CPT Group Therapy Program
Fractured Hip

Educational Group Discussion Information

Purpose: The purpose of this group is to provide information for patients after a hip fracture. This is a fracture of the bone or bones that make up the hip (a ball-and-socket-type joint). There are two types of hip fractures: Intracapsular (fracture inside the joint), and extracapsular (fracture outside the joint). Open reduction internal fixation (insertion of pins or nails, insertion of screw plates, or hip prosthesis) surgery may be performed.

Admission Criteria:

- Diagnosis of hip fracture
- Able to tolerate sitting at least 30 min
- Stable Vital signs
- Short BCAT 16 or ACL 4.0 or greater
- Free of isolation precautions

Objectives/Goals:

- Understand signs and symptoms of hip fracture
- Understand purpose and importance of following any post-operative instructions
- Able to verbalize when to seek medical help
- Patient will be educated on adaptive equipment and assistive devices which may aid in safe mobility

Suggested materials

Anatomical Pictures or model of hip anatomy
Adaptive equipment and assistive devices frequently used after hip fracture: reacher, walker, long handled shoe horn, sock aid, dressing stick, commode, etc…

Suggested Activities:

Review attached materials
Printouts of hip anatomy
Printouts of attached materials

Factors that increase risk of hip fracture:

- Advanced age
- Osteoporosis
- Prolonged immobility
- Poor nutrition

Signs and symptoms:

- Shortening of affected extremity
- Severe pain and tenderness
- External rotation
- Inability to bear weight

General postoperative orders:

- Follow precautions to prevent injury to hip:
  - Avoid flexion of hip beyond 90 degrees
  - Never cross legs or ankles
  - Bear weight on affected leg only as ordered
  - Use toilet on elevated toilet seat to ease transfers
  - Use pillow between legs to sleep for the first eight weeks after surgery
  - Avoid sleeping on operative side
  - Lie on your stomach for 15 minutes every day
  - Follow progressive exercises as ordered
  - Do not drive until approved by a physician
  - Sit with feet six inches apart
  - Avoid bending at the waist
- Wear elastic stockings as ordered to prevent embolism
- Follow general safety precautions to prevent falls, such as handrails, well-fitting shoes, good lighting, avoiding clutter, etc.
- Use assistive devices as instructed, i.e., walker, cane, etc.
- Provide care for incision as instructed:
  - Cleanse wound as instructed and keep a dry sterile dressing over incision until healed
  - Report any signs of infection such as fever, redness, odor, painful swelling, and drainage
- Prevent constipation with stool softeners, high fiber diet, increased fluids, etc.
- Keep follow-up appointments with physician and therapist

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Possible complications:

- Incisional infection
- Displaced prosthesis or pin
- Thrombophlebitis
- Embolus (blood clot that travels to lung or brain)
- Shock and hemorrhage
- Contractures
- Constipation
- Pneumonia

Activities:

- Demo walker, cane, safe transfers, pivot transfers, slide board, WC use, trapeze use, LE dressing aides, reacher, elastic shoe laces

Resources:

- Physical therapy
- Occupational therapy
- Durable medical equipment companies for trapeze, wheelchair, walker, cane, etc.