



Physiotherapy Following Hip Fracture

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A Multi-Disciplinary Approach

- A & E
- Acute pain team review
- Pre-operative optimisation
- Orthogeriatrician / orthopaedic liaison
- Fractured NOF analgesic pathway
- Trauma nurse practitioner
- Physiotherapy
- Occupational therapy
- Nursing staff
- Discharge planning



Post-Operative Considerations

- Patient's Pre-Operative Status
 - PMH
 - Social history
 - Mobility aids
 - Care
 - Falls history
 - Cognitive impairment
- Pain
- Surgery



Type Of Fixation / Prosthesis

- Conservative treatment
- ORIF
- Hemi-arthroplasty
- Bi-polar hemi-arthroplasty
- THR



Weight-Bearing Status

- Non
- Minimal / touch
- Partial
- As tolerated
- Full



Day 1 Post-Operative Physiotherapy

- Introduction
- Circulatory exercises
- Respiratory physiotherapy
- Transfers
- Mobilise
- Maintenance exercises
- Orthopaedic therapy assessment form
- Documentation
- Advice



On-Going Post-Operative Physiotherapy

- Progression of Mobilisation
- Equipment
- Gait re-education
- Distance
- Assistance
- Functional goals / ADL
- Steps / stairs
- Equipment needs for discharge



Discharge Planning and Onward Referral

Discharge to:

- Home
- Family
- Another inpatient speciality
- Interim beds
- Nursing or residential facilities

With:

- Community physiotherapy
- ICT
- Care



Challenging Patients

- Pre-existing medical conditions / poor mobility
- Non-weight-bearing or partial-weight-bearing
- Other fractures
- Confusion, delirium and dementia



The Future

- A multidisciplinary booklet
- Gym facilities / group treatment



In Summary

- Physiotherapy begins immediately
- Transfers and mobilise as soon as possible
- Problem solving respecting limiting factors
- Goals agreed with the patient, family, carers and MDT
- Initial compromises may be made to facilitate early discharge
- Onward referral



Questions?

