

Fractured Hip

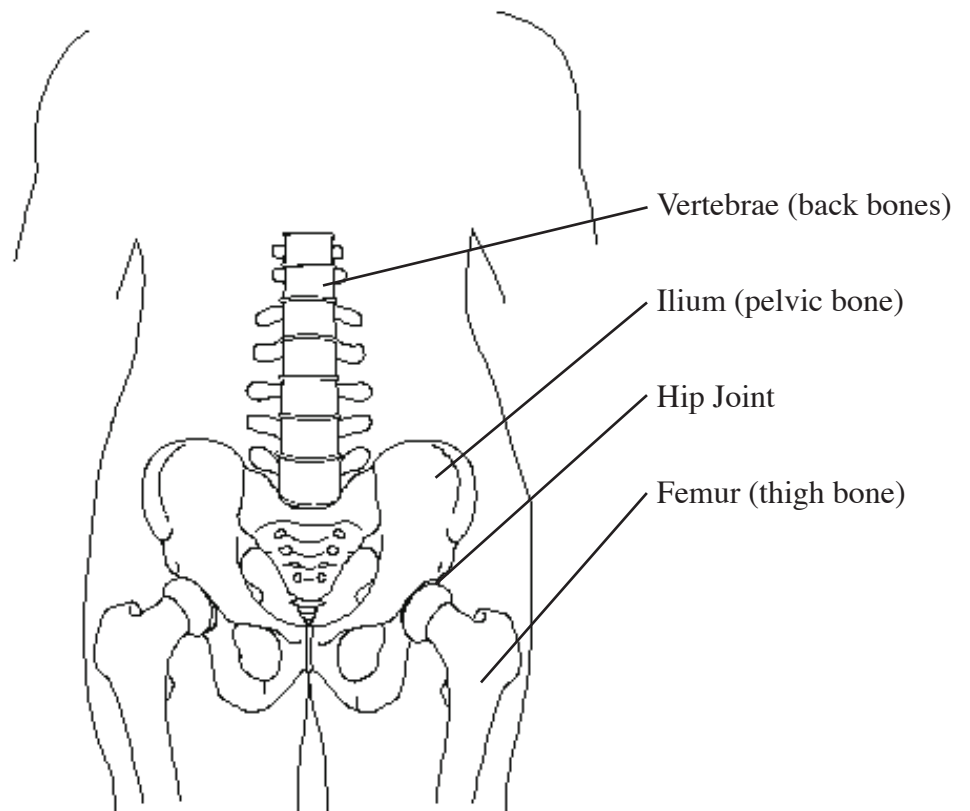


Table of Contents

Fractured Hip Guide	2
The Hip	2
Types of Hip Fractures.....	3
Types of Hip Fracture Managements	3
Your Hospital Stay	6
After Surgery.....	8
Exercises	12
Preparing for Discharge	20
Follow up Visit to the Surgeon.....	22
Dressing and Occupational Therapy	24
Tips to Prevent Falls.....	37
Osteoporosis and You	38
Feeding the Healing Hip – The Importance of Good Nutrition.....	39
Healthcare Team Members	40

Fractured Hip Guide

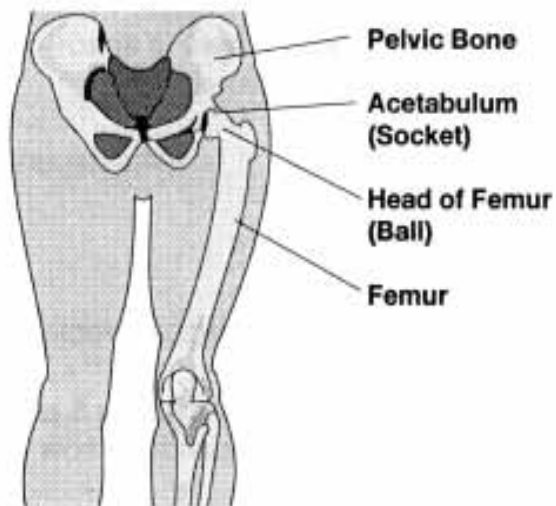
You have broken or fractured your hip. This booklet will guide you and your family during your hospital stay and during your recovery.

This booklet is yours to keep. You may wish to make notes of any special instructions you are given.

Since everyone's condition is different, this booklet is only a guide. How long you stay in hospital depends on the type of hip fracture, how your fracture is managed and if you have any other medical problems.

The Hip

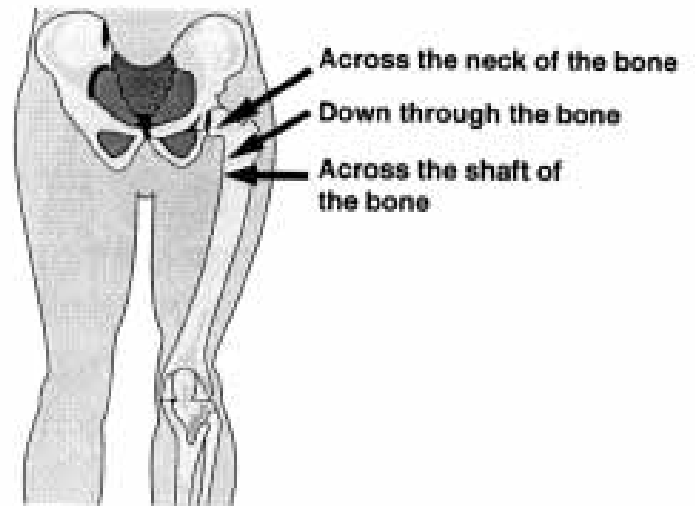
The hip is made up of two bones: the femur or thigh bone and the pelvis. The head or ball of the femur fits into the socket of the pelvis. Ligaments and muscles hold the hip joint together.



Types of Hip Fractures

The hip can break:

- Across the neck of the bone
- Down through the bone
- Across the shaft of the bone



Hip fractures are managed in two ways:

1. non surgical (no operation)
2. surgical

Non surgical management

After you have been examined and tests completed, the doctor may decide not to do an operation.

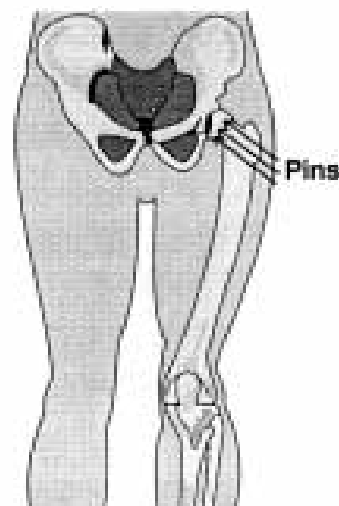
Types of Hip Fracture Operations

The surgeon can fix the hip in different ways. The way the operation is done depends on the type of hip fracture.

A Femoral Neck Fracture is repaired using pins or a hip replacement.

Pins:

The surgeon may insert metal pins across the fracture.



Hip replacement/prosthesis:

If your hip cannot be repaired, the surgeon may replace the head of the femur &/or the socket that the head fits into with an artificial hip called a prosthesis, or hip replacement.

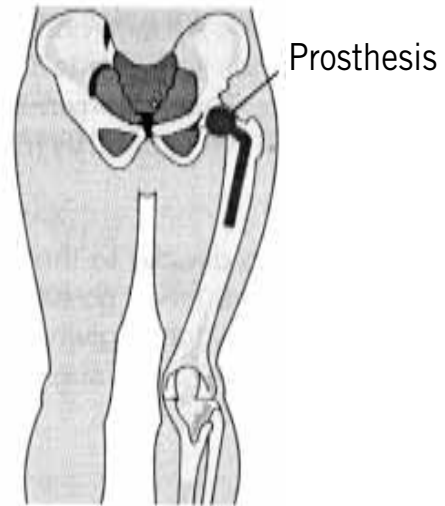


Illustration used with permission of Kingston General Hospital.

Hip rules (if you have had a hip replacement)

Follow these rules to help your muscles heal and keep your new hip in place.

Follow these rules for 6-8 weeks after surgery or until your doctor tells you to stop.

Rule # 1

Do not bend from the hip or waist past 90 degrees when you are sitting, standing or lying. Do not reach your hands past your knees.



Rule # 2

Keep your knees hip width apart.

Do not cross your legs at the knees or ankles.

Do not use your foot to remove the shoe from your other foot.

Do not use your other foot to lift the operated leg into bed.

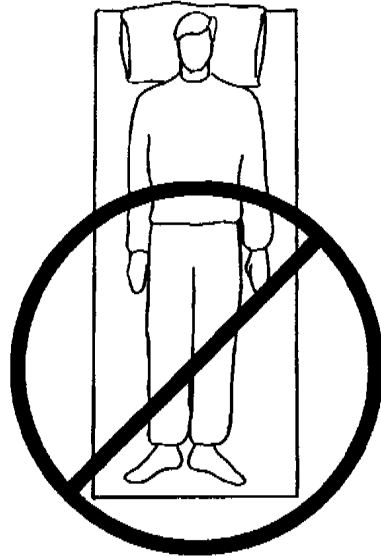


Rule #3

Do not twist your operated leg inwards or outwards from the hip.

You can put a pillow or roll by your ankles when sleeping to stop your legs from twisting outwards.

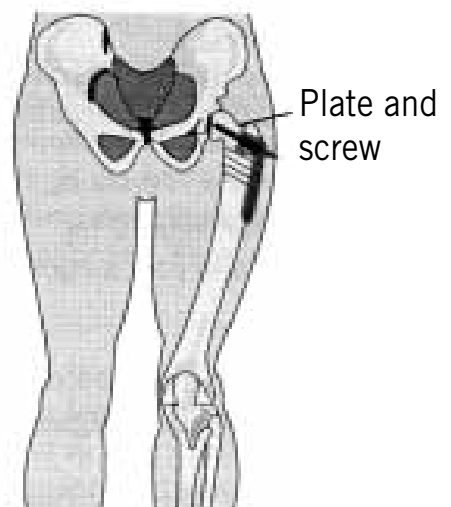
Your shoulders, hips and knees should be in line at all times.



An Intertrochanteric Fracture is repaired with a dynamic hip screw or intermedullary nail.

Plates and screws:

The surgeon may put a metal plate and screw into the broken bone.



Your Hospital Stay

You can expect to be in the hospital until your pain is managed and you can walk safely. A nurse will review your progress with you and/or your family daily. Ask your nurse or other members of the Health Care Team any question you may have.

You may go from the Emergency Department to the Operating Room to have your hip repaired or you may be taken to an inpatient orthopaedic unit first. Your Health Care Team will tell you and your family when your surgery will be done.

Tests

X-rays were taken of your hip in the Emergency Department. They help the surgeon decide what type of management/repair needs to be done. You will also need to have blood work and other tests.

Deep Breathing and Coughing

Your breathing can be shallow because you are inactive due to your fracture. This may cause chest problems, such as pneumonia. You will be shown deep breathing and coughing exercises to do to keep your lungs clear. You should do these exercises a few times (5-10 times) every hour while you are awake.

Ankle Pumping

You will be asked to move both of your ankles up and down 5 to 10 times every hour while awake. This helps the blood move in your legs.

Managing Your Pain

It is normal to have pain with a broken hip. You will be offered pain medication. You will need to tell the nurse when you are having pain. Do not feel afraid to ask for pain medication. You will not get addicted during a short hospital stay even if you take a lot of medication.

Diet and Medications

If you are going to have surgery you will have nothing to eat or drink after midnight the night before your surgery. Some of your medications may be held before surgery.

Items you will need while in hospital

- This book.
- A denture container and appropriate cases if applicable.
- Personal items such as toothpaste, shampoo and grooming items. Perfumes and scented items such as scented soaps and deodorants are not allowed as the hospital has a Scent Free Policy.
- A few outfits to wear during your stay, for example loose stretchy clothing such as jogging pants and a loose top. Housecoats should have front button or zipper closure and be short enough to avoid tripping when you walk. You will wear a hospital gown during part of your hospital stay.
- Pack light-weight, supportive shoes with a non slip sole, like running shoes. Supportive slippers with a back and a non slip sole are okay. Backless slippers are not allowed. Using elastic laces or Velcro will make fastening shoes easier.

Please leave the following at home

- large sums of money
- credit cards
- cell phones
- jewelry
- perfumes and scented items
- toileting equipment, for example, a raised toilet seat

After surgery - In hospital

Your surgery will take about 1 1/2 to 2 1/2 hours.

After surgery you are taken to the Post-Anesthetic Care Unit, PACU or recovery room where you will stay and be closely watched until you are ready to go to the inpatient unit. If you have pain or feel sick, tell the nurse.

If you need closer observation or cardiac (heart) monitoring following surgery you may go to the Intermediate Care Unit (IMCU) or Intensive Care Unit (ICU) for 24-48 hours or until the doctor feels that you can go safely to an inpatient bed.

You will receive one dose of an antibiotic while you are in surgery, with two doses given after you are on the nursing unit.

While you are on the inpatient unit

Once you arrive on the inpatient unit, the nurses check your vital signs and affected leg every 4 hours for 24 hours. This includes your blood pressure, heart rate, breathing rate, temperature, and pulses, feeling and movement in affected leg and foot.

The nurse will examine your abdomen with a stethoscope, checking for bowel sounds.

It is common to start with ice chips or sips of water for the first few hours following surgery.

Blood work is generally done following surgery.

You will be encouraged to do as much for yourself as possible.

Your leg may be bruised and swollen, and painful as you move.

The nurses will check your bandage and ask you about your pain.

Pain control

It is normal to have pain after surgery. A pain scale where "0" means no pain and "10" means worst pain will be used. You will be asked to rate your pain using this scale.

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
No Pain Worst Pain

The pain will be controlled with medications. Members of the health care team will help you with pain relief. The pain will lessen over time as you heal. It is important to have your pain controlled so that you can do your hip exercises and move around.

Ask the nurse for pain medications as needed.

Confusion

Some people may become confused from anesthetic, or use of pain medication after surgery. If you have a history of being confused while in the hospital, please tell your surgeon or other health care provider.

If, as a family member or friend, you notice that your loved one is acting differently or is restless, please tell the nurse.

Nausea

You may have an upset stomach or nausea after any type of anesthesia. Nausea is also a side effect of some pain medication. If you feel unwell or have nausea, tell your nurse. You will be given some medication to help with the symptoms.

Skin

Healthy skin helps prevent infections. Your bandages and incision will be checked often while you are in the hospital.

Lying in bed puts pressure on your skin. Over time you can develop a pressure ulcer. The first signs of this problem are burning, redness or pain. If you have any of these signs on your buttocks, ankles, heels, elbows, shoulders or ears, talk to your nurse or therapist. If you have pressure, soreness on your heels, the nurses will put foam heel protectors on your feet.



The best way to avoid skin problems is to change position. Avoid lying down in bed for long periods of time. The nurses and therapists will remind you to get up and move as much as possible after surgery. You should be getting up and out of bed for all your meals. You should also remember to do this when you go home.

Swelling

It is normal to have some swelling in your operated leg after surgery – this can last for a few weeks after surgery. Swelling may increase as you become more active. To help reduce the swelling, avoid sitting for long periods of time and pump your ankles and feet to keep the circulation going.

Weakness

You may feel tired and dizzy when you get out of bed after surgery. Make sure someone helps you get up until you are safe to move around on your own. Staff will tell you when it is safe for you to get up to the washroom or walk by yourself.

Urinary problems

You may have trouble urinating or passing water after surgery. If you have any problem passing urine, are urinating often, or have burning when passing urine, talk with your nurse.

Bowel problems

There can be a change in your bowel habits after surgery.

Your surgeon may start you on a laxative or stool softener because pain medication can cause constipation. If you are going home on pain medications, you may need to continue taking a laxative. You can buy these as an over-the-counter medication at any drug store.

Remember to drink plenty of liquids, eat foods with natural roughage (fiber) and be as active as possible.

Lung problems

After surgery, your activity will be less than normal. Deep breathing and coughing exercises are important to do every hour while awake.

Deep breathing and coughing helps to:

- keep your lungs expanding fully
- clear mucus from your lungs and throat
- reduce the chance of getting a chest infection

Getting up and moving around is one of the best activities to help keep your lungs clear.

How to do deep breathing and coughing

1. Put your hands high up on your stomach.
2. Breathe in as deeply as you can. You will feel your stomach push out against your hands.
Hold the breath for 2-3 seconds.
3. Breathe out slowly through an open mouth, like blowing through a straw.
4. Try coughing after doing the deep breathing.
5. Repeat 5-10 times each hour while you are awake.

Blood clots

You have an increased risk of forming a blood clot after surgery. It is very important to do your exercises and get up and move as much as you can after surgery to prevent blood clots.

Signs of a blood clot in your legs are redness, swelling, warmth or pain anywhere in either leg. Signs of a blood clot in your lung are sharp chest pain, rapid heart rate, blood-tinged sputum, shortness of breath, or low grade fever. Tell a member of your health care team right away if you notice any of these signs.

Your surgeon will assess and decide what blood thinning medication you will need. Blood thinning medication can be ordered in pill or needle form. You may need to go home on blood thinning medications. If the medication is in needle form you will be taught self injection. Your surgeon may also want you to wear special stockings called TEDS to help reduce the risk of clots. If you are on medications to prevent blood clots, it is important to complete all of the medication.

Exercises

Exercise after surgery will help you:

- ✓ strengthen the muscles in your legs
- ✓ move your hip and prevent joint stiffness
- ✓ improve blood supply to your legs

Doing exercises on both legs will help improve circulation, increase muscle strength, and prevent blood clots.

Your physiotherapist will instruct you in your exercises.

You are expected to do these exercises several times each day while in hospital and when you go home. As you get stronger, your physiotherapist will progress the exercises.

Exercises just after surgery

Repeat the exercises below at least 3 times a day.

Leg Exercises - While lying down

Hamstring Isometrics



- Allow your knee to bend a little.
- Push your heel into the bed.
- Tighten the muscles on the back of your thigh.
- Hold for 5 seconds.
- Relax and repeat 10 times.

Glut Isometrics



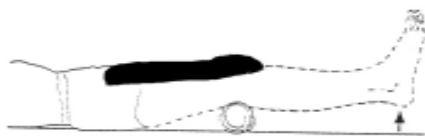
- Squeeze your buttocks together.
- Hold for 5 seconds.
- Relax and repeat 10 times.

Quad Isometrics



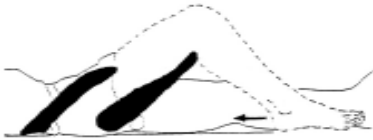
- Straighten your leg by tightening the muscles on the front of your thigh.
- Push your knee into the bed.
- Hold for 5 seconds.
- Relax and repeat 10 times.

Quad Over Roll



- Wrap a large can in a towel. Place under your knee.
- Lift your foot off the bed by straightening your leg.
- **DO NOT** lift your knee off the can.
- Hold for 5 seconds.
- Relax and repeat 10 times.

Heel Slides



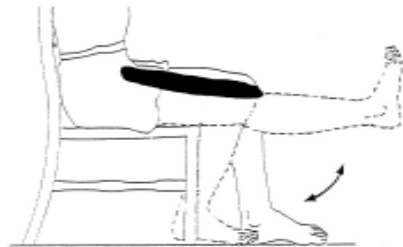
- Slide your heel towards your buttocks.
- Keep your heel and buttocks on the bed.
- Hold for 5 seconds.
- Relax and repeat 10 times.

Hip Abduction



- Slide your leg out to the side.
- Hold for 5 seconds.
- Then bring your leg back toward your other leg.
- Keep your toes pointed at the ceiling.
- Relax and repeat 10 times.

Knee Extension - Sitting



- Straighten your leg as far as possible.
- Hold for 5 seconds.
- Then bring your heel as far back under the chair as possible.
- Hold for 5 seconds.
- Relax and repeat 10 times.

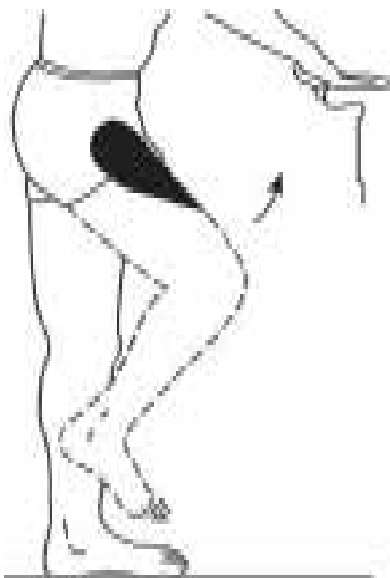
Leg Exercises - In Standing

Progress to standing exercises once exercises done in the lying position are easy.

Stand holding onto a counter or sink.

Note: Do not use walker or crutches for balance as this is not safe.

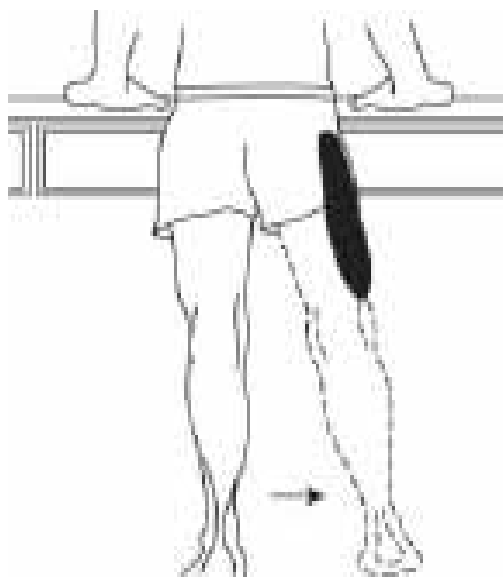
1. Hip and Knee Flexion



- Stand up straight.
- Lift the knee of your operated leg upwards.
- **Do not** lean forward.
- Hold for 5 seconds.
- You should feel the muscle on the front of your hip working.
- Relax and repeat 10 times.

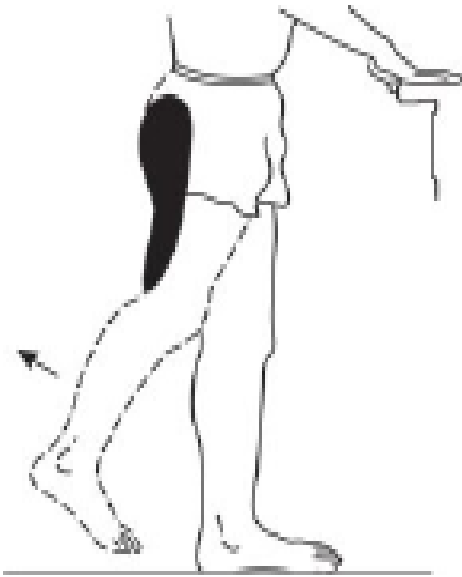
If you have had a hip replacement, **DO NOT** bend your hip past 90 degrees for the first 8 weeks.

2. Abduction



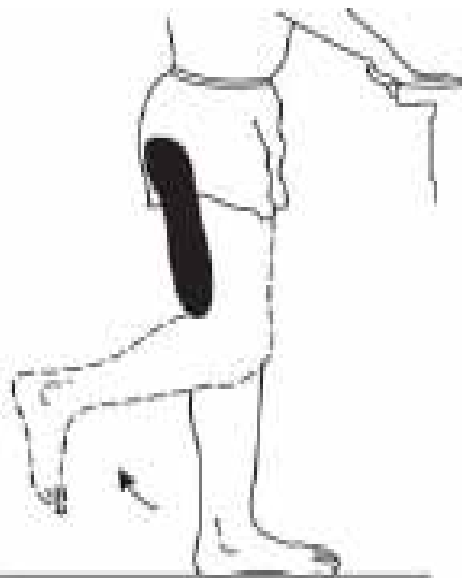
- Stand up straight.
- Lift your operated leg out towards the side.
- **Do not** lean to either side.
- Hold for 5 seconds.
- You should feel the muscles on the side of your thigh and hip working.
- Relax and repeat 10 times.

3. Hip Extension



- Stand up straight.
- Lift your operated leg behind you while keeping your knee straight.
- **Do not** lean forward while lifting your leg.
- Hold for 5 seconds.
- You should feel the muscles on the back of your thigh and your buttocks working.
- Relax and repeat 10 times.

4. Knee Flexion



- Stand up straight.
- Bend your knee by bringing the heel of your operated leg toward your buttocks.
- **Do not** move your hip.
- Hold for 5 seconds.
- You should feel the muscles on the back of your thigh working.
- You may feel a stretch on the front of your thigh.
- Relax and repeat 10 times.

Let Pain be Your Guide!!

Learning How to Move

If you have a hip replacement, the greatest chance of dislocating your hip is when you change positions. You can protect your new hip by planning ahead how you will move.

Lying down on your back



The best way to lie in bed is on your back. Try to keep your knees and toes pointing up.

Lying on your side



When lying on your side, you will need to lie on the **unoperated** side. Use a few pillows between your legs to keep your operated hip, knee and ankle at the same level. Your nurse or therapist will show you how to turn safely onto your side.

Getting in and out of bed

The first day after surgery, your nurse or therapist will show you the right way to get in and out of bed.

Note: If you have had a hip replacement do not sit up in bed and reach forward to get things at the end of the bed.

You can get things safely by using a long handled reacher.

To get out of bed from a lying position:

- Push up on your elbows and hands.
- Then move your whole body as a unit sliding your hips and legs over to the edge of the bed to sit.
- When possible, get in and out of bed by leading with your unoperated leg.

Weight bearing

Weight bearing is the amount of weight you can put on your operated leg. Usually after surgery you are allowed to bear weight as tolerated. If you have restrictions in the amount of weight that you are allowed to put on the operated leg, the nurse and physiotherapist will review how to walk.

Sitting down

When you sit down, follow these steps:

1. Back up to the edge of the chair or bed.
2. Feel the edge of the chair or bed with the back of your knees.
3. Slide your operated leg forward.
4. Hold the arm rests or bed with your hands.
5. Lower yourself to sitting position slowly and gently.

Remember, chairs with arms are best. Do not sit in low chairs.

You can put a pillow on the chair to add to its height.

Your knees should not be above your hips.



Standing up

When you stand up, follow these steps.

1. Move to the edge of the chair or bed.
2. Bend your unoperated leg under you to hold your body weight.
3. Slide your operated leg forward.
4. Push down with your hands on the chair arms or bed to stand up. Put most of your weight on your unoperated leg.
5. Once you have your balance, use your walking aid.

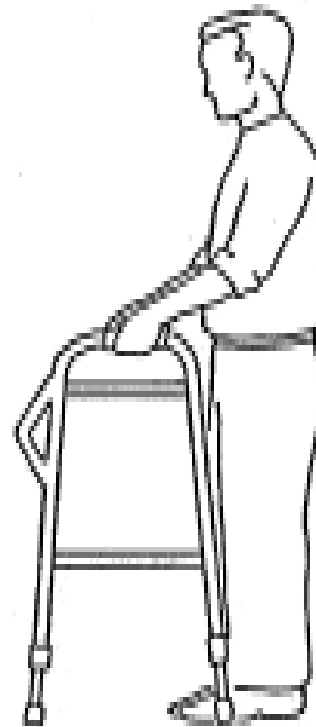


Walking

You will use a walker/crutches first, and then progress to a cane or crutch. The first few times you get out of bed, you may feel weak or dizzy. Make sure a nurse or therapist is with you. Tell them anytime you feel weak or dizzy. Your therapist will tell you when it is safe for you to walk by yourself.

When you are walking with a walker, follow these steps:

1. Move your walker ahead first.
2. Step forward with your operated leg first, following with the unoperated leg.





Take short walks as often as you can using your walking aid. Walking helps prevent joint stiffness and is good for your general health, strength and circulation. Try to increase your distance as you are able. When turning, pick up your feet to take small steps. Avoid twisting your body, and turn towards your good side.

For stairs, curbs and steps

Your physiotherapist will show you how to climb stairs safely.

Going up steps with a handrail - the unoperated leg steps up first

1. Face the step with cane in the hand away from the handrail.
2. Stand close to the step.
3. Put your other hand on the handrail.
4. Put your weight on the handrail and the cane.
5. Step up with your **unoperated leg**.
6. Straighten your unoperated leg and bring the cane and the operated leg up together.



Step up with the unoperated leg.



Cane and operated leg step up together.

Note: Shaded leg is the operated leg.

Going down with a handrail - the cane and the operated leg go down first

1. Face the step with the cane in the hand away from the handrail.
2. Stand close to the edge.
3. Put your other hand on the handrail.
4. Put cane in the middle of the next lower step followed carefully by the **operated leg**.
5. Step down with the unoperated leg.



Cane and operated leg step down together.



Step down with the unoperated leg.

Note: Shaded leg is the operated leg.

When you are at home have someone with you when you do the stairs until you are safe. That person should follow close behind you on the way up and should be one step below you on the way down.

Preparing for Discharge

After surgery for a broken hip some people are able to return to their own home or nursing home. Some may need to go to their home hospital or another nursing unit at this hospital so that more time can be spent recovering.

Getting Your Own Home Ready

If you live on your own, arrange to have someone stay with you. You will likely need help when you go home. The length of time you will need help will depend on your situation. Also arrange to have someone drive you home from the hospital, before 10:00 am on discharge day.

Have someone prepare some meals and freeze them. Remove scatter rugs. Rearrange kitchen equipment and items in other rooms so that you won't have to bend or reach to get them.

Equipment

You will need a walker or crutches. This will be assessed by your physiotherapist. You will not need to bring your own equipment into the hospital unless requested by your therapist. You may require equipment, such as raised toilet seat or reacher. This will be assessed by the physiotherapist or occupational therapist during your hospital stay.

Borrow, rent or buy, any equipment that has been recommended by your therapists.

You may get equipment from:

- Red Cross
- Medical suppliers in the Yellow Pages of the telephone book
- Local drug stores with Home Health Centres

You will need a high firm chair with armrests such as a wingback chair or captain's chair from a dining room set.

Home Support & Services

Continuing Care is the provincial home care program funded by the Nova Scotia Department of Health. They provide nursing services, personal care assistance, general housekeeping chores, laundry and meal preparation, family relief/respite and if needed, oxygen services. Care coordinators may visit you on the inpatient unit to do a home care assessment and help you plan your care if needed. If you have any questions about home care, please ask your nurse or therapist.

The Social Work Department offers a counselling service to assist patients and their families with social and emotional concerns. The Social Worker can assist in connecting you with services in your community such as financial home supports. If you have concerns that you would like to discuss before or after your hip surgery, please ask your nurse to contact the Social Work Department.

Follow-up Visit to the Surgeon

You will see your surgeon 2 to 6 weeks after you leave the hospital. If you have staples to close your incision you will need to have them removed 10 to 14 days after surgery. Your nurse may give you a staple remover to take with you to the family doctor or instructions if you are to return to your surgeon for removal.

Once your incision is dry it can be left open to the air. If you have steri strips over your incision they will fall off on their own. If you need bandage changes for your incision after leaving the hospital, your nurse may arrange with Continuing Care or VON to send a nurse to your home.

What to watch for after surgery:

Dislocation

If your hip moves out of place, you may notice:

1. An increase in pain.
2. A change in where you feel pain in your hip.
3. A change in the shape of your hip.
4. Your hip becomes stuck in one position.
5. Inability to bear weight or walk on the leg.



If you have any of these changes, call your surgeon right away, or come to the Emergency Department. Any dislocation must be treated right away.

Infection

Bacteria in your blood can get into your hip and cause an infection.

Any infection must be treated right away. Signs of infection are:

- ✓ swelling
- ✓ increased pain
- ✓ fever above 38°C or 100°F
- ✓ drainage from the incision
- ✓ increased redness around the incision



If you have any of these changes, call your surgeon right away.

Blood clots

You have an increased risk of forming a blood clot after surgery. Signs of a blood clot in your leg are:

- ✓ redness
- ✓ warmth
- ✓ swelling
- ✓ pain

Signs of a blood clot in your lungs are:

- ✓ shortness of breath
- ✓ rapid heart rate
- ✓ low grade fever
- ✓ sharp chest pain
- ✓ blood-tinged sputum



If you have any of these changes, call your surgeon right away.

Exercises

It is important for you to keep doing your exercises at home to strengthen your muscles and get your hip moving well. The therapist will progress your exercise program to help improve the strength and range of motion of your hip.

Walking is an excellent exercise. It is important to bend your knee when you walk.

Go for several walks a day. Gradually increase the distance you walk.



Being active keeps you healthy and your new hip healthy.

Dressing and Occupational Therapy

Please follow your Hip Rules as you get dressed, if you have had a hip replacement.

Getting dressed from the waist up with clothing such as shirts, slipover dresses does not change after surgery.

You may need these tools to help you dress your lower body:

- ✓ long handled reacher
- ✓ long handled shoehorn
- ✓ sock aid
- ✓ walker
- ✓ bed/chair

And, a little patience.

Socks

There are 2 ways to get socks on after surgery if you are unable to reach your feet or have had a hip replacement.

1. Using a sock aid.
OR
2. Someone to help you.

Using a sock aid:

Works best with stretchy socks such as gym socks.

1. Slide sock onto sock aid.
2. Lower sock aid to ground with the string handles. **Do not bend over to lower sock aid to the floor.**
3. Slide foot into sock aid and then pull up the sock by pulling on the string handles.
4. If sock does not come up all of the way, use a reacher to pull it up the rest of the way.



Underwear, pants, shorts:

To put your clothes on:

1. Have your reacher and walker close to you.
2. Start by sitting at the edge of your bed or on a chair with arms.
3. Put clothing on lap and use reacher to lower it to the floor. Do not bend over or twist to reach clothing.
4. While still holding onto clothing with reacher, slide operated leg in first. Make sure that the foot comes through the clothing completely, so it does not slip off.
5. Next, slide the non-operated foot into clothing.
6. Pull clothing up as far as possible while you are sitting down.
7. Stand up with the walker and pull clothing up the rest of the way. You may need to keep one hand on the walker and use your other hand to pull up the clothing.

To take your clothing off:

1. Start by standing up, with your walker in front of you.
2. Keeping one hand on the walker, use the other hand to lower the clothing. **Do not bend over.** Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down safely on chair or bed.
4. Use a reacher to lower the clothing to floor.
5. Take the **non-operated leg** out first.
6. Take the **operated leg** out last.
7. Use a reacher to pick the clothing off of the floor.

Bathing

Your therapist will show you how to bathe and/or shower safely. Talk to your doctor or nurse about when it is safe to get your incision wet.



You may shower 3 or 4 days after your surgery provided your incision is not draining. You will have to put a new bandage over the wound once the area is thoroughly dry.

There are a few choices for bathing:

1. Take a sponge bath at the sink.
2. Use a walk-in shower and sit on a high chair. You may need a grab bar to help you get up and down.
3. Shower while sitting on a bath bench in the tub. Your therapist will suggest the best height and will teach you the proper way to get on and off the bath bench.
4. Use a long handled sponge for washing your feet, lower legs and back.
5. Consider installing a hand held shower head, if using a bath seat or bench.
6. Make sure a non-slip surface is inside and outside of your tub/shower.

Driving

Do not drive until your surgeon tells you that you are ready.

If you choose to drive before the surgeon gives you the okay, you may not be covered by your insurance.

Remember to move your ankles and legs often while riding in a car.

Try to avoid long rides at first, or at least stop often for stretch breaks, about every 1 - 1.5 hours.

Transportation

How to get in a car with your new hip

Getting in and out of all vehicles including vans and SUVs is similar.

You may need to make some adjustments depending on your height, the height of the passenger seat and your physical condition. A plastic bag placed on the seat will make turning easier.

Please talk with your therapist if you have any concerns about getting into your vehicle.

Note: The passenger seat is the safest place to sit.

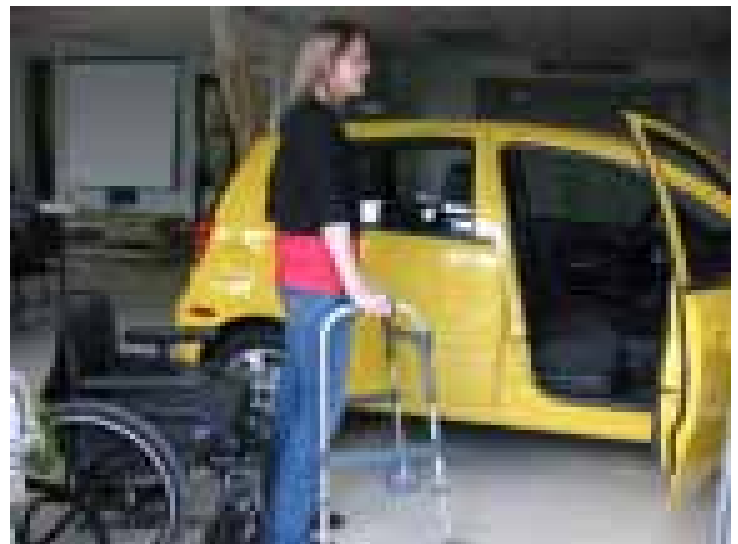


To get into a car, follow these 5 steps:

Step 1

Have your driver:

- Open car door fully.
- Move bottom of seat as far back as it will go.
- Tilt backrest.
- Put the pillow on the seat, if needed.
- Put the plastic bag on top of the pillow, if needed.



Car transfer, Step 1

Step 2

- Put the right hand on the frame of the car.
- Put the left hand on the dashboard.
- Sit down slowly.
- Remember to slide the operated leg forward.



Car transfer, Step 2 operated leg

Step 3

- Slide back onto the seat (towards the driver's seat) while leaning back.



Car transfer, Step 3 operated leg

Step 4

- While leaning back, try to keep your hips and knees in line with your shoulders while turning into the car. The driver may need to help lift and position your operated leg.
- Do not cross your legs.
- The seat is reclined so you can bend your operated leg to clear doorway and not bend beyond 90 degrees.
- Use your arms and non-operated leg to help position yourself.



Car transfer, Step 4A **operated leg**



Car transfer, Step 4B **operated leg**

Step 5

- While sitting, lean slightly back. Buckle up!
- Do not sit in a fully upright position.
- Remember, do not bend operated hip more than 90 degrees.



Car transfer, Step 5 **operated leg**

- ✓ **You are ready to go!**
- ✓ **To get out of the car – reverse the 5 steps.**

Work and Relaxation

Your therapist can talk to you about limitations and safety during work and relaxation time. Every person has a different lifestyle. You should increase your activities gradually. Ask your doctor or therapist to help you plan your return to work and activities.

To conserve energy and prevent injury to your hip: ensure items are within easy reach. Put items at, or above, waist level to avoid bending, lifting and reaching.

Prevent hip pain or injury by:



- 1. Doing your exercises.**
- 2. Following the hip rules.**
- 3. Using the right equipment.**
- 4. Changing your position often.**
- 5. Use pain as your guide. If your pain level worsens, stop the activity. If you have severe pain, contact your health care provider.**

Sexual Activity

You should abstain from sexual activity for the 6-8 week healing period following your hip surgery. If you have any questions or concerns, please ask to speak with the occupational therapist.

Sitting

Sit on high chairs with arms. All surfaces you sit on should be firm and at a height so that your hips are always **higher** than your knees and your feet are supported on the floor or flat surface.

Check all seat heights before you sit down.

Some chairs can be adjusted to the right height. Talk with your therapist about how to adjust chair height.

Kitchen

Have a chair with arms in the kitchen. Sit on this when you are doing countertop activities or for a rest.

Use an apron with pockets to carry things from place to place.

Use frozen meals or have someone prepare and freeze items for you.

Have someone, organize your cupboards and fridge so things you may need are easy to reach without bending. These things should be between your waist height and your shoulder height.

Bedroom

A standard or regular bed with a firm mattress is best. **Do not use a water bed or a low bed.**

You may want to move a bed to the ground floor so you will not have to climb stairs the first week or two that you are home.

Organize the dresser drawers and closet so things are within easy reach. These things should be between your waist height and your shoulder height.

Bathroom

Install a removable shower head for easy bathing.

Put a non-slip mat inside and outside the tub or shower.

Use a long handled sponge or washcloth tied to a scrub brush to wash your lower legs and back.

Use toilet and bathtub equipment as recommended by your therapist.

To fit the bath transfer bench into the bathtub, you will need to remove sliding doors and replace with a shower curtain.

Equipment



You will need equipment to help you. This must be ready for when you go home after surgery.

The health care team will let you know what you will need, teach you how to use them, and where to get them.

Bath Transfer Bench



Toilet

Most toilets are too low for you to sit on. You may need a raised toilet seat. You may also need arms around the toilet to help you sit down and get up. These can be grab bars on the wall or arms attached to the toilet. Your therapist will help you decide what best suits your needs.

Raised Toilet Seat



Long Handled Sponge



Sock Aid



Long Handled Reacher



Long Handled Shoe Horn



Tips to Prevent Falls

- Wear non-skid supportive shoes.
- Move or tape down electrical cords.
- Clear hallways of clutter.
- Make sure there is a railing on all staircases or steps.
- Remove scatter rugs.
- Watch for pets or small objects on the floor.
- Use your walking aid at all times – even for short distances.
- Get up and down slowly from a chair.
- Hem pants that are long in length.
- Keep living areas well lit.
- If up often at night, keep the pathway to your bathroom well lit. You may want to consider a bedside commode for the first few weeks.
- Clean up spills right away.
- Put items you use often within easy reach.
- Ask for help when you need it.
- Take your time (for example, do not rush to answer the telephone). Be safe by taking the time to use the techniques we have taught you.

Osteoporosis & You

Osteoporosis is a disease that takes years to develop without any symptoms or signs. Bone mineral is gradually lost, making the bones weaker and more likely to fracturing or breaking. The first warning sign of osteoporosis is often a fracture (broken bone).

If you are over 50 years old and your broken hip happened because of a fall, you have osteoporosis and are at high risk of having another broken bone unless your osteoporosis is treated.

It is very important that you discuss your risk for osteoporosis and future fractures with your doctor. There are osteoporosis treatments available that can very significantly reduce your risk of suffering another broken bone; you should discuss which one would be best for you with your doctor. You should also have a Bone Mineral Density (BMD) test done to help your doctor monitor the effectiveness of your treatment.

To help maintain bone health and for your osteoporosis treatment to work properly, you should:

- Have regular weight bearing exercise
- Make sure that you have a total of 1200mg of calcium every day. You'll get all the calcium you need if you have at least 3 servings of dairy products a day and this is the best way for you to get your calcium. Only take a calcium supplement after discussing with your doctor.
- Make sure that you get 800-2000 IU of Vitamin D daily from supplements.

If you have any questions about Osteoporosis please feel free to contact:

Osteoporosis Canada at www.osteoporosis.ca

Halifax Osteoporosis Multidisciplinary Education (HOME) Program, VG site at 473-3723

Dartmouth Osteoporosis Multidisciplinary Education (DOME) Program at 465-8303.

(This program is delivered via Telehealth to any hospital in Nova Scotia).

Feeding the Healing Hip – The Importance of Good Nutrition

It is important to eat well over the next few months, as your hip heals. Food gives your body the building blocks for healing so it is important to eat enough food every day from a balanced diet. **It is especially important to get lots of energy (calories), protein, calcium, Vitamin A, Vitamin C and Zinc. Dietary Iron is also important after surgery.** You can get all these by eating a variety of foods from all 4 food groups: vegetables & fruit; grain products; meat and alternatives; and milk products.

All food has calories, which gives your body the energy it needs to fix your hip. Eating three balanced meals a day helps give you the energy needed for the day. You may want to have six “mini” meals a day instead of three large meals. To do this simply add small meals at mid-morning, mid-afternoon, and in the evening. Each of the four food groups gives you some, but not all, of the over 50 nutrients that your body needs. That’s why it’s so important to eat a variety of food. You are encouraged to keep the amount of coffee or tea you drink to three or less cups a day. Talk to your doctor about alcohol intake. If you smoke cut down or if possible quit.

If you have any questions ask to see the Dietitian while in hospital. Your Doctor can also refer you to an Outpatient Dietitian after you are discharged.

Health care team members may include:

Surgeon/Resident/Clinical Associate _____

Nurse Practitioner _____

Charge Nurse _____

Registered Nurse _____

Licensed Practical Nurse _____

Physiotherapist _____

Physiotherapy Assistant _____

Occupational Therapist _____

Occupational Therapy Assistant _____

Social Worker _____

Dietitian _____

Spiritual Care _____

Continuing Care Coordinator _____

Unit Clerk _____

Unit Aide _____

Useful websites:

mysurgery.nshealth.ca

canadian orthopaedic Foundation

www.canorth.org

Looking for more health information?

Contact your local public library for books, videos, magazine articles and online health information.
For a list of public libraries in Nova Scotia go to www.publiclibraries.ns.ca

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