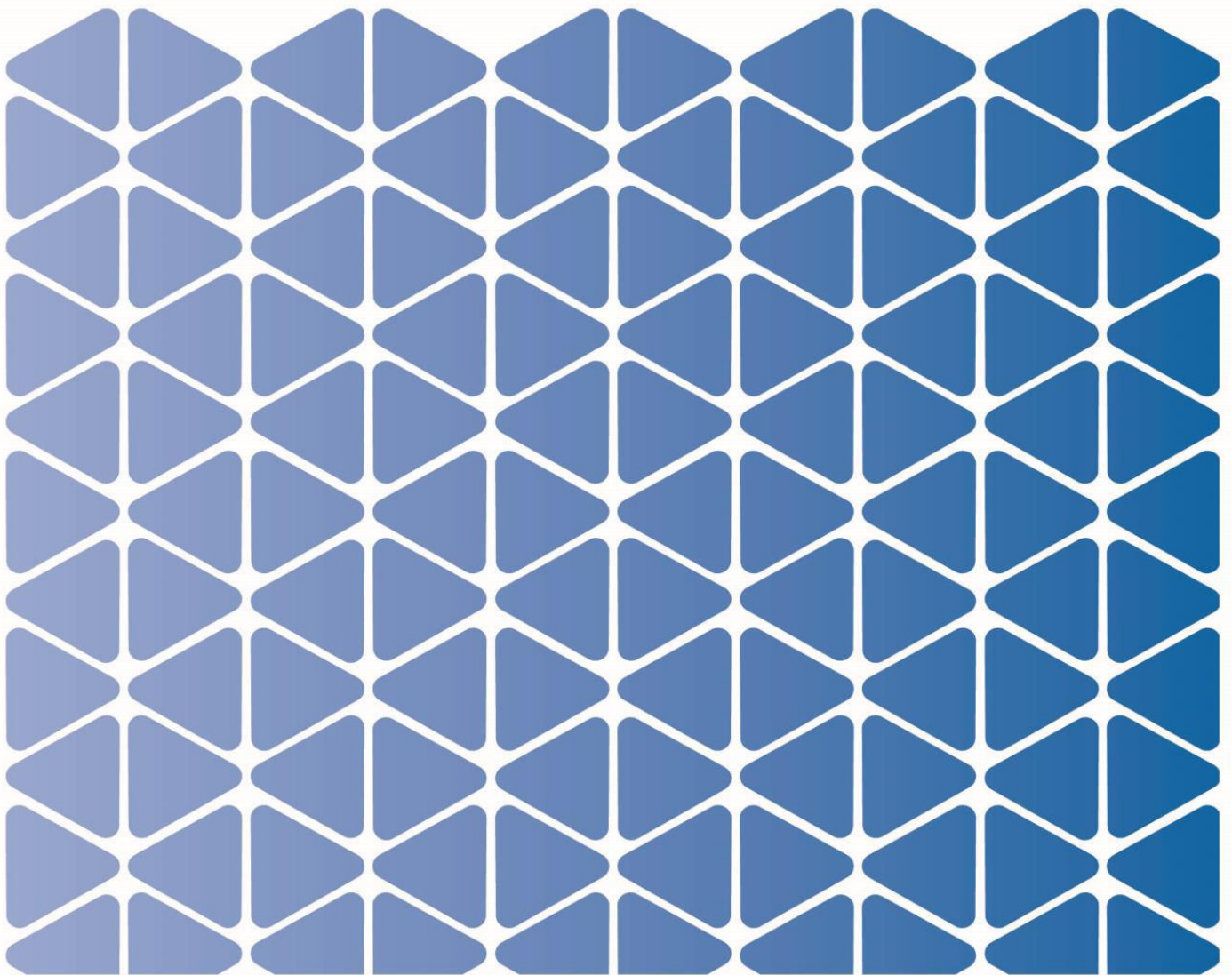


PATIENT INFORMATION

Physiotherapy Department

HIP ABDUCTION BRACE



The purpose of this leaflet is to:

- Explain why you have been provided with a hip abduction brace
- Tell you about the risks and benefits of wearing a hip abduction brace
- Explain how to put the brace on and off and how to attend to your personal care needs (i.e. washing and dressing)
- Encourage you to commence some gentle exercises whilst wearing your brace

Why have you been provided with a hip abduction brace?

You have been prescribed a hip abduction brace by your orthopaedic consultant. This is often due to a dislocation of your Total Hip Replacement. A dislocation is where the 'ball' part of the hip comes out of the 'socket'. The brace you have been provided with supports your hip and keeps your leg in the correct position to reduce the risk of further dislocation. It allows the soft tissues (i.e. muscles) that have been damaged when your hip dislocated to heal. The hip brace works by preventing excessive hip flexion (bending forwards) and holds your hip in a position away from your body (abduction). In this position your hip is least likely to re-dislocate. Walking and standing with your feet apart will help to prevent further dislocation of the hip. The brace has been fitted for your use only. Do not adjust it or fit it to anyone else. It is important to wear the brace as instructed.

How long do I have to wear the brace for?

You should wear your hip brace for as long as directed by your consultant. Your hip brace should be worn at all times especially for getting in and out of bed and all activities where you are on your feet. You may be allowed to sleep without the brace on but if you need to go to the toilet overnight you would need to put the brace back on before you get out of bed. It is advised to wear underwear over the top of the brace so that the brace remains in place when using the toilet.

You will receive a review with the Orthopaedic clinic where your consultant will decide how long the brace is needed for.

What are the risks of wearing a hip abduction brace?

The main risk of wearing a hip abduction brace is the development of pressure areas on your skin where the brace rests. You will be shown by your Physiotherapist, Occupational Therapist or Orthotist where to look for these. There may be some red marking of the skin when you remove the brace, this is normal and the marks should disappear within half an hour. It is important to check your skin regularly especially if you have altered sensation.

Your hip abduction brace is designed only to act as a reminder to avoid certain movements and the mechanism can be overridden. This means that despite wearing the brace there is still a risk the hip could dislocate again.

Hip Abduction Brace

The picture below details the main parts of your brace.



How do I put my brace on and off?

The brace should be fitted in a lying position on a bed. It is possible to fit the brace yourself but it is much easier to get someone to help you with this



1. Lie on the bed with the brace laid out open next to your affected leg as shown. (The leg support will be on the opposite side if it is your left leg that is affected).



2. Insert the belt underneath you by lifting your bottom and pulling the brace through.



3. Using the hand pockets at each end of the belt, fasten the belt around your hips.



4. Place your thumbs through the loops at the end of the pulley system and pull the strings tight. Velcro the thumb loops in place over the main belt.



5. Gently bend your affected leg at the knee, wrap the thigh strap around the back of your lower thigh and clip into place at the side.



6. Transfer to standing and check the brace is a snug fit. It should sit in a 'hands on hips' position rather than around your waist. The brace should not be twisted. The thigh strap should sit high enough above your knee to allow your knee to move freely.

Removal of brace

The brace should only be removed for washing. To remove the brace you should reverse the steps listed above. Once removed, you may find it helpful to 'stick' the thumb loops onto each side of the brace to stop the straps getting tangled up. You can then hold the belt in both hands and pull in opposite directions which will 'reset' the strings so that it can be fastened again securely when put back on.

Washing and dressing

It is advised to wear your clothes, including underwear, over the top of your brace to make it easier to use the toilet. You may find it best to wear loose fitting clothes to accommodate the brace. You should dress the affected leg first to avoid bending excessively. If you have been provided with dressing aids, please use these to help minimise the risks or re-dislocation, otherwise you will likely need someone to help you get dressed.

You will not be able to shower or bathe with your brace on and will therefore need to wash around the brace while sitting or standing up. If required you will be assessed by an Occupational Therapist on the ward and given further advice on this.

Exercises

Whilst you need to wear the hip brace it is advised that you carry out some maintenance exercises to help your circulation and to keep your muscles strong. The following exercises are safe to carry out and should not compromise the stability of your hip. Try to carry out the exercises 3 times a day at regular intervals.

Bed exercises

Ankle pumps

Sitting or lying, bend your foot upwards so that your toes point towards the ceiling and then slowly move your foot back down so your toes point towards the wall. Repeat 10 times, every waking hour.



Static Quadriceps

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.



Buttock Squeezes

Either in lying or sitting up slightly in bed, tighten your bottom muscles firmly together. Hold for 5-10 seconds, repeat 10 times, 3 times a day.



Standing exercises

Stand holding onto a sturdy surface such as a worktop or table for the following exercises.

Heel raises

Stand with your feet flat on the floor, hip width apart. Slowly rise up onto the balls of your feet then return to the floor. Repeat 10 times.



Mini squats

Stand with your feet flat on the floor, hip width apart. Slowly bend your knees a few inches, keeping your knees in line with your toes (do not allow your knees to move towards each other). Squeeze the muscles in your bottom to help you return to a standing position. Repeat 10 times.



Driving

It is not advised to drive while you are required to wear the brace as it may restrict some necessary movements and also invalidate your insurance policy. Please discuss this further with your consultant and insurance company if needed.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the Physiotherapy Department or Orthotics Department between 8:30am and 4:30pm Monday to Friday on the direct dial numbers below:

Physiotherapy:

Worcestershire Royal Hospital

01905 760622 / 760187

Alexandra Hospital

01527 512114

Kidderminster Hospital and Treatment Centre

01562 513066

Orthotics:

Worcestershire Royal Hospital

01905 760184

Alexandra Hospital

01527 503860

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.