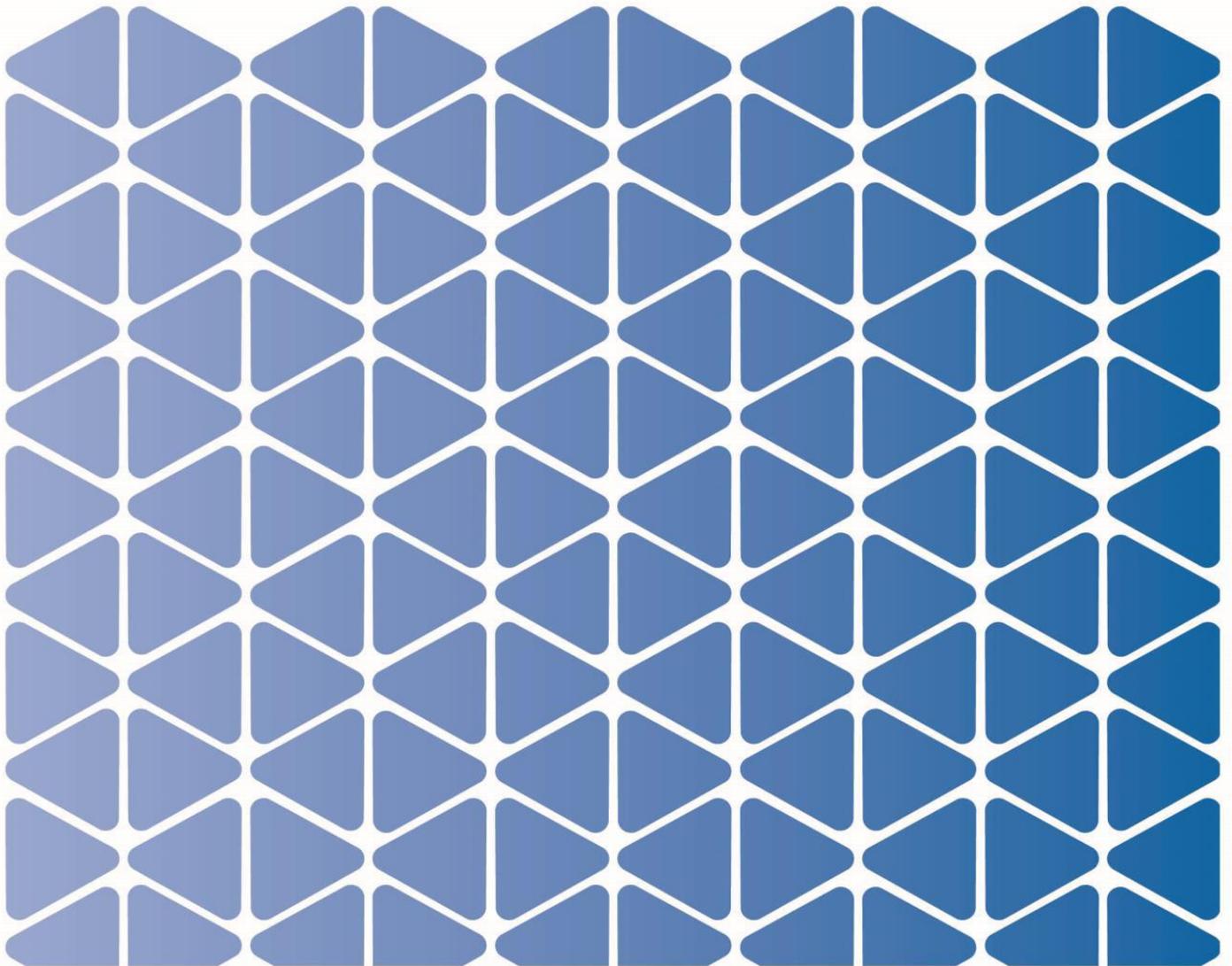




PATIENT INFORMATION

**ADVICE AND EXERCISES
FOLLOWING DYNAMIC HIP
SCREW (DHS)**



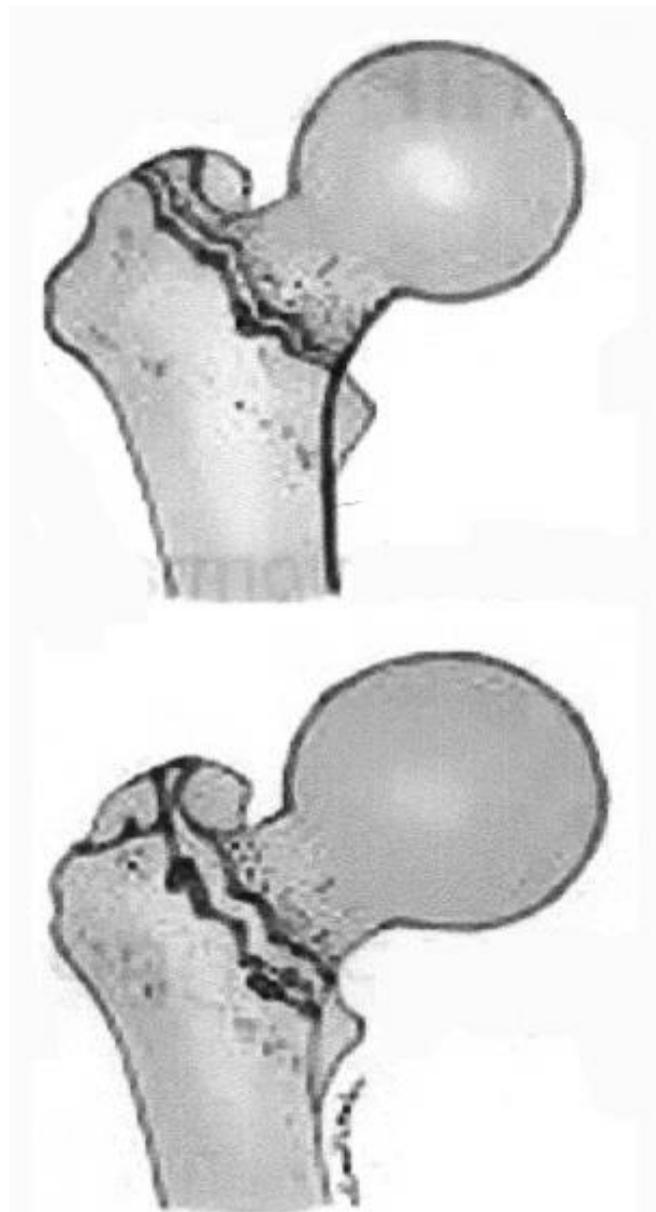
PHYSIOTHERAPY AND OCCUPATIONAL THERAPY DEPARTMENT

Introduction

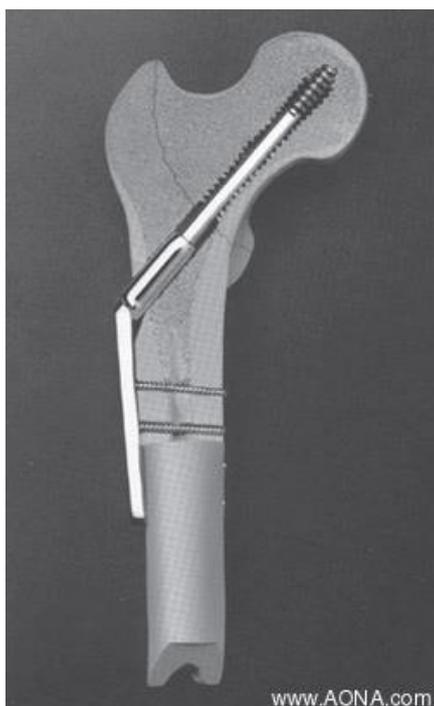
When a bone breaks it is called a fracture. You have broken your hip bone and will be having (or have had) an operation to fix it.

The hip has been fixed using a dynamic hip screw.

Below is a picture of a broken hip bone. Not all breaks happen in the same part of the hip bone and different breaks are treated in different ways.



This is a picture of a DYNAMIC HIP SCREW (DHS), it is made of metal and used to fix the break in the hip bone.



After breaking your hip bone it will take 6-12 weeks to heal fully, but the DHS will make your hip stable enough to allow you to move your leg and become mobile straight away.

After your operation you may find that both your hip and knee feel stiff to move. A physiotherapist will show you some exercises. Doing them regularly should reduce the stiffness.

Pain relief

Any hip surgery is very painful and after your operation you will need physiotherapy to enable you to get the movement back in your hip and to be able to walk to the best of your ability. Therefore controlling your pain is essential.

Even if you are not in pain when resting it is recommended that you take your pain killers on a regular basis, so that you can do the exercises.

If you are in pain at any time during your stay please tell the nursing staff.

The role of the physiotherapist is to assist you in achieving the best movement in your hip that is possible and to enable you to be as mobile as possible. Your abilities before your operation will guide this.

PHYSIOTHERAPY TREATMENT

Shortly after your operation, a physiotherapist will come and show you some exercises. These should be started straight away.

- Circulation exercises: keep moving your feet and ankles, to reduce the risk of blood clots. In lying or sitting briskly move your ankles up and down.
- Deep breathing exercises: to reduce the risk of a chest infection. Take 4 deep breathes in through your nose, out through your mouth every hour.

It is important that you continue to do these exercises while you are in hospital and you should do these exercises every hour, while awake.

The other exercises you will be given are to increase the movement and strength in your legs, especially the one that you have had operated. Do not be alarmed if your operated leg feels weaker or stiffer than the other leg.

You will need to do these exercises three times a day, with and without the physiotherapist. The nursing staff will be more than happy to pass you the equipment needed to do your exercises, don't be afraid to ask.

It is often a good idea to do your exercises about 30 minutes after you have had your pain relief so that you can do them more easily.

Risks and benefits of physiotherapy:

- Even though in the short-term the exercises may increase your pain, in the long-term they will increase the range of movement in your leg reducing swelling, pain and helping to increase your mobility.
- However, be careful not to overdo your exercises, your hip will become tired and needs a rest to continue healing. Follow the advice in the leaflet carefully.

Only push yourself during exercises as you are able.

PHYSIOTHERAPY EXERCISES

You will be shown these exercises by a physiotherapist shortly after your operation and you should continue to do them by yourself.

You should try and do these exercises 3 times a day for the first 3 months after your operation and then 3 times a week for life. They will continue to make sure that your hip moves well and is strong.

EXERCISE 1

Static quadriceps contraction

Lying on your back or sitting up slightly in bed, press your knee down firmly against the bed. Hold for 10 seconds and repeat 10 times.



EXERCISE 2

Hip flexion on a sliding board

Lying on your back or sitting up slightly in bed with the sliding board under your leg and something slippery under your heel, bend and straighten your knee on the operated side by sliding your heel up and down on the board. Repeat 10 times. (You will be given a sliding board to use while in hospital to do this exercise; once at home use a tray and sock).



EXERCISE 3

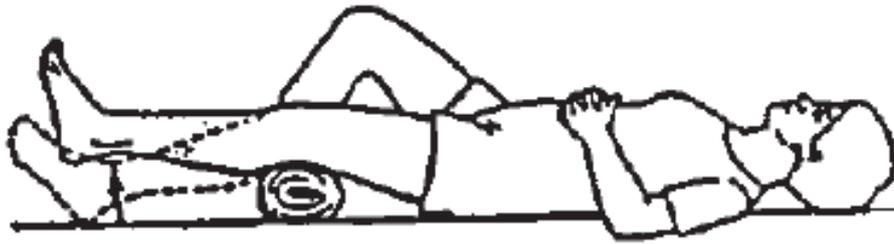
Hip abduction on a sliding board

Lying on your back or sitting up slightly in bed keep your leg straight on the sliding board with something slippery under your heel and toes pointing to the ceiling. Slide your leg out to the side and then back in again. Repeat 10 times.



EXERCISE 4

Lying on your back or sitting up slightly in bed place the rolled up towel given to you under your knee. Raise your heel off the floor until the knee is straight, keeping your knee on the towel. Hold for 5 seconds and repeat 10 times.



WALKING

Depending on your level of mobility before your operation, you will have to use a walking aid or hoist equipment when getting out of bed. This allows some weight to be taken off the hip until your muscles are stronger.

You will be strongly encouraged to get out of bed very soon after your operation, usually the next day. This is to reduce the risk of developing blood clots, chest infection and pressure sores.

We will increase your mobility each day, it is important that you do get out of bed every day, but it is also important that you spend a couple of hours in bed each day with your leg raised so that your leg doesn't become too swollen.

The pattern of walking with a walking aid is:-

- Walking aid forward first
- Then operated leg
- Then non operated leg

It is important that you try and regain a normal walking pattern, don't make each step too big, and don't shuffle.

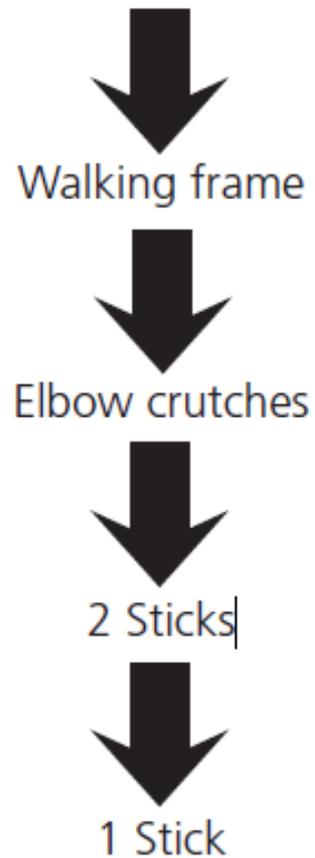
After your operation you will require a walking aid. The minimum length of time you will need a walking aid is 6 weeks.

A physiotherapist will come and assess you for a walking aid and show you how to use it safely. All walking aids will be provided for you by the hospital, but if you do have your own you might prefer to use it.

The progression of walking aids is as follows. You may find that you don't progress to the end of the line depending on your level of mobility before and after the operation.

Some people may take a long time to be able to use a walking frame and may use a hoist.

Hoisting device: either overhead or standing



You will only progress when the therapist feels you are safe and you feel confident.

USING A WALKING FRAME

Move the frame forwards, then step your operated leg into the middle of the frame and then bring your non-operated leg to meet it.

It is important that when standing up or sitting down, you do not hold on to the frame. You should find the arms of the chair or the bed and push up or lower yourself down slowly using your arms to assist you.

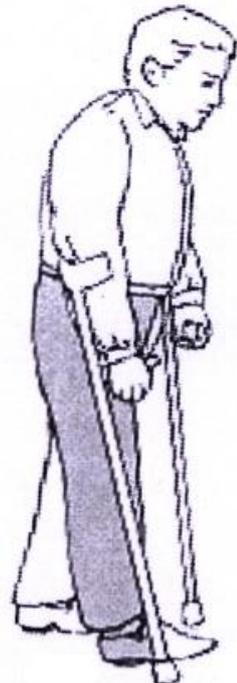


USING ELBOW CRUTCHES

Like a walking frame, you move the crutches forward together and place the operated leg level with the crutches. Then place your weight through your hands, brace the knee of your operated leg and move your non-operated leg to the operated leg. Once you are confident you will place your non-operated leg past your crutches. It is important to not stand up or sit down with your arms in the crutches. If you do you risk injuring your arms.

Sit to stand with elbow crutches:

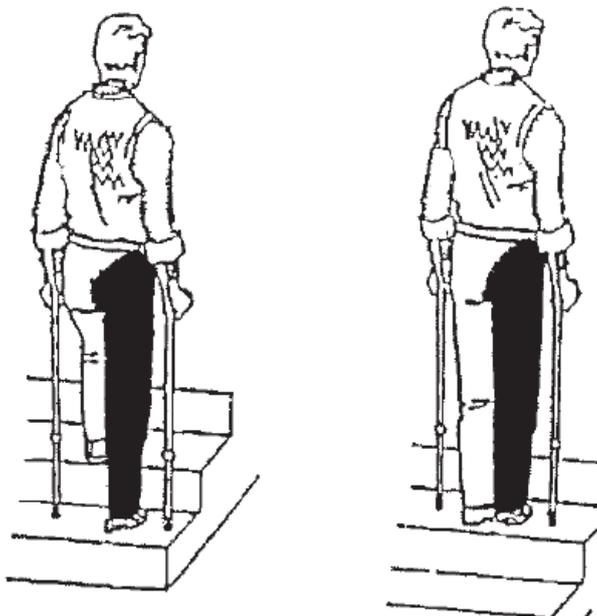
Hold your crutches in the hand opposite to the affected leg and slide the affected leg slightly forwards. Use your free hand to push up from the bed or arm of the chair until you are standing and then transfer one crutch to each hand.



MANAGING THE STAIRS

The level of mobility you have after your operation will influence how you go up and down stairs. If you are able to go up the stairs, putting weight through both legs, you will do the following:

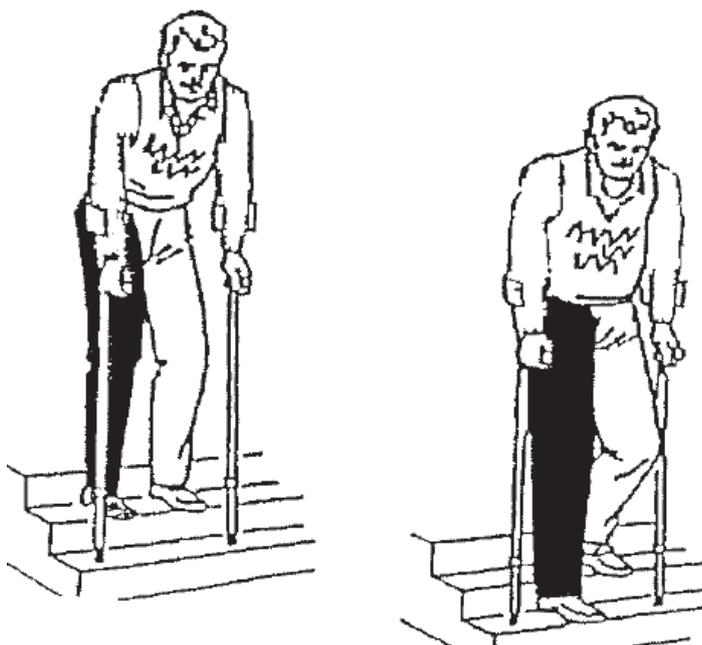
Going up the stairs:



- Step your non-operated leg onto the first step.
- Next step up with your operated leg up onto the same step, pushing on your crutches or sticks.
- Then bring the sticks or elbow crutches up onto the step. Always go one step at a time.

Going down the stairs:

- Get close to the top of the stairs.
- First put your sticks/crutches down onto the first step.
- Next place the foot of your operated leg down onto the first step.
- Then put the foot of your non-operated leg down to meet them.
- Repeat down the whole flight of stairs.



We will teach you how to manage the stairs with and without a banister, and if the doctors don't want you to put weight through your operated leg, we can show you how to manage that too.

OCCUPATIONAL THERAPY

Shortly after your operation an Occupational Therapist will come and see you on the ward. They will assess your ability to manage your daily activities safely and independently once home. Advice will be given and where necessary equipment supplied.

Getting on and off your toilet, bed and armchair

Your Occupational Therapist will issue you with a height measurement sheet requesting the height of your bed, chair and toilet at home. We will ask for your family or appropriate person to complete whilst you are in hospital. The information is essential to complete in order to help to assess that your furniture is at a suitable height for you to independently transfer on and off once discharged home. If required, the Occupational Therapist can issue you equipment to assist with this. This is assessed on an individual basis.

Every day activities

Bathing/Showering

Your Occupational Therapist will advise you to strip wash initially until your staples or stitches are removed and your wound healed (usually 14 days) in order to reduce the risk of infection unless the ward issues you with waterproof dressings. Your Occupational Therapist will discuss with you how to manage washing and using a bath or shower.

If you have a shower cubicle then you can use this once your mobility and balance has improved. A non-slip mat is advisable. Step into the shower cubicle with un-operated leg first followed by your operated leg and get into a position where you can operate the controls. To get out, stand on the un-operated leg, lift the operated leg and step out of the shower.

Follow with the un-operated leg in the same way, bringing it to the floor so that you are standing outside the shower cubicle on two feet.

If you have a shower over the bath, we recommend you do not attempt to get in/out of the bath to stand to shower or get down into the bath until you are fully mobile and your balance is restored. Your Occupational Therapist may assess you with a bath board if appropriate (this is assessed on an individual basis).

Getting dressed

Please ask your family/friends to bring in supportive slippers or flat shoes, day clothes, toiletries and any hearing aids or spectacles that you normally use. This will help your rehabilitation and recovery.

When washing and dressing yourself, you can wash and dress your upper body as usual however it is recommended you dress your lower half in a seated position either on the side of your bed or suitable chair. You should find dressing your operated side first easier and undressing it last. You are able to bend at your hip as pain allows and is comfortable for you. If you are unable to manage to dress/wash your lower half, your Occupational therapist will look at alternative techniques and equipment as appropriate for your needs.

Household tasks

Cooking

It is recommended that until your mobility and balance improve, you are advised to cook on the top of your cooker or grill if at waist height. To conserve energy in the early stages of your recovery, consider using a microwave for simplicity. As you are likely to be using both arms with walking aids initially until your mobility and balance improves, it is recommended you avoid using your low oven as this requires you to bend and lift hot items with two hands.

Avoid standing for too long: take regular breaks by sitting on a stool or chair.

Shopping

You will require support from family/friends with shopping on discharge until you are fully mobile as you will be unable to lift and carry heavy bags. If there is no one available to assist you there may be a service available in the short term, on discharge from hospital however this is only available for patients over 55 years of age. They may also be able to assist with collecting prescriptions and light housework in the short term.

This can be addressed in discussion with your Occupational Therapist.

Housework

Until your mobility and balance improve, you are advised not to carry out heavy housework such as vacuuming.

Driving

Regardless of whether you drive an automatic or manual car, you will not be able to drive for approximately 6-8 weeks to allow for recovery and insurance purposes. Ask your consultant at your follow up appointment or GP for advice about returning to driving following your surgery.

Getting in/out car as a passenger

Ensure the car is parked away from the curb and you are not stepping down to get into the car. Ask the driver to push the front passenger seat back as far as the seat can go with a slight recline.

Position yourself sideways with your operated leg out straight, gently push yourself back towards the driver's seat, pivot your bottom and slide your leg into the car. Getting out the car is the same method but in reverse. Avoid long journeys however if you need to, ensure you take a break to get out and mobilise your joint every 30 minutes.

Sexual activities

You may find it more comfortable to be the passive partner whilst you are recovering and as pain allows.

Work

How soon you are able to return to work will depend on the type of job you do. If you have a desk job you will be able to return sooner than if you have an active job, You may feel quite tired at first and we would suggest that you talk to your employer about returning to work gradually. You will also need to think about how you travel to work (see advice on driving). Your Occupational Therapist or Doctor can offer you individual advice. You should discuss returning to work with your consultant or GP.

Leisure

Until your mobility and balance improve, you are advised not to carry out certain leisure activities which for example, involve heavy lifting, twisting and over reaching/stretching either high or low. If you intend to fly you will need to discuss this with your doctor.

General advice

- Do have regular rest periods each day.
- An increased ache in the hip region usually means that your level of activity has increased.
- If you experience a sharp pain, stop activity immediately.
- If symptoms persist, contact you GP for advice.
- Aim to be as active as you can within limits of pain.
- It may be advisable to remove all loose rugs and mats to avoid risk of trips or falls.

NOTES

QUERIES

If you have any queries about any of the advice contained in this booklet

OR

If you are unable to progress your exercises in accordance with the leaflet

OR

If you have persistent pain or swelling or worsening of your symptoms

Please contact the Physiotherapy Department at the hospital where you had your operation between 08.30am and 4.30pm Monday to Friday on the direct dial numbers below:-

Worcestershire Royal Hospital
Tel: 01905 760622 / 760187

Alexandra Hospital, Redditch
Tel: 01527 512114

Kidderminster Hospital
Tel: 01562 823424

If you are concerned about your hip, you can also contact the Day Case Units at any of the hospitals, A & E or your own GP. Occupational Therapy Department:-

Worcestershire Royal Hospital
Tel: 01905 760170

Alexandra Hospital, Redditch
Tel: 01527 512146

Kidderminster Hospital
Tel: 01562 826348

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.