



Break a hip?

By Marietta Homayonpour Staff Writer

Article Last Updated: 05/27/2008 03:53:23 AM EDT

I've been a hiker for years.

Recently I became a hiker with a broken hip.

"Use pain as your guide," my orthopedic surgeon Dr. Randolph Sealey told me on my last visit to him in April. "I'm comfortable with you getting back to all your activities."

Those were soothing words to hear.

When I was recovering after slipping on ice and breaking my hip on New Year's Day -- not the break I was hoping for in 2008 -- I worried about my hiking future.

Theoretically, I figured that I would hike again. But the thought of falling was frightening.

The intense pain when I first slipped was still fresh in my mind, even three months after the fall. Although the severe pain was gone, certain quick movements during recovery brought the pain back into sharp relief.

For the first six weeks after my Jan. 2 surgery -- five days in the hospital, 10 days at a rehabilitation center and my first four weeks at home -- I couldn't put full weight on the broken hip and had

to use a walker to get around.

Going to the end of my driveway to get the newspaper in the morning and the mail in the afternoon was a major undertaking. Hiking at that time seemed worlds away.

But the clichè about time healing all wounds came to pass. I went from walker to cane to hands-free walking.

At first I was a little shaky, a little wary as I left the security of the walker. But in time, I took longer and longer walks in my neighborhood. I walked up and down stairs. I was able to come back to work.

The time arrived to take that first hike and, with Sealey's blessing, I headed to Jennings Beach in Fairfield in mid-April with The Hiking Group, a network of hikers from Connecticut and New York. I hadn't been hiking for a good four months.

Admittedly, this is probably the easiest hike the group does -- a relatively level walk at a moderate pace.

The day was somewhat overcast and cool, but walking along a beach with the water stretching out beside me forever was wonderful. The hike is done at low tide so that we can walk out on an exposed spit of land that juts far into the water.

"If there's pain, modify your activities," my doctor had told me. "If the pain doesn't go away, see me."

Advertisement



A bright idea in online advertising.

PrinterStitial® ads by Format Dynamics.



FormatDynamics®

Print Powered By  FormatDynamics™



I took this particular hike knowing I could turn back at any time without any trouble finding my way back -- unlike some of our group's forest hikes. But I was able to keep up without problem and felt fine.

Though I turned back a little earlier than most of the group, the reason was a need to get home by a certain time, not because of discomfort.

Only in the last seven or eight minutes of the hike did I feel a bit of a strain. But there were no aches and pains resulting from the beach trek -- not during the hike, not that night and not the next morning.

Stretch and strengthen

The concern about broken hips, Sealey told me, is that "the blood supply to the head of the hip can be compromised." In turn, that leads to bone death, or avascular necrosis, and the need for a hip replacement.

"The biggest thing we worry about is bone death," said Sealey, of Danbury Orthopedics.

But since my X-rays 14 weeks after the surgery looked good, he didn't expect avascular necrosis to happen.

Bone healing was progressing well, Sealey said at that April visit, and the three titanium screws mending the break were exactly where they should still be. Each of the screws -- they look just like carpenter's screws in the X-ray -- is about 5 to 6 inches long and will stay with me for

life.

When people hear I broke my hip, they often think I had a hip replacement. That scenario could have happened, Sealey said, if my break had been worse.

Luckily though, the fracture caused "minimal" displacement where the neck of the femur -- thigh -- bone meets the hip bone. The screws did the trick to repair my hip.

I'm still not totally in the clear for a hip replacement. Before the operation, Sealey said there was about a 15 percent chance that I'd need a hip replacement down the road. But now that I've passed the three-month mark, he said that possibility "looks less likely," -- maybe a 5 to 10 percent chance.

I fall into the demographic that is prone to thinning bones -- thin, white women who are past menopause.

"You're in that high risk category," Sealey said.

I've know about my thinning bones for a few years because of bone density scans that show some weakness at, of course, my hip.

That's why my gynecologist, Dr. Steven Zamore, of Physicians for Women in Danbury, recommended a bone strengthening drug called Fosomax, which is taken once a week. Since I've been on the medication for a couple of years, I figured my bones would be stronger and less likely to break.

Advertisement



A bright idea in online advertising.

PrinterStitial® ads by Format Dynamics.



FormatDynamics®

Print Powered By  FormatDynamics™



Fosomax, Sealey said, "doesn't guarantee" that the hip bone won't break in a fall. But the drug may have helped to minimize the break, he said.

Within a couple of days after my operation, physical therapists at Danbury Hospital had me up, helping me to walk with the walker and do some exercise.

The physical therapy, as well as occupational therapy, continued for the 10 days I was at Bethel Health Care and -- through the Connecticut Visiting Nurses Association -- for several weeks while I was home.

Therapists also gave me exercises to do on my own to help stretch and strengthen my legs.

There were three sets -- for sitting, for standing and for laying down.

Some were very easy, like flexing my foot. Others took more effort, like keeping my left (the broken) leg straight and lifting it about 2 feet, 30 times, while lying down.

But all the exercises were very doable and not a task to be dreaded.

My return to work and my hike showed me that there's life after a broken hip. I'm feeling more secure and less afraid of falling and my next venture will be an easy walk in the woods.

I still don't have the range of motion I had before my fall, although that's improving. And moving my hip too far and too quickly in certain

directions still can cause pain.

Will my hip ever be like it was before?

"Give it six months to a year for maximum improvement," Sealey said. "After that it probably will not be any better."

The simple fact is that my body is not quite the same as it was before Jan. 1.

"After a fracture," Sealey said, "it changes your life. It's very difficult to make your hip like God made it."

Maybe not. But at least I'll still be walking on the beaches and in the woods and enjoying the beauty of nature.

Contact Marietta Homayonpour

at mhomayonpour@newstimes.com or

at (203) 731-3336.

Exercises can strengthen broken hip and extend range

Each of following is done 20 times standing while putting hands on chair or table for support

1. Stretch straight leg out to the side
2. Bend leg at knee upward
3. Bend leg at knee backward

Advertisement



A bright idea in online advertising.

PrinterStitial® ads by Format Dynamics.



FormatDynamics®

Print Powered By  FormatDynamics™



4. Bend both knees and squat

Each of following is done 30 times while lying in bed

1. Roll ball of feet backwards and forwards
2. Push knees down flat against mattress
3. Squeeze buttocks
4. Put rolled up blanket under knee and lift up bottom of leg
5. Swing leg out to the side
6. Lift entire straight leg up -- do 15 times, rest, and do another 15 times

Each of following is done 20 times while sitting

1. Roll feet toe to heel
2. Lift bottom of leg straight out
3. Lift leg and bring toward chest

Advertisement

A bright idea in online advertising.
PrinterStitial® ads by Format Dynamics.



FormatDynamics®

Print Powered By  FormatDynamics™