



Patient Discharge Guide for Hip Fracture Patients

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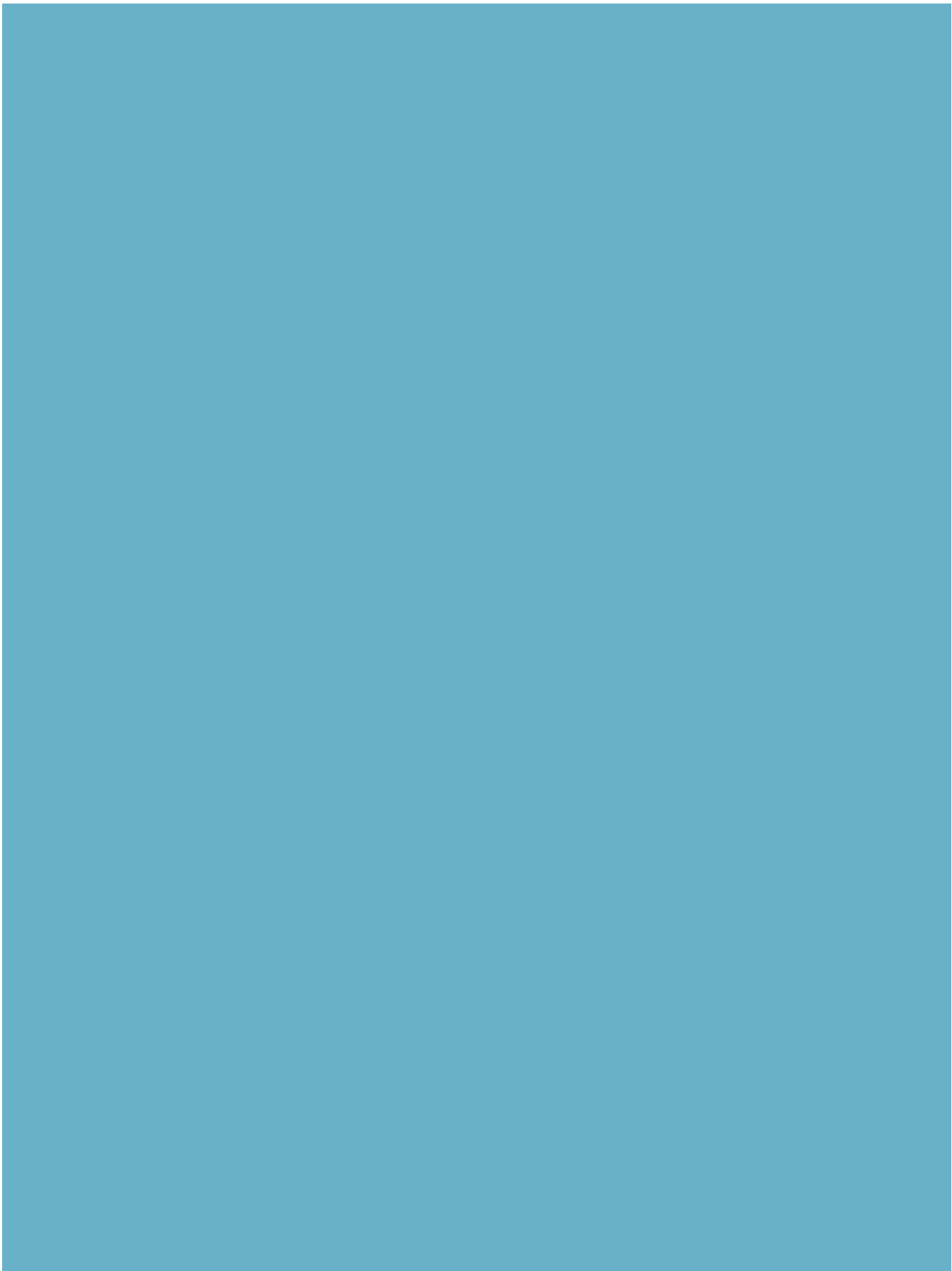
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6 Vital Factors for a Successful Recovery

1. ELEVATION is for swelling. It is normal to have increased swelling in your legs once you are home. You need to elevate your leg above the level of your heart for at least 30 minutes two times a day.

2. ICE is for pain. It is normal to have some increase in pain after you are at home. You need to ice your knee for 20 minutes while you are elevating your leg, at least two times a day. Remember to protect your skin by placing a layer of cloth between the ice and your skin (such as a towel or pillow case).

3. BLOOD CLOT PREVENTION. Your surgeon has prescribed a blood thinner for you. This medication must be taken as prescribed at the same time every day.

4. CONSTIPATION. Constipation is normal after surgery. If you have not had a bowel movement in 2 days, you need to take Miralax twice a day until you have a bowel movement.

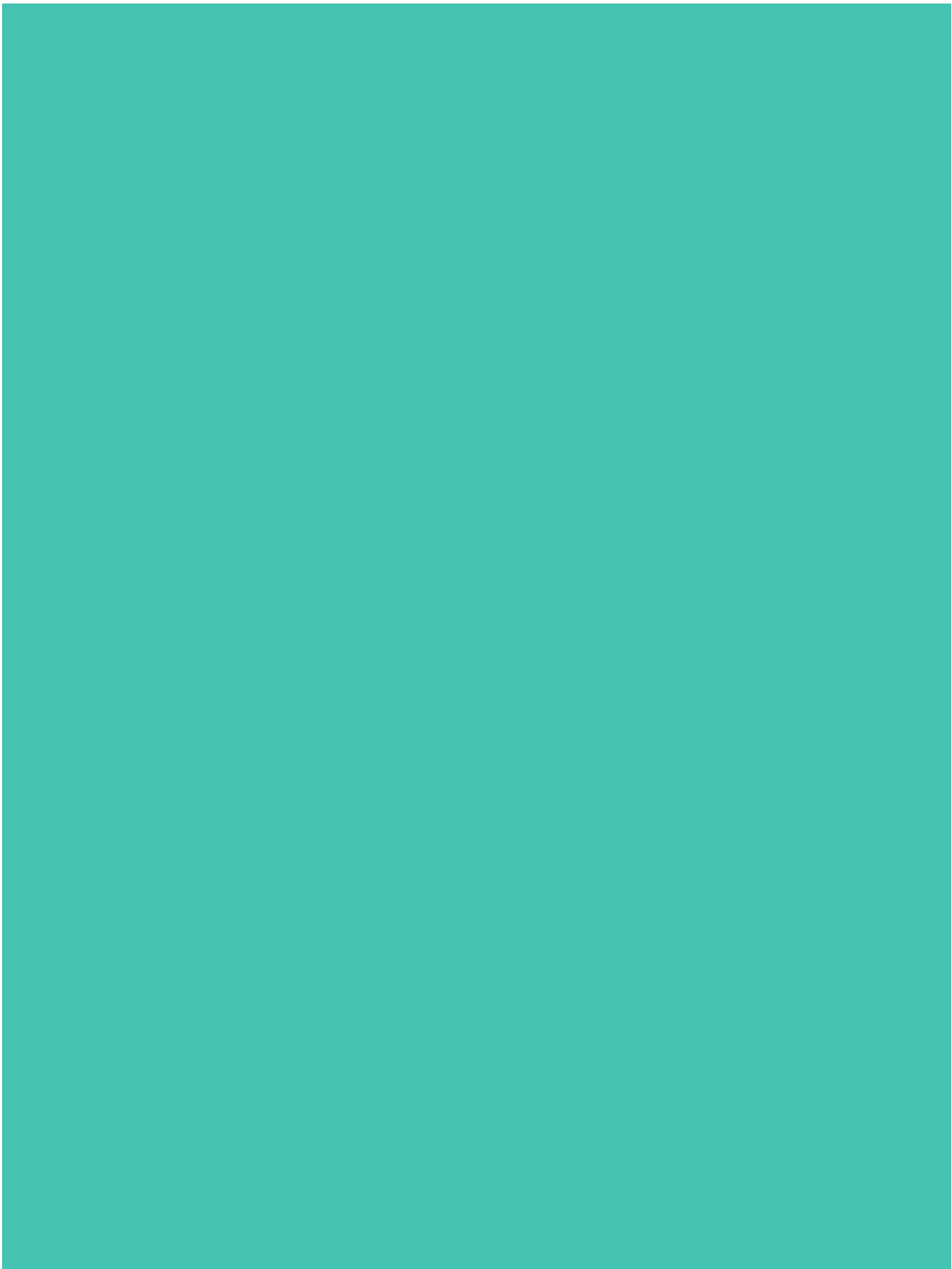
5. ACTIVITY AS TOLERATED. It is very important to move and stay active once you are at home. You need to be up and moving as tolerated. If you feel you have over exerted yourself, your first step needs to be to rest, ice and elevate your leg.

6. NUTRITION. Calorie and protein needs are higher after your surgical procedure. Proper nutrition is important for optimal healing and recovery. Aim to eat 3 well balance meals a day with 2 snacks as tolerated.

***If you have any questions or concerns regarding these 6 factors,
call Melanie Garner at #405-664-6696***

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**Caring for Yourself
at Home
Section A**

Caring for Yourself at Home

MANAGING YOUR PAIN

It is normal to have moderate pain after a major surgery such as this. Pain medication will be prescribed for you; with pain under control, you'll be able to get back to an active life sooner. Take pain medication, with food, only as directed, taking each dose before pain becomes severe. Plan ahead by taking pain medication an hour prior to physical therapy or strenuous activities such as bathing. Icing and elevating your leg is extremely important to managing your pain, make sure you are following your icing and elevating protocol. If you develop sudden pain—rest with ice and elevation should be your FIRST step to manage this.

ANTI-COAGULANTS

Your surgeon will prescribe medication that helps prevent blood clots from forming in your blood. This may be aspirin or another medication in pill or shot form. It is very important that you take this medication for as long as directed by your surgeon. Your nurse will review any specific instructions for the medication you surgeon has prescribed for you.

Guidelines for use:

1. Don't take any new medications, including over-the-counter medications, like naproxen or ibuprofen, without checking with your surgeon first, because they may affect your blood thinner.
2. Take your anti-coagulation medication at the same time every day.

3. If you miss a dose of this medication, take it as soon as you remember—unless it's almost time for your next dose. In that case, just wait and take your next dose at the normal time. Do not take a double dose.
4. Use an electric razor to shave.
5. Anticoagulant medication can make bleeding harder to stop.

CONSTIPATION

Constipation is one of the most common issues patients face after surgery. Surgical anesthesia, lack of appetite, limited physical activity and opioid pain medications can all cause constipation. While you were staying in the hospital you were given stool softeners: Colace (docusate sodium) and Miralax (polyethylene glycol). Continue these at home unless you are having diarrhea. Eating fiber rich foods and drinking plenty of water will also help. High fiber containing food groups include whole grains, beans, fruits, and vegetables. IF you have not had a bowel movement in two days, take Miralax twice a day. If you still don't have a bowel movement within another two days, and you have no history of kidney/renal problems then drink ½ bottle of magnesium citrate. If no bowel movement after 4 hours drink the remaining 1/2. Do not let constipation go on too long. IF still no bowel movement after these interventions, contact your primary care physician or ortho surgeon.

Do not strain to have a bowel movement.

When straining or bearing down to have a bowel movement it is common to hold your breath, this combination can trigger a vasovagal response. Symptoms include dizziness, tunnel or blurred vision, sweating, fainting and can trigger a sudden increase in blood pressure and/or an abnormal heart rhythm. If you are unable to pass stool without straining increase the stool softeners to twice daily.

POSITIONING YOUR LEG

1. Change your position at least every 45 minutes during the day to avoid stiffness.
2. Do not sit with feet on the floor for more than 30 minutes at a time.
3. Change positions frequently, do not sit still too long. It is better to get up more often for short periods than to wait and get up less, but for longer periods.
4. When you are elevating your leg, do your ankle pumps. They will reduce swelling and improve circulation.

Ice For 20 Minutes at LEAST Twice A Day

Homemade Ice Pack

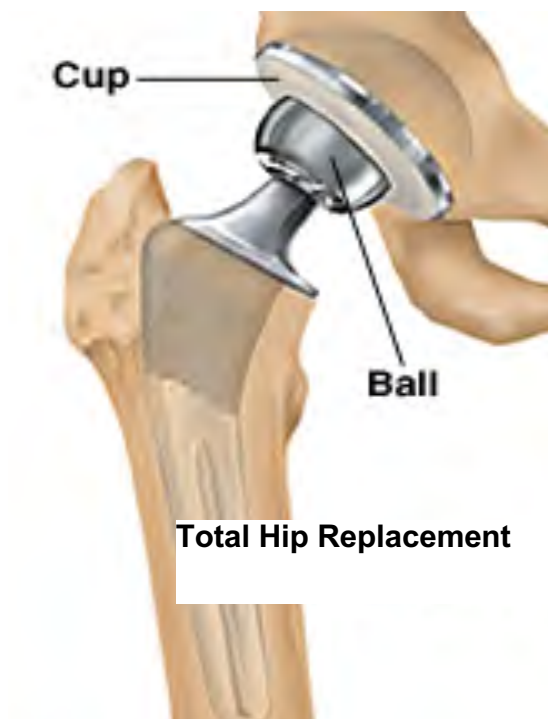
1. Fill the plastic freezer bag with 1 cup of rubbing alcohol and 2 cups of water.
2. Try to get as much air out of the freezer bag before sealing it shut.
3. Place bag and its contents inside a second freezer bag to contain any leakage (zipper side in first).
4. Leave the bag in the freezer for at least an hour.



Remember to ice and elevate your leg after activity and physical therapy.

Hip Fracture: Hip Precautions After Surgery

If your hip fracture was repaired with a **Partial** (Hemi or Bipolar Arthroplasty), a **Total Hip Replacement** or you have been instructed to follow **Hip Precautions** on your discharge paperwork.



The Following Sections apply to you:

1. Preventing Dislocations
2. Total Hip Precautions

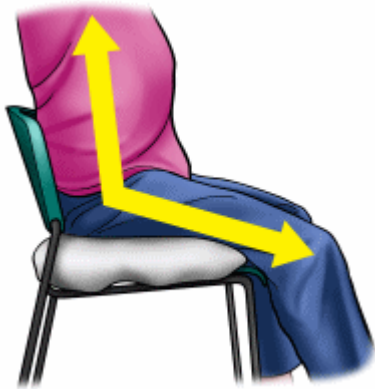
If your fracture was repaired with plates and screws or a rod, and your discharge instructions do not include hip precautions please disregard the sections listed above.

Total Hip Replacement Precautions

To practice safe movement until your hip replacement has fully healed, you will need to take several precautions to avoid dislocating your hip:

1. **Do not bend your operated hip beyond a 90° angle.**
2. **Do not turn your operated leg inward in a pigeon-toed position.**
3. **Do not cross your operated leg.**

This section provides reminders about proper positions when sitting, standing and lying down. Let your therapist or your doctor know if you have questions about these precautions.



Sitting:

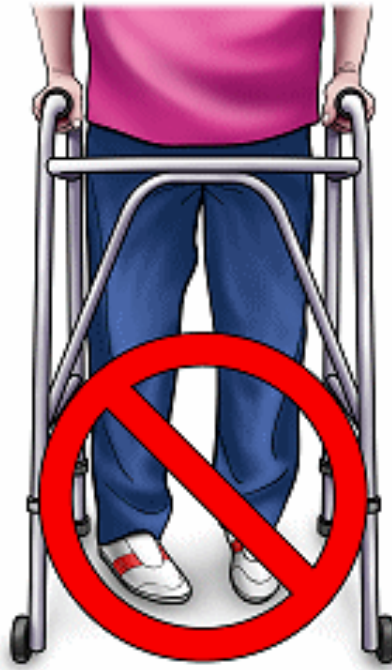
1. Sit in raised seats (1-2 pillows if necessary) or on a raised toilet seat/commode with armrests.
2. **Do not raise your knee higher than your hip** while sitting. Sit with the operated leg forward.
3. Reach back for the arm rests of the chair with both hands. Bring the operated leg forward and slowly lower into the chair or raised toilet seat/commode.
4. **Do not lean forward.** Your shoulders should stay behind your hips.



Do Not Bend Down at the Waist to pick items off the floor. Use a long-handled reacher or other adaptive aid to pick items off the floor.



Do Not Twist Your Torso Inward when Lying, Sitting or Standing.



Do Not Turn Your Operated Leg Inward in a Pigeon-Toed Stance.

Keep this in mind when standing and lying down.

□



Do Not Cross Your Operated Leg or Ankle Over Your Non-Operated Leg.

While sleeping or lying in bed, keep a pillow between your legs to prevent hip dislocation.

Preventing Dislocations

What is a “total hip dislocation”?

Total hip replacement dislocation is a painful condition in which the prosthetic femoral head, or the “ball” on the proximal end of the femur of thigh bone, no longer articulates, or “comes out of joint”, with the socket in the acetabular cup of the pelvis.

How often does it happen and when does it happen?

The incidence of dislocation can vary from less than 1% to as high as 4%. Up to one third of dislocations occur within 6 weeks after surgery and the rest happen after 6 weeks.

What are the signs and symptoms of a hip dislocation?

Signs and symptoms of a hip dislocation include severe pain in the leg, inability to move leg, shortening and external rotation of the leg.

How can I help prevent it?

Proper body positioning is the key factor in preventing dislocation. In the early post-operative period, learning total hip precautions, or the positions of potential instability to avoid are critical. As surgical incision pain decreases beyond the immediate post-operative period, it is important to remember the presence of the prosthetic joint and not to become too careless about your activities. Follow your total hip precautions until your physician tells you otherwise.

Sexual Activity and Intimacy with Hip Precautions

Generally, most people wait to resume sexual activity for a few weeks after surgery. Your incision, muscles and body need time to heal. When you feel ready to resume sexual activity please talk to your occupational or physical therapist so they can provide and review the proper positions you can use to maintain your hip precautions during sexual activity.



Hip Fracture: Understanding Weight Bearing Status

How much weight should I put on my Leg?

Weight bearing is the amount of weight your physician has instructed that you are able to safely put on the leg upon which surgery has been performed. Please refer to your discharge instructions for your weight bearing status as ordered by your physician.

Weight Bearing as Tolerated

1. When you stand or walk, place only as much weight as feels comfortable on your injured leg.
2. Let pain be your guide. If you feel pain, place less weight on the leg or arm.

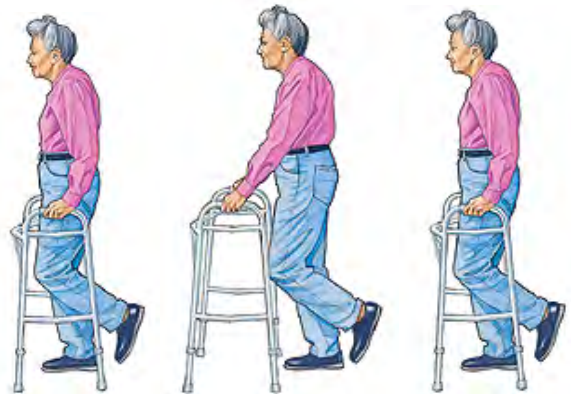


Partial Weight Bearing

1. When you stand or walk, you may lightly place some of your body weight on your injured leg. The amount of weight is usually measured in a percentage and will have been explained and demonstrated to you by physical therapy staff
2. Always keep the operative leg always in front of you, using your arms and the walker to help support some of your weight.

Non-Weight Bearing

1. Your leg must not touch the floor and is not permitted to support any weight at all.
2. Always keep your leg in front of you, using the walker for support to hop on non-operative leg.



Touchdown Weight Bearing

1. The foot or toes may lightly touch the floor (to help maintain balance), but not support any weight. Do not place actual weight on the affected leg.
2. Imagine you have an egg under your foot that you are not to crush.



INCISION CARE/DRESSING CHANGES

A Mepilex/ Silver dressing has been placed on your incision. You are to wear this dressing for 7 days and then it can be removed. If it comes off before then, and your incision is dry and has no drainage, you may leave it off. It is OK to shower with the dressing on.

You may shower. Your dressing is water proof and does not need to be covered while you shower. Do not submerge your incision in bathtubs, swimming pools, hot tubs or any form of standing water for at least one week following staple removal.

You should have a follow up appointment scheduled with your surgeon for 10 to 14 days after discharge. At this follow up appointment, your staples will likely be removed.

BODY CHANGES

You may have less than your usual appetite for a while. Your energy level may be low for a few weeks after surgery. Your nutrition needs increase after surgery. Consume foods high in protein to enhance wound healing. High protein foods include meat, poultry, fish, beans, soy, tofu, eggs, nuts, seeds, and nut butters. Also be sure to consume 2-4 servings of fruit and 3-5 servings of vegetables daily. This will help you obtain adequate vitamins and minerals for you optimal recovery. If your appetite is poor and you are struggling to meet your nutritional needs, consider over the counter nutrition supplements.

Your new hip may cause your leg to feel longer. The joint likely gained some height that was lost prior to surgery.

COPING WITH STRESS

Undergoing surgery can be a very stressful event for anyone. It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is needed for full rehabilitation. Having realistic goals and keeping a positive outlook helps. Make note of small achievements. Some people find that deep breathing and relaxation techniques help.

SEXUAL ACTIVITY AND INTIMACY

Generally, most people wait to resume sexual activity for a few weeks after surgery. Your incision, muscles and body need time to heal. When you feel ready to resume sexual activity the bottom or missionary position is usually the most safe and comfortable. If you have specific or additional questions please feel free to ask your occupational or physical therapist.

Preventing Potential Complications Section B

Preventing Potential Complications

MEDICATION PRECAUTIONS

Acetaminophen, frequently known as Tylenol® is found in many post-operative knee replacement pain medicines. Acetaminophen may be combined with a narcotic medicine to increase its effectiveness. Examples of these medicines include Norco®, Lortab®, and Percocet®. Additionally, many over-the-counter (OTC) medicines also contain acetaminophen. These medicines include sleep aids, fever reducers, pain relievers, as well as cold and allergy medicines.

It's important to know that while acetaminophen is safe and effective when used as directed, there is a limit to how much can be taken in one day: **4,000 milligrams (mg) daily limit for most adults**. Taking more acetaminophen than directed is an overdose and can lead to liver damage or even cause death.

It is important to always read and follow medication labels. Please note that when checking labels acetaminophen may also be list as Tylenol®, APAP® or Acetam®).

To help you take acetaminophen safely, please follow medication labels and avoid making these common acetaminophen dosing mistakes:

COMMON ACETAMINOPHEN DOSING MISTAKES:



Taking the next dose **too soon**



Using multiple acetaminophen-containing products at the same time



Taking more than the recommended dose at a single time

WARNING SIGNS OF INFECTION

Notify your physician or primary care physician if you have any of the following symptoms.

1. Persistent fever (greater than 101.5 degrees)
2. Shaking, chills
3. Increasing redness and heat of your wound
4. Yellow or green drainage from your wound
5. Increasing pain at rest

WARNING SIGNS OF A BLOOD CLOT

Take your blood thinners as prescribed. If unable to get prescriptions, **notify your surgeon or primary care physician immediately**. Notify your surgeon or primary care physician if you have any of the following symptoms:

1. Severe pain or tenderness in your leg or calf unrelated to your incision, which is not improved by rest, ice and elevation.
2. Severe swelling of your thigh, calf, ankle or foot; which is not improved by rest, ice and elevation.

In very rare cases, a blood clot may travel to your lungs and become life-threatening. **Seek medical attention immediately** if you develop any of the following symptoms.

1. Shortness of breath
2. Sudden onset of chest pain
3. Localized chest pain with coughing

Exercise Guide Section C

Total Hip Replacement Exercise Guide

Regular exercise to restore your normal hip motion and strength and a gradual return to everyday activities are an important part in your full recovery. These exercises are important for increasing circulation to your legs and feet in order to prevent blood clots and decrease swelling. These exercises also are important to strengthen muscles and improve your hip movement.

You will begin these exercises the day after surgery. It may feel uncomfortable at first, but these exercises will speed up your recovery and help reduce your post-operative pain. Your orthopedic surgeon and physical therapist recommend that you continue to perform this exercise program **twice a day** (once in the morning and once in afternoon/evening) at home during your early recovery.

**Do not forget to apply ice to your hip for 20 minutes
following each exercise session.**

Please do these exercises 40 Times each Twice daily.

**If you have any questions once you are home, please feel free to contact the
Physical Therapy Department at (405) 515-1712**

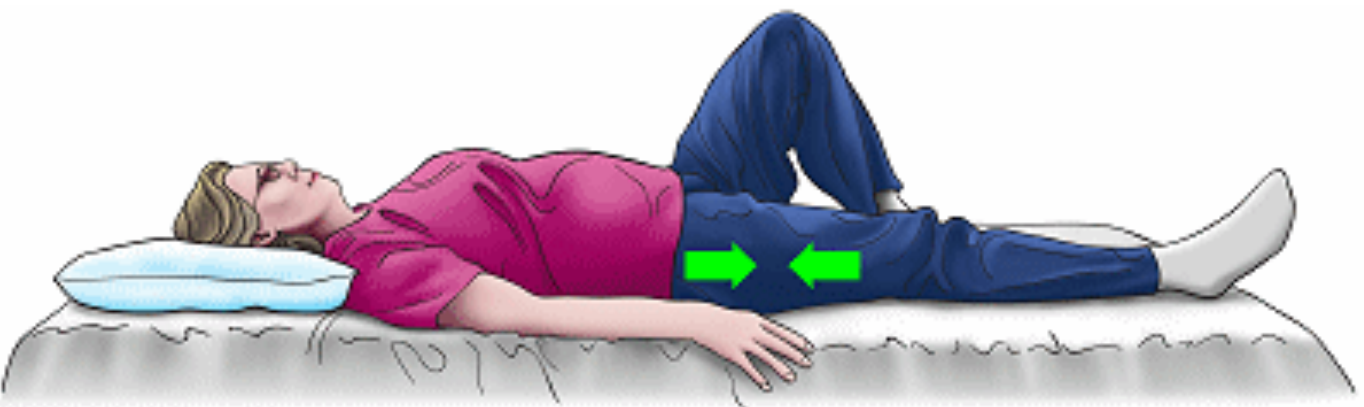
1. Ankle Pumps

Gently “pump” both ankles up and down, so that your toes point first up and toward you, then down.



2. Quad Sets

Slowly tighten muscles of the thigh pushing knee into the bed with your leg straight. Hold for a count of three to five seconds then relax the muscles.



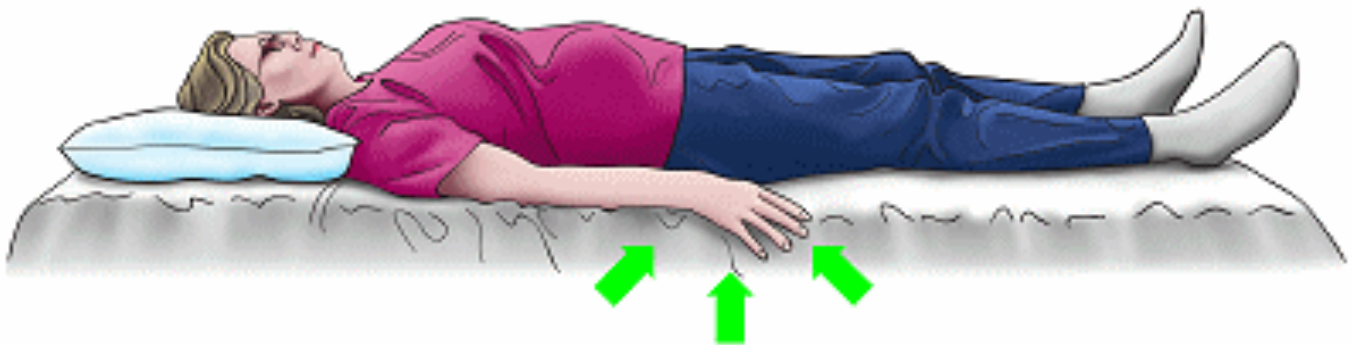
3. Ham Sets

Push your heel into the bed with your legs straight or knee slightly bent hold for five seconds, relax and repeat.



4. Gluteal Sets

Squeeze your buttock muscles as tightly as possible. Hold for a count of three to five seconds then relax the muscles.



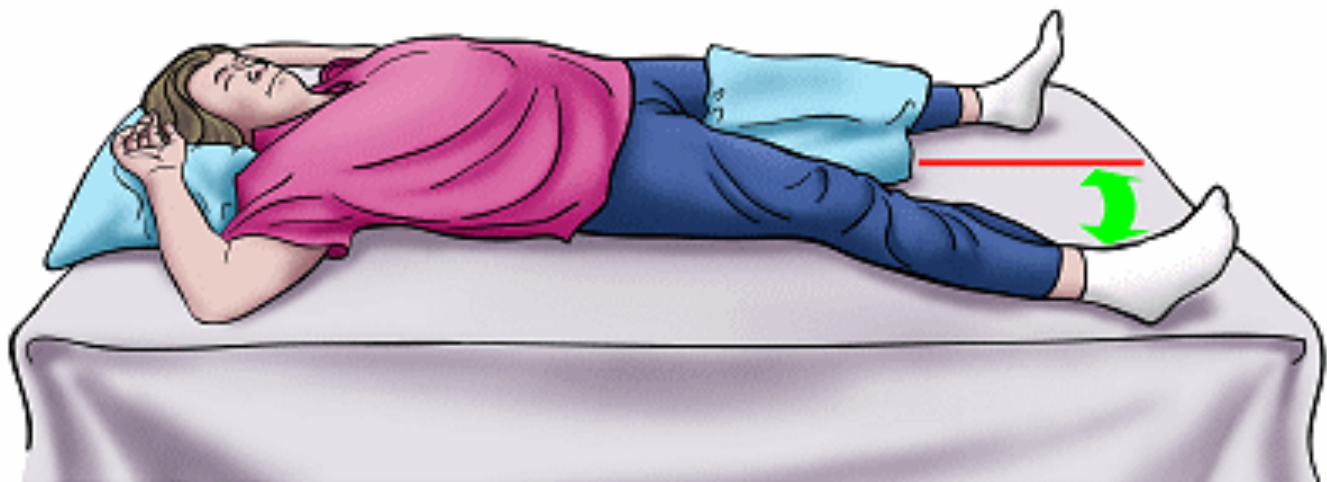
5. Heel Slides

Slide your heel up toward your body by bending your knee. Keep your heel in contact with the bed.



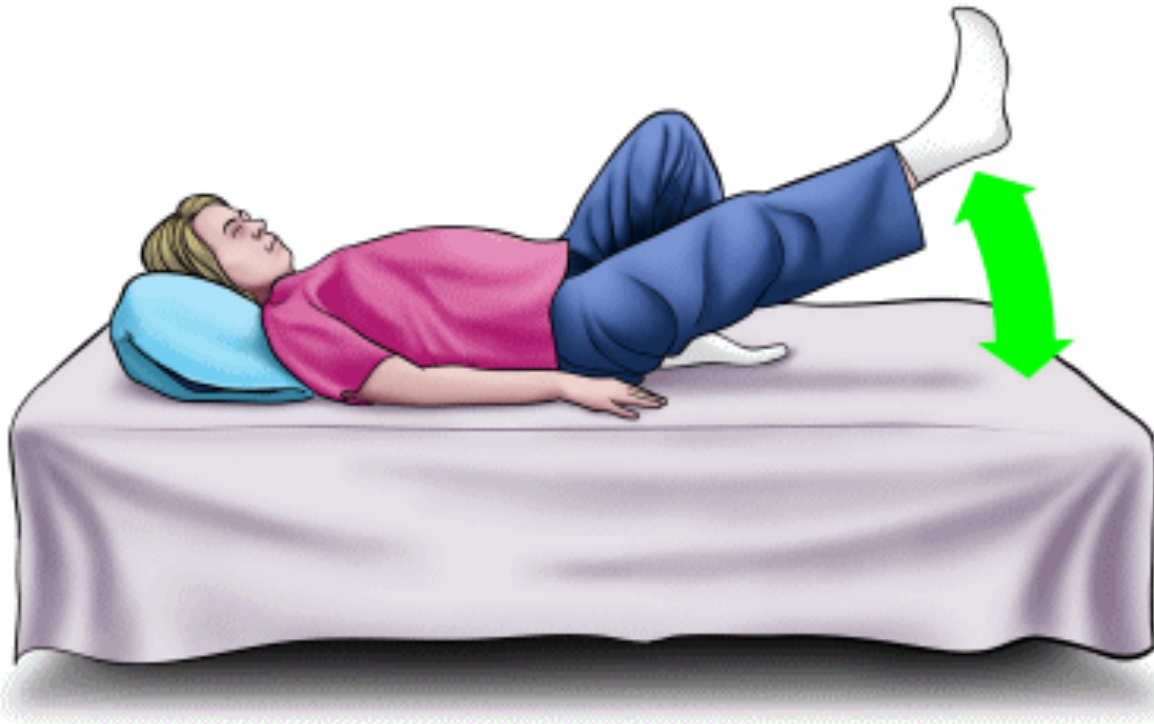
6. Hip Abduction

With your knee straight and keeping your toes pointed toward the ceiling. Slide your leg out to the side as far as possible then back in. **Do not cross midline of the body.**



7. Straight Leg Raises

Straighten leg as much as possible by tightening the muscles on top of your thigh. Raise your heel **approximately 4 inches**, relax and repeat. **Remember to keep your leg straight during this exercise.**



8. Hamstring-Glut Bridge

Place feet hip width apart and knees slightly bent. (Figure A) Press down with the heels of the feet and lift the buttocks and lower back up. (Figure B). Keep abdominal and lower back tight so spine stays neutral.



Safety Section D

Safety

AFTER HIP REPLACEMENT: SLEEPING POSITIONS

Your new hip needs extra care while it heals. Remember if you have had a partial or total hip replacement to follow your “hip precautions” to help you avoid injuring it. Use the tips on this sheet to help keep your new hip safe while sleeping.

Have an emergency plan in case of a fall. Consider keeping a telephone close by or carrying a cell phone.

If You Lie on Your Back



If You Lie on Your Side



Remember Your Hip Precautions

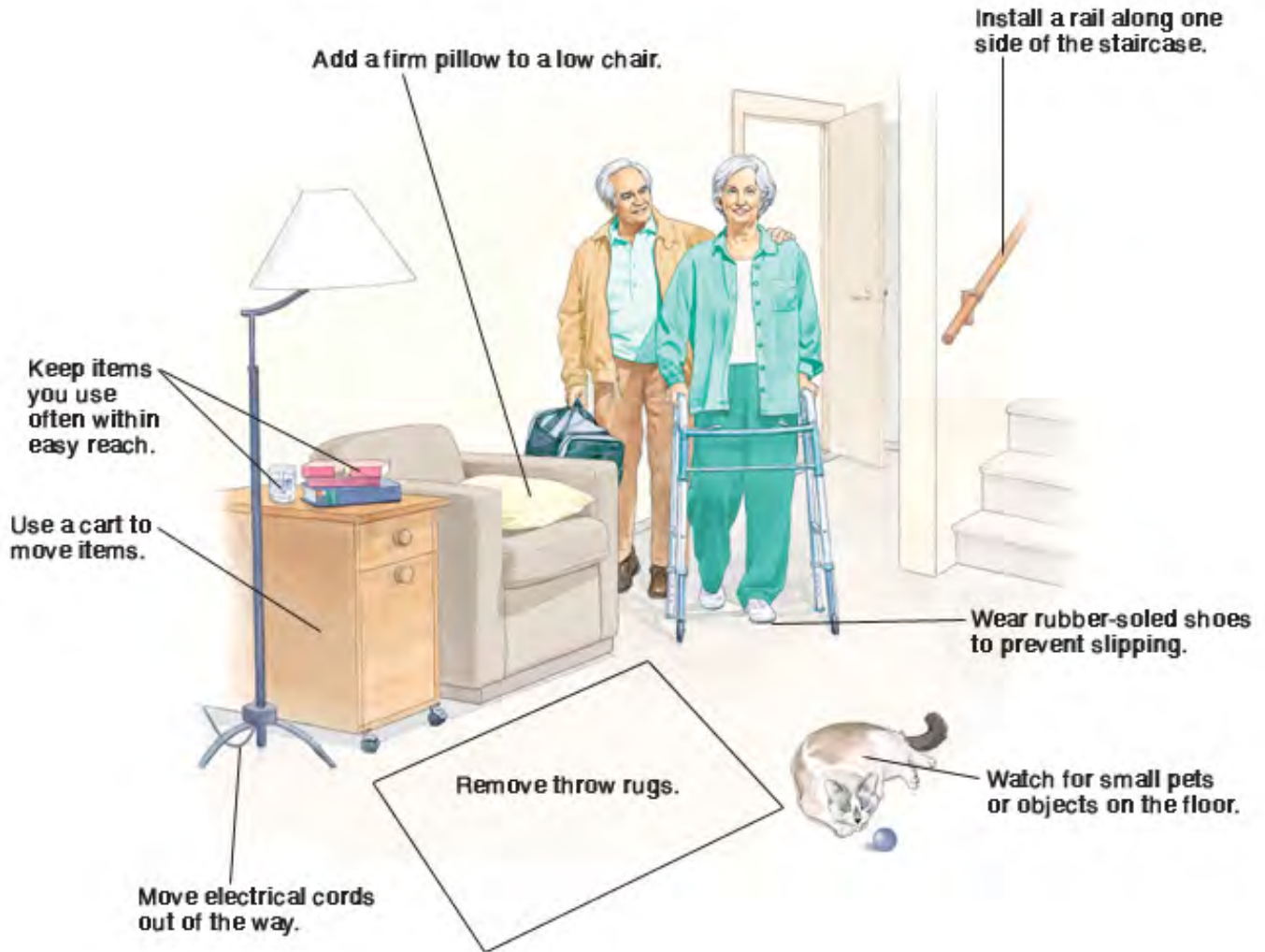
1. Keep the angle at your hip greater than 90°. (Don't move your knees and chest too far toward each other.)
2. Do not cross your legs or ankles or let your operated thigh cross the middle of your body.
3. Do not turn your operated hip or knee inward.

Safe Sleeping

1. Find a position that keeps your hip safe and comfortable.
2. Use pillows to keep your hip in a safe position.
3. Follow your health care provider's instructions about which side to sleep on.

AFTER TOTAL HIP REPLACEMENT: HOME SAFETY

Becoming more aware of hazards in your home can help make your recovery safer. You might want to have furniture rearranged so it's easier to get around. Don't forget to watch out for hazards like wet floors or uneven surfaces.

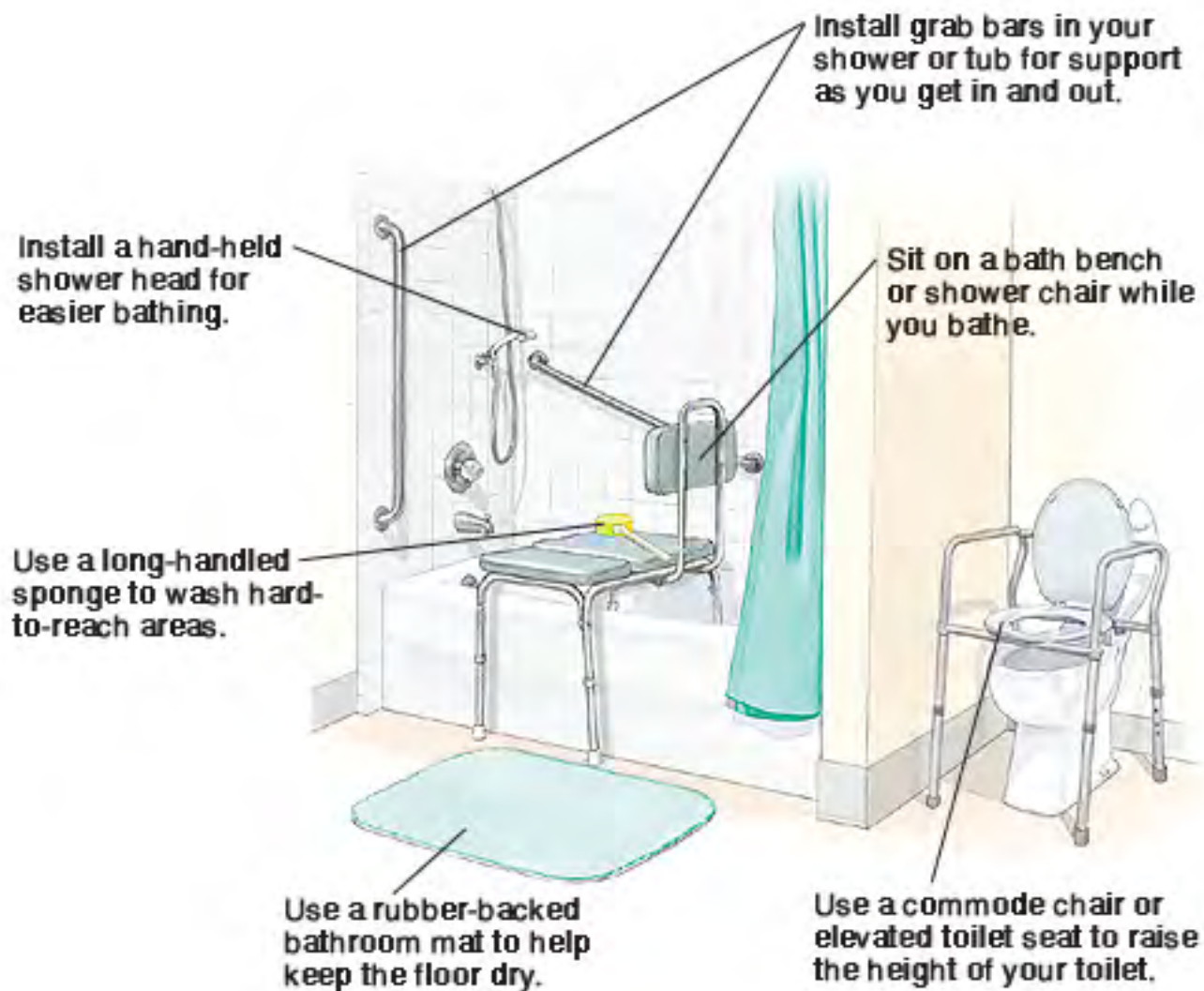


1. Clear away throw rugs, cords and anything else that could cause you to trip, slip or fall.
2. Be very careful around pets and small children. They can be unpredictable and get in your path when you least expect it.
3. Keep hallways clear.
4. Have good lighting; a night light can make a big difference. Use them in the bedroom, bathroom and hallways.
5. Avoid long pants, night robes or nightgowns; these could cause you to trip.
6. Do not wear loose fitting or backless shoes. Wear well-fitting shoes, with backs and non-skid soles.

Have an emergency plan in case of a fall. Consider keeping a telephone close by or carrying a cell phone.

AFTER TOTAL HIP REPLACEMENT: BATHROOM SAFETY

Becoming more aware of hazards in your bathroom can help make your recovery safer. Aids like a shower hose and a raised toilet seat can help you stay safe. Don't forget to watch out for hazards like wet floors or uneven surfaces.



1. Place non-skid decals or mats in shower or tub. It may be helpful to install grab bars. Shower benches and elevated toilet seat can be very helpful as well.
2. Do not use the soap or towel holder as a grab bar or handrail: it is not designed to hold the weight of a human being.

AFTER HIP REPLACEMENT: BATHING

Special shower chairs and tub benches are available for use while bathing. These chairs help you bathe safely. Note: Try to make sure surfaces are dry before you walk on them. Non-skid mats can help prevent falls.

GETTING INTO A SHOWER STALL



1. Back up over the lip of the shower stall with your non-surgical leg (strong leg) first until you feel the shower chair behind you. Reach back for the shower chair first with one hand, then the other, as you begin to sit down.



2. Lower yourself onto the chair. Lift each foot and turn to face the faucet.

GETTING INTO A TUB



1. Back up with your non-surgical leg (strong leg) until you feel the tub bench behind you. Reach back for the bench first with one hand, then the other, as you begin to sit down.



2. Lower yourself onto the bench and turn to face the faucet. Use your hands to help lift each leg over the side of the tub. A hand-held shower can make bathing on a bench easier.

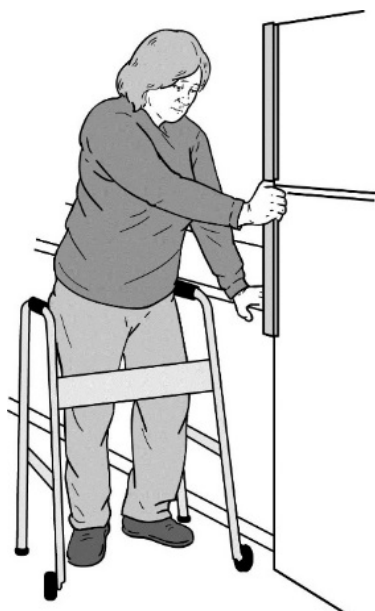
AFTER HIP REPLACEMENT: KITCHEN TIPS AND SAFETY



1. Keep your walker with you.
2. Get as close as you can to the counter, sink or refrigerator.
3. Do not reach beyond arm's length or lean on your walker. This can cause the walker to tip and you to fall.
4. Slide items along counter to stove or microwave if needed.
5. **Sit down to open containers, prepare or mix food.**
6. Keep frequently used or heavy items on the counter or Lower cabinet shelves.
7. Do not bend over to pick up items from lower cabinets or floor.

DO NOT carry items in your hands when walking with your walker.

Use a walker bag, walker tray, small handled plastic/paper bag or apron. Be cautious not to overload bags, this can cause the walker to tip and you to fall. Liquids and food should be carried in watertight containers.



To use the refrigerator:

1. Position the walker at the side of refrigerator so that you are facing the door. Place one hand on the counter or side of appliance then reach to open the door with the other hand.
2. You may need to move your walker inside the door slightly, so that you are close enough to reach items and so that the door does not shut before you retrieve your items.
3. Have a friend or family member organize your most frequently used items on the top shelves so that they are within easy reach to prevent you from bending over too far.

HIP SAFETY: GETTING INTO AND OUT OF A CAR

After total joint surgery, getting into or out of a car can be difficult. The steps below help you get into a car. Reverse them to get out of a car.

Before Getting Into a Car

1. Have someone move the seat as far back as it will go.
2. Recline the back of the seat if possible.
3. Place a pillow on the seat to keep your hips above your knees, especially if the seat is low.



Sit Down

1. Stand with your back to the car. Keep your operated leg straight and that foot slightly forward. Feel the car touch the back of your other knee.
2. Hold onto the side of the car and the walker or dashboard.
3. Lower yourself slowly onto the seat. Watch your head.



Bring Your Legs Into the Car

1. Slide back into the center of the seat.
2. Lift your legs one at a time into the car. As you do so move your body. Do not twist.

NEGOTIATING ONE STEP OR A CURB:

When climbing up and down a step or a stair, remember this rule:

Up with the good (uninjured leg) and down with the bad (injured/surgery leg).

UP CURBS

Move your feet and the walker as close to the curb/step as possible. Lift the walker onto the sidewalk/step. Step onto the sidewalk with the unaffected foot. Using the walker to support your weight, bring up the injured foot.



DOWN CURBS

Move your feet and the walker as close to the edge of the curb/step as your safely can. Lower the walker onto the street/lower level. Using the walker to support your weight, lower the injured leg. Then step down with the uninjured foot.



When climbing up and down a step or a stair, remember this rule:
Up with the good (uninjured leg) and down with the bad (injured/surgery leg).

UP STAIRS

Hold the handrail with one hand. Hold a cane/ someone's hand with your other hand. Support your weight evenly between the cane and the handrail.



Step up with the good (unaffected) leg.



Straighten your good leg and lift your body weight. Bring your cane and the injured leg up.



TIP

Have a friend or family carry your walker to the top of the stairs before you climb or ascend the stairs (or to the bottom of the stairs when descending).

When climbing up and down a step or a stair, remember this rule:

Up with the good (uninjured leg) and down with the bad (injured/surgery leg).

DOWN STAIRS

Hold the handrail with one hand. Hold a cane/someone's hand with your other hand. Support your weight evenly between the handrail and cane.



Bend your uninjured knee, slowly moving your cane and injured leg down. Then bring your uninjured leg down.



TIP

Always use an elevator if one is available.

Have someone guard you as you learn to use stairs. A guard always stands behind as you ascend and below (in front of) you as you descend. They can hold onto your belt (or a special "gait belt" you can buy) to assist you if you lose your balance. If there is no handrail, two canes or crutches can be used. Follow the instructions above.

Energy Conservation Section E

Energy Conservation

THE FOUR P'S OF TJR ENERGY CONSERVATION

You should be feeling up to resuming many of your activities of daily living within a few weeks after surgery, but it is important to utilize principles of energy conservation throughout your day. Remember the 4 P's of energy conservation to plan out your day and activities.

1. **Planning**- Plan out your day so that you have periods of activity alternated with periods of rest. Space out difficult tasks throughout the day. Plan downtime (30 minutes, twice a day) to elevate and ice your postoperative leg to prevent/reduce pain and swelling.
2. **Pacing**- Do not rush or "push through" tasks. Give yourself plenty of time to complete activities.
3. **Prioritizing**- Only perform tasks that are necessary or enjoyable. Arrange for help from family and friends to assist with all other activities.
4. **Positioning**- Perform as many tasks as possible from a seated position. Keep items that you use most often at counter top height in the kitchen and bathroom to prevent repetitive stooping and bending.

Using these energy conservation techniques will allow you to regain your independence while also allowing your body to heal.

Activity Guideline Section F

Activity Guidelines

Please note, these activity guidelines only apply if your surgeon has approved weight-bearing as tolerated through your operative leg.

Activity goals for week 1-2:

- walk at least 50 more feet by the end of week two. For example, if you were walking 50 feet in the hospital, you should be able to walk 100 feet by the end of week two.
- shower and dress by yourself.
- gradually resume light home duties with help as needed.

Activity goals for week 3-4:

- complete any remaining goals from week 1-2.
- complete weaning off of your assistive device as instructed by your physical therapist.
- walk at least 150-200 feet at a time.
- resume all light home duties with help as needed.

Activity goals for week 5-6:

- complete any remaining goals from week 3-4.
- try to walk at least 200 feet + at a time.
- resume all light home duties by yourself.
- resume any light impact activities that you enjoy.

Follow Up Care Section G

Follow Up Care

OSTEOPOROSIS

Osteoporosis is a disease in which bones become fragile and more likely to break. There are usually no symptoms of osteoporosis, and it is sometimes referred to as the silent disease. Bones may weaken so much that a break can occur with very little impact.

Causes

The bones in patients with osteoporosis have been losing strength for many years leading up to the break. To keep your bones strong, your body breaks down old bone and replaces it with new bone tissue. As you age, more bone may be broken down than what is being replaced. Also, the outer shell of the bone gets thinner.

Some causes of osteoporosis may be related to:

1. Aging
2. Heredity
3. Nutrition or Lifestyle
4. Medications or other illnesses

Prevention

Prevention of weakened bones can begin at any age. Eating foods that are rich in calcium and vitamin D is important, as well as regular weight-bearing exercise.

Calcium: getting enough calcium throughout your life helps to build and keep strong bones. The current recommended intake levels for calcium vary by age: for adults 19-50 years old-1000 mg. For women aged 51 to 70—1200 mg. For men aged 51-70—1000 mg. For women and men age 71 and over—1200 mg.

Foods that are high in calcium are the preferred way to get the calcium that you need. Foods include: low-fat dairy, canned fish with soft bones (i.e. salmon), and some dark green, leafy vegetables. Some foods have calcium added such as orange juice, breads, and cereals.

Vitamin D: Without Vitamin D, you will not be able to adequately absorb the calcium you eat. Most bodies are able to make Vitamin D if they are out in the sun without sunscreen for 10-15 minutes at least twice a week. Vitamin D is naturally present in very few foods. Some sources of Vitamin D include fatty fish, liver, egg yolks, mushrooms and foods fortified with Vitamin D such as some dairy products, orange juice, soy milk, and cereals. The current recommended intake levels for Vitamin D vary by age: For women and men aged 1-70—600IU. For women and men aged 71 years and older—1200 mg.

Exercise

When you are physically active, your bones and muscles will become stronger. Participating in weight-bearing exercises at least three to four times a week, is one of the best ways to maintain bone density. Examples of exercises you could do include: walking, gardening, golf and dancing. Challenge yourself to try light strengthening and balance exercises too. Just please make sure you have someone there to spot you.

Medicines

Make sure to discuss with your primary care provider the medications that you are currently taking. Some medications can make your bones weaker. Also, an overactive thyroid gland or using too much thyroid hormone for an underactive thyroid can become a problem for osteoporosis.

Lifestyle

People who smoke have an increased risk of breaking a bone. Drinking too much alcohol can put you at risk for falling and breaking a bone.

Management of Osteoporosis

Treating patients with osteoporosis means stopping the bone loss and rebuilding bone to help prevent breaks.

As discussed, diet and exercise can help make your bones stronger. However, that may not be enough if you have lost a lot of bone density. If you have bone density loss, starting medication may be the next option. Some medications will slow your bone loss, while others can help rebuild bone. Speak with your primary care physician about which medications may be appropriate for you.



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