

PATIENT INFORMATION

Managing at Home with a Lower Limb Injury

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Introduction

There are several activities which people perform daily which they find significantly more difficult following injury or surgery on a lower limb. Detailed within this booklet are some hints, tips and advice to allow you to manage with as little disruption as possible on discharge from the acute hospital setting.

Your Physiotherapist

Your Occupational Therapist

Your Therapy Assistant

Contact Numbers

Southport Therapy Team	01704 704815
Ormskirk Therapy Team	01695 656861

Personal Tasks

Tasks such as getting washed and dressed are more difficult to perform with a lower limb injury, particularly if you are unable to weight bear as normal on the affected side. Whilst you are in hospital, a therapist will discuss with you how you will manage this at home, and you may be assessed by a member of the Occupational Therapy Team to ensure that you can manage washing and dressing. If you require any additional equipment or support with washing and dressing this will be arranged or provided before you leave the hospital.

Things to think about:

- Are there facilities to get washed/dressed upstairs/downstairs and are you able to access them?
- If you have any dressings or a cast in-situ you must keep the leg dry so will need to wash standing up at the sink.
- Will you manage standing the whole time while you get washed and dressed? If not, is there space to put a steady chair or perching stool?
- Are you able to bend and straighten the leg – how much room will you need for your leg if it is in a splint, brace or cast and cannot bend?

You will find it easier to dress seated rather than standing. Dress the affected side first, then the unaffected side. Trousers with an elasticated waist, such as jogging bottoms, will be easier to dress in rather than trying to do zips and fastenings.

Domestic Tasks

Domestic tasks may be more difficult with a lower limb injury. It may be difficult for you to get into a car, prepare meals, cook, clean and walk long distances. In addition to this, you may require the use of a walking aid which means you have a limited ability to carry things.

Things to think about:

- Are you able to stand at the sink or oven to prepare meals?
- Are you able to transport food and drinks from where you make them to where you will eat/drink them?
- Are you going to manage cleaning and tidying?
- Do you feel that you will manage getting your shopping? Could a friend or relative shop for you? (Many shops now deliver free of charge, or you can order using the internet)
- If you are unable to drive, how will you get to the shops?
- How will you get around the shop and carry your shopping?

Any equipment or additional support required to manage domestic tasks on leaving the hospital will be arranged prior to you leaving. Alternatively, the Therapy Team can provide you with the necessary contact details for additional support, if required.

Walking

There are many ways in which you may be advised to walk and several different pieces of equipment which you will use.

Full Weight Bearing

Putting all weight through your injured limb, as you would normally.

Partial Weight Bearing

Putting only part of your weight through your injured limb.

Toe Touch Weight Bearing

Putting very minimal weight through your injured limb (for balance only).

Heel Weight Bearing

Putting weight through your heel only.

Sequence for all of the above is as follows:

- Walking Aid
- Affected leg
- Unaffected leg

Non Weight Bearing

No weight at all must be put through your injured limb

Sequence for this is:

- Walking Aid
- Unaffected Leg

Steps and Stairs

There are ways to make managing steps and stairs as easy as possible.

Full Weight Bearing, Partial Weight Bearing, Toe Touch Weight Bearing and Heel Weight Bearing

Going up stairs		Going down stairs	
1	Hold onto the hand rail with one hand and the crutch with other hand	1	Hold onto the hand rail with one hand and the crutch with the other hand
2	Step up with your unaffected leg	2	Put crutch down onto step
3	Step up with your affected leg, onto the same step	3	Step down with your affected leg
4	Bring crutch up onto step last	4	Step down with your unaffected leg, onto the same step

Non Weight Bearing

Going up stairs		Going down stairs	
1	Hold onto the hand rail with one hand and the crutch with the other hand	1	Hold onto the hand rail with one hand and the crutch with the other hand
2	Taking weight through your arms, step up with your unaffected leg	2	Put crutch down onto step
3	Then bring crutch up onto the same step	3	Then lower your unaffected leg down onto the same step, taking weight through your arms

Dressings and Casts

If you have wounds, these may be dressed when you leave hospital. You will be advised by the nursing staff on the ward before you leave on who will check and change the dressings if necessary. These are often required to be kept dry. If you are unsure, please check with the nurse that is looking after you.

You may have a cast on when you leave hospital; this may be below your knee or the whole length of your leg and can be quite heavy. This affects your balance and cannot get wet. You may therefore be washing sat down or even stood. Your therapist will advise you on how to do this and may assess you doing this if necessary before you leave hospital. If you require any additional help to do this, this will be arranged prior to you leaving hospital.

You may have one of many types of brace on your leg when you leave hospital; this may keep the leg straight or allow it to bend and will be set according to your injury. You will be shown how to get this on and off prior to leaving hospital and will be advised on how to wash. Usually these cannot get wet, and your leg can only be sponged down. You may require the brace to be on at all times or only at specific times. Your therapist will advise you of your specific instruction prior to you leaving the hospital.

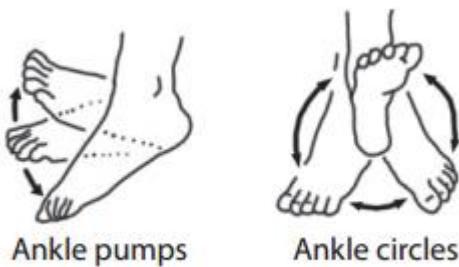
Waterproof covers can be used to protect your leg from getting wet. These can be purchased from certain shops or via the internet. This should be discussed with your therapist first to make sure this is a safe/suitable option for you.

Exercises

These will be advised by your therapist as not all the exercises will be suitable for every patient.

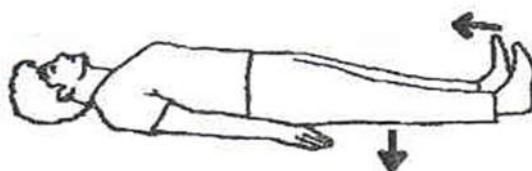
1. Toe, Foot and Ankle

- Keep wriggling the toes, paddling the ankles briskly back and forth and circling the ankles in both directions to maintain mobility and promote circulation.
- Repeat 20 times every few hours.



2. Static Quads

- Lying with your back supported and your legs out straight.
- Pull your foot up and press your knee down into the bed (squeezing your thigh muscles).
- Hold for 5 seconds and relax.
- Repeat 30 times, 4 times a day.



3. Straight Leg Raise

- Lying with your legs supported and your legs out straight.
- Tighten your thigh muscles, keep your leg straight and lift your leg off the bed 4 – 6 inches.
- Repeat 10 times, 4 times a day.



4. Knee Flexion and Extension

- Sitting in a chair with your feet on the floor
- Bend your knee as much as possible
- Then straighten your knee fully, tightening your thigh muscle and lifting your foot off the floor
- Hold for 5 seconds
- Repeat 10 times, 4 times a day



VTE / DVT / PE

VENOUS THROMBOEMBOLISM (VTE)

VTE is the process by which blood clots occur, and travel through the veins. VTE is the collective term for DVT (Deep Vein Thrombosis) and PE (Pulmonary Embolism).

SIGNS OF A DVT

1. **PAIN** in the muscle belly e.g., calf / thigh or arm which is increased when pressure is applied to the area.
2. Sudden increase in **SWELLING** of the soft tissue.
3. Increase in **TEMPERATURE** in the area of pain
4. **REDNESS** of the local area

Unfortunately, a DVT can be present without these signs and similarly the presence of these signs does not always indicate a DVT.

SIGNS OF A PE

1. Increased **BREATHLESSNESS** / shortness of breath.
2. **CHEST PAIN**.
3. **COUGHING** up **BLOOD**.

WHAT TO DO IF YOU SUSPECT A DVT

Attend Accident & Emergency Department immediately (01704 547471) OR seek urgent medical advice.

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

REHABILITATION

If you have any concerns or questions regarding your rehabilitation, please contact Nicola Ivanovic, Head of Therapies and Rehabilitation, on 01704 704147.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high, our staff have regular infection prevention and control training, and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

Your own GP –
G Ward – 01695 656603
Ward 14A – 01704 704889

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111
Stop Smoking Helpline (Sefton) - 0300 100 1000
Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

Please remember to complete the **attached Friends and Family Test**.
Alternatively, you can complete the *Friends and Family Test* on-line by going to: southportandormskirk.nhs.uk/FFT
Thank you

Author: Nicola Steging
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