

Hip Fracture Recovery

Aberdeen Regional Hospital

How much weight can I put on my operated leg?

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

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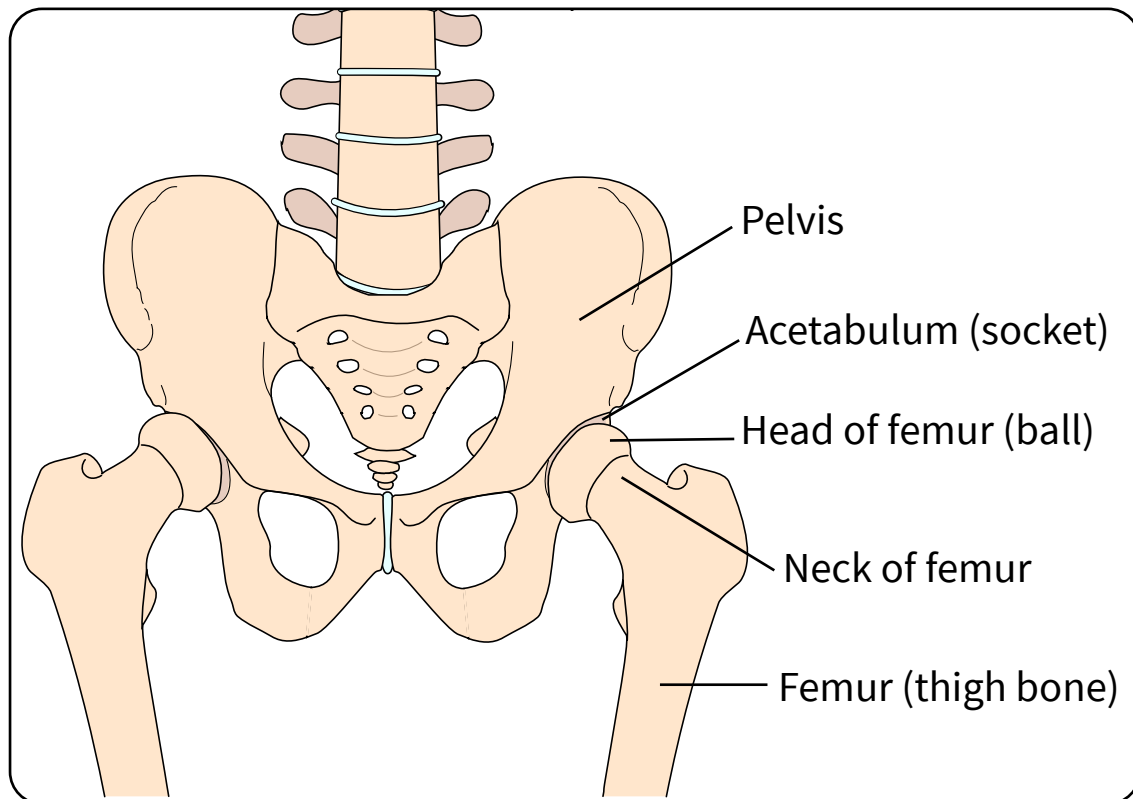
Hip Fracture Recovery

Aberdeen Regional Hospital

- This pamphlet will help you and your essential care partners understand what your hip joint looks like and how it works. Essential care partners are the people you have chosen to help you as you recover (like your family, friends, or other loved ones).
- It will also give you guidelines to follow to help you recover after you leave the hospital.
- **You must follow these guidelines for at least 6 weeks after your surgery, or as told by your surgeon or your health care team.** Your first appointment with your surgeon will be about 2 weeks (14 days) after your surgery, or when your surgeon decides is best for you.
- To avoid problems after your surgery, it is important that you and your essential care partners understand the information in this pamphlet.
- If you have any questions or concerns, ask to talk with your rehabilitation (rehab) team, or call Rehabilitation Services:
 - › Phone: 902-752-7600 extension: 2420

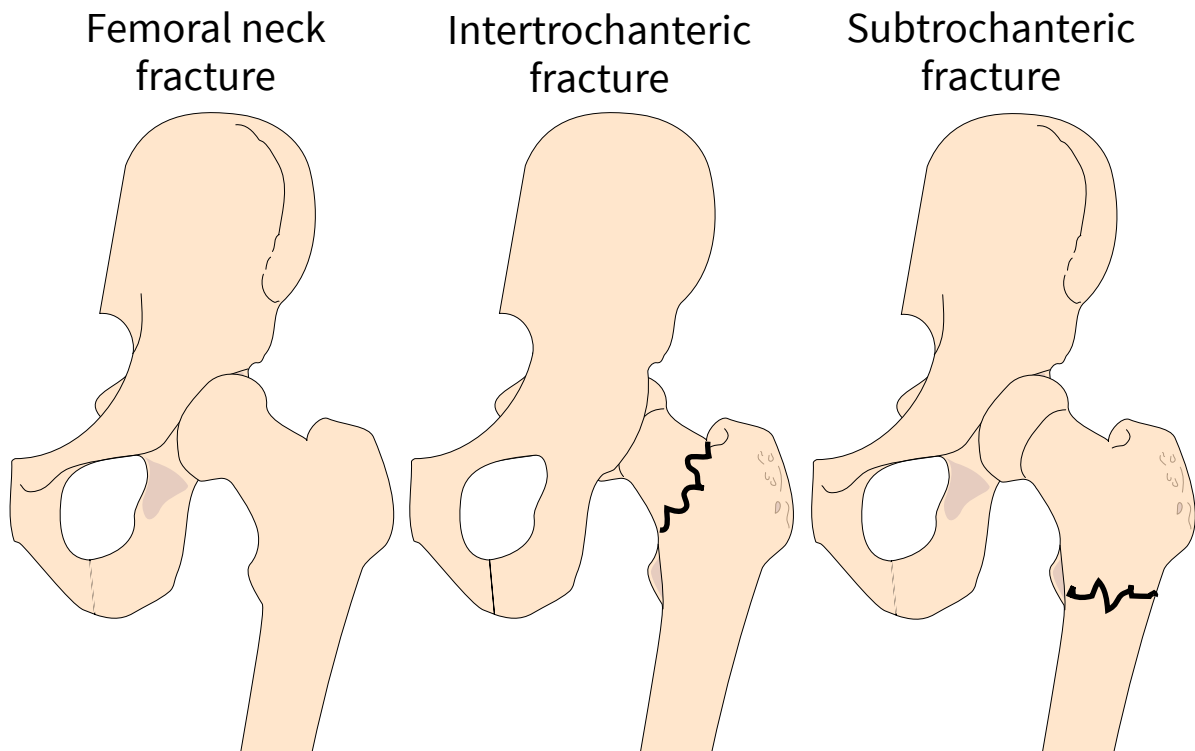
What does my hip joint look like?

- The hip joint is called a “ball-and-socket” joint.
 - › The “ball” is the rounded head of the **femur** (thigh bone).
 - › The “socket” is the cup-shaped part of the pelvis, called the **acetabulum**. The femur fits in the acetabulum.
- The ball-and-socket design of the joint:
 - › lets the hip move freely.
 - › gives stability and support so the hip can move in many directions.
 - › lets you stand up and carry your body weight.
- The muscles and ligaments around this joint also help to strengthen and support it, letting you stand and move.



What does my fracture look like?

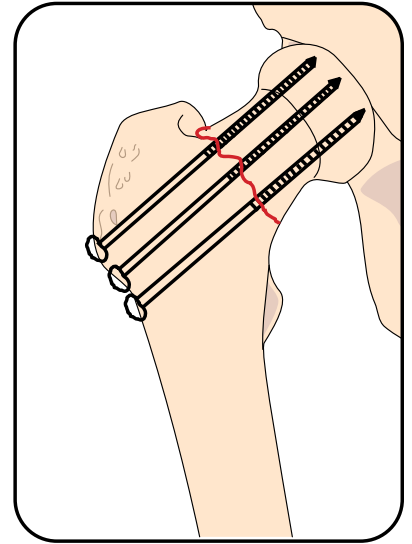
- A hip fracture is a break in the upper part of the femur. Orthopedic surgeons often use an X-ray to:
 - › Check for a fracture
 - › Find out what type of fracture you have
 - › Decide how to fix the fracture
- You may have 1 of the following fractures (see pages 4 to 5):



What type of surgery do I need?

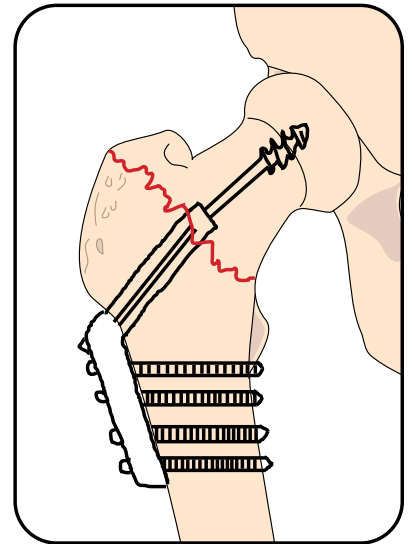
Hip pinning

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



Dynamic hip screw (DHS)

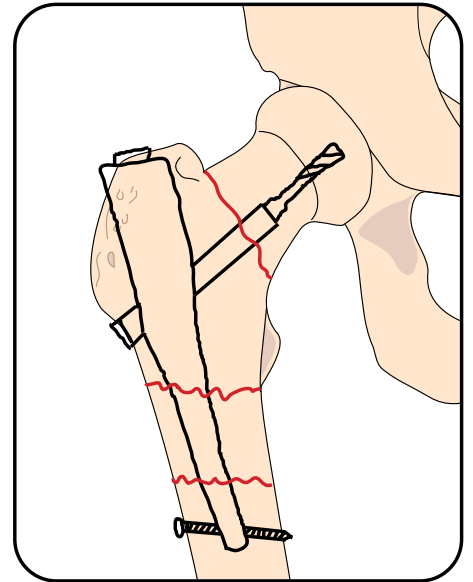
Your surgeon will use screws and a metal plate to hold the bone in place. This is often used for a fracture in the intertrochanteric area of the femur.



What type of surgery do I need?

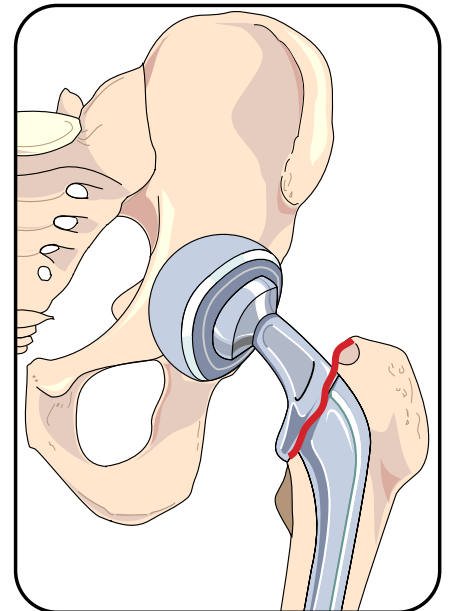
Intertrochanteric nail or intramedullary nail (IM)

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



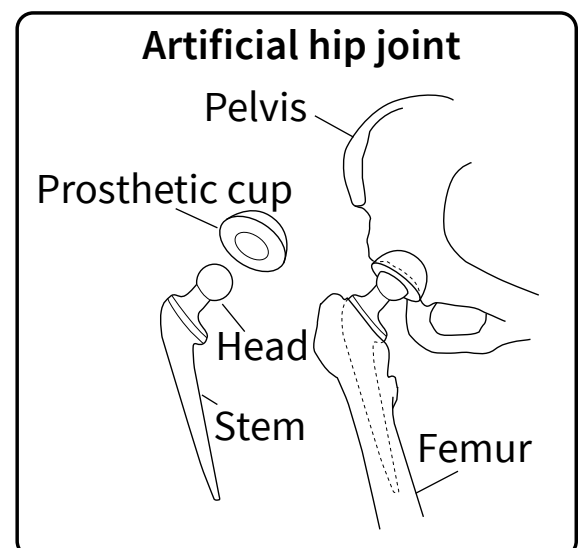
Partial hip replacement (also called a hemiarthroplasty)

Your surgeon will replace the top of the femur with a prosthesis (artificial thigh bone). This is often used for a fracture through the neck of the femur.



Total hip replacement

Your surgeon will replace both the ball and the socket. They will make an incision (cut), and move the muscles and ligaments out of the way. They will then replace the head of the femur with an artificial (man-made) head and stem. The pelvic socket will be fitted with a prosthetic cup. They will then repair the muscles and close your skin with stitches or staples.



Hip precautions

- After hip surgery, you may need to follow hip precautions for up to 12 weeks (3 months), or until told by your surgeon or your health care team. These restrictions will help your joint heal and lower the chance that it may dislocate (come out of place) after surgery.



DO NOT twist at the hips.



DO NOT cross your legs at the ankles or knees.



DO NOT bend your hip past 90 degrees by leaning forward or lifting your knee up.

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

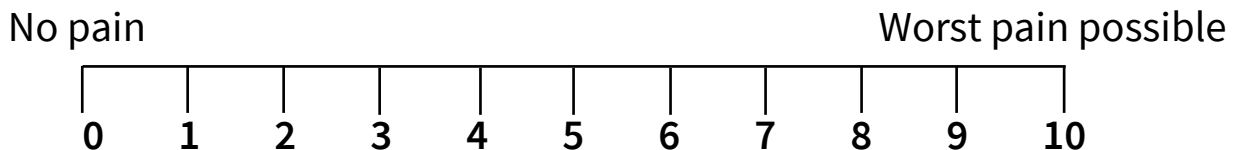
I need to follow hip precautions for _____ weeks.

I **do not** need to follow hip precautions.

During my hospital stay

Managing pain

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



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

During my hospital stay

- As your pain starts to get near a level 3 or 4, ring your call bell for your nurse. **Pain medication will only be given if you ask for it.** It can usually be given every 3 to 4 hours.
- At home you will control your own pain medication, so make sure you understand how to do this before you leave the hospital. Please ask a member of your health care team if you have any questions.
- **It is important to ask for medication when your pain gets worse.**
 - › People who ask for and get pain medication do better during their recovery.
 - › If you are in pain, it will be harder to get moving. Pain can also make you feel nervous or upset, and afraid to do the exercises you need to recover.
- It can also help to have pain medication about 30 to 60 minutes before you exercise.
- **Do not** try to suffer through your pain after surgery without pain medications. This will slow your healing and recovery.

What are the side effects of pain medications?

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

- › Nausea (feeling sick to your stomach)
- › Vomiting (throwing up)
- › Drowsiness (feeling sleepy)
- › Itchiness
- › Constipation (not being able to poop)

Constipation

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

To help with constipation:

- › Drink at least 8 glasses of water or low-calorie fluids every day.
- › Eat foods that are high in fibre, like prunes, bran, beans, lentils, fruits, and vegetables.
- › Move around as much as you can and do your exercises.
- Your nurse may give you a laxative (medication to help you poop) and/or a stool softener. You may need to keep taking these medications at home. If you have constipation at home, talk with your primary health care provider (family doctor or nurse practitioner) or pharmacist. **Constipation can be serious, so do not ignore your symptoms.**

During my hospital stay

Blood clots

- A very small number of people get blood clots after surgery. Blood clots are usually found in the deep veins in the legs. This is called **Deep Vein Thrombosis or DVT**. You are more likely to get a blood clot if you are not active or you have problems with your circulation (blood flow).

Symptoms of a DVT:

- › More pain, swelling, or tenderness in the calf or thigh of either leg, or in the groin area
- › Heat and redness in the lower leg

If you have any symptoms of a DVT, call 911 or go to the nearest Emergency Department right away.

- In some cases, a blood clot may travel from your leg to your lung, cutting off the blood flow to your lungs. This is called a **pulmonary embolism (PE)** and it is a medical emergency. A PE is rare, but you should know the symptoms.

Symptoms of a PE:

- › Cough (that you did not have before surgery)
- › Trouble breathing (worse than before surgery)
- › Wheezing (that you did not have before surgery)
- › Coughing up blood
- › Fever (temperature above 38 °C or 100.4 °F)
- › Very bad sweating (while resting)
- › Confusion (that you did not have before surgery)
- › Sharp, knife-like pain in the chest or back when you breathe in (worse than before surgery)

A PE can cause death.

- › **If you are in the hospital, tell the nurse or doctor right away if you have any of these symptoms.**
- › **If you are at home, call 911 or go to the nearest Emergency Department right away.**

During my hospital stay

Blood-thinning medication (blood thinner)

- This medication helps stop blood clots from forming. Your surgeon will decide if this medication is right for you. If needed, they will prescribe the type and dose (amount) that is best for you.
- **It is important to take this medication as prescribed until it is finished.** You will get blood-thinning medication through an injection using a needle or as a pill while you are in the hospital after your surgery, and when you go home. At home, you will give yourself this medication. **Your nurse will teach you how to do this.**

Swelling

- It is common to have some swelling in your leg after surgery. The swelling may be as far down as your foot. It may get worse as you move more.
- Swelling may make it harder to move, make your pain worse, and lower your flexibility.

To help lower swelling:

- › Do foot and ankle pumping exercises (see page 19).
- › While lying down, place pillows lengthwise under the calf of your operated leg to lift it up. Follow hip precautions (if you have them).
- › Do short periods of activity. For example, walk a few steps, rest, then repeat.

Ice may help to lower pain and swelling:

- › Wrap the ice in a towel.
- › Apply ice to your hip for up to 20 minutes.
- › Repeat every 2 hours (or once your skin goes back to its usual temperature), as needed.
- › **Do not fall asleep with ice on.**

During my hospital stay

How can I get comfortable?

- It is important to be comfortable as you recover from surgery. When you are resting in bed, there are positions that will help to make you more comfortable.
- If you are resting for a long time, it is best to lie on your back. It can help to place a pillow between your legs.
 - › If you are lying on your side, you **must** lie with a pillow between your knees.
 - › **It is important to change positions at least every 2 hours** to prevent pressure injuries (bed sores).

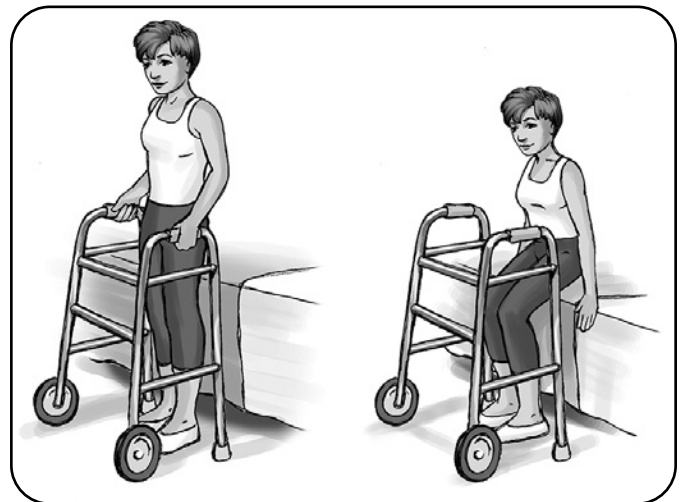


How do I get into bed?

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

To get into bed:

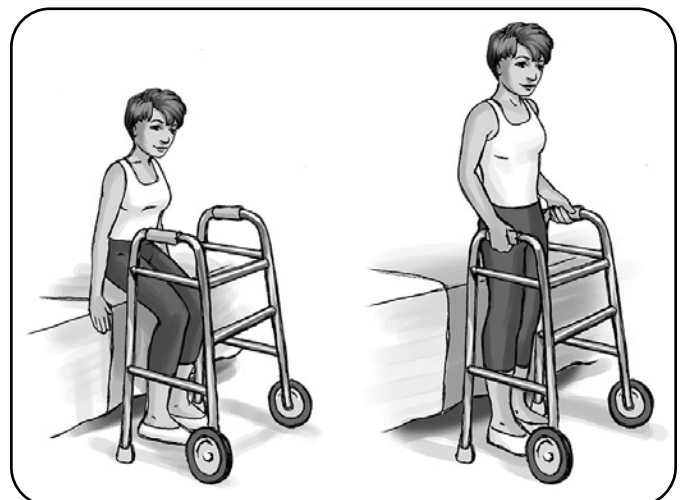
1. Stand with your back to the side of the bed.
2. Slide your operated leg forward and sit on the edge of the bed.
3. Using your arms for support, slide your bum across the bed and lift your legs up onto the bed.
4. Have someone help you lift your operated leg, if needed.



How do I get out of bed?

To get out of bed:

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



During my hospital stay

Walking after surgery

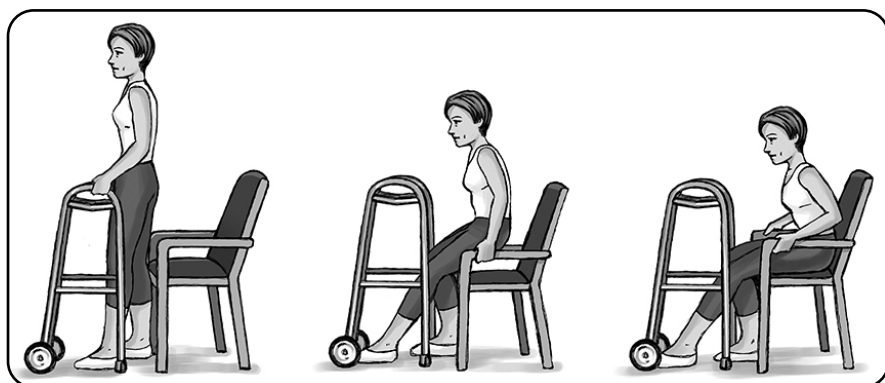
- Your health care team will explain how much weight you are allowed to put on your operated leg. **See the front cover of this pamphlet for your weight bearing instructions.**
- **It is important that you follow your weight bearing instructions until your follow-up appointment with your surgeon.**
-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

How do I sit down?

- Getting out of bed often will help your breathing, circulation, and strength. It will also help to prevent pressure injuries. At first, you may need 1 to 2 people to help you get into and out of a chair.

To sit down:

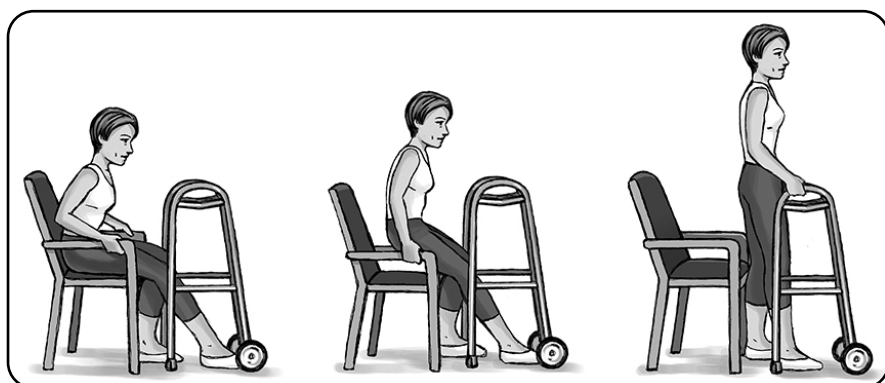
1. Back up until you feel the edge of the chair touching the backs of your legs.
2. Slide your operated leg forward.
3. Reach for the armrests of the chair behind you, and slowly and gently lower yourself to a sitting position.
4. Slide your bum to the back of the chair.



How do I stand up?

To stand up:

1. Slide your bum to the front edge of the chair.
2. Bend your non-operated leg under you to hold your body weight. Slide your operated leg forward.
3. Push down with your hands on the armrests, and raise your body to stand up. **Do not pull up on your walker to help you stand.**



After my surgery

What are the possible complications?

Call your surgeon or primary health care provider if you have any of these symptoms:

- More redness, swelling, tenderness and/or heat in 1 of your calves or thighs, or in the groin area
- Trouble breathing
- Green, yellow, or smelly drainage (liquid or pus) from the incision
- Fever (temperature above 38 °C or 100.4 °F), chills, sweating, and/or headache
- Redness around the incision that spreads
- Red areas or open pressure injuries on the skin of bony areas (like the heels or tail bone)

Note: If you need dental work within 3 months after your surgery, talk to your dentist and surgeon about whether you need to take antibiotics.

Osteoporosis

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

After my surgery

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

- Take your medication as told by your primary health care provider.
- Do your weight-bearing exercises often. Follow any weight bearing restrictions you were given.
- Make sure you eat foods with protein at each meal or snack.
- Eat 2 to 3 servings of dairy a day.
 - › **Only take a calcium supplement after talking with your primary health care provider.** If you are age 50 or older, we recommend taking 1200 mg of calcium a day.
 - › Make sure you get 800 to 2000 IU of vitamin D a day from supplements. Vitamin D helps your body absorb (take in) calcium.

For more information:

Osteoporosis Canada

- › www.osteoporosis.ca

At home

Discharge planning (planning to go home)

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

At home

How do I climb stairs?

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

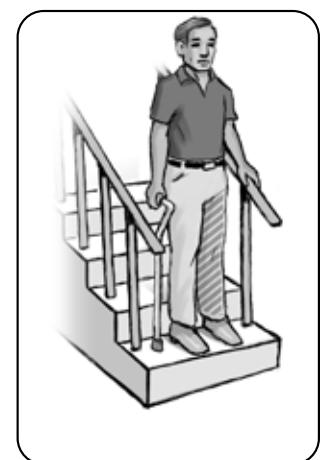
To walk up stairs with a handrail and a cane (or a crutch, if you have weight bearing restrictions):

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



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

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

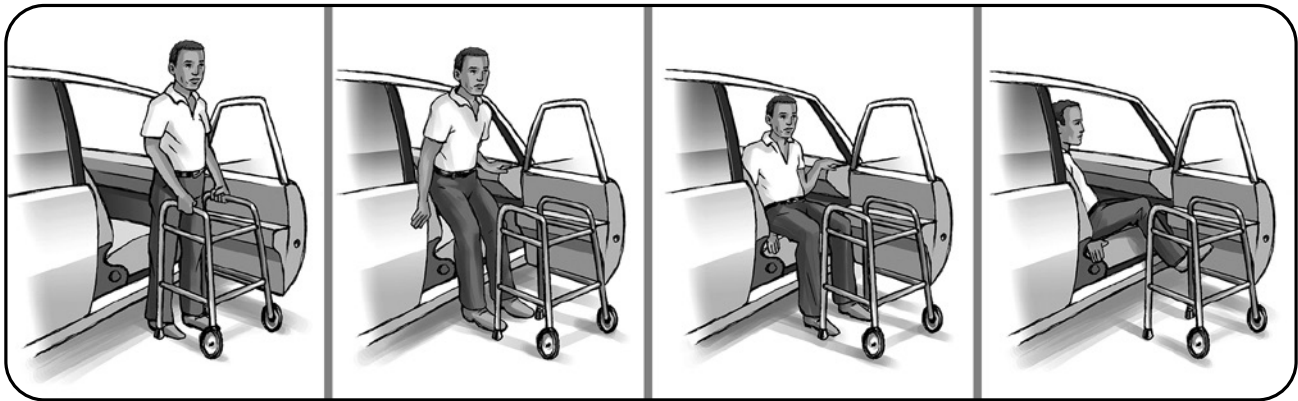


Remember: Your non-operated leg goes **up** first and your operated leg goes **down** first.

At home

To get in and out of a car

1. Have your essential care partner fully open the passenger door, move the seat back, and recline (lean back) the backrest. If it helps, place a cushion on the seat to make it higher. A plastic bag can help you slide onto the seat easier.
2. Stand so that the backs of your legs are against the base of the car. Place 1 hand on the dashboard and slide your operated leg forward.
3. Carefully lower yourself onto the seat.
4. Bring your legs into the car by moving 1 leg a few inches with your hands, then the other. **Do not swing your legs into the car in one motion.** Keep doing this slowly, until you are in the car.
5. Reverse these steps to get out facing forward.



When can I switch from a walker to a cane?

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

At home

Outpatient physiotherapy

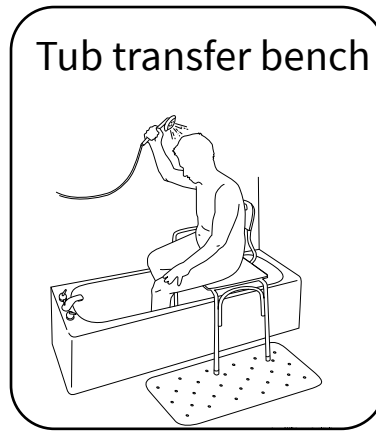
- After your Orthopedic Clinic appointment, your surgeon may refer you to a physiotherapist (PT). The PT will go over your exercises with you and progress them (show you ways to make them harder), if needed.
- Until your Orthopedic Clinic appointment, keep doing the exercises in this pamphlet and walking as you were taught in the hospital. Doing your exercises will help you recover.

What equipment will I need at home?

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

Bathing

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



Going to the bathroom

- You will need to use your upper body more after surgery. To make toilet transfers easier, you may need:
 - › A raised toilet seat with arm rests
 - › or toilet arm rests only
- **Do not** use a towel rack or a toilet paper holder to help you stand up because it could break or move.
- You may need a commode if your washroom is too far away from your bedroom.

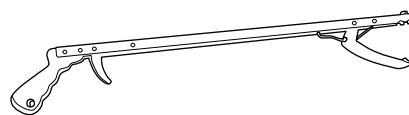


At home

Getting dressed

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

Long-handled reacher



Long-handled shoe horn



How do I get my home ready?

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

At home

How do I stay safe and prevent falls at home?

- Simple changes to your home can lower your risk of falls. If you have questions, talk with your OT.
 - › Use assistive devices and safety equipment as directed by your OT and PT.
 - › Get up slowly after lying or sitting down. Take your time to make sure you are not dizzy before standing up.
 - › Make sure there is no clutter on your floors. This is very important if you use a walking aid.
 - › Make sure all areas of your home have good lighting.
 - › Remove rugs and mats that are not fixed to the floor.
 - › Keep all wires and phone cords secured safely out of pathways. A cordless phone is a good idea.
 - › Limit how much alcohol you drink as this can make you less stable.
 - › Consider wearing an emergency response button.

Home support and nursing services

- There may be options for publicly and privately funded home supports.
- A hospital-based care coordinator may visit you in the hospital to check your needs and find out what services you may be eligible for. They will make you a care plan and arrange for services you will need after you are discharged home, if needed.
- Continuing Care is a home care program funded by the Nova Scotia Department of Health and Wellness. Continuing Care services include:
 - › Nursing services
 - › Preparing meals
 - › Help with personal care
 - › Essential care partner relief
 - › Light housekeeping
 - › Home oxygen
 - › Laundry

Continuing Care **does not** provide 24-hour or overnight care.

There is no charge for nursing services (like dressing changes). Depending on your income, there may be a fee for home support services (like personal care, housekeeping, preparing meals).

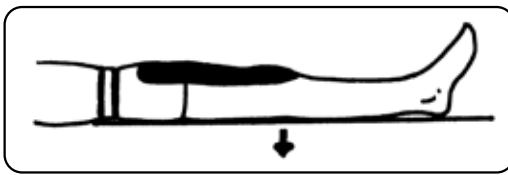
My exercises

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

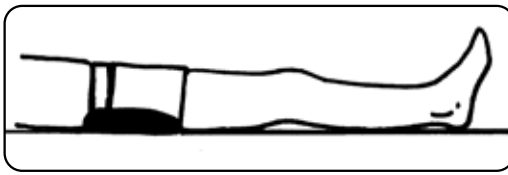
While lying down:



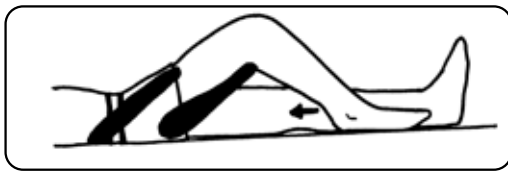
Pump your ankles up and down at least 10 times every hour you are awake.



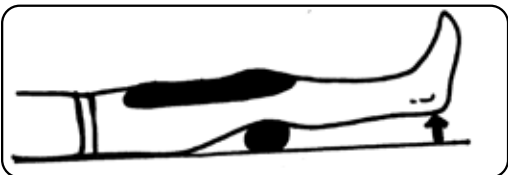
Straighten your leg by tightening the muscles on the front of your thigh. As you straighten your heel, your knee will lift off the bed. Hold for 5 seconds, then relax.



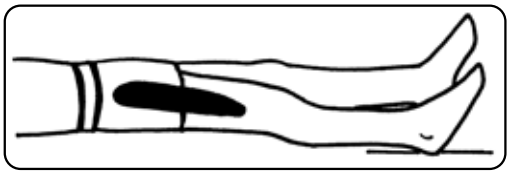
Squeeze your buttocks (bum) together. Hold for 5 seconds, then relax.



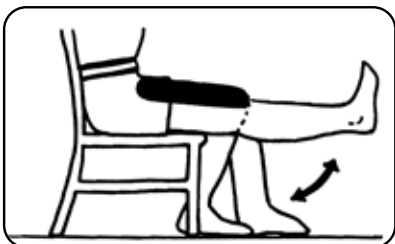
Bend your knee by sliding your heel toward your buttocks.



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



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



While seated:

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

My exercise schedule

Remember to do your exercises 3 times a day. Put an “X” in each box when you finish an exercise for that day.

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

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

My exercise schedule

| Week 3 start date: _____ | | | | | | |
|--------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| | | | | | | |
| | | | | | | |
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| Week 4 start date: _____ | | | | | | |
|--------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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| Week 5 start date: _____ | | | | | | |
|--------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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My exercise schedule

| Week 6 start date: _____ | | | | | | |
|--------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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| Week 7 start date: _____ | | | | | | |
|--------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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| Week 8 start date: _____ | | | | | | |
|--------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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My exercise schedule

| Week 9 start date: _____ | | | | | | |
|--------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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| Week 10 start date: _____ | | | | | | |
|---------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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| Week 11 start date: _____ | | | | | | |
|---------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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My exercise schedule

| Week 12 start date: _____ | | | | | | |
|---------------------------|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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Congratulations. You have done 3 months of exercises after your surgery. Keep doing your exercises at least once a day to keep your muscles strong.

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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