

Physiotherapy and occupational therapy advice to help you recover from fractured neck of femur

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

Introduction

This booklet contains information which will help you continue your rehabilitation once discharged home from hospital, following your fractured neck of femur.

If there is anything in this booklet you do not understand, please ask any member of the orthopaedic team (doctors, nurses, care workers, occupational therapists and physiotherapists). They will be only too happy to answer your questions.

How will my discharge home from hospital be planned?

We will endeavour to help you return to your own home as soon as you are medically well and safe. If you can't manage at home, the team will assist by providing advice on additional care or further rehabilitation.

Will I be able to have a bath after my operation?

You will find it difficult to step into/get out of a bath for several weeks after your operation. Also, if you have a shower over the bath, it is advisable not to use it.

If you have a walk-in shower, it is fine to use this once your wound no longer needs to be dressed. As you will have difficulty using the bath, you will need to strip wash, so you may find it helpful to have a chair in the bathroom to rest on.

Will I be able to dress myself after my operation?

After your operation, your hip is likely to be slightly stiff and uncomfortable, which may make it hard to bend and dress your legs. If so, you may find it helpful to use small aids such as a 'helping hand' or a long-handled shoehorn. If you feel unable to wash and dress yourself independently, please discuss with your OT, who will assess if you are eligible to receive social services home care.

Will I be able to cook my own meals after my operation?

If you were able to prepare your own meals before your operation, you should be able to manage when you return home. You may become tired more quickly when standing, so it might help to have a stool or chair available. You may want to ask family members to purchase ready-prepared meals to keep in your freezer on discharge as you may not feel up to cooking. The OT can provide you with mail-order frozen meal catalogues.

You may also want to ask a family member or friend to rearrange your kitchen cupboards so the items you use most often are easy to reach without having to bend or overstretch.

What happens if I can't manage to do my shopping after my operation?

If a friend or relative is unable to manage your shopping for you, please talk with your OT. In some areas of North Devon there is a volunteer scheme to assist with your shopping.

You (or a family member/friend) can use the internet to order your shopping, if you have a computer. Most of the major supermarkets offer an 'online' store which will deliver to your home for a small charge. The OT also has numerous telephone numbers of local stores which will deliver to patients' homes.

Does my furniture need to be at a specific height?

It is important that your furniture is not too low. Ask a family member or friend to measure your furniture heights and let the OT on your ward know. The OT can then raise the furniture if needed.

If your furniture is too low, it makes it very difficult for you to stand up from sitting and can make it uncomfortable to sit after a hip operation. To measure the height of your bed/chair, it is easier to sit on the furniture as this compresses the height and gives a more- accurate measurement. You need to measure from the top of the cushion/mattress to the floor.

Will I be able to manage my housework after my operation?

Avoid **heavy** housework, such as vacuuming or carrying large amounts of laundry, for up to six weeks. Private care agencies can assist with housework if you feel unable to manage. Social services or your OT can provide you with contact numbers for local agencies.

Will I be able to drive after my operation?

You will be unable to drive initially after your operation. It is advisable not to start driving again until you feel comfortable and able to carry out an emergency stop safely. This usually takes about six weeks.

Is there anything I or my family can do at home to help reduce my risk of falling?

Loose mats and rugs should be removed from your home, as these can cause you to trip, particularly if you are discharged with a zimmer frame or crutches.

Suitable footwear should be worn at all times. Please ensure your shoes and slippers fit well, do not have worn soles, do not have a heel and have a sturdy back to them. Mules or backless shoes are not recommended.

Make sure you have suitable lighting in your bedroom and bathroom at night, in case you need to use the toilet. A small plug-in nightlight might help. If you need the toilet frequently during the night, it may be worth considering a commode in your bedroom – the OT on the ward can assess if you require one.

Why are exercises important?

Due to limited movement after the operation, you will have to work hard to regain muscle power and mobility.

It is very important to do the exercises your physiotherapist teaches you, so you get the most out of your new hip. Once you understand how to do the exercises, you will be encouraged to do them on your own.

First exercises

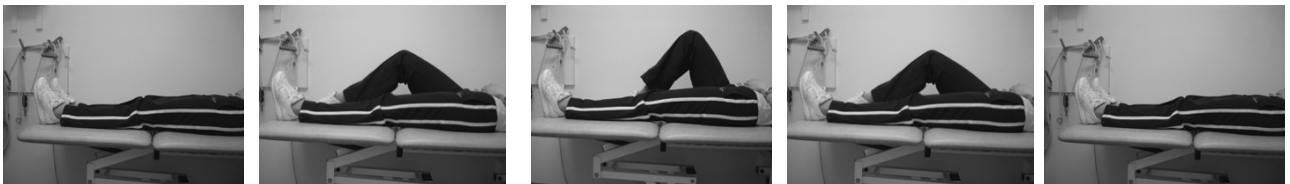
Before getting out of bed for the first time, it is important to do the following exercises *every hour*. These will help prevent complications.

1. Take three or four deep breaths
2. Move your feet vigorously up and down 20 times
3. Tighten up thigh and buttock muscles and hold for a few seconds – repeat 10 times
4. With your leg straight out in front of you, tighten the muscles at the front of your thigh, pushing the knee down. Hold the contraction for three seconds and repeat 10 times.



Essential exercises, from week one

1. Lying on your back, slide your foot up towards you, bending your hip and knee.



2. Lying on your back, slide your leg out to the side, and then back to the mid position.



Essential exercises, from week two

The following exercises are to be repeated *at least three times a day*. It is important to carry on with these when you get home.

Standing exercises

While doing these standing exercises, make sure you are holding onto a firm surface and squeeze your buttocks together to tighten the muscles. This will help stabilize your hip joint. Do 10 of each and repeat them three times a day.

Standing hip abduction

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. Squeeze your buttocks and then, with your knee straight, lift your operated leg out to the side. Slowly return your leg so your foot is back on the floor.



Standing hip extensions

Squeeze your buttocks. Lift your operated leg backward slowly. Try to keep your back and leg straight. Hold for a count of three. Return your foot to the floor.



Getting up and walking

After your operation, the physiotherapist will help you to get out of bed and walk a few steps with a mobility aid. You will be told how much weight to put through your operated leg. Your physiotherapist will help you progress onto elbow frame/sticks as appropriate.

Stairs

You will practice the stairs with the physiotherapist before you go home. In the examples below, both elbow crutches are used. If you have a banister or rail this will make it easier. Your spare crutch will be either carried by your partner or by yourself, in the outside of the hand using the other crutch. The physiotherapist will demonstrate this to you before your discharge home.

Going upstairs

Lead with the un-operated (good) leg (Figure 10), followed by the operated (bad) leg with the crutch/stick. (Figure 11)



Figure 10

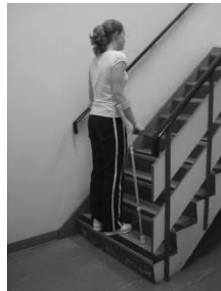


Figure 11



Figure 10

Going downstairs

Put the crutches on the step below (Figure 12), and then step down with the operated (bad) leg, followed by the un-operated (good) leg (Figure 13).



Figure 12



Figure 13



Figure 14

Getting in the car

Park the car away from the kerb so your feet are on road level. Push the passenger seat back as far as possible and recline the seat back as needed. Turn your back to the seat and lower yourself carefully with your left hand on the back of the seat and your right hand on the dashboard. Keep your operated leg out in front of you.

Slide backwards towards the driver's seat, keeping your operated leg straight. Then swing your legs together into the car.

Getting out – reverse the procedure, making sure that the operated leg is out in front of you before getting up from the seat. Please discuss this with your physiotherapist and OT if you have any concerns.

How do I return all equipment issued to me whilst in hospital?

Whilst in hospital you may have been issued with walking aids (eg. zimmer frame or crutches), or equipment by the OT. When you no longer require the equipment, please return to the hospital main entrance or take to your nearest recycling centre.

Further information

If you have any further queries, please do not hesitate to contact the Occupational Therapist on 01271 322 577 (ask for bleep 390) or the Physiotherapist on 01271 322 577 (ask for bleep 009).

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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