

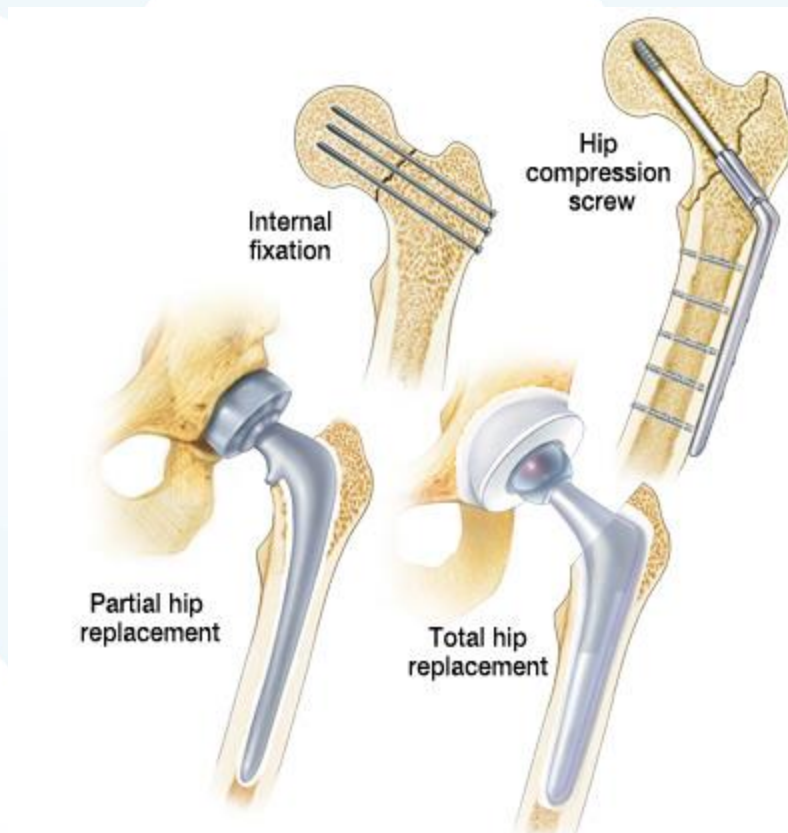
Hip Fractures

Hip fractures are serious injuries, especially for those who are older. Complications can end up being life-threatening. Most of the time, fractures occur in those who are 65 years of age or older, with risks increasing more often after the age of 80. Older individuals tend to be at the highest risk for fractures because the bones tend to get weaker as you grow older, which is known as osteoporosis. Poor vision, multiple medications and problems balancing make older individuals more likely to fall and trip, which is one of the most common causes related to hip fractures.

Hip fractures almost always end up needing surgical replacement or repair, followed by months of intense physical therapy. Taking the proper steps to maintain bone density and preventing falls will help to prevent fractures from occurring.

Hip Fracture Anatomy

The hip is a ball and socket joint connecting the thigh bone (femur) to the pelvis socket. It allows the leg to move. It's a long bone in the leg, with the ball (head of femur) attached at the end. The hip joint allows a huge range of movements, with the most important being the ability to bend (flex) your hip joint, i.e. bringing your knee towards your chest. Many muscles and ligaments surround the hip joint. The most important muscles being the quadriceps (thigh muscles), gluteals (buttock muscles), hamstrings (back of thigh muscles), and adductors (groin muscles).



How to Treat Hip Fractures:

1. Surgery

The type of surgery you end up needing will depend upon the location of the fracture within the bone, your age and how severe the fracture is. Common surgical options are:

- Repairing the fracture with hardware. Metal screws might be inserted into the bone to hold everything together during the healing process. In certain instances, screws are attached to a metal plate running alongside the femur.
- Replacing part of the bone. If the ends of the bone that is broken aren't aligned correctly, the neck and head of the femur might have to be removed and a metal replacement inserted.
- Replacing the entire hip joint. Total replacement involves the replacement of the socket in the pelvic bone and the upper femur with artificial parts. If arthritis has set in, this is the ideal option.

As most fractures to the hip joint occur in the elderly, it is worth noting that surgery is far more risky. Over the age of 90, there are potential problems with the anesthetic and potential for heart issues during the surgery.

2. Rehabilitation

The first day after the surgery, you will need to get out of bed and start gently mobilising. Therapy focuses on range of movement and strengthening the joint. Based on your individual type of surgery and whether you have someone at home to help you, it might be necessary to go to an extended care facility from the hospital.

It is important to get a full course of therapy following surgery to stop stiffness occurring in the hip.

Tips:

- Prevention is key. Assess your home and look for any fall hazards that might be present.
- If you are elderly, wear a buzzer so that if you do fall you can get help as soon as possible.
- Exercise helps to strengthen the bones and improve your overall balance, and will help prevent falls.
- Maintain good nutrition and eat properly to maintain bone health.
- Watch your medications and report any side effects associated with them. Some long term medication use can cause osteoporosis, such as steroid use for asthma. Check with your GP, doctor or pharmacist if you are unsure.