HIP FRACTURE

After a hip fracture: recovering at home and preventing the next fall

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Recovery at home depends on three things: a house that is ready, exercise that keeps progressing, and a plan to prevent the next fall. People who have broken a hip are at high risk of falling and breaking a bone again, so prevention starts now.

Why the next fall matters so much

Falls cause 88% of hip fracture emergency visits and hospital stays. Most hip fractures happen in sideways falls, which raise the hip fracture rate about sixfold. Falls and hip fractures are also leading reasons people move into nursing homes.

Get the house ready before you come home

The month after a hospital discharge is one of the highest-risk periods for falls. Before the day you come home:

- **Walk the route.** Check the path from the car to the bed to the bathroom. Clear it to at least 36 inches wide, wider for a walker.
- **Remove throw rugs and cords**, and light the night path to the bathroom with motion sensor lights.
- **Set up the bathroom** with grab bars into studs, a raised toilet seat or safety frame, and a tub transfer bench or shower chair with a handheld shower.
- **Pick a firm chair** with armrests at the right height.
- **Check the bed height** so your feet rest flat with knees level with hips.
- **Keep a phone on your body**, not across the room.
- **Get the equipment delivered and fitted**, and be trained on how to use each piece.

In Florida homes, watch for lanai slider tracks, a step down into a sunken living room, and wet tile at the entry during rainy season.

Keep the exercise going, and keep it progressing

The World Guidelines for Falls Prevention strongly recommend an individualized, progressive exercise program after a hip fracture. It should aim at the everyday skills that matter: standing up, balance, walking, and climbing stairs. It works best when it starts in the hospital and continues at home and in the community. Good pain control helps you take part, and you should follow any movement instructions your surgeon gives you.

What this often looks like:

- **Home health PT and OT** if you are homebound, then outpatient therapy or a community program.
- **Sit-to-stand practice**, first with arm support, then with less.
- **Hip strength work**, including the muscles on the side of the hip that keep you steady side to side.
- **Balance training done standing**, progressed as you get stronger.

- **Training with your walker or cane**, including turns, doorways, curbs, and transfers.

Benefits fade when exercise stops, so plan for what comes after formal therapy ends. Search for a therapist on ChoosePT or find a community program through NCOA's list of evidence-based programs.

Get back to lying flat and looking down

After a fall and a hospital stay, many people stop looking down at the floor, stop leaning forward to stand, and never lie flat again. Hospital beds encourage the hips to stay bent. Ask your therapist about safely restoring lying flat and, when appropriate, lying face down.

Ask about your bones

Anyone who breaks a bone in a minor fall should have both a falls assessment and a bone health assessment. Ask your doctor:

- Whether you need a bone density test (DEXA) or a fracture risk check.
- Whether a medicine to reduce fracture risk is right for you.
- Whether your vitamin D, calcium, and protein are adequate.

Do not start, stop, or change any medicine or supplement on your own. Talk with your doctor or pharmacist first.

Address the worry

Some worry is normal. Too much leads people to move less, get weaker, and walk in a stiff, cautious way that is actually less stable. Exercise, occupational therapy, and programs such as A Matter of Balance help rebuild confidence.

Plan for a fall, just in case

Lying on the floor for an hour or more can cause dehydration, pressure injury, and other problems. Practice getting up from the floor with a therapist: stay still and check for injury, roll to your side, push up to hands and knees, crawl to a sturdy chair, bring one foot forward, then push up and turn to sit. If you cannot get up, call for help, keep warm, and shift position. A wearable alert can shorten the wait for help.

What Medicare may cover

A walker or cane may be covered under Part B when ordered by your clinician and supplied by a Medicare-enrolled supplier. Grab bars, raised toilet seats, and shower chairs are generally not covered by Original Medicare.

How Home Safety Solutions can help

A home visit after a hip fracture checks your route, bathroom, bed, and chair against how you move right now, then ranks what to fix first. We coordinate with your therapy team and point out what Medicare may cover. Read What should the house have ready before a hospital discharge? Call (813) 365-9171 or email info@homesafety.solutions.

Related reading: I've fallen and I can't get up · How do I make a sunken living room safe for a walker? · CDC Chair Rise Exercise (PDF) · Is it normal to fall as you get older?

This article is general education, not medical advice. Talk with your doctor, pharmacist, or therapist about your own situation.

Want a plan for your own home?
Every service starts with an Initial Consultation, a 30-minute phone call with Dr. L'HommeDieu.
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