INFORMATION FOR PATIENTS

Therapy following a neck of femur fracture

Name of patient: ________________________________

Procedure: ________________________________

Consultant: ________________________________
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.
About 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 affects people over the age of 65, and happen after falling directly onto the hip. People are at an increased risk of experiencing a 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 12, also known as the trauma ward. 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.
On the ward

The therapy team

The team, made up of physiotherapists and occupational therapists, 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 daily from Monday to Friday.

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. 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 meeting with the nursing staff and doctors to discuss your progression and plans going forward. This is to ensure the best care possible following discharge.

**If you have had a total hip replacement**

Sometimes, due to the location of the fracture, a total hip replacement is required. In which case, certain precautions must be followed to reduce the risk of dislocation:

1. Do not bend the hip past 90 degrees. This means no bending over or sitting in a low chair.
2. Do not cross the legs at your ankles or knees.
3. No twisting or pivoting on the leg when turning.
After your operation

Day 1

The physiotherapy team will get you out of bed. Routine checks will be completed and they will ask questions about your usual mobility. 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 2

On day 2 the 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.

The occupational therapy team may assess your transfers to ensure you will be safe completing them once 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**

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.

**Discharge locations**

Discharge planning will begin following your first therapy session. The discharge coordinator on the ward will discuss the options with you.

**Home**

The team will always try to get you back home, but if you are not quite back to normal 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 if is felt you may struggle when you return home.

**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 and become more confident before returning home.

**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 3-4 times throughout the day. We know that you will be in pain so please ask for pain relief beforehand.
Bed exercises

Bed exercises can be completed before you get out of bed in the morning and after you get back in.

a) Ankle flexion and extensions

Bend and straighten your ankles briskly. This will aid your circulation.
Repeat for around 30 seconds to 1 minute.

b) Static quad contraction

Push your knees down firmly into the bed, tightening your thigh muscle. Hold this for 5 seconds then relax.
Repeat 10 times each leg.

c) Heel slides

Bend and straighten your leg by sliding your heel up the bed towards you.
Repeat 10 times on each leg.

d) Leg raises

Straighten your leg and tighten your thigh muscle, then lift it off the bed. Hold this for 5 seconds and slowly lower back to the start position.
Repeat 10 times each leg.
Chair exercises

These can be completed throughout the day once you are out of bed. Gradually try and increasing the number of repetitions each day.

a) Ankle flexion and extension

Bend and straighten your ankles briskly.
Repeat 10-15 times.

b) Heel slides

Bend and straighten at your knees by sliding your heels backwards and forwards.
Repeat on both legs 10 times.

c) Knee extension

Pull your toes towards you, straighten out your leg and tighten your thigh muscle.
Repeat on both legs 10 times.
As above, now try to lift your straight leg up.
Repeat 5-10 times on each leg.

d) Knee raises

Slowly lift your knees up and down so you are marching your legs.
Repeat 10 times on each leg.
Standing exercises

These are only to be completed once instructed by your physiotherapist. You will need a stable surface to hold on to.

a) Plantar flexion

Stand supported by a solid object. Now rise up onto your toes and lower your back down.
Repeat 10 times.

b) 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.
Repeat 10 times.

c) Hip extension

Stand supported by a solid object. Lift your operated leg behind you, keeping your back straight and body upright. Return to the start position.
Repeat 10 times.

d) Hip abduction

Stand supported by a solid object. Lift your operated leg out to the side, keeping your toes facing forwards. Return to the start position.
Repeat 10 times.
On top of these exercises, we recommend regular deep breathing exercises.

Regular deep breathing helps decrease the risk of infection or lung collapse. The Active Cycle of Breathing Technique demonstrated above 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.

What 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 respiratory function.
- Ask your family or friends to bring in some of your own clothes to wear.
• Remember to **keep on top of your pain relief**. This will allow you to engage in therapy sessions more effectively.

• Stop smoking. This will reduce the risk of any complications after surgery and aid recovery.

• **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.

**Dressing and wound care**

Stitches will be used to hold the wound together. These will be removed at a later date.

Your wound will be covered by a dressing, which will be removed 1-2 days after your operation for the wound to be checked. A new dressing will be reapplied if required.

At home, if the wound becomes red, more painful and inflamed, contact your GP or NHS 111 straight away.
Once you are home

Life after your operation

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. Swelling may also remain for up to 3 months following injury. It is important to pace yourself and gradually progress the amount you are mobilising.

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.

If required, your physiotherapist may refer you to a community therapy service that will see you in your own home.

It is advisable to speak to your consultant before returning to work, travelling overseas or starting to drive again.

If you notice any changes once you are home, such as increased pain, discharge from the wound, redness around the wound site, inflammation or calf tenderness, please contact your GP or call NHS 111 as soon as possible.
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 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.

- Stay positive. It is now time to focus on your recovery and getting back on your feet.

Helpful numbers

To contact the physiotherapy service call King’s Mill Hospital on 01623 622515, ask for extension 3211 and then ask for the orthopaedic inpatient team.
Social Services Golden Number/Handy Person adaptation service
Telephone: 0300 500 8080

Lifeline (24 hour personal monitoring alarm)
Telephone: 01623 463463

Equipment needs

Red Cross (Nottinghamshire patients)
Telephone: 0845 127 2911

Medequip (Derbyshire patients)
Telephone: 01773 604426

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