

Home-based exercise program improves recovery following rehabilitation for hip fracture

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Among patients who had completed standard rehabilitation after hip fracture, the use of a home exercise program that included exercises such as standing from a chair or climbing a step resulted in improved physical function, according to a study in the February 19 issue of *JAMA*.

More than 250,000 people in the United States fracture their hip each year, with many experiencing severe long-term consequences. "Two years after a [hip fracture](#), more than half of men and 39 percent of women are dead or living in a long-term care facility. Many of these patients are no longer able to independently complete basic functional tasks that they could perform prior to the fracture, such as walking 1 block or climbing 5 steps 2 years after a fracture," according to background information in the article. The efficacy of a home exercise program with minimal supervision after formal hip fracture [rehabilitation](#) ends has not been established.

Nancy K. Latham, Ph.D., P.T., of Boston University, and colleagues randomized 232 functionally limited older adults who had completed traditional rehabilitation after a hip fracture to a home exercise hip rehabilitation program comprising functionally oriented exercises (such as standing from a chair, climbing a step) taught by a physical therapist and performed independently by the participants in their homes for 6 months (n = 120); or in-home and telephone-based cardiovascular

nutrition education (n = 112).

Among the 232 randomized patients, 195 were followed up at 6 months and included in the primary analysis. The intervention group (n=100) showed improvement relative to the [control group](#) (n=95) in functional mobility on various measures. In addition, balance significantly improved in the [intervention group](#) compared with the control group at 6 months.

"The traditional approach to rehabilitation for hip fracture leaves many patients with long-term functional limitations that could be reduced with extended rehabilitation. However, it is unlikely that additional months of highly supervised rehabilitation can be provided to patients with hip fracture," the authors write.

"Exercise programs are challenging for people to perform on their own without clear feedback about whether they are performing the exercises accurately and safely and without guidance as to how to change the exercises over time. The findings from our study suggest that [the approach used in this study] could be introduced to patients after completion of traditional physical therapy following hip fracture and may provide a more effective way for these [patients](#) to continue to exercise in their own homes. However, future research is needed to explore whether the interventions in this trial can be disseminated in a cost-effective manner in real clinical environments."

More information: [DOI: 10.1001/jama.2014.469](https://doi.org/10.1001/jama.2014.469)

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