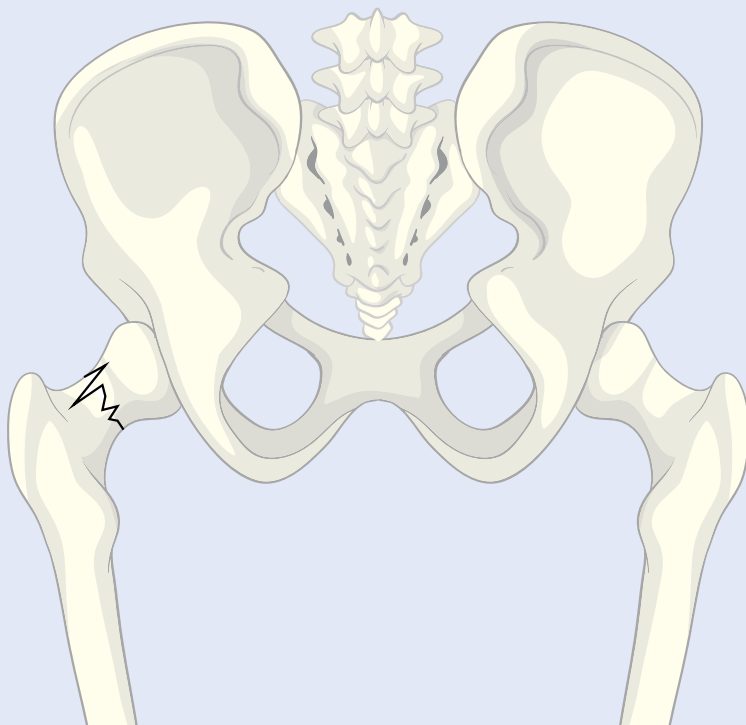


# Therapy following a neck of femur fracture

Information and advice for patients



Name of patient: \_\_\_\_\_

Procedure: \_\_\_\_\_

# Introduction

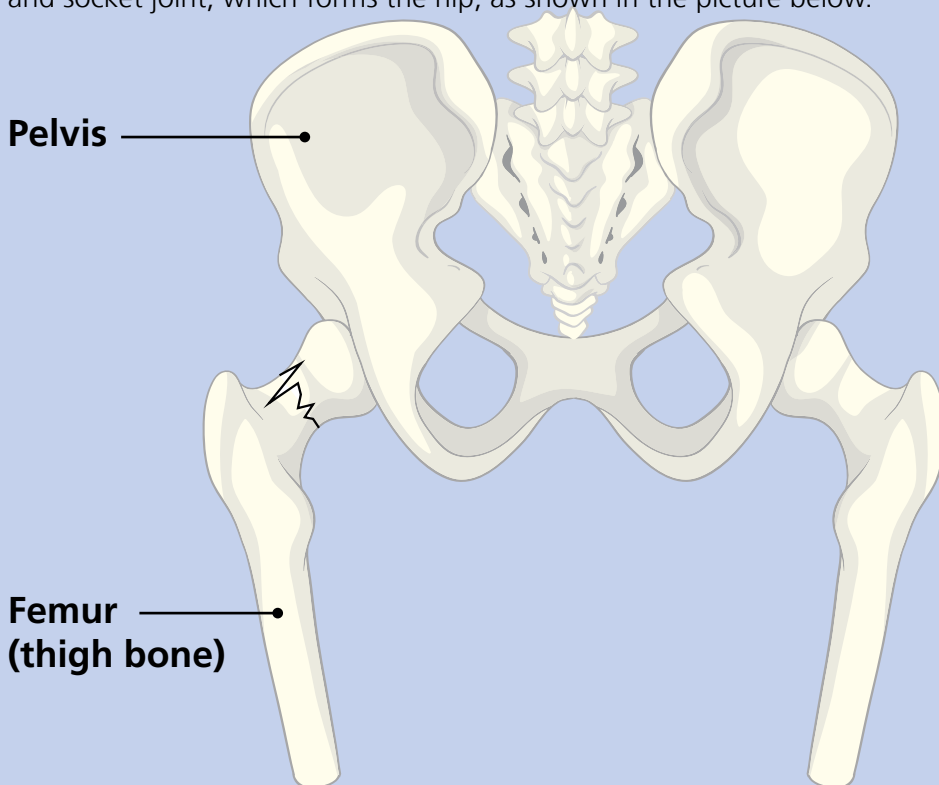
Welcome to the patient information and advice booklet for femur and neck of femur fractures.

This booklet is designed by the physiotherapy team to help increase your understanding of what to expect during your stay and recovery following your operation.

Please read the information provided and follow the advice and guidance the best you can, to help ensure your rehabilitation is as successful as possible.

## What is a neck of femur (NOF) fracture?

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

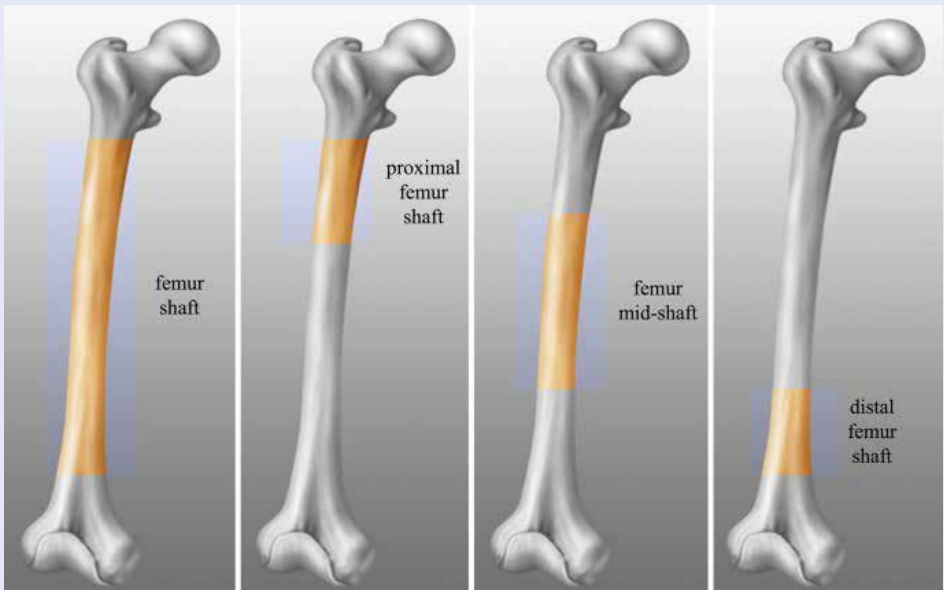


A fractured hip is a significant event which can dramatically impact your life. Over 70,000 people sustain a hip fracture every year, most commonly in people over the age of 65 with conditions that effect bone density, such as osteoporosis. The most common cause is a fall directly on to the hip.

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

## What are the other kind of fractures?

It may be that instead of fracturing your neck of femur, you have fractured further down your thigh bone, also known as your femur. This can be classed as mid-shaft (middle of the bone), proximal (top end of the bone) or distal (bottom end of the bone).



# Types of operations – for neck of femur fractures

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.



## 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.





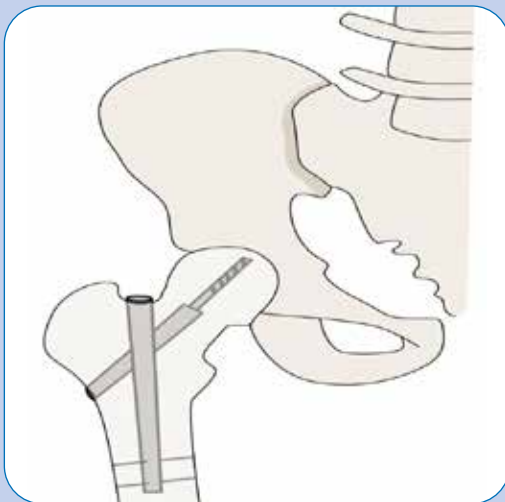
## **Dynamic hip screw (DHS)**

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.



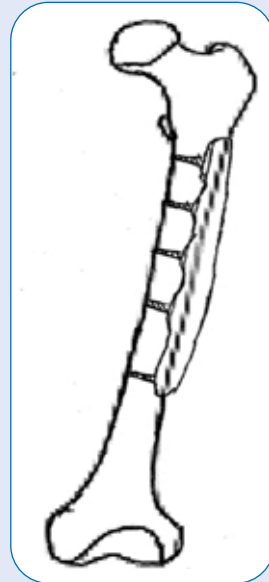
# Types of operations for femur fractures

If your fracture is a distal, proximal or mid-shaft femur fracture, then it may be fixed by either a:



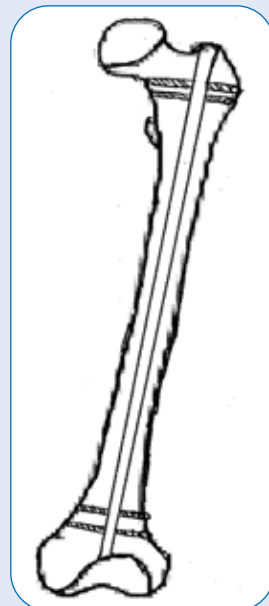
## Femur ORIF

This involves re-aligning the bone and stabilising with metal plates and screws.



## Femoral IM nail

This involves inserting a rod down the middle of the femur, and inserting screws at the top of and bottom.



# Can you weight bear?

Depending on various reasons, you may be restricted with how much weight you can bear after your surgery. This is at your operating surgeons discretion, and may be to aid healing or protect the metalwork.

After your surgery, you are:

- ☐ **Full weight bearing** – you bear 100% of their body weight on the affected limb, allow allowing for normal ambulation.
- ☐ **Partial weight bearing** – you are allowed to bear only a portion of their body weight on the affected limb.
- ☐ **Tough weight bearing** – you can lightly touch the foot or toes to the ground for balance, but not to bear any weight.
- ☐ **None weight bearing** – you are not allowed to put any weight on the affected limb.
- ☐ **Weight bear as tolerated** – usually based on their pain level and physical condition.

## On the ward

The therapy 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 until you have reached your goals. They can practice with you the likes of stairs and door steps if you need to do these at home, and provide exercises to increase your range of movement and strength.

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 with every day tasks 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, as well as being independent with washing and dressing and personal care.

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** – each orthopaedic consultant will have doctors in their team that will see you every day, to manage your medical needs.

**Orthogeriatricians** – medical doctors who specialise in the complex medical needs of the older population. Their roles include assessments of bone health, cognitive function and the reasons why you fell, in order to try and prevent future falls. They will also help manage pre-existing medical conditions and the ones that arise post surgery.

**Nursing staff** – a team of registered nurses and healthcare assistants, who help you to meet your care needs when in hospital.

**Pharmacists** – who work closely with you and the medical team to manage, prescribe and dispense the correct medications to aid your recovery and manage any pre-existing health conditions.

**Discharge coordinators** – it is the discharge coordinator's job to ensure a smooth process for you when going home. They will discuss with you options for discharge if required, support at home and onward referrals to other community services.

**Any specialised care** – this can involve different specialist nurses, depending on your health needs.

## Day 1 after your surgery

Day 1 after your surgery is always a busy day, with a lot of the medical team wanting to see how you are doing. The physiotherapy team will aim to get you up and 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.

The team will not encourage you to get out of bed if they are advised otherwise by your doctor or nurse. Occasionally this does happen, in which case the physiotherapy team will go through some routine bed exercises to help restore movement and aid circulation.

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.

Getting out of bed following your operation has numerous proven benefits, such as:

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

## Day 2 after your surgery

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, 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 3 and onwards after your surgery

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.

The team's first goal will always be to try to discharge you home when you are medically suitable. However, sometimes you may require a little more time to get back up and on your feet. This is common and nothing to worry about. The therapy team and discharge coordinators will discuss options with you, but this can include a period of inpatient rehabilitation. There are various facilities around the local area, and where you can go depends 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.

If this is needed, the therapy team will set you goals based around your normal mobility and capabilities for you to work towards to get you home safely.

## 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**. 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. 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.

# Where do you go after hospital?

Your discharge path is dependent on you, and the further needs the therapy team think you may need.

## 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

It is normal if you need some more time to get back up and on your feet before going home. The team will discuss with you the options for further inpatient rehabilitation if they feel it is appropriate. This can be at a local community hospital or care home (depending on your GP location). This will give you the opportunity to practice your transfers, mobility or stairs in order to regain some independence, strength and balance before returning home.

If this is what's required, the therapy team will put this forward to the discharge coordinators, who then send on the recommendations to the discharge hub.

**Remember**, the therapists can only suggest this if they believes its required, and do not have the final say on the final discharge plan.

## 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 is rare but can occur due to the tendons and ligaments in the hip becoming less rigid following the operation or due to trauma. 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 pgs when sleeping.



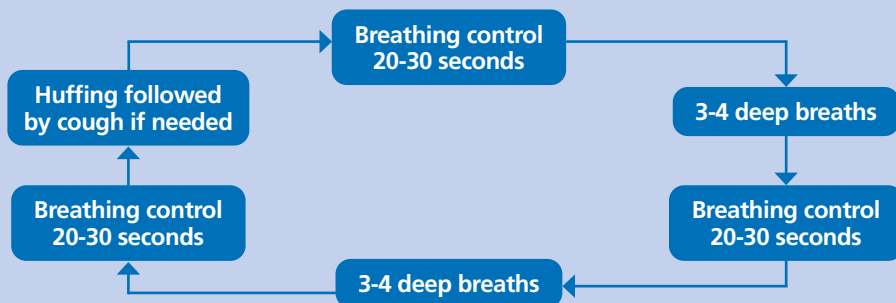
**3) No twisting or pivoting on the leg.** Take small steps around twisting on the injured leg.

## Exercises

### Deep breathing exercises

Completing deep breathing exercises is really important following any surgeries. This is because, due to prolonged lying down and the relaxation of the breathing muscles when you are under anaesthetic, air is not getting to the bottom of your lungs as efficiently as it normally would. Regular deep breathing helps get oxygen to the bottom parts, clear your chest and in turn prevent the development of chest infections.

The below is an example of the active cycle of breathing exercises, which we recommend completing regularly through the first days after your surgery.



# Day 1 onwards 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 you exercises.**

## Bed exercises



### Ankle flexion/extension

Bend and straighten your ankles briskly. This will aid your circulation. Repeat for around 30 seconds to one minute.

### Static quads

Tensing your quadriceps, push your knee down to the bed and hold it. Aim for 5 seconds, then relax.



### Hip abductions

Keeping your leg straight, slide it out to the side as far as comfortable, then slide it back to the middle.



## Heel slides

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



## Straight leg raise

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 floor.



## Chair exercises

### Foot taps

Alternate tapping your feet.



### Knee extensions

One leg at a time, straighten it off the floor. Aim to hold it for up to five seconds.



## Chair exercises (continued)

### Seated hip flexion

Keeping your knees bent, alternate lifting one up so your foot clears the floor.



### Knee flexion

Alternating, bend your knee to slide your foot backwards.



## Standing exercises

These are only to be completed once your physiotherapist has said it is safe to do so.

### Hip extension

One leg at a time, keeping your back straight, extend your leg in a straight line behind you.



### Hip flexion

With your hands on support, bring one knee up in front of you up to 90 degrees.





# Standing exercises (continued)

## Hip abduction

Keeping your body straight, take one leg out in a straight line to your side.



## Supported squats

With your hands on a stable surface, bend your knees to 45 degrees. Straighten them and tense your bottom cheeks.



# Steps and stairs

Once home, you may have stairs or door steps you will need to do. The therapy team will take you through these before your discharge home and practice with you.

A video demonstration of this can be found at:

<https://www.youtube.com/watch?v=3GhzY3AvNVU>

## Step/curbs



### 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.

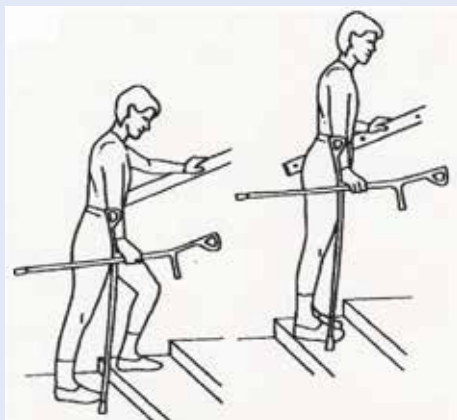
### Coming down a step

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.

If you are struggling to complete a step, alternative options can be discussed with you before going home, including hospital transport to help you get into the property.

# Stairs

The same technique as the step is used for the stairs, with the additional support of a hand rail. You may be given an additional stick or crutch to help with these.



## Going up

Use one crutch and the handrail on the stairs.

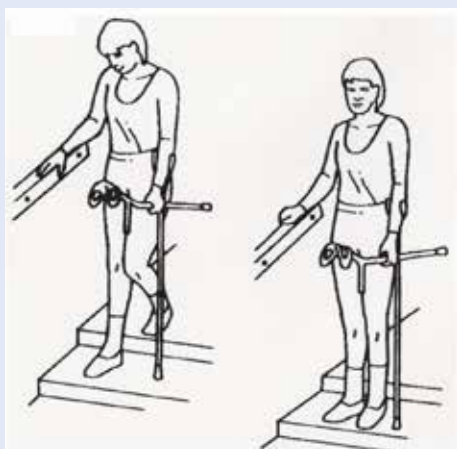
Step up first with your good leg, following by your operated/injured leg then bring your crutch up to the step you are stood on.

### **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.

# 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 advice.

## 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 or have dissolved. We advise strip washing until this happens. Once your clips/stitches have gone, 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 rub, we would recommend continuing to strip wash until you have enough range of movement to get your leg over the bath.

## 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 an further Information.

Swelling may remain for up to 6-12 months following surgery. Do 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.

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.

## Helpful contacts

### **Social Services Golden Number/Handy Person adaptation service**

Telephone: 0300 500 8080

### **Age UK (Lifeline)**

01623 488217

### **Ward contacts**

#### **Main hospital number - 01623 622515 then extension:**

Ward 12 – 4144 or 2412, Ward 11 – 3640 or 6428

### **Equipment needs**

**Red Cross** (Nottinghamshire patients) Telephone: 0345 127 2911

**Medequip** (Derbyshire patients) Telephone: 01773 604426

**King's Mill Hospital Orthopaedic Occupational Therapy –**

Telephone: 01623 622515, extension 4269

# Returning your walking aids and equipment

Walking aids such as metal frames, crutches and sticks can be safely refurbished and reused, this can improve patient access and reduce the carbon emissions associated with manufacturing new walking aids. Sherwood Forest Hospitals have joined an NHS England campaign to reuse or recycle walking aids that people no longer require. Walking aids are loan items and need to be returned when no longer needed. We accept any type of metal walking sticks, crutches or walking frames.

Please ensure that the walking aid is no longer needed. We issue walking aids for a reason – to help people mobilise safely, so do not return if it is still needed. Please return walking aids to one of our hospitals. We will also accept metal walking aids issued by other healthcare providers.

## Scan to return:

<https://www.recyclenow.com>



## Other equipment

You or someone who you care for may have other items of equipment (such as toilet frames, commodes or beds) which are no longer needed. Check this equipment for the supplier details, as most items should be labelled with either “Red Cross” or “Medequip”. They should have a telephone number which you can ring to arrange returning these items.

### Red Cross

Nottingham & Nottinghamshire:

Call 0345 127 2911 or email

[Customercare@redcross.org.uk](mailto:Customercare@redcross.org.uk) to arrange a home collection for larger items or multiple items.



### Medequip

Derbyshire:

Call 01773 604426 or email

[derbycustomerservice@medequipuk.com](mailto:derbycustomerservice@medequipuk.com)



# **Sherwood Forest Hospitals walking aid drop off locations**

## **King's Mill Hospital**

Clinic 10 (Therapy Services reception) or main reception KTC.

Mansfield Road

Sutton-In-Ashfield

NG17 4JL

Telephone: 01623 672384

Accessible 24 hours a day

## **Mansfield Community Hospital Rehabilitation Unit**

Stockwell Gate,

Mansfield

NG18 5QJ

Telephone: 01623 785122.

Opening hours: Monday to Friday, 8am to 4pm.

## **Byron House**

Newark Hospital

Boundary Road

Newark

NG24 4DE

Telephone: 01636 685885

Opening hours: Monday to Friday, 8am to 4pm.

## 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 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.

## Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://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](mailto: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](mailto: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](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

To be completed by the Communications office  
Leaflet code: PIL202509-07-TFNFF  
Created: November 2018 / Revised September 2025 /  
Review Date: September 2027