



**Grey Bruce Health Network**

## **EVIDENCE-BASED CARE PROGRAM**

# **Information for patients who have had surgery for a Fractured Hip**

This information is provided to help you make the transition between hospitals and home, and gradually enable you to return to your previous level of activity.

**Please review this information and do not hesitate to ask questions.**

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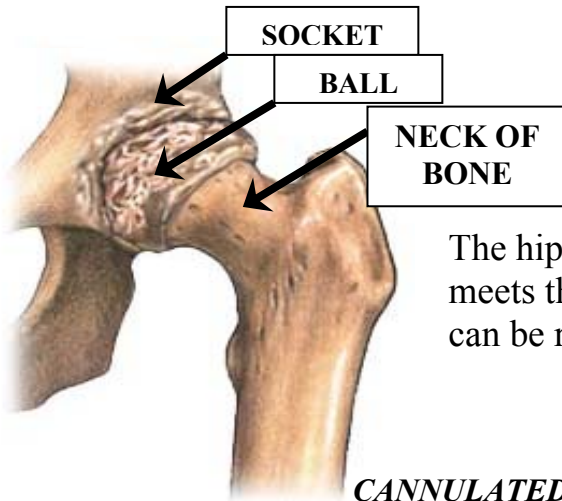


## Table of Contents

<b>Frequently Asked Questions .....</b>	<b>3-6</b>
<b>Community Care Access Centre .....</b>	<b>6</b>
<b>Discharge Guidelines .....</b>	<b>7</b>
<b>Sample Equipment Needs .....</b>	<b>8-9</b>
<b>Occupational Therapy and Activities of Daily Living .....</b>	<b>10</b>
<b>Getting Dressed .....</b>	<b>10-12</b>
<b>Bathing, Grooming .....</b>	<b>12-13</b>
<b>Car Transfer .....</b>	<b>14</b>
<b>Instructions for the Use of Crutches/Canes .....</b>	<b>15-18</b>
<b>Hip Exercises .....</b>	<b>19-22</b>

## Frequently Asked Questions

### What does my hip look like?



The hip is a ball and socket joint where the thigh bone meets the pelvis. A fracture across the neck of the bone can be repaired in two ways.

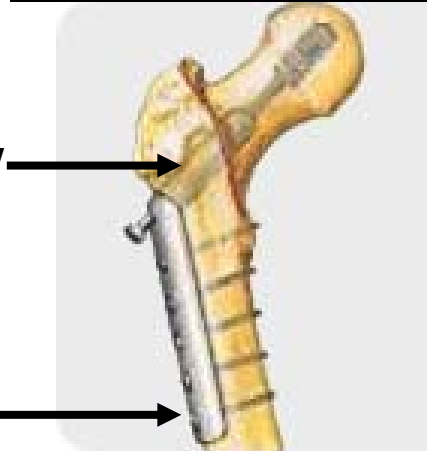
### CANNULATED SCREW:



A metal hip compression screw may repair a fracture down through the bone. This is inserted across the fracture making the bones compressed to allow the bone edges to grow together.

### DYNAMIC HIP SCREW AND/OR PIN AND PLATE:

**Dynamic Hip Screw**



**Pin and Plate**

A metal plate is placed along the outside of the thigh bone, along the fracture using several small pins or screws. Or, the surgeon will insert a long screw into the ball at the top of the hip joint and secure it with a stabilizing plate and screws, which is attached to the thighbone.

## **What should I avoid after a hip fracture?**

If your fracture has been repaired with pins or cannulated screws, there are no restrictions to your activities. However, your surgeon may reduce the amount of weight put through your operated leg and the physiotherapist will assist you. You may lie on the operated side as soon as it is comfortable to do so. You may be:

Non-Weight Bearing – you should not put any weight on your affected leg.

Partial Weight Bearing – you are allowed to put some weight on your affected leg. Your surgeon will tell you how much.

Weight Bearing as Tolerated – you are allowed to put as much weight as feels comfortable on your affected leg. You will not harm your leg by standing on it.

## **Is there anything I should do to prepare for coming home?**

While you are recovering in hospital, have your family/friends prepare your house in preparation for when you come home. Your home needs to be prepared for any potential hazards to make it safer and your recovery easier. Rearranging the rooms so it is easier to move around in is a good start. We suggest the following:

- Add pillows to a low chair
- Install a railing along stairs
- Remove throw rugs
- Move electrical cords out of the way
- Store items within easy reach
- Watch for small pets or objects on the floor

You will also need a walking aid for when you go home. Discuss this with your physiotherapist so that you will know what type of aid you will require, and arrange to have it picked up or delivered as soon as possible.

## **Care of Your Wound**

- Your skin staples are removed about 14 days after surgery.
- You should massage the incision after the staples are removed. This prevents the tissue from scarring. Massage from top to bottom and across the incision. Repeat twice a day for 5 to 10 minutes. You may use Vitamin E cream to help reduce scarring as well.

## **Signs of Infection**

Any time you have an operation there is a chance of infection.

The signs and symptoms of infection are:

- Increasing pain around your incision or in your leg
- Increasing redness, swelling, or tenderness around your incision
- Any drainage or discharge from the incision or opening of incision edges

- Fever over 38 degrees Celsius or 100 ° Fahrenheit
- Increased difficulty with walking
- Shortness of breath

### **TED Stockings**

These are elastic stockings that help reduce blood clots in the first weeks following surgery, while you are not moving around very much. You may be fitted with these to wear for a period of time after surgery. Ask your surgeon for more information on these. If you require TED stockings, you will be billed for these while in the hospital.

### **Medications to Prevent Blood Clots**

You may require medication to prevent blood clots in the first weeks following surgery. You will be taught how to do this yourself while you are in hospital, as you may need to have this medication after you are discharged from hospital. It involves a needle, and you may require help for this if you can't do it yourself. Talk to your health care team when you are in the hospital for more information.

### **When can I lie on my operated hip?**

Lie on your operated hip as soon as it is comfortable.

### **Can I lie on my non-operated hip?**

Yes, but place a pillow between your knees for comfort.

### **When will I see my Surgeon again?**

You will be given an appointment to see your surgeon about 6-8 weeks after your surgery.

### **Will I always need a cane?**

It will depend on your general health and strength but some people do not need a cane.

### **When can I take a bath?**

You can take a shower once your incision has healed, usually 12 days after your surgery. To bathe after your surgery, you may shower sitting down using a bath chair or bath transfer bench.

### **Should I limit sexual activity?**

Sexual activity may be resumed 6-10 weeks after surgery – it is best to check with your surgeon to find out what is recommended. Consider other ways to express intimacy such as hugging, holding hands, kissing and/or touching. Some things to keep in mind: avoid stresses on the hip joint. Avoid twisting, kneeling positions and squatting.

### **When can I go back to work?**

Your surgeon will tell you when you can go back to work. The timing can range anywhere from six weeks to three months, depending on your recovery. People working in more physical jobs, especially those that require bending and squatting, may need to think about doing lighter work.

### **When can I start to drive my car?**

YOU MAY NOT DRIVE ANY VEHICLE FOR SIX WEEKS AFTER SURGERY, REGARDLESS OF WHICH HIP WAS OPERATED ON. Ask your surgeon and talk to your insurance company.

### **Assisted Accommodations**

If you live at a home with many stairs, or have little or no support, some patients may choose to stay at a convalescent care facility for a few weeks before returning home. This is a retirement home that will provide some assistance with nursing care, meals and wound care after discharge. This cost is **NOT** covered by OHIP and is subject to availability. Discharge planning will speak with you about various options before discharge.

## **Community Care Access Centre**

### **Care at Home:**

If you need extra help at home, a Case Manager from the Community Care Access Centre (CCAC) will see you for an assessment prior to you going home to discuss your needs. \*\*You can also refer yourself after hospital discharge to the CCAC by calling (519) 371-2112 to get an assessment.

The CCAC provides home care services for residents of Ontario. A Case Manager can assess your eligibility for any of the following services:

- Nursing
- Physiotherapy
- Occupational Therapy
- Speech/Language Therapy
- Dietary
- Home Support
- Homemaking
- Long term Care Facility Placement
- Social Work

## Discharge Guidelines

Please go over this information and any of your questions with your nurse, therapist, or surgeon **BEFORE** you leave the hospital.

### Activity Guidelines

#### DO'S:

- ✓ Use your walker or crutches until your return visit to your Physiotherapist and/or Surgeon.
- ✓ Continue the exercises taught by your Physiotherapist and/or Physiotherapist Assistant three times per day. Walking is the BEST exercise. Go for a walk twice each day. Use a mall for indoor walking if weather is bad. Look for higher benches to sit on if you require a rest.
- ✓ Wear proper footwear (flat, non-slip sole with closed heel) in the house and outdoors.
- ✓ Maintain your ideal body weight.
- ✓ Use the raised toilet seat for six weeks after surgery, then use only as needed if you feel your toilet is too low.
- ✓ Tell family and friends to let the phone ring so you do not have to rush to the phone.
- ✓ At first, sit to perform activities (i.e. meal preparation, dressing, showers, dishes, etc.) as this saves 25% of your body energy. Stools or firm kitchen chairs with armrests are helpful.
- ✓ In the community, look for wheelchair accessible washrooms as the toilets are usually higher, and grab bars are present.
- ✓ Use night-lights to see in the dark.
- ✓ Rest if you feel tired. It takes a few weeks to regain your energy
- ✓ If your leg swells when you are up, lie down flat with your leg up for a few minutes.

#### DON'TS:

- × Do not overdo it at the start. Pace yourself. **SLOWLY** increase your walking distance to find your limits. If there is soreness or aching, which last more than 10 minutes after you stop walking, this means you should cut back. Gradually work up again when the soreness lessens.
- × Although your hip is stable, you should check with your surgeon before beginning strenuous activities.
- × Ask your surgeon before using an exercise bike, treadmill, or before swimming or golfing.
- × Do not perform heavy activities for 3 months after surgery (i.e. vacuuming, cleaning, groceries, snow shoveling, heavy farming, gardening, etc.) Have family or friends help you with this.

## Sample Equipment Needs

Some of these things may be helpful for you when you get home.



**Elastic Shoe Laces** – these will help turn your lace up shoes into slip on shoes, which will make them easier for you to put on and take off. No special lacing or tying required.



**Sock and Stocking Aid** – this equipment will help you put on your socks or stockings. There are many different styles to choose from – find one that works best for the size and shape of your foot.



**Long Handle Shoe Horn** – this equipment will assist you in putting your shoes on, or taking them off without having to bend over or cross the leg. The long handle shoe horn enables you to don or doff your shoes.



**Long Handle Reacher** – this equipment will help you to pick up items off the floor, pull up your covers and help you get dressed after surgery.



**Dressing Stick** – this equipment will help you pull up or push off socks/pants. It has a metal hook on one end and two rubber prongs on the other. The length of it lets you reach your lower body.



**Shower chair** – will allow you to sit in your walk in shower while you bathe. This piece of equipment is not appropriate if you have a bathtub shower.



**Portable Plastic Bath Board** – fits securely over bathtub, is portable for storage and travel. Adjusts to fit standard bathtubs.



**Bath Transfer Bench** – this equipment is needed to get into and out of the bathtub shower safely after your hip surgery.



**Raised Toilet Seat**-will increase the height of the toilet to ensure it is a safe height for you after your surgery. It will also make getting on and off of the toilet easier for you.



**Long Handle Sponge** – this equipment lets you bathe independently after your hip surgery. The long handle allows you to reach your feet and lower leg.



**Hand Held Shower Head** – allows you to control the flow and direction of the water while you sit in the shower and makes washing your hair easier after your surgery.

## Occupational Therapy and Activities of Daily Living

### What is Occupational Therapy?

Occupational Therapy is a profession that is concerned with helping you after your surgery solve problems and to allow you to do the things that are important to you (activities of daily living). You may see an Occupational therapist and/or Occupational therapy assistant while you are in the hospital after your surgery. The Occupational therapist will help you figure out what equipment you will need in your home and will give you tips on how to manage doing your daily activities after your hip surgery.

### ACTIVITIES OF DAILY LIVING

#### **A NOTE ABOUT CHAIRS AND SAFETY**

Keep these tips in mind:

- CHAIRS, STOOLS, BEDS, and any other surface you may be sitting onto should be 19" from seat to floor height. A higher chair makes for an easier rise.
- If your chair is too low, increase the height by:
  - Using a firm cushion, pillow or folded blanket
  - Raising chairs or beds with wooden or cement blocks
- Avoid soft or rocking chairs/couches which make it more difficult to get up from.

### GETTING DRESSED

#### **A NOTE ABOUT GETTING DRESSED SAFELY**

Some people prefer to have family members assist them with getting dressed. For those who wish to get themselves dressed, here are some helpful hints:

#### **Dressing Your Operated Leg:**

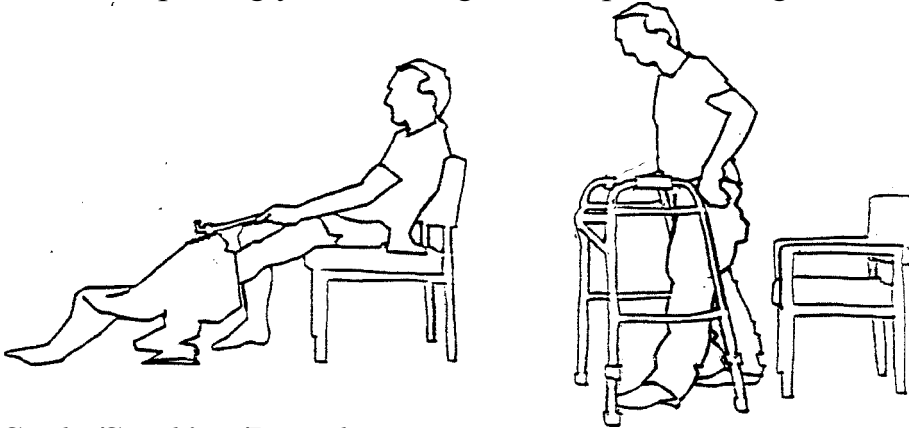
##### ***A. Pants (underwear and skirts too!):***

Before you get started make sure you have your equipment ready! You will need a **long handle reacher** and may also benefit from using a **dressing stick**. See page 8.

A reacher will help you with putting on your underwear, pants or skirt. Remember – **always dress your operated leg first**. To dress, you should sit at the bedside or in a chair and follow the instructions listed below:

- Drop the piece of clothing down near your feet.
- Use the reacher to grasp the waistband (or a dressing stick to hook a belt loop).
- Slip your operated leg in the leg hole first.
- Pull the garment up to your knee using the reacher and grasp it with your hand.

- Slip your un-operated leg in next.
- Pull the garment up past your knees, making sure your pant legs or skirt bottom are clear of your feet.
- Stand up using your walking aid and pull on the garment the rest of the way.



(**Note:** Reverse the above procedure to remove your clothes)

### **B. Socks/Stocking/Pantyhose:**

Before you get started make sure you have your equipment ready! You will need a **sock aid**, and a **dressing stick or a long handle reacher**. See page 8.

A stocking aid is recommended for putting on socks, knee-highs, stockings or pantyhose. To use the stocking aid:

- Start sitting at the bedside or in a chair.
- Fold the stocking aid into an oval shape if needed.
- Slip the sock onto the stocking aid until the toe of the sock is at the top of the stocking aid and the rest of the sock is pulled taut.
- Place some talcum/baby powder on the inner surface of the stocking aid.
- Sitting with back straight, drop the stocking aid down to the floor, while holding onto its laces/ribbons.
- Point your toes down.
- Slip foot between sock and stocking aid. Pull up on laces/ribbons until sock is on.
- Use your dressing stick and/or reacher to remove your socks.



### **TED Stockings:**

You will need assistance of a caregiver to put on/take off these stockings. Not everyone has to wear them. Please let us know if you don't have a caregiver to assist you at home and you are asked to wear them.

### **C. Shoes:**

Before you get started make sure you have your equipment ready! You will need a **long handle shoe horn**. See page 8.

Slip-on, loafer-type shoes with a rubber, non-slip sole are recommended, as they are easier to put on. If you use lace-up shoes, we recommend using elastic shoelaces as they convert a lace-up shoe into a slip-on when the laces are tied.

A long handled shoehorn will assist you in putting on your shoes. To use it:

- Use reacher to place toes in shoe.
- Place the shoehorn in the back of the shoe.
- Slip your toes into your shoe with your heel resting on the shoehorn.
- Push your heel down, pulling up on the shoehorn at the same time to bring your shoe in.
- Use reacher and shoe horn to remove shoes.



### **Bathing:**

Here are some helpful hints about bathing after a hip surgery:

- It is recommended that you **sit to have a shower** for about 6 weeks after your surgery or alternatively, you may sponge bathe.
- A **long handle sponge** will help wash your feet
- A **hand held shower head** makes bathing easier while sitting.

It is not recommended that you sit in the bottom of the tub for a few months for safety reasons.

If you have a walk-in shower, you may wish to use this instead of a tub shower as it is easier to get into. A bath chair may be placed in a walk-in shower to assist with bathing. In order to reach your feet while sponge bathing, or while using a walk-in shower, it is recommended that a long handled bath brush or sponge be used.

Some people have a bathtub shower and you will need a bath transfer bench for ease of entering and exiting the tub. See page 9 for picture.

How to get into the shower using a bath transfer bench:

- Using your walker/crutches, back up until you feel the bath transfer bench behind you. You should be standing a 90 degree angle from the side of the bathtub.
- Slowly sit down (following the technique shown on page 16).
- Move your bottom as far back as you can (your knees should be close to the end of the bench now).
- Lean back, lift your singly or together and turn into the bathtub.
- Move your body down the bench by pushing up on the bench with your arms and lifting your bottom.

To get out of the shower using a bath transfer bench, reverse the order of the above method.



**NOTE:** Only if you have a walk in shower is the shower chair appropriate. If you have a bathtub shower, you **require** a bath transfer bench.

To bathe in the tub either:

- Aim the shower head at your body, or
- Fill the tub up and sponge bathe.

**Toilet:**

- A raised toilet seat or commode that is the appropriate height may be used to assist with toileting. To transfer on/off the raised toilet seat, the transfer is the same as sitting down or getting up from a chair.

**Grooming:**

- It may be difficult to bend over to cut your toenails. Call the South West Community Care Access Centre (519-371-2112) to request information on who could provide this service.
- To wash your hair, a caregiver may assist you by having you sit in a chair with your back facing the sink. Lean your head back to allow them to wash your hair or a hand held shower head may be used.

## **Driving:**

You may not drive any vehicle for 6-8 weeks after your surgery. Ask your doctor upon your return to the clinic visit when you will be able to drive.

## **To transfer into the front seat of the car:**

- Move the seat as far back as it will go. If it is possible to recline it, do so slightly.
- Place a wedged cushion/pillow on the seat to raise your hips up to ease transfer.
- With your back facing the seat, place your hands back.
- Lower your bottom down onto the seat, keeping your operated leg out in front of you.
- Use your hands to slide yourself back into the seat.
- Have somebody assist you if needed to bring your legs into the car or do so independently.



## **SAFETY PRECAUTIONS FOR EQUIPMENT:**

- All bolts and wing nuts of crutches must be tightened and checked periodically.
- The bottom post of crutch must be fully inserted inside the rubber tip.
- There should be two to three finger widths between your armpit and the top of the crutches when standing, so that you do not put weight on your armpits.
- Ice picks are available for canes for icy surfaces.
- Check wheels, brakes and adjustable legs regularly to make sure they are secure and are not sticking.
- DO NOT use walkers on stairs. Use caution on ramps.
- Rubber tips are subject to changes in environmental conditions.
- You must check rubber crutch/cane/walker tips for wear, blemishes and cracks, and replace them if required.
- Be careful in crowded areas or narrow passages where passers-by may accidentally bump or kick your cane/crutches/walker
- **Use extreme caution on wet or slippery surfaces.**

## INSTRUCTIONS FOR THE USE OF WALKERS/CRUTCHES/CANES

### MOBILITY

#### LYING TO SITTING:

- I move my body to the edge of the bed with the non-operated side leading.
- I move from lying to sitting at the edge of the bed. I do not twist my leg. I may use a strap to assist with this movement.



#### BED TO CHAIR WITH WALKER:

- I sit on the edge of the bed/chair with my operated leg out in front.
- I place my hands on the bed. I use my hands and the non-operated leg to push myself up from sitting to standing and then reach for the walker.
- I move the walker forward first making sure that all four of its legs are down, I move the operated leg forward into the walker maintaining appropriate weight bearing. Putting weight through my hands, I follow with my non-operated side to meet the operated leg.



1. Walker
2. Weak (Operated) Leg
3. Strong (Non-Operated) Leg

\*This sequence is repeated for walking with the walker.

- To sit, I feel the back of the chair with my non-operated leg. I slide my operated leg forward reaching for the arms of the chair behind me. I lower myself down into the chair.



### **WALKING THE HALL WITH A WALKER:**

- I walk halfway into the walker, with my operated leg first, then my non-operated leg, keeping my hip straight. To protect my hip, I avoid rotating my hip or foot. Following the same sequence as listed on page 15.



## WALKING WITH CRUTCHES:

- When using crutches, I put my weight on my palms, not my armpits. **I do not twist to turn** – I take small steps instead. I am sure to follow the advice given to me about how much weight I can put on my hip.



1. Crutches
2. Weak(Operated) Leg
3. Strong (Non-Operated) Leg

\*This sequence is repeated for walking with the crutches.

## MANAGING STAIRS WITH CRUTCHES OR CANES

If you do not feel safe on stairs, have someone assist you by standing by your side or behind you for going up stairs, or in front of you for going down stairs. Use handrails if available, that are attached to walls.

### Going Upstairs with Two Crutches or Two Canes:

1. Face the stairs with your crutches/canes close to the first step.
2. With your weight on the crutches/canes, put your non-operated leg on the first step.
3. Straighten your strong leg, bringing your weight onto it.
4. Bring crutches/canes and operated leg onto the step.



### Going Downstairs with Two Crutches or Two Canes:

1. Stand with feet close to the edge of the step.
2. Move first your crutches/canes and then your operated leg onto step.
3. Shift your weight through your hands on the crutches/canes.
4. Bring non-operated leg onto the step.



**REMEMBER: GOOD LEG LEADS GOING UP, BAD LEG LEADS GOING DOWN.**

**Going Upstairs with One Crutch/Cane and a Handrail:**

1. Hold onto handrail if available with one arm and crutch/cane in outside arm.
2. Stand with feet close to the edge of the step.
3. Move first your non-operated leg onto step.
4. Shift your weight through your hands on the crutches/canes and rail.
5. Bring operated leg onto the step followed by the crutch/cane.



**Going Downstairs with One Crutch/Cane and a Handrail:**

1. Hold crutch/cane on outside arm and hold handrail with the other arm.
2. Stand with feet close to the edge of the step.
3. Move first your crutches/canes and then your operated leg onto step.
4. Shift your weight through your hands on the crutches/canes.
5. Bring non-operated leg onto the step followed by gait aid.



## HIP EXERCISES

Exercises are to be done 3 times a day to improve strength and flexibility. It is your responsibility to ensure that the exercises are done. Feel free to ask for help, from family or nursing, if required.

### HIP CARE TIPS:

#### DO:

- Sleep with pillow between knees when on your side
- Bend operated leg as often as possible to reduce stiffness
- Take pain medication before beginning to exercise
- Keep leg flat in bed without a pillow under knee
- Start with exercises 1 – 3 day of surgery

1.



With pillow between knees, bend ankles up and down.

- REPEAT: Many times throughout the day.

2.



With pillow between knees, slowly tighten muscles on thigh of operated straight leg by pushing knee down while counting to 10 out loud.

- REPEAT: 10 times. Do 3 times per day.

3.



With pillow between knees, squeeze buttock muscles together as tightly as possible while counting to 10 seconds out loud.

- REPEAT: 10 times. Do 3 times per day.

4.



With pillow between legs, gently roll entire leg out and roll leg in to neutral so toes are pointing up.

- REPEAT: 10 times. Do 3 times per day.

5.



With pillow between knees, bend operated knee and pull heel toward buttocks, using cloth strap if needed to achieve full knee bend.

- REPEAT: 10 times. Do 3 times per day.

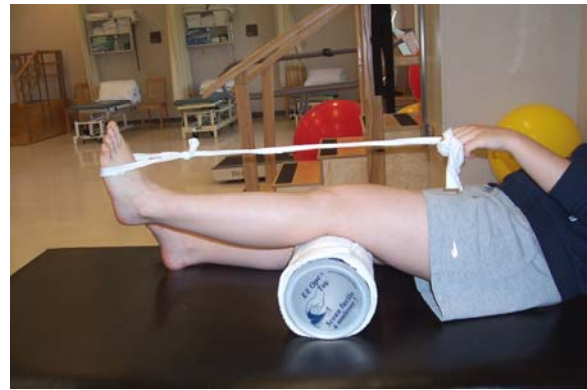
6.



With pillow between knees, slide operated leg out to the side. Keep knee cap pointing toward the ceiling. Gently bring leg back to pillow.

- REPEAT: 10 times. Do 3 times per day.

7.



Place large can or rolled towel under operated leg. Keep knee pressed on roll and lift foot up to straighten leg. Use cloth strap to assist movement if needed. Hold 5 seconds.

- REPEAT: 10 times. Do 3 times a day.

8.



**DO NOT DO IF YOU ARE NOT FULL WEIGHTBEARING**

Using a chair for balance if necessary, place surgical leg back foot flat on the floor, with the forward leg bent at the knee. Slowly shift weight forward onto the front foot, making sure the front knee DOES NOT extend past your toes.

- REPEAT: 10 times. Do 3 times a day.

9.



In standing with support for balance, bend your operated hip by bringing your knee towards your chest. Keep knee below the hip

- REPEAT: 10 times. Do 3 times a day.

10.



Holding a table for balance, keep legs shoulder width apart and toes pointed forward. Kick your operated leg out to the side, keeping knee straight. Do not lean.

- REPEAT: 10 times. Do 3 times a day.