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Restoring Function. Maximizing Performance.

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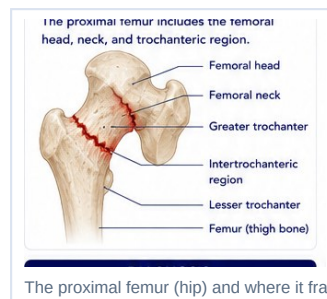
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HIP CONDITION

Hip Fracture

Proximal Femur Fracture — Patient Condition Guide



OVERVIEW

A hip fracture is a break in the upper portion of the femur (thigh bone) near the hip joint, most often occurring from a fall, particularly in older adults with reduced bone density, though it can also result from higher-energy trauma in younger patients.

ANATOMY

The proximal femur includes the femoral head, neck, and the region just below it (intertrochanteric area). Fracture location strongly influences blood supply to the bone and, in turn, the treatment approach.

SYMPTOMS

- Significant hip or groin pain after a fall or injury
- Inability to bear weight or walk
- The leg appearing shortened or turned outward
- Swelling and bruising around the hip

DIAGNOSIS

X-rays typically confirm the fracture and its exact location. MRI or CT may be used if the fracture isn't clearly seen on X-ray but is still suspected clinically.

TREATMENT OPTIONS

Nearly all hip fractures are treated surgically to restore mobility and reduce complications from prolonged bed rest. Depending on fracture location, treatment may involve internal fixation with screws or a plate, or partial/total hip replacement.

RECOVERY TIMELINE

- Days 0–3: surgery and early mobilization, often the same or next day

- Weeks 1–6: progressive weight-bearing with a walker or cane
- Months 2–3: continued strengthening and gait training
- Months 3–6: return to prior mobility level, supported by physical therapy

FAQS

Q Will I need surgery for a hip fracture?

Nearly all hip fractures are treated surgically, since early mobility significantly improves recovery and overall health outcomes.

Q How soon will I be up and walking?

Most patients begin walking with assistance within a day of surgery as part of a rapid-mobilization recovery approach.



SCAN FOR THE LATEST VERSION ONLINE

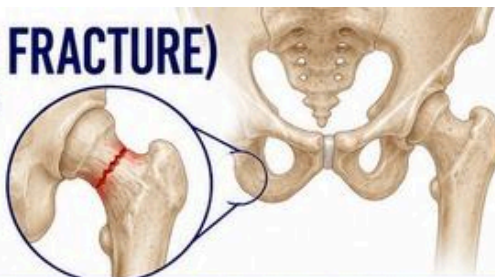
robertpettitmd.com/handouts/hip-fracture.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

HIP FRACTURE (PROXIMAL FEMUR FRACTURE)

UNDERSTANDING YOUR INJURY & TREATMENT OPTIONS

A hip fracture occurs when the top part of the femur (thigh bone) breaks. These fractures are common, especially in older adults, and typically result from a fall or direct trauma. Prompt treatment is important to reduce pain, restore mobility, and prevent complications.



ANATOMY	HOW IT HAPPENS	COMMON SYMPTOMS
The hip joint is a ball-and-socket joint. The proximal femur includes the femoral head, neck, and trochanteric region. 	Hip fractures most often happen from a fall from standing height, especially in people with osteoporosis or weak bones.  Falls from standing height  Loss of balance or tripping  Direct trauma (less common)	 Sudden pain in the groin, hip, or thigh  Inability to bear weight on the affected leg  Shortening and external rotation of the leg  Swelling and bruising around the hip  Pain with movement or trying to stand
DIAGNOSIS	TYPES OF PROXIMAL FEMUR FRACTURES	WHO IS AT RISK?
Your doctor will perform a physical exam and order imaging to confirm the fracture and help plan treatment.  Physical Exam  X-ray  CT Scan (if needed)	Femoral Neck Fractures (Inside the joint capsule)  Intertrochanteric Fractures (Between the greater and lesser trochanters)  The type of fracture, bone quality, age, activity level, and overall health help determine the best treatment.	 Adults over 60, especially women  Osteoporosis or low bone density  History of falls or balance problems  Certain medical conditions or medications  Smoking, excessive alcohol use, poor nutrition

TREATMENT OPTIONS					
FIXATION OPTIONS (BONE PRESERVING)			ARTHROPLASTY OPTIONS (JOINT REPLACEMENT)		
Often used for non-displaced or minimally displaced fractures or in younger, active patients.			Often used for displaced femoral neck fractures in older adults.		
CANNULATED SCREWS For non-displaced femoral neck fractures  • Three screws placed across the fracture to stabilize the bone • Allows bone to heal	DYNAMIC HIP SCREW (DHS) For intertrochanteric fractures  • Screw in the femoral head with side plate along the femur • Allows controlled collapse as the bone heals	INTRAMEDULLARY NAIL (IM NAIL) For unstable intertrochanteric fractures  • Nail placed inside the femur with screws above and below the fracture • Provides strong stabilization	HEMIARTHROPLASTY (Partial Hip Replacement) Replaces the femoral head only  • Less surgical time • May have more pain or reoperation risk than total hip	TOTAL HIP ARTHROPLASTY (THA) Replaces both the femoral head and the acetabulum (socket)  • Better function and less pain long term • Suitable for more active older adults	REVERSE/DUAL MOBILITY HIP ARTHROPLASTY Specialized implants that may improve stability in selected patients  • Lower dislocation risk • Used in higher-risk patients
 Your surgeon will recommend the best option based on the fracture type, your health, and your goals.					

0-2 WEEKS

Pain control, wound care, and limited movement. May begin physical therapy.

▶

2-6 WEEKS

Begin walking with assistive device (walker or crutches). Continue physical therapy.

▶

6-12 WEEKS

Increase walking and daily activities. Strength and balance improve.

▶

3-6 MONTHS

More independence. Return to most daily activities.

▶

6+ MONTHS

Continued improvement. May return to sports or higher-level activities.

PREVENTION TIPS

✓ Treat osteoporosis and take medications as prescribed

✓ Ensure home safety (remove tripping hazards, use railings)

✓ Use assistive devices if needed

✓ Stay active with weight-bearing exercise

✓ Eat a balanced diet with calcium and vitamin D

✓ Avoid smoking and limit alcohol

WHEN TO SEEK IMMEDIATE CARE

• Severe hip pain after a fall or injury

• Unable to stand or walk

• Leg appears shortened or turned outward

• Numbness or loss of feeling in the leg

Scan for exercise videos and more information about hip fractures.

RP

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ORTHOPEDIC SURGEON

This information is for educational purposes only and is not a substitute for professional medical advice. Always consult your physician for personalized treatment.