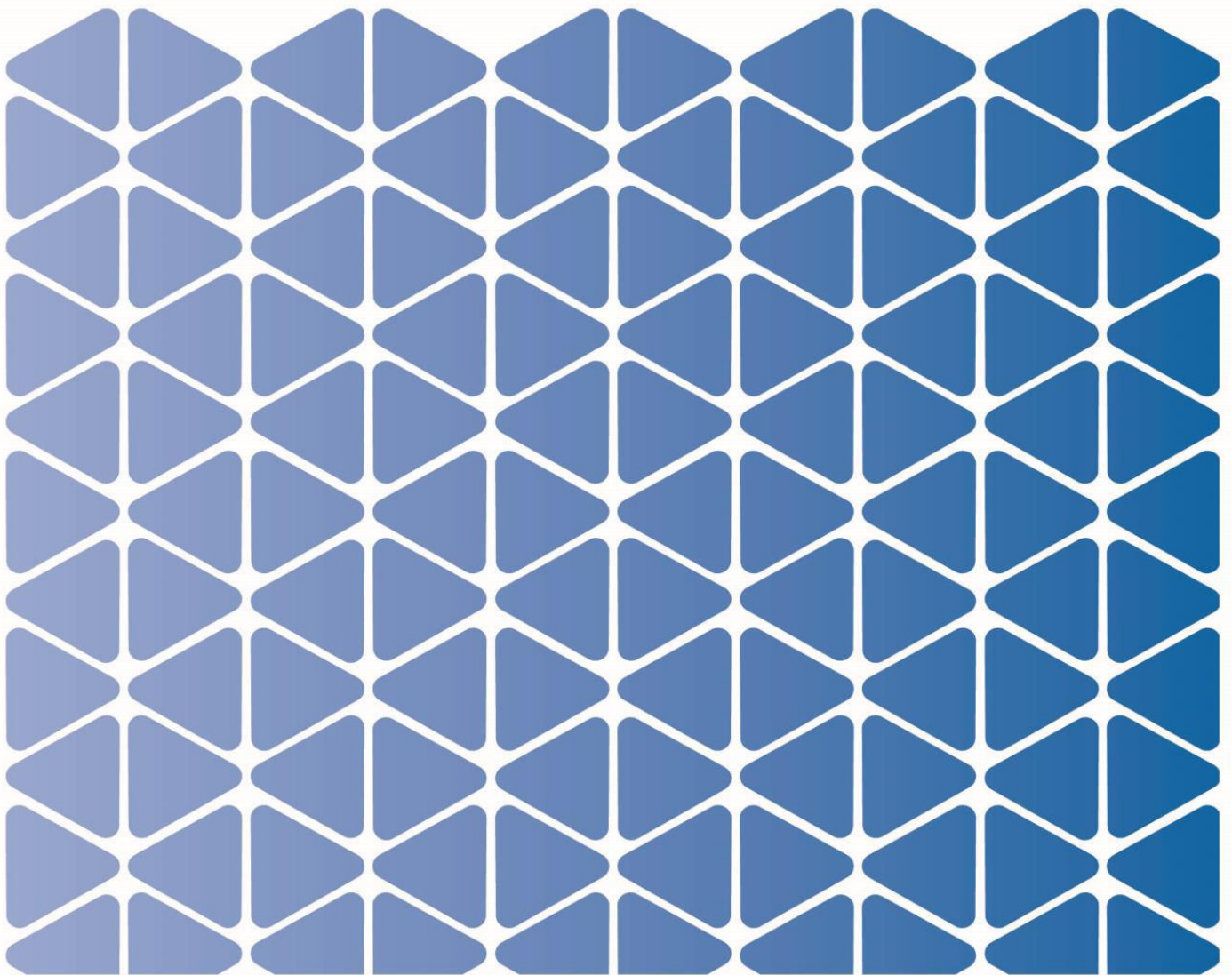


PATIENT INFORMATION

Physiotherapy Department

THERAPY ADVICE WHEN NON-WEIGHT BEARING



Introduction

This leaflet has been created to provide information for any patient who has been instructed to be non-weight bearing. Non-weight bearing means that for a certain period of time following injury or surgery you are **NOT** allowed to put any weight through the operated or injured limb to allow it to heal. This leaflet will advise you how to manage a number of your activities of daily living safely whilst you are non-weight bearing. It will also teach you some maintenance exercises to keep your muscles strong whilst you are not allowed to walk on both legs.

We hope this leaflet gives you reassurance and that it answers some of the questions or concerns you may have regarding your operation or weight bearing status.

What happens after the operation/injury?

If you required an operation you will return to the ward from theatre via the recovery room. There will be a number of staff on the ward to help you with your recovery including nursing staff, doctors and therapists. You may be required to wear a brace which limits the amount of movement in your affected limb, or you may have a plaster cast in place which will also restrict your movement.

The therapy team (Physiotherapists and Occupational Therapists) will help get you moving and practice being non-weight bearing with you, so that you feel safe and confident to manage at home. This will include things like:

- Mobilising non-weight bearing with an appropriate walking aid
- Teaching you exercises to maintain your movement and strength as appropriate
- Stairs practice (if required)
- Transferring off your bed/chair/toilet
- Discussing/practising how you will manage your activities of daily living
- Providing certain pieces of equipment to support your discharge home following assessment of your needs. It is not always possible to supply all equipment in some instances e.g. wheelchairs, but we will provide you with information to help you access other useful equipment (further information can be found later in this leaflet)

How well you manage the tasks you need to complete at home, and how quickly you recover, will determine how many days you are likely to spend in hospital.

How will I move around?

As mentioned at the start of this leaflet, non-weight bearing means that you are **not** allowed to put any weight on the affected limb. In reality this translates to hopping on your good/unaffected leg. This is hard work for most people and will require you to use a walking aid, but should get easier with practice. It is important to note that how you manage mobilising non-weight bearing will depend on several factors including - your level of mobility before the injury/operation, whether you already used a walking aid, your balance, your upper limb strength, and the condition of your unaffected leg.

The main walking aids that the Physiotherapy team will assess your mobility with are elbow crutches and walking frames. These are explained in a little more detail below. Depending on how safely you can move about non-weight bearing with a particular aid will determine which walking aid you are sent home with.

Elbow Crutches







If you have strong arms and good balance you will likely go home with two elbow crutches. The Physiotherapists will show you how to use them whilst on the ward. You should place your crutches a little way in front of you and then hop forward on your non operated leg, making sure you're not hopping too far past your crutches otherwise you may lose your balance.











Walking Frame

A walking frame will give you more support and stability compared to the elbow crutches, if you need it. If there is a reason that you cannot use either the walking frame or the crutches then there may be another aid that we can provide you with information on.

Exercises

Whilst you are non weight bearing it is important to try and maintain your movement and strength in your affected leg. Which exercises you are able to do will depend on your exact injury/surgery and any braces or plaster casts you are required to wear. Your Physiotherapist will advise you on the ward which exercises are appropriate for you. **Only complete the exercises that have been marked by your Physiotherapist.** If you are unsure please ask either the ward Physiotherapist, or contact the Physiotherapy Department at the hospital you were treated at, using the numbers at the end of the leaflet.

		<p>Ankle pumps</p> <p>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.</p>
		<p>Straight Leg Raise</p> <p>Sitting or lying on your bed, fully straighten your affected leg. Slowly lift your leg off the bed keeping your leg straight throughout. You can have your unaffected leg bent or straight, whichever feels more comfortable. Repeat 5-10 times as able.</p>
		<p>Hip Abduction</p> <p>Stand on your unaffected leg, holding a sturdy support, e.g. table/worktop. Lift your affected leg out to the side, away from your body, keeping you back straight. Return to the middle. Repeat 10 times.</p> <p>This can also be performed in lying by sliding your leg to the edge of the bed and back.</p>

		<p>Static Quadriceps</p> <p>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.</p>
		<p>Buttock Squeezes</p> <p>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.</p>
		<p>Inner range Quadriceps</p> <p>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.</p>
		<p>Through Range Quadriceps</p> <p>Position yourself either sitting in a chair or with your legs over the side of the bed. Make sure your unaffected leg is supported on the floor. Tighten the muscles in your thigh and straighten your knee as much as possible. Hold for 5 seconds and repeat 8-10 times.</p>
		<p>Knee/hip flexion</p> <p>Lying on your back or sitting up slightly in bed. Bend and straighten your knee on the affected side. Repeat 10 times.</p> <p>If you have a knee brace in place which allows a certain amount of movement, do not push past the allowed range.</p>

Going up and down stairs

General stair advice

- Always use a rail or bannister if there is one present. Check this is sturdy enough to support you
- If there is no rail present then use one crutch in both hands instead (please inform your Physiotherapist if this is the case so that you can practice this)
- You may be able to carry your other crutch up and downstairs yourself by holding it horizontally in the same hand as the other one, so it forms a 'T' shape (as shown in the picture). If you are not able to do this get someone to carry your other crutch up and down the stairs for you. Do not throw it down or up as it may be difficult to pick up afterwards. If there is nobody at home with you then a third crutch can be provided to leave at one end of the stairs
- Ensure that there are no loose carpets or clutter on your stairs to avoid tripping over
- Ensure that steps and stairs are well lit, particularly at night
- It may be sensible to have someone with you the first time you attempt stairs or steps when you get home
- Hopping up and down stairs and steps can be quite tiring, so plan when you need to do them!

Going upstairs using crutches



- **Take your weight through the rail on one side and your crutch on the other side, keeping your bad (affected) leg out behind you.**
- **Hop onto the first step with your good (unaffected) leg; do not put any weight on your bad leg.**
- **Bring your crutch up to the same step.**
- **Repeat the process for the rest of the flight of stairs.**

Going downstairs using crutches



- **Take your weight through the rail on one side and your crutch on the other side, keeping your bad (affected) leg out in front of you.**
- **Place your crutch down onto the first step below.**
- **Take your weight through your arms and hop/lower your good (unaffected) leg down onto the same step as your crutch.**
- **Repeat the process for the remainder of the stairs, taking one step at a time.**

Going Up and Down Stairs on your Bottom

If you are not able to manage the stairs by hopping it may be possible to go up and down on your bottom instead. There are a few aspects to this that you need to consider and you can ask the Physiotherapist to explain this to you while you are in hospital. Getting up from the floor at the top of the stairs can be difficult whilst non-weight bearing so you need to have reasonable strength in your arms to get up. The layout of your stairs also needs to be taken into account, in particular going round a bend in your staircase can be difficult or impossible if you have to keep your injured leg straight in a brace or cast.

We would recommend you discuss these points with your Physiotherapist prior to discharge home to decide what would be safest for you. If this method is deemed appropriate for you, then the technique is as follows.

Sitting down on to the stairs at the bottom



- **Position yourself in front of the stairs so that they are behind you.**
- **Hold the handrail or wall with one hand and reach your other hand down to the stairs.**
- **Keep your affected leg off the floor while you do this.**
- **Slowly lower your bottom down onto the stairs. Sit wherever feels most comfortable, i.e. this may not be the first step of your stairs depending on the design of them.**

Going up the stairs on your bottom



- **Place both hands on the step above.**
- **Push through your unaffected leg and both hands to raise yourself up the stairs one at a time.**
- **When you reach the top of the stairs we recommend you raise yourself up onto a small stool and/or chair before standing.**
- **For safety reasons the stool / chair must be sturdy and positioned slightly away from the top of the stairs. If the chair has no arms you will be able to swing your legs away from the stairs and stand to your walking aid.**

Getting down to the top step and going downstairs



- This is the reverse of the process for ascending the stairs.
- Carefully lower yourself down onto your stool / chair (positioned at the top of the stairs) using the hand rail so that you are sitting on the floor at the top of your stairs.
- Using your arms and your unaffected leg, slowly lower yourself down the stairs, one step at a time. Continue to ensure that you do not put any weight through your affected leg.
- Once you are 2-3 steps away from the bottom of the stairs, reach one hand back up to the rail to pull yourself into an upright position, pushing through your unaffected leg and one hand on the step to assist.

Looking after yourself at home

It is important that when you get home you have time to rest and recover from your operation/injury. We would advise that you have someone stay with you for a little while to help you with daily activities around the home as you may find these more difficult whilst non-weight bearing. You must remember that when you are doing things at home you are **NOT** allowed to put any weight through your operated leg.

Keeping active is important, as inactivity can lead to some complications, it is important though to find a balance between activity and resting. When you have been in an upright position you may find that your injured leg swells a little, which can increase the pain you experience. It is advised that you rest with your leg elevated on a stool/chair to relieve this swelling and avoid being upright for extended periods of time. If the swelling or pain does not improve with rest or you are concerned you should contact your GP, 111 or the ward you were discharged from for further advice.

Getting on/off your toilet/bed/chair

It is recommended you use a chair with 2 arms and to avoid swivel/rocking chairs. Please use the following technique:

- Ensure you can feel the furniture you are about to sit on behind your knees
- Keeping your affected leg off the floor, take your arms out of your crutches or your hands off the frame and ensure you are balanced.
- Reach back with your hands to feel the furniture you are about to sit on and slowly lower yourself to a seated position.
- When standing back up, push through both hands on the chair arms, bed or toilet, again keeping your affected leg off the floor. Do not use your walking aid to pull up on as it may tip over.
- Place your hands back onto the frame or arms back in your crutches.

Washing and Dressing

You are advised not to attempt to hop into a shower cubicle or bath whilst you are non-weight bearing because of the risk of slipping and sustaining further injury. You are advised instead to strip wash at the sink sitting on a secure stool, chair or the toilet. If you have a plaster cast or brace you will need to keep this dry. A plastic bag can be taped around your cast or brace to keep it dry and removed once you have dried off. Wear loose clothes over the cast or brace and dress your affected leg first.

Cooking and shopping

You will not be able to carry items whilst non-weight bearing with a walking aid. If possible, ask family and friends to help with kitchen tasks/shopping etc. If no one is available to carry items you should sit on a chair or stool to eat and drink at the kitchen work surface or table. You may want to consider utilising online shopping facilities or arrange delivery from your local store. Consider asking someone to put your frequently used kitchen utensils, e.g. plate/saucepan out of low cupboards and on top of your work surface for you to easily reach.

Going Out

You may find it useful to hire a wheelchair while you are non-weight bearing so you can still go out. You can hire a wheelchair from The Red Cross and other charities, supermarkets, garden centres and shopping centres all often have wheelchairs that you can hire or borrow. The contact numbers for these will depend on where you live. Please ask the therapy staff on the ward if you require these details.

Follow up care

You may be required to attend an outpatient appointment at the Orthopaedic Clinic after you have returned home. This appointment will either be booked before you leave the ward, or a letter will be sent to you in the post. At this appointment you will see the orthopaedic consultant or a member of his team who will review your progress and give you further advice regarding your weight bearing status. They may offer a follow up x-ray to review how our injury is healing if this is appropriate. If you are in a cast this may be removed and changed to an alternative brace if required.

If you have had surgery you may have stitches which need to be removed. The nursing staff on the ward can advise you further on this and arrange any follow up by your district nurse if necessary. Please contact your GP surgery or the ward if you have any redness or itching, or are concerned about your wound at all.

Depending on your surgery you may also receive an appointment from the out-patient Physiotherapy team. You will receive this appointment either by letter or phone call. At this appointment the physiotherapist will advise and guide you through your exercises to help you progress. Sometimes appointments won't be until after you can weight bear therefore you won't hear from the Physiotherapy team until after this date.

If you have any queries about this information, please contact the Physiotherapy or Occupational Therapy Department at the hospital where you had your treatment between 8.30am and 4.30pm, Monday to Friday on the direct dial numbers below:

Physiotherapy

Worcestershire Royal Hospital
01905 760622 / 760187

Alexandra Hospital, Redditch
01527 512114

Kidderminster Hospital & Treatment Centre
01562 513066

Occupational Therapy

Worcestershire Royal Hospital
01905 760170

Alexandra Hospital, Redditch
01527 512146

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.