

A Broken Hip, Moving Forward



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Welcome

The information provided is to help you:

- have a successful hospital stay
- prepare for going home

During your stay, our team of health care providers will help you learn how to care for yourself after surgery to repair your broken hip. We encourage you and your family to participate in your care.

We ask that you keep this book with you during your stay so that you and your family refer to it as needed.

A broken hip

Most patients come to the Emergency Department after they have broken their hip. A doctor will talk with you about what needs to be done to fix your hip. Surgery is often needed to fix the broken bone.

After surgery you will need time to recover and the bone will need time to heal. You will need to change the way you do things. Some daily activities and getting around will be hard in the beginning but will get easier with time and effort.

The information in this book will help you learn about the surgery and what you need to do to recover and heal.

We are here to help you. Please talk with us about your concerns.

Going home: discharge planning

Plans for your recovery when you leave the hospital are started right away when you arrive for surgery. This is called discharge planning. You and your family will be a part of this planning.

As part of the discharge planning, we need to know how you were doing with day-to-day activities before you fell and broke your hip. This information will help us work together and develop a plan that meets your needs.

A social worker may assist and work closely with you and your family to figure out what will work best for your recovery.

You may feel anxious as you get ready to leave. There is a lot of information to remember. Please ask us to repeat information you do not understand and clarify what you need to know and do.

How long you can expect to stay in the hospital

If you are coming from home or a retirement home, most patients can expect to either:

- Return home with community supports within 5 days. If needed, you may go to the Rehabilitation Unit where you will receive active rehabilitation for up to 3 weeks.
- May need longer and slower rehabilitation. You would then go to convalescent care for up to 3 months and then return home.

Other options

- If you are coming from a long-term care facility, you can expect to be transferred back within 5 days after surgery, providing that there are no complications after surgery.
- If you have come from another hospital that does not perform this surgery, you will be transferred back within 3 days after surgery, providing that there are no complications from surgery.

While waiting for surgery

While you wait for surgery, it is important that you do not move your broken hip. Our goal is that you will have your surgery within 48 hours of when you arrived in Emergency.

Pillows or special rolls may be used to keep the hip and leg from moving. **Medication is given to control pain.**

After it is confirmed that you have broken your hip and you need surgery, surgery is done as soon as possible. Before surgery many tests are done, including:

- blood and urine tests
- x-rays
- heart tests, such as an electrocardiogram or ECG

Your nurse will:

- ask you questions about your health
- check your blood pressure, heart rate and temperature
- put an intravenous tube into a vein in your arm. This is called an IV. The IV is used for fluids and medications.
- give you medication to control pain

Urinary catheter

You may also need to have a tube put into your bladder to drain urine. This is called a urinary catheter. The urine is drained into a bag. The catheter will be removed the day after surgery.

Home medications

Before surgery, we will need a list of all of your present medications, including prescription, non-prescription, herbals and vitamins.

Contact person

Please provide us with the phone number of a contact person. This person can keep your family and friends informed.

Please have someone bring:

- eyeglasses, hearing aids
- dentures and mouth care products
- **a pair of non-slip shoes (shoes without backs are NOT safe)**
- clothing – underwear, comfortable pants and top
- books, magazines
- personal hygiene items such as deodorant, hairbrush, comb, toothbrush and toothpaste

We are a fragrance restricted hospital. Please do not wear or bring perfume, cologne, aftershave, scented hair spray or other scented products.

Risks and complications

There are risks and complications related to surgery. These include:

- infection
- blood clots
- the broken bone may not heal
- damage to nearby blood vessels, bones or nerves
- lung problems
- dislocation of the hip joint if a hip replacement is done
- confusion and delirium (see page 19)
- falls

Health care providers

You will meet many health care providers while in the hospital. The surgeon will talk with you and/or your family about the surgery. The anesthesiologist will also discuss with you the type of anesthetic that will be used for surgery.

You may see an internist, cardiologist or nurse practitioner who will talk with you about any heart problems that you may have. An internal medical doctor will talk with you about any medical problems such as diabetes or kidney problems that you may have. Our team of health care providers will follow you during your stay.

Eating and drinking

Surgery for patients who have broken a hip is often done in the evening. On the day you have surgery, you may be told when to stop eating and drinking.

If you have not eaten all day and you have not had your surgery by early evening, ask the nurse to call the operating room. The nurse can ask if the surgery is to take place. If the surgery is not going to take place, you will be provided with food and drink until midnight.

It is very important that you eat and drink! The surgery will then be scheduled for the next day.

Tips for reducing your falls

Why are falls a major concern in the hospital?

Falls lead to injury and loss of independence. 1 in 3 people who have fallen in the past few months will likely fall again.

Wear your glasses and hearing aids when awake.

You must use the gait aid (such as a walker) provided when you are getting up.

Am I at risk for falling?

If you can answer yes to any of these questions you are at risk for falling.

- Have I ever fallen or lost my balance?
- Do I ever feel unsure or unsteady when I walk?
- Have I stopped doing things because I am afraid of falling?
- Am I confused at times?
- Am I taking medications for pain?
- Am I taking new medications that make me feel sleepy, dizzy, light headed or weak?

Here are some ways to help you to reduce your risk for falling and help you maintain your independence:

Get to know your room

Look for:

- ✓ the call bell, make sure it is within reach
- ✓ the bedrail, there is at least 1 bedrail down
- ✓ overhead light switch, the cord is within your reach

Be safe in your room

- Call for help when getting up until we feel you are safe to do this by yourself.
- Know your way to the bathroom! Map out a safe, clutter-free path to the bathroom.
- Use the grab bars if available.

- Ask for help to clean up spills or to pick up items you may have dropped such as tissues and clothes.
- Do not lean on overbed tables with wheels.
- Keep frequently used items such as the phone nearby.
- Use a “reacher” for hard to reach items.

Equipment

- Keep your wheelchair, walker or cane nearby, so you do not have to reach for them.
- Lock your wheelchair or walker brakes before you begin to stand up or sit down.
- Lock brakes when not in use.

Clothing

- Should be easy to put on. Many people wear sweat pants.
- Shoes should have good support, fit well, and have rubber soles.

Get up safely

- Ring the call bell for help when getting up until we all decide it is no longer necessary.
- If you feel lightheaded or dizzy when you sit up from lying down, pump your feet until the feeling goes away.
- Get up slowly.
- Make sure your feet are flat on the floor before standing.
- Sit down right away if you feel dizzy.

To keep yourself safe

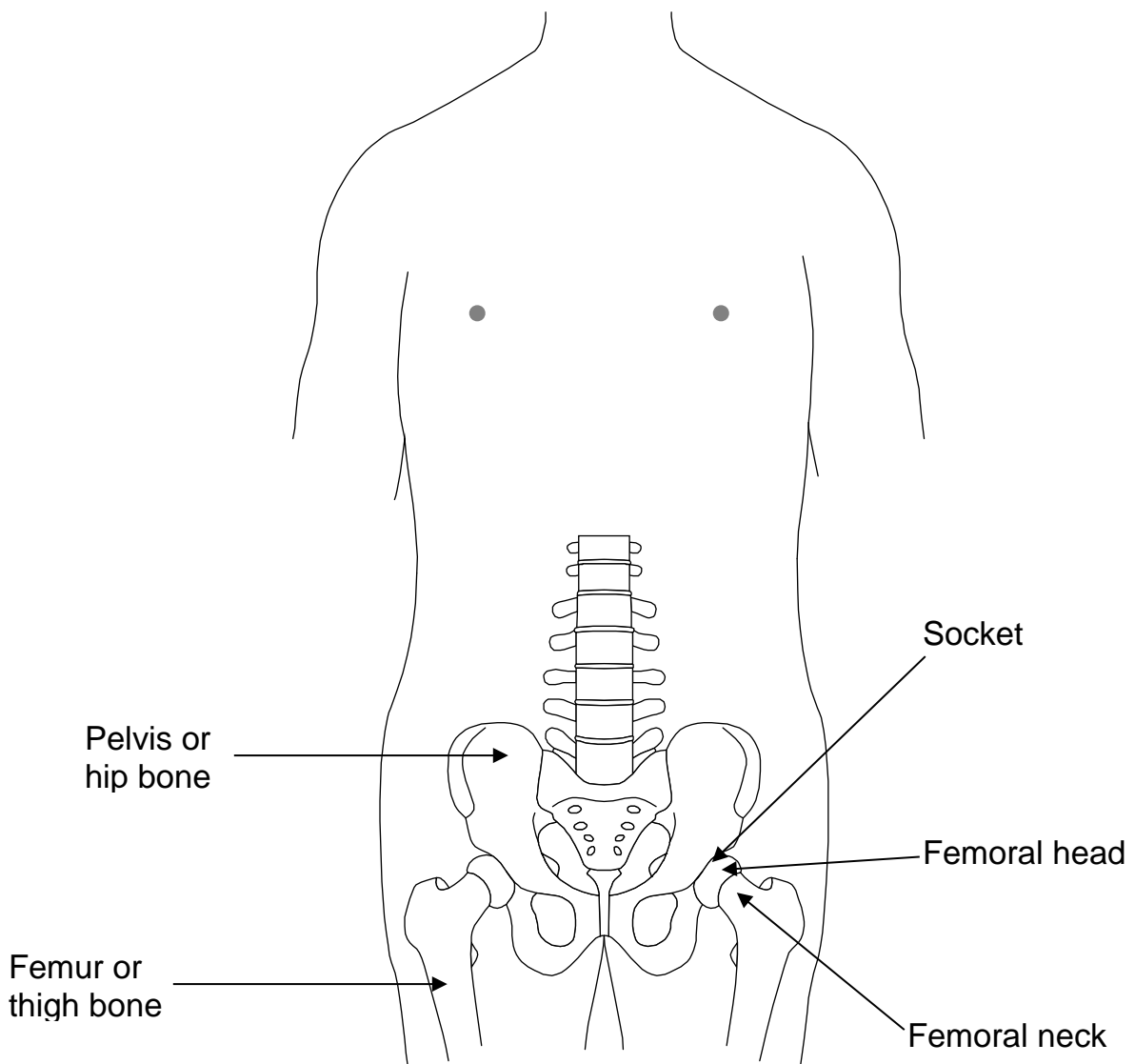
- Do not walk around in regular socks. Wear non-skid or socks with rubber on the bottom.
- Do not rush to the bathroom or to answer the phone. It is hard to concentrate on being safe when rushing and this is when most falls happen.
- Don't wait until the last minute to get help to go to the bathroom.

Participate

- Take an active part in your rehabilitation plan. We will discuss your plan and progress with you.
- Working on your strength, flexibility, and endurance are key ways to prevent a fall!

The bones of the hip

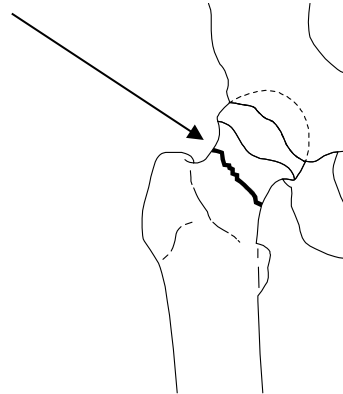
The bones of the hip are the femur and the pelvis. The femur is the long thigh bone. The top of the femur is shaped like a ball. It is called the femoral head. This fits into the socket part of the pelvis. Together these bones form a ball and socket joint. The hip joint allows your leg to move front to back and from side to side.



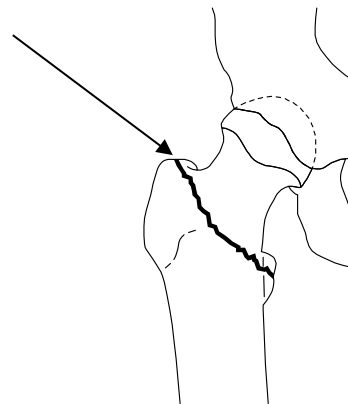
Types of breaks

The hip can break in many places. The most common breaks occur in the upper part of the femur. There are 3 main types of breaks:

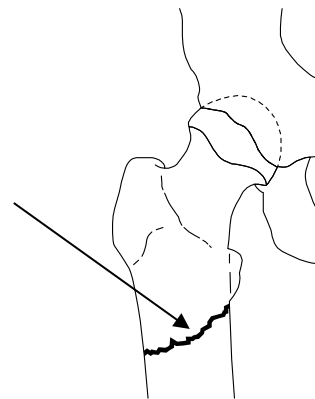
Transcervical break is a break just below the femoral head. This area is called the femoral neck



Intertrochanteric break is a break through the top of the femur.



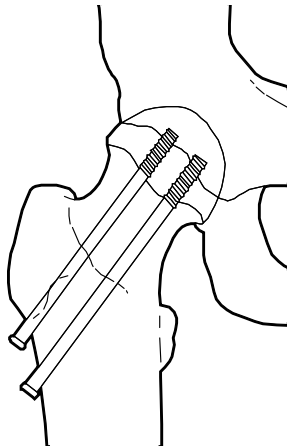
Subtrochanteric break is a break along the long part of the thigh bone.



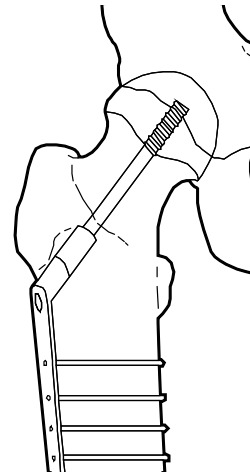
To fix the break, pins, screws, plates and/or rods are used to hold the bones together while they heal.

Sometimes a break cannot be fixed this way and a part or all of the hip joint needs to be replaced.

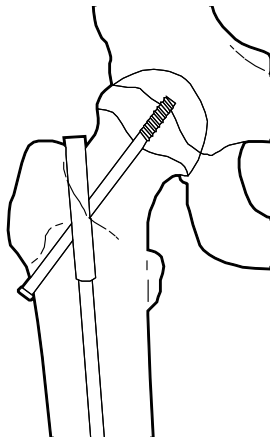
Possible repairs:



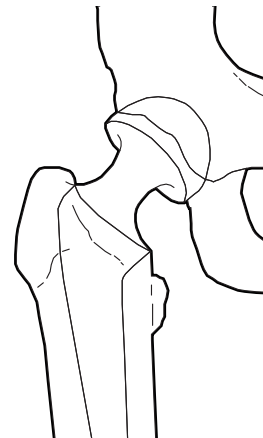
Several screws or pins are placed across the break.



A screw and plate holds the bone in place.



A metal nail is inserted down into the femur to hold the broken bone in place. A second screw or nail is put into the head of the femur.



A partial or total new hip replaces the broken bone.

After surgery and hospital stay

After surgery you are taken to the Post-Anesthetic Care Unit (PACU), where you will stay until your blood pressure and pulse are stable. If you have pain or feel sick, tell the nurse. From here you go to a hospital room or to the Intensive Care Unit, if needed.

After your surgery

After surgery, it is very important that you stand up and start moving as soon as possible.

- You will be helped with standing on your leg and walking.
- The nurses and therapists will help you to sit up, get up and to walk within 12 to 24 hours after surgery.
- You will be encouraged to sit up for your meals.
- It is very important that you eat all of your meals and drink plenty of fluids.

Family or friends are welcome to bring in special foods for you.





Pain

It is normal to have pain before and after surgery. The pain will be controlled with medications. You may need pain control medication up to 4 to 5 times a day. Members of the health care team will help you with pain relief. The pain will lessen over time as you heal. It is important to have your pain controlled so that you can do your special hip exercises, move around, and get up to sit in a chair. Please tell your health care team if you are in pain.



Nausea

You may have an upset stomach or nausea after surgery. If you feel unwell or have nausea, tell your nurse. You will be given some medication to help.



Incision

You will have a dressing (bandage) covering the surgery area for several days. Under the dressing is the incision, which is the cut that the surgeon made to fix your hip. The incision is about 12 to 25 cm (5 to 10 inches). Staples are used to close the incision. The staples are usually removed after 10 to 14 days. **Check with your health care team if you can get your dressing wet.** Some dressings are waterproof and some are not.



Skin

Healthy skin helps prevent infections. Your dressing and incision will be checked often by your nurse and doctor while you are in the hospital.

Lying in bed puts pressure on your skin and you can get sores. The first signs of this problem are burning, redness or pain. If you have any of these signs on your buttocks, ankles, heels, elbows, shoulders or ears, talk to your nurse or therapist.

The best way to avoid skin problems is to change positions and avoid lying down in bed for long periods of time. The nurses and therapists will help you get up and move as much as possible after surgery. Everyday you will need to move a little more.



Eating and drinking

After surgery, you can eat your regular foods. When you are drinking well, and no longer need the IV for medications, the IV will be taken out.

It is important that you eat foods that are high in protein to help you heal. High fibre foods such as whole grains, fruits and vegetables help to prevent constipation. Try to eat and drink as much as possible unless you have been told otherwise. If you have a medical condition such as a heart or kidney problem you may have diet and fluid restrictions.



Urinary problems

You may have a catheter to drain urine before, during and shortly after surgery. The catheter will be removed the day after surgery.

Your nurse or therapist will help you get up and use the bathroom. Do not get out of bed without someone to help you. Please call for assistance.



Constipation

Pain control medication often causes constipation. Your nurse will give you a mild laxative everyday to help you have a bowel movement. Your nurse or therapist will help you get up and use the bathroom. Do not get out of bed without someone to help you. Please call for assistance.



Weakness

You may feel tired and dizzy when you get out of bed after surgery. Your nurse or therapist will help you get up until you are safe to move around on your own. Please call for assistance.

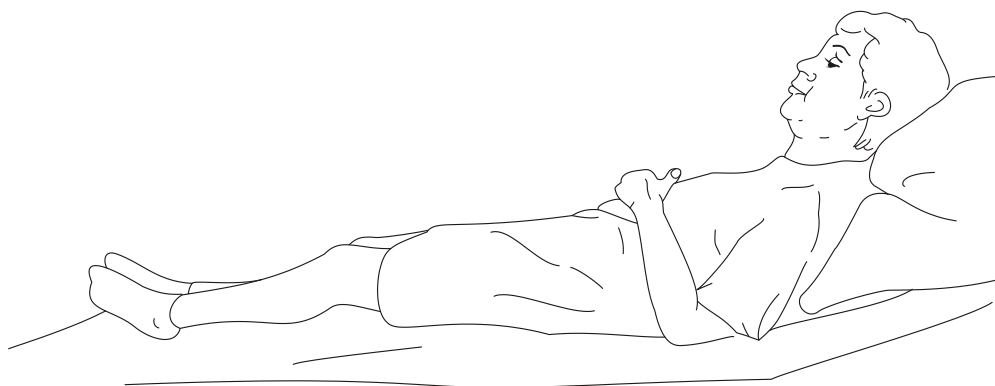


Lung problems

After surgery, your activity will be less than normal. Deep breathing and coughing exercises are important to do every hour while awake. Your nurses, therapists and therapist assistants will also show you how to take deep breaths and cough. Let your nurse know if you are having problems or pain when breathing.

How to do deep breathing and coughing

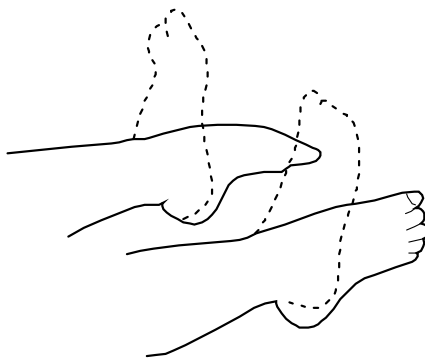
1. Lie down or sit up.
2. Put your hands high up on your stomach.
3. Breathe in as deeply as you can. You will feel your stomach push out against your hands.
4. Breathe out slowly through an open mouth.
5. Repeat 5 times.
6. Then take a deep breath and make a strong, deep cough. Just clearing your throat is not enough.
7. Repeat this exercise every hour you are awake. Ask your family to remind you.



Deep breathing

Blood clots

You have an increased risk of forming a blood clot after surgery. It is very important to do your exercises, get up and sit in a chair and move as much as you can after surgery to prevent blood clots. You can also move and pump your ankles while you are awake!



Your nurse or therapist will help you sit at the side of the bed soon after your surgery. You will be up in a chair for lunch and dinner.

Signs of a blood clot may be redness, swelling, warmth or pain anywhere in either leg. Tell your nurse, doctor or therapist right away if you notice any of these signs.

Blood thinning medication will be ordered in pill or needle form. You will go home on blood thinning medications.

Confusion and Delirium

“My family member is not like this at home”

If, as a family member or friend, you notice that your loved one is acting differently or is restless, please tell your nurse.

What is delirium?

Delirium is a sudden confused state of mind. It is sometimes called acute confusion. It may occur during an illness or after an operation.

What does delirium look like?

People with delirium can act confused and may:

- have trouble paying attention
- be restless and upset
- slur their speech
- not make any sense
- see and hear imaginary things
- mix up days and nights
- drift between sleep and wakefulness
- be forgetful
- have trouble concentrating
- be more alert than normal
- not know where they are
- have trouble staying awake
- sometimes be confused and then suddenly seem okay

What causes delirium?

Some of the causes of delirium are medications, infection and being in the hospital. Your family member or friend is more likely to get delirium if he or she has any of these conditions:

- memory or thinking problems
- severe illness
- dehydration
- problems with seeing and hearing

How is delirium treated?

The cause of the delirium needs to be figured out before treatment begins. This usually means doing some tests and asking questions. Treatment may include a small amount of medication. There are also many other things you can do to help your family member. Please read the next page and talk with your health care provider about what you can do.

Will my family member return to normal?

Each person is different. Delirium often clears in a few days or weeks. Some people may not respond to treatment for many weeks. Others do not fully return to their normal selves. You may see some problems with memory and thinking that do not go away. Please talk with your health care provider about your family member or friend.

You may want to ask your health care provider these questions:

- What is causing the delirium?
- How long will it last?
- Will my family member get better?
- How can we prevent it from happening again?
- Should changes be made in living arrangements?
- How can I as a family member or friend help?

What can we do to help?

Promote healthy rest and sleep

- reduce noise and distractions
- keep light low or off - reduce unnecessary lighting during rest periods
- add comfort with a pillow, blanket, warm drink or back rub
- do not use sleeping pills if possible

Promote physical activity

- help with sitting and walking
- talk with your nurse about how you can help with exercises and safe activities
- avoid use of restraints

Promote hydration and healthy eating, after checking with staff

- encourage and help with eating
- offer fluids often

Promote healthy hearing

- encourage wearing hearing aids and amplifiers when needed
- make sure hearing aids are working, if in doubt, talk with the speech or hearing specialist

Promote healthy vision

- encourage the use of glasses and keep them clean
- use enough light
- consider a magnifying glass or an eye exam

Promote mental stimulation

- arrange for familiar people to visit often
- talk about current events and surroundings
- read out loud; try a large print or talking book

Therapy

After surgery you will be seen by an Occupational Therapist (OT) and a Physiotherapist (PT). They will ask you questions about where you live and how you were managing before you broke your hip.

Getting up and out of bed is important to do after surgery. At first, your nurse or therapist will help you to sit on the edge of the bed, then they will help you get up and sit in a chair. As you are able they will help you to start walking with a walker.



They will also do exercises with you.

Exercises

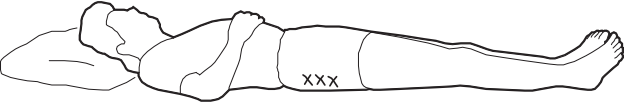
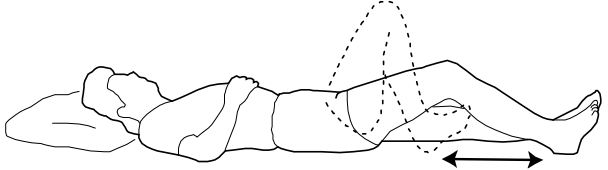
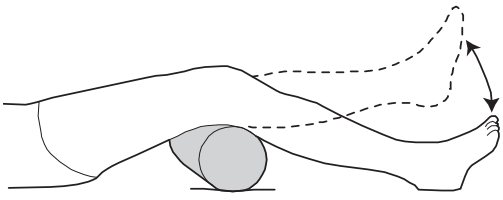
Exercises will help you:

- strengthen the muscles in your legs
- move your hip and prevent joint stiffness
- improve blood supply to your legs

Doing exercises on both legs will help promote good circulation, increase muscle strength and prevent blood clots. Your therapists will help you get started on exercises the first day after surgery. As you heal, you will do more each day. The therapists will add new exercises as you heal.

Exercises just after surgery

Do these exercises 3 times a day. Do each exercise up to 10 times.

<p>Thighs and buttocks</p> <ul style="list-style-type: none">• Keep your leg straight, toes pointing up.• Tighten the muscles on your upper thigh and buttocks.• Hold for 5 seconds, then relax.	 A line drawing of a person lying on their back on a bed. Their legs are straight and their feet are pointing upwards. There are 'xxx' marks on the upper thigh area, indicating the muscles to be tightened.
<p>Hip and knee flexion</p> <ul style="list-style-type: none">• Lie on your back.• Keep your heel on the bed.• Bend your knee then straighten it.• Do not bend your hip past 90 degrees.	 A line drawing of a person lying on their back. One leg is bent at the knee, with the heel resting on the bed. Dashed lines and arrows indicate the range of motion for bending and straightening the knee.
<p>Quads over a roll</p> <ul style="list-style-type: none">• Place a roll under your knee.• Lift your foot off of the bed and straighten your knee.• Hold for 3 seconds, then relax.	 A line drawing of a person lying on their back with a roll (represented by a grey oval) under their knee. Dashed lines and arrows show the movement of lifting the foot off the bed and straightening the knee.

You can make your own roll. Use an empty 1.4 liters (48 oz) juice can and wrap a towel around it. It is the perfect size for your exercises.

Being safe - Getting ready to go home

Fear of falling again is very common for people who have fallen and broken a bone. Our nurses and therapists will work with you to build your strength and balance. They will help you learn what you can do to prevent falls and keep your home and living space safe.

If you are not ready to safely return to your home, you will go to a rehabilitation unit or convalescent care. A social worker will meet and plan with you and your family to discuss what options are available.

Our nursing and therapy teams will work with you and your family to help you prepare for leaving the hospital. We will provide you with a list of needed equipment and review how to take your medications safely.

We will work with you and your family to make sure that your home is ready and safe. We will make sure that plans are in place for follow-up in the community by CCAC services for home care, physiotherapy and occupational therapy.

We will work with you to make arrangements for your ride home or to another facility such as an out of town hospital, long term care, rehabilitation, or retirement home. Follow-up plans may include: day programs, CCAC (home care), support or outpatient programs.

Equipment

Before you leave the hospital you will be shown what equipment you can use to help your recovery and to get you back to your usual activities. The therapists will help you to organize buying or renting the equipment. For more information about equipment go to page 50.



Weight bearing

Most of the time after surgery you will be able to put as much weight on your broken hip as you can handle. Sometimes, the surgeon will only want you to put a little weight or no weight on your leg. It is very important to know how much weight that you can put on your leg.

Your nurse, surgeon or therapist will tell and remind you how much weight you can put on your leg.

The 3 kinds of weight bearing are:

1. Feather or touch weight bearing

Your foot on the operated leg just lightly touches the floor like a feather.

2. Partial weight bearing

Only a part of your weight can be put on your operated leg.

Your nurse, doctor or therapist will tell and remind you exactly how much weight to put on your leg.

Your therapist will help you learn partial weight bearing.

3. Full weight bearing or weight bearing as tolerated

You can put your full weight, or as much as you can tolerate on your operated leg when standing or walking.

Hip replacement

Not all patients have a hip replacement (a new hip) to fix a broken hip. Your surgeon will tell you if you had this surgery. Your new hip needs special protection.

The nurses and therapists will teach you how to move in and out of bed and the hip rules.

If you did not have hip replacement surgery, go to page 31.

Hip rules

There are 3 hip rules that you must follow after hip replacement surgery. Follow these rules to help your muscles heal and keep your hip in place. Follow these rules for at least 3 months after surgery or until your doctor (surgeon) tells you to stop.

Your therapists and nurses will tell you if you need to follow the hip rules.

Rule # 1

Do not bend from the hip or waist past 90 degrees when you are sitting, standing or lying. Do not reach your hands past your knees.



Rule # 2

Keep your legs separate.

Do not cross your legs at the knees or ankles.

Do not use your foot to remove the shoe from your other foot.

Do not use your other foot to lift the operated leg into bed.

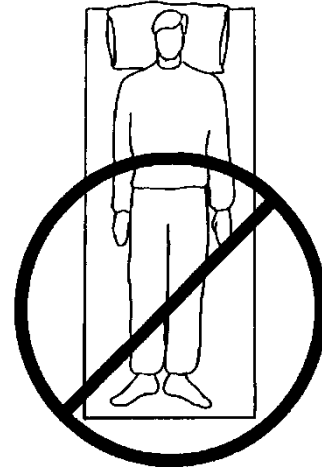
You may want to put a pillow between your knees.



Rule #3

Do not twist from your operated leg inwards or outwards from the hip.

You can place a pillow or roll by your leg when sleeping to stop your ankles from twisting outwards.



Learning how to move after breaking your hip

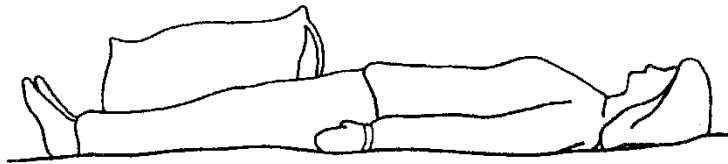
The greatest chance of dislocating your new hip or it moving out of place is when you change positions. You can protect your new hip by planning ahead how you will move. If you have not had hip replacement surgery, your therapists and nurses will show you how to move safely.

Do not sit up in bed and reach forward to get things at the end of the bed. You can get things safely by using a long handled reacher.



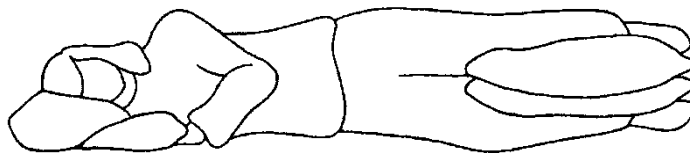
Lying on your back

Put a pillow between your legs when lying on your back.



For long periods, the best way to lie in bed is on your back. Try to keep your knees and toes pointing up.

Lying on your side



When lying on your side, you need to lie on the unoperated side. When on your side, you may need to use a few pillows between your legs to keep your hip, knee and ankle at the same level. Your nurse or therapist will show you how to turn safely onto your side.

Do not turn onto your stomach or operated side until your doctor says it is okay.

Getting in and out of bed

The first day after surgery, your nurse or therapist will show you the right way to get in and out of bed.

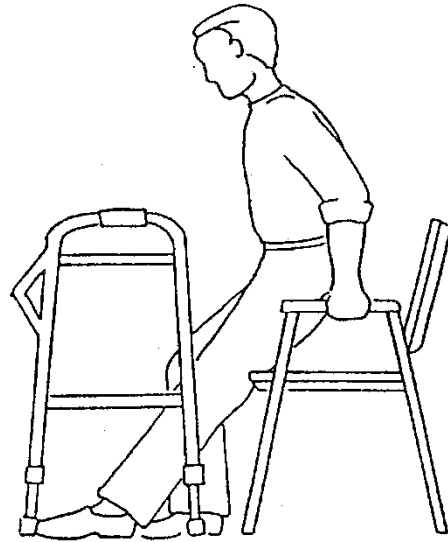
To get out of bed from a lying position:

- Move your body close to the side of the bed.
- Slide your legs to the edge of the bed, one at a time.
Your therapist may suggest that you use a pillow between your legs.
- In one motion, push up with elbows and hands to sit up, moving legs off the bed.

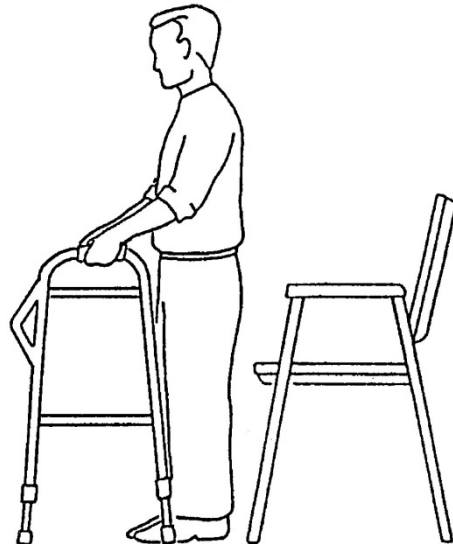
Standing up

When you stand up, follow these steps. Remember to follow your own weight bearing instructions when standing up.

1. Move to the edge of the chair, bed or commode.
2. Bend your good leg under you to hold your body weight.
3. Slide your operated leg forward.
4. Push down on the chair arms or bed with your hands to stand up. Put most of your weight on your good leg.



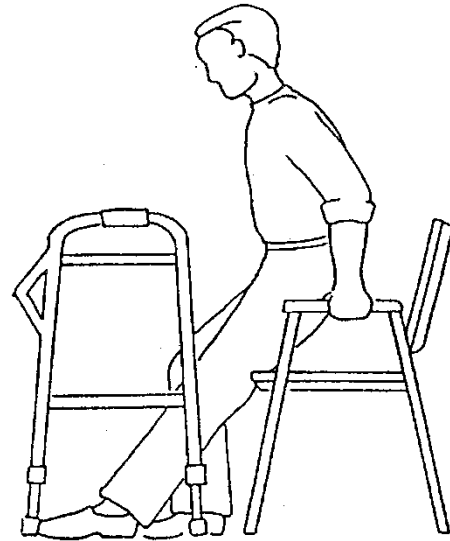
Once you have your balance, use your walking aid.



Sitting down

When you sit down, follow these steps:

1. Back up to the edge of the chair, bed or commode.
2. Feel the edge of the chair, bed or commode with the back of your knees.
3. Slide your operated leg forwards.
4. Hold the arm rests or bed with your hands.
5. Lower yourself to sitting position slowly and gently - do not bump or bounce.



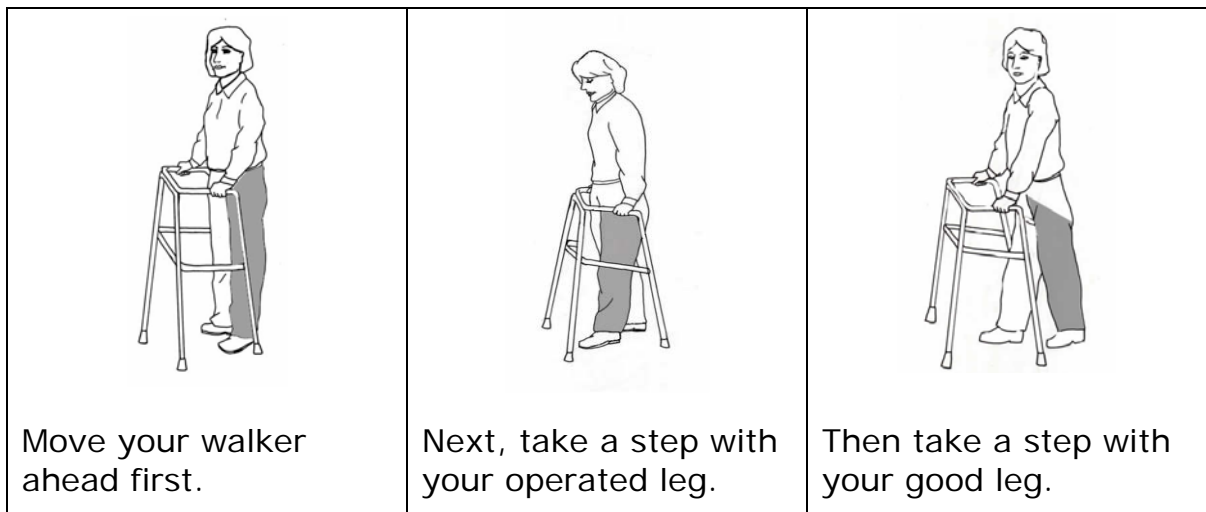
Sit on a chair with arms.
The seat should be higher than your knees when you are standing in front of it.

Walking

You will use a walker first, then progress to a cane when advised by a therapist. The first few times you get out of bed you may feel weak or dizzy. Make sure a nurse or therapist is with you. Tell them anytime you feel weak or dizzy.

Your therapist will tell you when it is safe for you to walk by yourself.

When you are walking with a walker, follow these steps:



Shaded leg is the operated leg.

Follow the weight bearing instructions that you have been taught when using a walker.

Take short walks as often as you can using your walking aid. Walking helps prevent joint stiffness and is good for your general health, your strength and circulation. Try to go longer distances when you are able.



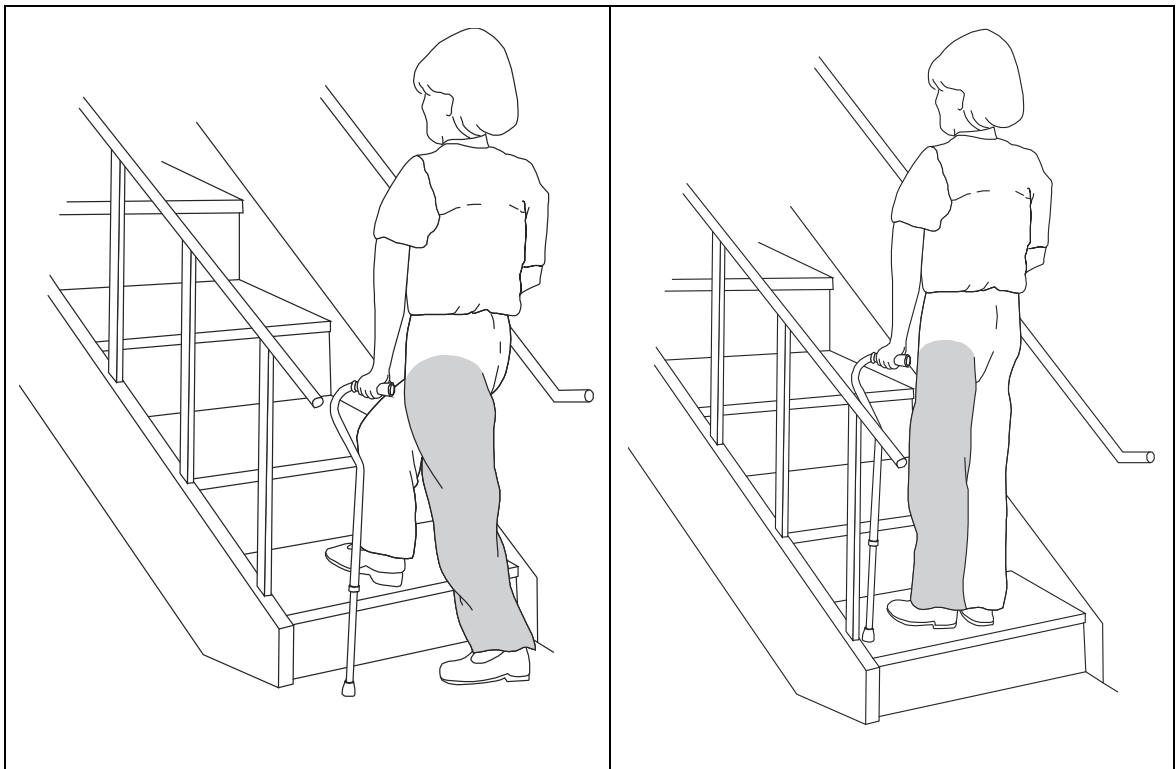
Do not turn suddenly. Do not twist your hip when turning or changing directions. Keep your feet moving. Pick up your feet while you turn.

For stairs, curbs and steps

Your therapist will show you how to climb stairs safely.

Going up steps with a handrail - the good leg steps up first

1. Face the step with the cane in the hand away from the handrail.
2. Stand close to the step.
3. Put your other hand on the handrail.
4. Put your weight on the handrail and the cane.
5. Step up with your good leg.
6. Straighten your good leg and bring the cane and the operated leg up together.



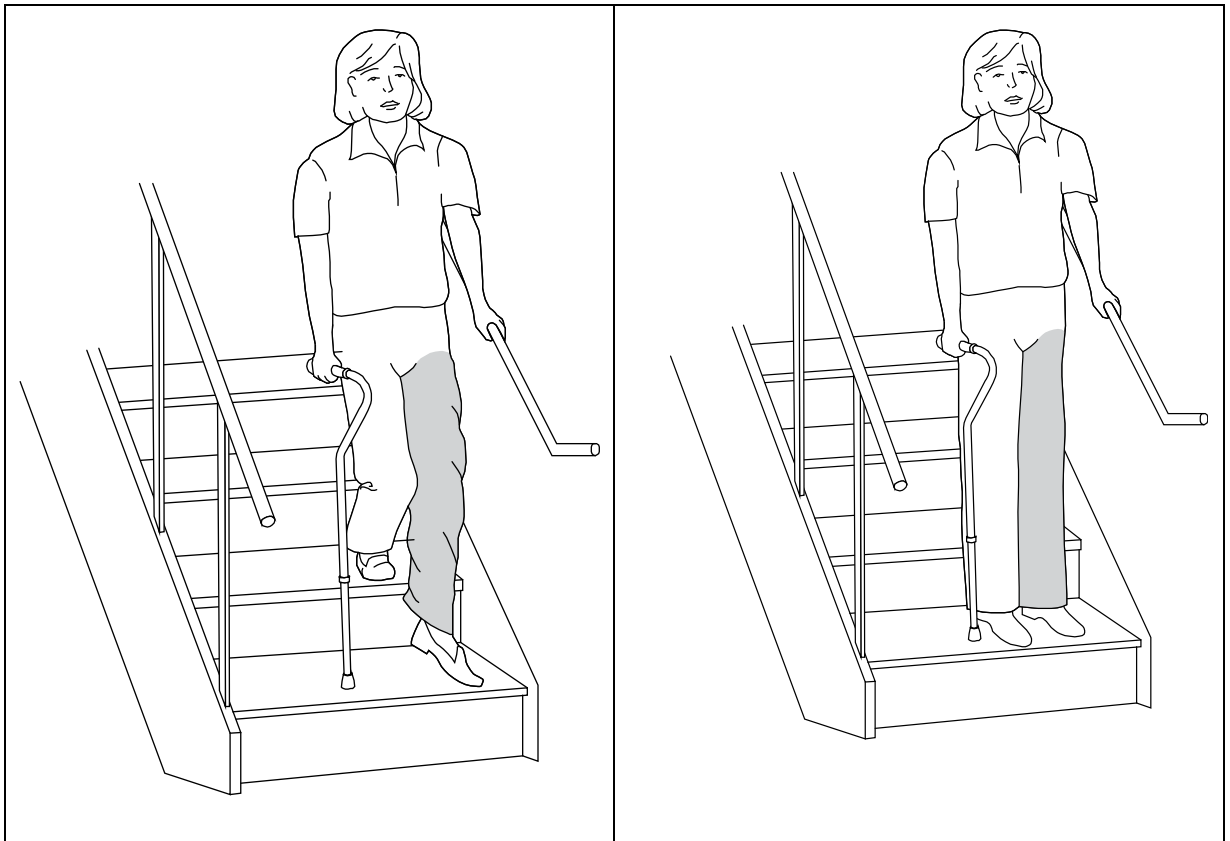
Step up with the good leg.

**Cane and operated leg
step up together.**

Shaded leg is the operated leg.

Going down with a handrail - the cane and the operated leg go down first

1. Face the step with the cane in the hand away from the handrail.
2. Stand close to the edge.
3. Put your other hand on the handrail.
4. Put the cane in the middle of the next lower step followed carefully by the operated leg.
5. Step down with the good leg.



**Cane and operated leg
step down together.**

**Step down with the
good leg.**

Shaded leg is the operated leg.

Your therapist will practice stairs with you before you go home.

When you are first home have someone with you when you do the stairs – that person should follow close behind you on the way up and should be one step below you on the way down.

Exercises

Your therapist will help you with your exercises until you are able to do them yourself. You must keep doing these exercises on your own at home to strengthen your muscles and get your hip moving well.



Being active keeps you and your new hip healthy. Your therapists will help you get back to being active and walking independently. As you recover you will be encouraged to walk and take part in activities that you enjoy.

Dressing and occupational therapy

Follow your hip rules as you get dressed if you have had hip replacement surgery.

Getting dressed from the waist up with clothing such as shirts or slipover dresses does not change after surgery.

You will need these tools to help you dress your lower body:

- ✓ long handled reacher
- ✓ long handled shoehorn
- ✓ sock aid
- ✓ elastic shoelaces or velcro closure on shoes
- ✓ walker
- ✓ bed/chair

And, a little patience 😊

Socks

If you have hip replacement surgery, there are only 2 ways to get socks on after your hip replacement:

1. Using a sock aid.
2. Someone to help you.

Using a sock aid:

Works best with stretchy socks such as loose gym socks.

1. Slide sock onto sock aid.
2. Lower sock aid to ground with the string handles. **Do not bend over to lower sock aid to the floor.**
3. Slide foot into sock aid and then pull up the sock by pulling on the string handles.
4. If sock does not come up all of the way, use a reacher to pull it up the rest of the way.
5. Remove socks with a long handled reacher, a long handled shoehorn, or dressing aid or stick (see pages 53 to 55).



Underwear, pants, shorts (any clothing worn below the waist)

To put your clothes on:

1. Have your reacher and walker close to you.
2. Start by sitting at the edge of your bed or on a chair with arms.
3. Place clothing on lap and use reacher to lower it to the floor.
Do not bend over.
4. While still holding onto clothing with reacher, slide **operated leg in first**. Make sure that the foot comes through the clothing completely, so it does not slip off.
5. Next, slide the non-operated foot into clothing.
6. Pull clothing up as far as is possible while you are sitting down.
7. Stand up with the walker and pull clothing up rest of the way. You may need to keep one hand on the walker and use your other hand to pull up the clothing.

To take your clothing off:

1. Start by standing up, with your walker in front of you.
2. Keeping one hand on the walker, use the other hand to lower the clothing. **Do not bend over.** Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down safely on chair or bed.
4. Use a reacher to lower the clothing to floor.
5. Take the **non-operated leg** out first.
6. Take the **operated leg** out second.
7. Use a reacher to pick the clothing off of the floor.

Bathing

Your therapist will show you how to bathe and/or shower safely.

Some dressings are waterproof and some are not. Check with your health care team if your dressing is waterproof.

- If your dressing is waterproof, pat it dry after your shower.
- If your dressing is not waterproof, then do not get it wet.



Do not sit down in your bathtub until your doctor says it is safe to do so.

There are a few choices for bathing:

1. Take a sponge bath at the sink.
2. Use a walk-in shower and sit on a shower chair. You may need a grab bar to help you get up and down. Ask your therapist about the right chair to use.
3. Shower while sitting on a bath bench in the tub. Your therapist will suggest the best height and will teach you the proper way to get on and off the bath bench.
4. Use a long handled sponge for washing your feet, lower legs and back.
5. Consider installing a hand held shower to use while sitting on the bath bench.
6. Sit on a stool or chair while washing, shaving or putting on makeup.



Move at your own pace.

Remember the hip rules if you have a new hip!

How to get in a car

Getting in and out of all vehicles including vans and SUVs is almost the same as a car.

You may need to make some adjustments depending on your height and physical condition. You may need a pillow, a foam wedge and/or a plastic bag (to help you get into the car) on the car seat. Check with your therapist.

Please talk with your therapist if you have any concerns about getting into your vehicle.



To get into a car, follow these 5 steps:

Step 1

Have your driver:

- Open car door fully.
- Roll down the window.
- Move bottom of seat as far back as it will go.
- Tilt backrest.
- Your knees should **NOT** be higher than your hip.
- Put a pillow or a foam wedge on the seat, if needed.
- Put a plastic bag on top of the pillow, if needed.



- Your therapist will advise you about getting into a car.

Step 2

- Put one hand on the back of the seat.
- Put the other hand on the car door.
- Sit down slowly.



operated leg

Step 3

- Slide as far back as you can go.



operated leg

Step 4

- While leaning back, bring one leg into the car.
- Bring the other leg into the car.
- Try to keep the operated leg straight.



Step 5

operated leg

operated leg

- While sitting, lean slightly back. Buckle up!
- Remember, if you have had a hip replacement, do not bend operated hip more than 90 degrees.



operated leg

- ✓ You are ready to go. Wear your seatbelt.
- ✓ To get out of the car – have your walker ready in front of you and reverse the 5 steps.

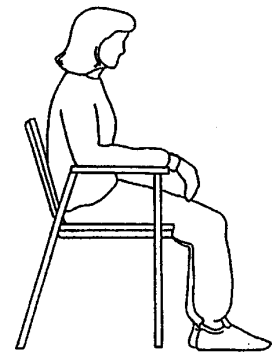
Safety at home



- Keep safe! Remove scatter rugs in every room, so you will not trip and fall over them.
- Keep cords and phone wires out of the way.
- If you use stairs, use handrails. If you do not have handrails, have some installed before you go home if possible.
- It is a good idea to always carry a portable phone or cell phone with you.
- Be careful not to trip over your pet.
- Do not wax floors.

Sitting

Choose high, firm chairs with arms. All things you sit on should be firm and at a height so that your knees are always lower than your hip and your feet are supported on the floor or flat surface. **Check all seat heights before you sit down.** The seat should be higher than your knees when you are standing next to the chair.



Chairs can be adjusted to the right height. Talk with your therapist about how to adjust chair height.

If you have a hip replacement, do **not** sit in a reclining chair for 3 months after surgery.



Kitchen and eating

Have a chair with arms in the kitchen. Sit on this when you are doing countertop activities or for resting.

Use an apron with pockets to carry things from place to place. Attach a bag or basket to your walker to carry things.



Organize your cupboards and fridge so things you may need are easy to reach. These things should be between your waist height and your shoulder height.

There are services available to help with groceries. Check the yellow pages or the internet for more information.

Bedroom

Type of bed

A standard or regular bed with a firm mattress is best. **Do not use a waterbed or a low bed.** Remember to speak to your therapist about how to raise your bed at home to the proper height.

You may want to move a bed to the ground floor so you will not have to worry about climbing a lot of stairs the first week or two that you are home.

Organize the dresser drawers and closet so things are within easy reach. These things should be between your waist height and your shoulder height.

Use a night light between the bedroom and bathroom.

Bathroom

Install a hand held shower or shower head on a hose for easy bathing.

Place a non-slip mat inside and outside the tub or shower.

Use a long handled sponge or washcloth tied to a scrub brush to wash your lower legs and back.

Use toilet and bathtub equipment as advised by your therapist.

To fit the bath transfer bench into the bathtub, you will need to remove the sliding doors and replace with a shower curtain.

Equipment



You will need equipment to help you. You will need to have some equipment ready for when you go home. You may not need everything listed here.

Walker

You will be walking with a standard walker (with or without wheels) as prescribed by your therapist. when you go home.



Cane

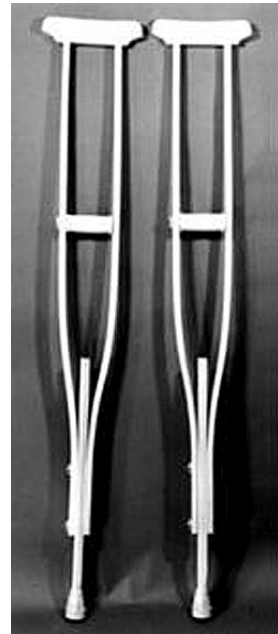
You may be using a cane or crutches to go up and down the stairs.

The cane may need to be adjusted for your height.



Crutches

You may be using crutches or a cane to go up and down the stairs.



Toilet

Most toilets are too low for you to sit on. You will need a raised toilet seat (make sure it fits your toilet) or a commode chair to help you get on and off your toilet.

Raised Toilet Seat



Commode Chair



Bath Transfer Bench

The therapist will let you know if you will need a bath transfer bench, where to get it and teach you how to use it.



Bathing Aid

You may want to use a bathing aid or bath sponge to help you wash.



Long Handled Reacher



Long Handled Shoehorn



Sock Aid



Dressing Aid or Stick



Preventing the next broken bone

If you are over 50 years old and your broken hip was a result of a fall that occurred from a standing position **OR** if you fell from standing height or less it may be that you have osteoporosis. Many broken hips are a result of osteoporosis. Osteoporosis is when your bones become thinner and weaker.

To help prevent another broken bone you need to:

- Call your family doctor. Make an appointment to talk about getting tested and treated for osteoporosis.
- Get enough calcium – 1200 mg per day through diet or supplements.
- Get enough vitamin D 1000 – 2000 units per day.

Your Health Care Team

Dietitian _____

Doctor (Surgeon) _____

Nurse _____

Occupational Therapist _____

Pharmacist _____

Physiotherapist _____

Social Worker _____

Therapist Assistants (OTA/PTA) _____

Team recommendations

Additional appointments

Questions
