



Rehabilitation after a hip fracture for patients needing hip precautions

Information for patients

This leaflet gives you advice about what you can do after your fracture, and operation, both while you are in hospital and when you go home to help you get the best possible results.

It is a guide only, and your occupational therapist and physiotherapist may give you other advice to meet your individual needs.

If you have any questions or concerns, please do not hesitate to speak to the team caring for you.

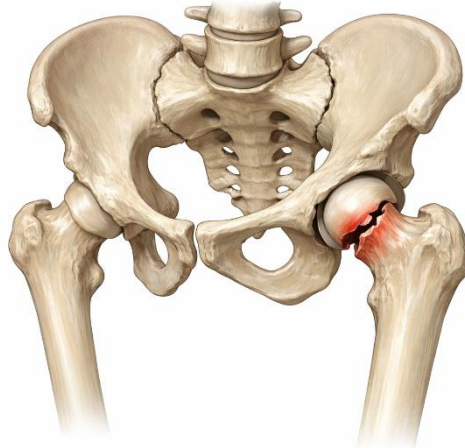
Date

Name:.....

Weight bearing status and duration:.....

Your fracture

You have fractured your neck of femur which means the top end of your femur (thigh bone) has been broken, just below the ball and socket joint of your hip. This is shown in the picture below:



Your surgery

Most people have surgery to treat a fractured neck of femur.

Your surgeon will have decided which type of surgery you need. You can talk to your surgeon or therapists about which type of surgery you have had, and any weight bearing restrictions you may have.

Two different ways to manage a fractured neck of femur are written below: your therapist will mark the option which is applicable to you:

- The top of your thigh bone (neck of femur), which forms the ball part of the ball and socket of your hip joint, has been replaced. This is called a hemiarthroplasty.
- Both the ball and socket parts of your hip joint, have been replaced. This is called a total hip replacement.

Your new hip needs to be protected to decrease the risk of your hip dislocating (coming out of its socket) following your surgery.

Later in this leaflet we describe the movements that you must avoid to reduce the risk of your hip dislocating, called 'hip precautions'. Your Occupational Therapist and Physiotherapist will go through these with you in more detail during your hospital stay.

Pain control

All fractures are painful, this is normal. It is important that your pain is well controlled so you can walk on, and move, your operated leg as soon as possible.

It is also normal to have some discomfort when you walk on or move your operated leg, but it should not be too painful. Please tell a member of the team caring for you if you feel your pain is not being well controlled as this may need to be reviewed by your medical team.

Getting out of bed after your surgery

Remaining in bed after your surgery can quickly lead to weakening of your muscles, making it harder for you to get going again. It also increases the risk of developing chest infections, and pressure sores.

Therefore, it is important that you get out of bed as soon as possible. This can be the day of surgery. You will be given assistance to do this. This can be done by the nursing staff and healthcare assistants on the ward. You do not have to wait for a physiotherapist to get out of bed.

First day after your surgery

Your physiotherapist will see you on the first day after your operation. They will start your exercise programme and assess how you manage to get out of bed and walk, before helping you sit in a chair. They may also assess how you get on and off the toilet, and up and down stairs if appropriate.

You will be given assistance and a walking aid or other equipment if needed. Normally, you will be allowed to put all your weight on your operated leg. Your physiotherapist or medical team will confirm this with you.

Your occupational therapist will also see you soon after your surgery. They will establish how you previously managed at home, and what your home environment is like. They will work with you in hospital to make sure you can manage the things you do every day, such as washing and dressing yourself. If you cannot manage these tasks safely, they can recommend equipment or a care package to help support you.

Your therapists will also explain hip precautions to you.

Following days

Your therapists will work with you to help you walk on your own and manage your daily activities again. They will show you how to use stairs, if needed. In between your therapy sessions, you should continue practicing walking and any other activities that your therapists have suggested. Our nurses and therapy assistants can help you if you need it.

Helping yourself

We encourage you to become as independent as possible while you are in hospital, so you are ready for your discharge home. While in hospital, it is important for you to try and do the following:

- Wash yourself, once the therapists feel you are ready for this – our nurses can help you as needed.
- Sit out of bed regularly throughout the day, especially at mealtimes.
- Wear loose-fitting day clothes, these will be easier to dress yourself in.
- Wear comfortable, well-fitting shoes or slippers with backs and good grip as soon as possible after surgery.

How your family, friends and carers can help your recovery

Your family, friends and carers play an important part in your recovery and discharge from hospital. Here are some examples of how they can help you:

- We will ask relatives, friends and carers to bring clothes in for you and to take them home and

wash them, as we do not have personal laundry facilities at the hospital.

- Many patients have less of an appetite when they are in hospital. Your relatives, friends and carers are welcome to bring in any food or drink you would like, as long as this does not need reheating.
- We will ask your family to make sure you have your hearing aids, glasses or anything else you may need. If you do not have these, please inform a member of staff, as this may impact your ability to understand all the information which is being presented to you.
- If your family knows you have been diagnosed with a condition affecting your cognition, it would be helpful if they could fill in a form about you, called 'This is me', which the ward can provide you. This helps us to make sure we give you the care you need and prefer.

Taking care of your hip

Your surgeon has advised that you must follow hip precautions for 12 weeks after surgery.

It is essential that you follow this advice – both while you are in hospital and when you go home – to protect your hip.

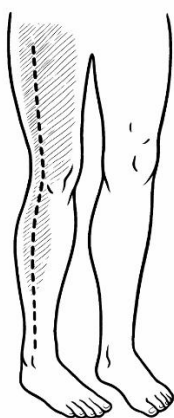
What are hip precautions?

Hip precautions are movements that you must avoid to reduce the risk of your hip dislocating. These movements are:

1. Bending your hip more than 90° (a right angle).
2. Crossing your operated leg over the 'midline' (imagine a line down the centre of your body), whether you are standing, sitting or lying down.
3. Twisting at your hip, when standing or sitting. Always face the same direction as your feet and take care when turning. You must not pivot or twist on your operated leg; always step around with your feet.

You must remember these hip precautions and include them in your normal routine at home for 12 weeks.

Below are some day-to-day examples of how to follow hip precautions:



Hip precautions and sitting safely

- Do not bend your operated hip to more than a right angle.
- Your hip must be above your knee when you are sitting.
- Avoid sitting on low furniture. Always sit on furniture which is the recommended height for you.
- You will be given advice on the minimum height of the main furniture that you use to sit on (your bed, chair and toilet) by your occupational therapist.
- If your furniture is too low, equipment or recommendations will be provided to give added height to maintain your hip precautions.

Sitting down – make sure that you can feel the seat behind your knees. Put your operated leg out in front of you. Take your hands off the walking aid and put them onto the chair arms. Slide your operated leg forward as you lower yourself into the chair.

Standing up – put your operated leg out in front of you. Push on the arms of the chair to raise yourself into a standing position before putting your hands on your walking aid as shown below.



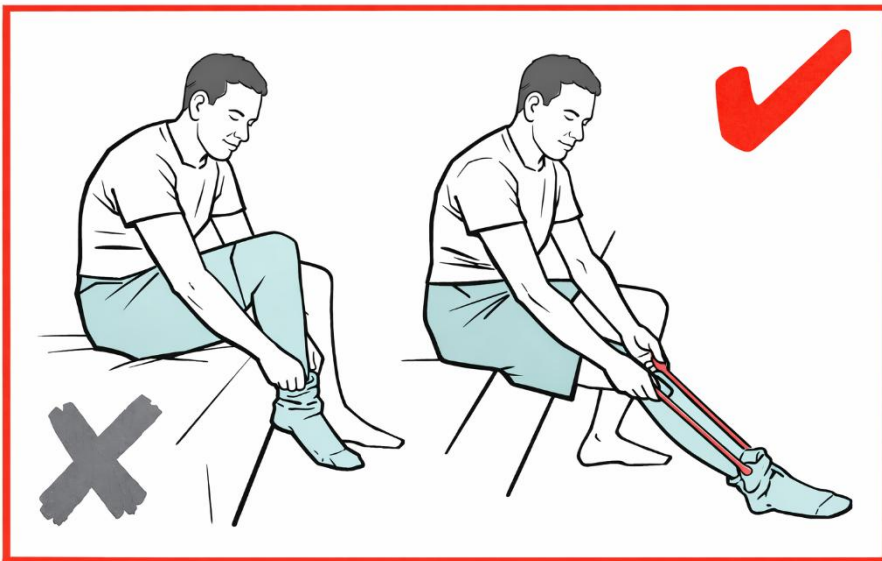
Hip precautions while washing and dressing

- Do not bend your operated hip to more than a right angle.
- Avoid reaching too far forward, bending down or putting your hands beyond your knees when your arms are outstretched.
- Gather all necessary items beforehand. Place them at waist level on the surface to avoid bending or over-reaching while washing and dressing.
- **Washing:** It is usually recommended that you have a strip wash at a sink or use a walk-in shower if you have one. Do not use your bath at home, as this will breach the precautions.
- You can discuss any washing concerns with your occupational therapist.

Dressing: It is recommended that you sit in a chair or on the side of the bed to get dressed. Loose comfortable clothes which are easy to fasten are best. You should have no difficulty dressing your top half.

Remember you must not bend down while dressing your lower half.

- You will be shown how to dress your lower body without having to bend down by your occupational therapist.
- If needed, you may be provided with equipment that will help you to put on your socks and shoes without bending down (see image below).
- If you wear lace up shoes talk to your occupational therapist about elastic shoelaces which allow you to use your shoes like slip-ons. You will have to purchase these yourself.



Hip precautions while using the toilet

Most toilets are a standard height of 16" (406mm) which, for most people, is too low. Your occupational therapist may provide you with equipment which will make the toilet the correct height for you to use.

Your occupational therapist will demonstrate how to get on and off the toilet safely while you are in hospital. Simple adaptive equipment may also be provided, if it is identified that this is needed.

Hip precautions while lying down

- Do not take your operated leg across the midline of your body.
- Avoid rolling onto or lying on your un-operated side.
- Lying on your back or on the operated side is the safest, and the recommended, position to sleep in.

Hip precautions while getting in or out of bed

Your therapists will guide you how to get in and out of bed.

Do not take your operated leg across the midline of your body.

Get out of bed on the side of the operated hip and get back into the bed on the same side. So your first leg out of bed would be your operated leg, and your first leg into bed would be your un-operated leg.

Your bedroom environment may need to be rearranged so you can get in and out this way.

Hip precautions while doing housework

If you have any concerns about managing day-to-day tasks, such as meals or domestic tasks, please speak to your occupational therapist.

- Do not bend your operated hip to more than a right angle.
- Avoid overreaching or bending down.
- Avoid picking anything up from the floor.



You must be able to reach everything you need without overreaching or bending down. You may not be able to use low cupboards and fridges.

Your kitchen environment should be arranged so that all essential items are within safe reach and height, for example placed on the work surface.

If you have any concerns about managing meals, talk to your occupational therapist.

You will only be able to do light housework. We advise that you do not vacuum, clean windows or move furniture.

You should be able to make your bed but be careful and do not attempt to turn your mattress.

Forward planning is essential. Please consider your options for meals and shopping, for example, frozen or ready meals) and what domestic support you have on offer before you go home.

Hip precautions while getting in and out of a car

- Do not bend your operated hip to more than a right angle.
- Place the front passenger car seat back as far as it will go and angle the back, so it is partially reclined.
- Make sure the car seat is high enough for you to use. It helps to have a cushion on the seat to make it a little higher.
- Do not use your car if it is too low to comply with your hip precautions.

To get into the car

- Make sure that you are parked on a level surface.
- Turn your back to the seat, make sure you can feel the car on the backs of your legs and lower yourself in, holding onto the door arch.
- Do not hold onto the door as it will close onto you.
- Lean backwards and shuffle back so your bottom is on the middle of the seat.
- Try to bring both legs in together – this may need some assistance.
- Remember: do not twist your body or bring your operated leg past your midline.
- Adjust yourself in the seat once you are safely in the vehicle.
- To get out of the car do the same in reverse.

Please see picture below for example.



Leaving hospital

After your surgery, the team of doctors, nurses and therapists will begin planning your return home with you.

Your occupational therapist will ask you about your home environment so they can help you to plan how you will cope at home with your level of independence. This might mean re-arranging or adapting your home environment by moving furniture, giving you equipment to assist you or putting your bed in a different place for a while.

Your therapists will help you set goals that you need to achieve before you can be safely discharged from hospital.

You can also discuss longer term goals with your therapists, such as working towards activities that are important to you. This might include returning to work and other leisure activities.

Rehabilitation

If your needs have changed and you cannot meet the goals needed to leave hospital independently, you may need ongoing rehabilitation and support. Your therapists will arrange this for you before your discharge from hospital.

This could take place either in your home environment, with additional care, rehabilitation and equipment support, or in a local rehabilitation unit.

If you can manage at home independently, your therapists may arrange an outpatient physiotherapy appointment for you.

Exercises at home


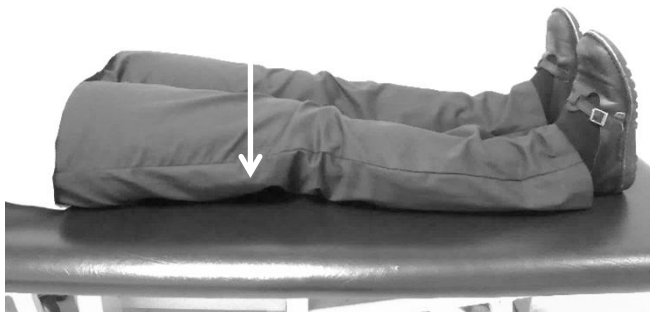
The following exercises help to:




- improve the movement and circulation in your legs
- strengthen the muscles around your hip
- make it easier to do your daily activities, such as getting in and out of bed and getting dressed

Do each exercise 10 times, as described, unless stated otherwise.

Try to do them three to four times a day on your own, or with the help of your family, carers or friends.

It is important you keep doing them for at least three months after your operation.

Exercise	How to do it
	<p>Lie or sit with your back supported. Move your ankles so your toes point up and then down. This helps improve the circulation in your legs.</p> <p>Repeat 10 times every hour.</p>
	<p>Lie in a comfortable position. Tighten your thigh muscles by pushing your knees down on the bed and pulling your toes up towards you.</p> <p>Hold for 10 seconds. Relax.</p>

Exercise	How to do it
	<p>*Operated leg only</p> <p>Lie on your back and gently bend the knee of your operated leg. Remember to follow your hip precautions and do not bend your hip further than 90 degrees (a right angle).</p> <p>Then slowly straighten your leg.</p>
	<p>*Operated leg only</p> <p>Lie on your back. Gently move your operated leg out to the side and then slowly bring it back to the middle.</p> <p>Remember to follow your hip precautions and do not bring your leg over the middle of your body.</p>
	<p>Lie on your back. Tighten your bottom muscles together.</p> <p>Hold for 10 seconds. Relax.</p>

Exercise	How to do it
	<p>*Operated leg only</p> <p>Stand on the un-operated leg and hold onto something firm for support.</p> <p>Move your operated leg forwards and upwards, bending both at the hip and the knee.</p> <p>Remember to follow your hip precautions and do not bend your hip further than 90 degrees (a right angle).</p> <p>Slowly lower your operated leg to the ground and repeat.</p>
	<p>*Operated leg only</p> <p>Stand upright, hold onto something firm for support and keep your upper body still.</p> <p>Move your operated leg sideways, away from your body, and then back to the centre.</p> <p>Move it in a slow and controlled way and keep your kneecap facing forwards.</p>
	<p>*Operated leg only</p> <p>Stand on your un-operated leg and hold onto something for firm support.</p> <p>Move your operated leg directly backwards from the hip as far as comfortable.</p> <p>Then bring your leg back to the starting position. Keep your upper body still.</p>

Walking

- Move your walking aid first.
- Step forward with your operated leg.
- Then step forward with your un-operated leg to bring it level with your operated leg.

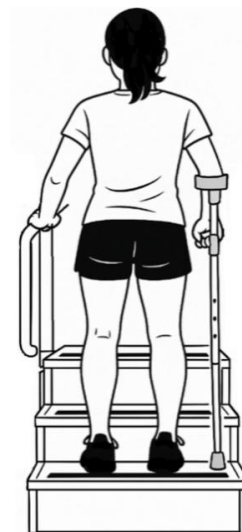
Take care when turning. Always step around with your walking aid. Move your feet and do not pivot or twist on your operated leg.

Using stairs

If you have stairs at home, your physiotherapist will teach you how to go up and down them. Where possible, use a handrail.

Going up stairs

- Stand with your crutch or stick close to the step.
- First, step up with your un-operated leg.
- Then step up with your operated leg onto the same step.
- Then bring your crutch or stick up to the same step.



Going down stairs

- Put your crutch or stick down one step.
- Then step down with your operated leg
- Then step down with your un-operated leg onto the same step.

If you are worried about using the stairs at home, please discuss this with your therapists.



Your questions

Use the space below to write down anything you would like to discuss with your therapist:

Who can I contact with queries and concerns?

Once you have been discharged from hospital, if you have any queries, please contact:

Orthopaedic physiotherapists or occupational therapists (King's College Hospital):

Tel: 020 3299 2368

Orthopaedic physiotherapists or occupational therapists (Princess Royal University Hospital):

Tel: 01689 864632

Email: kch-tr.br-PruhPhysioOrtho@nhs.net

Care provided by students

We often have university students working with us and provide clinical training where our students get practical experience by treating patients. Please tell your therapist if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: 020 3299 4618

Email: kings.pals@nhs.net

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