

Department of
PHYSIOTHERAPY

Physiotherapy Management for
Patients with Hip Fracture



A. Conservative Management (Non-surgical)

You may be required to stay in bed and avoid putting weight on the affected leg for ____ weeks.

Affected leg : Left Right

You are encouraged to sit in a chair or move around in a wheelchair. Nurses and therapists will help you with this.

Possible complications of hip fractures managed conservatively include:

- a. Pressure sores (sores that develop when you stay in the same position too long)
- b. Chest infections
- c. Blood clots in the leg (deep vein thrombosis)
- d. General weakness due to extended bed rest
- e. Difficulty performing activities that were possible before the fracture

B. Surgical Management

Before Surgery (Optional)

The purpose of physiotherapy before surgery is to:

- a. Assess your overall strength, movement and breathing function
- b. Understand your physical activity level before the fracture and evaluate your home environment (e.g., stairs, type of toilet, bathtub)
- c. Provide advice on exercises to maintain strength and flexibility

After Surgery

The purpose of physiotherapy after surgery is to:

- a. Review the exercises taught to you before the surgery
- b. Assist you in regaining ability to move around
- c. Teach you safe and correct ways to move from bed, stand up from a chair, transfer to a chair and walk with or without walking aids

Weight-bearing Status

After surgery, it is important to know whether you can step through your operated leg. Your surgeon will decide this after reviewing your hip X-Ray.

- Full Weight Bear: You can place your full body weight on the affected leg.
- Partial Weight Bear: You can place half of your body weight on the affected leg.
- Non-weight Bear: You cannot place any body weight on the affected leg.
- Toe Touch Weight Bear: You can step using only your toes on the affected leg.

C. Post Surgery Hip Precautions

After surgery, it is important to follow hip precautions if they are indicated.

The specific hip precautions may vary depending on the surgical approach used. Please follow the precautions as instructed by your Physiotherapist.



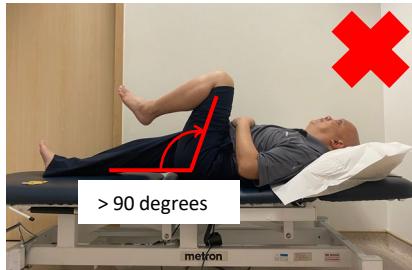
No Hip Precautions (Duration: _____)



Posterior Hip Precautions (Duration: _____)

AVOID

Bending the operated hip more than 90 degrees (right angle).



Crossing your operated leg.



Turning your operated leg inwards.





Lateral Hip Precautions (Duration: _____)

AVOID

Moving the operated hip backwards.



Crossing your operated leg.



Turning your operated leg outwards.



D. Rehabilitation after Surgery

Exercises will help you to improve your recovery and reduce complications. Therefore, it is important to start early.

While exercising, it is normal to feel mild discomfort or pain. Rest assured, your wound and implant will not be affected as long as you follow the instructions provided by your physiotherapist.

Bed Exercises:

I. Deep breathing exercise



- a) Breathe in through your nose, while raising your arms
- b) Breathe out slowly through your mouth while lowering your arms
- c) Repeat this exercise 10 times every 2 waking hours

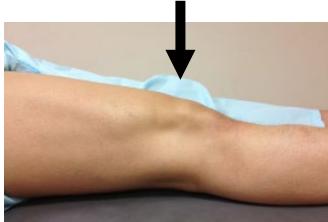
2. Ankle Pumping Exercise (For both legs)



- a) Move your ankle up by pointing your toes towards your knee
- b) Move your ankle down by pointing your toes away from your knee
- c) Repeat this exercise 10-20 times every waking hour

Bed Exercises:

3. Static Knee Straightening (For Both legs)



- a) Tighten the muscles above your knee to straighten your knee
- b) Hold for _____ seconds, then relax
- c) Repeat _____ repetitions, _____ times a day

4. Hip & Knee Bends (For Right / Left / Both Legs)



- a) Bend your _____ knee by sliding your heel towards you
- b) Hold for _____ seconds, then straighten your _____ knee and relax for 5 seconds
- c) Repeat _____ repetitions, _____ times a day

Bed Exercises:

5. Knee Straightening (For Right / Left / Both Legs)



- a) Place a pillow or towel under your _____ knee
- b) Straighten your knee by lifting your heel off the bed
- c) Hold for _____ seconds, then lower your heel slowly
- d) Repeat _____ repetitions, _____ times a day

6. Hip Side Slides (For Right / Left / Both Legs)



- a) Lie on your back, keeping both legs straight
- b) Move your _____ leg out to the side, then bring it back to the midline
- c) Repeat _____ repetitions, _____ times a day

Bed Exercises:

7. Straight Leg Raises (For Right / Left / Both Legs)



- a) Lie on your back, keeping your _____ leg straight
- b) Keeping your knee straight, raise your _____ leg away from the bed
- c) Hold for _____ seconds, then lower your leg slowly
- d) Repeat _____ repetitions, _____ times a day

8. Single Leg Bridging (For Right / Left / Both Legs)



- a) Lie on your back and bend your _____ leg
- b) Keep your _____ leg straight
- c) Lift your buttocks 1-2 inches from the bed
- d) Hold for _____ seconds, then lower slowly
- e) Repeat _____ repetitions, _____ times a day

Seated Exercises:

You may continue to do exercise no. 9 (shown below) while sitting.

9. Seated Knee Straightening (For Right / Left / Both Legs)



- a) Sit on a chair. Straighten one knee by lifting the heel off the floor
- b) Avoid lifting your thigh off the seat.
- c) Hold for _____ seconds, then lower your leg slowly
- d) Repeat the exercise with your other leg
- e) Repeat _____ repetitions, _____ times a day

E. Moving after Surgery

Follow the method taught by your physiotherapist when moving in and out of bed or standing up / sitting down after your hip surgery.

I. Getting Out of Bed

- a) Sit up in bed by pushing up on your arms.
- b) Move to the edge of the bed using your arms and non-operated leg
- c) Slowly move your operated leg over the edge of the bed, followed by your un-operated leg.
- d) Using your arms as support behind you, slide your hips to sit over the edge of bed.

Stepping Instructions:

- You may step onto your affected leg
- You may not step onto your affected leg. Shift your weight to the unaffected leg before standing up.



2. Getting into Bed

- a) Sit on the edge of the bed and move your buttocks backwards.
- b) Bring your unaffected leg onto the bed, followed by your affected leg.
- c) Slowly lie down onto the bed, using your arms to support your weight.

3. Sit to Stand

Standing up and sitting down (Full Weight Bear or Partial Weight Bear)

- a) Shift your body forward towards the edge of the chair.
- b) Using your hands for support, push yourself up into a standing position
- c) Keep your body upright while standing.
- d) Reverse the sequence to return to a sitting position.

3. Sit to Stand



Standing up and Sitting down from Chair (Non-Weight Bearing)

- a) Ensure your physiotherapist or carer is standing beside your affected leg.
- b) Shift your bottom forward towards the edge of the chair.
- c) Place one arm at the middle of the walking frame handle and the other arm on a stable surface.
- d) With the help of your physiotherapist or carer, stand up using your unaffected leg.
- e) Push down on the walking frame and stable surface for support. Ensure the affected leg must not touch the floor.



E. Upon Discharge

Upon discharge home, you should be able to achieve the following either on your own or with the help of your carer:

- a) Move from bed to chair, and vice versa.
- b) Perform the exercises demonstrated by your physiotherapist.
- c) Take the necessary precautions and safety measures.

Your physiotherapist may modify these goals to suit your specific condition.

After Discharge

- Continue performing the exercises daily after discharge.
- You may be referred for outpatient physiotherapy sessions. These sessions aim to help you return to your normal activities (before surgery) as soon as possible.

Physiotherapy
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