



Hip Fracture Rehabilitation Program



Our goal is to help people with a hip fracture regain strength and mobility. We work with patients to develop and implement a therapy plan designed to maximize their potential and help them regain as much independence as possible.

Hip Fractures

A hip fracture occurs when there is a break where the upper part of the thigh bone meets the pelvic bone. Although hip fractures can happen to people of any age, it's much more common for fractures to happen to those who are 65 and older. It's a serious injury that the Centers for Disease Control and Prevention estimates sends at least 250,000 people over the age of 65 to the hospital every year, and the number is expected to go up as the population ages. For people 65 and older, a hip fracture is generally caused by a fall (95%).

Hip fractures are diagnosed by a doctor with an X-ray, magnetic resonance imaging (MRI), or computed tomography scan (CT or CAT scan). Surgery is generally used to help repair the fracture, with specialized physical therapy recommended after surgery to help people recover as fully as possible.

Loss of Function and Common Problems

Symptoms may vary from person to person, but some of the most common problems experienced by patients with a hip fracture include:

- Hip, knee, and lower back pain
- Inability to stand or walk
- Bruising or swelling

In addition to the physical complications of a hip fracture, people may develop a fear of falling that can cause them to become less active and avoid everyday tasks, even after recovery.

Our Rehabilitation Team

Our therapists work hand-in-hand with doctors and nurses who specialize in rehabilitation. Members of the team may include physical and occupational therapists, as well as social workers and nutritional counselors. Speech therapists are available as well if needed. We work closely with your doctor or surgeon to help tailor your care and maximize recovery.

Our care team meets regularly to monitor patient progress and response to treatment. Discharge planning begins upon admission and involves the patient, caregivers and the entire rehabilitation team to ensure a smooth transition to home or to another level of care if appropriate.

A 2014 study that explored the effect of an **occupational therapy intervention, combined with physiotherapy (physical therapy) rehabilitation for improving hip fracture patient outcomes, found that patients who received both experienced considerably less emotional distress and achieved a higher level of independence.** In addition, the level of fatigue in the patients who received occupational therapy and physiotherapy declined significantly at six months versus those who did not have occupational therapy.

Martín-Martín LM, Valenza-Demet G, Jiménez-Moleón JJ, Cabrera-Martos I, Revelles-Moyano FJ, Valenza MC. *Effect of occupational therapy on functional and emotional outcomes after hip fracture treatment: a randomized controlled trial.* 2015 Jan. <http://www.ncbi.nlm.nih.gov/pubmed/24271264>





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In a 2011 study, patients had better outcomes when treated in an inpatient rehabilitation facility (IRF) than those who were treated in a skilled nursing facility. When matched for age, gender, operative diagnosis, severity index, and admission ambulation FIM score, those who received rehabilitation in the IRF had shorter length of stay and superior functional outcomes than those in the SNF setting.

The average length of stay for knee replacement, hip replacement and hip fracture patients



10.7 days
in an IRF

vs.

25.5 days
in a SNF

*Standard deviation 4.2 days for IRF, 16.5 days for SNF

Herbold JA, Bonistall K, Walsh MB. Rehabilitation following total knee replacement, total hip replacement, and hip fracture: a case-controlled comparison. J Geriatr Phys Ther. 2011 Oct-Dec;34(4):155-60. doi: 10.1519/JPT.0b013e318216db81.



Unplanned readmission within 180 days varies significantly by discharge destination:

4.2%
Inpatient
Rehabilitation

5.1%
Home

12.3%
Skilled
Nursing
Facility

10.5%
Home with
Home Health
Care Services

42.9%
Other

Riggs RV1, Roberts PS, Aronow H, Younan T. Joint replacement and hip fracture readmission rates: impact of discharge destination. PM R. 2010 Sep;2(9):806-10. doi: 10.1016/j.pmrj.2010.05.008.

Rehab in the Acute Inpatient Rehabilitation Setting or Inpatient Rehabilitation Hospital

We offer a comprehensive inpatient program that includes physical and occupational therapies, and, if necessary, speech therapies. Physical therapy is critical in recovering from a hip fracture and helping you walk on your own or with an assistive device. Most exercise routines will focus on strengthening

the hip, walking, and balance. Our occupational therapists can help with managing self-care activities such as dressing and bathing, as well as everyday activities such as home management.

While each person's therapy program will be tailored to his or her goals and medical needs, therapy for a hip fracture will generally focus on:

- Strengthening exercises
- Regaining balance and coordination
- Correcting issues with your gait
- Understanding any restrictions your injury may require
- Fall prevention techniques
- Regaining independence in basic activities of daily living, including bathing and dressing.

Caregiver Support

We know the critical role caregivers and family members play in helping their loved ones. We also know it can be stressful at times. Our care team offers support and information to help caregivers and other loved ones understand the hip fracture recovery process and how to best help their loved one. They also will help direct caregivers to the right resources so they can get help and support when they need it.

Contact Us for More Information and to Request a Patient Assessment.