

MOBILISATION AND MOBILITY

Standing up and taking steps the day after surgery (even marching on the spot) has been shown to improve walking and other activity, even up to 12 months later



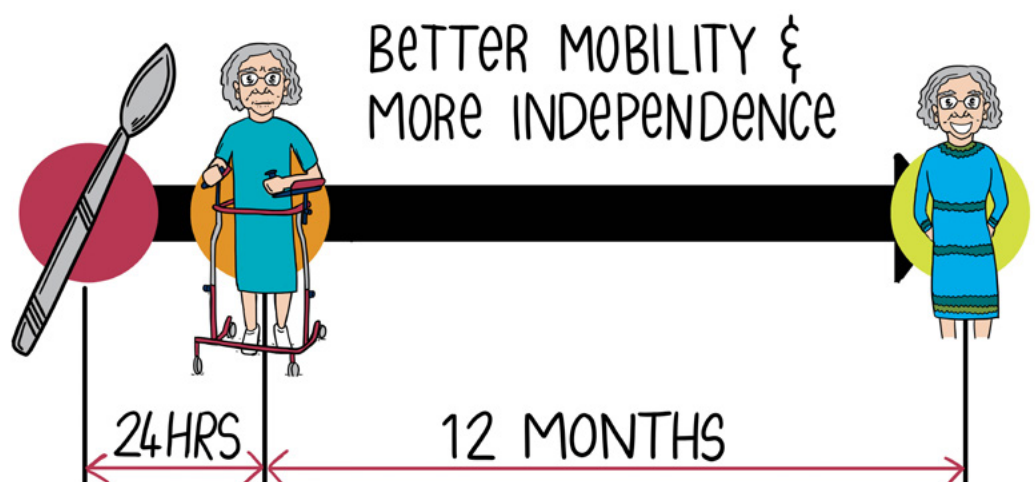
With surgery over, it is time for the person you care for to start moving again. Here's what you need to know to help them take those first steps after their surgery and to prepare for leaving hospital.

- The day after the operation is called day 1
- On day 1, health professionals will offer patient's the opportunity to stand up and take some steps
- In almost all cases, the surgeon operates to allow patients to stand up and walk taking weight on the operated leg from day 1
- Patients start walking again with some sort of walking aid, commonly a frame, and it will be physiotherapists or nurses who support the patient the first time they get out of bed
- It is common for patients to feel worried, unsure, or anxious, about getting out of bed and moving after the operation
- There may be some discomfort or weakness with standing and stepping. These feelings should get less with time
- Research shows that getting up the day after surgery and moving about greatly reduces the risk of complications like blood clots or pneumonia
- Patients who begin standing and stepping, or even walking, on the first day after surgery tend to have better mobility and be more independent up to a year after their broken hip
- Because of this evidence, everyone is encouraged to get out of bed on day 1, unless there is a medical reason that prevents it

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When the surgeon told me that I would be up walking the next day, I laughed, it seemed impossible, but I did it!”

PATIENT WITH A BROKEN HIP



You may feel like you want to do something practical to help the patient in their recovery. Here are some practical tips you might be able to do to help the person you care for improve their mobility in the days and weeks after surgery.

Be encouraging...

- When you speak with the patient after the operation, talk about how they will be getting up on day 1, so they are prepared for this to happen. Be positive about it, as it is the first step towards recovery and it is a big achievement.
- If possible, offer to be present for the first walk. Be encouraging. Give praise for small achievements. Even something as simple as getting out of bed for a meal is improvement.

Be reassuring...

- Let the patient know it is completely understandable that they might feel scared
- Reassure them they will be guided and assisted by the health professionals and will have an appropriate walking aid for support
- Assure them that pain relief is available if needed, so that walking is more comfortable

Share information ...

- Let staff know early on if there are reasons the patient may be hesitant to get up on day 1
- Share information with the health professionals about the patient's usual activities and those things that are important to them to help with planning rehabilitation
- If English is not the preferred language for medical care, write down a few key words in the preferred language, such as "walk", "step", "pain", "turn", "sit" and any others you think may be useful to help the physiotherapists and nurses
- Speak with the therapists (physio and occupational) before the patient leaves hospital about mobility goals, and where to access the exercises and instructions to safely achieve them

Listed below are suggested points for discussion about walking and recovery after hip fracture surgery. If you would like more information, place a tick in the box to remind you to discuss that point with the health care team.

Tick one box for each statement below	I need more information	I have enough information
I feel confident I have enough information about when the person I care for will be getting out of bed to stand and take some steps	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident I understand the risks of not getting up and getting moving after an operation for a broken hip	<input type="checkbox"/>	<input type="checkbox"/>
If the person I care for is not getting out of bed on day 1, I understand the explanation provided and I feel confident with the plan for when they will get out of bed	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident I know enough about the type of rehabilitation being offered and where it will occur	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I will be able to help the patient with their exercises and walking after they leave hospital	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident I know who to speak with if I have concerns about the person I care for getting back to their usual activities in the first few months after leaving hospital	<input type="checkbox"/>	<input type="checkbox"/>
The person I care for lives in residential aged care and I am confident I know how to find out about physiotherapy and other rehabilitation services for them	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident I know what equipment is needed after leaving hospital, and how I can access it and for how long	<input type="checkbox"/>	<input type="checkbox"/>

Information and data sourced from: 1. ANZHFR Hip Fracture Care Guide: My Hip Fracture Information and Individual Care Plan 2. Australia New Zealand Hip Fracture Registry 2022 Annual Report 3. Australian and New Zealand Guideline for hip fracture care – Improving outcomes in hip fracture management of adults <https://anzhfr.org/wp-content/uploads/sites/1164/2021/12/ANZ-Guideline-for-Hip-Fracture-Care.pdf> Accessed 1st September 2022 4. Royal College of Physicians National Falls and Frailty Audit Programme – A guide for family and carers. <https://www.rcplondon.ac.uk/projects/hip-fracture-carers-guide> Accessed 1st September 2022

