

# Hip Fracture

*Patient Education Handbook*



**Advent Health**

**Orthopedic Institute Orlando**

## AdventHealth Orlando

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Same doctors you trust. Same care you love. Now coming together as AdventHealth — one unified system with one collaborative focus on your whole-person health. Whether you live in a large city or a rural town, whole-person health means a more personal level of care than ever before — physically, emotionally and spiritually. Our whole-hearted commitment to your well-being means we may have a new name, but we still know yours. Experience compassion, expertise and world-class resources with access to some of the nation's best services, right here in Florida.



## Important Phone Numbers

**Orthopaedic Traumatology Office - (407) 895-8890**

*Phone calls are answered Monday through Friday from 8:00AM to 5:00PM*

**AdventHealth Orthopedic Institute, Orlando 407-609-3049**

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## Introduction

**This booklet was developed to help you better understand the treatment, risks and recovery you can expect due to a broken hip (hip fracture).** There are different types of hip fractures. Treatment will depend on the where the bone is broken and how much the bone has moved. Most hip fractures need surgery to treat pain, restore movement and return function.

Injuries resulting in hip fractures (broken hip) can be frightening, but you should feel confident that you are in good hands. Our skilled, comprehensive team includes Medical Doctors, Anesthesiologists, Orthopedic surgeons, Physician Assistants, Registered Nurses, Physical and Occupational therapists and Care Managers working together to provide you excellent care. The Orthopedic Institute team ensures that patients with hip fractures are seen as high priority receiving surgical care as quickly as possible.

Hip fractures are certainly serious and have a recovery phase that often requires time and patience. For most patients, surgery is successful and people resume normal activities once they are healed.

### AdventHealth Orlando Orthopedic Surgeons:

**Dr. J. Dean Cole**



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**Dr. Robert Meuret**



# Understanding the Hip & Hip Fractures

## Anatomy and Function

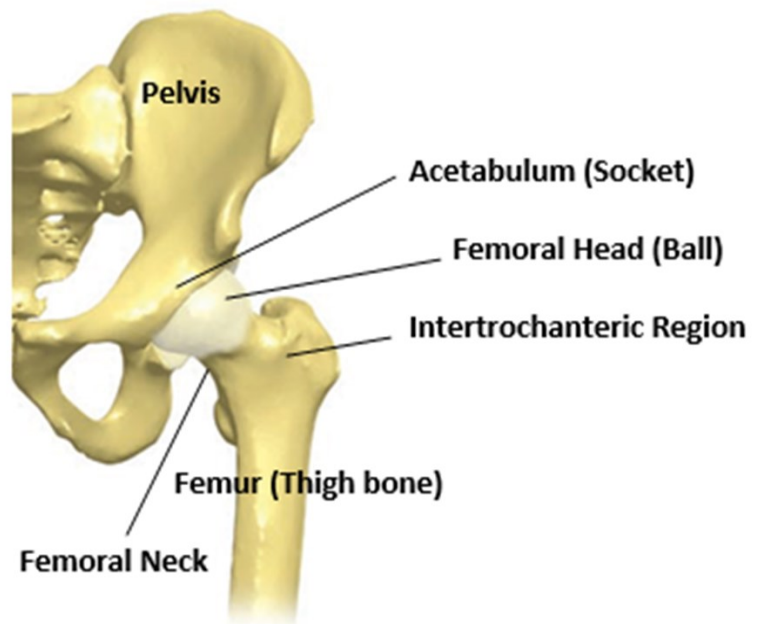
### **The hip is a ball and socket joint.**

The pelvic bone contains the cup shaped “socket” (acetabulum) that holds the “ball” (femoral head).

Together they form your hip, and allow smooth movement during activity. The femoral neck is a short area directly below the ball. The part of your femur that sticks out at the top and bottom of the femoral neck is called the Intertrochanteric region. Below the intertrochanteric region is where the part of the femur begins which we generally call the thigh bone.

The hip joint provides stability so we can stand and sit. The hip also allows movement required to walk, run, climb etc., providing lower body mobility and upper body stability.

### Healthy Hip



## What Is a Hip Fracture?

A hip fracture is a break in the upper quarter of the femur (thigh) bone. Injury to only the socket, or acetabulum is not considered a “hip fracture.”

## How Do Hip Fractures Occur?

**Injury is the major cause of hip fractures.** While many hip fractures occur from falling, it is also true that the fall may have been a result of the hip fracture happening first. The hip can break first, causing a person to fall. A misstep may lead to a twist in the hip joint that places too much stress across the neck of the femur. The femoral neck breaks, and the patient falls to the ground. It happens so fast that it is unclear to the patient whether the fall or the break happened first.

## How Do Doctors Diagnose a Hip Fracture?

The diagnosis of a hip fracture typically occurs in the emergency room. The Orthopedic surgeon will use the patient's health history, physical examination and X-rays to diagnose the type of fracture.

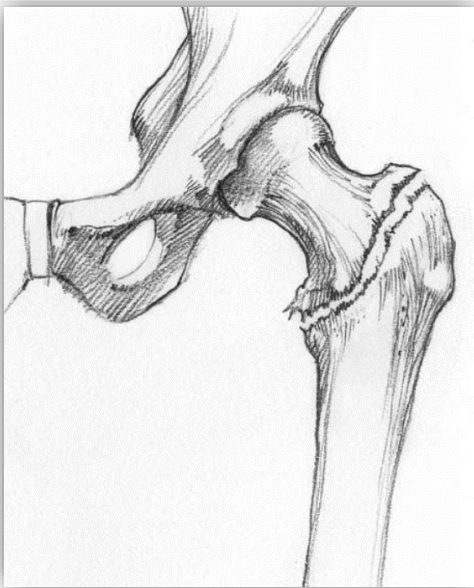
In some cases, the fracture may not be present on X-rays. If the patient's hip continues to hurt and the doctor is suspicious of a hip fracture, a CT scan or MRI will be used. Other tests such as chest X-rays, blood work and electrocardiograms may be ordered to assess and evaluate a patient's overall medical condition.

## Plan of Care

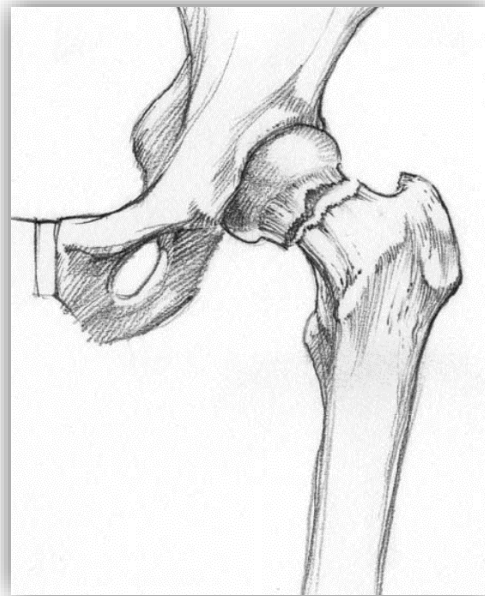
After proper diagnosis by the Orthopedic surgeon, several factors will be considered when deciding on a patient's immediate treatment plan. Such as:

- **Age**
- **Activity level**
- **Prior injuries**
- **Osteoporosis**

If surgery is needed, the medical physician (hospitalist) will prepare the patient medically for surgery. Once the patient is medically stable, or has "medical clearance", from the hospitalist, the surgeon will make a decision about what type of procedure needs to be done to fix the fracture.



Intertrochanteric Fracture



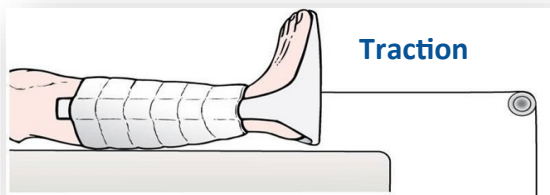
Femoral Neck Fracture

# Initial Treatment

Upon arrival, initial treatments may be provided prior to having surgery.

## Initial treatments may include:

**Bed rest:** (Gentle lower extremity traction may be used if ordered by your doctor)  
The application of traction overcomes the injured limb's tendency to shorten (due to muscle spasm) and holds the limb still in a position of correct extension with the ends of the fractured bone aligned. This will provide you some comfort before having surgery.



**Pressure relieving air mattress** for comfort and skin protection may be used. Changing positions with the help of the nursing staff is important. Elevating your heels off the bed is accomplished with pillows or towel rolls.

**Medical Tests:** Lab work (blood tests), EKG (electrocardiogram), chest x-ray and other testing may be necessary to optimize existing medical conditions. Additional testing may be ordered by the medical physician (hospitalist).

**Nutrition and Hydration:** Intravenous (IV) fluids may be initiated to maintain hydration.

**A urinary catheter** may be placed to keep your bladder empty.

**Blood Clot Prevention:** Because of your injury and resulting limited mobility, medication for blood clot prevention will be given. This is usually a shot given once or twice a day.

**Sequential Compression Device (SCD's):** After completion of a neurovascular evaluation of your fractured hip and leg, SCD's will be applied. These leg wrapping devices inflate and apply pressure to your lower leg. They assist with blood circulation and the prevention of blood clot formation.

**Incentive Spirometer:** The incentive spirometer is a small portable breathing exerciser. You inhale deeply and exhale slowly through the mouth piece. This controlled breathing exercise helps the expansion of your lungs to get oxygen into your lung tissues to avoid developing pneumonia. Keep your incentive spirometer within arms reach. You should use it 10 times every hour. This exercise is important before and after surgery when you have decreased mobility.



**Incentive Spirometer**

## Surgical Treatment Options

Some hip fractures could heal without surgery, however the treatment would result in you being in bed for eight to twelve weeks. This is the main reason why surgery is recommended to nearly all patients with hip fractures. Physicians have learned over the years that placing an aging adult in bed for a long period of time has a much greater risk of creating serious complications than the surgery to repair or replace the fractured bones.

**The goal of any surgical treatment option of a fractured hip is to hold the broken bones securely in place to permit healing and allow the patient to get out of bed as soon as possible.**

Various methods have been invented to treat the different types of hip fractures. The type and location of the fracture will determine your treatment.

Most hip fractures are treated in one of the following ways:

- **Metal screws**
- **Metal plate and screws**
- **Nailing**
- **Replacement of all or part of the hip**

### Metal Screws (Hip Pinning)

Femoral neck fractures that occur one to two inches from the hip joint, if still correctly aligned may require only two or three metal screws to stabilize the fracture. These fractures commonly heal without complications.

This procedure is called hip pinning. Specific weight bearing instructions will be taught by your physical therapist as directed by your surgeon. Physical therapy will begin the day of surgery or the next morning.



### Nailing

An intertrochanteric hip fracture occurs three to four inches from the hip joint. This type of fracture is primarily repaired using an intramedullary nail. The intramedullary nail is placed in the marrow canal of the fractured extremity to correct the fracture and strengthen the bone. This allows you to put weight on it right after surgery.



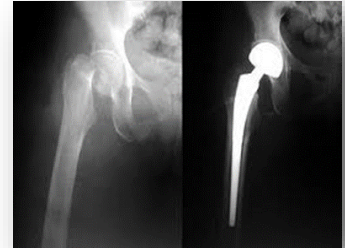


## Surgical Treatment Options continued...

### Hemiarthroplasty

#### (Partial Hip Replacement)

When the hip fracture occurs through the neck of the femur and the femoral head (ball) is totally displaced there is a good chance that the blood supply to the femoral head has been damaged. This will cause the bone of the femoral head to die. When this happens, the hip will collapse and you may require more surgery. For this reason a partial hip replacement may be recommended. The operation is called hemiarthroplasty. The head of the femur will be replaced, but the hip socket is left intact.



### Arthroplasty

#### (Total Hip Replacement)

When severe arthritis is present, previous injury has damaged your joint, or you have had difficulty ambulating prior to your fracture, your recommendation may be total hip replacement. This procedure involves replacing both the head of the femur (thigh bone) and also the socket in your pelvis (acetabulum).



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## Day of Surgery

- You will have nothing to eat after midnight the night before surgery. Clear liquids *might* be allowed up until 2 hours before your surgery.
- You will be taken to RIO (Rapid In and Out) to prepare you for surgery. You can have visitors in RIO. Most patients spend about an hour in this area.
- Surgery can take 2-3 hours.
- Family can wait in the “Stewart Waiting Room” down the hall from the RIO on the 1st Floor.
- After surgery you will be taken to PACU (Post Anesthesia Care Unit) where you will be closely monitored while you wake up. Everyone is different when coming out of anesthesia. Most patients spend about 1-2 hours in PACU.
- Once the PACU team knows you are safe, you will be taken to your room on the 9th or 10th floor of the Orthopedic Unit off Elevator A.

## Post-Operative Care

**Intravenous Therapy:** On the day of your surgery, you will require intravenous (IV) fluids that will continue overnight. After surgery, you will be allowed to eat and drink your usual diet, starting with ice chips, then clear liquids then finally to solid food. When you are able to take enough food and liquids on your own, the IV fluids will be discontinued.

**Blood Transfusion:** Hip fractures result in blood loss into surrounding tissues; this combined with any existing anemia may result in the need for blood transfusion. Transfusions are given to stabilize blood volume, blood pressure and heart rate.

**Urinary Catheter:** The urinary catheter will be removed 6:00 AM the morning after surgery. Please call your nurse to assist you to the bathroom or bedside commode after catheter removal. **Do NOT try to get out of bed by yourself.**

**Anticoagulant Medication:** Blood clots called deep vein thromboses (DVT), may feel like excessive tenderness or pain in your calf, or hot, redness of your calf. This can happen in either leg. Tell your nurse immediately about these symptoms. Anti-coagulant medications to prevent these clots will be started before surgery and continued as directed by your physician when you go home.

**Sequential Compression Devices (SCD's):** Leg wrapping devices that sequentially inflate applying pressure to your legs. This assists with blood circulation and the prevention of blood clot formation. They are removed for therapy.

**Weight bearing** is the amount of weight your surgeon allows you to put on your operated leg. Most people are able to start walking right after surgery. The surgery performed and the severity of the fracture will determine your weight bearing rules. The instructions on weight bearing will be taught by your physical therapist as directed by your surgeon.

**Anti Embolism Stockings:** The elastic white stockings should be worn every day until you return for your follow up visit with your Orthopedic surgeon. They are used to support blood circulation by preventing the pooling of blood in the vessels of the feet and legs, assisting in the prevention of blood clot formation. At home, you may take your stockings off at night, wash them and put them on in the morning.

**Incentive Spirometer:** Continue to use your incentive spirometer 10 times an hour. This active breathing exercise will help prevent respiratory complications, like pneumonia, that can quickly develop following extended bed rest and surgery.

**Post-Operative Pain Management:** The Orthopedic team will use multiple methods to treat your pain. These might include, separately or together: nerve blocks, IV medications, and oral medications. **Our goal is to transition you to oral pain medications that you will continue to take at home.** See [page 14](#) for details on taking pain medication at home.

# Discharge

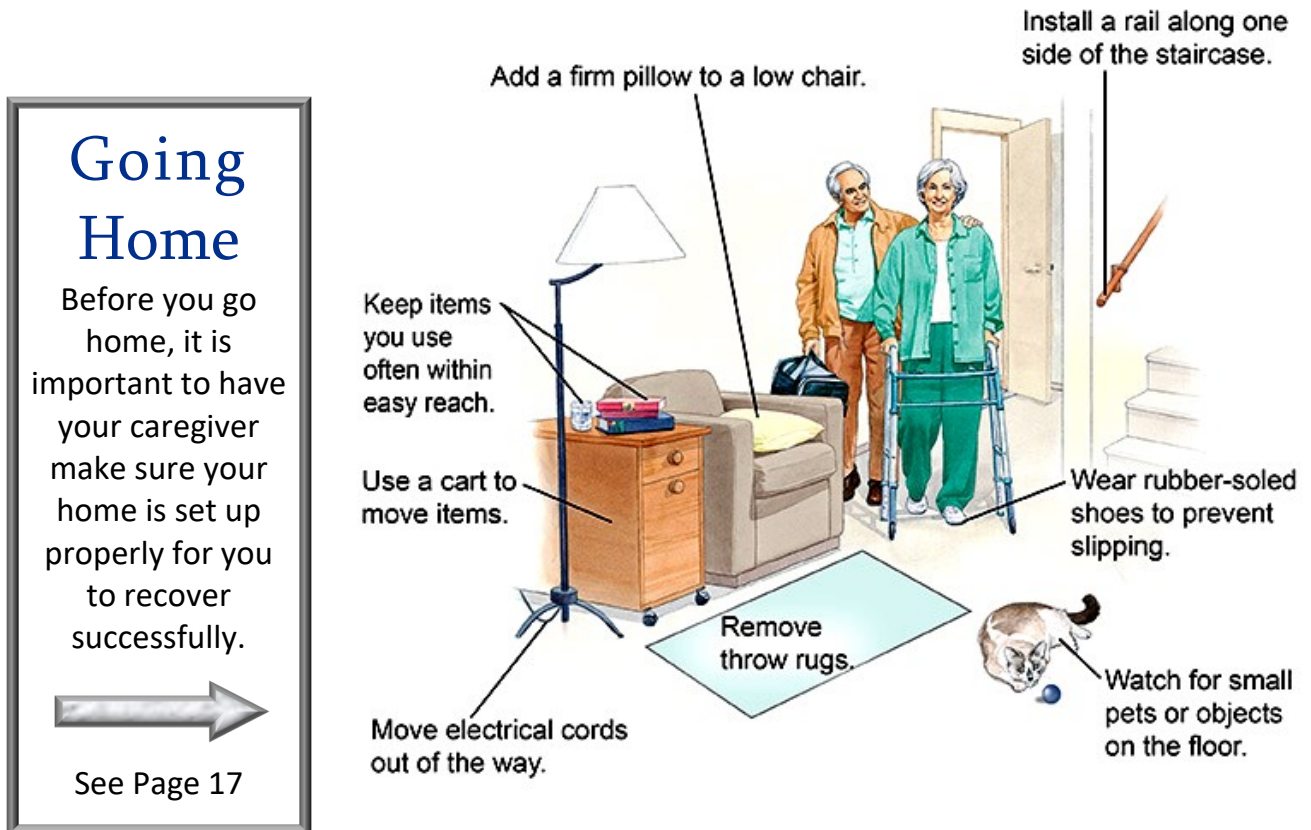
You will be discharged two to three days after your surgery to your home or a skilled nursing facility where rehabilitation will continue. Rehabilitation is very important after a hip fracture. Your program will be made specific to you and your needs. Everyone is different, so the length and level of rehabilitation may be different than other hip fracture patients.

## Home Discharge

In order to be discharged home, it will be important that you have someone in the house to help you until you can be alone and do everyday activities safely. This can take several weeks. Just like rehabilitation plans are different for everyone, recovery time can be also. Home care nursing and physical therapy will direct your recovery. (See **page 17** for more guidelines on how to keep yourself safe at home.)

## Skilled Nursing Facility

You may need more services than can be provided at home, or maybe assistance at home is not available. You might need to go to a skilled nursing facility for a period of time until you can safely be at home. To qualify for this option, you must meet criteria as directed by Medicare and/or your insurance company. The Orthopedic Care Manager will provide assistance for you and your family if this is an option for you.



# Complications of Hip Fractures



## Blood Clots in Legs (DVT) or Lungs (PE)

Surgery may cause the blood to slow and thicken in the veins of your legs, creating a blood clot, a condition called Deep Vein Thrombosis or DVT. Sometimes a clot can break away and travel to the lungs creating a condition called Pulmonary Embolus or PE.

### *Signs of blood clots in legs*

*(If you experience the following call your doctor right away)*

- Swelling in thigh, calf or ankle that does not go down when raised above heart level.
  - Pain, heat and tenderness in calf, back of the knee or groin area.
- ⇒ NOTE: Blood clots can form in either leg.

### *Signs of blood clots in lungs*

*(If you experience the following, call 911 )*

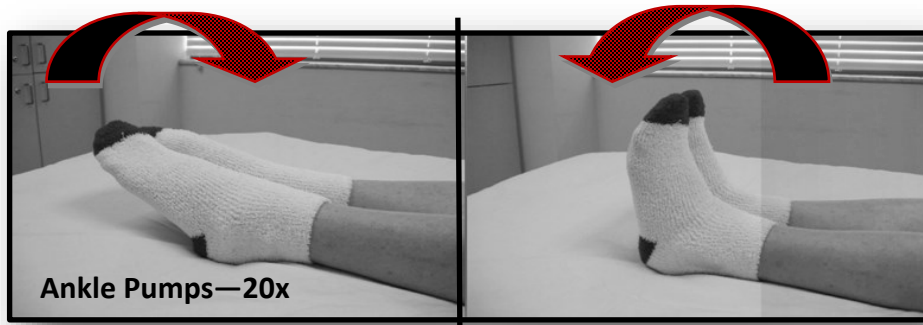
- Sudden chest Pain
- Difficult or rapid breathing
- Shortness of Breath
- Sweating
- Confusion

### *Prevention of blood clots in the legs*

- Ankle pumps (see below)
- Compression Stockings
- Blood Thinners
- Walking

### *Prevention of blood clots in the lungs*

- Prevent blood clots in the legs
- Recognize a clot in the leg and call your physician immediately



**\*\*It is very important that you begin ankle pumps on the first day.** This will help prevent blood clots from forming in your legs. Bend and straighten your ankles **10 times per hour.** \*\*

## Complications of Hip Fractures continued....

**Infection:** There is always a risk of infection with or without surgery. Antibiotic therapy is given in surgery and after to decrease your chance of infection.

**Signs of infection that should be reported to your surgeon include:**

- Increased swelling and redness at the incision site
- Change in the color, amount or odor of drainage from the incision site.
- Increased pain around the incision.
- Continued fever of 101.4 degrees.

**Pneumonia:** A hip fracture results in decreased mobility and bed rest. This places most elderly people at risk of developing pneumonia. Activities such as getting out of bed as soon as possible after surgery, coughing, deep breathing and using your incentive spirometer, allows your lungs to work much better, decreasing your risk of pneumonia.

**Urinary tract Infection:** Urinary tract infections and urinary retention are common problems after hip fracture surgery. Removing the urinary catheter the morning after surgery is done to reduce the chance of infection and urinary retention. Maintaining a good fluid intake will help reduce the risk of urinary tract infection.

**Mental Confusion (Delirium):** Delirium is a common medical complication after hip fracture. Common reasons for mental confusion can include the injury itself, emotional stress, unfamiliar surroundings, pain medication and other medical conditions. For most patients, this is usually a temporary situation and should go away in a few days.

**Call your doctor immediately if you experience any of the following:**

- Severe or increasing pain that is not relieved with pain medication
- Constant fever over 101.4, as this may be a sign of infection
- A major increase in redness, swelling, bleeding or increasing drainage from the surgical site

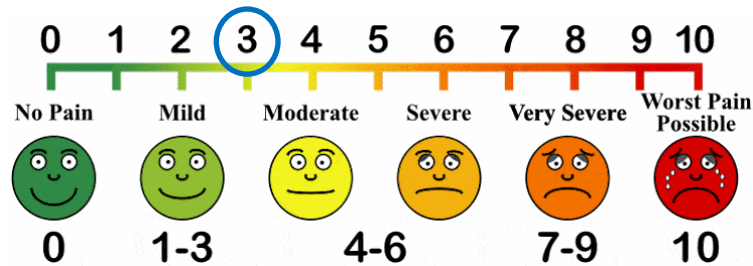
**If you have any of the above problems or questions, please contact your surgeon's office at: 407-895-8890.**

*Phone calls are answered Monday through Friday from 8:00 AM to 5:00 PM*

## Taking Pain Medications at Home

It is important for you and your family to understand the right way to take your pain medications at home. The prescription will give you enough medication to last until your first follow up visit with your surgeon. When you left the hospital, you received printed information about your medications. Please read this information prior to taking your medications. You should understand the side effects and benefits of your medication.

- Respect the power and effects of your pain medication. If you do not understand something about your prescription, ask questions.
- Take your medications as directed: at the correct dose and the correct time.
- Do not take other pain medications unless directed to do so by your physician.
- Do not increase how often or how much of your pain medication you take.
- Pain is easier to relieve when the pain level is a 3 on a scale of 1-10. Taking your pain medication when you **start** to feel uncomfortable will help avoid the problem of "chasing" your pain later.



- Since pain medication can cause constipation, make sure you take a laxative regularly, as long as you are taking your pain medication.
- Try relaxing: listening to your favorite music, watching a movie or any other way of relaxing that works for you. This will improve how well the pain medication is working.
- Call your surgeon if:
  - \* Your pain gets worse,
  - \* If you can't control your pain at home or
  - \* If you have bad side effects from the pain medication
- If you have any questions about the medication you are taking, contact your surgeon at 407-895-8890. (*Calls are answered from 8a-5p Monday through Friday.*)

## Dressing Changes at Home

Surgical dressings are placed over your surgical site to protect and prevent infection. After surgery, your Orthopedic Surgeon placed an air occlusive dressing called Mepilex, over your incision. This dressing protects your incision and has a special technology in the dressing that reduces pain when removing it from your skin.



### Change your dressing on:

- Post-op Day 2 (2 days after your surgery) Remove and replace with another Mepilex. This will be done in the hospital if you are still there.
  - Post-op Day 5 (5 days after your surgery) Follow steps below.
- ⇒ **DO NOT** apply any lotions or ointments to the incision site.

**Supplies:** You will be given some supplies when you leave the hospital. Additional dressing supplies can be obtained at local pharmacies.

**Never touch your surgical site with your hands as bacteria can be easily transferred from your hands to your wound.**

1. Wash your hands.
2. Gently remove the old dressing by rolling the edges with your fingers until it lifts off your skin.
3. Discard dressing into a plastic bag.
4. Look at your incision for any increased redness, drainage or open areas within the incision line (these are signs to report to your surgeon).
5. If there is no redness around the incision, drainage or open areas you may clean the incision area with antibacterial soap and water. Pat the incision dry with a clean dry towel and leave open to air (there is no need to cover with another dressing or gauze)
6. If you notice any redness, drainage or any open areas you may cover the incision with a sterile 4x4 gauze pad and secure the edges with paper tape daily, until you see your surgeon (these supplies can be purchased at a local pharmacy if needed)
7. Wash your hands after removing the dressing

### Showering:

- You may shower leaving the Mepilex dressing in place.
- Do not submerge in water: No tub baths or swimming until you see your surgeon.

## Constipation

Constipation is when you have a hard, dry bowel movement (stool), have fewer or smaller stools or you have a difficult time having a bowel movement or passing a stool.

### Additional signs of constipation may include:

- Fullness in your belly, a bloating feeling
- Painful belly cramping and or gas pains
- Poor appetite
- Straining with bowel movements



### What is the best thing to do to prevent constipation?

- Drink more fluids; especially warm drinks like tea, coffee or warm water with lemon
- Drink 8 to 10 oz. of water daily
- Include mild exercise and walking in your daily activity. Follow all directions for weight bearing and exercising that were given to you by your physician and therapist.
- Got to the bathroom as soon as you feel the urge. Do not wait.

⇒ **Increase foods with fiber in your diet.** The following foods should be included:

1. Whole grain breads and cereals
2. Dried fruits, raisins, prunes and dates
3. Fresh fruit, apples, pears, bananas and cantaloupe
4. Vegetables, carrots, potatoes, peas and beans

⇒ **Continue taking a stool softener plus laxative while on pain medication. These can be purchased from your local pharmacy.**

### **Call your doctor immediately if you are constipated and are experiencing:**

- Fever, vomiting or cramping
- Inability to pass gas
- Severe abdominal pain or bloating



## Home Safety

Falls are a leading cause of injury for older adults. These are usually falls that happen on a level surface, from a standing or sitting position. Often the fall results in a fracture.

Please review these fall prevention strategies:

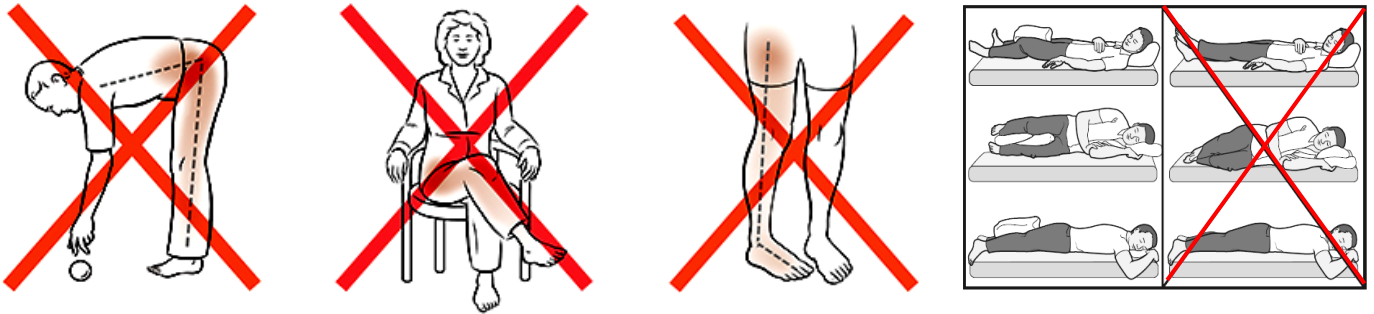
- Review your medications each time you visit your medical doctor. Some medications or combinations of medications can cause lightheadedness, dizziness or general weakness which could cause you to fall.
- Wear shoes that provide support. Avoid slippers, flip-flops and sandals.
- Look at your home lighting both inside and out. Make sure all areas have good lighting.
- Are lights bright enough to help for limited vision? Light switches should be easy to reach as you enter a room.
- Remove area rugs or any floor covering that could cause you to trip.
- Do you have grab bars for toilet, tub or shower? Do you have something to sit on in the shower or tub?
- Are hallways, stairs, entrances and bathrooms free of items they may cause you to trip?
- Place cell phones within easy reach.
- Furniture needs to be stable, have armrests and **NO** wheels.
- Kitchen items that are frequently used should be stored at waist level.
- Be physically active on a daily basis. Moving is a simple way to maintain strength and helps you feel better.
- Have regular medical physical exams.
- Have routine eye examinations. You could be wearing incorrect glasses or develop cataracts without realizing it.

# How to Move After Surgery: Precautions for Partial or Total Hip Replacements

To avoid dislocation and increased pain, please follow the precautions below:

## Posterior Approach

- Avoid bending your hip past a right angle (90 degrees). Don't sit on low surfaces.
- Avoid crossing your legs at the knees or ankles. Keep your legs slightly apart.
- Keep your legs and feet pointing forward or slightly turned out. Avoid turning the knee of your operated hip inward.
- Sleep with a pillow between your legs.



## Anterior Approach

- Do not allow your operated leg to go backwards
- Do not cross your legs at the knees
- Do not twist away from your operated leg
- Avoid turning surgical leg, foot or hip outward



# How to Move After Surgery

## Transferring Into and Out of Bed

### Getting Into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed). Slide the operated leg out in front of you when sitting down.
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier).
3. Move your walker out of the way, but keep it in reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt or your Theraband to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into bed.
7. Scoot your hips toward the center of the bed.

⇒ **NOTE: Do NOT cross your legs to help the operated leg into the bed**

### Getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-surgical leg to the floor.
3. If necessary, use the leg lifter to lower your surgical leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off of the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other hand.
6. Slide the operated leg in front of you when standing up.
7. Balance yourself before grabbing for the walker.



# How to Move After Surgery

## Lying in Bed

**Figure 1:** Place a pillow between your legs when lying on your back. Try to keep the surgical leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or rolled towel on the outside of leg may help you maintain this position.



**Figure 2:** When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll onto side. Your leg may help you maintain this position.



# How to Move After Surgery

## Standing up from chair - Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests.
3. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before grabbing for the walker.

### Correct



### Wrong



## Walking

1. Move the walker forward.
  2. With all four walker legs firmly on the ground, step forward with the surgical leg.
  3. Place the foot in the middle of the walker area. Do NOT move it past the front feet of the walker.
  4. Step forward with the operated leg. **NOTE: Take small steps. Do not take a step until all four walker legs are flat on the floor.**
- ⇒ **Stairclimbing:** Ascend with non-surgical leg first “Up with the good.” Descend with surgical leg first “Down with the bad.”



# How to Move After Surgery

## Transfer – Automobile



1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the doorframe.
5. Turn frontward, leaning back as you lift the surgical leg into the car.

## Personal Care: Using a Reacher, dressing stick and sock aid

### Putting on & taking off pants & underwear:

#### **ON**

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg. Use a reacher or dressing stick to guide the waist band over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

#### **OFF**

1. Back up to the chair or bed where you will be undressing
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-surgical leg out first and then the operated leg.



#### Using a sock aid:

1. Slide the sock on- to the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.



## How to Move After Surgery

### Transfer – Toilet

You will need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery.

#### When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet. DO NOT pivot or twist.
2. Back up to the toilet until you feel it touch the back of your leg.
3. Slide your surgical leg out in front when sitting down.
4. If using a 3:1 commode with arm rests, reach back for both arm rests and lower yourself onto the toilet. If using an elevated toilet without arm rests, keep one hand in the center of the walker while placing the other hand on the bathroom counter for support.



#### When getting up from the toilet:

1. If using a commode with armrests, use the arm rests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
2. Slide operated leg out in front of you when standing up.
3. Balance yourself before grabbing the walker.

### Shower & 3:1 Commode as a Shower Chair

1. Walk to the lip of the shower, and turn so that you're facing away from the shower stall.
2. Ensure that the seat cover to your 3:1 commode is face down. Reach back with one hand on the arm rest of the 3:1 commode, leaving your other hand in the middle of the horizontal bar on the walker. (Speak with your physical therapist about proper hand placement.)
3. Move your surgical leg forward.
4. Sit down on the chair.
5. Lift your legs over lip of shower stall, and turn to sit facing forward.
6. Reverse to exit shower.

## Rehabilitation

The goal is to regain your ability to walk as well as you were able to before the fracture. Keeping you moving stops muscle tone loss and problems that result from bed rest.

A physical therapist will direct your rehabilitation program after surgery. During your first visit, your physical therapist will perform a 'functional mobility evaluation'. Your physical therapist will work with you daily while you remain in the hospital. When you are discharged from the hospital, physical therapy will continue either in your home or in a skilled nursing facility.

### Exercises Include:

- Weight-bearing exercises: standing exercises
- Non-weight-bearing exercises: sitting or bed exercises
- Strength training and balance training: used to improve stability, balance and posture

## Therapy Goals

The goals are set to help you keep the level of strength you had before the fracture. A program will be designed for you based on your current level of function.

### Goals include:

- **Ambulation:** Walk with the assisted device recommended by your therapist. Perform safe transfers to necessary surfaces while maintaining hip precautions.
- **Strength:** Perform at least three sets of 10 repetitions of your home exercise daily.
- **Range of motion:** Improve active hip range of motion within the limits of your precautions.
- **Pain:** Minimize your level of pain during your rehabilitation by using ice, rest and pain medications as needed.

**It is extremely important that you understand that your motivation and commitment to continue your physical therapy is vital to your success. Continued participation with exercises and ambulation is a must. Walking is good for muscle strengthening, however it does not replace the exercises you were taught in the hospital. The more committed and enthusiastic you are, the quicker your improvement will be. Work hard. For patients with active participation in rehabilitation, a return to pre-injury levels of function and independence is possible.**

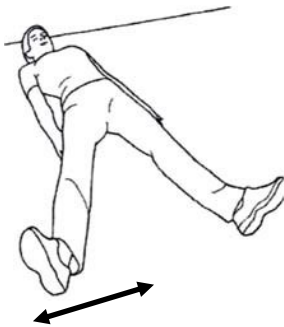


# Hip Fracture Surgery Exercises / Therapy

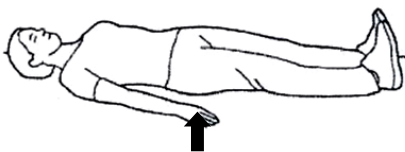
1. Complete exercises at 3 times per day
2. Follow doctors instructions for weight bearing
3. Walk with a walker until your surgeon states otherwise
4. Make sure to rest while lying flat with ice on the hip to help reduce swelling
5. Follow hip precautions



1. Flex your foot
2. Then point your toes
3. Repeat 10 times

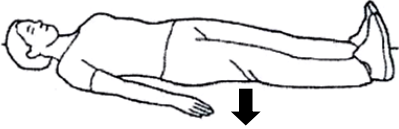


1. Lay down on your back
2. Bring your operated leg out to the side and then back to mid-position.
3. Do not allow the operated leg to cross the mid-line of your body.
4. Repeat 10 times.



1. Lay on your back or in a recliner.
2. Squeeze buttocks firmly together.
3. Hold 5 seconds and relax
4. Repeat 10 times.

# Hip Fracture Surgery Exercises / Therapy



1. Lay on your back with legs straight (or in a recliner)
2. Bend your ankles and push your knees down firmly against the bed (or chair).
3. Hold 5 seconds and relax
4. Repeat 10 times



1. Lying on your back, bend and straighten your operated leg.
2. Use leg lifter to help if needed.
3. Repeat 10 times.



1. Lying on your back, bend one leg and put your foot on the bed.
2. Put a cushion under the other knee.
3. Exercise your straight leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee.
4. Hold 5 seconds and slowly relax
5. Repeat 10 times.



1. Sitting in a chair, tighten your thigh muscle and straighten your knee.
2. Hold 5 seconds and slowly relax your leg
3. Repeat 10 times.



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