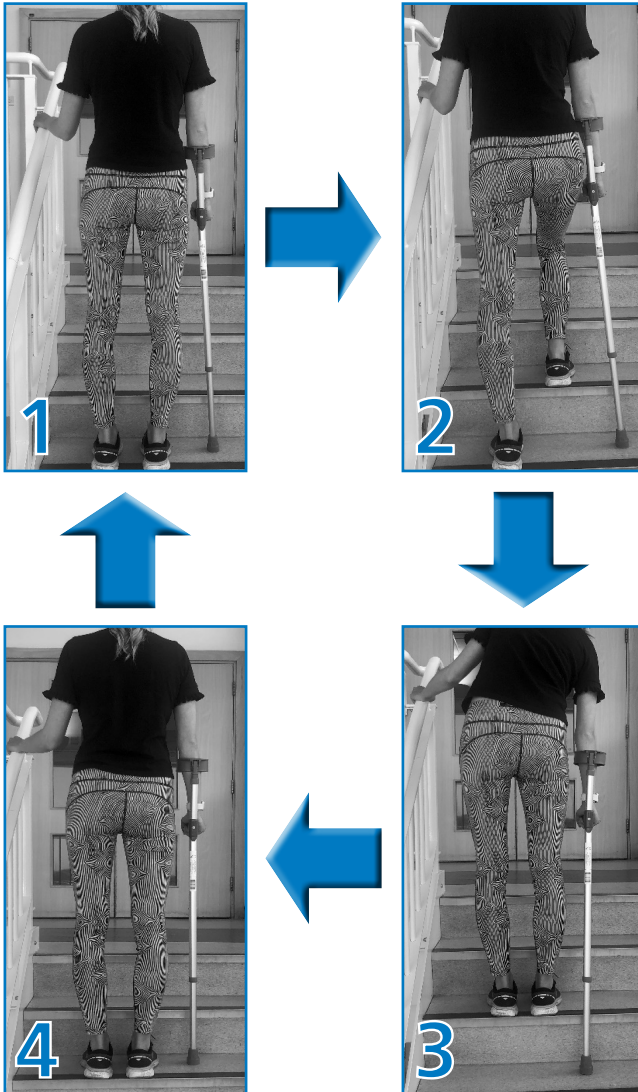
If you have been given a pair of crutches/sticks, we can supply a third crutch/stick, so you have one downstairs, one upstairs, and then the one you are using to complete the stairs.

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 alternative options to aid a safe and timely discharge.

## Going Up The Stairs

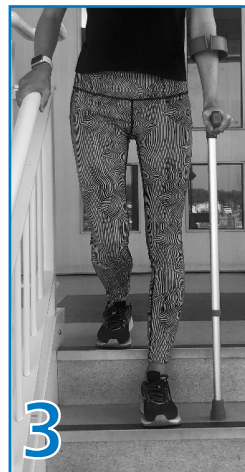
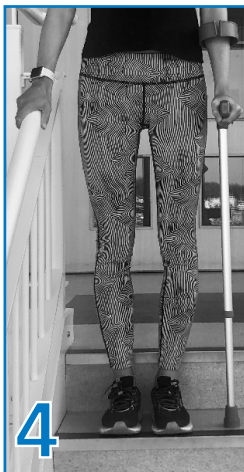
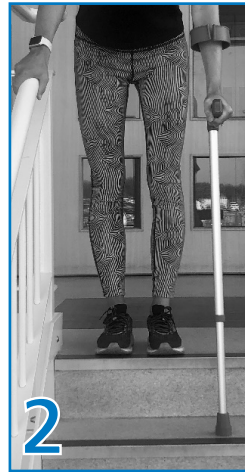
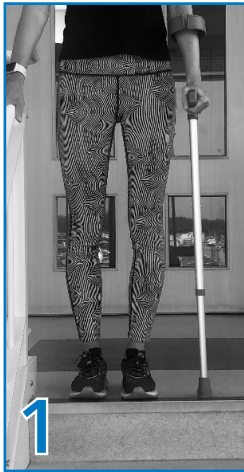
1. Hold onto the banister with your walking aid in the opposite hand.
2. Step up with your non-operated leg only.
3. Step up with your operated leg only.
4. Finish with your walking aid on the same step.





## Going Down The Stairs

1. Hold onto the banister with your walking aid in the opposite hand.
2. Place your walking aid on the step below.
3. Step down with your operated leg.
4. Finish with your non-operated leg on the same step.



## 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 will assess you on discharge from hospital, 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, alternative options will be discussed with you.

## Occupational Therapy (OT) And Equipment

If you are admitted to hospital from your own home, then during your hospital stay a member of the Occupational Therapy (OT) team will visit you on the ward.

The OT or Therapy Assistant Practitioner (TAP) will ask you more specific details about your home environment and how you managed your day-to-day activities prior to your hip fracture.

You will be given a Furniture Height form. Please ask a friend or relative to complete the form with details of heights of chair/bed/toilets/steps at home and return it to the ward as soon as possible as this will help facilitate a safe and timely discharge.

As you progress with your rehabilitation the OT or TAP will assess whether you require any assistive equipment and will use the furniture height measurements to aid with this. This could include a toilet raiser, chair raisers or a perching stool 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. Details of how to return any equipment are provided at the end of this booklet.

## Showering

We usually recommend strip washing for the first few weeks once home. After fourteen 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 shoehorn 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 Tasks

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 and you may wish to inform your insurance provider that you have had surgery. Even if you drive an automatic car, we still recommend this timeframe before returning to driving.

## Leisure Activities

You need to pace yourself with daily tasks and perform them as your fitness allows. You can begin to return to previous leisure and sporting activities as you feel able. If concerned, do not hesitate to speak to your community therapy team.

## Returning To Work

Returning to work depends solely upon the physical demand of your job. You might want to discuss this with your employer as to how reasonable adjustments could be made. Please inform the ward if you require a fit note.

## 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.

## Will I Receive A Follow-Up?

You will not receive a routine follow-up appointment from the hospital following your discharge. You will likely receive a letter, though, from our hip fracture specialist nurses around four months after your surgery to check on your progress and rehabilitation. This information is collated anonymously as part of the National Hip Fracture Database (NHFD).

The hospital uses the NHFD to monitor their own progress with meeting standards for good care throughout the year. The NHFD then releases an annual report describing each hospital's performance. To find out more visit: <http://www.nhfd.co.uk>

If you have any general concerns about your health when you are home then please speak to your GP. However, if your concerns are regarding your wound please follow the advice below.

## 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 fourteen 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.

## Wound Infection

Once home, if the wound edge becomes red, painful, discharges pus or you develop a temperature then contact the ward that you were admitted to, the Orthopaedic Department or attend Accident and Emergency. A thorough examination is required to ascertain if you need antibiotics and which ones may be required to treat an infection.

Please do not attend your GP practice for this review.

## Return Of Equipment

We are currently unable to accept returns of walking aids such as sticks and frames so please do not bring these back to the hospital if you do not need them. Red Cross sometimes take donations of these but we would recommend calling them first.

If you have been loaned equipment from the Occupational Therapy Team, please also **do not send it back to us** at James Paget University Hospital. If you no longer require the equipment, please telephone the number below to arrange for it to be picked up.

Sticker to be inserted here with  
contact number depending  
on equipment provider

## Useful Contact Numbers

<b>Orthopaedic Department</b>	01493 452295
<b>Ward 6</b>	01493 452006
<b>Ward 22</b>	01493 452331
<b>Orthopaedic Therapy Team</b>	01493 453849
<b>Age UK Norfolk</b>	01603 787111
<b>British Red Cross</b> (For short term loan of equipment and wheelchairs)	0344 871 1111
<b>Norfolk Coastal Centre For Independent Life</b> (For long term provision of equipment)	0845 054 7181
Norfolk Coastal Centre Wood Farm Lane Beacon Park Gorleston Norfolk NR31 9AQ	

## Assistance With Meals

<b>Wiltshire Farm Foods</b> (Frozen ready meals)	0800 077 3100
<b>Oakhouse Foods</b> (Frozen ready meals)	01379 870117
<b>Grandma's Kitchen</b> (Delivers hot meals on plates to your door)	01502 537733



# Notes

## Notes



## 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: We CARE for...**  
*our patients... each other... ourselves*

### BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

#Proud  
of the  
Paget



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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