After the Fracture

Information about Pain and Practical Tips for Movement

Osteoporosis Canada
Ostéoporose Canada
# Table of Contents

**Introduction** ........................................................................................................................................ 2

**General Information about Pain after a Fracture** ................................................................................ 3

- Three Stages of Pain from a Fracture .................................................................................................... 3
- Acute Pain - Immediately after a Fracture .............................................................................................. 3
- Sub-acute Pain - The Weeks after the Fracture and Following Recovery ............................................. 4
- Chronic Pain – After Healing is Complete ........................................................................................... 6

**What to Expect from Some Specific Types of Fracture** ................................................................. 8

- Wrist and Shoulder Fractures .............................................................................................................. 8
- Hip Fractures ....................................................................................................................................... 9
- Spine Fractures ................................................................................................................................... 11

**A Few Self-Help Guidelines for Day-to-Day Activities after a Spine Fracture** ................................ 13

- What is a Neutral Spine? ....................................................................................................................... 13
- Bed Rest ............................................................................................................................................... 14
- Positioning in Bed ................................................................................................................................. 14
- Standing and Walking ........................................................................................................................... 16
- Sitting .................................................................................................................................................. 17
- Sitting to Standing and Standing to Sitting ........................................................................................ 18
- Bending with a Neutral Spine ............................................................................................................... 20
- The Hip Hinge ..................................................................................................................................... 20
- Gradually Increasing Activity: Recovery Guidelines ............................................................................. 23
- After the Spine Fracture Heals ............................................................................................................. 24
- Returning to Activities of Daily Living ................................................................................................ 25

**When the Pain Persists** ..................................................................................................................... 26
Introduction

The information that follows explains the different types of pain and stages of healing after a fracture (broken bone). It also provides some general guidelines on proper movement after a bone has broken in the back to help with the healing process. While this information is helpful to anyone who has a broken bone, it is intended especially for those who have had an osteoporotic fragility fracture.

Osteoporosis Canada has made every effort to ensure the information provided here is accurate and reliable according to the best evidence available at this time. Even so, this information is intended to provide general, practical guidance and is not meant to replace individual treatment or consultation from a qualified healthcare professional. If you currently have a broken bone, please see your doctor before making medical decisions or if you have questions about your medical situation.

Osteoporosis is a condition that causes bones to weaken. Weakened bones are more prone to break or fracture. The terms broken bone and fracture mean exactly the same thing. Fractures that occur because of osteoporosis are called fragility fractures. A fragility fracture is a broken bone that has happened as a result of a minor event such as:

- Coughing or sneezing
- Reaching or lifting, for example, a small child, or
- Bending, for example, to pick up a pet dish or to make a bed.

Fractures that occur because of a fall from a standing height or less, such as a trip, slip or stumble, at walking speed or slower are also called fragility fractures. Fragility fractures are almost always due to osteoporosis. There are no symptoms of osteoporosis until a bone actually breaks or fractures. For more information about osteoporosis, go to www.osteoporosis.ca.
General Information about Pain after a Fracture

Pain is the body’s natural response when a bone breaks. Both the fracture and any injuries to the body tissues near the fracture site can produce pain. Soft tissue refers to the muscles, ligaments, nerves, tendons and blood vessels, joint cartilage, etc. that surround the bone. When the soft tissue around the fracture is injured the result can be pain, swelling, bruising, and redness.

Three Stages of Pain from a Fracture

1. **Acute pain** usually occurs immediately after the fracture when the bone has broken.
2. **Sub-acute pain** usually occurs the first few weeks after the fracture while the bone and soft tissue heal.
3. **Chronic pain** is pain that continues long after the fracture and soft tissues have finished healing.

Any fracture can cause all or some of these types of pain to occur. For example, immediately after a bone breaks you might experience acute pain, followed by sub-acute pain while your bone heals, but you may not have any chronic pain. Other individuals may only experience acute pain. It is also possible to have a fracture without any pain; many people have had a spine fracture and do not know they have had one.

Acute Pain - Immediately after a Fracture

Immediately or soon after a fracture occurs, most people will experience what is called acute pain. Medication to reduce this type of pain is often prescribed during this stage. Acute pain will gradually decrease with time.
In order for a broken bone to heal, it may need a cast, a brace, a splint, surgery or any combination of the above. Whatever method is used to treat your broken bone, the key is to reduce or immobilize the fracture for several weeks so that the bone can set or heal.

- **Reduce** means to bring the broken ends of the bone as close together as possible to speed up the healing process. Sometimes, this requires surgery.
- **Immobilize** means to prevent the broken ends of the bone from moving apart again so the fracture can “set” or heal. A cast, a brace, a splint or surgery may be used to immobilize the area around the fracture.
- **A broken bone in the back** is managed by a combination of rest and the correct method of controlled movement.

It is important that you follow the instructions you are given by your doctor in terms of rest and movement. You may be asked to avoid certain movements so that you do not make the injury worse.

A broken bone and the surrounding soft tissue damage need a minimum of six to eight weeks to heal. However, depending on your general health and the condition of your bone and soft tissue, healing can take much longer. For example, osteoporotic bones take longer to heal than normal bones. During this time, it is usually necessary to reduce and modify your activities.

### Sub-acute Pain - The Weeks after the Fracture and Following Recovery

The acute pain that you may have felt immediately after the injury will decrease with time, but in the weeks after your fracture, some pain may continue and this is called sub-acute pain. This is mainly because the lack of movement that was necessary to help your bone heal has caused the soft tissue around the injury to stiffen and the muscles to weaken. In addition, scarring and ongoing inflammation may have developed in the soft tissue while the fracture was healing, which can also make movement difficult and cause pain.
Physical therapy is often recommended at this stage of recovery. A physical therapist can help:

1. prevent or reduce the stiffness that can occur during fracture healing,
2. provide exercises to strengthen weakened muscles and improve range of motion,
3. break down scar tissue and reduce inflammation, and
4. help to overcome fear of movement.

The points listed above help to reduce pain and improve the function of the injured body part. The physical therapist may use ultrasound, electrical stimulation, massage or other modalities to help you recover from a fracture. Physical therapy may require you to do exercises.

Medication may also be used at this stage to help control pain or inflammation.

During this stage of recovery you may be advised by your doctor to begin using the injured body part as much as possible for your usual activities even though you may still have some pain. Gradually over the next few months, movements usually become easier and more comfortable and may eventually return to normal. Slowly, the pain may completely go away.

It is normal to be fearful of some movements or activities. The memory of the pain can be powerful and the fear of breaking another bone can often lead to anxiety and reduced general activity. Despite your fear, it is important to start some gentle movement at this time; it will not be harmful. If you are uncertain, see a Bone Fit™ trained healthcare professional in your area* or, if one is not available, a healthcare provider such as a physical therapist or occupational therapist, or talk to your doctor.

Your doctor or healthcare provider can advise you about what is reasonable for you to expect for your recovery. It is important to remember that at this stage you may have pain but that does not necessarily mean you are causing further harm. Your healthcare team will help you reduce your risk of a second fracture.
Chronic Pain – After Healing is Complete

Many people who fracture will eventually heal and recover to the point where they no longer experience any pain. However, some people may continue to experience pain long after the fracture and soft tissues have healed. Full healing from a fracture can take anywhere from several weeks to several months and occasionally even several years.

Pain that persists after full healing is expected to have taken place is called chronic pain. Chronic pain may be due to nerve damage, the development of scar tissue, an aggravation of underlying arthritis or any number of other causes.

Chronic pain is usually managed on an individual basis. The choice of treatment will depend on your initial injury and the specific cause of the pain. Some examples of how to manage chronic pain include physical therapy, exercises or medications. These examples may not cure your pain but they may help to control or reduce the pain. Controlling pain can help you to manage your day-to-day activities and enjoy a better quality of life.

If your pain continues, talk to your healthcare provider about other ways that are available to manage your pain to help with your daily living and overall quality of life. It is important that you consult with your healthcare provider to ensure that all possible reasons for the ongoing pain have been examined.

Again, it is important to remember that at this stage you may have pain but that does not necessarily mean you are causing further harm; returning to a reasonably physically active lifestyle will help reduce your risk of a second fracture. If you are uncertain, see a Bone Fit™ trained healthcare professional in your area, or a healthcare provider such as a physical therapist or occupational therapist, or talk to your doctor.
The Bone Fit™ trained healthcare professional in your area, doctor or other healthcare provider can advise you about what is reasonable for you to expect for your recovery. Your healthcare team will help you reduce your risk of a second fracture.

*Bone Fit™ is the name of Osteoporosis Canada’s specialized non-profit training program that is taken by health and fitness professionals who want to learn effective and appropriate exercises for people with osteoporosis. The training provides knowledge and practical skills to prescribe exercise and adapt safe exercise programs to reduce the risk of fractures. Bone Fit™ is a growing program that now has trained professionals in seven provinces. Find a Bone Fit™ trained professional in your area with our Bone Fit™ locator at: www.bonefit.ca/locator/
What to Expect from Some Specific Types of Fracture

The four most common sites for broken bones due to osteoporosis are the wrist, the shoulder, the hip and the spine. Bones in the spine are called vertebrae.

Wrist and Shoulder Fractures

A broken wrist or a shoulder fracture from osteoporosis may occur when someone falls with their arm outstretched to break that fall. The impact may cause the forearm bone to break near the wrist, or it can cause the upper arm bone to break near the shoulder. These types of fractures usually cause immediate and severe pain, which often results in a trip to the hospital emergency room. X-rays are often taken to identify if and where a fracture has occurred. In most cases, a cast, splint or sling is used to prevent the bone from moving while the break heals, but sometimes, surgery is required.

Your doctor will recommend exercises or referral to a physical therapist once it is time to begin restoring movement and strength.
Hip Fractures

Hip fractures from osteoporosis are usually the result of a fall and most commonly occur in people in their late 70s or 80s. A broken hip will require hospitalization and will often require an operation to repair the break. Most hospitals have a plan for rehabilitation that follows hip surgery. If you have broken your hip, you are at high risk for any other kind of fracture from osteoporosis, including another broken hip. To reduce the risk of fractures, medication, a calcium-rich diet and adequate vitamin D supplementation are recommended.

A hip fracture will affect all aspects of your daily life. Medication can be used to manage your pain. Physical therapists will recommend bed exercises to increase strength and range of motion right after surgery. They will also encourage you to stand and walk with a walker as soon as possible.

Occupational therapists are healthcare workers trained to assist you to learn ways to restore independence with daily tasks such as getting dressed, bathing or preparing a meal. As you continue to heal, a physical therapist will teach you exercises to strengthen the muscles that support and control the hip joint. A physical therapist or occupational therapist may recommend that you use assistive devices such as a raised toilet seat, a long-handled reacher, a sock aid, a long-handled sponge, a shower chair or a transfer bench, a bed pan or woman’s urinal, and other items to make activities of daily living easier for you to do.

After hip surgery, avoid movements that bend the hips more than 90 degrees, such as raising your knee higher than hip level even when you are sitting, or leaning too far forward, or crossing your legs. Your recovery will depend on how well you were able to function and your general state of health before the fracture. Regular physical activity is encouraged to improve your quality of life and to help reduce your risk of another fracture.
After the Fracture: Information about Pain and Practical Tips for Movement

Examples of Assistive Devices

Long-handled reacher

Long-handled sponge  Raised toilet seat  Shower chair

HELPFUL HINT:
“After my fracture, I found it difficult to use a bed pan, but a friend found me a woman’s urinal and then I could drink fluids without the fear of having to get up to go to the bathroom.”

CREDIT: These photos are being used with permission from Sunnybrook Holland Orthopaedic & Arthritic Centre’s “A Guide for Patients Having Hip or Knee Replacement,” © 2007 by Sunnybrook Health Sciences Centre, Toronto, Ontario. All rights reserved.
Spine Fractures

Broken bones in the spine are referred to as vertebral compression fractures or spine fractures. The spine is one of the most common sites of broken bones as a result of osteoporosis. Imagine each bone in your spine as a square block. When the bone breaks, it is like the “box” becomes squashed or compressed or flattened.

A spine fracture can happen very suddenly as a result of a fall, or something more minor such as sneezing, coughing, reaching, lifting or carrying. Some spine fractures do cause pain. The pain can vary from mild to excruciating pain in the back. This pain may bring about a visit to the hospital or doctor’s office where an X-ray may confirm a broken bone in the spine.

Two-thirds of broken bones in the spine happen without causing any pain at all and are found either:

- on an X-ray for another purpose, or
- because your healthcare provider thinks you may have lost height.

Painless spine fractures are just as important as painful ones. If you have had a broken bone in your back that was caused by osteoporosis, whether it was painful or not, you need osteoporosis treatment to reduce your risk of another fracture. Treatment will include medication, a calcium-rich diet, adequate vitamin D supplementation and exercise.
A broken bone in the spine will go through the same stages of healing as any other broken bone. If the break is painful, medication to reduce the pain is usually prescribed during the acute stage. You may or may not be admitted to hospital for the first few days of this stage. Admission to hospital will depend on the severity of your pain and the severity of the fracture. There are other procedures that your healthcare provider may suggest called kyphoplasty or vertebroplasty.

During the recovery process, it is important to remember that all pain hurts but not all pain is necessarily harmful. A consultation with a physical therapist or healthcare worker familiar with broken bones can help to guide you through the recovery process. During the recovery process, many types of movement may be painful even when you use correct movement techniques. An important part of your recovery is to learn to carry out safe movement techniques that are done in a way that does not put any additional strain on the spine.

**HELPFUL HINT:**

> Even when the movement is done correctly and the spine is aligned in neutral, some movement may be painful, especially during the early stages of recovery.
A Few Self-Help Guidelines for Day-to-Day Activities after a Spine Fracture

A very important thing to remember if you have a spine fracture, whether it is painful or not, is to reduce the strain or pressure, usually referred to as compression, along the front of the spine. This is done by focusing on safe movements and good posture techniques, which keep the spine as close to a neutral alignment as possible.

What is a Neutral Spine?

It will help you to know a little about how your spine works so that you can understand how to reduce pain when you move. Think of your spine as a tower of bony blocks that are stacked one on top of the other and interlock with each other like Lego blocks.

There are 24 bones altogether and a break can happen to one or several of these bones. Every one of these 24 bony blocks has a different shape and size. When they are all stacked one on top of the other they form three gentle natural curves that create a strong support post for the head. This alignment is called the neutral spine; it is the strongest and safest position for the spine. In neutral spine the head is positioned so the ear is directly over the shoulder.
Although it may be painful to get into the neutral spine position because of your stiff or weak back muscles, it is the best position to protect your spine. By training your muscles, you can help to reduce the strain on your spine. Even small corrections of alignment can help to reduce pain and strain. When you hunch over or twist your spine, you are putting a lot of strain on the spine that may cause more pain and will cause more strain on your vertebrae. More strain increases the risk of additional spine fractures.

### Bed Rest

If you have a new spine fracture that is painful, bed rest is recommended during the acute pain stage because lying down puts less pressure on the spine than sitting or standing. Bed rest should be limited to only a few days, just until the acute pain subsides and becomes more manageable.

### Positioning in Bed

Whatever position you assume in bed, make a conscious effort to keep the spine and legs as stretched out or lengthened as much as possible rather than in a rounded position to help reduce strain on the spine.
After the Fracture: 
Information about Pain and Practical Tips for Movement

Turning over in bed

1. Before you attempt to turn over, try to get your spine as stretched out or as lengthened as possible.

2. Start by turning your head in the direction you are going to turn, then try to turn the shoulders and hips together as one unit. Roll your whole body over like a log.

It is important to realize that in the first few days you will feel pain even if you move correctly; the pain will eventually subside.

HELPFUL HINT:
Use silky or soft cotton bed sheets and silky or satin sleep clothes to reduce the friction and to help you slide and turn in bed a little more easily.

Getting out of bed

1. Keep the spine as lengthened as possible and get to the side of the bed.

2. Lower your legs over the side of the bed while you push with both arms to come up sideways.

3. Imagine steel rods up your spine to keep the spine as close to neutral as possible while you get yourself into a seated position.

4. Once you are sitting up on the side of the bed, try to sit as tall as possible.

5. Keep your head up and slowly get your feet onto the floor as you hold on to a walker. If you don’t have a walker, you can place a chair with a tall back that you can use as a handrail beside the bed.

6. Hold on to the chair or walker while you get into an upright standing position.
Getting into bed

To get back into bed, reverse the process used to get out of bed.

1. Sit on the side of the bed.
2. Slowly lower yourself sideways and pull your legs up onto the bed.
3. Keep the spine lengthened or as stretched out as much as possible and gently turn on to your back. Turn the head first then the shoulders and hips at the same time as one unit.

Standing and Walking

*Standing and walking* put less strain on the spine than sitting so try to stand and walk as much as possible rather than sitting too much. In the first few weeks, it is better to take breaks by lying down rather than sitting.

*The use of a walker* may be helpful for the first few days. Be sure to try to walk as tall as possible. Try to get up every hour for a short walk.

*Progressing to upright standing*

Try gradually to achieve as upright a spine as possible. “Think tall” and your muscles will know what to do. Imagine that you are walking with a book on your head. Keep your head up and this will help to keep the spine more correctly aligned, again as close to neutral as it can comfortably get.
After the Fracture: Information about Pain and Practical Tips for Movement

Sitting

Sitting tall in a perch position puts less strain on the spine than a slumped or slouched position. You may find it difficult at first to sit tall with a neutral alignment in a seated position. That is because our sitting bones at the bottom of the pelvic basin are shaped like a rocker and have a tendency to cause us to sit more on our tail bones than on our sitting bones. It may help you to think of using your buttock muscles to help you sit tall on your sitting bones. Think of “sitting tall in the saddle.” Sitting tall on your sitting bones will help prevent your spine from rounding.

Use a straight-back chair with a firm seat, if possible one with arm rests on it so you can use your hands to help control the movement in and out of the chair. Once you are perched on the edge of the chair, stay upright, then slide to the back of the chair to get your buttock muscles in as tight as possible to the back. A small cushion or pillow may be necessary to help keep the spine as upright as possible and support the natural inward curve of the lower back.

HELPFUL HINT:
Be cautious if you let people help you get up or sit down. Even though they are well intentioned, they do not know when the pain starts; you may need to let them know if you prefer to do it yourself.

“\textit{I write for a living, which means I spend a lot of time sitting. Maybe now I can learn to do it properly and when I get up I can sit back down with better alignment.}”
After the Fracture: Information about Pain and Practical Tips for Movement

Sitting to Standing and Standing to Sitting

Standing up from a sitting position can put a great deal of strain on the spine because of the tendency to round the spine. Train your muscles to rise up from a seated position with your head held high to reduce the pain and strain on the spinal structures. Remember to keep your head held high when you rise up from any seated position, such as when you get on and off a toilet seat or when you get on and off your favourite chair.

To sit back down keep the head high, imagine that you are balancing a book on your head, as you lower yourself to the edge of the seat. Once you are perched on the edge of the seat, slide back and keep the spine as tall as possible.

Once you are seated, you may need to provide some additional support to help keep the spine aligned in neutral. Furniture design does not always accommodate our specific needs for spinal support. In an effort to keep the spine tall but allow the back muscles to relax a little, some additional support may be necessary. There are commercial back supports available, but in most cases try to find a pillow or decorator cushion, or even a folded towel, that comfortably supports the natural shape of your spine. This will help to keep the spine in neutral while you are seated.

Shift forward in the chair and sit in good alignment, lean forward using a hip hinge (see p. 20) and stand up, pushing through both legs equally.
Getting in and out of a car

Remember to get in and out of a car the same way you get on and off a chair. Keep your spine as stretched out or as lengthened as possible. Many car seats are designed to support a slouched or rounded spine so you may need to take along a small pillow or folded towel to keep your spine as upright as possible, or you may benefit from a wedge-shaped cushion on the seat. These cushions are available in the automotive department of most retailers that sell car parts.

HELPFUL HINT:

*Putting on a seat belt usually requires some rotation to get hold of the strap. To reduce the risk of too much twisting, make a conscious effort to keep the head high and the spine tall (in “neutral” position) as you turn your whole body from the hips.*
Bending with a Neutral Spine

When you bend over or lean forward to brush your teeth or wash your face at the bathroom sink or do other similar activities, it is very helpful to use a movement known as the hip hinge. The hip hinge is a more natural movement that creates a deep crease through the groin region and it significantly reduces the strain on the spine.

To do the hip hinge, bend your knees slightly, and while keeping your back straight from the hip to the shoulder with no bending or rounding at the waist and as lengthened as possible in the neutral spine position, stick out your tailbone behind you to bend forward from the hips. Your back muscles will need to be retrained to learn how to use the hip joint and the strong buttock muscles along with the leg muscles to allow you to bend and lean over with less strain on the spine. This movement will feel awkward at first but it will become more comfortable once you master the technique. Eventually, it will feel normal to bend this way without even thinking about it.

Hip Hinge

![Hip hinge](image1)

![Hip hinge training, correct neutral spine](image2)

![Hip hinge not correct, spine is rounded, not in good neutral position](image3)
HELPFUL HINT:
When you bend over, think of using a little bend in the knee and a whole lot of butt muscle. These two movements work together to get the tail bone up to keep the spine from rounding. Look at yourself in a mirror to make sure you are doing this the right way.

CREDIT: These photos are being used with permission from Sunnybrook Holland Orthopaedic & Arthritic Centre’s “A Guide for Patients Having Hip or Knee Replacement,” © 2007 by Sunnybrook Health Sciences Centre, Toronto, Ontario. All rights reserved.

HELPFUL HINT:
In the first few weeks following your fracture, it may be helpful to use a long-handed reacher when you have to reach for lightweight items either very high or very low. Another assistive device that may be useful is a “sock aid.” These devices will help reduce rounding the spine, and are available in most pharmacies with home healthcare supplies.
Wearing a Back Brace

Wearing a back brace during the first few weeks following your fracture can be helpful to reduce the work the muscles have to do to keep the spine upright. The use of a back brace can also help to make sure that movement is controlled around the bone that is broken.

The type of elastic back brace that wraps around the abdominal region that helps to support our natural girdle muscles can help to relieve the work of the spinal support muscles. This can make it easier for you to keep a more neutral upright posture.

Once the bone has healed, normally in six to eight weeks, exercises to strengthen the muscles can be started and the brace will no longer be necessary. Once you have fully recovered from your broken bone, you may find it helpful to use your brace to help control your spine movements when you start to do some activities such as gardening and yard or housework that require more frequent bending. The brace can act as a reminder to use your hip hinge and keep the spine in neutral position.

HELPFUL HINT:
Try to put the elastic-type back support on backwards with the wide part in the front and the narrow part in the back; this helps to keep the spine really tall and straight.
Gradually Increasing Activity: Recovery Guidelines

Your doctor may recommend that you intersperse rest with periods of standing or walking throughout the day. You can start with even a few minutes of standing or walking at a time, performed multiple times a day. You can then gradually increase the time you spend walking. Try to avoid sitting for long periods of time, as sitting can place greater loads on your spine than standing does. When you are sitting, try to sit upright rather than slouched, with proper support for your back.

Once you get clearance from your doctor that the fracture site has healed, exercises can be started under the supervision of a physical therapist, ideally one who has undergone Bone Fit™ training.

- The physical therapist or Bone Fit™ trained healthcare professional in your area will recommend exercises to strengthen the muscles that support your spine. Performing them while lying on your back is safest as the loads on your spine are lowest in this position. In fact, lying on your back, with a pillow to support your head if needed, is a good way to reduce the loads on your spine and promote spinal extension and stretching of the chest and shoulders.

Lie flat on your back using a small pillow or folded towel if necessary to support head so long as chin is not tucked into chest; bend both legs to about 90 degrees, feet flat; bring arms out from the body slightly, palms up. Using this position daily can help align the spine in a gentle manner and help stretch out tight muscles.
After the Fracture: Information about Pain and Practical Tips for Movement

• Balance activities can be started after the break has healed. Changes in your posture can increase your risk of falls. To prevent falls, you can practise exercises designed to improve your balance. There are lots of different types of balance exercises; a Bone Fit™ trained healthcare professional in your area or your physical therapist can help you choose the balance exercises that are best for you.

• Resistance exercises can also be safely started after clearance from your doctor and under supervision, ideally with a Bone Fit™ trained specialist.

After the Spine Fracture Heals

Sometimes back pain continues. The various stages of healing will take place over several months but the recovery of function and muscle strength can also be a painful process because the shape of the bone (or bones) in your back that have been fractured (broken) or compressed does not return to its previous shape, which will result in a loss of height. The greater the number of broken bones in the spine and the weaker the back muscles, the more rounded the spine may become and the greater the loss of height.

These changes will affect the muscles and other soft tissues around the fracture. As a result there may be long term or chronic back pain. Changes in your posture and rounding of the spine, known as kyphosis, may also affect your balance and the way you walk. The pain of a spine fracture can vary from no pain at all to severe and debilitating pain. Not everyone will have severe problems but for those who do, there are many things that can be done to make life easier. It is important to remember that even small changes to improve how you move, such as those discussed in the previous sections, can help to control some of the pain.
After the Fracture: Information about Pain and Practical Tips for Movement

Returning to Activities of Daily Living

The safe postures and movements that were discussed in the sections Positioning in Bed, Standing and Walking, Sitting, Sitting to Standing and Standing to Sitting, and Bending with a Neutral Spine continue to be important and need to be used as much as possible to lessen the strain on the spine.

The effort to keep a tall posture can also help to reduce your risk of having another broken bone. By practising to hold the head high, as if to balance a book on your head when you walk and stand, and to sit tall and use the hip hinge described earlier, you will protect your spine with all of your everyday movements. These new and improved movements will apply to all your usual activities, such as unloading the dishwasher, looking after children, picking up the dog dish, cleaning the bathtub, gardening, etc.

HELPFUL HINT:

A note about posture. Before you broke a bone in your back, your body may have been able to tolerate some bad posture habits. Now that you have had a spine fracture, you will need to apply new habits such as the neutral spine when standing and sitting and the hip hinge when bending. Your new habits are meant to prevent your spine from rounding and reduce your risk of another broken bone.

HELPFUL HINT:

Good posture is not achieved by pushing back the shoulders but by becoming aware of how high you hold your head when you walk and stand and by training your buttock muscles to help you sit tall in the saddle when seated.
Putting on shoes while sitting: Cross one foot over the opposite knee only if you can do so without pain in the hips/knees; keeping your back in your best alignment, lean forward from the hips and reach to tie shoes.

When the Pain Persists

If your pain continues, talk to your healthcare provider about what other ways are available to manage your pain and to help with your daily living and overall quality of life. It is important that you consult with your healthcare worker to ensure that all possible reasons for the ongoing pain have been examined.

Osteoporosis Canada: Here to Help You

www.osteoporosis.ca
Email info@osteoporosis.ca
Toll-free information line 1-800-463-6842
To contact the Canadian Osteoporosis Patient Network, email copn@osteoporosis.ca

The information contained in this booklet is not intended to replace medical advice. Readers are advised to discuss their individual circumstances with their physician.