

Non weight bearing advice (post operative)

Physiotherapy Department



Patient information leaflet

Who is this booklet for?

This booklet is for post-operative patients who have been told that they will have to be 'non weight bearing' after their orthopaedic surgery or injury. This means that for a period of time after your operation you should not put weight through your operated leg/foot to allow it time to heal.

This booklet is a general guide and there may be alterations in your management made by your surgeon.

What does Non-Weight Bearing (NWB) mean?

You must not put any weight through your affected leg. It must be kept off the ground when standing up and moving around. You may rest your leg on the ground when sitting in a chair.

Why am I not allowed to put weight through my operated leg?

There are a number of different operations or injuries which may require you to protect your leg or foot by not standing on it for a period of time. By keeping weight off your leg/foot you will protect it and give it time to heal.

How can I stay mobile?

You will be provided with a walking aid to help you move around. Your Physiotherapist will guide you as to what is the most appropriate walking aid.

To stand up:

1. Push up from the arms of the chair standing on your unaffected leg, keeping your injured /operated leg off the floor.
2. Once you are standing, place your arms into your crutches or hold onto your frame.

To sit down:

1. Make sure you can feel the chair on the backs of your legs
2. Feel back behind you for the arm of the chair with your hands
3. Slowly lower yourself into the chair, keeping your injured/ operated leg off the floor the whole time, until you are sitting.

Never sit down or stand up with your crutches on your arms.

Walking frame

A frame will provide you with more support and stability if you need it. You should place the frame a little way in front of you and whilst taking some weight through your arms you should hop forwards on your non-affected leg, keeping your affected leg off the floor.

Elbow crutches

If you have strong arms and good balance you can use two elbow crutches.

1. Place the crutches a little way in front of you shoulder width apart.
2. Using your crutches to take some weight through your arms, hop forwards on your non affected leg, keeping your affected leg off the floor.
3. Repeat.

If there is a reason why you can't use elbow crutches or a frame we may be able to provide you with a different type of aid.

General care and advice

Elevation

When sitting still or lying, keep your affected leg elevated up above the level of your heart. Stay in this position for at least 15 minutes. Repeat as often as possible. This will help to reduce swelling in your foot and ankle.

Ice

If you do not have a cast, you can use ice to help reduce any swelling of your affected limb. Wrap a pack of frozen peas in a damp tea towel and place over your affected limb. After the ice has been on for 5 minutes check the skin. If you notice that the area has gone white remove the ice immediately. If not, leave for 15-20 minutes. Monitor your skin for redness and numbness.

Will I be at risk of Deep Vein Thrombosis (DVT)?

A DVT is a blood clot (thrombosis). This is sometimes found in the deeper veins in the leg. DVT's can sometimes lead to complications if the blood clot spreads to another part of the body, particularly the lungs. Because you are unable to take weight through your affected limb you may be at a higher risk of developing a DVT.

Signs of DVT

Signs of a DVT include a swollen, red, hot and painful limb, often in the calf.

Preventing DVT's

Continue to maintain an essential level of mobility with the walking aid given to you by your physiotherapist, for example regularly walking to the toilet.

You should also maintain the strength in your affected leg by completing your exercises regularly (see exercises on page 6-7).

If you do experience pain in your calf or chest or your wound becomes red, swollen, hot and/or oozing contact your GP urgently or come to the Accident and Emergency department at the hospital.

How do I take care of my cast?

Backslab

On discharge you will usually have a temporary plaster cast, called a backslab. A backslab has no plaster of paris at the front of the cast. It will accommodate for any initial swelling. You must keep your backslab dry.

Full cast

At your fracture clinic appointment you will generally be changed from a backslab into a full cast.

- You must keep your cast dry.
- Be aware of any changes in sensation or colour in the affected limb.
- Regularly move your toes on the affected limb.
- Do not put objects down inside the cast and try not to scratch the skin under the cast with any sharp objects. Doing so may break the skin under the cast and lead to an infection.
- Do not put any powders or lotions inside the cast.

Non weight bearing bed exercises

The following exercises should be done 3-4 times daily to maintain muscle strength in the affected and non-affected limb.

1. Lying or sitting.

Bend and straighten your ankles briskly.

Repeat regularly.

2. Lying or sitting with your legs out in front of you.

Pull you ankles towards you and push your knee down firmly against the bed.

Hold for **5 secs**, and then relax.

Repeat **10 times** on both the affected and non-affected leg.



3. Lying on your back, place your affected leg over a rolled pillow with your foot resting on the bed.

With your knee resting on the pillow straighten your leg slowly keeping your toes pulled up towards you.

Hold for **5 secs** and slowly relax.

Repeat **10 times** on both the affected and non-affected leg.



4. Lying on your back, exercise your leg by pulling your toes up towards you, straightening the knee and lifting the leg 20 cm slowly off the bed.

Hold for **5 secs**. Slowly lower your leg.

Repeat **10 times** on both the affected and non-affected leg.



5. Lying on your back.

Bend and straighten your affected leg.

Repeat **10 times**.



6. Lying or sitting, clench your buttocks and hold for **5 secs**.

Repeat **10 times**.



Only on non-affected leg

7. Lying on your back with knee bent. Push your heel into the floor/bed as though trying to bend the knee.

The muscles at the back of the thigh will tighten.

Hold for 5 secs then relax.

Repeat 10 times.



Reference sources

- www.nhs.uk/Conditions/Deep-vein-thrombosis/Pages/Introduction.aspx

Contacts

If you have any questions you can ask your surgeon or physiotherapist after your operation or call the ward you were discharged from.

Hospital address

Royal Surrey County Hospital NHS Foundation Trust
Egerton Road
Guildford
GU2 7XX

- www.royalsurrey.nhs.uk

Contact details

RSCH main switchboard:	01483 571122
Fracture Clinic:	01483 464158
Physiotherapy Department:	01483 464153
Bramshott Ward:	01483 571122 ext 4065 / 4066
Ewhurst Ward:	01483 571122 ext 4073 / 4075

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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