

Patient & Family Guidebook for Hip Fractures



ST PETER'S HEALTH
PARTNERS

A Member of Trinity Health

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SECTION ONE:

Welcome

This booklet was created to help you and your family learn about the care after a hip fracture (broken bone). It includes basic hip fracture information, treatment options and recovery information. There are different types of hip fractures and the treatment will depend on where the bone is broken and how much the bone has moved. Most hip fractures require surgery to treat the pain, restore movement and return function.



Using the Guidebook

The information in this guidebook is designed to help you and your family through your surgery and recovery process by teaching you:

- About the types of hip fractures and types of surgeries
- What you will need to do during your recovery
- How to live with a hip fracture repair and be as independent as possible

You and your family should refer to this guidebook after a fracture has been identified, during your hospital stay and during your recovery. Refer to it as needed during your recovery process and during the first year after your surgery.

Your physician, physician assistant, nurse or therapist may add to or change any of the recommendations in this guidebook. Always use their recommendations first and ask questions if you are unsure of any information.

Overview of St. Peter's Health Partner's

St. Peter's Health Partners is the Capital Region's most comprehensive not-for-profit integrated health care network, which provides high-quality, compassionate, and sophisticated care to thousands of people every day. St. Peter's Health Partners is a member of Trinity Health, one of the nation's largest Catholic health systems.

Your Fracture Care Team

Orthopedic Surgeon - The orthopedic surgeon is the specially trained doctor who will perform the procedure to fix your hip fracture.

Physician Assistant (PA) – The PA works with your doctor to prescribe, diagnose, and treat health care problems. Physician assistants often see you before, during or after your hip fracture surgery.

Registered Nurse (RN) – The RN is a professional nurse who is responsible for managing your nursing care following your surgery while using the surgeon's instructions to guide your care. RNs offer educational information to you and your family about health and safety needs- before and after surgery.

Clinical Care Coordinator (C3) – This registered nurse works closely with your surgeon and the other team members to understand your needs, plan for your care in the hospital, and help you prepare for discharge. Your plan may include outpatient therapy, home equipment, and/or any skilled nursing care, if needed.

Physical Therapist (PT) - The physical therapist will guide your return to functional daily activities. Your PT will train you and your family in safe transfer techniques and teach exercises designed to regain your strength and motion after surgery.

Occupational Therapist (OT) - The occupational therapist will teach out about performing daily tasks such as bathing and dressing after your surgery. Your OT will also teach you how to use special equipment that can assist you with such tasks after your surgery.

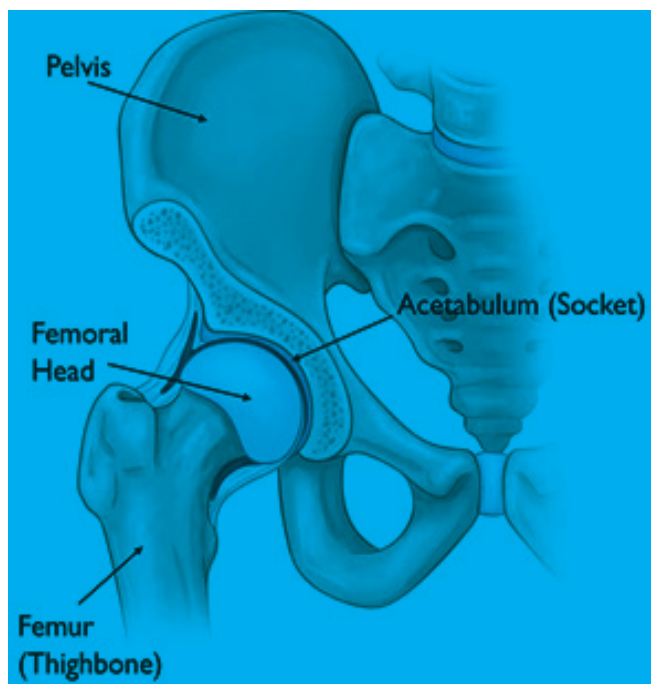


SECTION TWO:

Understanding the Hip and Hip Fractures

Anatomy

The hip is a ball and socket joint. The pelvic bone contains the cup shaped “socket” (acetabulum) that holds the “ball” femoral head.



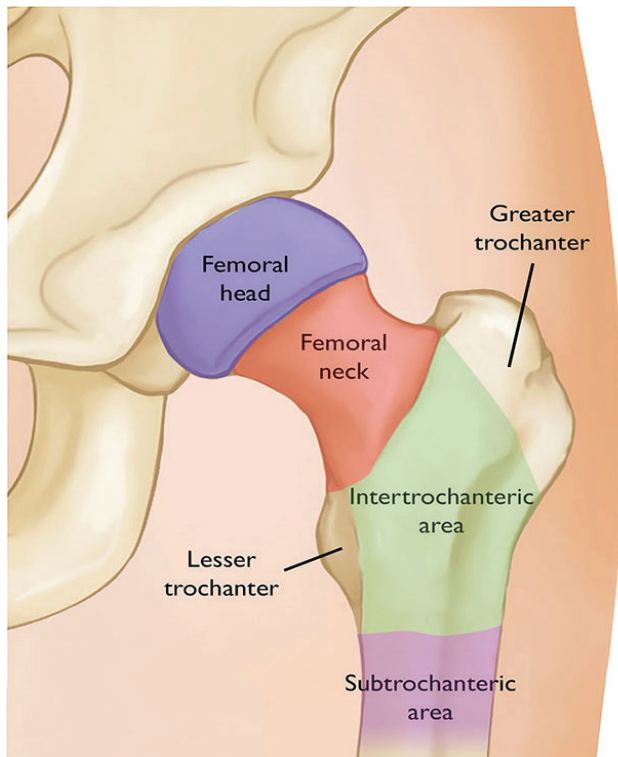
What is a Hip Fracture?

A hip fracture is a break in the femur (thigh) bone near where the ball fits into the socket. Injury to only the socket, or acetabulum is not considered a “hip fracture”.

What Causes a Hip Fracture?

A fall is the most common cause of a hip fracture. As we get older, our strength and balance can reduce and our bones become thinner due to conditions like osteoporosis. This means that we are more likely to fall and even a fall from a standing height can break a bone. It is also true that a fall may have been the result of the hip fracture happening first. It usually happens so fast that it is unclear to the patient whether the fall or the break happened first.

Types of Hip Fractures



Transcervical/ Subcapital Fracture- A fracture in the upper portion of the femur (neck), just below the femoral head (ball part). Also referred to as an intracapsular femoral neck fracture (within the joint capsule).

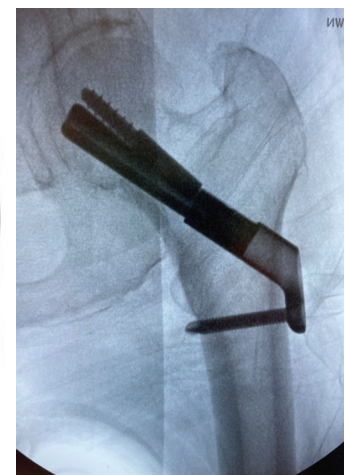
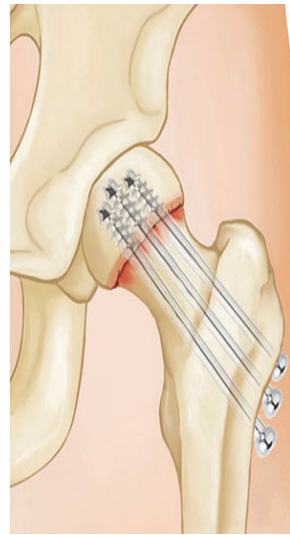
Intertrochanteric Fracture - A fracture in the section of the femur that juts outward, between the greater trochanter and lesser trochanter. The fracture is outside of the joint capsule.

Subtrochanteric Fracture - A fracture in the upper part of the femur or thigh bone near the hip.

Types of Hip Fracture Surgeries

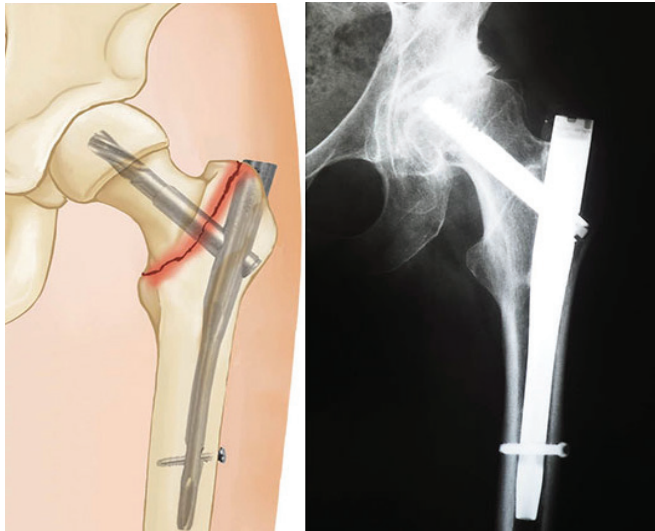
Metal Screws/ Hip Pinning or Bolt and Plate System

Femoral neck fractures that occur close to the hip joint and are still aligned may be repaired using one of two procedures. Either two or three metal screws or a bolt and plate system with an anti-rotation/locking screw will be used to stabilize the fracture.



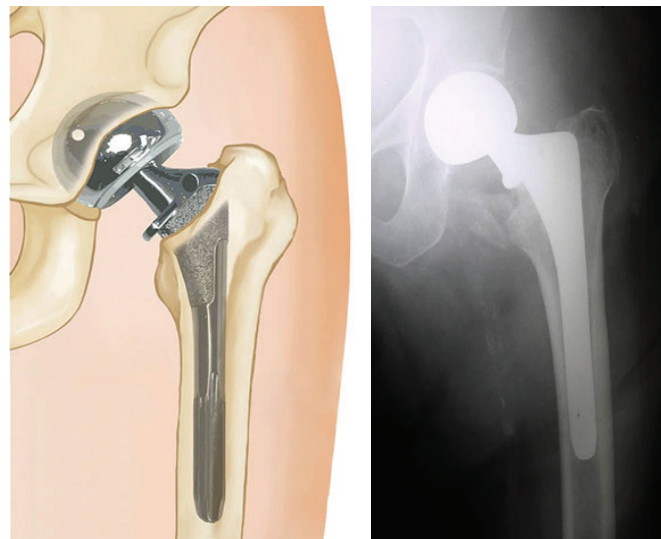
NAILING

An intertrochanteric hip fracture that occurs three to four inches from the hip is often repaired with an intramedullary nail.



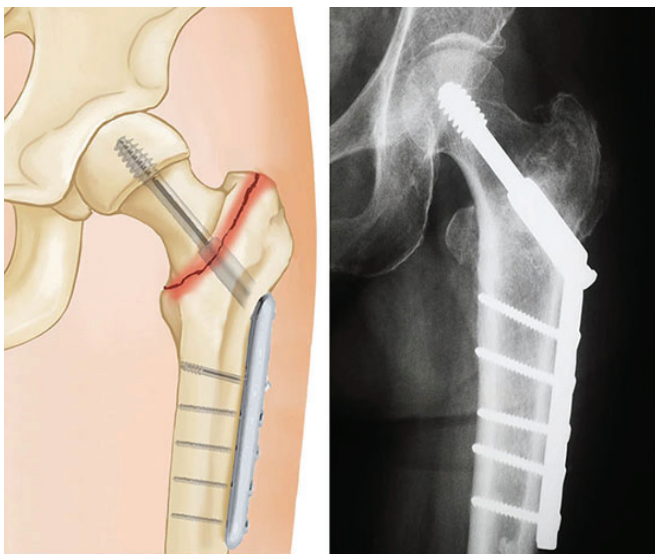
HEMIARTHROPLASTY (Partial Hip Replacement)

When the hip fracture occurs through the neck of the femur and the femoral head is displaced, there is a good chance that the blood supply to the femoral head has been damaged. The surgeon may recommend a partial hip replacement. The head of the femur will be replaced, but the hip socket is left intact. Depending on the surgical approach used, you may or may not need to follow hip precautions.



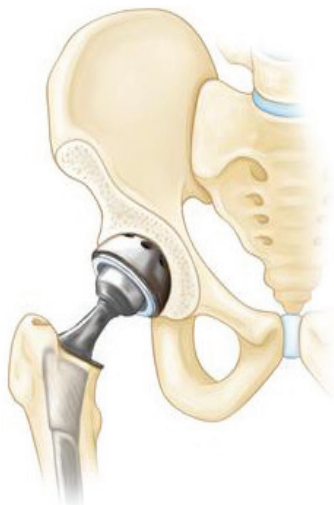
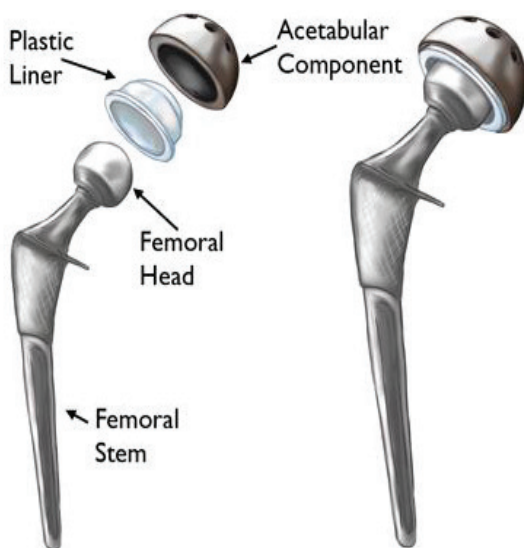
COMPRESSION SCREW WITH SIDE PLATE

Sometimes used to stabilize an intertrochanteric hip fracture or a subtrochanteric hip fracture. Depending on the location of a subtrochanteric fracture, the side plate may be longer.



TOTAL HIP REPLACEMENT

In recent years, the trend has been to repair appropriate hip fractures with a total hip replacement. This involves replacing the ball and socket with artificial parts (prostheses). Studies show better long term outcomes with this treatment approach in a younger, more active patient. Depending on the surgical approach used, you may or may not need to follow hip precautions.



SECTION THREE:

In the Emergency Room

DIAGNOSIS

The diagnosis of a hip fracture usually occurs in the emergency room. The doctor will use the patient's health history, physical examination and X-rays to diagnose the type of fracture. In some cases, a CT scan or MRI may be needed to identify the presence of a fracture and diagnose the type of hip fracture. The doctor will arrange for you to be admitted to the hospital.

ADMITTING TO THE HOSPITAL AND TESTS

Tests such as chest X-rays, blood work, and electrocardiograms may be ordered to assess your overall condition. The emergency room doctor may perform a nerve block to assist with controlling your pain without taking a lot of pain medications. Your pain will also be treated with oral medications. The staff may also insert a foley catheter as you will not be able to get out of bed to go to the bathroom.

NON-OPERATIVE GUIDELINES/ COMFORT CARE

Some patients may not be appropriate for surgery. The team will discuss with the patient and family if necessary. Referrals can/will be placed for Hospital/ Palliative Care as appropriate.

SECTION FOUR:

At the Hospital

BEFORE SURGERY (0 - 48 HOURS)

Typically, you will be admitted to the orthopaedic unit of the hospital. The medical physician (hospitalist) will prepare you medically for surgery. This may include having specialists evaluate you while in the hospital (cardiology, pulmonology, etc.). An IV will be started, and you will continue to receive hydration. Once you are medically stable or medically cleared for surgery, the surgeon will schedule to take you to the operating room.

DAY OF SURGERY

Your surgeon will limit what you are allowed to eat and drink before surgery.

After surgery you will be taken to the PACU (Post Anesthesia Care Unit) where you will be closely monitored while you wake up. Everyone is different when coming out of anesthesia. Most patients spend 1-2 hours in PACU.

Once you have made appropriate progress in the PACU, you will be transferred back to the orthopaedic unit.

ACTIVITY

It is very important that you begin the ankle pumps exercises on the first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises.

A nurse or therapist will help you in and out of bed and give you instructions on walking after surgery. It is important to get out of bed and walk as soon as possible with staff because it helps the healing process. You will be asked to sit up in a special chair for meals and throughout the day.

Therapists will teach you movements that you may need to avoid (hip precautions), exercises to strengthen your muscles and how to walk safely. Only some of the hip fracture repair surgeries will need to follow hip precautions.

Each day your activity level will increase to improve your strength and mobility. You will walk further each day and progress toward independence with bathing and dressing. You will perform exercises several times per day. Your rehabilitation program will continue after you leave the hospital.

EQUIPMENT

After surgery, you may need special equipment to help you walk and care for yourself. This equipment is available through Northeast Home Medical Equipment (a member of St. Peter's Health Partners) and other local vendors. Your therapist can answer any questions you have about the equipment. He or she can also help you to order equipment through Northeast Home Medical Equipment before you are discharged from the hospital (see Page 48 for contact information). Equipment costs may be covered by insurance or you may have to pay out-of-pocket.

Breathing Exercises

You will do deep breathing and coughing exercises for several days after surgery. You will be asked to use a breathing device called an incentive spirometer. This is done to expand your lungs and help get oxygen to your tissues. Techniques such as deep breathing and coughing may also help you recover more quickly.

DEEP BREATHING

- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were

blowing out a candle (this is called "pursed lip breathing"). When you do this correctly, you should notice your stomach going in. Breathe out for 10 to 20 seconds.

- Take a break and then repeat the exercise 10 times.

COUGHING

To help you cough:

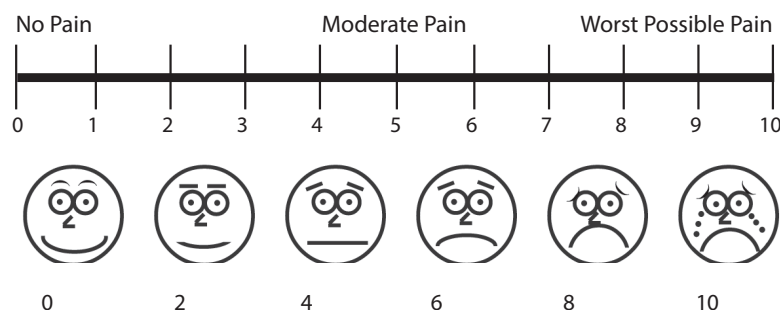
- Take a slow deep breath. Breathe in through your nose and focus on filling your lungs completely.
- Breathe out through your mouth and focus on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Discomfort

We will partner with you to manage your pain. The goal is to manage your pain so that you can rest and take part in therapy. Ask your nurse for pain medication when your pain is a 3 to 4 out of 10. **DO NOT WAIT.** You may receive pain medication through your IV and/or you may be given pain pills. An ice pack is used to lessen pain and swelling. If you need more help with your pain management, talk to your nurse.

PAIN SCALE

Using a number to rate your pain can help the joint care team understand the severity of your pain and help them make the best decision to help manage it.



Circulation

It is important to perform the leg exercises taught by your therapists to help your blood circulate. Sometimes snug stockings and/or sleeves wrapped around your legs or feet can help the blood flow in your legs. If present, the sleeves fill with air and then relax. The foot of your bed will be flat. It is okay to have a pillow under both ankles, but not under your operated leg.

You will be given medication to reduce the chance of a blood clot. These medications are known as blood thinners (anticoagulants).

Food/Fluids

You will have fluids going through your IV. Your nurse will help you decide when you can eat solid food. Increasing food slowly can help to avoid nausea that sometimes happens after anesthesia or use of pain medication. You may not be very hungry for some time. It is important that you eat as best you can in order to heal well.

Going to the Bathroom

You may have a tube to drain the urine from your bladder. This catheter will be removed after surgery. Your team will then help get you out of bed and go to the bathroom. It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Drink plenty of fluids and eat whole grains, fruits and vegetables. A stool softener or laxative can help normal bowel function to return.

Preventing Falls

Do not get up without help from staff. Ask for help going to the bathroom or walking around the room or in hallways.



You are at a higher risk of falling when you try to get out of bed either to go to the bathroom or walk around the room by yourself. Follow the tips below to prevent falling in the hospital:

- **Use your call button to ask for help getting out of bed.**
- Wear your glasses if needed for seeing to walk.
- Use canes, walkers or other equipment as needed.
- Wear non-slip slippers/socks or shoes when walking.
- Avoid areas with spills or clutter.
- Tell us if your medicine is making you sleepy, light-headed, sluggish or confused.

You will need to wear a yellow wrist band and yellow socks. This identifies your risk for falling to the staff.

Wound Care

You will have a dressing on your hip. This dressing is usually waterproof, and you will be allowed to shower only (no baths, no soaks, no swimming). The dressing will be removed at your follow up appointment in the surgeon's office. Your incision may have sutures, staples, steri-strips, or surgical glue.

Discharge: Home vs. Skilled Nursing Facility

A clinical care coordinator (C3) may meet with you to help plan your hospital discharge. Some patients can discharge to home or their caregivers' home while other patients need to go to a rehab center.

Going Home

If you are going home, you must arrange for someone to drive you home from the hospital. If necessary, the clinical care coordinator will assist with setting up physical therapy to come out to your home. Some patients may be able to go to out-patient physical therapy. Your need for home health services will be determined by your nurses and therapists. If you are going home needing these services, please be aware that these services are provided based on your insurance coverage.



Going to a Short-Term Rehabilitation Facility

Your therapist may recommend that you have inpatient rehabilitation before going home. (This is also known as short-term rehabilitation.) If you need this type of care, your C3 will help you choose a facility based on your insurance coverage. It is best to have a few options in case your first or second choice is not available.

Most patients need transportation to inpatient rehabilitation. If you do not have anyone to drive you from the hospital, you may pay privately for a wheelchair van or stretcher service. The C3 will help you determine the best way to get to the inpatient rehabilitation facility, if necessary.

Please note that the some of our patients do so well that they do not meet the guidelines to qualify for inpatient rehabilitation.

For information about short-term rehabilitation available with St. Peter's Health Partners, see Page 31.

SECTION FIVE:

Living with Your Hip Fracture Repair

The information in this section will help you be more comfortable and safer during your recovery at home.

Caring for Yourself at Home

For Comfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever as directed by your doctor.
- Change your position every 45 minutes.
- Use ice for pain control. Applying ice to your operated joint will lessen discomfort. It is recommended to use ice for at least 20 minutes each hour. You can use ice after your exercise program. A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily mold to the shape of your hip. Mark the bag of peas and return them to the freezer so they can be used again later.

For Rest

Try not to nap too much. While you are recovering, try not to nap during the day so that you will sleep better at night.

Changes in Your Body

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- Your energy level will be lower for at least the first month.
- Narcotic pain medications can lead to constipation. Use stool softeners or laxatives as directed.
- You may have difficulty sleeping for up to two months after your surgery.

Compression Stockings

You may be asked to wear special stockings. These stockings are used to help compress the veins in your legs. Follow the instructions provided to you at discharge.

Caring for Your Incision

Follow your surgeon's instructions for caring for your incision. In general:

- Keep your incision dry.
- Usually your incision is covered with a waterproof dressing.
- The dressing will be removed at your first appointment with your surgeon after your operation.
- You may shower immediately after you are discharged home. Important note: **No** baths or soaking.

Recognizing and Preventing Potential Complications

Infection

Signs of Infection (notify your surgeon when the signs are present):

- Increased drainage, redness, pain, odor, or heat around the incision
- Increased pain in hip
- Fever greater than 100.5 degrees (Take your temperature if you feel warm or sick.)

To Prevent Infection:

- Take proper care of your incision as explained.
- Notify your doctor(s) and dentist that you have a hip fracture repair.
- You may need to take special antibiotics when having dental work or other potentially contaminating procedures.

Blood Clots in the Legs

Surgery may cause the blood to slow and pool in the veins of your legs, creating a blood clot. This is why you have been given a prescription for a blood thinner (anticoagulant) medication after surgery. Blood thinners help to prevent clots from forming in the blood. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Taking Blood Thinners

- Blood thinners may be in pill or shot form (a tiny needle that goes into the abdomen).
- You may also need lab work done to make sure your medication is working properly.
- Take this medication for as long as directed by your doctor.
- Usually you will take this medication for 3 to 6 weeks after your hip fracture repair.



Signs of Blood Clots in Legs:

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat and tenderness in calf, back of knee or groin area

NOTE: Blood clots can form in either leg.

To Help Prevent Blood Clots:

- Perform ankle pumps.
- Walk several times a day.
- Wear your compression stockings, if indicated.
- Take your blood thinners as directed.

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if suspected.

Signs of a Pulmonary Embolus:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

To Prevent Pulmonary Embolus:

- Prevent blood clot in legs.
- Recognize if a blood clot forms in your leg and call your surgeon quickly.



Dislocation

Some hip fracture repair surgeries may require you to avoid certain movements during the healing time.

Following simple hip precautions taught by your therapists will help you lessen your risk of a dislocation. **Depending on your type of hip procedure, you may not have hip precautions.** Your surgeon/therapist will advise you on how long you may need to follow hip precautions if you have them.

HIP PRECAUTIONS

- Do not cross your legs.
- When lying down, do not bend forward to pull the blankets from around your feet.

- Do not bend at the waist beyond 90 degrees.
- Do not lift your knees higher than your hips.
- Do not twist over the operated leg – pick your feet up and do step turns.
- Do not turn your feet inward or outward – keep your toes pointing forward in line with your nose.
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90 degrees.
- Do not bend way over to pick up things on the floor – use your reacher.
- **If side lying is desired, it is recommended that you lie on your operated hip with a pillow between your knees.**



DO NOT
cross your legs.



DO NOT
bend past 90 degrees.



DO NOT
twist.

After Surgery Activity Goals

Exercise is very important after a hip fracture repair. Exercise will help you strengthen your hip and other muscles.

Continue with your walking program and challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become. Continue to perform the exercises from the program given to you, two to three times each day

Activities of Daily Living

Standing

Standing Up from Chair:

DO NOT pull up on the walker to stand! Sitting in an armchair is preferred. However, firm pillows may be added to a chair to make transfers easier.

1. Scoot your hips to the edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before reaching for the walker.

Stand to Sit:

1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Slide out the foot of the operated hip, keeping the strong leg close to the chair for sitting.
3. Reach back for the arm rest using one arm at a time.
4. Slowly lower your body to the chair, keeping the operated leg forward as you sit.

Walking

Using a Walker:

1. Push the rolling walker forward.
2. Step forward placing the foot of the operated leg in the middle of the walker area.
3. Step forward with the non-operated leg. DO NOT step past the front wheels of the walker.

NOTE: Take small steps. Keep the walker in contact with the floor, pushing it forward like a shopping cart.

If using a rolling walker, you can improve from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the operated leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-operated leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you "loosen up" you will find this gets easier. Do not walk forward past the walker's center or way behind the walker's rear legs.

Stair Climbing

Using Stairs:

1. When going up the stairs, use the non-operated leg first.
2. When going down the stairs, use the operated leg first.
3. Always hold onto the railing, if it is available.

Bed Transfers

When Getting Into Bed:

1. Back up to the bed until you feel it on the back of your legs. (You need to be midway between the foot and the head of the bed.)
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around. (If this is your operated leg, you may use a cane, a rolled bed sheet, a belt or your elastic band to assist with lifting that leg into bed.)
6. Keep scooting and lift your other leg into the bed. Do not use your other leg to help lift if you have hip precautions.
7. Scoot your hips toward the center of the bed.



Back up until you feel your leg on the bed.



Sit keeping your knee lower than your hip.



Scoot back on the bed, lifting the leg on the bed.



Keep a pillow between your legs when lying on back. Position your leg such that your toes are pointing to the ceiling - not inward or outward.



To roll from your back to your side, bend your knees slightly and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.

When Getting Out of Bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-operated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before grabbing for the walker.

Bathing and Showering

Tub seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer. However, these items are typically not covered by insurance.

Remember that you must adhere to all limitations of movement or precautions when performing self-care tasks.

- Keep your knee below the operated hip.
- DO NOT lean forward past a 90-degree angle; remember the "L" shape.
- DO NOT cross your legs in sitting, standing or lying.
- DO NOT bring legs together with force.
- DO NOT twist on your operated leg.

Entering a Tub-Shower – Standing:

1. Be sure all items are readily accessible; soap, shampoo, washcloth and towel (if you plan to dry before exiting the tub).
2. Arrange to have standby assistance if needed the first time entering the tub-shower.
3. Stand sideways or parallel with your non-operated leg next to the tub.
4. Place your cane or crutch in the hand on the same side as your operated hip.
5. Supporting yourself with the cane or crutch, lean toward the operated side to bring your non-operated leg into the tub.
6. Supporting yourself with a hand inside the tub, lean through the cane or crutch on the opposite side, take a side step to make room for the operated leg to be brought into the tub.
7. Supporting yourself with the cane or crutch and maintaining balance with your non-operated leg, bring the operated leg into the tub by bending your knee with your foot behind you and bring the operated leg into the tub.
8. Place your cane or crutch within easy reach outside of the tub while you shower.
9. Remember to follow all hip precautions while bathing in the shower.

Exiting a Tub-Shower – Standing:

1. Reach for the cane/crutch outside of the tub-shower; hold the cane/crutch on the operated side.
2. Stand sideways or parallel to the tub with your operated leg next to the tub.
3. Place the cane/crutch outside of the tub, while supporting yourself with the cane/crutch and your non-operated leg, bend your operated leg with your foot behind you and lift your leg out of the tub. Be sure that there is enough room to step out with your non-operated leg.
4. While supporting yourself with the operated leg and cane/crutch, raise your non-operated leg over the tub. Make sure you do not twist on the operated leg when doing so.

Entering/Exiting a Shower Stall:

1. Enter or exit a shower stall in typical fashion as if walking with your cane or crutches.
2. Make sure you do not bend your operated hip greater than a 90-degree angle when stepping over doorways.
3. Place the cane/crutch outside of the stall while showering. Follow all hip precautions while showering.

Tub Transfer – Using a Tub Seat:

Tub seats come in multiple shapes/sizes. Your occupational therapist can guide you on which would work best for your situation.



Dressing Activities

Tips for Getting Dressed:

Remember to follow all precautions when performing self-care tasks.

- Arrange clothing in an area that you can sit comfortably within your precautions (for example: edge of the bed, side chair or toilet/commode).
- Be sure that you have your dressing equipment nearby or have arranged for someone to assist you to follow precautions.
- Safety first: Remain seated to put on and remove garments over your feet and then stand to pull up/adjust clothing.
- For energy conservation purposes, put on and remove pants and undergarments and then stand only once to pull them up.

Putting on Pants and Underwear Using a Reacher or Dressing Stick:

1. While sitting on a supportive surface and utilizing the reacher, grab hold of the waistband along the operated pant leg. Lower the pants to the floor with the reacher to follow hip precautions.
2. Gently raise your operated leg into the pants while following precautions.
3. Use the reacher to pull the garment up to your knee or to where you can now reach the waistband within your precautions.
4. Repeat above on the non-operated leg.
5. Once both pant legs are pulled up to your knees, stand up, secure your balance and pull the garments up to fasten.

Taking off Pants and Underwear Using a Reacher or Dressing Stick:

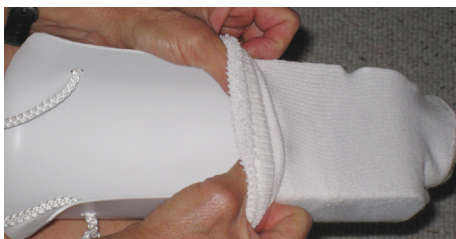
1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor.



Using a Sock Aid to Put on Socks and Stockings:

1. While sitting on a firm surface, slide the sock or stocking onto the sock aide. Be sure that the bottom of the sock is placed on the bottom of the plastic and the toe of the sock is firmly pulled to the tip of the sock aide. Do not pull the sock over the rope knots at the end of the device.
2. While holding onto the rope handles, lower the sock aide to the floor while following your precautions.
3. Slide your foot into the opening of the sock, point your toes and pull on the rope handles to slide the plastic device off the back of your foot thus leaving the sock on your foot.



Removing Socks:

1. While sitting on a supportive surface and holding either a reacher, dressing stick or shoe horn, place the device into the back of the sock at the heel.
2. Push the sock off your foot from the heel to the toes.

Putting on and Removing Shoes:

1. For ease and comfort, you may want to purchase slip-on or Velcro®-adjusted shoes during your recovery process. Have someone available to tie your shoes if needed.
2. Using a long-handled shoe horn will decrease the likelihood of rotation at the hip while putting on shoes.
3. While seated on a supportive surface, grab the tongue of the shoe with the reacher. Tilt the shoe at an upward angle. Then slide your toes up into the shoe.
4. Place the shoe horn at the back of your heel down into the shoe.
5. Bend your knee and place your foot flat on the floor, gently push your foot straight down into the shoe.
6. To remove shoes, reverse the above sequence.



Car Transfers

Getting Into the Car:

1. Push the car seat all the way back; recline the seat back to allow entering and exiting, but always have it in the upright position for travel.
2. Place a plastic bag on the seat to help you slide.
3. Back up to the car until you feel it touch the back of your leg.
4. Hold on to an object that does not move – car seat, dashboard and slide the operated foot out straight. **Be careful of your head** as you sit down. Slowly lower yourself to the car seat.
5. Lean back as you lift the operated leg into the car. You may use your cane, leg lifter or other device to assist.



Around the House

Saving Energy and Protecting Your Joints in the Kitchen:

- DO NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Store frequently used items and heavy items such as canned goods and boxes at waist level. This eliminates unnecessary bending and reaching. For example, do not store your cutting board on the top shelf of your cupboards if you use it every day.
- Keep items like a can opener next to the canned goods, and the dishes next to the dishwasher or sink to prevent needless movement, bending and stretching.
- Store all lightly packaged foods up in your higher cupboards.
- Gather all items needed to prepare a meal or snack and place them on the counter top or table that you plan to use to prepare the food. Once this is done, sit down on a high stool or chair with elevating cushions. When sitting to prepare the food, rest your forearms on the surface of the table (or counter) and do not reach too far forward to get items.
- Never carry items in your hands when using a walker/crutches. An apron with pockets or a bag/basket attached to the walker will allow you to move items around the kitchen safely.

In the Bathroom:

- DO NOT get down on your knees to scrub the bathtub.
- Use a mop or other long-handled brushes for cleaning.

Safety and Avoiding Falls:

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly secured to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install night lights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs, this is a fire hazard.
- DO NOT wear open-toe slippers or shoes. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with armrests to make it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Avoid lifting heavy objects for the first three months and then only with your surgeon's permission.

Dos and Don'ts for the Rest of Your Life

- Notify your doctor(s) and dentist that you have a hip fracture repair. You may need to take special antibiotics when having dental work or other potentially contaminating procedures.
- Although the risks are very low for infections after surgery, it is important to realize that the risk remains. Hip fracture repair hardware could possibly attract the bacteria from an infection located in another part of your body. If you should sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and contact your doctor. The closer the injury is to your hip fracture repair hardware, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if you develop a fever of more than 100.5 degrees, or if the area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.
- Consult with your surgeon or physical therapist about returning to specific sport activities.

The Importance of Lifetime Follow-Up Visits

Over the past several years, orthopedic surgeons have discovered that many patients are not following up with their surgeons on a regular basis. The reason for this may be that patients do not realize they are supposed to, or they do not understand why it is important.

So when should you follow up with your surgeon?

These are some general rules:

- Every year, unless instructed differently by your physician
- Anytime you have mild pain for more than a week
- Anytime you have moderate or severe pain

It is important that you continue to receive the quality care and advice you need long after your hip fracture repair surgery. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



SECTION SIX:

Exercises

Range of Motion and Strengthening Exercises

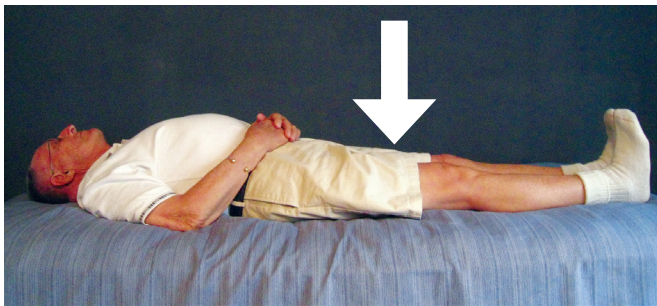
1) Ankle Pumps

Flex and point your feet. *Perform 20 times.*



2) Quad Sets (Knee Push-Downs)

Lying on back, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a five-second count. Do NOT hold breath. *Perform 20 times.*



3) Gluteal Sets (Bottom Squeezes)

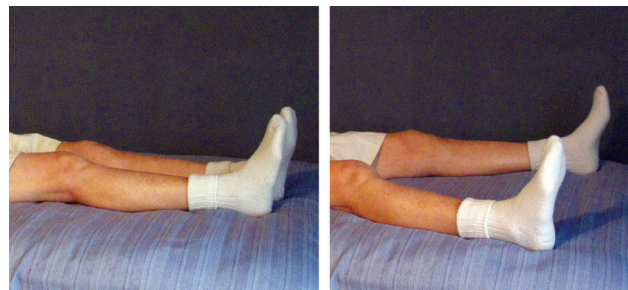
Squeeze bottom together. Hold for a five-second count. DO NOT hold breath.

Perform 20 times.



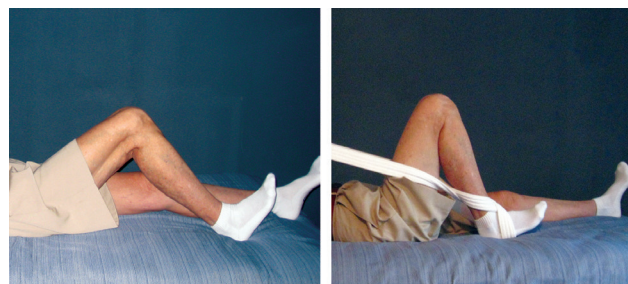
4) Hip Abduction and Adduction (Slide Heels Out and In)

Lying on back, tighten thigh muscles and slide leg out to the side. Keep kneecap and toes pointing toward ceiling. Gently bring leg back in to midline; may do both legs at the same time. *Perform 20 times.*



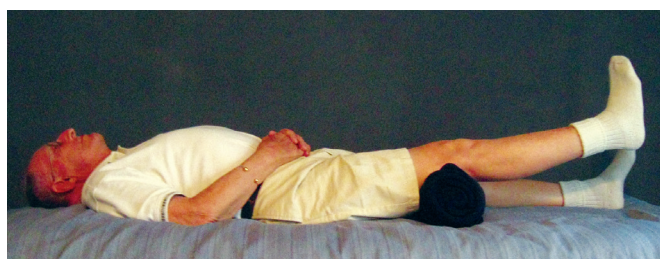
5) Heel Slides (Slide Heels Up and Down)

Lying on back, slide your heel up the surface while bending your knee. *Perform 20 times.*



6) Short Arc Quads

Lying on back, place a 6- to 8-inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. DO NOT raise thigh off roll. **Perform two sets of 10.**



7) Knee Extension - Long Arc Quads

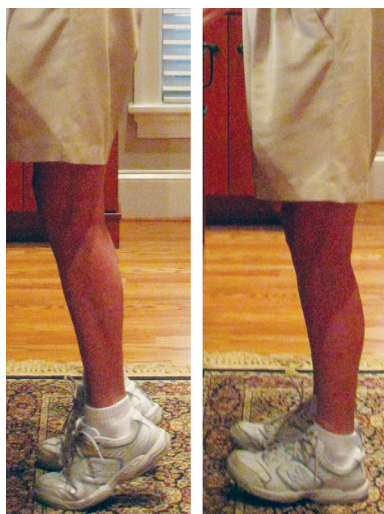
Sit with back against chair and thighs fully supported. Lift the operated foot up, straightening the knee. DO NOT raise thigh off of chair. Hold for a five-second count. **Perform two sets of 10.**



8) Standing Heel/Toe Raises

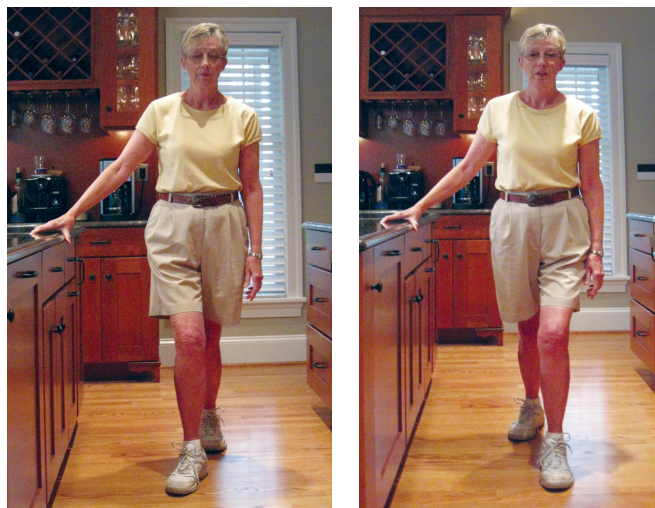
Stand facing the kitchen sink with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible.

Perform two sets of 10.



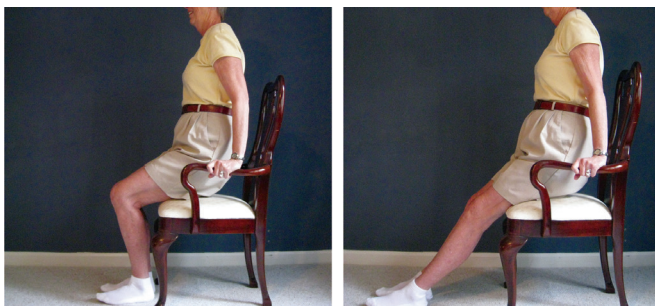
9) Standing Rock Over Operated Leg

Stand sideways to the kitchen sink and hold on. Keep the operated leg and heel firmly planted on the floor; step forward with the other leg to feel a slight stretch in the calf and thigh; step back. Focus on shifting your weight to the operated side and on equal step distance. **Perform 10 forward and 10 back.**



10) Armchair Pushups

Sitting in a sturdy armchair with feet flat on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, start using only your arms and the "non-operated" leg to perform the pushup. This will be how you will get up from a chair after surgery. DO NOT hold your breath or strain too hard. **Perform two sets of 10.**



SECTION SEVEN:

Frequently Asked Questions (FAQs)

General FAQs

We are glad you have chosen St. Peter's Health Partners to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the joint care team. We are here to help.

What is osteoarthritis and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no known reason, the cartilage wears down, exposing the bone ends. Over time, destroyed cartilage can lead to painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is total hip replacement?

The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The

head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.

What are the major risks?

Most surgeries go well without any complications. Infection and blood clots are two serious problems. To avoid these problems, your surgeon may use antibiotics and blood thinners. Surgeons also take special care in the operating room to lessen the risk of infection.

How long will I be in the hospital?

Within a few days, some patients are able to go directly home from the hospital with either home care services or out-patient physical therapy. Other patients will likely transfer to a rehab center to continue the healing process.

What happens during the surgery?

Your surgery will be about one to two hours. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic which most people call "being put to sleep." Some patients will receive a spinal or epidural anesthetic which numbs the legs and does not require you to be asleep.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. We will partner with you to manage your pain. The goal is to manage your pain so that you can rest and take part in physical therapy.

How long and where will my scar be?

The type of hip surgery you have will determine the exact location and length of the scar. Please note that there may be some numbness around the scar after it is healed. This is normal and should not cause any concern. The numbness usually disappears with time.

Will I need a walker, crutches or a cane?

Patients progress at their own rate. After your surgery, your therapist will help you determine if you need to use a walker, crutches or a cane. This assistance will only be needed for limited amount of time.

Where will I go after discharge from the hospital?

Today, the trend is for more patients to return to home from the hospital, some patients will need to go to a rehab center. The nursing and therapy teams will help you with this decision.

Will I need help at home?

Yes. For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other tasks. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?

Your joint care team will talk with you about your physical therapy needs. You may also receive a prescription for outpatient physical therapy. For information about outpatient therapy services available with St. Peter's Health Partners, see Page 47.

Will my new hip set off security sensors when traveling?

Your hip repair may be made of a metal alloy and may or may not be found when going through some security devices. Tell the security agent you have a metal implant. To share the information more privately, you can use the TSA's Notification Card available at - <http://www.tsa.gov/traveler-information/metal-implants>.

Understanding Anesthesia

Who are the anesthesiologists?

The Operating Room, Post-Anesthesia Care Unit (PACU) and Intensive Care Units (ICU) at the hospital are staffed by board-certified and board-eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at Samaritan or St. Peter's Hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General Anesthesia** causes a temporary loss of consciousness so that no pain is felt anywhere in the body.
- **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks. Medications are also given to make you relaxed and comfortable.
- An **epidural block** lessens sensation in the lower areas of the body while the patient remains conscious. It can be used for surgeries on the lower part of the body, labor and delivery, and in some cases, for pain relief after surgery. An epidural block is injected in the lower back between the vertebrae while the patient is either sitting up or lying on their side. The medication will begin working 10 to 20 minutes after the anesthetic drug has been injected. Although uncommon, a headache may occur.

- **Spinal anesthesia** is injected into the spinal canal to temporarily block pain. The numbing sensation it causes will go away slowly. As the anesthesia wears off, the patient will begin to feel sensations moving from the upper body toward the toes.
- **Local anesthetics** are injected at the surgical site to numb a small area.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any problems or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist with a certified registered nurse anesthetist (the anesthesia care team) will manage vital functions including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesia care team is also responsible for fluid and blood transfusions when necessary.

What can I expect after the operation?

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU) where specially trained nurses will monitor you closely. During this period, you may be given extra oxygen while your breathing and heart functions will be observed closely.

SECTION EIGHT:

Helpful Resources

Short-Term Rehabilitation

St. Peter's Health Partners offers several convenient locations for inpatient rehabilitation (also known as short-term rehabilitation). Whether staying for several days or several weeks at any of our available locations, our patient receives a personalized plan of care. This plan ensures that the appropriate medical, therapeutic and social services and discharge planning are available to each patient at every stage of the rehabilitation process.

Eddy Heritage House Nursing and Rehabilitation Center

2920 Tibbits Avenue, Troy, NY 12180
(518) 274-4125

Eddy Memorial Geriatric Center

2256 Burdett Avenue, Troy, NY 12180
(518) 274-9890

Our Lady of Mercy Life Center

2 Mercycare Lane, Guilderland, NY 12084
(518) 464-8100

Schuyler Ridge Residential Healthcare

One Abele Boulevard, Clifton Park, NY 12065
(518) 371-1400

St. Peter's Nursing and Rehabilitation Center

301 Hackett Boulevard, Albany, NY 12208
(518) 525-7600

Sunnyview Rehabilitation Hospital

1270 Belmont Avenue, Schenectady, NY 12308
(518) 386-3699

Outpatient Therapy Services

Providing you with expert care in a location convenient to you, St. Peter's Health Partners Patient Therapies offers a variety of options for your outpatient therapy needs. Whether you need services in Albany, Rensselaer, Saratoga or Schenectady counties, St. Peter's has the services you need to help you in your recovery.

ALBANY COUNTY

Albany Memorial Campus Rehabilitation Services

600 Northern Boulevard
Albany, NY 12204
(518) 471-3195

Albany Memorial Campus Hand Center

600 Northern Boulevard
Albany, NY 12204
(518) 427-3373

Sunnyview Therapy Services at Carman Medical Arts

3757 Carman Road
Guilderland, NY 12303
(518) 356-3139

Sunnyview Therapy Services Latham Farms

579 Troy-Schenectady Road
Latham, NY 12110
(518) 382-4593

Sunnyview Therapy Services Western Avenue

1450 Western Avenue, Suite 101
Albany, NY 12203
(518) 525-5588

RENSELAER COUNTY

East Greenbush Physical Rehabilitation

2 Empire Drive, Suite 202
Rensselaer, NY 12144
(518) 286-4990

St. Peter's Therapy Services

Massry Center, 147 Hoosick Street
Troy, NY 12180
(518) 268-5749

Sunnyview Therapy Services Hudson Valley Plaza

75 Vandenberg Avenue
Troy, NY 12180
(518) 270-3041

SARATOGA COUNTY

Clifton Park Physical Rehabilitation

648 Plank Road, Suite 101
Clifton Park, NY 12065
(518) 268-4800

SCHENECTADY COUNTY

Sunnyview Rehabilitation Hospital

1270 Belmont Avenue
Schenectady, NY 12308
(518) 382-4530

Sunnyview Therapy Services Socha Plaza

115 Saratoga Road
Glenville, NY 12302
(518) 386-3579

Home Care

St. Peter's Health Partners offers home health care services that meet a wide range of needs from general care to highly specialized services for managing chronic conditions.

Our comprehensive, in-home health care services are provided by the Continuing Care division of St. Peter's Health Partners. Some of these include:

- Home Health Aides
- Rehabilitation Therapies
- Home Infusion Services - IVTherapy
- Medical Social Work
- Advanced Technologies (personal emergency response system, monitored medication dispensers, tele-homecare)
- Medical Equipment
- Visiting Nurses
- Primary Care at Home



Eddy Visiting Nurse & Rehabilitation Association

433 River Street, Troy, NY 12180
(518) 274-6200

Eddy Health Alert

433 River Street, Troy, NY 12180
(518) 833-1040

Northeast Home Medical Equipment

60 Cohoes Avenue, Green Island, NY 12183
(518) 271-9600

SAMARITAN HOSPITAL

Directions and Parking

DRIVING DIRECTIONS

2215 Burdette Avenue, Troy, NY.

From the North: Follow the Northway (I-87) south to NY-7 East in Latham. Continue on NY-7 E to Troy. Turn right on Burdett Avenue. Samaritan Hospital will be on your right.

From the South: Follow the NYS Thruway (I-87) north to exit 25. Merge left onto I-787 N heading towards Albany/Rensselaer/Troy. Use the right 2 lanes to take exit 9E to merge onto NY-7E towards Troy/Bennington. Turn right onto Burdett Ave. Samaritan Hospital will be on your right.

From the East: Follow NY 7W to Burdett Avenue. Turn left on Burdett Avenue. Samaritan Hospital will be on your right.

From the West: Follow the 7E to Burdett Avenue. Turn right on Burdett Avenue. Samaritan Hospital will be on your right.

DIRECTIONS TO AMBULATORY SURGERY UNIT

- Enter the main entrance of the hospital.
- Take Elevator L to the first floor. (This elevator is located inside the main entrance on the left.)
- Take a left off the elevator and enter Main Street.
- Continue down the hall until you reach the Pavilion elevators on your right. (You will pass the hospital gift shop on your left and the food court on your right.)
- Take the Pavilion elevators to the second floor.
- Check in with the waiting room receptionist.

PARKING

Free parking for patients and visitors is available at the main entrance parking garage off Eagle Street.

Parking on hospital driveways and in other designated areas is prohibited to allow free passage for emergency vehicles. Please do not park in these areas.

For Patients Who Have Special Needs

For those patients with special needs (difficulty walking, trouble with sight, etc.), please let us know of these needs before your arrival. (For example, you can do this when you make your appointment.) We are happy to help you.

ST. PETER'S HOSPITAL

Directions and Parking

DRIVING DIRECTIONS

315 S. Manning Boulevard, Albany, NY.

From the North: Follow the Northway (I-87) south to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

From the South: Follow the NYS Thruway (I-87) north to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

From the East: Follow I-90 west to exit 4 (Rt. 85 Slingerlands). Follow Rt. 85 approximately two miles to the Krumkill Rd. exit. Turn left at the top of the ramp. Turn right at the immediate light onto Bender St./Krumkill Rd. and follow it to the next light. Turn left at the light onto New Scotland Ave. for approximately one mile. Turn right onto South Manning Blvd. St. Peter's entrance will be on the left.

From the West: Follow the NYS Thruway (I-90) east to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

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- Take the Pavilion elevators to the second floor.
- Check in with the waiting room receptionist.

PARKING

There is a flat rate fee of \$5. If valet services parks your car, the cost of parking is \$6. Valet service is available weekdays from 5:30 am to 8 pm, from 9 am to 6 pm on Saturday, and from 10 am to 6 pm on Sunday. (After hours, please contact Security at 525-1522 to get your vehicle.) Tipping is not necessary. Parking discounts are available upon request.

Please note that on the day of your surgery you will receive two blue parking passes. These passes are for the person driving you to use on the day of your admission and the day of your discharge.

For Patients Who Have Special Needs

For those patients with special needs (difficulty walking, trouble with sight, etc.), please let us know of these needs before your arrival. (For example, you can do this when you make your appointment.) We are happy to help you.



ST PETER'S HEALTH PARTNERS

A Member of Trinity Health

Samaritan Hospital

2215 Burdette Avenue
Troy, NY 12180
(518) 271-3366

St. Peter's Hospital

315 S. Manning Boulevard
Albany, NY 12208
(518) 525-1445