



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Therapy Following a Fractured Femur

Information for patients, relatives and carers

① For more information, please contact:
Orthopaedic therapy team
York Hospital
01904 725384

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Introduction

This leaflet has been designed to give you practical advice and information about therapy, starting on the ward after surgery and leading to when you are discharged home.

Therapy team

The Therapy team on the ward consists of Physiotherapists, Occupational therapists, and Generic therapy assistants.

When will I start my rehabilitation?

The aim of the surgery is to enable you to put weight through your injured leg and start using your hip again. Your rehabilitation and recovery starts straight away after the operation. You can expect to get out of bed on the same day of operation or on the first day following your operation.

This can be with assistance from the nursing team or therapy team. The sooner you start moving, the quicker you will recover.

Ending “PJ paralysis”

Research shows that if you remain in your pyjamas and spend too much time in bed in hospital, you rapidly lose muscle strength, fitness and your ability to walk safely and independently.

By sitting out in your chair to wash and eat, and by getting dressed in your own clothes and footwear, you are much more likely to:

- Regain your independence and retain your confidence.
- Reduce your care needs on discharge from hospital.
- Reduce the need for urinary catheters and the risk of constipation/continence issues.
- Potentially reduce the length of time you spend in hospital.

Getting up and dressed is something we will expect you to try and do **every** day.

Please ask a family member or friend to bring in some appropriate loose fitting **clothing and slippers or shoes and toiletries** for you as soon as possible.

Physiotherapy after surgery

The aim of physiotherapy is to help you recover from surgery, improve your strength, mobility, balance and exercise tolerance and ensure you can carry out daily living as independently as possible.

To assist with your therapy sessions, if possible, please ask your family/ friends to bring you supportive, non-slip footwear, such as slippers with backs, trainers or sturdy shoes or sandals, as well as your own clothes to get dressed into. This will help with your therapy sessions.

Day one post surgery:

- A physiotherapist will come to assess you the day after your operation.
- A physiotherapist will assess your operated leg in the bed to start with, looking at your strength and movement.
- A therapist will assist you out of bed, with guidance and encouragement, then assessed for the appropriate mobility aid needed to help you get up and about.

Goal for day one: For you to move out of the bed into a chair. This will enable you to work with nursing staff to change position regularly and get on and off a toilet as required. Achieving this as early as possible reduces the risk of complications post-surgery.

Day two post surgery:

- The nursing staff will support you out of bed as established with the therapists on day one.
- The physiotherapy team will assist you to increase the distance you can move and your independence. You will be encouraged to set goals to help guide your rehab
- You will be encouraged to do more functional tasks with nursing staff to start building your strength such as getting yourself washed and dressed.
- Bed and chair exercises will be provided for you to work on independently through the day. Refer to the exercises listed on page 7 onwards.

Day three post surgery onwards:

- For you to be able to walk with assistance and using a walking aid to and from the bathroom
- You will be encouraged and supported with your exercises.
- You will continue to standing exercises if appropriate, which you can practice at your bedside once safe.
- Depending on the plan for your individual discharge needs, your therapists will provide you with a walking aid and if required, teach you how to safely go up and down stairs/steps.
- Therapy will be organised for you once you leave hospital. This will either be within your own home or in an outpatient setting. The type of therapy organised on discharge is depends on your individual needs.

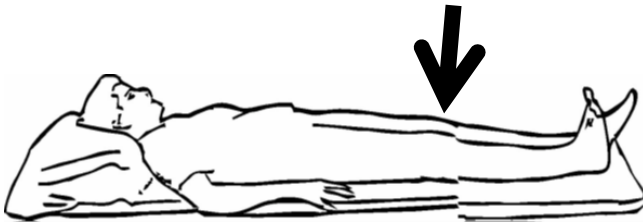
Bed exercises

The following exercises will help strengthen your muscles and help the healing process.

Unless specified by your physiotherapist, aim to do these exercises two to three times a day. Start with five repetitions of each exercise and if you can, increase the number of repetitions by one each day.

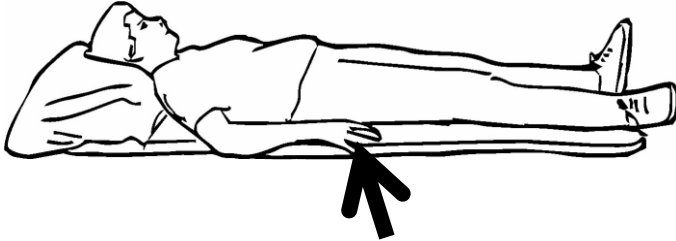
1. Static Quads

Lie with legs straight on the bed. Tighten up the front of your thigh, press the back of your knee into the bed and pull your toes up towards you. Hold for five seconds. If this exercise is done correctly, the kneecap should move up and down as you tighten and relax the quads muscle.



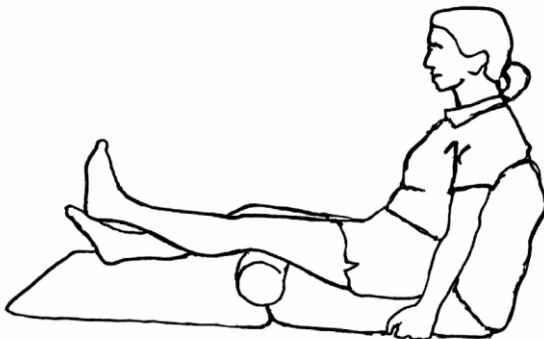
2. Static Glutes

Squeeze buttocks together. Hold for five seconds.

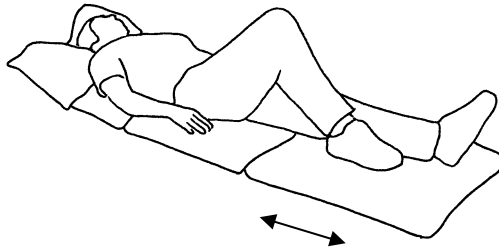


3. Inner Range Quads

Put a rolled up towel beneath your knee. Straighten your leg, keeping your knee on the towel. Hold for five seconds and lower slowly.



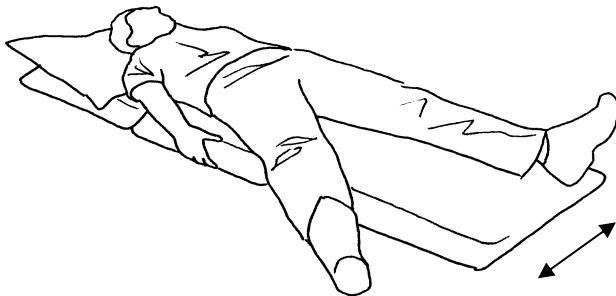
4. Hip flexion in lying down position



Lie down on your back. Bend your knee up towards your chest (to a maximum of 90 degrees) and then return your leg to the straight position.

5. Hip abduction in the lying down position

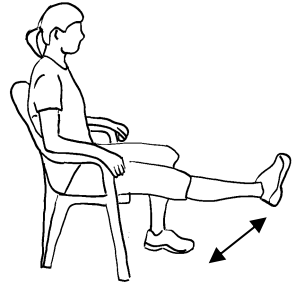
Lie down on your back. Slide your affected leg out to the side, keeping it straight as you do so. Return your leg back into the centre.



Chair exercises

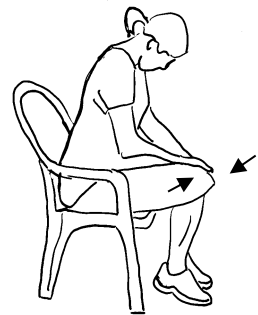
1. Through range knee extension

Sit well back in your chair so your thigh is supported. Straighten your leg from the knee; try to get it as straight as possible. Pull your foot up towards you and hold for a count of five.



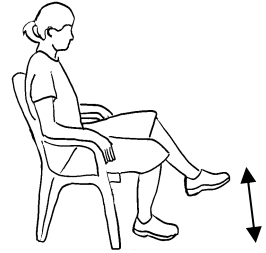
2. Adduction squeeze

Sitting well back in your chair so your thighs are supported, place both hands on a cushion between your knees. Squeeze inwards onto your hands/cushion and hold for a count of five and release.



3. Hip flexion in sitting

Sit well back in the chair so thighs are supported, sit up tall. Lift each knee in turn and hold for a count of three. (Do not do this if you have had a total hip replacement.)

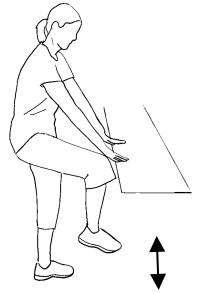


Standing exercises

1. Hip flexion in the standing position

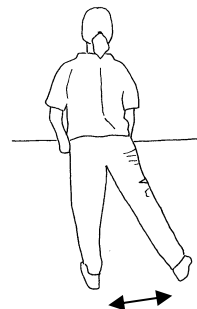
Whilst holding on to a kitchen worktop with both hands, lift your knee up towards hip level. Keep below 90 degrees.

Hold this position for five seconds before relaxing.



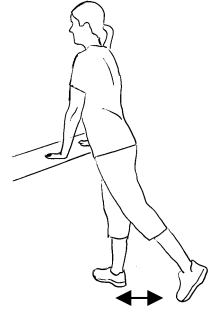
2. Hip abduction in the standing position

Whilst holding on to a kitchen worktop or table, keep your leg straight as you raise it out to the side of your body. Hold this position for five seconds. Ensure you keep your knee and foot facing forwards as you do this. Keep your body upright and **do not** lean sideways.



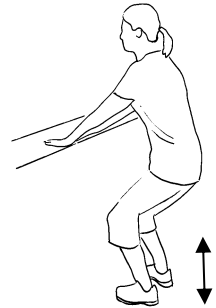
3. Hip extension in the standing position

Whilst holding onto a kitchen worktop or table, keep your leg straight as you clench your buttock and lift your leg out behind you. Hold this position for five seconds and then relax. Remember to keep your body upright and do not lean forwards.



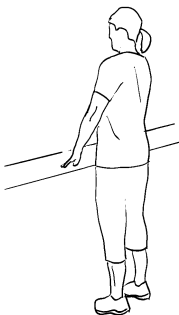
4. Squats

Holding onto a kitchen worktop or table with both hands, stand with your feet a shoulder width apart. Bend your knees slightly up to an angle of 45 degrees and then return up to a standing position.



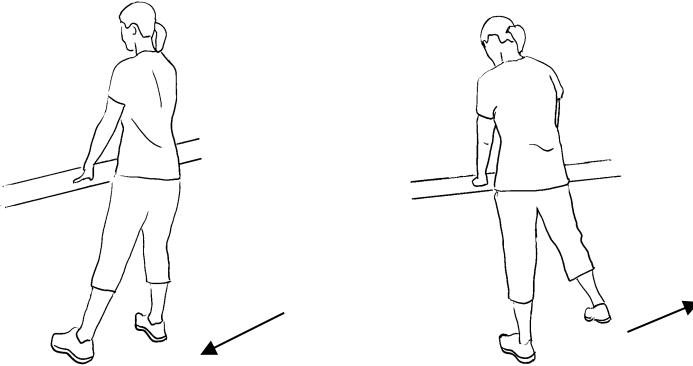
5. Calf raises

Holding onto a worktop or table with both hands, while you are standing, raise your heels off the floor so that your weight is on your toes and then slowly lower your heels back to the ground.



6. Side stepping

Stand facing kitchen worktop. Hold on with both hands. Move hands along worktop stepping to the left for five steps. Then take five steps to the right.



Timed Unsupported Stand with feet apart

Stand facing kitchen worktop or table with arms by side and feet apart.

Aim to stand unsupported for two minutes. Try this daily.

Time yourself with a kitchen timer or second hand on a watch/clock.



Steps and stairs

Before you are discharged from hospital, the therapy staff will show you how to manage with steps or stairs safely using your walking aid to support the operated leg. At first, this may sound daunting but many patients are surprised that it is easier than they thought. With patience and practice you will soon gain confidence with patience and practice.

Use the banister/handrail if there is one, carrying your stick or crutch in the opposite hand.

Have one crutch/stick in your hand to lean on and carry the other crutch/stick as in the picture on the next page.

You could also give the spare crutch/stick to someone else to carry for you.

Going up stairs

Step up with your **un-operated** (shaded) leg first, followed by the operated leg, then finally your sticks or crutches, taking one step at a time.

Going up stairs:

1. Unaffected leg
2. Operated leg
3. Crutch/stick



Going downstairs

Put your sticks or crutches down on the first step, then your **operated** (shaded) leg down first, followed by the un-operated on leg.

Going downstairs:

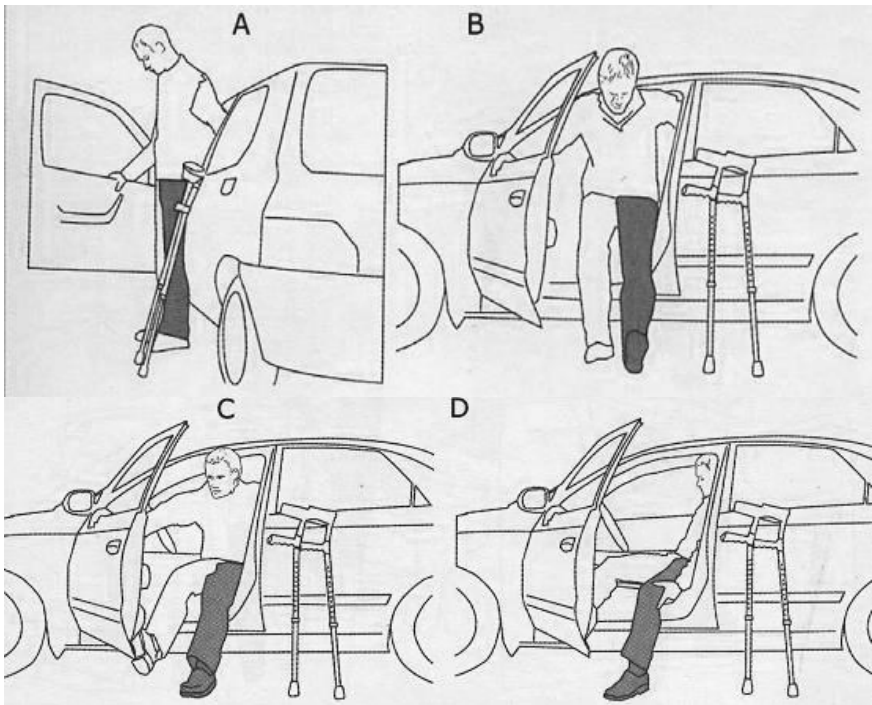
1. Crutch/stick
2. Operated leg
3. Unaffected leg



Getting in and out of a car

- Have the car parked away from the kerb so that you do not have to stoop so low to get in.
- Ask the driver to push the passenger seat all the way back and recline it slightly.
- If the seat is too low, you may need a small cushion or pillow to raise you a little.
- Putting a plastic bag or glossy magazine on the seat can help you slide and turn into position.
- Reverse the above procedure, to get out of the car.

Image of person getting into a car



- A. Back up to the car until you feel it against the back of your legs.
- B. Carefully lower yourself onto the seat, keeping your operated leg straight out in front of you as you sit down.
- C. Slide across the seat towards the handbrake to give yourself sufficient room to get your legs into the car.
- D. Turn and bring your legs into the car. Support your operated leg when you bring this into the car.

Occupational therapy

The Occupational therapist (OT) will see you on the ward to discuss more specific details about your home environment and how you managed your day-to-day activities prior to your hip fracture.

You may be issued with a Furniture Heights form. Please ask a friend or relative to complete the form with details of the chair, bed, toilets and return to the ward as soon as possible.

Please ask your family/friend to bring in suitable day clothes for you. They should be comfortable and allow for easy access to your hip wound.

Suitable footwear is essential. Footwear with backs on that is 'worn in' will be more comfortable and easier to get on your feet, as your ankle/feet/leg will swell following surgery.

The Occupational therapist or Generic Therapy Assistant (GTA) will guide you to practice getting washed and dressed, getting in/out of bed and on/off the toilet.

As you progress with your rehabilitation the OT or GTA will assess whether you require any assistive equipment. This could include a toilet raise, perching stool or bed handle to enable you to be as independent as possible.

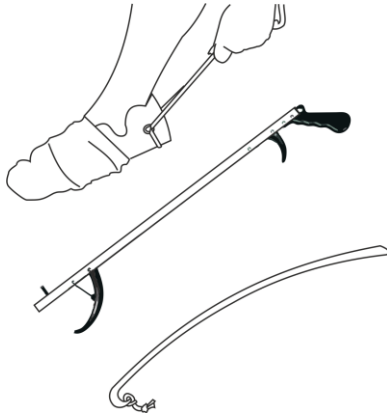
Should equipment or additional support be needed, the OT will discuss with you and your family. This equipment is loaned to you for as long as you need. We can arrange for any equipment to be collected from the hospital, or it may be possible for it to be delivered to your home.

Some dressing aids may be able to help you get dressed more independently while you are recovering from your hip fracture. Three of these dressing aids are illustrated below. These are not provided on the ward; a list is provided on places you can buy them from below.

These dressing aids are not provided on the ward, but there are many places to purchase them on-line or at pharmacies.

Please find images on next page of some of the equipment that has been discussed.

Image below is of a Sock aid, Helping hand and a long handled shoe horn.



Inpatient rehabilitation

As a team, we discuss your progress in a daily multi-disciplinary meeting with the consultant. We will keep you informed on your recovery and discharge location along with any family/carers as appropriate. If in-patient rehabilitation is recommended, you will be referred to your local community unit (depending on your GP catchment area).

Community services

The therapy team will always try to get you back home. It may be that you are recommended to have rehabilitation at home provided by community therapy services. These provide short term support with daily living activities or therapy follow up.

If a longer-term care package is required or social worker involvement is required, this will be discussed with you and your family.

Returning home

After having your operation, you may need to make certain adjustments to your usual routines and ways of completing your activities of daily living:

Planning and organising your home environment

On your discharge home, you are most likely to be walking with either a walking frame, or two sticks or crutches.

It is important to ensure you have adequate space to move about your home using your walking aids between furniture and rooms. Consider what changes will make your home safer. Make sure you have secure handrails along the staircase. Remove any rugs to reduce potential tripping hazards.

You should consider whether you need to ask a friend or relative to help with putting the bins out, shopping or any heavy tasks.

Set up a 'recovery centre' where you will spend most of your time, – Gather round your chair things you regularly need so they are within easy reach.



Furniture

Chair

A good seat height for you is when your feet are flat on the floor and your hips are slightly higher than your knee when sitting.

Ideally choose to sit in a chair that has a firm seat, upright position with a supportive back and arms to push up on. If you do not have a suitable chair in your property, consider borrowing one from friends or family. Alternatively, if your chair is low, you may raise your chair with an extra cushion or folded blanket.

Bed

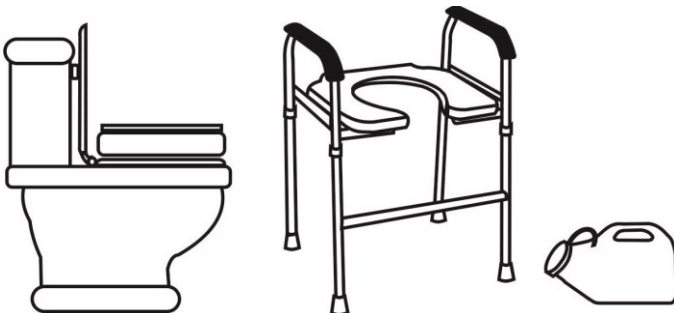
If your bed is too low, consider if you have an alternative bed that is more suitable. It is often easier following surgery to get into bed leading with your un-operated leg first, as it can be less painful. If appropriate, you may want to consider swapping sides of the bed.

Toilets

Toilets are often the lowest seat in the property. It may help to use temporary equipment to aid sitting and standing after the operation. If this is needed, the equipment can either be provided following your consultation with the occupational therapist or from the hospital ward at the time of discharge.

If you live in a house with a toilet upstairs only, you may need to consider how you will manage going up and down the stairs, and whether having a commode or urine bottle may be of use.

Images below of raised toilet seat, raised toilet seat and frame and urine bottle.



Kitchen activities

After hip surgery you may become tired more quickly. Standing for long periods and walking around from cupboard to cupboard can be hard work, especially if walking with two sticks, crutches or a walking frame. If you live with someone who can help, it is not generally an issue, however, the following advice may help:

Moving items like plates, cups and cutlery into one convenient area such as on the countertop can help conserve energy. Moving items from low or high cupboards or shelves in the fridge/freezer will reduce any excessive bending or over-reaching.

Having easy-to-prepare meals may be convenient for the first few weeks following surgery, especially if you live alone.

Carrying items around the house will be difficult if you are using walking aids. You may need to consider having a table in the kitchen or having a stool by the kitchen counter to eat and drink at. Alternatively consider using a bag to carry sealed travel mugs and containers to a seated area.

You may need to ask for some initial support from any family, or with friends in the first few weeks of being home to help with heavier tasks such as laundry, cleaning, and vacuuming.

An occupational therapist may discuss alternative options with you if requiring further advice.

Shopping

Initially you may find getting outside to do any shopping yourself difficult. If you can, organise on-line shopping deliveries and or ask any family/friends to help for the first few weeks whilst you recover at home.

Age UK, Carers Plus and Good Gym offer shopping services for people. Contact details are available in this leaflet.

Managing pets

In the first few weeks of your recovery at home, arrange help from family/friends with any care for your pets. Age UK Services 'Keeping your Pet' can provide temporary help caring for your pet offering walking and feeding services.

Practical advice to consider:

1. Hip precautions after total hip replacement surgery following fracture.

Patients who have had a hip replacement to fix their fracture should avoid the following movements for at least six weeks after surgery. This can be extremely uncomfortable for you. This also helps reduce the risks of dislocating your hip following surgery.

- Do not bend more than 90 degrees, which is a right angle at your hip. This means not reaching below your knees.
- Do not twist your hip while in sitting, standing or lying.
- Do not cross your legs while in sitting, standing or lying.

It is advisable in the early stages of your recovery to sleep on your back or on your operated side. Further information will be given to you by your therapist on the ward.

Washing and dressing after your surgery

It may be recommended initially on discharge home to wash at the sink, rather than getting into a bath or shower. This depends on how your wound is and how you are feeling.

If you are planning to shower in a cubicle, consider where you keep your shower/wash products and towel, as reaching to the floor can cause excessive bending and twisting. This can also increase the risk of falling.

If you have had a hip replacement, you will not be able to reach your feet yourself, as you would normally do. This and excessive bending can cause hip discomfort.

Dressing aids such as a long handled shoehorn and sponges, helping hand, sock/tights aids and elasticated shoelaces can assist you to independently wash and dress yourself whilst recovering at home.

Household tasks

Returning to your usual daily routine may be difficult. People can feel tired and experience pain and discomfort for a number of weeks following surgery.

It is important to pace yourself and gradually progress the amount you are being active and complete your activities of daily living.

After discharge, avoid heavy housework such as vacuuming or carrying large amounts of laundry on discharge. It may be beneficial for you to make arrangements for somebody to complete everyday tasks for you for a short time, such as shopping and cleaning.

While you gradually increase your daily activities you can carry out. If you feel you may need some extra assistance with these activities at home, the OT may be able to provide you with contact details for local care agencies/ voluntary organisations.

Falls

Anyone can have a fall, but older people can be more susceptible to falling, especially if they have a long-term health condition. Around one in three adults over 65 who live at home will have at least one fall a year, and about half of these will have more frequent falls (<https://www.nhs.uk/conditions/falls>).

House environment/trip hazards;

- Make sure you have suitable lighting in your toilet and bedroom overnight in case you need to get up to use the toilet. A nightlight might also be useful. If you need the toilet frequently during the night, it may be worth considering a commode in your bedroom – the OT on the ward can assess if you require one.
- Managing your medicines;
Some medicines can have an effect on your balance or make you feel faint. If you ever feel like that after taking medication, you should inform your GP or speak with a professional.

If you take several medicines, your GP should review them on a regular basis, in case you no longer need them, or the dose needs to be changed. See your GP, practice nurse or pharmacist, if you are concerned that the medicines you are taking may increase the risk of falling.

- Alcohol - Drinking alcohol can lead to loss of co-ordination and exaggerate the effects of some medicines. In turn this can increase the risk of having a fall, especially in older people.
- Sight loss - Reduced vision can increase the risk of falls. Arrange a sight test if you feel this may be affecting you.
- What to do if you have a fall – there are leaflets available from the CSP – Chartered Society of Physiotherapy ‘Get up and Go – a guide to staying steady’. Ask your physiotherapist for a copy.

Useful contacts

Orthopaedic Occupational Therapy Department
York hospital, telephone: 01904 725384

Age UK Services - Net Neighbour Shopping services and Home From Hospital Services and Keeping Your Pet services <https://www.ageuk.org.uk/york/our-services/keepyourpet/>

Telephone:

- York - 01904 634061
- Harrogate - 01423 502253
- North Allerton - 01609 771624
- Scarborough - 01723 379058
- Hull - 01482 324644
- Filey - 01723 516643

Carers Plus – supporting Carers, advice and practical help for Scarborough, Whitby and East Riding. Also offers ‘Home from Hospital Services.’

www.carerplus.net

Telephone: 01723 850155

Good Gym – is an organisation of local volunteers offering people help in their community with household jobs, moving furniture and deliveries.

www.GoodGym.org

Action on Hearing Loss

Provides advice and support for people who are deaf or hard of hearing through an information line, tinnitus helpline and a range of factsheets.

Telephone: 0808 8089000

Email: informationline@rnid.org.uk

www.actionhearingloss.org.uk

National institute for health and clinical excellence (NICE)

Produces guidance on promoting good health and preventing and treating ill health in England and Wales.

Telephone: 0845 003 7780

NICE order line: 0845 0037783

Email: nice@nice.org.uk. www.nice.org.uk

National Osteoporosis Society

Provides advice and information on all aspects of osteoporosis through its nurse helpline and information booklets. There is also a network of local groups that provide support.

Telephone: 01761471771

Helpline: 0845 450 0230

Email: info@nos.org.uk

www.nos.org.uk

RNIB (Royal National Institute of Blind People)

Provides a range of services, advice and information, including leaflets and publications many of which are available in large print, audio CD or tape and Braille.

Helpline: 0303 123 9999 Email: helpline@rnib.org.uk

Suppliers of equipment and dressing aids

EDEN Mobility

- 49 Gowthorpe, Selby YO8 4HE, 01757 602424
- 13 Hull Road, York YO10 5JL, 01904 234980
- 11 Newborough, Scarborough YO11 1NA
01723 336069
- 15 Chapel Street, Bridlington YO15 2DP
01262 410163

MEDEQUIP

2 Manse Lane, Knaresborough HG5 8LF or 5B 5C
Dunslow Court, Eastfield, Scarborough YO11 3XT
01423 226240

BE INDEPENDENT

UNIT 3-4, Gerald's Court, James Street, York YO10 3DQ
01904 645000

Bayliss Mobility

147A Hilderthorpe Road, Bridlington YO15 3HA
01262 375050

Websites

www.otstores.co.uk, www.baylissmobility.co.uk
www.healthcarepro.co.uk, www.nrshealthcare.com
www.amazon.co.uk

This is for information only. We cannot recommend suppliers or take responsibility for the companies or their services.

Pendants and alarms

Suppliers of Lifeline pendants and Telecare alarms

Pendant alarms offer a dedicated 24 hour service 365 days a year which you can wear your neck or wrist.

There are a variety of services that offer Lifeline, some from your local county councils such as;

Ryecare 01653 697737

www.ryedale.gov.uk/living-here/ryecare

Be Independent 01904 645000

www.beindependent.org.uk

Vital lifeline 01482 396040 – www.eastriding.gov.uk

Your local county council can also provide support or assistance with arranging support for yourself or someone you care for, through care packages, benefits and respite care services.

These can be arranged yourself through local agencies or by Adult Social Care services – your local council offers much information and support online such as Handy person schemes to help with around the home job like fixing rails, advice on support groups in the community.

York Council – Adult Social Care 01904 551550
www.york.gov.uk

Scarborough Council – Adult Social Care 01723
232323
www.northyorks.gov.uk

North Yorkshire County Council – Adult Social Care
01609 780780
www.northyorks.gov.uk

East riding Council – Adult Social Care – Live Life your
way 01482 393939
www.eastriding.gov.uk

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Laura Johnson, Orthopaedic Occupational Therapist,
York Hospital, Wigginton Road, York, YO31 8HE

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:
www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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