

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

Exercise images courtesy of physioexercises.com

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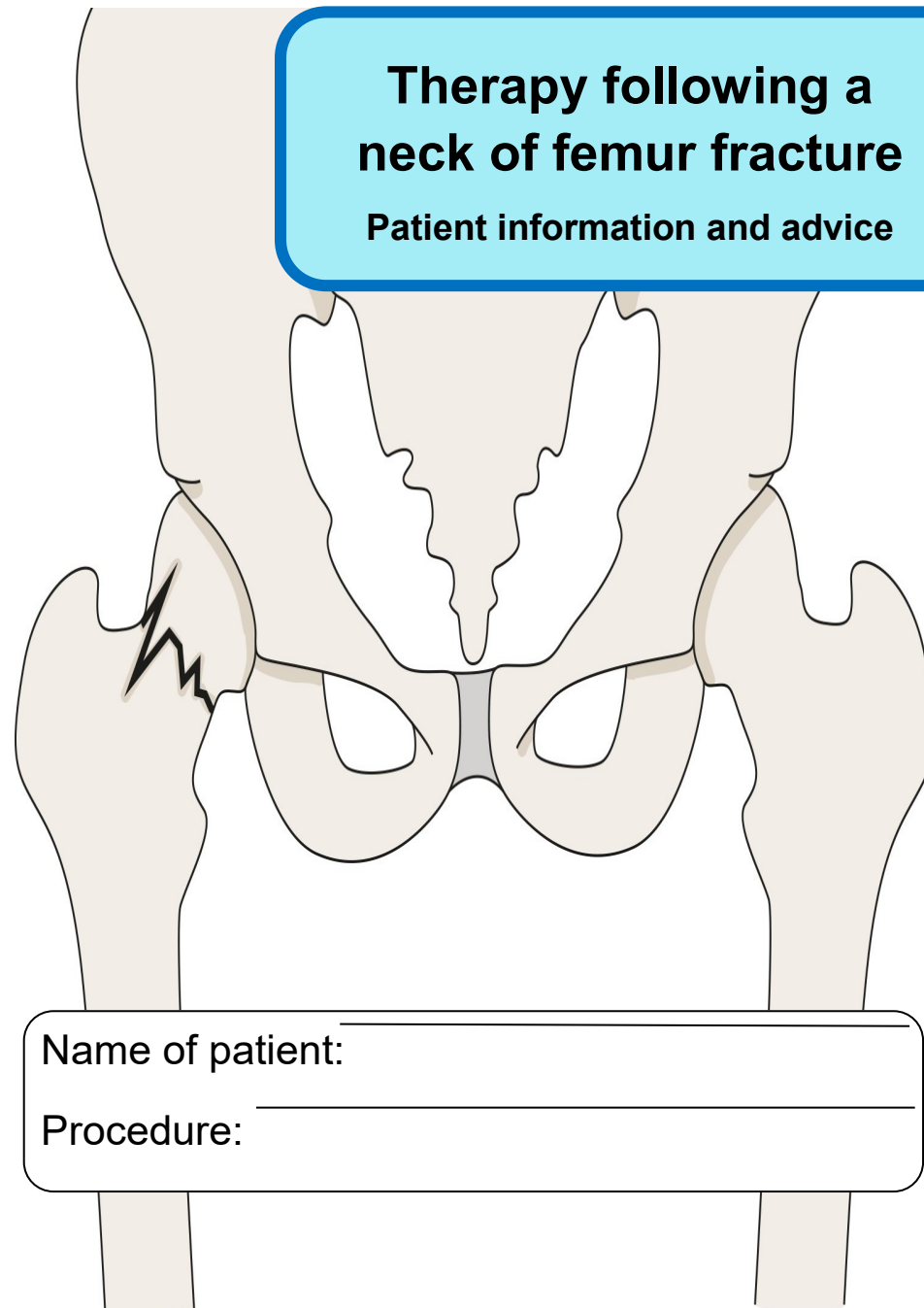
Outstanding Care,
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NHS

Sherwood Forest Hospitals
NHS Foundation Trust

Therapy following a neck of femur fracture

Patient information and advice



Name of patient: _____

Procedure: _____

This booklet has been provided by the therapy team, who will be involved in your care following your operation. It contains information for you and your family members or carers regarding rehabilitation. It also provides advice and guidance to aid your recovery.

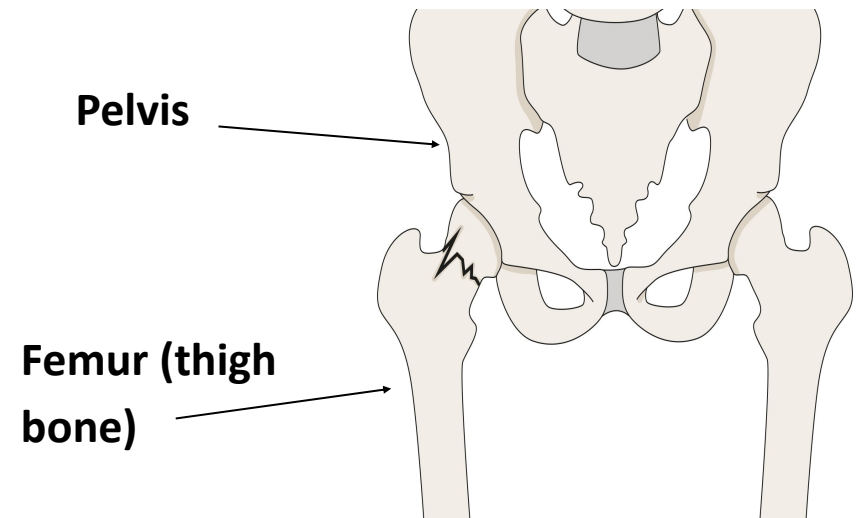
The team's goal is to work with you so you can regain a level of independence and mobility. They may not see you daily so it is expected that you practice your mobility with the nursing staff and complete your exercises independently.

Please read the information in this booklet and follow the advice and guidance provided. It is important that you take an active approach to promote your own recovery.

A fractured hip is a significant event which can dramatically impact your life. The team are here to support you all the way and encourage you to ask questions about your rehabilitation.

What is a neck of femur fracture?

Neck of femur fractures occur in the top of the thigh bone near the ball and socket joint, which forms the hip.



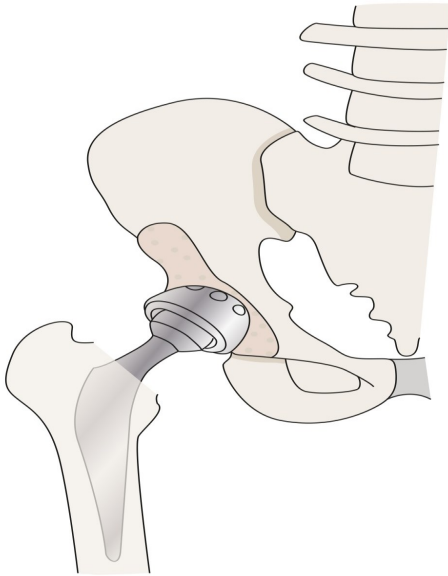
They commonly affect people over the age of 65, and happen after falling directly onto the hip. People are at an increased risk of experiencing a neck of femur fracture if they also have a bone density disease such as osteoporosis.

If you have sustained a neck of femur fracture it is normal to have an operation to fix the broken bone.

Following your surgery you will be admitted onto ward 11 or 12, also known as the trauma wards. During your stay, orthopaedic professionals will help with your individual needs. They are very experienced in treating patients who have sustained similar fractures to you.

Types of operations

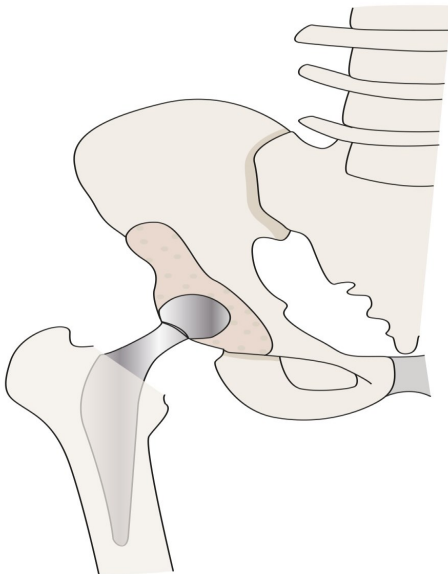
Total hip replacement



The femoral head is removed and replaced, along with the socket in the hip.

This is made of titanium with a plastic insertion between both compartments.

Hemi-arthroplasty



The ball of the femur is removed and replaced with an artificial one.

Things to remember:

- There may be some complications following your operation, therefore therapy input may not be appropriate the day after. These complications are quite common, so don't worry; the team will begin therapy with you as soon as it is safe to do so.
- The team aim to see every patient daily. Unfortunately there may be some days they might not get to you. On these days, it is very important that you still get out of bed, practice your walking with the nursing staff nursing staff and practice your exercises.
- We ask for your co-operation at all times and follow the instructions the team provide as it will help speed up your recovery.
- All patients are treated as individuals. The team understand this can be a traumatic time for you and your family, but they are there to support you through your recovery.
- Pacing yourself is very important following your operation. It is important to understand the body requires time to repair.
- Stay positive. It is now time to focus on your recovery and getting back on your feet.

If you have any further questions that this booklet does not answer, please ask your physiotherapist.

Ward contacts

Main hospital number - 01623 622515 then extension:

Ward 12 - 4144 or 2412

Ward 11 - 3640 or 6428

If you notice any changes once you are home, such as:

- **Increased pain**
- **Discharge from the wound**
- **Redness around the wound site**
- **Inflammation**
- **Calf tenderness.**

Please contact your GP or call NHS 111 as soon as possible.

Equipment needs

Red Cross (Nottinghamshire patients)
Telephone: 0345 127 2911

Medequip (Derbyshire patients)
Telephone: 01773 604426

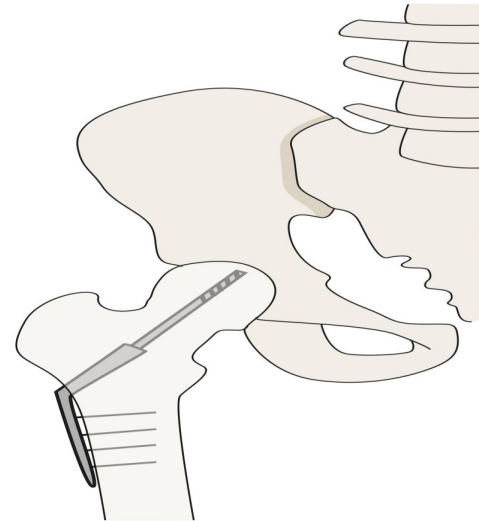
Kings Mill Hospital Orthopaedic Occupational Therapy
Telephone: 01623 622515, extension 4269

Helpful contacts

Social Services Golden Number/Handy Person adaptation service
Telephone: 0300 500 8080

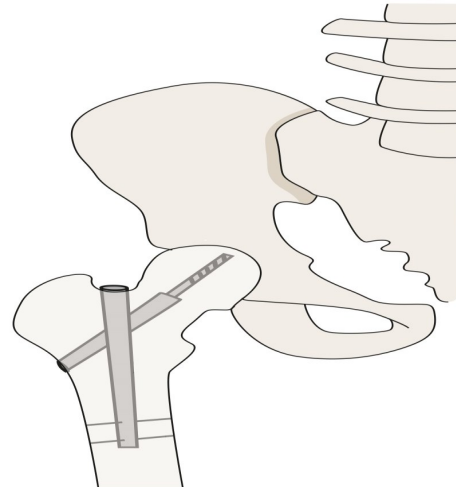
Age UK (Lifeline)
01623 488217

Dynamic hip screw (DHS)



A metal plate along the outside of the femur, with a large screw running through the head of the femur.

Intramedullary nail (IM Nail)



Your fracture is fixed by inserting a large nail into the top of the femur, along with another shorter nail entering through the outer edge up to head of the femur.

The type of operation you have depends on the location of your fracture. The front of this booklet will outline which operation you have had. You can also ask your therapists for more information.

Your stay on the ward

The therapy team

The team, made up of both physiotherapy and occupational therapy, will work with you to ensure you regain a level of independence and mobility. They work very closely with the other members of the orthopaedic team, such as the doctors and nurses, to ensure that you receive appropriate care after your operation.

Physiotherapy

The main role of the physiotherapy team is to progress your strength, confidence and mobility. They aim to see each patient a minimum of once daily on the first five days after your operation, then Monday to Friday thereafter.

It is important to understand that you have undergone major surgery to your hip. Therefore, returning back to your previous level of mobility can take time, or in some cases may not be achieved.

Taking this into consideration, your compliance with physiotherapy is vital and it is recommended that you follow the advice and guidance within this booklet.

Occupational therapy

The aim of occupational therapy is to ensure that you are as independent as possible before you return home. To do this, the team will assess your ability getting in and out of bed, standing up from a chair and getting on and off a toilet.

Smoking

Smoking can have an effect on your overall health, including slowing down the body's natural healing process which can affect recovery after your operation.

There are many resources to help with quitting smoking such as the NHS website and stop smoking mobile apps. In addition your GP or healthcare professional can refer you to a smoking cessation service to help you quit.

Work

You can normally return to work after 6 weeks. Please discuss with your consultant if you have a manual job or your job involves a lot of driving.

Showering/washing

The wound needs to be kept dry until the clips/stitches are removed. We advise strip washing until this happens.

Once your clips/stitches have been removed, showering would be easier than getting into a bath. Ensure you can get in and out of your shower safely before hand.

If you have a shower over a bath tub, we would recommend continuing to strip wash until you have enough range of movement to get your leg over the bath.

Once you are home

Returning to your usual daily routine can be difficult. It is common to feel tired and experience pain and discomfort for a number of weeks following your surgery. Pacing once you are home is very important, ensuring you are not doing too much too soon. We recommend setting new targets every day to gradually build up your exercise tolerance and strength.

If you need additional help at home, this may be organised before you are discharged. It may be beneficial for you to make arrangements for somebody to complete everyday tasks for you for a short time, such as shopping and cleaning.

Follow up physiotherapy is not routine. Community physiotherapy will be discussed with you but this is optional, and only advised if your therapists believes you would benefit. In this case, a referral will be made to the appropriate community team who will contact you once you have been discharged from hospital. In the event community physiotherapy has not been arranged for you after your discharge and you think you are struggling, you can contact your GP to arrange it.

Driving

Once you have returned to your previous level of mobility and your pain is controlled, you can then think about driving. However, you must discuss this with your insurance company beforehand and see what they advise.

They may also look at your ability to get washed and dressed. These assessments will help identify what equipment you need to help you at home. They will also ask you or your family or friends about your home circumstances and previous levels of mobility.

The team will do their best to ensure you return to your previous level of mobility. It is important to understand that some people never return back to their previous level of mobility, or for others it may take a very long time. In this case, they will discuss your progress with you and your friends/family to keep you informed on your recovery and discharge location. They will also have daily meetings with the nursing staff and doctors to discuss your progression and plans going forward. This is to ensure the best care possible following discharge.

Other members of the medical team who will be involved in your care on the ward include:

- Orthopaedic doctors
- Anaesthetists
- Orthogeriatricians
- Nurses
- Healthcare assistants
- Pharmacists
- Pain specialist nurses
- Discharge coordinators.

If you have had a total hip replacement

If a total hip replacement is required, certain precautions must be followed to reduce the risk of dislocation. Dislocation may occur due to the tendons and ligaments in the hip becoming less rigid following the operation or due to trauma. There is a low risk of dislocation but it can happen, so it is important to follow these precautions for a minimum of **12 weeks** following your surgery.

- 1) **Do not bend the hip past 90 degrees.** This includes picking things up from the floor or sitting on chairs that are too low
- 2) **Do not cross the legs at your ankles or knees.** Avoid crossing your legs when you are lying, sitting or standing. You can avoid this by putting a pillow between your legs when sleeping.
- 3) **No twisting or pivoting on the leg.** Avoid twisting your leg inwards or outwards when standing, sitting and lying. When mobilising make sure you step round rather than twisting.



Your wound

Dressing and wound care

You will either have clips or stitches and a dressing to the operation site. Normally this dressing is undisturbed for a set amount of days (consultant dependent). If clips are in place then the nursing staff will arrange these to be removed after 10-14 days. Please ask your nurse or doctor if you require any further information.

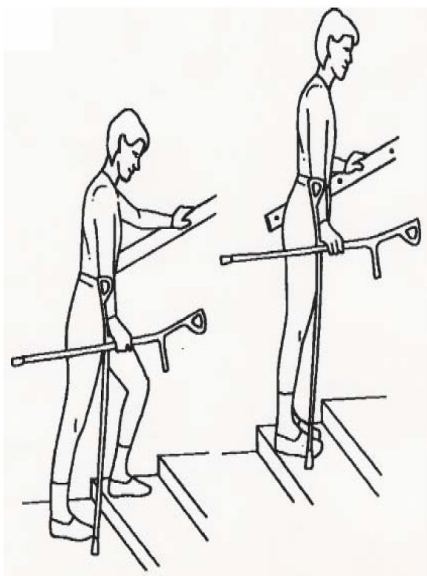
Swelling

Swelling may remain for up to 6-12 months following surgery. It is important to pace yourself and not attempt to do too much too soon as this can increase the swelling. It is important to gradually build up your mobility and ensure your leg is elevated when you are resting.

Bruising

It is very common to get excessive bruising, which in a lot of cases can travel down your leg and sometimes up your abdomen. This may last for some time after your operation.

Stairs

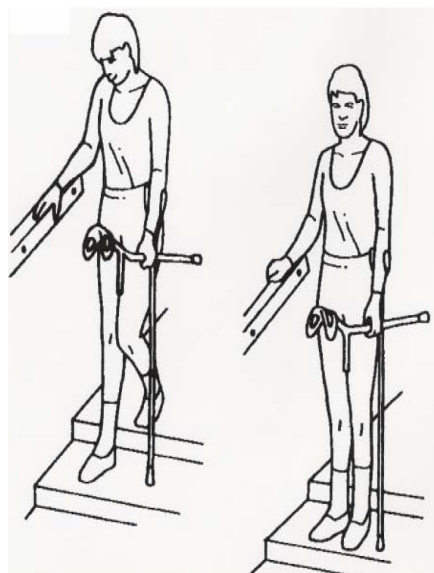


Going up

Use one crutch and the handrail on the stairs.

Step up first with your good leg, following by your operated/injured leg then bring your crutch up to the step you are stood on.

ABC - **a**ble leg, **b**ad leg (operated leg), **c**rutches



Coming down

Place the crutch on the step below you and move your hand down the rail in line with the crutch.

Step down with you operated/injured leg first, followed by your good leg.

CBA - **c**rutches, **b**ad leg, **a**ble leg

A video demonstration of this can be found at: <https://www.youtube.com/watch?v=3GhzY3AvNVU>

The day of your operation

A member of the physiotherapy team will come to see you before you go down for surgery. They will aim to complete an initial assessment with you based around your home circumstances and usual level of mobility. They may also assess your strength

Day one after your operation

The physiotherapy team will get you out of bed. Routine checks will be completed and once they have assisted you to transfer into your chair, they will show you how to complete your chair exercises that can be found in this booklet.

It is proven that mobilising the day after your operation reduces your time spent in hospital, reduces the risk of developing complications and helps reduce pain and stiffness.

The team will not encourage you to get out of bed if they are advised otherwise by your doctor or nurse, as occasionally they may not feel you are well enough to sit out. If this is the case they may go through the bed exercises included in this booklet. The occupational therapy team will then visit you to complete their initial assessment and ask further questions about your home circumstances. They may also discuss your concerns regarding activities of daily living when you return home.

Day two after your operation

On day two the physiotherapy team will aim to increase the distance you are able to mobilise, progressing onto another type of walking aid or making your exercises more difficult. They may also discuss further options for your continuing rehabilitation and begin to make a plan regarding your discharge home.

Physiotherapy will attempt to see you once a day from here onwards, twice if suitable, to help you continue to progress. If you are mobile enough, the occupational therapy team may assess your transfers to ensure you will be safe completing them once you are at home. This would involve seeing you getting on and off of a chair, toilet and bed. They may offer you equipment for at home to make these activities easier.

Day three after your operation and onwards

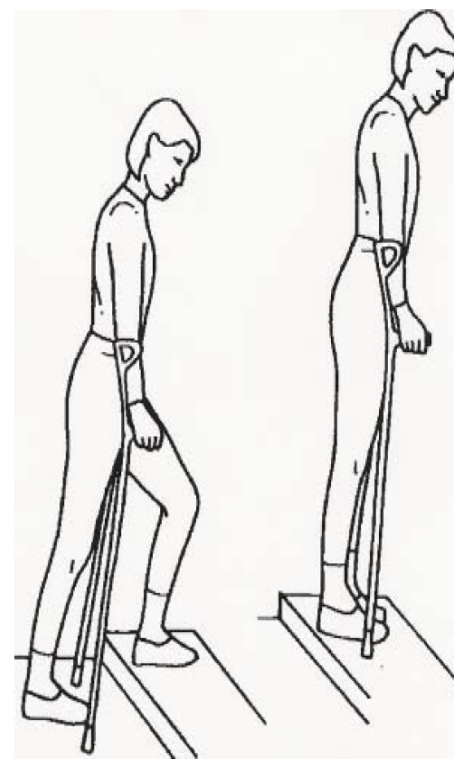
The team will continue to progress your mobility as much as they can. At this stage they may want you to try practicing a step or stairs if you have them at home.

Once you are safe and confident using the step or stairs and you are managing your exercises independently, you are closer to being discharged.

As well as completing these exercises regularly, we also recommend regular deep breathing exercises whilst you are in hospital, as shown on the previous page.

Regular deep breathing helps decrease the risk of chest infections. The Active Cycle of Breathing Technique demonstrated on the previous page shows the correct technique for deep breathing and to help clear your chest. This should be completed for 5-10 minutes every couple of hours.

Doing a step



Going up the step

Step up onto the step with your good leg
Next, step up your operated leg, followed by your crutches. If using a zimmer frame, lift that on to the step first.

Coming down a step

Put your crutches/ zimmer frame down and leave enough room to step in to. Step down with your operated leg, followed by your good leg.

Hip extension

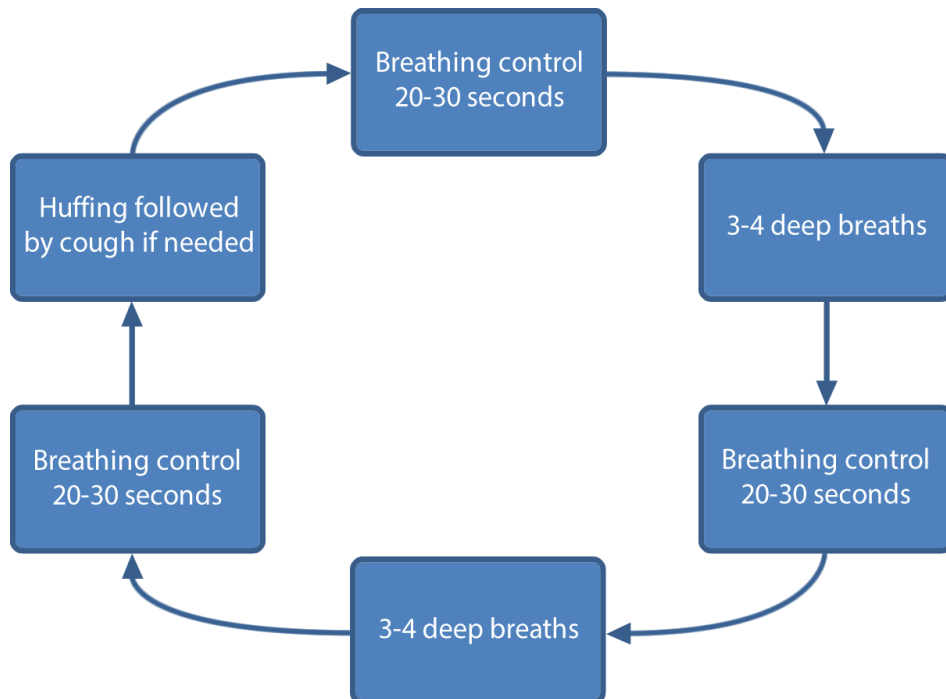


Stand supported by a solid object.

Keeping your back and operated leg straight, move your leg behind you so your toes come off the floor

A video demonstration of these exercises can be found at: <https://www.youtube.com/watch?v=uUvKvPbG8Kc>

Deep breathing exercises



Post-operative complications

There is the possibility of developing complications after your operation, as mentioned previously. Signs and symptoms to look out for include:

- Severe pain when touching an area of skin, especially the calf area.
- Extreme swelling of the whole leg, especially in the calf.
- Skin that is hot to touch, red and looks tight or stretched.
- Wounds leaking discharge that may look dirty or yellow.
- Chest pain or shortness of breath.

If you experience any of these symptoms or are concerned then you should **tell your nurse immediately**.

What else can you do to make your rehabilitation successful?

- **Mobilise** with the nursing staff and complete your exercises regularly.
- Ask the nursing staff to help you **get out of bed daily**. This helps with a wide range of bodily functions such as improving circulation and breathing.
- Remember to **keep on top of your pain relief** (this may include analgesia you have to ask for). This will allow you to engage in therapy sessions more effectively and get more rest.
- **Listen to your hip**. Rest is as important as exercise and it is important to understand your limits.
- Continue to **eat and drink regularly**. It is important to consume enough nutrients to promote recovery and fuel your exercise.

Why is it important that you are out of bed after your operation?

Mobilising following your operation has numerous proven benefits, such as:

- ✓ Reducing pain and stiffness.
- ✓ Improving your respiratory function, circulation and digestion.
- ✓ Decreasing the risk of post-operation infections.
- ✓ Reducing the risk of DVTs (blood clots).
- ✓ Preventing bed sores.
- ✓ Helping to remove swelling.
- ✓ Helping to maintain muscle strength.

We recommend getting the nursing staff to help you out of bed regularly and ensure that meals are eaten in the chair and not in bed.

It is also very important that you are mobilising to the toilet with the nursing staff (**if the physiotherapy team has stated that is OK to do**) instead of using bed pans, commodes or bottles.



Knee extension



Extend your knee to lift your foot out in front of you. Aim to clear your foot off the floor and hold it for 3-5 seconds.

Standing Exercises

Hip abduction



Keeping your back nice and straight, bring your operated leg out to the side, as far as comfortable.

Hip flexion



Stand supported by a solid object. Lift your operated leg up in front of you, bending at the knee. Return your foot to the floor.

Chair exercises

Tapping your feet



Bend and straighten your ankles briskly. Repeat for 30 seconds

Heel slides



Bend and straighten at your knees by sliding your heels backwards and forwards.

Knee raises



Slowly lift your knees up and down so you are marching your legs. Aim to lift your foot off the floor

Discharge locations

Following your first therapy session on the ward, discharge plans will start to be made. These will be discussed with you regarding the best option to ensure you will be safe to return home and be able to manage.

Home

The team will always try to get you back home, but if you are not quite back to a level of mobility you previously had, they will ensure that a community therapy referral is made so your rehabilitation can continue at home. They will also discuss with you the option for support for your activities of daily living, such as cleaning and shopping, if it is felt you may struggle when you return home. Alternatively, you can arrange for family or friends to assist you.

Inpatient rehabilitation

If the team are not confident that you will be able to mobilise or transfer safely when you return home, they may advise that further inpatient rehabilitation is needed at your local community hospital (the location of this will be dependent on your GP catchment area). This will give you the opportunity to practice your transfers, mobility or stairs in order to increase your confidence, become steadier and be able to live independently. The therapy team will set your goals and help you achieve them at your rehabilitation appointments.



Exercises

The aims of the following exercises are to:

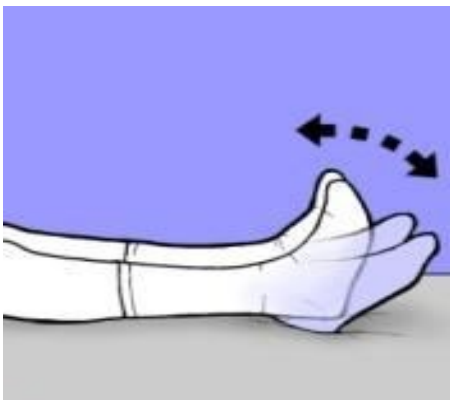
- Increase blood flow.
- Strengthen the muscles.
- Reduce the risk of deep vein thrombosis (blood clot).
- Encourage movement and help progress the range of movement in your hip.
- Reduce pain and stiffness.

We advise completing them three to four times throughout the day, starting at five repetitions of each and progressing when you are able (up to 10) and as pain allows.

Physiotherapy will guide you on when to start your exercises.

Bed exercises

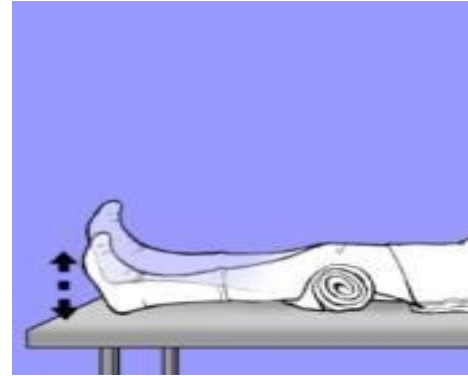
Ankle flexion and extensions



Bend and straighten your ankles briskly. This will aid your circulation.

Repeat for around 30 seconds to one minute.

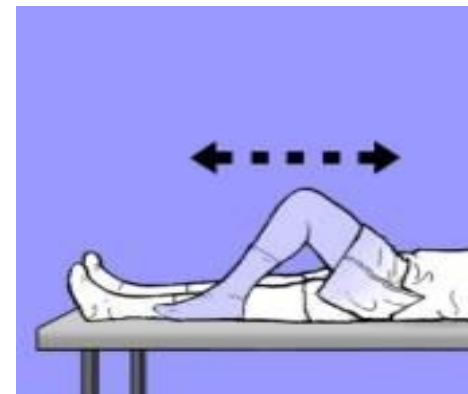
Static quad contractions



Push your knees down firmly into the bed, tightening your thigh muscle.

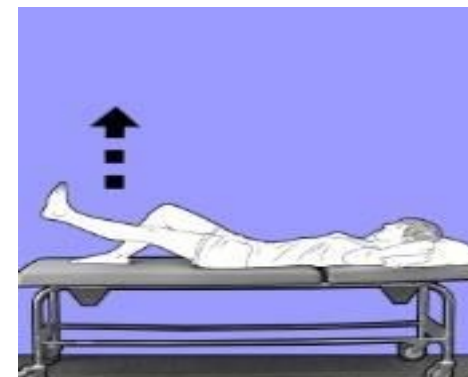
Hold this for 5 seconds then relax.

Heel slides



Bend and straighten your leg by sliding your heel up the bed towards you.

Straight leg raises



Straighten your leg and tighten your thigh muscle, then lift it off the bed.

Hold this for five seconds and slowly lower back to the start position.