Patient Guides

Medicines, Surgery, Food and Self-Care

67 guides you can print, one page each

Bones & Joints Clinic

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Your Weekly Bone-Strengthening Tablet

Alendronate · Risedronate · Ibandronate (for osteoporosis)

Your medicine: ..... **Take on:** .....

Circle your day: MON TUE WED THU FRI SAT SUN

How to take it — this matters

This tablet is absorbed very poorly, and it can irritate your food pipe. Taking it correctly is as important as taking it at all.

- **Once a week, on the same day** — first thing in the morning.
- **Before anything else.** No food, no tea, no other tablet.
- Swallow it **whole with a full glass of plain water.** Not tea, not milk, not juice. Do not crush or chew it.
- **Stay sitting or standing upright for 30 minutes.** Do not lie down or go back to bed.
- After 30 minutes you may have your breakfast and your other medicines.
- Take your **calcium and iron tablets at least 2 hours later** — they stop this tablet from working.

IF YOU FORGET A DOSE

Take it the next morning, then go back to your usual day the following week. Never take two tablets on the same day.

BEFORE ANY DENTAL WORK

Tell your dentist you are on this medicine. If you need a tooth removed, tell us first.

CONTACT US IF YOU GET

- **New pain in your thigh or groin** — even if it is mild. Do not ignore this one.
- Heartburn, chest pain, or difficulty or pain on swallowing.
- Pain, swelling or numbness in the jaw, or a tooth socket that will not heal.

How long? This is a long-term medicine, usually for several years. It works silently — you will not feel it working. **Do not stop it on your own** because you feel fine. We will review when it is time to stop.

Methotrexate

For rheumatoid arthritis and other inflammatory joint disease

THE SINGLE MOST IMPORTANT THING ON THIS PAGE

METHOTREXATE IS TAKEN ONCE A WEEK — NOT EVERY DAY.

Taking it every day by mistake can cause severe illness and can be fatal. If you have taken it on more than one day in a week, **stop and contact us or go to a hospital immediately.**

Your dose: ..... **mg, once a week**

Circle your day: MON TUE WED THU FRI SAT SUN

Folic acid 5 mg on the **next day** — every week, without fail.

How to take it

- Same day every week. Pick the day you will remember — write it on your calendar or set a phone alarm.
- Take it with food if it upsets your stomach.
- **Never "catch up" on a missed dose.** If you miss it, skip it and take the next one on your usual day.
- Keep your blood tests up to date. These check your blood counts and liver.
- **Avoid alcohol.**
- Tell **every** doctor, dentist and chemist that you take methotrexate — some medicines, including certain antibiotics and painkillers, are dangerous with it.

PLANNING A PREGNANCY

Methotrexate must be stopped well before you try to conceive — for both women and men. Use reliable contraception while on it, and talk to us before planning a pregnancy.

STOP THE TABLET AND CONTACT US THE SAME DAY IF YOU GET

- Mouth ulcers or a sore mouth
- Fever, sore throat, or any infection
- Unusual bruising or bleeding
- New breathlessness or a dry cough
- Yellow eyes, or severe nausea and vomiting

Your Pain and Swelling Tablets

Anti-inflammatory painkillers — how to take them safely

Your tablet: ..... **Take:** ..... **times a day, for** ..... **days**

NEVER TAKE TWO PAIN TABLETS TOGETHER

This is the commonest mistake, and it causes stomach bleeding and kidney damage. If you buy a painkiller yourself while taking the one we gave you, you may be taking a double dose without knowing.

These are all the same type of medicine — only one at a time:
Combiflam · Zerodol · Hifenac · Brufen · Voveran · Nise · Nucoxia · Ibugesic · Flexon · Dolokind

Pain gels, sprays and patches count too. Tell us about anything you are applying to the skin.

PARACETAMOL IS DIFFERENT — AND IT IS SAFE TO ADD

Paracetamol (Dolo 650, Crocin, Calpol) is **not** in the group above. If your pain is not controlled, adding paracetamol is safer than taking a second anti-inflammatory tablet.
Adults: up to 1 gram (two 500 mg tablets) at a time, maximum four times in 24 hours. Do not exceed this, and remember many cold and fever remedies already contain paracetamol.

How to take them

- **Always after food**, with a full glass of water.
- Only for the number of days written above. These are not for daily long-term use.
- Drink plenty of water while taking them.

TELL US BEFORE YOU START IF YOU HAVE

Kidney problems · a past stomach ulcer or bleeding · asthma · heart failure or high blood pressure · if you are pregnant · or if you take blood thinners, blood pressure tablets or water tablets.

STOP AND CONTACT US IF YOU GET

Black or tarry stools · vomiting blood or coffee-coloured vomit · severe stomach pain · swelling of the feet or face · passing much less urine · breathlessness · skin rash

Strong Painkillers

Tramadol · Tapentadol · Ultracet · Morphine-type medicines

Your tablet: ..... **Take:** ..... **times a day, for** ..... **days only**

What to expect

- These work well for severe short-term pain, such as after an injury or an operation.
- They are meant for a **short course**. They are not for everyday long-term pain.
- Feeling sleepy, slightly sick or dizzy in the first few days is common and usually settles.

START YOUR LAXATIVE FROM DAY ONE — DO NOT WAIT

These tablets slow the bowel and **almost everyone gets constipated**. Constipation is much easier to prevent than to treat.
Take the laxative we have prescribed every night, drink plenty of water, and eat fruit and fibre.

WHILE TAKING THESE

Do not drive or operate machinery · **No alcohol** · Do not share these tablets with anyone — a dose that is safe for you can seriously harm someone else · Keep them locked away from children

Stopping them

If you have taken them for more than a couple of weeks, do not stop suddenly — we will reduce the dose gradually. If you have only taken them for a few days, you can simply stop when the pain settles.

CONTACT US OR GO TO HOSPITAL IMMEDIATELY IF

The person is very difficult to wake · breathing becomes slow or shallow · there is confusion or agitation · muscle twitching, shivering or a fit · severe vomiting

Calcium and Vitamin D

The foundation of bone treatment

Calcium tablet: ..... **Take** ..... **daily**
Vitamin D sachet (60,000 IU): once a week for ..... weeks, then **once a month**.

How to take them

- **Calcium: take it with or just after food.** It needs stomach acid to be absorbed.
- If you take two calcium tablets a day, **take them separately — one morning, one night.** Your body can only absorb about one tablet's worth at a time, so taking both together wastes half of it.
- **Vitamin D sachet:** empty it into a glass of milk or water and drink it after a meal. Same day each week.
- Keep a **2-hour gap** between calcium and your iron tablets, thyroid tablet, or weekly bone tablet.

FOOD COUNTS TOO — AND IT IS CHEAPER

One glass of milk (250 mL) gives about 300 mg of calcium. So does a bowl of curd. Paneer, ragi, sesame (til), green leafy vegetables and almonds are all good sources. **Aim to get most of your calcium from food and use the tablet to fill the gap.**
Fifteen to twenty minutes of sunlight on your arms and face, a few times a week, helps your body make vitamin D.

IF THE TABLET CAUSES CONSTIPATION OR BLOATING

Drink more water, split the dose, and take it with food. If it still troubles you, **tell us** — there is a different form of calcium (calcium citrate) that is gentler and can be taken any time. Do not simply stop it.

More is not better. Please do not add extra calcium tablets on your own. Too much can cause kidney stones.

Iron Tablets

For low haemoglobin, and to prepare you for surgery

Your iron: ..... **Take:** ..... ☐ every day ☐ every alternate day

How to take it

- Best on an **empty stomach**, about an hour before food. If that upsets your stomach, take it with a light meal.
- **Take it with lemon water, orange juice or amla** — vitamin C greatly increases how much iron you absorb.
- **Avoid tea, coffee, milk, calcium tablets and antacids within 2 hours** either side. Tea in particular blocks iron absorption almost completely.
- If you are on liquid iron, take it through a straw and rinse your mouth afterwards, so it does not stain your teeth.

BLACK STOOLS ARE NORMAL

Iron turns the stool black. This is harmless and expected. It is not bleeding. (But if the stool is black *and* sticky or tarry, and you are also taking painkillers, tell us.)

IF IT CAUSES CONSTIPATION OR NAUSEA — TELL US, DO NOT STOP

This is the commonest reason people give up on iron, and it is fixable:

- Taking it on **alternate days** often works just as well with far less discomfort.
- There are gentler forms of iron we can change you to.
- Increase water and fibre, and we can add a mild laxative.

KEEP IRON TABLETS LOCKED AWAY FROM CHILDREN

Iron overdose is one of the commonest serious poisonings in small children. A handful of adult iron tablets can kill a toddler.

How long? Even after your blood count is normal, keep taking iron for **about 3 more months** to refill your body's stores. Stopping as soon as the report is normal is why anaemia comes back.

Treatment for Bone and Spine TB

Your anti-TB tablets — and why the full course matters

Your regimen: ..... **Number of tablets daily:** .....
Expected total duration: ..... (usually about 12 months for bone and spine TB)

How to take them

- **All the tablets together, once a day, on an empty stomach** — one hour before breakfast.
- Take them at the **same time every day**. Set a phone alarm.
- Take your **pyridoxine (vitamin B6)** tablet daily as well. It prevents numbness and tingling in the hands and feet.
- These medicines are available **free of charge** from the government DOTS centre. We will help you register.

NEVER STOP THE TABLETS BECAUSE YOU FEEL BETTER

You will start feeling better within a few weeks — long before the infection is cleared. TB in bone needs about a year of treatment because the germs hide in dead bone and abscess where medicines reach slowly.

Stopping early is how drug-resistant TB happens. Resistant TB is far harder to treat, takes much longer, and needs stronger drugs. If you are struggling with the tablets for any reason, come and talk to us. Do not simply stop.

ORANGE URINE IS NORMAL

One of the medicines (rifampicin) turns urine, tears and sweat orange-red. This is completely harmless. It can stain soft contact lenses and light clothing.

TELL US YOU ARE ON TB TREATMENT BEFORE TAKING ANY OTHER MEDICINE

These tablets reduce the effect of several medicines, including **birth control pills** and blood thinners. Do not rely on the pill for contraception while on treatment without discussing it with us.

CONTACT US PROMPTLY IF YOU GET

Yellow eyes or dark urine · persistent vomiting or loss of appetite · severe stomach pain · **any change in vision or difficulty telling colours apart** · numbness or burning in the hands or feet · skin rash · joint pain

Your Blood-Thinning Injection

Enoxaparin (Clexane, Lupenox) after surgery or fracture

Your dose: ..... **once daily**
Continue until: ..... (☐ 14 days ☐ 28 days ☐ 35 days)

Why you need it

After hip or knee surgery, or a fracture, blood can clot in the leg veins. A clot can travel to the lungs and become life-threatening. This injection makes that far less likely.

How to give the injection

- Give it at the **same time each day**, into the fatty tissue of the tummy, about 5 cm away from the navel.
- **Alternate sides** each day — left, then right.
- Pinch a fold of skin, insert the needle straight in at 90 degrees, inject slowly, then release.
- **Do not push out the small air bubble** in the syringe — it is meant to be there.
- **Do not rub** the site afterwards.
- Dispose of syringes in a puncture-proof container, not the household bin.

SMALL BRUISES AT THE INJECTION SITE ARE NORMAL

So is a little tenderness. Alternating sides helps.

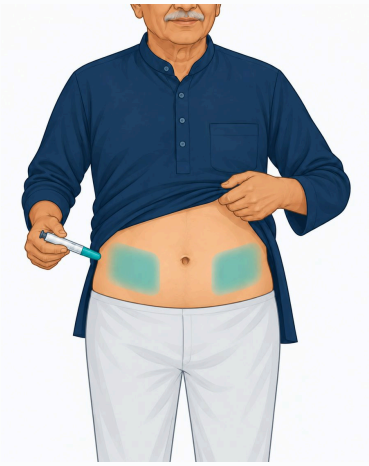
WHILE YOU ARE ON IT

Do not take anti-inflammatory painkillers (Combiflam, Zerodol, Brufen, Voveran) without asking us — together they increase bleeding. Paracetamol is fine.
Keep moving. Do your ankle pumping exercises hourly while awake, and drink plenty of water.

CONTACT US URGENTLY IF YOU NOTICE

Blood in the urine, or black or bloody stools · coughing up blood · unusual or large bruising · a severe headache · bleeding that will not stop

Go to hospital immediately if you get: pain, swelling, redness or warmth in the calf · sudden breathlessness · chest pain · coughing blood. These may mean a clot.



Gout — Your Long-Term Medicine

Allopurinol · Febuxostat · Colchicine

Your daily tablet: .....
Colchicine cover: ..... **for the next** ..... **months**

THE MOST IMPORTANT THING TO UNDERSTAND

Your daily tablet is not a painkiller. It slowly dissolves the uric acid crystals in your joints. It takes months to work, and you will not feel it working.

Keep taking it during an attack. Do not stop it, and do not start or change the dose yourself when a joint flares. Stopping and restarting makes attacks worse and longer.

ATTACKS MAY INCREASE IN THE FIRST FEW MONTHS — THIS IS EXPECTED

As the old crystals dissolve, they can trigger flares. This is a sign the medicine is working, not failing. That is why we give you colchicine cover for the first 3 to 6 months. Please stay with it.

IF YOU DEVELOP ANY SKIN RASH ON ALLOPURINOL — STOP IT AND CONTACT US THE SAME DAY

A rash can very occasionally be the first sign of a serious reaction. Do not wait to see if it settles, and never restart the tablet afterwards.

Colchicine

- Take it exactly as written. **Loose motions mean the dose is too high** — stop and contact us, do not push through it.
- Tell us if you take a cholesterol tablet (statin) or are prescribed an antibiotic — some combinations can damage muscle.

What you eat and drink

- **Alcohol, especially beer, is the strongest dietary trigger.** Cutting it makes a real difference.
- Limit red meat, organ meats (liver, kidney, brain), and shellfish.
- Avoid sugary soft drinks and packaged fruit juices — fructose raises uric acid.
- Drink plenty of water. Dairy and coffee appear to be protective.
- Losing excess weight lowers uric acid — but avoid crash dieting and fasting, which can trigger an attack.

This is a lifelong treatment, like blood pressure medicine. Gout is a metabolic condition, not just an occasional painful episode.

Your Steroid Tablets

Prednisolone (Wysolone, Omnacortil) · Deflazacort (Defcort) · Methylprednisolone (Medrol)

Your tablet and dose: .....
Reducing plan: .....

How to take them

- **Take the whole dose in the morning, after breakfast.** This matches your body's natural rhythm and causes the least disturbance.
- Follow the reducing plan exactly as written above.

NEVER STOP STEROID TABLETS SUDDENLY

If you have been taking them for more than about three weeks, your body stops making its own natural steroid. Stopping abruptly can cause a dangerous drop in blood pressure. **Always reduce gradually, as instructed.**

If you become unwell, develop a fever, or need surgery while on steroids — **tell the treating doctor you are taking them.** You may need a higher dose temporarily, not a lower one.

IF YOU ARE DIABETIC

Steroids raise blood sugar, sometimes sharply. Check your sugar more often than usual, especially **after meals** — the fasting reading can look normal while the after-food reading is high. Your diabetes medicines may need adjusting while you are on this course.

While you are on them

- Take your **calcium and vitamin D** — steroids weaken bone.
- Watch your salt intake, and expect some increase in appetite.
- Tell any doctor or dentist you are taking steroids.

CONTACT US IF YOU GET

Severe stomach pain, or black stools · signs of infection such as fever — steroids can mask them · blurred vision · marked mood change, agitation or sleeplessness · severe swelling of the ankles

Your Antibiotic Course

For a wound, bone or joint infection

Your antibiotic: .....
Take ..... **times a day, for** ..... **days. Last day:** .....

FINISH THE WHOLE COURSE

You will feel better long before the infection is fully cleared, especially in bone and joint infections, which need weeks of treatment. Stopping early lets the surviving bacteria come back stronger and harder to treat.
Complete the course even if you feel completely well.

How to take them

- Space the doses **evenly through the day** — twice daily means roughly 12 hours apart, three times daily roughly 8 hours apart. Set alarms.
- Most are best taken **with or just after food**, especially amoxicillin-clavulanate (Augmentin, Clavam), which upsets an empty stomach.
- If you miss a dose, take it when you remember — unless the next one is nearly due, in which case skip it. Never double up.
- **Do not save leftover antibiotics** for next time, and never share them or take someone else's.

LOOSE MOTIONS

Mild loose motions are common with antibiotics. Drink plenty of fluids and take curd or probiotics. **But contact us if the diarrhoea is severe, watery, contains blood, or comes with fever or stomach cramps.** Do not take a stopping medicine (loperamide) on your own for this — it can make it dangerous.

GO TO HOSPITAL IMMEDIATELY IF YOU DEVELOP

Swelling of the face, lips or tongue · difficulty breathing · a widespread rash · blisters or peeling skin · sores in the mouth or eyes
These may mean a serious allergic reaction. **Afterwards, remember the name of the antibiotic and tell every doctor you see in future.**

Medicines for Your Child

Fever and pain syrups — a guide for parents

Child's weight: ..... **kg**
Syp Paracetamol (..... **mg/5 mL):** give ..... **mL every 6 hours**
Syp Ibugesic Plus: give ..... **mL — three times a day only**

TWO RULES THAT PREVENT ALMOST ALL ACCIDENTAL OVERDOSES

1. Never give two medicines that both contain paracetamol. Many cold, cough and fever syrups already contain it. Read the label of anything you buy, or ask the chemist. Paracetamol overdose damages the liver and there may be no warning symptoms at first.

2. Ibugesic Plus is given THREE times a day, not four. It contains both ibuprofen and paracetamol. Giving it four times a day pushes the paracetamol to the maximum safe limit with no margin left.

MEASURE PROPERLY

Use the measuring cup or the oral syringe that comes with the bottle. **A kitchen teaspoon is not 5 mL** — it varies from 3 to 7 mL, which is a large error for a small child.
Shake the bottle well before every dose.

Giving the medicine

- Give it **after food**, and make sure your child keeps drinking fluids.
- **If your child is vomiting or not drinking, give only paracetamol** — not ibuprofen. Ibuprofen can affect the kidneys in a dehydrated child.
- Doses are based on **weight, not age**. Bring your child's current weight to every visit.
- **Never give aspirin** to a child under 16 for fever or pain.
- Keep all medicines locked away and out of sight.

TAKE YOUR CHILD TO A DOCTOR STRAIGHT AWAY IF

They are drowsy and difficult to wake · refusing all fluids, or passing much less urine · breathing fast or with difficulty · a rash that does not fade when pressed with a glass · a fit · fever lasting more than 3 days · a cold, mottled or very pale skin

You know your child. If you feel something is seriously wrong, seek help — do not wait.

Pain Gels, Sprays and Ointments

Diclofenac gel · Ketoprofen gel · Pain sprays

Your gel: ..... **Apply** ..... **times a day**

How to use it properly

- Squeeze out a length of gel about the size of your **index finger from tip to first crease** for a knee, half that for a wrist or elbow. Most people use far too little.
- **Rub it in gently for one to two minutes** until it disappears. Simply dabbing it on does nothing.
- **Wash your hands afterwards** — unless the hands are what you are treating, in which case wait an hour before washing.
- Let it dry before covering with clothes.

WHY WE OFTEN PREFER THE GEL TO THE TABLET

The gel puts the medicine where the pain is, and only a very small amount reaches the rest of your body. That makes it much safer for your stomach and kidneys than the same medicine as a tablet — which is why it is often the better choice if you are elderly, have kidney trouble, a past ulcer, or take blood thinners.

DO NOT DO THESE

Do not put a tight bandage, plastic wrap or a hot water bottle over the gel — heat and covering push far more medicine into the body.
Do not apply to broken skin, wounds, or a rash.
Do not use it on your eyes or mouth.
With ketoprofen gel, **keep the area covered from sunlight** for two weeks — it can cause a bad sun reaction.

THE GEL STILL COUNTS AS A PAINKILLER

If you are already taking anti-inflammatory tablets, adding the gel gives you extra risk for very little extra benefit. **Always tell us about every ointment, spray or patch you are using** — most people forget to mention them.

Note: Rubs such as Moov, Iodex and Amrutanjan work mainly by the warm or cool sensation and the massage. They are safe, but they are not the same as a medicated anti-inflammatory gel.

Search: diclofenac gel, pain ointment, volini, moov, spray, topical painkiller

Pain Patches

Diclofenac · Lidocaine · Fentanyl and Buprenorphine patches

Your patch: ..... **Change every** ..... **hours / days**

Using any patch

- Apply to **clean, dry, unbroken skin** with little hair. Do not apply to a wound, rash or freshly shaved skin.
- Press it down firmly with your palm for about 30 seconds.
- **Change the site each time** — do not put a new patch on the same spot for at least a few days.
- Write the date and time on the patch or on a note. It is very easy to lose track.
- **Remove the old patch before applying a new one.** Fold it sticky-side inwards and dispose of it out of reach of children and pets.
- Do not cut a patch in half unless we have told you to.

DICLOFENAC PATCH

— for a painful joint or muscle. Same cautions as the gel: it still counts as an anti-inflammatory medicine.

Lidocaine patch — a numbing patch for nerve-type or scar pain. Usually **12 hours on, then 12 hours off**. It works only where you place it.

FENTANYL AND BUPRENORPHINE PATCHES — EXTRA CARE

These are **strong opioid** patches for long-standing severe pain. They are not for new or short-term pain.

Never apply heat over the patch — no hot water bottle, heating pad, hot bath, sauna or direct sun. Heat makes the patch release far more medicine at once, which can be dangerous. Tell us if you develop a high fever.

Keep used and unused patches away from children. A single patch stuck to a child's skin can be fatal.

Contact us urgently if the person becomes very drowsy, confused, or breathes slowly.

Search: pain patch, diclofenac patch, lidocaine patch, fentanyl patch, transdermal

Nerve Pain Tablets

Pregabalin (Nervigesic, Maxgalin) · Gabapentin (Gabapin)

Your tablet: ..... **Take:** .....

What these do

These are not ordinary painkillers. They calm over-active nerves, and they help the **burning, shooting, electric or tingling** kind of pain — not simple mechanical ache. They work gradually, so give them **two to four weeks** before judging them.

How to take them

- We start at a **low dose and increase slowly.** This is deliberate — going up too fast causes dizziness.
- If you take one dose a day, take it **at night**. Drowsiness then works in your favour.
- Take them at the same times each day, with or without food.

WHAT TO EXPECT IN THE FIRST TWO WEEKS

Drowsiness, mild unsteadiness and a "muzzy" feeling are common and usually settle. **Do not drive** until you know how they affect you. Avoid alcohol.
Some people notice **swollen ankles** or gradual weight gain. Tell us — it is the medicine, not your heart, and the dose can be adjusted.

NEVER STOP THESE SUDDENLY

Stopping abruptly can cause anxiety, sweating, sleeplessness, nausea and a rebound of pain. **We will reduce the dose gradually over at least a week** when it is time to stop. If you want to stop for any reason, tell us and we will plan it.

IF YOU HAVE KIDNEY TROUBLE

These medicines leave the body through the kidneys. If your kidney function is reduced, you need a **lower dose** — please make sure we know. Too high a dose in kidney disease causes marked drowsiness and confusion.

Search: pregabalin, gabapentin, nerve pain, sciatica tablets, tingling numbness

Calcitonin Nasal Spray

For pain from a recent spinal (vertebral) fracture

Dose: ..... **Duration:** ..... (usually not more than 4 weeks)

What it is for

This spray is given for a **short period** to relieve the pain of a fresh spinal fracture. It is a pain treatment, not your long-term bone treatment — your calcium, vitamin D and bone-strengthening medicine continue alongside it and are what actually protect your spine.

How to use the spray

- **Priming a new bottle:** hold it upright and press until a faint mist appears. Do this only with a new bottle, not before every dose.
- Blow your nose gently first.
- Sit upright with your head straight. Insert the tip into one nostril, close the other nostril with a finger.
- **Breathe in gently through the nose** as you press once. Do not sniff hard — that sends it down your throat instead.
- **Alternate nostrils each day** — left today, right tomorrow.
- Do not tilt your head back, and do not blow your nose immediately after.

STORAGE

Keep an unopened bottle in the **refrigerator** (not the freezer). Once opened, keep it upright at room temperature and use it within the period stated on the pack.

COMMON EFFECTS

Nasal dryness, irritation, mild bleeding from the nose, or a stuffy nose. Flushing and mild nausea can occur. These usually settle. Tell us if the nose becomes sore or bleeds repeatedly.

This is a short course. It is not intended for long-term use, so please do not continue it beyond the period we have written above.

Search: calcitonin nasal spray, miacalcic, spinal fracture pain, vertebral

Your Daily Bone-Building Injection

Teriparatide — for severe osteoporosis

Dose: 20 mcg once daily **Started on:** ..... **Planned until:** .....

Why this one is different

Most bone medicines slow down bone loss. This one is different — it actively **builds new bone**. It is used when bone is very weak or fractures have already happened. It is given for a **maximum of 24 months in your lifetime**, and must be followed by another bone medicine afterwards to hold on to the gain.

Giving the injection

- **Once a day, at the same time.** Evening often suits best.
- Inject into the fatty tissue of the **thigh or tummy**. Alternate the site each day.
- Take the pen out of the fridge a few minutes before, so it is not ice cold.
- Hold the button down for the full count stated in the pen instructions before withdrawing, so the whole dose goes in.
- **Keep the pen in the refrigerator** (2–8°C) at all times. Never freeze it. Do not leave it in a hot car or in sunlight.
- Replace the needle each time; dispose of needles in a hard container.

TAKE YOUR FIRST DOSE SITTING OR LYING DOWN

A few people feel dizzy or light-headed after the first one or two injections. It passes quickly and does not usually recur. Give the first dose where you can sit or lie down for a few minutes.

ALSO EXPECT

Mild nausea, leg cramps or aching at the injection site. Keep taking your **calcium and vitamin D** alongside — the new bone needs the raw material.

Do not miss doses. If you miss one, take it as soon as you remember on the same day, then continue normally. Never take two in one day.

Search: teriparatide, forteo, bone building injection, daily injection osteoporosis

Your Six-Monthly Bone Injection

Denosumab (Prolia) — for osteoporosis

Last dose given: .....

NEXT DOSE DUE: .....

THE MOST IMPORTANT THING ABOUT THIS INJECTION

The next dose must not be delayed or missed.

This medicine works only while it is in your body. If a dose is missed, the protection reverses quickly and the bone can become **weaker than before you started** — with a real risk of sudden spinal fractures. This is not a medicine you can stop and restart as you please.

If you decide to stop, for cost or any other reason, you must tell us first. We will start a different bone medicine to hold the protection. Never simply discontinue it.

Write the due date in your phone calendar today, with a reminder two weeks before.

What to expect

- One injection under the skin every **six months**. It is quick and given in the clinic.
- Your **calcium and vitamin D must be corrected before each dose** and continued daily throughout. We may check a blood test first.
- Mild aching in the back, muscles or limbs for a few days is common.

BEFORE ANY DENTAL WORK

Tell your dentist you are on this injection. If a tooth needs removing, tell us beforehand so we can time it well.

CONTACT US IF YOU GET

Tingling around the mouth or in the fingers, or muscle cramps and spasms — these can mean low calcium · new thigh or groin pain · jaw pain or a tooth socket that will not heal · any skin infection or cellulitis

Search: denosumab, prolia, six monthly injection, osteoporosis injection

Medicine Safety at Home

Applies to every medicine you take

Bring your medicines to every visit

Bring the actual strips and bottles, not a list — including anything you buy yourself, ayurvedic or homeopathic preparations, protein powders, and vitamin supplements. Many serious drug interactions come from things patients do not think of as "medicine". We cannot prescribe safely without knowing what you are already on.

Storing medicines

- Keep them in a **cool, dry, dark place** — not on top of the fridge, not in the bathroom, not in the kitchen near the stove. Heat and humidity destroy medicines.
- **Keep tablets in their original strip** until you take them. The strip carries the name, the batch and the expiry date.
- Only refrigerate what says so on the label — insulin, some injections and some eye drops. **Never freeze a medicine.**
- **Lock medicines away from children.** Iron tablets, paracetamol and pain patches are among the commonest serious child poisonings.

CHECK THE EXPIRY DATE EVERY TIME

Discard anything expired. Also discard tablets that have changed colour, become sticky or crumbly, or a syrup that has changed appearance or smell — even if it is in date.
Once opened, most syrups should be used within the period on the label.

NEVER SHARE MEDICINES, AND NEVER TAKE SOMEONE ELSE'S

A tablet that suits your neighbour may harm you. This is especially true of painkillers, blood thinners, diabetes medicines and antibiotics.
Do not repeat an old prescription for a new problem without asking us.

Travelling

- Carry medicines in your **hand baggage**, in the original packing, with the prescription.
- Carry enough for a few extra days.
- Keep a photo of your prescription and a list of your medicines on your phone.

Search: medicine storage, expiry, sharing medicines, bring medicines to opd, safety

After a Joint Injection

Steroid · Hyaluronic acid · PRP

Joint injected: ..... **Date:** .....

The first 48 hours

- **Rest the joint for the rest of today.** Walk only as needed. No sport, gym, long walking or heavy lifting for 48 hours.
- Keep the small dressing on for a few hours. **Keep the site dry for 24 hours** — no bath, no swimming pool. A shower with the area covered is fine.
- You may use ice over the joint for 10–15 minutes at a time for comfort.
- Take your usual painkillers if needed.

PAIN MAY INCREASE BEFORE IT IMPROVES

With a steroid injection, some people get a **flare of pain for 24 to 48 hours** before relief begins. This is expected and is not a sign that something has gone wrong. Relief usually starts within 2 to 5 days.
With PRP and hyaluronic acid, benefit builds gradually over several weeks — do not expect immediate change.

IF YOU ARE DIABETIC

A steroid injection will **raise your blood sugar for about 3 to 5 days**, sometimes considerably. Check your sugar more often than usual during this period, especially after meals, and continue your diabetes medicines.

OTHER THINGS YOU MAY NOTICE

Facial flushing and a feeling of warmth for a day or two · a temporary rise in blood pressure · in women, a change in the timing of the next period. All settle on their own.

CONTACT US IF YOU GET

Increasing pain, redness, heat and swelling **after the second day** — especially with fever or chills. Infection in a joint is uncommon but serious and needs treatment straight away.
Also tell us if the joint becomes suddenly much more swollen, or you cannot move it at all.

An injection buys you a window, not a cure. Use the pain-free period to do your exercises and strengthen the muscles — that is what makes the benefit last.

Search: joint injection, intra articular steroid, PRP, hyaluronic acid, after injection care

Before a Minor or Day-Care Procedure

Small operations done under local anaesthesia or short anaesthesia

Procedure: ..... **Date & time:** .....
Stop eating from: ..... **Stop clear fluids from:** .....

The day before

- **Have a bath and wash the area** with soap and water. Do not apply any oil, cream or powder to it.
- **Do not shave the area yourself.** If hair needs removing it will be trimmed at the hospital, just before surgery. Shaving at home increases the risk of infection.
- Trim your nails and remove nail polish from the hand or foot being operated on.
- Arrange for someone to accompany you home. **You must not drive yourself home.**

FASTING — FOLLOW THE TIMES ABOVE EXACTLY

Usually: **no solid food, milk or milky tea for 6 hours** before, and **no clear fluids for 2 hours** before. Clear fluids means plain water, black tea or clear juice without pulp.
Fasting is not to inconvenience you — food in the stomach can enter the lungs during anaesthesia. If you eat by mistake, tell us; the procedure may need to be rescheduled.

Your medicines on the day

- **Take your blood pressure, heart and epilepsy tablets** as usual with a sip of water, unless we have said otherwise.
- **Diabetes medicines and insulin need adjusting** because you are fasting — ask us specifically what to do.
- Tell us if you take **blood thinners** (aspirin, clopidogrel, warfarin, apixaban, rivaroxaban) — these may need to be stopped in advance.

ON THE DAY

Wear loose, comfortable clothes. Leave jewellery, ornaments and valuables at home. Remove contact lenses. Bring your reports, scans, medicine strips and your spectacles or hearing aid.

Search: before minor surgery, day care procedure, preparation, fasting

After a Minor Procedure

Going home the same day

Today

- **Rest at home.** Do not drive, ride a two-wheeler, cook on an open flame, or make important decisions for 24 hours if you had any sedation or anaesthesia.
- **Start with sips of water.** If you do not feel sick after 30 minutes, move to tea and light food, then a normal meal. There is no need for a special diet.
- Keep the operated part **elevated** — a hand or arm on a pillow, a leg raised on cushions. This is the single best thing you can do to reduce pain and swelling.
- Take the painkillers we have given **before the numbness wears off**, not after the pain starts.

NUMBNESS AFTER LOCAL ANAESTHESIA

The area may stay numb for several hours. **Protect it** — do not test it with anything hot, and be careful with a numb hand near flames or hot vessels. Do not walk on a completely numb foot without support.

The dressing

- **Keep it clean and dry.** Do not remove or peek under it before the date we have told you.
- For bathing, cover it with a plastic sheet taped at the edges, or use a waterproof cover. **Do not soak it in a bucket bath.**
- A small amount of blood staining on the first day is normal. If it soaks through, place another pad on top, press firmly for 10 minutes, elevate, and contact us if it continues.

CONTACT US IF YOU GET

Increasing pain after the second day · spreading redness around the wound · pus or a bad smell · fever · the dressing soaking through with blood · numbness, pins and needles, or fingers or toes that turn pale, blue or very cold

Next dressing on: ..... **Stitches out on:** .....

Search: after minor surgery, small operation recovery, home care, stitches

Preparing for a Major Operation

Joint replacement, fracture fixation, spine surgery

Operation: ..... **Date:** .....

In the weeks before

- **Stop smoking now.** This is the single most valuable thing you can do. Smoking sharply increases wound infection and slows bone healing. Even a few weeks off helps.
- **Get your sugar under control** if you are diabetic. High sugar before surgery means more infection afterwards.
- **Get your dental problems treated** before, not after — bacteria from an infected tooth can settle on a new joint.
- Treat any skin infection, boils, fungal rash between the toes or infected nails, and tell us about them.
- **Build up your strength.** Do the exercises we give you now — going in stronger means coming out faster.
- Eat well, with good protein. If we have prescribed iron, take it — correcting anaemia before surgery reduces the need for blood.

PREPARE YOUR HOME BEFORE YOU GO IN

Clear loose mats, wires and clutter from your walking path · arrange a firm, higher chair with arms · keep daily items at waist height so you need not bend or reach up · arrange a bed you can get into without climbing · sort out who will help you for the first two weeks · if you have an Indian-style toilet, arrange a commode chair or a raised seat in advance

YOUR MEDICINES

Bring every strip and bottle with you. **Blood thinners, some diabetes medicines and certain arthritis medicines need to be stopped or adjusted at specific times** before surgery — ask us for a written plan and do not guess.

The night before

Bathe with soap, including the area to be operated. Do not shave it. Follow the fasting instructions exactly. Sleep well — and bring your reports, scans, spectacles, and a list of your medicines.

Search: before major surgery, preparation, joint replacement preparation, prehabilitation

After a Major Operation

The first two weeks at home

Eating and drinking

- Start with **sips of water** when allowed, then clear fluids, then light food, then a normal diet — usually all within the first day.
- **There is no need for a special diet.** Eat your normal home food. Extra protein helps healing: dal, curd, milk, paneer, eggs, chicken, fish, sprouts, soya.
- **Drink plenty of water** unless we have restricted fluids.
- Avoid alcohol while on painkillers.

PASSING URINE AND OPENING THE BOWELS

Constipation after surgery is almost guaranteed — from painkillers, reduced movement and a change in diet. Do not wait for it.

Take the laxative we prescribe from **day one**. Drink water, eat fruit, papaya and fibre, and move as much as you are allowed.

Tell us if you have **not passed stool by the third day**, or if you cannot pass urine, or are passing only small amounts frequently.

USING THE TOILET

Use a **Western commode or a commode chair**. Squatting on an Indian toilet is not safe after hip, knee or spine surgery — it bends the joint too far and you may not be able to get up.

Fit a grab bar or keep a sturdy chair beside the toilet. Take your time. Do not lock the door for the first two weeks.

Keep the wound dry — wash your hands thoroughly before and after, and clean from front to back.

The wound

Keep it clean and dry. Do not apply oil, turmeric, powder or any home remedy to it. Follow the dressing dates we have given. Some bruising and mild swelling for two to three weeks is normal.

COME BACK URGENTLY IF YOU GET

Fever above 100.4°F after the third day · increasing wound pain, redness, discharge or a bad smell · the wound edges opening · calf pain or swelling · sudden breathlessness or chest pain · inability to pass urine · a fall

Search: after major surgery, when to eat drink, toilet after surgery, constipation, recovery

Looking After Your Wound and Scar

Dressings, stitches and the months afterwards

The dressing

- **Keep it clean and dry.** Change it only on the days we tell you, or if it becomes wet or soaked.
- Wash your hands thoroughly before and after touching it.
- For a bath, cover with a plastic sheet taped on all four sides. **Bucket baths and immersion soak the wound** — use a shower or sponge bath instead.
- **Do not apply oil, turmeric, ash, toothpaste, herbal paste or antiseptic powder** to a surgical wound. These are a common cause of infection and reaction.

NORMAL HEALING LOOKS LIKE THIS

A thin line of redness right at the wound edge · mild swelling and bruising · slight tenderness · occasional itching as it heals · a small amount of clear or pinkish fluid in the first two days

INFECTION LOOKS LIKE THIS — CONTACT US

Redness **spreading outwards** from the wound · increasing rather than decreasing pain after day three · the area feeling hot · thick yellow or green discharge · a bad smell · fever · the wound edges separating

After the stitches come out

- The scar is fragile for a few weeks. **Avoid stretching or straining it.**
- Once fully healed and dry, **massage the scar** for a few minutes twice a day with plain moisturiser or coconut oil, using firm circles. This softens it and reduces sticking.
- **Protect the scar from the sun** for at least six months — keep it covered. Sun exposure makes a new scar darken permanently.
- A scar takes **up to a year** to fade and flatten. It will look worse before it looks better.

TELL US IF THE SCAR BECOMES

raised, thick, spreading beyond the original line, hard, or intensely itchy — this can be treated, and earlier is better.

Search: wound care, dressing at home, stitches removal, scar care, infection signs

Preventing Blood Clots

After surgery, a fracture, a plaster, or long travel

Why this matters

When a leg stays still, blood can clot in the deep veins. A clot causes a painful swollen leg — and a piece can travel to the lungs, which is life-threatening. Almost all of this is preventable with simple measures.

ANKLE PUMPING — DO THIS HOURLY WHILE AWAKE

Point your toes down, then pull them up towards your knee. **Twenty times, every hour** that you are awake. Do it with both legs, including the plastered one if your toes are free.
Also tighten and release your thigh and buttock muscles ten times each hour.
It sounds trivial. It is one of the most effective things you can do.

The rest of it

- **Get up and move** as early and as often as we allow. Even a short walk to the toilet counts. Sitting still all day is the problem.
- **Drink plenty of water.** Dehydration thickens the blood.
- Take your **blood-thinning injection or tablet** for the full number of days prescribed — not until you feel better.
- Wear the **compression stockings** if given. Put them on in the morning before getting up and keep them smooth — a rolled-down stocking acts like a tourniquet.
- **Stop smoking.** On long journeys, walk the aisle or stop the car every 1–2 hours.

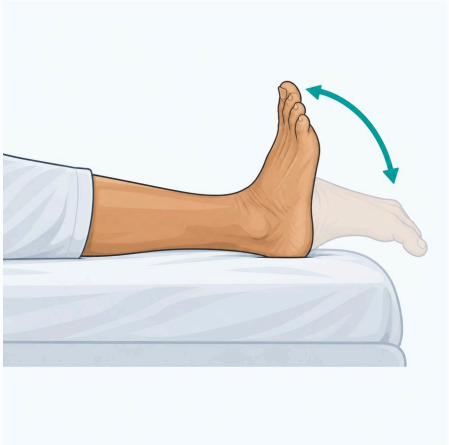
GO TO HOSPITAL IMMEDIATELY IF YOU GET

In the leg: pain, tenderness or cramping in the calf · swelling of one leg · redness or warmth · the calf feeling tight and hard

In the chest: sudden breathlessness · chest pain that is worse on breathing in · coughing up blood · a racing heart · fainting

Do not wait to see if it settles. Do not massage a painful swollen calf.

Search: DVT prevention, blood clot, leg swelling, ankle pump exercise, travel clot



Getting Ready for a Blood Test

Tests advised: .....
☐ Fasting required ☐ No fasting needed **Date:** .....

If fasting is required

- **Nothing to eat for 8 to 12 hours** before — usually from about 9 pm the previous night for a morning test.
- **Plain water is allowed and encouraged.** Being well hydrated makes the blood draw much easier.
- No tea, coffee, milk, juice, chewing gum, paan or tobacco.
- Take your **regular medicines as usual** unless we have said otherwise. If you are diabetic on insulin or tablets, **ask us first** — do not fast without a plan.

THINGS THAT CHANGE THE RESULT — TELL THE LABORATORY

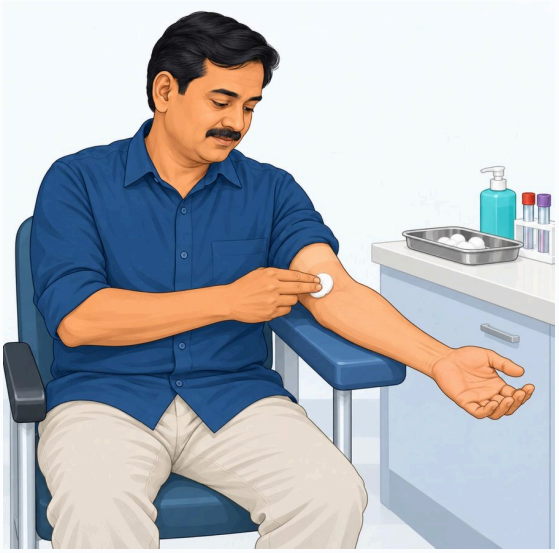
Uric acid: avoid alcohol and a heavy non-vegetarian meal the previous night.
Vitamin D and calcium: if you take supplements, mention it; take the test **before** the day's dose.
Blood counts on methotrexate: have the test on a day away from your weekly dose unless told otherwise.
Avoid unusually heavy exercise the day before — it can raise muscle enzymes and confuse the picture.

TO MAKE IT EASIER

Drink two glasses of water an hour before · wear a loose sleeve · if you have fainted at blood tests before, say so and lie down for it · afterwards press firmly on the spot for 3–5 minutes with the arm straight, rather than bending the elbow — this prevents bruising

Bring your previous reports. A single value means little; the trend is what we treat. And ask when to collect the report and when to return — a test that is never reviewed helps nobody.

Search: blood test preparation, fasting blood test, vitamin D test, uric acid test



How to Give a Sputum Sample

For testing for tuberculosis

SPUTUM IS NOT SALIVA

We need **thick material coughed up from deep in the chest** — not spit from the mouth. A saliva sample is the commonest reason a TB test comes back falsely negative, and it means repeating everything. Please take the time to do this properly.

Step by step

1. **Do it early in the morning, immediately after waking** — that is when the sputum has collected overnight.
2. **Rinse your mouth well with plain water first.** Do not use mouthwash or toothpaste, and do not eat before giving the sample.
3. **Go outdoors or to an open, well-ventilated place**, away from other people. Never do this in a closed room with family around.
4. Take **two deep breaths**, holding each for a few seconds and breathing out slowly.
5. Take a **third deep breath, then cough out hard from deep in the chest.**
6. Open the container, hold it close to your lips and **spit the coughed-up material directly into it.** Do not touch the inside of the container or lid.
7. Repeat until you have collected about **2 teaspoons (5 mL)** — roughly to the mark on the container.
8. **Close the lid tightly** and check it does not leak. Wash your hands with soap.

IF NOTHING COMES UP

Take a warm drink or a hot steam inhalation, walk about, and try again after 15–20 minutes. Do not give saliva instead. If you truly cannot produce any, tell us — there are other ways to get a sample.

STORING AND BRINGING IT

Label the container with your **name and the date** before you start. Keep it upright in a cool place or the refrigerator (not the freezer), and bring it to the laboratory **the same day**. Usually two samples are needed — follow the instruction given to you.

Search: sputum collection, TB test, AFB, gene xpert, cough sample

How to Give a Urine Sample for Culture

Midstream clean-catch collection

WHY THE TECHNIQUE MATTERS

A urine culture identifies which germ is causing infection and which antibiotic will kill it. If the sample is contaminated by skin or genital bacteria, the report becomes misleading — and you may be given the wrong antibiotic, or an antibiotic you do not need. **Two minutes of care here changes your treatment.**

Step by step

1. **Collect the first urine of the morning** if possible, or after holding urine for at least 3–4 hours.
2. **Wash your hands** with soap and water.
3. Open the sterile container. **Do not touch the inside of the container or the inside of the lid.** Keep the lid facing upwards.
4. **Clean the private area with plain water** and pat dry with a clean cloth.
   Women: separate the labia with one hand and clean from front to back. Keep them held apart while you pass urine.
   Men: retract the foreskin and clean the tip.
5. **Pass the first part of the urine into the toilet** — this washes out the passage.
6. **Without stopping the flow**, bring the container into the stream and collect the **middle portion**, about half the container.
7. Move the container away and finish passing urine into the toilet.
8. Close the lid tightly, wash the outside if it is wet, and **wash your hands.**

IMPORTANT POINTS

Label the container with your **name and the date and time**.
Deliver it to the laboratory within one hour. If that is not possible, keep it in the **refrigerator** (not the freezer) and deliver within 24 hours. Urine left at room temperature grows bacteria and gives a false result.
Tell us if you have already started an antibiotic — it changes how the result must be read.
Women: if you are having a period, mention it — the test may need to wait.

Search: urine culture, midstream urine, clean catch, urine sample collection

X-ray, CT and MRI — What to Expect

X-ray

Quick and painless. You will be asked to hold a position for a few seconds. The radiation dose is small. **Always tell the staff if you are or might be pregnant.** Bring your old films — comparing is often more useful than the new film alone.

CT scan

A detailed X-ray taken as you pass through a ring. It takes a few minutes. Higher radiation than a plain X-ray, so we order it only when it will change your treatment. If a **contrast dye** is used, tell us about kidney trouble, diabetes medicines, asthma, or any past reaction to dye. You may need to fast for a few hours.

MRI — TELL US BEFORE THE SCAN IF YOU HAVE ANY OF THESE

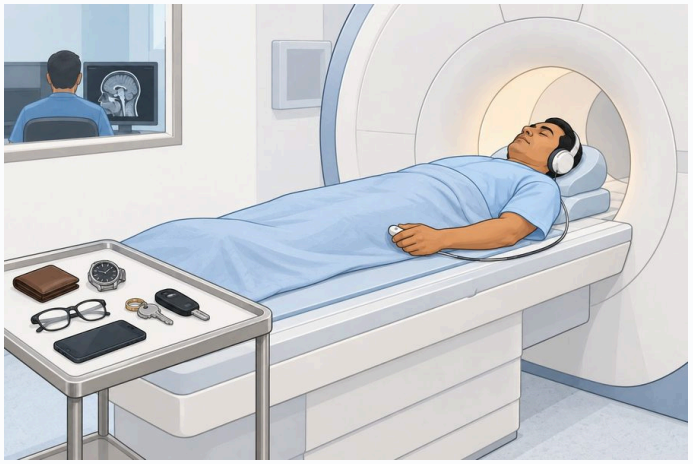
A **pacemaker** or implanted heart device · a cochlear (ear) implant · aneurysm clips in the brain · a nerve stimulator or implanted pump · **metal fragments in the eye** from welding or a past injury · recent surgery with metal clips

Most **orthopaedic implants — plates, screws, rods, joint replacements — are safe in the MRI machine.** They may blur the picture nearby, but they will not move. Still, always declare them.

During an MRI

- It takes **20 to 45 minutes** and you must lie still. Moving blurs the images and means repeating the sequence.
- The machine is **very noisy** — loud knocking and buzzing. You will be given earplugs or headphones. This is normal.
- You will have a **call bell** in your hand. Use it if you need to.
- **Remove all metal** — jewellery, watch, hairpins, coins, belt, keys, credit cards, hearing aid, dentures with metal.
- **If you are claustrophobic, tell us in advance.** This is common and nothing to be embarrassed about — we can arrange medication or an open machine.

Search: X-ray, CT scan, MRI, safety, implant, pregnancy, claustrophobia



Bone Density Scan (DEXA)

Measuring the strength of your bones

What it is

A short, painless scan that measures how much mineral is in your bones, usually at the hip and lower spine. It uses a **very small amount of X-ray** — far less than a chest X-ray. You lie on a padded table for about 10 to 15 minutes while an arm passes over you. Nothing touches you and nothing goes into you.

Before the scan

- **Do not take calcium supplements for 24 hours before** the scan — undissolved tablets in the gut can show up and distort the spine reading.
- Wear **loose clothes with no metal** — no zips, hooks, buttons or metal in the waistband. You may be asked to change into a gown.
- Remove jewellery, belts and coins from your pockets.
- **Tell them if you have had a recent scan with contrast dye or a nuclear scan** — you may need to wait a week.
- **Tell them if you are or might be pregnant.**

UNDERSTANDING YOUR RESULT

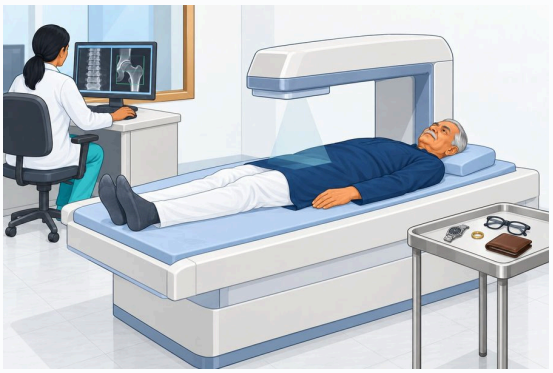
The report gives a **T-score**:
−1.0 or above — normal bone
Between −1.0 and −2.5 — bone is thinner than ideal (osteopenia)
−2.5 or below — osteoporosis

The score is only part of the picture. Your age, past fractures, family history, steroid use, smoking and your risk of falling matter just as much. **A person with a mildly low score who falls often may need more treatment than someone with a worse score who does not.** We decide together.

REPEAT SCANS

Bone changes slowly. A repeat scan is usually done **after 1 to 2 years**, and it should ideally be on the **same machine**, because different machines are not directly comparable. Keep your report safely.

Search: DEXA, bone density, BMD, T score, osteoporosis scan



Looking After Your Plaster

Plaster applied on: ..... **Review on:** .....
☐ No weight on the limb ☐ Partial weight ☐ Full weight as comfortable

COME TO THE CLINIC OR HOSPITAL IMMEDIATELY IF

Fingers or toes become **white, blue, very pale or cold** · **increasing pain** that painkillers do not touch · **pins and needles or numbness** · you cannot move the fingers or toes · swelling that keeps increasing despite elevation · severe pain when the fingers or toes are gently straightened

These can mean the plaster is too tight and the circulation is being cut off. **This is an emergency. Do not wait until morning.**

The first 48 hours

- **Keep the limb raised above the level of your heart** as much as possible — arm on pillows, leg propped up. This is the best thing you can do for pain and swelling.
- **Move your fingers or toes regularly** — every hour. It keeps the circulation moving and reduces stiffness.
- A plaster takes 24 to 48 hours to dry fully. Do not rest it on a hard edge, which can dent it and press on the skin.

KEEP IT COMPLETELY DRY

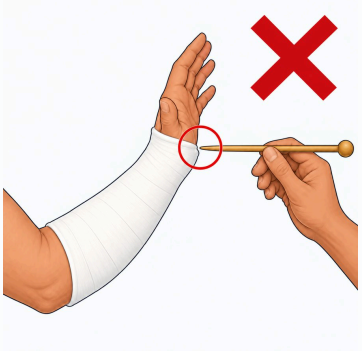
Cover it with a plastic bag sealed at the top for bathing, or use a proper cast cover. **A wet plaster softens, loses its shape and rots the skin underneath.** If it does get wet, come and have it changed — do not try to dry it with a hair dryer on hot.

NEVER PUT ANYTHING INSIDE THE PLASTER

Not a knitting needle, pencil, stick, wire, powder, oil or coin. It is the most tempting thing in the world when it itches, and it causes wounds you cannot see, which then become infected under the cast.
For itching: tap the outside of the plaster, or blow cool air from a hair dryer on the **cold** setting into the open end.

Also: do not trim, cut or remove the plaster yourself. Do not walk on a plaster unless we have fitted a walking heel and told you it is allowed. Tell us if it cracks, becomes loose, or starts to smell.

Search: plaster cast care, POP, cast itching, cast wet, plaster instructions



Braces, Splints and Slings

Your appliance: .....
Wear it: ☐ all the time ☐ during the day only ☐ at night only ☐ when walking or outdoors
May be removed for: ☐ bathing ☐ exercises ☐ not at all

Wearing it correctly

- **Wear a thin cotton layer underneath** — a vest or stockinette. It absorbs sweat and prevents rubbing.
- Fasten the straps **snugly but not tight**. You should be able to slide one finger underneath comfortably.
- Fasten in the order marked on the brace. Straps done up in the wrong order let the brace slip.
- A hinged knee brace must have its **hinge at the level of your kneecap's upper border**, not above or below.
- **Check your skin twice a day** where the edges press — especially over bony points, and especially if your sensation is reduced or you are diabetic.

CLEANING

Most fabric braces can be hand washed in cool water with mild soap and **air dried in the shade**. Never machine dry or use hot water — the material shrinks and the Velcro fails. Close the Velcro straps before washing so they do not collect lint.

USING A SLING CORRECTLY

The knot or strap should rest **beside the neck bones, not on the spine at the back** — a strap directly on the neck causes headaches and neck pain.
Keep the hand **higher than the elbow**, and the elbow bent to about a right angle.
Take the hand out several times a day and move your fingers, wrist and, if allowed, the elbow. A shoulder in a sling stiffens quickly — but move only the joints we have permitted.

TELL US IF YOU NOTICE

A red mark or sore that does not fade within 20 minutes of removing the brace · broken skin · new numbness or tingling · the brace no longer fitting as the swelling settles — it may need refitting

Search: brace care, splint, sling, knee brace, cervical collar, shoulder immobiliser

How Much Weight Can I Put on My Leg?

What your instruction actually means

Your instruction:
☐ **No weight at all** ☐ **Toe-touch only** ☐ **Partial weight** ☐ **As much as comfortable** ☐ **Full weight**
Review and progress on: .....

What each one means

- **No weight at all (non-weight-bearing).** The foot must not touch the ground at all, not even for balance. Use a walker or crutches and hop on the good leg. This is the strictest instruction and it usually means the bone or repair cannot yet take any load.
- **Toe-touch.** The toes may rest on the floor **only for balance** — like resting your foot on an egg without breaking it. No real weight goes through it.
- **Partial weight.** Put roughly a quarter to half of your body weight through the leg. **To learn the feel of it:** stand on a bathroom scale with the affected leg and press down until it reads the weight we have told you. Remember how that feels, and repeat it a few times a day until it becomes automatic.
- **Weight as comfortable.** Put down as much as the pain allows, using the walking aid for support. Let pain be your guide.
- **Full weight.** Walk normally. You may still need a stick until confidence and muscle return.

WHY THIS MATTERS SO MUCH

Loading a bone or a repair too early can **shift the fracture, bend a plate or loosen a screw** — and may mean another operation. Loading too late causes stiffness, muscle wasting and weak bone.

The instruction above is chosen for **your** injury and fixation. **Do not increase it because you feel fine**, and do not let a relative or a well-meaning neighbour advise you otherwise. We will progress you at each review.

A COMMON MISTAKE

Most people put down far more weight than they think. If in doubt, practise on the bathroom scale. And remember the rule stays the same on stairs, in the toilet and at night.

Search: weight bearing, non weight bearing, partial weight bearing, how much weight on leg

Using a Walker

The most stable walking aid

Setting the height — do this first

Stand upright inside the walker with your arms hanging loose at your sides. **The handgrips should come to the level of the crease of your wrist.** When you hold them, your elbows should be bent about 15 to 20 degrees.

A walker that is **too low** makes you stoop, hurts your back and tips you forwards. **Too high** and you cannot push down through it properly, and your shoulders ache.

Walking with it

1. **Lift or roll the walker a comfortable step ahead** — not too far. All four legs must be on the ground before you move.
2. **Step in with the weaker or operated leg first.**
3. **Then step through with the stronger leg**, bringing it level with or just past the weaker foot.
4. **Stay inside the frame.** The commonest mistake is walking with the walker too far in front, which pulls you forwards and off balance.

NEVER USE A WALKER ON STAIRS.

And never pull yourself up from a chair by holding the walker — it will tip. Push up from the **chair arms**, get your balance, and only then reach for the walker.

Sitting down

Back up until you feel the chair against the back of your legs. Slide the operated leg forward. **Reach back for both chair arms**, then lower yourself under control.

SAFETY CHECKS

Check the **rubber tips** monthly — replace them when worn smooth, as they are what stop you slipping.
Check that all height buttons have clicked fully into place, at the same height on all four legs. Clear loose mats, wires and clutter from your route. Wear well-fitting closed shoes, not loose slippers. Do not carry things in your hands — use a bag clipped to the frame or an apron with pockets.

Search: walker, how to use walker, walking frame, height adjustment

Using Crutches

Getting the fit right

- **Underarm crutches:** the top pad should sit **two to three finger-widths BELOW your armpit** — never pressing into it. The handgrip should be at wrist-crease level with the elbow slightly bent.
- **Elbow crutches:** the handgrip at wrist-crease level, with the arm cuff about 5 cm below the elbow.

YOUR WEIGHT GOES THROUGH YOUR HANDS, NOT YOUR ARMPITS

Leaning on the underarm pads presses on the nerves there and can cause weakness and numbness of the hand that takes weeks to recover. Grip the handles and push down through your palms. The pads are only there to steady the crutch against your chest wall.

Walking on the flat

1. Move **both crutches forward** about one step's length.
2. Move the **operated leg** forward to the crutches, putting down only the weight you have been allowed.
3. Push down through your hands and **step through with the good leg.**

STAIRS — REMEMBER THIS SIMPLE RULE

Going UP: the GOOD leg goes first.
Coming DOWN: the BAD leg and the crutches go first.

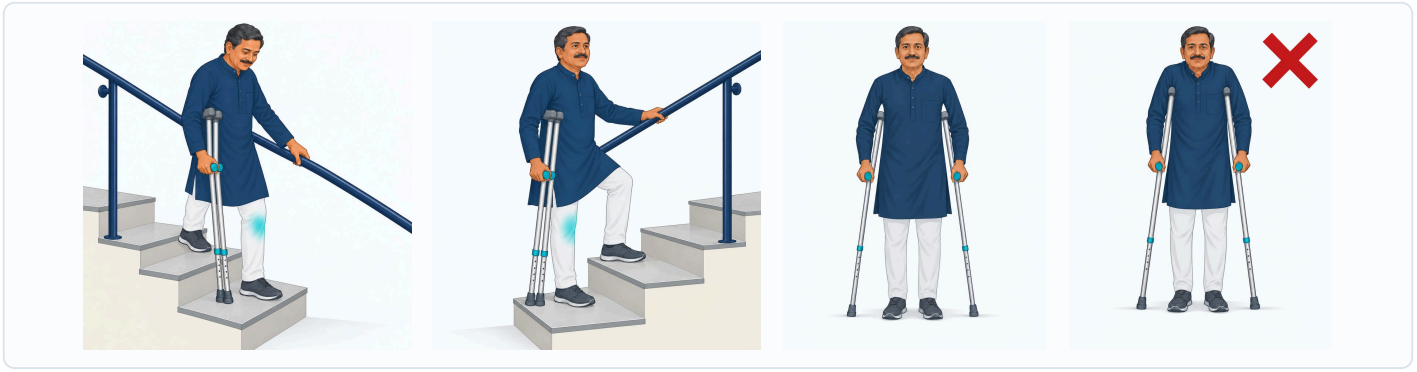
"**Up with the good, down with the bad.**"

Use the handrail whenever there is one — hold the rail with one hand and both crutches in the other. Take one step at a time and never hurry. If you are unsure, go up and down sitting on your bottom, one step at a time.

SAFETY

Check the rubber tips regularly and replace them when worn · take extra care on wet floors, polished tiles and bathroom floors · avoid loose mats and door thresholds · wear firm closed footwear · carry things in a rucksack, not in your hands · do not use crutches in the dark — keep a night light

Search: crutches, axillary crutch, elbow crutch, stairs with crutches, how to use crutches



Using a Walking Stick

For balance and to unload a painful hip or knee

THE ONE THING ALMOST EVERYBODY GETS WRONG

Hold the stick in the hand OPPOSITE to your painful or operated leg.

If your right knee or hip is the problem, the stick goes in your **left** hand. This feels wrong at first, but it is correct — it lets the stick take the load at the same moment the painful leg is on the ground, and it reproduces normal walking, where the opposite arm swings forward with each leg. Holding the stick on the same side makes you lean over the bad leg and increases the load on it.

Setting the height

Stand upright in your usual shoes with the arm hanging loose. **The top of the handle should reach the crease of your wrist.** Your elbow will then be bent about 15 to 20 degrees when you hold it.

A stick that is too long pushes your shoulder up and hurts your neck. Too short and you stoop.

Walking

1. Move the **stick and the painful leg forward together**, at the same time.
2. Take weight through the stick and the painful leg.
3. Step through with the good leg.

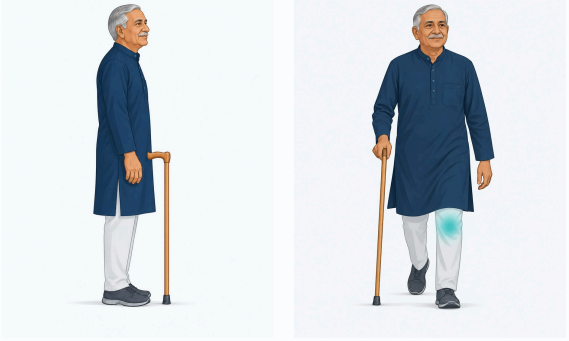
STAIRS

Up with the good leg first, then the bad leg and the stick together.
Down with the stick and the bad leg first, then the good leg.
Use the handrail with your free hand.

CHOOSING AND CHECKING

A **quadripod** (four-footed) stick gives more stability if your balance is poor, but it is slower and needs level ground.
Replace the **rubber tip** as soon as the tread wears smooth — a worn tip on a wet tile is a fall waiting to happen.
Using a stick is not a sign of weakness. It is what keeps you walking, independent and out of hospital.

Search: walking stick, cane, which hand to hold stick, quadripod



Ice or Heat — Which, and When

The commonest question, and the commonest mistake

THE SIMPLE RULE

ICE for a NEW injury, or anything hot and swollen.
HEAT for OLD, stiff, aching muscles and joints.

Putting heat on a fresh injury or a hot swollen joint increases the bleeding and swelling and makes it worse. This is the most common self-treatment error we see.

Ice (cold fomentation)

Use it for: the first 48 to 72 hours after a sprain, strain, fall or operation · any joint that is hot, red and swollen · a flare of gout · after exercise or physiotherapy that has aggravated things.

- **15 to 20 minutes at a time, every 2 to 3 hours** while awake.
- **Always wrap the ice in a thin cloth.** Never put ice or a frozen gel pack directly on skin — it causes a cold burn.
- A bag of frozen peas wrapped in a towel moulds well around a joint.
- Check the skin every 5 minutes. Stop if it becomes white or numb.

Heat (hot fomentation)

Use it for: long-standing stiffness · muscle spasm and tightness · chronic back and neck pain · osteoarthritis stiffness, particularly in the morning · loosening up **before** exercise or physiotherapy.

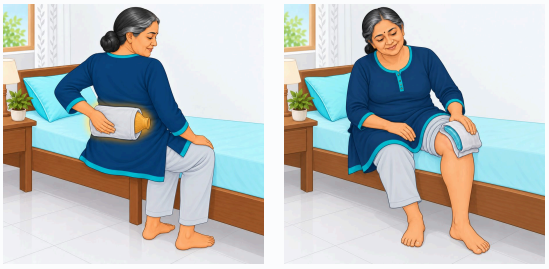
- **15 to 20 minutes**, two or three times a day, using a hot water bag, heating pad or a hot moist towel.
- It should feel **pleasantly warm, never hot.** Always keep a layer of cloth between the source and your skin.
- **Never sleep with a hot water bag or heating pad.**

DO NOT USE HEAT IF

The area is **swollen, hot or red** · the injury is fresh (under 48 hours) · there is an open wound or infection · you have **reduced sensation** from diabetes or a nerve problem — you will not feel a burn until the skin is damaged · over an area with poor circulation

Diabetic patients: be especially careful. Serious burns from hot water bags on feet with reduced sensation are common and heal very badly. Test the temperature with your elbow or ask someone else, never with a numb foot.

Search: ice pack, hot fomentation, heat therapy, cold compress, when to use ice or heat



Controlling Swelling

Rest, ice, compression, elevation

Elevation — the most underused treatment there is

Swelling is fluid that gravity has pulled downwards. Raising the limb lets it drain back. It costs nothing, has no side effects, and works better than most tablets.

- **Raise the limb ABOVE the level of your heart.** An arm resting on your lap is not elevated. A leg on a low stool is not elevated.
- **For a leg:** lie down and prop the whole leg on two or three pillows, with the ankle higher than the knee and the knee higher than the hip.
- **For an arm:** rest it on pillows across your chest when lying, and use a sling when up.
- Aim for **30 minutes at a time, several times a day**, and overnight.
- **Keep moving the fingers or toes** while elevated — muscle movement pumps the fluid away.

COMPRESSION BANDAGE

Apply it from the **toes or fingers upwards**, never from the top down — bandaging downwards traps fluid in the hand or foot.
Each turn should overlap the last by about half, **firm but not tight**. You should be able to slip a finger under the edge.
Loosen it immediately if fingers or toes become blue, cold, numb or more painful.
Remove it at night unless we have told you otherwise.

WHAT IS NORMAL

Swelling after a fracture or an operation can take **three to six months** to fully settle, and is typically worse by evening and better in the morning. Ankle and foot swelling after a leg injury often lasts longest. This is normal healing, not a complication.

TELL US IF

One calf becomes swollen, painful, warm or tight · swelling suddenly increases · the skin becomes shiny, red and hot · there is fever · the limb becomes numb or you cannot move it

Search: swelling, elevation, compression bandage, RICE, oedema after injury

Starting to Exercise Safely

For joints, bones and general health

WHAT YOU ARE AIMING FOR

150 minutes of moderate activity a week — that is 30 minutes on 5 days, and it can be broken into three 10-minute pieces. "Moderate" means you can talk but not sing.
Plus **strengthening exercise twice a week**, and for older adults, **balance work** most days.
If that sounds impossible today, start with 5 minutes. **Something is enormously better than nothing.**

How to begin

- **Start lower and go slower than you think you need to.** The commonest reason people give up is doing too much in week one and hurting for a week after.
- Increase by **no more than 10% a week** — in time, distance or weight.
- **Warm up** for 5 minutes with easy movement, and cool down with gentle stretching.
- Be **regular rather than heroic**. Twenty minutes five days a week beats two hours on Sunday.

Good choices if your joints hurt

Walking on level ground in good shoes · **swimming or walking in water** — the best option for painful knees and hips, since water takes the load · **stationary cycling** with the seat high enough · **yoga and tai chi** for balance and flexibility, avoiding deep knee positions.

Weight-bearing exercise is what builds bone — walking, stair climbing, dancing and light weights. Swimming is excellent for joints but does little for bone density, so combine it with walking.

THE TWO-HOUR RULE

Some ache during and after exercise is normal and expected. But **if the pain is worse two hours after you finish, or the next morning, you did too much.** Cut back to about half next time and build up more slowly. Do not stop altogether.

STOP AND SEEK ADVICE IF YOU GET

Chest pain or tightness · unusual breathlessness · dizziness or fainting · an irregular or racing heartbeat · sudden sharp joint pain or a joint giving way · new swelling in a joint

Search: starting exercise, walking programme, how much exercise, safe exercise

Preventing Falls at Home

Most hip fractures begin with a preventable fall

THE BATHROOM IS THE MOST DANGEROUS ROOM IN THE HOUSE

Fit a **grab bar** beside the toilet and inside the bathing area — a towel rail is not a grab bar and will pull off the wall.
Use a **non-slip mat** or anti-skid stickers on wet floors.
Use a **plastic stool to sit on** while bathing rather than standing.
Consider a **raised commode seat**. Standing up from a low Indian toilet is a common moment for a fall.
Keep the floor dry — wipe up water immediately, and keep a squeegee handy.

Around the house

- **Remove loose mats and rugs**, or tape all edges down. Loose mats cause more falls than anything else.
- Clear **wires, cables and clutter** from walking paths.
- Keep **everyday items at waist height** so you need not climb or reach up. **Never stand on a stool or chair.**
- Fix **bright lighting** in passages and stairs, and keep a **night light** between bed and toilet. Keep a torch by the bed.
- Fit **handrails on both sides of stairs**, and mark the edge of each step with contrasting tape.
- Do not walk on freshly mopped floors. Be careful with pets underfoot.

YOURSELF

Wear **closed, well-fitting shoes with a firm sole** indoors and out. Avoid loose chappals, backless slippers and walking in socks on tiles.
Get your eyes tested yearly and keep your spectacles clean. Take extra care with bifocals on stairs.
Stand up slowly — sit on the bed edge for a few moments before standing, especially at night.
Blood pressure tablets, sleeping tablets and nerve-pain tablets all increase dizziness.
Ask us to review your medicines if you feel unsteady.

STRONG LEGS PREVENT FALLS

Practise standing up from a chair without using your hands, ten times a day. Stand on one leg while holding the kitchen counter, 30 seconds each side. Walk daily. **Balance and leg strength are trainable at any age.**

Search: falls prevention, home safety elderly, prevent fracture, slip in bathroom

Everyday Healthy Eating

What to eat, and what to keep to a minimum

BUILD EVERY MEAL LIKE THIS

Half your plate: vegetables and fruit — and vary the colours.
One quarter: whole grains — jowar, bajra, ragi, whole wheat roti, brown or hand-pounded rice, oats.
One quarter: protein — dal, rajma, chana, curd, paneer, eggs, fish, chicken.
Add: a little healthy fat — a spoon of ghee, mustard, groundnut or rice bran oil, a handful of nuts.
Drink: water. About 8 to 10 glasses a day unless we have restricted fluids.

Eat more of these

- **Seasonal vegetables and fruit** — local and in season is cheaper and better.
- **Whole pulses and dals** daily, and sprouts several times a week.
- **Curd or buttermilk** daily — good for calcium and for the gut.
- **Nuts and seeds** — a small handful of almonds, walnuts, groundnuts; til (sesame) and flaxseed.
- **Millets** — ragi, jowar, bajra. Higher in fibre, calcium and minerals than polished rice.
- **Fish twice a week** if you eat it.

KEEP THESE TO A MINIMUM

Sugary drinks — cold drinks, packaged juices, energy drinks. These are the single worst item on this list.
Deep-fried food and repeatedly reheated oil.
Bakery and packaged snacks — biscuits, namkeen, chips, khari, cream rolls.
Refined flour (maida) — bread, pav, naan, samosa, noodles.
Very salty items — papad, pickle, processed and packaged food. Aim for under one teaspoon of added salt a day.
Processed meat — sausage, salami, ham.
Alcohol and tobacco — both directly weaken bone and slow healing. Tobacco in every form, including gutkha and khaini.

HABITS THAT MATTER AS MUCH AS THE FOOD

Eat at regular times · do not skip breakfast · eat your last meal 2–3 hours before bed · eat slowly, without the phone or television · use a smaller plate · cook at home more often than you eat out

Search: healthy diet, balanced diet, foods to avoid, general health food

Protein — and Using Protein Powder

For healing, muscle and recovery

How much do you need?

- **Healthy adult:** about **0.8 to 1 gram per kilogram** of body weight a day. A 60 kg person needs roughly 50–60 g.
- **Recovering from surgery, a fracture, or a wound:** about **1.2 to 1.5 g/kg** — healing tissue needs more raw material.
- **Older adults:** at least **1 to 1.2 g/kg** — muscle is lost with age and low protein accelerates it.

GET IT FROM FOOD FIRST — IT IS CHEAPER AND BETTER

1 katori cooked dal — about 6 g · 1 katori rajma or chana — 8–9 g · 1 cup milk — 8 g · 1 katori curd — 6 g · 100 g paneer — 18 g · 1 egg — 6 g · 100 g chicken or fish — 20–25 g · 1 katori sprouts — 7 g · 30 g soya chunks — 15 g

Spread it through the day. Your body uses 25–30 g at a time far better than 60 g in one meal. Include some protein at breakfast — most Indian breakfasts are almost pure carbohydrate.

If you use a protein powder

- **It is a supplement, not a meal.** Use it to fill a gap you cannot fill with food.
- **One scoop (usually 25–30 g powder) gives about 20–24 g of protein.** Read your tin — they vary a lot.
- Mix with water or milk. Take it **with or after a meal**, or within an hour after exercise.
- **One to two scoops a day is plenty** for almost everyone.
- Start with half a scoop for a few days — sudden full doses cause bloating and loose motions.
- **Drink extra water** when your protein intake goes up.

BEFORE YOU BUY ONE

Tell us if you have kidney disease — extra protein may be harmful and the dose must be decided medically.
Avoid mass gainers and bodybuilding blends from unregulated sources. Many contain added steroids, stimulants or unlisted ingredients, and we regularly see young men with liver and hormonal problems from these.
Buy a plain, well-known brand of whey or soya protein. **Bring the tin to us** if you are unsure — more protein than you need is simply wasted, and expensive.

Search: protein powder, whey protein, how much protein, vegetarian protein sources

Food for Bones and Healing

Getting calcium, vitamin D and healing nutrients from your kitchen

CALCIUM-RICH INDIAN FOODS (APPROXIMATE, PER USUAL SERVING)

1 glass milk (250 mL) — 300 mg · **1 katori curd** — 200 mg · **1 glass buttermilk** — 150 mg · **50 g paneer** — 200 mg
1 tbsp til (sesame) — 175 mg · **1 katori ragi** (nachni) — 350 mg · **10 almonds** — 75 mg
1 katori cooked green leafy veg (methi, sarson, amaranth) — 150–200 mg · **Small fish eaten with bones** — very high
Rajma, chana, soya, drumstick leaves and moringa are all good sources.

Target: 1000–1200 mg a day. Two glasses of milk plus curd plus a leafy vegetable gets most people there.

Vitamin D

Very little comes from food. Your body makes it from **sunlight**: aim for **15 to 20 minutes on the arms, legs and face, three or four times a week**, between about 10 am and 3 pm, without sunscreen on those areas. Behind glass does not count. Darker skin needs longer. Most Indians are still deficient despite the sun, which is why we also prescribe supplements.

Extra help when a fracture or wound is healing

- **Protein** — the most important single factor. See the protein sheet.
- **Vitamin C** for collagen — amla, guava, orange, lemon, capsicum, tomato.
- **Zinc** — pulses, nuts, seeds, whole grains, eggs, meat.
- **Iron** — if you are anaemic, healing slows. Take iron as prescribed.
- **Plenty of water and fibre** — you will be less active and more constipated.

WHAT HARMS BONE HEALING

Smoking — nicotine reduces blood supply to bone and markedly increases the risk of a fracture not uniting. Stopping, even now, helps.
Excess alcohol — interferes with bone-forming cells and with calcium absorption.
Excess salt, cola drinks and very strong tea with meals — all reduce calcium absorption or increase its loss.
Crash dieting during recovery — your body needs fuel to heal.

Search: calcium rich foods, food for bones, vitamin D food, fracture healing diet

Eating with Diabetes

Especially important if you are healing or facing surgery

WHY WE CARE ABOUT THIS IN ORTHOPAEDICS

High blood sugar **slows wound healing, weakens bone and multiplies the risk of infection** after surgery. Good control before an operation is one of the strongest things in your favour. It also protects the nerves and circulation in your feet.

The approach that works

- **Do not skip meals**, and keep meal times regular. Three meals with two small snacks suits most people on medication.
- **Control the quantity of carbohydrate** at each meal — this matters more than avoiding any single food. Two rotis rather than four; one katori rice rather than three.
- **Always combine carbohydrate with protein, fibre or fat** — roti with dal and vegetable, not roti alone. This slows the sugar rise considerably.
- **Fill half the plate with vegetables** at lunch and dinner.
- Eat vegetables and salad **first**, then protein, then the roti or rice. The same meal in this order gives a lower sugar spike.

BETTER CHOICES

Grains: jowar, bajra, ragi, whole wheat, oats, hand-pounded or brown rice — instead of polished rice, maida and poha alone
Protein: dal, chana, rajma, sprouts, curd, paneer, eggs, fish, chicken
Vegetables: all except potato, sweet potato, yam and arbi in large amounts
Fruit: guava, jamun, papaya, apple, orange, pear — **whole fruit, not juice**, one or two servings a day
Fats: nuts, seeds, a small amount of ghee or cooking oil
Methi seeds, cinnamon and plenty of fibre may help modestly — but they are not a substitute for medicine

AVOID OR STRICTLY LIMIT

All sugary drinks — cold drinks, packaged juice, sweetened lassi, sugarcane juice
Sweets and mithai, jaggery, honey — these raise sugar just as white sugar does
White bread, pav, naan, biscuits, maida items
Fried snacks, chips, farsan, and large quantities of potato and rice
Fruit juice, even fresh — eat the fruit instead

Never stop your diabetes medicine because your diet has improved without telling us.

Search: diabetes diet, sugar control food, diabetic patient diet, low glycemic Indian food

Eating with Gout

What genuinely helps, and what has been over-blamed

BE REALISTIC ABOUT DIET IN GOUT

Diet alone usually lowers uric acid by only a small amount. It helps, and it reduces attacks — but **it is not a substitute for your daily tablet.** Patients who stop the medicine and rely on diet alone come back with more attacks and joint damage.
The good news: the few things that matter most are easy to identify.

THE BIGGEST CULPRITS — CUT THESE FIRST

Alcohol, especially beer. Beer is the worst of all — it both adds purines and blocks uric acid removal. Spirits are next. This is the single most effective change most people can make.

Sugary drinks and anything with high-fructose syrup — cold drinks, packaged juices, energy drinks. Fructose raises uric acid directly. Many people do not know this one.

Organ meats — liver, kidney, brain, sweetbread. Very high purine.

Red meat and mutton in large amounts, and **shellfish** — prawns, crab, lobster. Also sardines, anchovies and mackerel.

HELPFUL — EAT MORE OF THESE

Water — 2.5 to 3 litres a day unless restricted. Dilute urine helps clear uric acid and prevents stones.
Low-fat milk and curd — dairy actively lowers uric acid.
Cherries and other dark berries — some real evidence of fewer attacks.
Coffee — associated with lower uric acid.
Vitamin C rich foods — amla, guava, citrus.
Vegetables, whole grains, nuts and eggs — all fine.

UNFAIRLY BLAMED

Dal, rajma, chana, peas, spinach, cauliflower, mushroom and tomato contain purines, but plant purines have **not** been shown to trigger attacks. You do not need to give up dal. Many people needlessly cut out their main protein source and end up worse nourished.

Two more things: lose excess weight **slowly** — crash dieting and fasting raise uric acid and can trigger an attack. And control blood pressure, sugar and cholesterol, which travel with gout.

Search: gout diet, uric acid food, purine, foods to avoid gout

Eating with Arthritis

Osteoarthritis and inflammatory arthritis

THE MOST POWERFUL DIETARY TREATMENT FOR KNEE AND HIP ARTHRITIS IS WEIGHT LOSS

Every **1 kg** you lose takes about **4 kg of load** off each knee with every step. Losing 5 kg is like taking a 20 kg sack off your knees.
In trials, losing 10% of body weight improved pain and function **more than any tablet**. Nothing else in this sheet comes close.

EAT MORE OF THESE

Oily fish twice a week — mackerel (bangda), sardines, salmon, rohu. The omega-3 fats genuinely reduce joint inflammation, particularly in rheumatoid arthritis.
Flaxseed (alsi), walnuts and chia — plant omega-3, useful if you are vegetarian.
Colourful vegetables and fruit — the more colours, the better.
Olive, mustard and rice bran oil rather than repeatedly reheated oil.
Turmeric and ginger — modest but real anti-inflammatory effect in cooking. Turmeric is absorbed much better with a pinch of black pepper and some fat.
Whole grains, millets, dal and nuts.
Adequate calcium, vitamin D and protein — arthritis patients move less and lose muscle and bone.

REDUCE THESE

Deep-fried and repeatedly reheated oil · processed and packaged snacks · sugary drinks and sweets · excess red and processed meat · excess salt · alcohol — particularly if you are on methotrexate, where it must be avoided

A WORD ABOUT "ARTHRITIS CURES"

There is no diet that cures arthritis, and no single food that causes it. Please be careful with expensive supplements, imported juices, and treatments promising a cure.
Some "herbal" and "ayurvedic" joint remedies sold in India contain hidden steroids or painkillers — we see patients with steroid side effects, stomach bleeding and adrenal problems from them. If a remedy relieves pain dramatically within a day, be suspicious. **Please show us anything you are taking.**
Glucosamine and collagen supplements are safe but the evidence for benefit is weak — spend the money on good food, physiotherapy and shoes instead.

Search: arthritis diet, anti inflammatory food, rheumatoid arthritis diet, osteoarthritis food

Eating with Irritable Bowel Syndrome

Bloating, cramps and irregular bowels

WHY THIS APPEARS IN AN ORTHOPAEDIC BOOKLET

Many of the medicines we prescribe — painkillers, iron, calcium, antibiotics — upset a sensitive gut. If you have IBS, **tell us**, and we will choose differently and add protection. Do not simply stop your treatment.

First steps that help most people

- **Eat regular meals and do not skip them.** Do not eat in a rush.
- **Smaller, more frequent meals** rather than large ones.
- **Drink plenty of water** — at least 8 glasses.
- **Cut down tea and coffee** to no more than three cups a day.
- **Reduce alcohol and fizzy drinks.**
- **Limit fried and very spicy food**, and rich gravies.
- Keep a simple **food and symptom diary** for two weeks — your own triggers are more useful than any general list.

ADJUST FIBRE TO YOUR PATTERN

If constipation dominates: increase soluble fibre slowly — oats, isabgol (psyllium), papaya, cooked vegetables. Increase gradually over weeks, with more water.
If bloating and diarrhoea dominate: reduce insoluble fibre — bran, raw salad, whole nuts, skins and seeds.
Common gas producers: rajma, chana, chhole, cabbage, cauliflower, onion, garlic, wheat in large amounts, milk, and artificial sweeteners ending in "-ol" (sorbitol, mannitol).

Other things that genuinely help

- **Peppermint oil capsules** can ease cramping.
- **Probiotics** — curd or a supplement — are worth a four-week trial.
- **Regular exercise** improves bowel function and symptoms.
- **Stress and poor sleep make IBS worse**, reliably. This is not imaginary — the gut and brain are closely connected.

THESE ARE NOT IBS — SEE A DOCTOR

Blood in the stool · unexplained weight loss · symptoms that wake you at night · fever · difficulty swallowing · a family history of bowel cancer or inflammatory bowel disease · new symptoms starting after age 50 · anaemia

Search: IBS diet, irritable bowel, bloating, gas, stomach upset food

Losing Weight for Your Joints

The most effective treatment for knee, hip and back pain

WHAT THE NUMBERS MEAN FOR YOU

1 kg lost = about 4 kg less load on each knee, with every single step.
Losing **5 kg** takes roughly 20 kg off your knees. Losing **10% of your body weight** improves pain and function more than any painkiller we can prescribe, and it also improves sugar, blood pressure and sleep.
It also makes surgery safer if you eventually need it, and makes a joint replacement last longer.

What actually works

- **Aim for half a kilogram a week.** Slow loss stays off; crash diets come back and cost you muscle.
- **Change what you drink first.** Cutting sugary drinks, sweetened tea and juices is the easiest large win for most people.
- **Reduce portion size rather than banning foods.** Use a smaller plate. Serve from the kitchen, not from bowls on the table. Do not take a second helping automatically.
- **Fill half the plate with vegetables**, and eat them first.
- **Protein at every meal** keeps you full and protects muscle while you lose fat.
- **Do not skip meals.** Skipping breakfast leads to overeating later.
- **Weigh yourself once a week**, same day, same time. Daily weighing is misleading.

EXERCISING WITH PAINFUL KNEES

"Lose weight" is easy to say when walking hurts. Start where the load is low:
Water walking or swimming — the best option, as water takes almost all the load · **stationary cycling** with the seat high · **chair exercises** and seated leg raises · short walks broken into three or four pieces through the day
Strengthening the thigh muscles reduces knee pain independently of weight. Ask us for the exercise sheet.

PLEASE AVOID

Crash diets and prolonged fasting — they lose muscle and can trigger gout · weight-loss powders, slimming teas and unregulated fat-burner capsules — several sold in India contain banned stimulants · skipping meals to "make up" for a heavy meal
If you have a large amount to lose, or diabetes as well, tell us and we will help you plan it properly.

Search: weight loss, obesity knee pain, BMI, reduce weight for joints

Sleeping Position and Your Pillow

THE BEST POSITIONS

On your back: a pillow **under the knees**. This flattens the arch of the lower back and takes the strain off it. Use one pillow of medium height under the head.

On your side: a pillow **between the knees**, with the knees slightly bent and hips stacked one above the other. The head pillow must be **thick enough to keep the neck level with the spine** — filling the gap between ear and shoulder.

After hip or knee surgery: follow the specific instruction we gave you. Usually on the back, with a pillow between the legs and no pillow directly under the operated knee, which can leave it bent and stiff.

AVOID SLEEPING ON YOUR STOMACH

It forces your neck to stay rotated to one side for hours and flattens the low back. It is the commonest cause of morning neck pain. If you cannot break the habit, use no head pillow at all and place a thin pillow under the pelvis.

Choosing a pillow

- **Height matters more than material.** The neck should be in a straight line with the rest of the spine — not propped up, not dropping down.
- Side sleepers need a **thicker** pillow, back sleepers a **thinner** one.
- **One pillow, not a stack.** Two or three pillows push the head forward all night.
- Replace a pillow that has gone flat or lumpy. A rolled towel under the neck curve is a cheap and effective option.

THE MATTRESS

Medium-firm is best for most people — not a rock-hard board, and not a soft sagging one. A very hard floor or a sagging old mattress both cause back pain.
If your mattress sags in the middle, a plywood board underneath is a cheap fix.
Getting out of bed: roll onto your side first, drop your legs over the edge, and push up with your arms. Never sit straight up from lying — this is important after any back surgery.

Search: sleeping posture, pillow height, best sleeping position, mattress, back pain sleep

Posture at Work — Desk, Computer and Phone

SETTING UP YOUR DESK — FROM THE FLOOR UPWARDS

Feet: flat on the floor, or on a footrest. Not dangling.
Knees and hips: at about a right angle, knees level with or slightly below the hips.
Back: right at the back of the chair, with the lumbar curve supported — a small cushion or rolled towel works as well as an expensive chair.
Elbows: close to the body, bent about a right angle, forearms level with the desk. Shoulders relaxed, not hunched.
Wrists: straight and neutral, not bent up or resting on a hard edge.
Screen: an arm's length away, with the **top of the screen at or just below eye level.**
Documents: on a stand beside the screen, not flat on the desk.

LAPTOPS ARE THE MAIN PROBLEM

A laptop cannot be ergonomic: if the screen is at the right height, the keyboard is too high, and vice versa. Working on a laptop on your lap, on a bed, or on a low table for hours is the commonest cause of neck and upper back pain we see in young adults.

The fix is cheap: raise the laptop on a stand or a stack of books so the screen top is at eye level, and use a **separate keyboard and mouse**. This one change resolves a large proportion of "cervical spondylosis" in people under 40.

YOUR PHONE — "TEXT NECK"

Your head weighs about 5 kg. Bending it forward 45 degrees to look at a phone puts roughly **20 kg of load** through your neck. Hours of that, daily, is what causes the pain.
Bring the phone up to your eyes rather than dropping your head down. Rest your elbows on a table or against your body to hold it up. Use voice typing for long messages. Take breaks.

THE RULE THAT MATTERS MOST

Move every 30 minutes. No posture is good if you hold it for hours. Stand, walk to get water, roll your shoulders, look at something far away for 20 seconds.
Set a reminder on your phone. **The best posture is your next posture.**

Search: ergonomics, computer posture, desk setup, text neck, mobile phone neck, work posture

Lifting and Carrying Safely

Protecting your back in daily life

How to lift

1. **Think first.** Is it too heavy? Can it be split, slid, or lifted by two people? Where are you putting it down? Clear the path.
2. **Stand close to the object**, feet apart, one slightly forward.
3. **Bend your knees and hips, not your back.** Keep the natural curve in your lower back.
4. **Get a firm grip** and hold the load **close to your body**, at waist level.
5. **Lift smoothly with your legs.** No jerking, no sudden pull.
6. **Do not twist while lifting.** Turn by moving your feet, not your spine. Twisting under load is what injures discs.
7. Set it down the same way — bend the knees, keep it close.

THE TWO THINGS THAT CAUSE MOST BACK INJURIES

1. Bending and twisting at the same time — picking something up beside you and swinging round to put it down.
2. A light object lifted carelessly. Most back injuries do not happen lifting a heavy sack. They happen picking up a bucket, a child, or a slipper without thinking.

Treat every lift the same way, however light.

EVERYDAY SITUATIONS

Carrying shopping: split it into two bags, one in each hand, rather than one heavy bag on one side.
Bags and rucksacks: use both straps. A heavy bag on one shoulder tilts the whole spine.
Children: squat down, hold them close to your chest, and stand with your legs. Do not carry a child on one hip for long periods.
Sweeping, swabbing and washing clothes: these keep you bent for long periods. Use a long-handled broom and mop, sit on a low stool rather than squatting, and raise the washing to waist level.
Overhead: use a stool to bring the object to chest level rather than reaching up and pulling it down over your head.

AFTER BACK SURGERY OR AN ACUTE BACK INJURY

Do not lift anything heavier than about **2–3 kg** (a filled water bottle) until we clear you. Avoid bending forward, twisting, and sitting for long stretches. Use the **log roll** to get out of bed: roll onto your side keeping shoulders and hips together, drop the legs, push up with the arms.

Search: lifting technique, how to lift heavy weight, back care, bending, carrying

Driving — Posture and When You Can Resume

Setting up your seat

- **Sit right back** in the seat. The backrest should be almost upright — around 100 to 110 degrees, not reclined.
- Move the seat **close enough** that you can fully press the pedals with a slight bend in the knee, without stretching or pointing your toes.
- Your **hips should be level with or slightly higher than your knees.**
- Support the lower back with the seat's lumbar support, or a small cushion or rolled towel.
- Hold the steering wheel with **elbows slightly bent** and shoulders resting against the seat — not stretched forward.
- Adjust the **headrest** so its centre is level with the back of your head, close behind it. A badly set headrest is why minor collisions cause whiplash.
- Keep your **wallet out of your back pocket** — sitting on it tilts the pelvis and irritates the sciatic nerve.

ON LONG JOURNEYS

Stop every 1 to 2 hours, get out and walk for a few minutes. This protects your back and prevents blood clots.
Do ankle pumps at traffic signals. Keep well hydrated.
On a two-wheeler, avoid a heavy bag on one shoulder, keep the handlebar height so you are not stooped, and be aware that Indian road surfaces transmit a lot of jolt to a healing spine or pelvis.

WHEN CAN YOU DRIVE AGAIN?

There is no single answer — it depends on the operation and on you. **Ask us at your review.** As a general guide:

You may drive when you can **perform an emergency stop without hesitation**, are **off strong painkillers**, can turn to look over your shoulder comfortably, and are not in a plaster or brace on a limb needed for control.

Do not drive while taking tramadol or other strong painkillers, with your operated limb in plaster, or before we have cleared you.

Check with your insurer. Driving before you are medically fit may invalidate your cover, whatever the cause of an accident.

Search: driving posture, when can I drive after surgery, car seat, two wheeler back pain

Squatting, Floor Sitting and Indian Toilets

Practical advice for Indian homes

WHY WE RAISE THIS

Deep squatting, cross-legged sitting and Indian toilets bend the knee and hip far beyond what most Western advice assumes. They are part of daily life here — so rather than simply saying "avoid", here is what is safe, and when.

If you have knee or hip arthritis

- **Deep squatting loads the knee several times body weight** and accelerates wear in an already damaged joint. Reduce it where you reasonably can.
- Use a **Western commode** or fit a commode seat over the Indian pan. This is one of the most useful changes you can make.
- Sit on a **low stool (patla) rather than the floor** for cooking, washing and eating.
- If you sit cross-legged, sit against a wall with a cushion under the buttocks to raise the hips above the knees, and change position often.
- Getting up from the floor: roll to one side, come to all fours, bring one foot forward, and push up using a chair or wall.

AFTER A KNEE OR HIP REPLACEMENT

Do not squat, sit cross-legged, or use an Indian toilet. These positions can dislocate a new hip and will damage a new knee.

After hip replacement, for at least the first 3 months: do not bend the hip beyond 90 degrees · do not cross your legs or ankles · do not turn the foot inwards · do not sit on low chairs, low beds or the floor · use a raised toilet seat · sleep on your back with a pillow between your legs

Arrange a **commode chair or raised seat before your surgery**, not after you come home.

IF YOUR JOINTS ARE HEALTHY

Squatting and floor sitting are not harmful in themselves, and they maintain excellent hip and ankle flexibility — this is a genuine advantage of the Indian way of living.
Keep doing them, but **avoid holding a deep squat for very long periods**, and get up and move if your knees start to ache. If you are over 50 or have any knee pain, start reducing the deepest positions.

Search: squatting, Indian toilet, floor sitting, cross legged, knee replacement precautions

Daily Care of the Diabetic Foot

Five minutes a day prevents most amputations

WHY YOUR FEET ARE AT RISK

Diabetes damages the nerves, so **you may not feel an injury** — a stone in the shoe, a burn, a blister. It also narrows the blood vessels, so wounds heal slowly. A small unnoticed wound can become a deep infection within days.

Most diabetic amputations begin with something small that nobody looked at.

Every single day

- **Look at both feet, all over.** Tops, soles, heels and **between every toe.** Use a mirror on the floor, or ask a family member. If your eyesight is poor, someone else must do this.
- **Look for:** cuts, cracks, blisters, redness, swelling, a change in colour, discharge, an ingrown nail, or a callus with a dark spot beneath it.
- **Wash with lukewarm water and mild soap.** Test the temperature with your **elbow or a thermometer**, never with your foot.
- **Dry carefully, especially between the toes.** Damp skin between toes cracks and gets infected.
- **Apply moisturiser to the tops and soles — but NOT between the toes.**
- **Cut nails straight across**, not curved into the corners, and file the edges. If you cannot see or reach your feet, do not attempt it yourself.

NEVER DO THESE

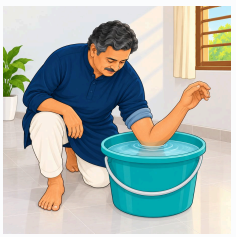
Never walk barefoot — not even inside the house, not even for a moment on the temple floor or in the bathroom.
Never use a hot water bag, heating pad or hot fomentation on your feet. Serious burns from this are common.
Never cut a corn or callus yourself, or use corn caps and acid plasters.
Never soak your feet for long periods. Never use sharp instruments on your feet.
Do not use tight socks, garters, or anything with a seam pressing on the foot.

COME TO US THE SAME DAY IF YOU FIND

Any break in the skin, however small · a blister · redness, warmth or swelling · any discharge or smell · a black area · a new numbness or burning · sudden pain in a numb foot

Do not wait to see if it heals. Do not apply turmeric, oil, ash or any home remedy. Bring it to us.

Search: diabetic foot care, daily foot check, diabetic ulcer prevention, numb feet



Footwear for the Diabetic Foot

Your shoes are a medical treatment, not an accessory

WHAT A GOOD DIABETIC SHOE HAS

A wide, deep, rounded toe box — your toes must lie flat and spread naturally, with about a thumb's width beyond the longest toe.
Soft, seamless lining — run your hand inside: any seam, stitch or ridge will eventually cause an ulcer.
A soft cushioned insole — MCR (microcellular rubber) or a custom-moulded insole if we have prescribed one.
A firm sole with a slight rocker to spread the pressure while walking.
Adjustable fastening — laces or Velcro straps, so the fit can be adjusted as the foot swells through the day.
A closed heel and closed toe for outdoor use.

AVOID COMPLETELY

Walking barefoot, indoors or out · **chappals with a thong between the toes** — the strap rubs and ulcerates · **pointed or narrow shoes** · **high heels** — they throw all the weight onto the forefoot · **hard plastic or rubber footwear** · open sandals outdoors · anyone else's shoes · tight or elasticated socks

Buying and wearing them

- **Buy shoes in the evening**, when your feet are at their largest.
- **Have both feet measured** each time — feet change shape with diabetes, and the two are often different sizes. Buy for the larger foot.
- **Never rely on "they will loosen up."** A new shoe must be comfortable immediately.
- **Break new shoes in slowly** — one hour on the first day, increasing gradually, checking your feet each time you take them off.
- **Shake out and feel inside both shoes** before every wear — a small stone or a folded sock can cause an ulcer you will not feel.
- Wear **clean, soft, seamless cotton socks**, changed daily. Light-coloured socks show any discharge early.
- Keep a **separate soft pair for indoor use** so you never need to walk barefoot at home.

IF YOU HAVE HAD AN ULCER OR AN AMPUTATION BEFORE

You need **custom-made footwear with a moulded insole** — ordinary shoes are not enough, and the risk of another ulcer is high. Please ask us for a referral. Replace insoles every 6 months and shoes yearly, or sooner if worn.

Search: diabetic footwear, MCR chappal, shoes for diabetes, offloading, insole

Caring for Someone Confined to Bed

Preventing bedsores and complications

A BEDSORE CAN START IN TWO HOURS AND TAKE MONTHS TO HEAL

Pressure on the skin over a bony point cuts off its blood supply. **The single most effective prevention is changing position.** No mattress, cream or powder replaces this.

Position change — the core of everything

- **Change position every 2 hours, day and night.** Keep a written turning chart on the wall so everyone knows.
- Rotate through: on the back, tilted to the left, tilted to the right. Aim for a **30-degree tilt with pillows behind the back** rather than rolling fully onto the hip bone.
- **Place pillows between the knees and ankles**, and under the calves so that the **heels float clear of the bed** — heels are the second commonest site after the sacrum.
- **Do not raise the head of the bed more than 30 degrees** for long — the body slides down and shears the skin over the tailbone.
- **Lift, do not drag**, when moving the person. Use a draw sheet with two people.

AIR BEDS AND WATER BEDS

An **alternating-pressure air mattress** is the most useful device — it inflates and deflates cells in turn so the pressure point keeps shifting. Worth arranging for anyone likely to be in bed more than a few weeks.

A **water bed** spreads pressure more evenly than a plain mattress and is a cheaper option.

But neither replaces turning. Check the pump is working daily, keep bedding smooth with no wrinkles or crumbs, and **do not pile several sheets or a plastic cover on top** — that cancels the mattress's effect.

Do not use rubber rings or donut cushions — they cut off circulation in a ring around the area.

Daily care

- **Inspect the skin at every turn** — tailbone, hips, heels, elbows, shoulder blades, back of head, ears. **Redness that does not fade within 20 minutes of relieving pressure is the first sign of a sore.** Report it.
- Keep skin **clean and dry**. Change wet or soiled bedding immediately. Use a barrier cream if incontinent. **Do not massage over a bony prominence.**
- **Good food and fluids** — protein especially. Malnourished skin breaks down and will not heal.
- **Move every joint through its range twice daily**, and encourage deep breathing and coughing to protect the chest.
- Watch for constipation and for urinary infection.

Search: bedridden patient care, bedsore prevention, air bed, water bed, pressure ulcer, position change

Caring for an Older Person at Home

Practical basics for the family

THE FOUR THINGS THAT MATTER MOST

1. Keep them moving. Every day in bed costs muscle that takes a week to regain. Even sitting out in a chair, or walking to the toilet, is far better than lying in.
2. Prevent falls. See the falls sheet — the bathroom, loose mats and poor lighting are the main culprits.
3. Watch food and fluid. Older people feel thirst poorly and often eat too little protein.
4. Review the medicines. The more tablets, the more falls and confusion.

Eating and drinking

- Offer **small, frequent meals** with **protein at each** — milk, curd, dal, egg, paneer, fish.
- **Encourage fluids through the day**, and offer them — do not wait to be asked. Dehydration in the elderly causes confusion, falls and kidney problems.
- Check they can **chew comfortably**. Ill-fitting dentures are a common hidden cause of poor eating and weight loss.
- Watch for coughing during meals — it may mean food is going the wrong way, and needs assessment.
- Ensure adequate **calcium, vitamin D and sunlight**.

SUDDEN CONFUSION IS A MEDICAL EMERGENCY, NOT "JUST OLD AGE"

If a previously alert older person becomes suddenly confused, drowsy or agitated over hours or days, look for a cause — **urine infection, chest infection, dehydration, constipation, a new medicine, pain, or a fall with a head injury.**
Bring them in. Treated early, most of this reverses completely.

Other things to keep an eye on

- **Bowels and bladder** — constipation is very common and causes pain, confusion and loss of appetite. Fluids, fibre and movement first.
- **Eyes, ears and teeth** — check yearly. Poor vision causes falls; poor hearing causes withdrawal and is often mistaken for dementia.
- **Skin and feet** — inspect regularly, keep nails cut, moisturise dry skin.
- **Mood and company.** Loneliness and low mood are common and treatable. Keep them involved in family life, conversation and decisions.
- **Bring all medicines to every appointment** and ask us to review whether each is still needed.

Search: elderly care, geriatric care at home, old age care, senior citizen health

Living with Osteoporosis

Weak bones — what you can do yourself

UNDERSTAND WHAT THIS IS

Osteoporosis means the bone has become thinner and more fragile, so it can break from a minor fall or even a strong movement. It causes **no pain until something breaks** — which is why it is easy to ignore.

The aim of treatment is simple: **prevent the first fracture, or prevent the next one.** Most of what determines that is in your hands.

Take your treatment properly

- **Calcium and vitamin D every day**, lifelong. These are the raw material — the bone medicine cannot work without them.
- **Take your bone medicine exactly as instructed**, and do not stop it because you feel fine. You will never feel it working.
- Keep your review appointments and repeat scan dates.

Exercise — specific kinds help

- **Weight-bearing exercise builds bone:** brisk walking, stair climbing, dancing, light weights. **30 minutes on most days.** Swimming and cycling are good for you but do little for bone density.
- **Strength work twice a week** — even simple sit-to-stand from a chair.
- **Balance work daily** — standing on one leg holding the counter, heel-to-toe walking. Preventing the fall matters as much as strengthening the bone.
- **Posture:** gentle back-strengthening exercises help prevent the forward stoop.

AVOID THESE MOVEMENTS

Bending forward from the waist with a rounded back — to pick something up, touch your toes, or do a sit-up. This compresses the front of the vertebrae and can cause a spinal fracture.

Twisting the spine forcefully, and heavy lifting.

Bend at the knees and hips instead, keeping your back straight.

LIFESTYLE

Stop smoking — it directly weakens bone · limit alcohol to no more than one drink a day · get 15–20 minutes of sun several times a week · keep your weight in a healthy range, as being underweight weakens bone · get your eyes checked and your medicines reviewed to reduce falls

Tell us about any new back pain, especially if it came on suddenly or you have lost height — it may be a spinal fracture that can be treated.

Search: osteoporosis, weak bones, prevent fracture, bone health lifestyle

Knee Osteoarthritis — Helping Yourself

THE THREE THINGS WITH THE STRONGEST EVIDENCE

1. Lose excess weight. Every 1 kg lost removes about 4 kg of load from each knee with every step.
2. Strengthen the thigh muscles. A strong quadriceps takes load off the joint and reduces pain independently of everything else.
3. Keep walking. Cartilage has no blood supply — it is nourished by movement. Resting a painful knee makes it stiffer and weaker.

Tablets and injections help you get through a bad patch. **These three change the course of the disease.**

Exercises to do daily

- **Static quadriceps:** sit with the leg straight, press the back of the knee down into the bed, tighten the thigh, hold 5 seconds. **10 times, three sessions a day.** Simple, and the most useful one.
- **Straight leg raise:** lying down, keep the knee locked straight and lift the leg 30 cm. Hold 5 seconds, lower slowly. 10 times.
- **Sit to stand:** from a firm chair without using your hands. 10 times.
- **Heel slides** to maintain bending.
- Add **hip and calf strengthening** — weak hips make knees hurt.

DAY TO DAY

Use a walking stick in the OPPOSITE hand to the painful knee — it reduces knee load substantially.
Wear cushioned footwear with a soft sole and good arch support. Avoid hard flat chappals and heels.
Use a Western commode and a higher chair. Avoid squatting, sitting cross-legged and climbing stairs unnecessarily.
Heat before activity for stiffness, **ice** after activity or when the knee is swollen.
Swimming and water walking are ideal if walking hurts.

COME BACK IF

The knee locks or gives way · it becomes suddenly hot, red and very swollen · the pain wakes you at night regularly · you can no longer walk your usual distance or climb your own stairs · pain persists despite three months of proper effort

Surgery is not a failure and not a last resort at any cost — it is one option among several, and we will discuss it honestly when the time is right.

Search: knee osteoarthritis, knee pain, OA knee self care, quadriceps exercise

Low Back Pain and Sciatica

THE MOST IMPORTANT MESSAGE

Most back pain settles within 4 to 6 weeks, and staying active is what speeds it up. Bed rest beyond a day or two makes back pain **worse**, not better — muscles weaken, joints stiffen and the pain lasts longer. Keep moving within the limits of your pain.

Most back pain does not need an MRI, and scan findings often do not match the pain. We will scan you if there is a reason to.

The first two weeks

- **Stay as active as you can.** Walk short distances often. Continue light daily activities and, if possible, work.
- **Avoid** prolonged sitting, bending forward, twisting, and lifting anything heavy.
- **Heat** (hot water bag, hot shower) usually helps muscle spasm. Some prefer ice in the first two days.
- Take the painkillers we have given **regularly for a few days**, not only when the pain becomes severe.
- Sleep on your side with a pillow between the knees, or on your back with a pillow under the knees.
- **Get out of bed by log rolling** — roll onto your side keeping shoulders and hips together, drop the legs over the edge, push up with your arms.

SCIATICA — PAIN GOING DOWN THE LEG

This means a nerve is irritated, usually by a disc. It typically causes pain below the knee, sometimes with pins and needles.
Most sciatica improves without surgery, but it takes longer than simple back pain — often 6 to 12 weeks. Nerve-pain tablets, physiotherapy and time are the usual course. Keep walking; avoid sitting for long periods, which is often the worst position.

GO TO HOSPITAL IMMEDIATELY IF YOU DEVELOP

Difficulty passing urine, or loss of control of urine or stool · **numbness around the back passage, genitals or inner thighs** (the area that would touch a saddle) · **weakness in both legs** · a foot that drops and cannot be lifted

These are rare but are a surgical emergency. **Do not wait until morning.**

Also tell us about: back pain with fever · unexplained weight loss · pain that is constant and worse at night · a history of cancer or tuberculosis · back pain after a significant fall

Search: low back pain, sciatica, slipped disc, lumbar pain self care

Neck Pain

Cervical spondylosis and everyday neck strain

WHAT USUALLY CAUSES IT

In most people it is not a serious disease. It is **hours of the head held forward** — at a laptop, over a phone, or asleep on the stomach. The neck holds a 5 kg head, and every centimetre it drifts forward multiplies the load on the muscles.

"Cervical spondylosis" on an X-ray simply means normal age-related change. Almost everyone over 50 has it, and most have no pain at all. **The X-ray does not decide your treatment; your symptoms do.**

What helps

- **Fix the laptop and phone first.** Raise the screen to eye level, use a separate keyboard, bring the phone up to your eyes. See the ergonomics sheet — this resolves most cases in younger people.
- **Move every 30 minutes.** Roll the shoulders, look up, look far away.
- **Heat** for 15 minutes, two or three times a day, for stiffness and spasm.
- **Sleep correctly** — one pillow of the right height, never on the stomach.
- **Chin tucks:** sitting tall, draw the chin straight back to make a double chin without tilting the head. Hold 5 seconds, 10 times, several times a day. The single most useful exercise.
- **Gentle range of movement** — slowly turn to each side, tilt ear to shoulder. Never force, never jerk, never do fast circles.
- **Shoulder blade squeezes** to strengthen the upper back.

ABOUT THE CERVICAL COLLAR

Wear a collar **only if we have specifically advised it, and only for a short period.** A collar worn for weeks weakens the neck muscles and makes the problem worse and longer-lasting.

Never allow forceful neck manipulation or "cracking" by an untrained person. Serious injury, including stroke, has resulted from this.

COME BACK PROMPTLY IF YOU GET

Weakness, numbness or clumsiness in the hands — dropping things, difficulty with buttons · unsteadiness while walking · pain radiating down the arm with weakness · neck pain with fever · neck pain after a fall or accident · difficulty passing urine

Search: neck pain, cervical spondylosis, stiff neck, collar, neck exercise

Frozen Shoulder

Adhesive capsulitis

WHAT TO EXPECT — AND IT IS A LONG ROAD

A frozen shoulder passes through three phases:
1. Freezing (2–9 months) — increasing pain, often worst at night, with movement gradually reducing.
2. Frozen (4–12 months) — pain settles but the shoulder is very stiff.
3. Thawing (6–24 months) — movement gradually returns.

The great majority recover, but it takes 1 to 3 years. Knowing this from the start is important — people who expect a quick cure give up on the exercises just when they matter most.
It is more common in **diabetics**, and in them it tends to last longer and be stiffer. Good sugar control helps.

Exercises — little and often

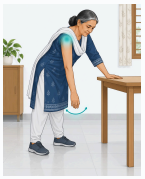
- **Do them 4 to 5 times a day, gently.** A few minutes each time is far better than one long painful session.
- **Warm the shoulder first** with a hot pack for 10 minutes — this makes stretching far more effective.
- **Pendulum:** lean forward supporting yourself on a table, let the arm hang loose, and swing it gently in small circles and side to side.
- **Wall walking:** face a wall, walk the fingers up as high as comfortable, hold, then walk down.
- **Towel stretch behind the back:** hold a towel with both hands and gently pull the affected arm upward.
- **Stick-assisted rotation:** lying on your back, use a stick in both hands to push the affected arm outwards.

GETTING THROUGH THE PAINFUL PHASE

Stretch to the point of **discomfort, not sharp pain.** Some ache during and shortly after is expected; pain lasting hours means you pushed too hard.
Sleep with a pillow supporting the arm, or lie on the good side hugging a pillow. Night pain is the most exhausting part — tell us, as it can be treated.
A **steroid injection** in the painful phase often helps considerably and makes the exercises possible. It is the exercises afterwards that restore the movement.

Do not stop moving the shoulder because it hurts. That is precisely how it becomes stiffer. Gentle, frequent, consistent movement is the treatment.

Search: frozen shoulder, adhesive capsulitis, shoulder stiffness, shoulder exercise



Heel Pain

Plantar fasciitis — and the footwear that fixes it

YOU RECOGNISE IT BY THE FIRST STEP

Classic plantar fasciitis is **worst with the first few steps in the morning**, or after sitting a while, then eases as you walk, then worsens again by the end of the day.

About the "heel spur": if your X-ray shows one, it is almost certainly not the cause of your pain. Many people with spurs have no pain, and many with this pain have no spur. Treatment is the same either way — **the spur does not need removing.**

It is slow to settle — often **6 to 12 months** — but the great majority get better without surgery.

FOOTWEAR — THE MOST IMPORTANT TREATMENT

Wear cushioned footwear from the moment you get out of bed. Keep a soft pair of slippers beside your bed and put them on before your feet touch the floor.

What to look for: a soft cushioned sole, a **slight heel raise of 1–2 cm** (not flat, not high), good arch support, and a firm heel cup that holds the heel steady.
MCR (microcellular rubber) chappals or a good cushioned sports shoe work well. A silicone heel cup or gel pad inside the shoe helps many people.

Avoid completely: walking barefoot, especially on hard floors · flat hard chappals · thin-soled sandals · high heels · worn-out shoes

Exercises — do these daily

- **Before your first step in the morning:** sitting on the bed, pull your toes back towards you and hold for 30 seconds. Repeat three times. This alone helps that first-step pain considerably.
- **Calf stretch:** hands on a wall, one leg back with the heel down and the knee straight. Hold 30 seconds, 3 times each side, twice daily. **A tight calf is the commonest underlying cause.**
- **Roll the sole** over a frozen water bottle or a ball for 5 minutes, twice a day.
- **Towel scrunches** with the toes to strengthen the small foot muscles.

Also: reduce weight if you are overweight — heel pain is strongly linked to it. Cut down standing on hard floors for long periods. Ice the heel for 15 minutes at the end of the day.

Search: heel pain, plantar fasciitis, soft shoes for heel, heel spur, morning heel pain

Tennis Elbow

Lateral epicondylitis — pain on the outer elbow

WHAT IT IS

Overuse strain where the wrist-extending tendons attach to the outer elbow. **Most people who get it have never played tennis** — it comes from gripping, lifting, wringing clothes, using a screwdriver, cooking, typing with a poor wrist position, or any repeated gripping task.
Pain is felt on the **outer point of the elbow**, worse when you grip, lift a cup, shake hands, or turn a door handle.

It settles in most people, but it is slow — often 6 to 12 months. Patience is genuinely part of the treatment.

What to do

- **Identify and modify the activity causing it.** This is the part that matters most and the part most people skip. Reduce repeated gripping, and change your technique or tool where you can.
- **Lift with the palm facing upwards**, not downwards — a small change that unloads the tendon considerably.
- Use a **thicker grip** on tools, pens and racquets. Carry bags on the forearm or shoulder rather than gripping.
- **Ice** the outer elbow for 15 minutes after activity.
- A **counterforce brace** (a strap two finger-widths below the painful point) helps during activity. Wear it while working, not all day.

THE EXERCISES ARE WHAT CURE IT

Strengthening the tendon is far more effective than resting it. Once the sharpest pain has settled, start:
Eccentric wrist extension: hold a light weight (start with a 500 g water bottle), palm facing down, forearm supported on a table. Use your **other hand** to lift the wrist up, then **lower it slowly over 3 to 5 seconds** using the painful arm alone. **15 repetitions, 3 sets, once daily.** Mild discomfort during this is expected and acceptable. Increase the weight gradually over weeks.
Add gentle wrist extensor stretches: arm straight, palm down, gently bend the wrist downward with the other hand, hold 30 seconds.

A note on steroid injections: they give quick relief but the pain often returns, and repeated injections can weaken the tendon. We use them selectively. The exercises give the more lasting result.

Search: tennis elbow, lateral epicondylitis, elbow pain, golfers elbow

Carpal Tunnel Syndrome

Numbness and tingling in the hand

HOW YOU RECOGNISE IT

Numbness, tingling or burning in the **thumb, index, middle and half the ring finger** — the little finger is typically spared.
Classically worst at night, waking you, and relieved by shaking or hanging the hand over the edge of the bed.
Also brought on by holding a phone, riding a two-wheeler, or reading a newspaper.
Later, weakness of grip, dropping things, and difficulty with buttons and small objects.

It is caused by pressure on a nerve at the wrist. It is more common in **diabetes, thyroid disease, pregnancy** and after wrist injury.

What helps

- **A night splint is the single most useful treatment.** It holds the wrist straight while you sleep — the nerve is compressed most when the wrist is bent, which happens unconsciously at night. **Wear it every night for at least 6 weeks** before judging it.
- Avoid sleeping with the wrist curled under you or under the pillow.
- **Reduce sustained gripping and vibration** — power tools, two-wheeler handlebars, wringing clothes.
- Adjust your **keyboard and mouse** so the wrist stays straight and is not resting on a hard edge.
- **Nerve gliding exercises** — ask us to show you. A few minutes several times a day.
- **Treat the underlying cause:** control your sugar if diabetic, and get your thyroid checked. In pregnancy it usually settles after delivery.

IF IT DOES NOT IMPROVE

A **steroid injection** into the carpal tunnel often gives good relief and helps confirm the diagnosis, though the benefit may be temporary.
Surgery to release the tunnel is a small, highly effective operation with a very good success rate. It is usually done under local anaesthesia as a day-care procedure.

DO NOT DELAY IF YOU HAVE

Constant numbness that never goes away · visible **wasting of the muscle at the base of the thumb** · weakness of grip or dropping objects

These mean the nerve is being damaged. Nerve recovery after prolonged compression is slow and may be incomplete — **this is the situation where waiting costs you function permanently.**

Search: carpal tunnel, hand numbness, night splint, tingling fingers, wrist pain

When to Come Back Urgently

Warning signs you should never wait on

GO TO THE NEAREST EMERGENCY DEPARTMENT NOW

Chest pain, sudden breathlessness, or coughing blood — especially after surgery, a fracture, or long travel
Difficulty passing urine, or loss of control of urine or stool, with back pain — particularly with numbness around the back passage or inner thighs
Sudden weakness of both legs
A limb that is white, blue, cold, numb or that you cannot move — in or out of plaster
Swelling of the face, lips or tongue, or difficulty breathing after any medicine
A fit, sudden confusion, or a head injury with vomiting or drowsiness
Uncontrolled bleeding, or a wound with bone or deep tissue exposed

CONTACT US THE SAME DAY

Fever above 100.4°F after surgery, or with a joint that is hot and swollen
A wound with spreading redness, pus, a bad smell, or edges opening
Increasing pain after the third day following surgery or injury, or pain not relieved by your painkillers
A plaster that is too tight, has become wet, cracked or loose
Calf pain, swelling or tightness in one leg
Any break in the skin of a diabetic foot, however small
A rash after starting a new medicine — especially allopurinol or an antibiotic
A fall, especially if you are on bone treatment or blood thinners
Sudden severe back pain if you have osteoporosis

BOOK A ROUTINE APPOINTMENT FOR

Pain that is not improving as expected · a joint that keeps giving way or locking · difficulty with your medicines, or side effects · questions about returning to work, driving or exercise · your next dressing, stitch removal or review · anything you were told to come back for — even if you feel completely well

Bones & Joints Clinic — Nallasopara West **+91 87665 22099** | Virar East **+91 92702 84859**
My next appointment: ..... **My hospital:** .....

If you are unsure whether something is serious, contact us. We would far rather answer a question that turns out to be nothing than see a problem too late.

Search: emergency, when to see doctor, red flags, warning signs, urgent symptoms