

### **Information for Patients**

# Care for Patients after Fractured Ribs/Chest Trauma Physiotherapy Service

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This leaflet has been designed by the Physiotherapy service for patients following chest trauma or fractured ribs. We hope that this will help answer some of the most frequently asked questions.

## Why will I need physiotherapy?

Following chest trauma you **may** notice that it is difficult to take deep breaths or cough because of pain/soreness and also because you may be less active than normal.

Your Physiotherapist will educate you about techniques, to help you keep your chest clear and maintain your circulation. You may find these techniques useful.

# **Deep Breathing Exercises**

Deep Breathing exercises are important to keep your lungs healthy.

These exercises increase the amount of oxygen in your blood, promote healing of tissues and also help to prevent chest complications such as infection.

It is important to take deep breaths every 15 minutes during the day when you are awake. Sometimes secretions (mucus or phlegm) can build up in your lungs following chest trauma because you may cough less frequently due to pain. It is important to clear your chest of these secretions to prevent infection.

The easiest way to do this is by a combination of deep breathing and coughing.

Follow this sequence when doing your deep breathing exercises:

- Breathe deeply in
- Pause for a second or two, then
- Sigh out gently
- Repeat this 3-4 times, then
- Perform a fast breath out (HUFF) as though you are 'steaming up a window'

ABUHB/PIU:1245/3 – June 2022

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Rest for a few breaths

Coughing regularly is very important following your rib fractures to prevent infection. To make this more comfortable, fully support your chest by placing either a folded towel or your hands over the painful area and applying firm pressure.

Pain is common following fractured ribs or chest trauma and may last for up to eight weeks but will gradually improve.

Pain relief is important during this period and you will need to follow instructions to take them correctly in order to gain the maximum benefit.

It is important to keep as active and mobile as possible. This helps promote good circulation and can also improve lung expansion. This can be achieved by walking on the ward:

### **Circulatory / Bed Exercises**

- Circle your feet and ankles frequently and move your ankles up and down
- Gently bend your knees up and down
- Straighten your knees and tense the muscles on the front of your thigh.
- Hold for a count of 5. Rest and repeat 5-10 times
- These exercises need to be performed every half an hour to benefit you

If you have any problems with these exercises or any pain in your legs or another area, then **STOP** and let your physiotherapist or GP know immediately.

# Getting out of bed and walking

To expedite your recovery the physiotherapist or nursing staff will get you out of bed as soon as is appropriate. You should mobilise on the ward as much as you feel able as this will also improve your chest expansion and help you to keep your chest clear.

Your physiotherapist will visit you daily while you need physiotherapy during your inpatient stay. If you have any further questions do not hesitate to ask your physiotherapist.

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### When I go home what should I be aware of?

If you have any change in your symptoms, such as an increase in pain or shortness of breath or if your cough worsens resulting in darker coloured sputum (phlegm), do not hesitate to contact your GP or A&E Department.

#### **Posture**

Try to avoid stooping and rounding of the shoulders. This prevents backache and the development of poor posture.

#### Rest

Rest is as important as exercise. You may find that you tire easily at first. This will gradually improve. Do not compare yourself with others; the recovery period varies with each individual.

#### Can I drive?

Check your insurance cover before you drive (some policies do not cover you for six weeks following any medical intervention).

Take somebody with you the first time and progress slowly.

Given to you by your Physiotherapist:	
Date:	

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