Exercises for patients following surgery for a broken hip

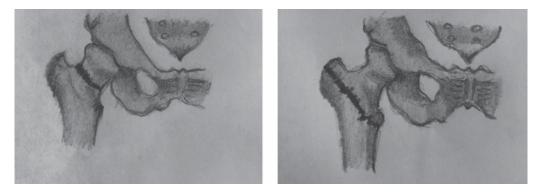
Information and advice for patients following a broken hip

Physiotherapy

In order to get the best outcome following your hip surgery it is important that you follow the advice and exercise programme given to you by a member of the therapy team.

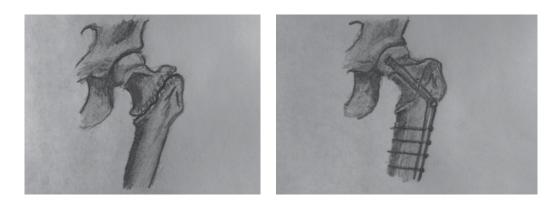
A therapist will help you with your exercises and mobility but it is your responsibility to continue with them independently while in hospital and at home.

A broken hip is a fracture (break or crack) in the thigh bone (femur). Most commonly in a place called the neck. Depending where this fracture is will dictate how this fracture is fixed in surgery.



The different surgical methods are: Dynamic Hip Screw (DHS), Hemiarthroplasty or Intramedullary nail (IM nail).

DHS - holds bones in position to help the bones to heal in the correct position. This uses a plate and screws to hold the bones together.



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Hemiarthroplasty - a partial hip replacement, replacing the head and neck of femur



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IM Nail - a nail that passes through the middle of the bone to realign and support the healing of the fracture. This nail is held in place with screws.



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What to expect after surgery?

Precautions

Normally with these operations you will not have any limitations for what movements you can do. Sometimes you may have to put less weight through your operated leg for a period of time. Your doctor or therapist will tell you if this is the case.

Pain

It is normal to expect some pain following surgery. You will be offered pain relief by the nursing staff. We would advise that you take it if offered. Taking regular pain relief is important to ensure that your pain is under control to start your physiotherapy.

Physiotherapy/Occupational Therapy

The day after your operation the therapy team will look to get you up and out of bed. They will help with your recovery from your surgery and likely give you exercises to perform by yourself. It is important that you try to engage in therapy as much as you are able for improved outcomes after surgery. They will also ask questions regarding your living situation and what equipment and care you may already have at home to determine if you need any further help or support. Page 2

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The therapy team will aim to get you as mobile as possible with an appropriate walking aid and have discussions in regards to appropriate discharge options. You may require further rehabilitation in a community setting before returning home. Alternatively you may return home with support, equipment and community therapy.

Exercises

These exercises will help you improve and maintain good muscle strength and movement. They will help reduce pain after your operation and reduce post-operative complications. In order to get the best result from your hip surgery you will need to be committed to doing your exercises (Chudyk et.al., 2009).

There are no risks to performing the exercises but you may feel slight discomfort in your hip whilst performing them; this is normal.

What are the risks of not doing the exercises?

If you do not perform the exercises regularly, you may experience stiffness and loss of movement in your hip. You may also not see any improvement in hip pain or function after the operation.

Are there any alternatives to these exercises?

There are no alternatives to these exercises that will help you maintain good muscle strength, movement and help you regain function in your operated hip.

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How to perform the exercises

Try to repeat each exercise 10 times every hour for the first 2 weeks and then 3 times a day for the following 6 weeks.

Ankle Pumps



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Static Gluteals



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Static Quadriceps



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Hip Abduction in Lying



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Hip Flexion in Lying



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- 1. This can be performed in a chair or bed.
- 2. Move your foot up and down as far as it will go.
- 3. This will help to improve your circulation.
- 1. Sitting or lying, squeeze your buttocks
- 2. Hold this for 5-10 seconds
- 3. Relax
- 1. Sit or lie with your operated leg straight.
- 2. Tighten your thigh muscle and push your knee into the bed.
- 3. Hold this for 5-10 seconds
- 4. Relax
- 1. In lying with your operated leg out straight.
- 2. Move the operated leg out to the side as far as possible.
- 3. Return to starting position.
- 1. In lying with your operated leg straight to start.
- 2. Bend your knee by sliding your foot towards your bottom.

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Hip Flexion in standing



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Hip Abduction in standing



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Hip Extension in standing



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Stairs Advice

Going Up

- 1. Non-operated leg
- 2. Operated leg
- 3. Crutch or stick

Going Down

- 1. Crutch or stick
- 2. Operated leg
- 3. Non-operated leg

- 1. In standing with your back straight.
- 2. Lift your operated leg, bending your knee as you do.
- 3. Slowly lower leg down back to resting position.
- 1. In standing keep your operated leg straight.
- 2. Move your leg out to the side as far as possible.
- 3. Slowly return to the starting position.
- 1. In standing keep your operated leg straight.
- 2. Keep your back straight during this exercise.
- 3. Move your operated leg behind you as far as possible.
- 4. Slowly return to starting position.

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(If appropriate) Symptoms to report

You should expect some swelling, pain and bruising for some weeks after your operation. Taking pain relief as advised and continuing exercises will help. Go and see you GP if your hip or leg becomes very swollen, red or pain is severe

Further information

If you have any questions or concerns about these exercises please contact the orthopaedic therapy team on 0121 507 2916.

For more information about our hospitals and services please see our website *www.swbh.nhs.uk*, follow us on Twitter *@SWBHnhs* and like us on Facebook *www.facebook.com/SWBHnhs*.

Sources used in this leaflet:

- National Health Service (2019) *Hip fracture*. Available at: https://www.nhs.uk/conditions/hip-fracture/ (Accessed: 7 September 2023).
- National Institute for Health and Care Excellence (2017). *Hip fracture: management* [Clinical Guideline 124]. [Online]. London: NICE. Available at: https://www.nice.org.uk/ Guidance/CG124 [Accessed 7 September 2023].
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