TRAUMA · PATIENT GUIDE

How Long Does a Broken Hip *Take to Heal?*

For an older parent, the real answer is about getting them standing fast, not waiting for a bone to mend.

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Key Takeaways

- The bone usually unites in about **3 to 4 months**; getting back to walking and independence takes **3 to 6 months**, sometimes longer.
- Almost every hip fracture in an older person needs **surgery, done early**. Operating within 48 hours is linked to lower mortality.
- Patients are helped to **stand and walk the next day**. The danger is lying still, not the operation.
- Treating the underlying **osteoporosis** afterwards is what prevents the next fracture.

A daughter calls me late in the evening. Her mother, 78, slipped in the bathroom and cannot move her leg. The X-ray shows a broken hip. Her first question is always the same: "Doctor, how long until the bone heals?" It is the right question, but it is not the most important one. For an older person, a broken hip is much less about how fast a bone knits and much more about how fast we can get her safely back on her feet.

Let me walk you through both: the honest healing timeline, and why the timeline that actually decides the outcome is measured in hours and days after the injury, not weeks.

First, what "a broken hip" actually means

The hip is where the top of the thigh bone (the femur) meets the pelvis. A "broken hip" almost always means a fracture in the upper part of the femur, near that ball-and-socket joint. In older people these are usually fragility fractures: the bone has been weakened by osteoporosis, so a simple fall from standing height is enough to break it. That same fall would only bruise a younger person.

Where exactly the break sits matters, because it decides the operation. A fracture through the neck of the femur (an intracapsular fracture) can disturb the blood supply to the ball of the hip, so for displaced breaks we often replace the ball rather than try to fix it. A fracture lower down, through the bony prominences (an intertrochanteric fracture), keeps its blood supply and is usually fixed with a plate and screws or a metal nail. You do not need to memorise these names. The point is that the surgeon chooses the method that gets you weight-bearing fastest and most reliably.

The healing timeline, honestly

If you mean the bone itself, a hip fracture typically takes around three to four months to unite solidly, and an X-ray will show that healing progressing over that time. But bone union is not the same as recovery. Recovery means walking to the bathroom unaided, climbing the front step, cooking again, and trusting the leg. That functional recovery commonly takes three to six months, and for some older patients it continues out toward a year, particularly if they were already frail.

Here is the part families find counterintuitive. We do not wait for the bone to heal before we get the patient moving. With modern fixation, the repair is strong enough to take weight almost immediately, which is exactly the point of operating. The healing happens while the patient is up and walking, not while they lie in bed waiting for it.

> In an older patient, the broken bone is rarely the thing that threatens their life. The weeks of immobility that follow are. That is why the whole of modern hip fracture care is built around speed.

Why surgery happens fast, and why that matters

According to research indexed on PubMed, the timing of surgery genuinely affects survival. A large meta-analysis and meta-regression pooling more than 190,000 patients found that having hip fracture surgery within 48 hours was associated with a lower risk of death (pooled odds ratio 0.74)

and substantially fewer pressure sores, compared with later surgery. The authors concluded plainly that conservative, wait-and-see timing strategies should be avoided and that most patients should be operated on within one to two days.

The reason is simple physiology. An older person lying immobile with an unfixed hip is exposed to chest infections, blood clots, pressure sores, muscle wasting and delirium, and each of these can become more dangerous than the fracture. Fixing the hip early is what lets us defeat all of those at once, by getting the patient upright.

Standing the next day is the treatment, not a risk

Families often beg me to let their parent rest. I understand the instinct, but resting is the wrong medicine here. After hip fracture surgery we aim to have the patient sitting on the edge of the bed the same day and standing with a walking frame the next day, with a physiotherapist. Walking distance then builds gradually over the following weeks. Early, supported movement is not us rushing the patient. It is the single most protective thing we can do for them.

> Why the team matters
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> Hip fracture recovery is a team sport. According to PubMed, a Cochrane systematic review of 28 trials found that rehabilitation delivered by a multidisciplinary team, supervised by a geriatrician or rehabilitation physician, reduced the chance of a "poor outcome", defined as death or a move into long-term care, at six to twelve months. The orthopaedic surgeon fixes the bone, but physiotherapists, geriatricians, nurses and the family together decide how well the patient recovers.

Being honest about the risks

A hip fracture in an older person is a serious event, and it would be dishonest to pretend otherwise. The reason is not the bone but the person it happens to: usually someone older, sometimes with heart, lung or kidney conditions already. Studies on PubMed report that older hip fracture patients are roughly three to four times more likely to die within the year after the injury than people of the same age who did not break a hip, and a prospective cohort found about one in six patients died within a year of surgery.

I share these numbers not to frighten you, but because honesty is the point of this blog. The very reason we operate fast, mobilise early and involve a whole team is to push against that risk. Patients who get prompt surgery, who are walking the next day, and who have good rehabilitation and family support do far better than those who do not.

Preventing the next one

A fragility hip fracture is a loud signal that the bones are weak. Fixing the broken hip without treating that weakness leaves the door open for the next fracture, on the other side or at the wrist or spine. So part of good hip fracture care is what we do after the operation: assessing and treating osteoporosis,

checking vitamin D and calcium, reviewing medicines that increase fall risk, and making the home safer. Recovering from this fracture and preventing the next one are the same job.

What I would tell that worried daughter

The bone will heal in three to four months, and your mother's walking and confidence will rebuild over three to six. But the decisions that matter most are made in the first day or two: getting her to a hospital that operates early, getting her standing the next morning, and surrounding her with good rehabilitation. Do those things, and the broken hip becomes a hard chapter she recovers from, not the event that defines the rest of her life.

The evidence behind this article

Journal findings retrieved via PubMed.

1. Moja L, Piatti A, Pecoraro V, et al. Timing matters in hip fracture surgery: patients operated within 48 hours have better outcomes. A meta-analysis and meta-regression of over 190,000 patients. *PLoS One*, 2012. Surgery within 48 hours was associated with lower mortality (OR 0.74, 95% CI 0.67 to 0.81) and fewer pressure sores. doi.org/10.1371/journal.pone.0046175
2. Morri M, Ambrosi E, Chiari P, et al. One-year mortality after hip fracture surgery and prognostic factors: a prospective cohort study. *Scientific Reports*, 2019. Older hip fracture patients were 3 to 4 times more likely to die within a year than the general population; one-year mortality was 16.6% in this cohort. doi.org/10.1038/s41598-019-55196-6
3. Handoll HHG, Cameron ID, Mak JCS, et al. Multidisciplinary rehabilitation for older people with hip fractures. *Cochrane Database of Systematic Reviews*, 2021. Team-based rehabilitation reduced the risk of a poor outcome (death or deterioration in residential status) at 6 to 12 months (RR 0.88). doi.org/10.1002/14651858.CD007125.pub3

Findings sourced via PubMed and cross-checked against the published reports. Timelines and operative choices reflect standard orthopaedic practice. This article is general patient education, not individual medical advice.

> **Dr. Vishnu's Perspective**
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> When an elderly parent breaks a hip, families often ask me to let them rest and heal before any operation. I understand the instinct, but it is the opposite of what helps. The danger in a broken hip is the time spent lying still, not the surgery. The faster we can fix the hip and get them standing, the better they do. Speed here is kindness.

Frequently Asked Questions

How long does a broken hip take to heal in an elderly person?

The bone itself usually knits over about three to four months, but functional recovery, getting back your walking, strength and confidence, takes longer, commonly three to six months and sometimes up to a year. Almost all hip fractures in older people are treated with surgery so that the patient can stand and move within a day or two, because lying in bed waiting for a bone to heal causes more harm than the fracture itself.

Does a broken hip always need surgery?

In older people, almost always. Surgery, either fixing the bone with screws or a nail, or replacing the ball of the hip, lets the patient get out of bed and bear weight quickly. The evidence strongly favours operating early. A meta-analysis of more than 190,000 patients found that surgery within 48 hours was associated with a lower risk of death and fewer pressure sores. Non-surgical treatment is reserved for the small number too unwell to undergo any operation.

Can my parent walk after hip fracture surgery?

Yes, and we want them to, usually the day after surgery. Modern hip fracture care is built around standing and walking with a frame as soon as possible, because early movement prevents chest infections, clots, pressure sores and muscle loss. The amount of walking builds gradually with a physiotherapist over the following weeks.

Why is a hip fracture in the elderly considered so serious?

It is serious not because the bone is hard to fix, but because of who it happens to. A hip fracture usually strikes an older person who may already have other health conditions, and the period of reduced mobility that follows can trigger complications. Older hip fracture patients are several times more likely to die within a year than people of the same age without a fracture. Good, fast, team-based care is what reduces that risk.

What helps an elderly person recover well after a broken hip?

Early surgery, getting up and walking the next day, good pain control, treating the underlying osteoporosis to prevent the next fracture, attention to nutrition, and supervised rehabilitation by a multidisciplinary team. Rehabilitation led by a team under a geriatrician or rehabilitation physician has been shown to reduce the chance of death or loss of independence.

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