CONDITION

Hip fracture

A hip fracture is a break in the upper thigh bone near the hip joint.

WHAT IT IS
Break in the upper thigh bone near the hip

BODY SYSTEM
Bones and joints

MAIN SYMPTOMS
Hip pain, groin pain, difficulty standing, shortened turned-out leg

WHAT CAUSES IT
Falls on weakened bone or major trauma

HOW IT IS DIAGNOSED
Hip X-rays, with MRI or CT if unclear

MAIN TREATMENT
Surgery, pain relief, rehabilitation, and bone protection

CAN IT BE CURED?
Sometimes - fracture heals but function may remain limited

IS IT AN EMERGENCY?
Yes - suspected fracture needs immediate assessment

LONG-TERM OUTLOOK
Many recover, but independence may not fully return

Overview

A hip fracture is a break in the top part of the thigh bone, called the femur. The break is close to where the rounded head of the femur fits into the hip socket. Although people often call it a "broken hip," the hip joint itself may not be broken.

Hip fractures are most common in older adults, particularly when osteoporosis has weakened the bones. Osteoporosis means that bone has become less dense and more likely to break. A simple fall from standing height may then be enough to cause a fracture. In younger people, hip fractures are more often linked to a high-impact injury, such as a road collision or a fall from height.

A hip fracture usually requires hospital treatment. Most people need an operation, followed by help to stand, walk, and regain daily skills. It matters because pain and reduced movement can quickly affect the lungs, circulation, muscles, and ability to live independently.

Symptoms

Most hip fractures cause immediate pain after a fall or other injury. The pain is often felt in the hip or groin and may spread into the thigh. Putting weight on the injured leg is usually difficult or impossible.

Common signs include:

Not every fracture causes obvious deformity. With an incomplete or "impacted" fracture, the broken bone ends are pressed together. You may still be able to stand or walk, although this is often painful. Continuing to walk can make the injury worse.

Some older adults have less typical symptoms, particularly if they have dementia, difficulty communicating, or another serious illness. New confusion, reluctance to move, or a sudden loss of mobility after a fall may be the main signs.

- Severe pain in the hip, groin, or upper thigh
- Inability to stand, walk, or put weight on the leg
- Affected leg appearing shorter or turned outward
- Swelling, bruising, stiffness, or tenderness around the hip

Causes and risk factors

A hip fracture happens when the force placed on the upper femur is greater than the bone can withstand. In older adults, the usual cause is a fall combined with reduced bone strength. In stronger bone, a higher-impact injury is generally needed.

Factors that can weaken bone include osteoporosis, increasing age, low body weight, poor nutrition, and some long-term medical conditions. Certain medicines can also affect bone strength, especially when used for a long time. Examples include corticosteroids like prednisone or hydrocortisone , which are medicines that reduce inflammation.

The chance of falling may be increased by:

Women are at higher risk after menopause because falling oestrogen levels can speed up bone loss. However, hip fractures also affect men, and osteoporosis in men may go unrecognised.

A stress fracture is less common. This is a small crack caused by repeated strain rather than one clear injury. It may occur in long-distance athletes, military recruits, or people with very weak bone.

- Poor balance, muscle weakness, or problems walking
- Reduced eyesight or unsafe footwear
- Dementia, Parkinson's disease, or a previous stroke
- Dizziness, low blood pressure, or medicines that cause drowsiness
- Alcohol use or hazards such as loose rugs and poor lighting
- A previous fall or fracture

Diagnosis

A clinician will ask what happened, where the pain is, and whether you can move or put weight on the leg. They will check the position of the leg, examine the hip, and assess circulation and feeling in the foot.

Hip X-rays usually confirm the fracture and show its location. The main types are fractures through the neck of the femur, which lies just below the ball of the joint, and fractures farther down in the area between or below the bony projections at the top of the femur.

A small fracture may not appear on the first X-ray. If symptoms still strongly suggest a fracture, an MRI scan is commonly used to look for an otherwise hidden break. MRI uses a magnetic field rather than X-rays. A CT scan, which creates detailed X-ray images, may be used when MRI is unavailable or unsuitable.

Blood tests, an electrocardiogram to check heart rhythm, and other assessments may be needed before surgery. These do not diagnose the fracture. They help the team identify and manage other health problems safely.

Treatment and management

Most hip fractures are treated with surgery. The aim is to stabilise or replace the broken part of the bone so that you can begin moving again. Surgery is usually performed as soon as it is safely possible, although urgent medical problems may need to be treated first.

The operation depends on where the break is, whether the bone has moved out of position, the condition of the joint, and your health and mobility before the injury.

Treatment may involve:

Treatment without surgery is uncommon. It may be considered when a fracture is stable or when surgery would not match a person's overall health, goals, or likely benefit. Prolonged bed

rest has serious risks, so comfort, movement, and nursing care still need close attention.

Pain relief is provided before and after treatment. A local anaesthetic nerve block may be offered to numb pain from the hip. Hospital care can also include fluids, treatment for anaemia or infection, measures to reduce blood clots, and antibiotics like amoxicillin or doxycycline around the time of surgery.

Rehabilitation begins early, often with help to sit, stand, and walk after the operation. A physiotherapist works on strength, balance, and safe movement. An occupational therapist may help with washing, dressing, stairs, equipment, and planning for home.

Before discharge, the team should also consider why the fracture happened. This may include an osteoporosis assessment, a review of medicines and nutrition, and steps to lower the chance of another fall.

- Fixing the bone with screws, a plate, or a metal rod
- Replacing the ball of the hip with an artificial part
- Replacing both the ball and socket in selected people

Complications

Complications can result from the fracture, the operation, or spending less time moving. The healthcare team will try to prevent them and identify them early.

Possible complications include:

Some people develop lasting pain or need more help with daily activities than before. Hip fracture can also worsen existing heart, lung, or memory problems. Recovery is often more difficult for someone who was already frail or needed help walking.

A previous hip fracture raises the risk of another fracture. Bone protection and fall prevention therefore remain important after the immediate injury has healed.

- Blood clots in the legs or lungs
- Chest or wound infections
- Pressure injuries from staying in one position
- Bleeding, anaemia, or problems related to surgery
- Delirium, a sudden change in attention and thinking
- Loss of muscle strength and confidence with walking
- Failure of the fracture to heal properly or movement of metalwork

- Dislocation or wear of an artificial hip

Prevention

Not every hip fracture can be prevented. Falls can happen without warning, and osteoporosis may not cause symptoms before a bone breaks. However, reducing falls and protecting bone health can lower risk.

Regular strength and balance activity can help maintain steadiness and muscle function. The safest type of exercise depends on your health, current mobility, and previous falls. A supervised programme may be useful if you feel unsteady.

Practical changes at home can include improving lighting, securing loose rugs and cables, adding handrails, and keeping frequently used items within easy reach. Shoes should fit securely and have suitable grip.

Regular eye checks and a review of medicines may identify factors that contribute to falls. Do not stop prescribed medicine on your own. A clinician or pharmacist can check whether combinations of medicines may be causing dizziness, low blood pressure, or sleepiness.

Adequate protein, calcium, and vitamin D support bone and muscle health. Supplements are not necessary or suitable for everyone. If osteoporosis is found, bone-strengthening treatment may reduce the risk of future fractures. The choice is based on your fracture risk, other medical conditions, and preferences.

Living with it and what to expect

Recovery usually takes place over months rather than days. Early progress often focuses on getting out of bed, transferring safely to a chair, and walking with a frame or other support. Later goals may include stairs, outdoor walking, and returning to household or social activities.

Pain and swelling generally improve as tissues heal, but strength, balance, and confidence can take longer to return. Some people recover close to their previous level of mobility. Others continue to need a walking aid, home support, or help with personal care. Frailty, memory problems, other illnesses, and mobility before the fracture all influence recovery.

You may leave hospital for home with support or move temporarily to a rehabilitation facility. Continuing prescribed exercises and attending follow-up appointments can help the team monitor healing, mobility, the surgical wound, and any implanted hardware.

Fear of falling again is common and can lead to avoiding activity. Gradual, supported

movement is usually part of recovery because too little activity causes further muscle loss. Tell your rehabilitation team if pain, fear, or low mood is limiting what you can do.

Routine follow-up may also include osteoporosis treatment, nutrition support, and a falls assessment. These measures are important even after the hip itself feels better because the risk of another fracture remains higher.

When to get medical help

Call emergency services after a fall or injury if you have severe hip or groin pain, cannot stand, or the leg looks shortened or turned outward. Do not try to test the injury by walking. Keep still and warm while waiting for help, unless remaining where you are would be dangerous.

Seek urgent same-day assessment if pain continues after a fall even though you can walk, especially if the pain is in the groin or becomes worse when you put weight on the leg. A hidden fracture may not cause obvious deformity.

After surgery, seek urgent medical advice for increasing wound redness, drainage, fever, worsening pain, or new calf swelling. Sudden breathlessness, chest pain, coughing up blood, fainting, or severe new confusion requires emergency help.

Routine follow-up is appropriate for questions about exercises, walking aids, ongoing mild pain, osteoporosis treatment, or a gradual recovery that is slower than expected. Contact the rehabilitation or surgical team sooner if you suddenly lose function after making progress.

Common questions

Is a hip fracture the same as a broken hip?

Yes. Both terms usually mean a break in the upper femur near the hip joint. The socket itself is not usually the broken part.

Can you walk with a fractured hip?

Some people can, particularly with a small or impacted fracture. Being able to walk does not rule it out. Persistent groin or hip pain after a fall needs prompt assessment.

Does every hip fracture need surgery?

Most do because stabilising or replacing the broken bone allows earlier movement. Non-surgical care is used only in selected situations, based on the fracture and the person's overall health and goals.

How long does recovery take?

Initial rehabilitation starts in hospital, but improvements may continue for many months. Recovery time is influenced by the type of fracture, previous mobility, general health, and access to rehabilitation.

Will I be able to live independently again?

Many people return home and regain useful mobility, but some need lasting help or a walking aid. Your abilities before the fracture are an important guide, although they cannot predict the outcome with certainty.

Why can a hip fracture be so serious?

The injury can suddenly stop you moving, and immobility affects muscles, lungs, circulation, and independence. Many people with hip fractures also have osteoporosis, frailty, or other conditions that can complicate recovery.

Sources

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