



Rehabilitation after a hip fracture

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.

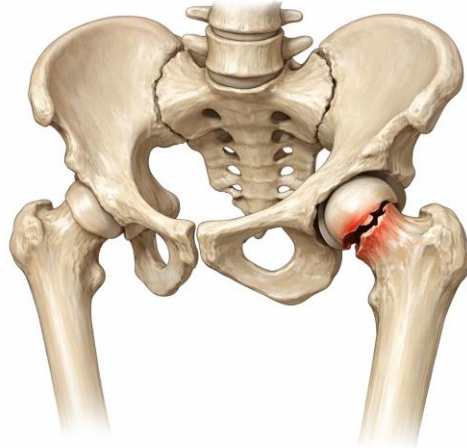
Date

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.

The different ways to manage a fracture are written below: your therapist will mark the option which is applicable to you:

- Your fracture has been repaired using metalwork, for example a screw or rod.
- 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.

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.

The physiotherapist 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.

Following days

Your physiotherapist and occupational therapist 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 therapists will give you general advice about taking care of your hip.

If you have had a hemiarthroplasty (replacement of the ball part of the ball and socket hip joint), or total hip replacement, you need to follow these extra pieces of advice:

- You can move your hip in any way that you feel is comfortable, but you must listen to your hip.
- Avoid rapid, and uncontrolled movements.
- Don't 'test' the movement of your hip, just let movement return naturally.
- Avoid activities that cause excessive strain on your hip, for example, sitting on the floor, sitting cross legged or getting in or out of a bath. These movements should be avoided until you feel that you can do them comfortably and easily.
- If there are specific activities that you are unsure about completing, please discuss them with your surgeon.

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
 A black and white photograph showing a person's legs from the knees down, resting on a dark surface. The feet are flexed at the ankles, with the toes pointing upwards. The person is wearing light-colored trousers and dark shoes with buckles.	<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>
 A black and white photograph showing a person's legs from the knees down, resting on a dark surface. The knees are bent and pushed down towards the surface. A white arrow points downwards from the thigh area, indicating the direction of muscle tightening. The person is wearing dark trousers and dark shoes with buckles.	<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>
 A color photograph showing a person's legs from the knees down, resting on a dark surface. One leg is bent at the knee, with the foot flat on the surface. The other leg is straight. The person is wearing purple trousers and dark shoes with buckles.	<p>*Operated leg only</p> <p>Lie on your back and gently bend the knee of your operated leg, as far as you feel comfortable. Then slowly straighten your leg.</p>

Exercise	How to do it
	<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>Lie on your back. Tighten your bottom muscles together.</p> <p>Hold for 10 seconds. Relax.</p>
	<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>Slowly lower your operated leg to the ground and repeat.</p>

Exercise	How to do it
	<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>

Activities of daily living

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.

Getting in and out of bed

Your therapists will guide you how to get in and out of bed on the same side as at home. Depending on your surgery, your bedroom environment may need re-arranging. Your therapists will advise you if this is required.

Standing up

- Put your operated leg out in front of you.
- Push on the arms of the chair, or push up from the toilet, to stand up.
- When standing, place your hands on your walking aid.



Sitting down

- Make sure you can feel the chair, or toilet, behind your knees.
- Put your operated leg out in front of you.
- Take your hands off your walking aid and put them onto the chair arms or reach back for the toilet seat.
- Slide your operated leg forward as you lower yourself onto the chair or toilet.

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.



Getting washed and dressed

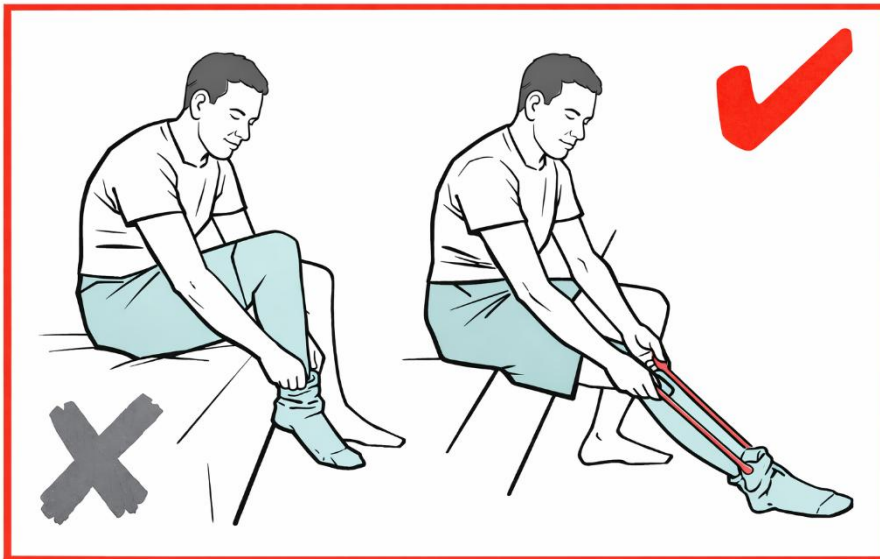
- Gather all necessary items beforehand and place them on a waist level surface to avoid bending or over-reaching for both washing and dressing tasks.
- Have a strip wash at a sink or use a walk-in shower if you have one.
- Avoid using your bath at home in the early stages of your recovery.

We recommend that you:

- sit in a chair or on the side of the bed to get dressed initially
- wear loose comfortable clothes that are easy to fasten

You should have no difficulty dressing your top half.

If needed, you may be provided with equipment to maintain your independence with washing and dressing tasks (see image below).



Meals and domestic tasks

- You will only be able to do light housework.
- Do not try to vacuum, clean windows or move furniture initially.
- You must be able to reach everything you need without overreaching or bending down. You may not be able to reach low cupboards and fridges.
- Consider rearranging your kitchen environment to ensure all essential items are within safe reach and height, for example, placed on the work surface.



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

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

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net