

Arizona Bone and Joint Specialists

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**Hip**

Hip Fracture

Hip fractures are a serious health problem common among elderly men and women who fall in their own homes. Each year there are more than 320,000 hospitalizations for hip fractures, including people of all ages who are injured in car crashes and other accidents. Only one in four patients recover completely.

A hip fracture is a break near the top of your thighbone (femur) where it angles into your hip socket. When you break your hip, it usually hurts too much to stand and your leg may turn outward or shorten. In most cases, you need hospitalization and surgery. Get to your doctor or emergency room right away.

Diagnosis

Your doctor will X-ray both of your hips to determine exactly where the bone broke and how far out of place the pieces have moved. If the fracture does not show up on X-rays, you might also get a MRI (magnetic resonance imaging) scan. Most hip fractures are one of two types:

- Femoral neck fractures are 1-2 inches from the joint.
- Intertrochanteric fractures are 3-4 inches from the joint.

Surgery and early mobilization

Modern treatment for a hip fracture aims to get you back on your feet again as soon as possible while your broken bone heals. (Treatment may vary for certain elderly people who were already bedridden, have other complicated medical conditions and are not in much pain.) Your doctor will reposition the fracture and hold it in place with an internal device.

- Femoral neck fracture: Pins (surgical screws) are used if you are younger and more active, or if your broken bone has not moved much out of place. If you are older and less active, you may need a high strength metal device that fits into your hip socket, replacing the head of your femur (hemiarthroplasty).

- Intertrochanteric fracture: A metallic device (compression screw and side plate) holds the broken bone in place while it lets the head of your femur move normally in your hip socket.

Your doctor will tell you when you should start standing and walking again after surgery. You will probably need crutches, a walker or other help. You may need to do physical therapy or rehabilitation exercises to get back to your normal level of activity.

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