

# Broken Hip: My Story

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## Introduction

I thought that the fracture would heal in three months and that I would be able to resume my normal life after that. But it was not at all like that. I had to go through a lot more than I anticipated in terms of treatment and also psychologically. So, although I know my experience is nothing compared to those who suffer much more, I felt that I now have something to share with other people, including the benefit of meditation. I certainly appreciated other people's on-line stories.

## Injury (May 17, 2008)

It was at the end of a busy spring semester. My wife had completed all the official academic events including commencements. On the following day, a Saturday morning, it happened to be the day for annual community yard sale. To take part in this event for the first time, I woke up early and brought out various items to our front yard. Looking back, I was very tired that morning, at the end of the semester and after a busy week. After breakfast, my wife still needed to do some end-of-the-semester administrative work. So, I went out to play with our three-year-old daughter; she rode her tricycle and I rode my bike on the street in front of our house. Usually, the street has very little traffic. But that morning, it had more traffic due to the community yard sale. When I saw a car approaching to us, I tried to cut in between the car and my daughter. The car was still far away, but I tried to be safe. Then, I lost balance. Unfortunately, I was close to my daughter's trike and was afraid of hitting her. I fell to my left with minimal space and landed entirely on my left hip. My daughter was safe after all. But I couldn't get up. It wasn't extremely painful, but I simply didn't have the strength to do anything. I asked my daughter to go inside the house and call my wife. I stayed on the street until my wife came. She is a physical therapist and was able to move me to our driveway. Then, I asked her to bring a chair and sat on it. Although I strongly hoped that the injury was not serious, the condition was not that different from my two previous experiences of fractures, broken leg and arm, long time ago when I was a kid. Neither of my past fractures were very painful. And, the fractures healed well. My wife called an ambulance. Seeing me sitting on a chair with little pain, the emergency medical technicians said they didn't think it was a fracture. Then, they took me to the emergency room of a nearest hospital.

## Hospital (May 17-19, 2008; Days 1 to 3)

While waiting for my turn in the emergency room, I was thinking about the injury. Although I felt more and more certain that this was a serious injury, I was still hoping to make the trip to Japan scheduled just one week later. After x-rays were taken, I was told that the left hip was certainly fractured and that I would need surgery. I didn't know much about hip fracture. My wife is a physical therapist but currently teaching holistic health at a college. She told me that it might be possible to pursue a non-surgical approach, if we were in Japan. However, here in the U.S., hip fracture would almost always lead to surgery, esp. for a person like me ("young," compared to most hip fracture patients, 47-year-old oriental male with no serious medical conditions). I felt extremely bad considering what we would have to go through. Of course, we had to cancel our trip to Japan, which all of us and our family in Japan had been looking forward to. During this time, my

daughter had been with us in the hospital for hours. After I moved from the wheel chair to an emergency bed, she started to play with the wheel chair.

I was assigned to an orthopedic surgeon and underwent a few tests to confirm that I was actually a surgical candidate. I had no problem other than the hip fracture, not even a bruise. My wife later told me that the surgeon ordered a catheter but the nurse didn't follow the order thinking that I am young and was in good control of myself. Later that day, the orthopedic surgeon came to see me and told me that he would choose one of the two surgical procedures (either pins/screws or plate) depending on the CAT scan results. I was also told that it would take three months to heal. But I didn't have a very clear idea about to what extent I would be "healing." During this time, I didn't have much pain, except when I had to move around for transfer. But when it was time to go to sleep, I felt moderate discomfort in the hip and couldn't sleep well. After midnight, a nurse set up a traction unit and it made me a little more comfortable.

On Day 2, After CAT scan, I was taken to the operating room. The surgeon told me that it was a femoral neck fracture. The neck was completely fractured but not displaced. So, he was going to use just pins/screws with a small incision of one to two inches. Between general and spinal/epidural anesthesia, I chose the latter so that I could wake up immediately after the surgery. Still, I was practically "sleeping" though the surgery thanks to some sedative. Compared to my experience with general anesthesia during appendectomy some time ago, I felt much better after the surgery. Soon after the surgery, I was pretty hungry and ate late hospital lunch, my wife's delivery, and hospital dinner within a fairly short time. My daughter also came and stayed for a while, but soon she wanted to go home. Probably due to the pain medication, I had absolutely no pain and slept reasonably well.

On Day 3, a person from a physical therapy (PT) office came and set up a session later in the morning. When I asked when I could drive, he said tomorrow. I was a little surprised and even imagined to go to Japan the following week, which appeared unrealistic to other people. During the PT session, I learned how to use crutches to walk and go up/down stairs, with point-touch weight bearing. I was able to walk to the end of the hallway but felt a little tired. By the time of discharge the effect of the pain medication given during the surgery was wearing out. I noticed more sensations. However, the pain was not that bad, and I needed no pain killer. Since the PT session was good and I had no other complications, I was discharged from the hospital later that day. I was told to see my orthopedic surgeon in one week.

My hospital stay was not too bad. It was short, I was not in pain, and everything went smoothly. The professional and support staff was in general courteous and helpful. However, as many other people have said, there are things I didn't particularly like about hospital stay. My first complaint was that patients cannot get good sleep due to so many interruptions. I don't think it is necessary to wake up patients every few hours to get the vitals, except for really serious cases. The communication between different professionals was poor. When I was being discharged, there was no instruction about taking blood thinner. The nurse didn't call and get the information. Instead, she told me to do it myself. Later, I learned that I was supposed to take Aspirin as blood thinner for three weeks. I noticed the problems of reductionistic world. The division of labor is necessary. However, we all need to be able to understand how things work beyond our small roles (see [my short essay on a related topic of complexity and learning](#)).

Home (May 19-26, 2008; Days 3 to 10)

On May 19, after three-day/two-night stay at the hospital, I was happy to be home, with my family. Although I still couldn't sleep well with limited ability to move in the bed (either face up or left side

up), I was relieved to get out of so many interruptions at hospital nights. As we live in a ranch house, it was relatively easy to move around in the house. Although I was not in pain and was able to sit as long as I wanted, my daily routine was still limited. For example, I was not taking a shower during this period, just sponge bath and washing hair in the sink.

Since the birth of my daughter, I have been a house husband and was with my daughter while my wife is at work (some of our philosophy linked [here](#)). I was also doing much of house chores including cooking and cleaning. I couldn't do this very well on crutches. Luckily, the semester had just finished and my wife could do substantial part of her work (administrative work; no teaching during the summer) from home. In addition, my mother came from Japan to help us. Still, I felt diminished not being able to care for my daughter adequately. However, I was expecting that the fracture would heal in three months, by the end of the summer, before the beginning of the fall semester. Then, I should be able to take care of my daughter when my wife resumes her teaching.

## Point Weight Bearing (May-June 2008; Weeks 2 to 6)

On May 27, one week after the surgery, I had the first follow-up visit with the orthopedic surgeon. X-rays were taken ; no detectable problems. The surgical wound healed well and the dressing and staples were removed . When I asked about PT sessions, the surgeon said that it would not be necessary at that point.

With the staples out, I was able to take a shower for the first time almost two weeks after the injury. Fortunately, we have a stand-up shower with a built-in stool. So, I could just slide in with crutches without lifting my legs. Unlike many other broken hip patients, I still didn't have much pain, except some pain in the left knee, noticeable if I straighten or bend the knee relatively hard. I thought there might be some additional problem unrelated to the hip fracture. But since the pain was almost nothing, I didn't pay much attention to it.

Not using the left leg at all would be damaging. Since my wife is a PT, I asked her to tell me some non-weight bearing exercises for the hip. I did several kinds, mainly sitting on a sofa. At this time, I could not at all lift my left leg. Although I was told that this is because of atrophy, I felt strange. I was able to move all other muscles around the left hip/leg to some extent. The inability to lift my left leg was so complete that I almost felt that I would never be able to lift it. So, I suspected that this was due to something other than atrophy. My wife also learned some jin shin jyutsu techniques for my condition and tried them on me.

Within a few weeks, I started to drive. This was good; I had some freedom. One day (June 7), we went to a restaurant. Even though I was cautious, my crutches slipped on the wet restroom floor. To avoid a fall, I unconsciously used the left leg to support my weight. It wasn't extremely painful at that moment, but I was certain that some damage was done to the fracture. I felt more sensitivity in the hip. I felt that the improvement to my hip up to this point had been erased at once. But I didn't report the incidence to the orthopedic surgeon.

Although this is not directly related to the broken hip, I also injured my right toe by tripping on the crutch. This happened when I was in a hurry to do something and moved my right leg in a bad way. Actually, this was much more painful than the hip. I don't know what was actually happening in the toe, but I left it as is. Later, I would repeat this for at least three times.

Before the injury, we were busy and I was dreaming about a kind of vacation spent at home. That is, I didn't need to go anywhere or be away from my family. But I desperately wanted more free time. So, I thought it would be ideal if we were all together but I didn't need to spend all of my time for my daughter or house chores. After all, I'm not a mother and had been deeply involved in my,

now abandoned, professional career. In a sense, the hip fracture gave me an opportunity close to that dream. I am still at home with my family, yet I have much more free time. But I was not at all happy with the situation. First, I was guilty not doing enough share of anything. But more importantly, I suffered more from not being able to care for my daughter.

My daughter played a lot with her grandma, who was visiting us to help us. So, after the injury, I spent very little time with my daughter. In addition, when my daughter approaches me, my wife would say, "be careful around Papa." Since I had been spending so much time with my daughter before the injury, the radically decreased contact with her was a shock to me. I often held her for a long time, esp. after a nap. I was no longer able to do that. Before the birth of our daughter, my wife and I used to have long conversation. However, after the birth, such time drastically decreased. I felt lonely. To overcome the feeling, meditation was extremely helpful. Before the injury, I had began meditating occasionally, as I set my yearly focus for 2008 as the connection between mindfulness and secure attachment (child-parent attachment is one of my recent interests). But I had read only two books on meditation: [Jon Kabat-Zinn's \*Wherever you go, there you are: mindfulness meditation in everyday life\* \(1994, Hyperion\)](#) and [Daniel Goleman's \*The meditative mind: the varieties of meditative experience\* \(1988, J.P. Tarcher\)](#). As a part of this focus, I casually started sitting meditation in March, but only a few times a week. However, after the injury, I became sufficiently motivated to do it on a regular basis. In addition, I had time to do this. After reading Goleman, I was attracted by [insight/Vipassana meditation \(of the Theravada tradition of Buddhism\)](#) and was trying to do it on my own based on the brief description of Goleman. Goleman compares various meditation traditions, including non-Buddhist ones, with the Theravada tradition. He explained the distinction between the concentration (leading to gradual blocking of sensation) and insight/mindfulness (awareness of various things) aspects of meditation. Partly due to the injury (and partly due to my belief that sitting posture is not essential), I meditated sitting on a chair, not on the floor. I tried different concentration objects, e.g., breath, nothingness, and infinity. Without necessary details, I wanted to know more about meditation. But I also thought I was successful on a few fronts. First, I was able to calm down my mind a bit. Second, I thought my craving for various things, e.g., foods, were *somewhat* reduced. I also realized that my "vacation" desire was not at all desirable. Then, what would be the significance of my desires after all? So, meditation was certainly helpful.

## Partial to Full Weight Bearing (July 2008; Weeks 7 to 8)

On July 1, I made the second follow-up visit to my orthopedic surgeon. I was told to gradually increase weight bearing to full in two weeks. I was delighted; that sounded like a fast-paced plan. When I mentioned that I cannot see much difference in the x-rays, the surgeon said that he is looking for obviously negative signs, which he didn't see. He even said that riding a bike would be a good exercise; I wouldn't do that, at least for now.

During Week 7, I targeted 50% weight bearing. This was good because I was able to stand without crutches. So, I started to cook little by little. To move back and forth between the kitchen counter and the refrigerator, I still needed crutches. But gradually, I also tried to use just one crutch. This was helpful when I carry things including cooking materials and tableware. During Week 8, I tried to bear more weight. I was even able to walk a few steps without crutches, with significant limping. It was possible to walk without crutches only because I was unconsciously trying to avoid bearing 100% weight even for a few seconds. Then, I bought a cane and started to use it. It was a lot more convenient at home and outside. By the end of this two week period, I was walking with cane with probably 75% of weight bearing and felt that the fracture was healing well.

For this period, i.e., partial to full weight bearing, my wife told me another set of exercises. I

started cautiously, gradually increased the number and intensity. Still, I think I overdid the exercise occasionally. Then, I felt some sensitivity in the hip, still not much of pain. Also after I stayed standing for a relatively long time, e.g., for cooking, I felt some sensitivity in the hip. As I increased weight bearing, I also noticed more knee pain, especially when getting up in the morning and standing up after sitting for a long time. I thought that this was a separate problem specific to the knee but didn't know what exactly it was.

## Not Healing (July 2008; Week 8)

On July 17 (2 weeks after starting weight bearing and 8 weeks after the injury), I visited the orthopedic surgeon. I was expecting that I would be able to walk soon with no assistive device. They took x-rays. The surgeon looked at them and asked me if I had any pain. I told him about the knee pain. He let me lie down and wiggled my left knee and asked if I had pain. I did have some pain, not much. Suddenly, he took the x-rays and left the room without saying anything. I was puzzled. When he came back, he looked very serious and said that the fracture was not healing. He pointed out that the gap/line on the x-ray still exists  and the knee pain must be a referred pain. When he was wiggling the knee, he was actually manipulating the hip. At this point, I asked my wife to come, as she was in the waiting room with our daughter; I was really upset and wanted her help to understand the situation, esp. with her PT experience.

The surgeon first warned us that if the fracture continues to fail, i.e., if *non-union* is established (usually determined three months after the surgery), I would need a total hip replacement. This was a real shock to me. He also said that to avoid that, I could try bone growth stimulator. However, he thought that I would need electrodes surgically implanted in the hip to be effective, due to the position of the fracture. Yet another round of surgery? He said that waiting for natural healing would be too risky. My wife asked why the fracture was not healing. She also mentioned that I might be osteoporotic. The surgeon didn't try to think about the cause. He said that anyone could break a bone with sufficient force and that even for osteoporotic people, a fracture would heal. I asked about nutrition. He said that calcium and vitamin D help, but nothing more. He then said that he would investigate the use of bone growth stimulator and let me know. He also said that he would not be offended if I seek a second opinion. Then, I was told to go back on crutches with point-weight bearing.

This was the worst moment throughout my broken hip experience. The psychological impact was even greater than that on the day of injury. I had an expectation: to heal by the end of the summer so that I would be able to go back to normal life, i.e., to be able to care for my daughter, by the beginning of the fall semester. Since I had little pain and was able to bear more and more weight, I didn't doubt the progress. This didn't seem to be happening. My mother can stay for three months, i.e., till mid August, due to her visa status (the visa waiver program). Furthermore, due to my relationship with her (another topic on child-parent attachment, as my wife and I wrote on our first book: [Ava's Bedside](#)), three months already seemed too long to me. What should we do?

## More Efforts (July-August 2008; Months 2 to 3)

The orthopedic surgeon's statement was helpful in a sense that I became much more motivated to make effort to recover as quickly as possible. At the same time, the way he conveyed the information can be perceived as *nocebo*, the opposite of *placebo*. That is, it was as if he had unconsciously given me a large number of poisonous pills (here is [a link to our writing on mind-body connection](#)). I didn't want the pinning surgery for the first place. I certainly thought that it was the last (at least for my broken hip). But now, he even suggested that I would need surgery at least one more time. However, I had to accept the grim situation as practical necessity. I needed

to overcome this psychological blow. So, I started to investigate what I could do. Actually, I even thought about the possibility of doing nothing (e.g., continue to bear weight) and hoping that the fracture still heals. But that is probably too risky. For the first time after the injury, I started to look up information, mainly, on the web. During the search, I read the statistics, e.g., 50% of hip fracture wouldn't heal; 25% would die. But the statistics is obviously dominated by the main patient population, the elderly. My wife downloaded many medical articles, relevant to non-union of femoral neck fracture. She also started to contact her acquaintances about non-conventional treatment; she teaches holistic health and knows a lot of people. She also suggested that I should see our family physician, who is really holistically minded and has been seeing our daughter's development from birth.

On July 18, the day after I saw the orthopedic surgeon, I called our family physician's office. Usually, her calendar is filled well in advance; so, I didn't expect to be able to make an appointment any time soon. Then, the secretary told me that if I had called earlier, she had a cancelled slot at 9:30. It was 9:10 or so. I said that I can be there at 9:35 and asked if I can take the slot; I know it would take at least 15 minutes to get there and didn't really think that I can make 9:30. But I usually have to wait for medical appointments anyway. I got the slot and rushed to the office. I was lucky.

At the office, our family physician carefully recorded what I said. She was really surprised that my orthopedic surgeon was not interested in finding out why I fractured my hip for the first place. She wanted to know. Then, she recommended the following:

1. Do a bone density scan
2. Test the vitamin D level
3. Take nutritional supplement ([OsteoBlend](#)), 2 capsules, twice a day
4. Take fish oil 2 grams (daily) of combined EPA and DHA (Omega-3)
5. Try [homeopathy](#) (in this case [symphytum officinale](#) for 2-3 weeks)
6. Get a second opinion

I followed her suggestions on basically all the items. The interpretation of bone density scan (Dexa scan) was osteopenia (Spine L1-4: z score -1.2, Right femoral neck: z score -1.2). No wonder. I had weak bones. The Vitamin D level was low at 27.9, while 40-80 was considered ideal. No wonder. I didn't have enough nutrients. I started OsteoBlend as recommended. I had been taking fish oil, but less than 1 gram (EPA+DHA) a day. I increased it to 1.3-1.4 grams a day (although not as much as recommended by the family physician). I also tried [symphytum officinale](#) for 3 weeks. None of these were suggested by my orthopedic surgeon. Although I felt that going back to crutches is too backward, I reluctantly did it as my family physician also told me to follow the surgeon's instructions.

Looking back, I didn't pay much attention to nutrition during the eight weeks after the injury. Most likely, I didn't have enough calcium. My family physician suggested to take calcium mainly from dark-green vegetables, such as kale, not particularly recommending dairy products. Nevertheless, I increased the consumption of dairy products as follows: one serving of yogurt at breakfast, one serving of cheese at lunch, and one glass of milk at dinner. I also tried calcium soft chews when I felt lacking calcium intake. As for vitamin D, my family physician told me to take 3000IU of vitamin D3. My wife also suggested that even 15 minutes of sunbathing at face and limbs would be sufficient to produce enough vitamin D. So, I tried this as well. I didn't go out as much after the injury and was surely lacking this practice. Yet another thing I did was to eat beef bone marrow soup, inspired by Weston Price's work on nutrition (I read his book primarily to improve our daughter's dental condition, i.e., cavities). This was like Kom Tang, Korean beef oxtail soup, which I like very much. According to a Chinese friend of my wife, beef bone marrow soup is also a

traditional remedy for broken bone in China.

My wife also told me that calcium absorption really depends on many factors and just taking such and such amount of it is not necessarily appropriate. She also learned from her student that too much calcium can adversely affect the body, including the increased risk of prostate cancer. But for now, I was more concerned about the lack of calcium.

Since I was back to point-weight bearing, I moved backward in terms of exercise. In fact, my orthopedic surgeon's cautionary approach made me become more conservative. I actually did little exercise after July 17. However, I needed to change this attitude later.

On July 28, I visited an osteopathic doctor (still regarded as an orthopedic surgeon) for a second opinion. I was expecting that he, as a DO, might be able to tell me a better insight into what was happening with my broken hip. When the DO came in, he first took a very brief look at the x-rays I brought. He said something like, "Non-union, huh. Too bad." His comments were as follows. If the fracture is not healing after two months, it is not likely to heal. I will most likely need a total hip replacement. The problem is blood circulation, period. Major blood supply must have been disrupted by the injury. The fracture didn't look bad at first, but it must be a really bad case. I didn't have much pain probably because I was tough. He too discounts the importance of nutrition. He doesn't believe in the use of bone growth stimulator either. So, if one month of trying bone growth stimulator doesn't improve the condition, I should get a total hip replacement. Basically, I was told to be mentally prepared for a total hip replacement. He mentioned a few names of area orthopedic surgeons with good reputation for total hip replacement. When I asked him what should be the sign of healing, he answered that (1) increased range of motion and (2) feeling as if one can walk. Silently, I felt that I had those conditions to some extent.

This was probably the second worst day, only after July 17, when my orthopedic surgeon started to worry about healing. The DO said nothing encouraging. In a sense, the tone was even more negative than the orthopedic surgeon. Later on, my family physician commented that most DOs are rather conventional and not very holistic. Despite the DO's negative second opinion, I became even more determined to do whatever possible to heal the fracture and avoid a total hip replacement. Probably the only one positive thing about this visit was to pay more attention to blood circulation, which had not been emphasized by others. My wife and I thought about how to improve blood circulation. First, my wife suggested guided imagery. I was aware of the "body scan" aspect of Buddhist meditation. I thought I should investigate. Second, we thought about exercise. We also recalled my orthopedic surgeon's suggestion to ride a bike (a stationary exercise bike, to be realistic). Even if some blood vessels are damaged, exercise should help increase the circulation. I thought I should try this too.

Motivated, I started to find an exercise bike. But I didn't want to spend a lot of money; I didn't need a new one either. First, I tried e-bay and found one for sale in my own town. I made a bid at 99¢. Although I was the highest bidder for a while, I was outbid on the auction closing day at \$49. I wouldn't pay that much. In the mean time, I also posted an ad at a local library. A few weeks later, there was a response. A woman called me and offered to give me her bike for free. But she would be out of town and I needed to call her later. Then, I found another ad on e-bay. This time, a bike is available in a town about 20 minutes away. Again, I made a bid at 99¢, and this time, I got it at the price. On August 21, I picked up the bike and started to use it. Due to the limited range of motion around the left hip, I was unable to "ride" in a normal way. I needed to bend the left knee slightly outward. But the motivation for riding was to increase the blood circulation in the injured area, not cardiovascular. So, I tried to ride very slowly for a few minutes a few times a day. As days passed, the range of motion increased.

I have to admit that I don't like exercise. Before the injury, I was doing virtually no exercise of any sort. I often said that staying home with a toddler was sufficient. More in general, I always thought that exercise should be integrated within our daily activities and shouldn't be done as such. Once when I was working in Tokyo, I jogged a few miles to work. So, doing exercise for healing was not really my style. But I still felt that it was a necessary component to increase the blood circulation.

As for bone growth stimulator, I got good news. There is no statistical difference between surgically-implanted and external versions. So, I got an external unit (Biomet OrthoPak 2) and started to use it. It is a small device, about the size of a cigarette pack. Two self-adhesive electrode patches were stuck to the front and the back of the fractured area. It must be worn 24 hours a day, except for the shower time. There is absolutely no sensation from the signal. During the day, I barely noticed that I was wearing it. But at night, it was a little inconvenient. Even with the longest cord, there were some limitations in terms of moving around in the bed. At this time, I was sleeping either on the back or on my right side. Sleeping on the left side was not very comfortable. I changed the disposable electrode patches at shower time every other day. When I don't change them, I needed to cover them with bigger protective patches during the shower. I was told that I was going to wear it for three to four months.

On exactly the same day as I started bone growth stimulator, I started [phototherapy](#). I borrowed the device from my friends, who brought it from Japan. They also lent us a book describing many, many cases of healing using the device. It was a very heavy, old-fashioned device, which generates artificial light ranging from visible to ultraviolet using carbon sticks. Depending on the condition, different carbon sticks are used, which generate different frequency spectrums. When possible, I applied it once a day to the soles for five minutes, to the back of the knees for five minutes, and the hips for five minutes. It feels slightly warm when it is applied.

Since I started bone growth stimulator and phototherapy on the same day, I cannot tell which was causing this. But the next day, I felt much less stiffness in the left calf. I can't tell which one, or the combination of them, was working. But there certainly was some effects. So, I felt good about the change. I also received reiki from my sister-in-law, who lives in Australia. I still had no pain, only some sensitivity occasionally. And even when I bear some weight, there was little pain. The knee pain, supposedly referred pain, was going away as well. In addition, the range of motion seemed to be increasing, albeit very slowly. So, despite my orthopedic surgeon and the DO's comments, I felt the fracture was actually healing, very, very slowly. Or, I was almost certain that it was not getting worse.

Now that the fracture wouldn't heal by the end of the summer and my mother was going back to Japan by that time, we needed a plan for the fall semester. Actually, we were not at all sure if I would heal by the end of the fall semester. But mentally, we didn't want to think about any further. Although I can take care of myself, I can't catch up with my daughter's speed. We thought that we need a helper. I checked some options and started to contact a nanny agency. We interviewed a live-in nanny candidate, but she asked for more money than we would offer. The agency turned out to be very ineffective and was unable to come up with additional candidates in a timely manner. Finally, we interviewed another live-in nanny candidate, who was acceptable. Due to the poor performance of the agency, we started to search candidates through an on-line nanny resource. There, we found a local live-out nanny who would meet our needs better. So, we decided to go with the live-out option. She would come to our house when my wife is at work. A typical schedule was 35 hours a week including the following regular hours: Tuesday from 7am to 6pm, Wednesday 1pm to 9pm, and Thursday 7am to 8pm. She would help me caring my daughter and do some house chores, esp. vacuuming. We were relieved to find a helper. Otherwise, it would be extremely hard for me to care for my daughter and do house chores on crutches. This arrangement seems to be a more cost effective solution than a live-in nanny (who

would work longer) or au pair (usually one-year term).

## More on Meditation (July 2008-2009)

Especially after I learned that the fracture was not healing well, I became even more serious about meditation. What shocked me most was not the injury itself but my inability to resume my house husband role by the end of summer. And the psychological impact was immense. Although we came up with an emergency plan to hire a nanny, I still suffered a lot from thinking about prolonged dependence on others. By this time, I was already benefiting from the calming effects of meditation. But I thought I should practice harder to get even more from meditation. Since I had some time for reading, I read several books and skimmed some more on meditation, and Buddhism as well because these are indeed closely connected. First, I read [Ajahn Brahm's \*Mindfulness, bliss, and beyond: a meditator's handbook\* \(2006, Wisdom Publications\)](#). I learned many things from the book, esp. detailed methodology. For example, to this date, it is helpful for me to begin meditation, before concentrating on the breath, by focusing on (1) the present moment (not past, not future) and (2) silencing the inner thought. I feel it's easier to concentrate on the breath after doing the first two stages. If I concentrate on the breath without these steps, it tends to be more difficult to just naturally observe the breath and I tend to control the breath unconsciously. Although the book was useful in these respects, I felt that the author emphasizes the concentration aspect and might even direct the reader to be "addictive" to the state of full absorption (*jhana*).

Next, I read [William Hart's \*The art of living: Vipassana meditation as taught by S.N. Goenka\* \(1987, Harper & Row\)](#). This is not a book on how to meditate. However, it is full of the philosophy behind meditation. In fact, I thought that it was an excellent introduction to Buddhism as well as meditation. I was raised in Japan, where Buddhism is considered one of the four "teachings" along with Confucianism, Taoism, and Shinto. But Buddhism in Japan (except for Zen traditions) is most commonly associated with funeral ceremonies and not many people really know or appreciate the Buddha's original teachings, which are emphasized in the Theravada tradition in the most straightforward manner. So, for the first time in my life, I was introduced to the Buddha's teachings. I'm not concerned with some of the concrete instructions the Buddha gave, e.g., husband-wife and parent-child relationships. But what Buddha said about suffering and how to eliminate suffering (as [the Four Noble Truths](#)) appeared real and very practical.

Then, I read [Larry Rosenberg's \*Breath by breath: the liberating practice of insight liberation\* \(1998, Shambhala\)](#). Built around a simple set of instructions by the Buddha (*Anapanasati Sutra/Sutta*), the author discusses the details of meditation techniques and philosophy. It gave me a systematic view, including body scan and loving-kindness meditation toward the big goal of the Four Noble Truths. Earlier, I tried guided imagery (see, e.g., [this site](#)) and was a little confused about the difference between guided imagery and body scan. As I was told about potential blood circulation problem, I tried to increase circulation around the fracture through guided imagery, done during a meditation session. I felt some warm feeling around the fracture. The sensation is somewhat similar to the result of autogenic training, which I tried decades ago. However, as I read more about Buddhism, I became more interested in body scan than guided imagery. At the same time, I felt that I hadn't got to a sufficient level of concentration to move on any further in terms of insight meditation. So, I continued to focus on earlier stages of meditation before doing body scan.

Later, I read [Henepola Gunaratana's \*Mindfulness in plain English, Updated and Expanded ed.\* \(2002, Wisdom Publications\)](#). This is probably one of the best first meditation book. But I felt my earlier reading had overlapping materials [nowadays, I think this book really describes mindfulness best; I still repeat reading this occasionally, added 6/23/10]. As I read about meditation, I was also

intrigued by the most fundamental part of Buddhism, because these are inseparable. So, I also read [Walpola Sri Rahula's \*What the Buddha taught\*, Rev. ed. \(1974, Grove Press\)](#). The author explained the Four Noble Truths in detail, which was helpful in placing the role of meditation in a broader context. Initially, I was practicing meditation more for my immediate needs of overcoming all sorts of negative feelings caused by the injury. After reading these books, I became motivated to do much more with the teaching of the Buddha. I am not a Buddhist and have no plan to be one. Nevertheless, the Buddha's teaching was something missing in my earlier experience. Buddhism is not really a religion as conceived in the West. It is a way of living and is in striking contrast with some other religions which are rather exclusive. I also read other books by Joseph Goldstein, Dalai Lama, Jack Kornfield, and Thich Nhat Hanh. But for now, I thought I got sufficient help from the reading mentioned above.

Since the biggest pain during the injury was not physical but psychological, due to my inability to do what I should be able to do, meditation was the biggest help. The best thing is that the theory behind meditation and the practice go in hand. And meditation is only practice; it is the real life that counts. Although psychotherapy might do the same thing, meditation has many advantages. It can be done at any time, by myself, at no cost, etc. I even thought that I was lucky to have been able to walk and might well accept my future entirely on crutches. If I recover, I should be grateful. When my daughter was born, I gave up a decent job (actually, a pretty good one) to be with her. Before the change, I had a very good control over what I do at home and at work, or I at least thought so. Then, I completely lost that kind of control. I now depend on my wife's schedule and I depend on whatever my daughter needs. And many things are unpredictable. In addition to one or two evening courses (my wife would be home at around 10:30pm), my wife has lots of meetings which make our schedule more difficult. Then, after the injury, I lost the freedom to walk. Although there are many people who stand much harsher problems, I felt as if I lost everything. But I gradually realized what I have been attached to and what I took for granted. Although quite limited, I became less craving for many things, e.g., types of foods, certain aspects of freedom. I felt I can control my desire a little better than before [but later, I learned more about "desires" and "craving" added in December 2009]. Before, waiting time was boring; I always had a book to read when I needed to wait. Now, waiting time can be an opportunity to be mindful. As I mentioned earlier, I also became more skeptical about my desires. It's kind of giving up. But it's not really a pessimistic one. It was kind of satisfying. Instead of can-do-anything mentality commonly found around us, I became more accepting. This was not a sudden change during a short period of time. I thought I was still at a very early stage of a long process. I was abandoning the common notion of success and shifting toward an entirely new notion of fulfillment, which might not be recognized by most people. When I asked my daughter if she knows what meditation is for (she too tried meditation ), she answered that it is to heal the broken hip. Her observation was at least partially true. But I was certainly getting much more than that.

### Progress (August-October 2008; Months 3 to 5)

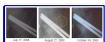
On August 27, I visited my orthopedic surgeon. Since I started to do so many things to improve healing, I was expecting some good news. At the same time, the warning of the DO also came back to my mind and I was prepared for the worst. But most importantly, I was ready to accept whatever it is. The x-rays still showed a clear gap . However, I thought that a part of the gap was becoming fuzzy (indicated in green circle in the x-ray image). I asked the surgeon whether it was a good sign. He responded that if I'm optimistic, yes. But he also said that that area bears more weight and would heal first; so, he did not dismiss my comment completely. I was told to stay on crutches with point-weight bearing and come back in six weeks.

Frankly, I was a little disappointed. But I was becoming hopeful. Maybe, all of the efforts may have

started to have some positive effects. So, I continued what I was doing. As the fall semester started, we had a nanny to help me and my daughter when my wife was at work. My daughter got along with the nanny quickly and I was able to do most house chores, including cooking, while they played together. I was also able to do some exercise including riding exercise bike as well as some reading.

As time passed, I felt that the range of motion increased and that I can bear more weight. So, despite the instruction of my orthopedic surgeon, I very gradually increased the weight bearing to partial. I did this extremely carefully and made sure that the increase would not cause any pain. There were some time when I had slight pain in the *right* hip and knee. So, slight weight bearing on the left was helpful in this regard. Toward the end of this period, I was using a cane at home. My sleeping position improved as well. By this time, I gradually increased the time I sleep on my left side. My wife said that this position is actually better than the other as it would give compression to the fracture site. As the DO (for the second opinion) told me, I was experiencing signs of recovery: increased range of motion and feeling that I can walk.

### Recovery (October 2008-January 2009; Months 5 to 7)

On October 24, six weeks after the previous visit, I saw my orthopedic surgeon again. This time, I had a feeling that progress was visible on the x-rays, and that was the case. When the surgeon no longer saw the fracture line  (here is a series image showing the progress ; note that some x-rays didn't scan very well). I was off bone growth stimulator and told to proceed to full-weight bearing. I was told that I should be able to walk without crutches or cane within a couple of weeks. The fracture was finally healing. I don't know what worked; maybe the combination of everything. I was told to see the surgeon in four weeks, possibly for the last time.

After I got home, I started to walk without cane. I still used a cane when I went outside. But within several days, I was walking completely on my own. By this time, we learned that our nanny was not very reliable. She may or may not show up for appointments and she wouldn't call us. Due to this unreliability, I was starting to care for my daughter even with two crutches, then one crutch or a cane, and finally, on my legs. I was now able to do most of the things I was doing before the injury. I still didn't hold my daughter and walk at this point, though. By the time I was able to walk on my own, the nanny wouldn't come for several days with no phone call. So, this arrangement faded out. I resumed my role of taking care of my daughter when my wife is at work. However, I no longer had time for exercise or reading. Still I'm happy to have returned to my normal role. Although I used to consider the time with my daughter as "taking care of her," I started to think of it more as time spent with a companion. Maybe she has just grown up.

At first, I was able to stand on the left leg only for a few seconds. But this gradually improved and in four weeks, I was able to stand on the left leg almost indefinitely. Although I was limping substantially at first, that improved as well. The range of motion is much better, but still far from the original. I'm not surprised at this. My left arm never gained the full range of motion after a fracture. I can now hold my daughter and walk for a fairly long distance. So, in all practical respects, I felt I recovered. The last follow-up visit to my orthopedic surgeon on November 21 was routine. No more visits were required.

In January 2009, after seven months from the injury, I continue to feel normal in almost all aspects. But my wife still observes some limping, occasionally. She told me to do some exercise to strengthen the muscles around the hip. I feel I can ride a bike, but I haven't tried it yet. I also feel I can jog a bit. Now, it's harder to find things I cannot do due to the injury. Well, I cannot sit in traditional meditation position, e.g., lotus position, but I wouldn't have been able to do it even

before the injury. I was raised in a family with no floor sitting tradition. According to my orthopedic surgeon, the pins/screws can be removed one year from now. At this point, I'd rather stay away from additional surgery.

Looking back, I still wonder why it didn't heal initially but healed eventually. Looking at the x-rays , I couldn't eliminate the possibility that the tripping in the restaurant on June 7 did significant damage to the early stage of healing. To me, the femur appeared to slid along the pins. This is consistent with the way I had to bear weight when I slipped. However, I never told this to my orthopedic surgeon and wouldn't know its relevance for sure. I also noticed that in my own medical record, I noted substantial pain in the left hip in March, two months prior to the fracture. With my osteopenic condition, I may have had some damage, e.g., stress fracture, even before the bike fall. Since I am now aware of the conditions, osteopenia and vitamin D deficiency, I will need to do something about these.

### Postscript (January 2009, Months 7+)

The life is almost like before the injury. So, if people see me before the injury and now, they may not notice any difference. However, there are many. For the difficult healing process, I thank many people who helped me in many different ways. I sent out many thank-you cards with this picture . The monarch butterfly represents the freedom I regained. At the same time, it also represents my first experience of watching two monarch caterpillars morphing into two beautiful butterflies during my injury, shared with my family. In the picture, although the crutches are in the background, they will never disappear as my experience would never disappear. I would also like to thank many strangers who helped or offered to help. Since they never expected a return for their help or offer, it is clearly the sign of caring, i.e., true altruism and not reciprocal altruism (which expects some return). Especially when I was on crutches and taking my daughter to a store and other places, people were extremely kind.

Once I regained the mobility, it's easy to forget what I went through. However, I often look back and feel that even the ability to walk is such a great gift. I once accepted the possibility of not being able to walk on my own for the rest of my life. As I can walk again, I should use the gift appropriately.

But the best thing was that I started meditation and am getting benefits from it. In fact, without meditation, I may well have exploded emotionally during the injury (even forms of explosion I don't want to mention now would have been possible). The earlier stages of my life gradually prepared me for a new life; there is no doubt that there will be more stages. But it took a broken hip to realize some important things. While reading books on meditation, mindfulness, and Buddhism, I also came up with some topics to write about. For example, combined with my earlier interests in attachment theory, I inquire the connection between non-attachment (as in Buddhism) and secure attachment (as in attachment theory). These might sound contradictory, i.e., detachment vs. attachment. I have some ideas and plan to write about the topic later.

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**January 20, 2009:** Recent vitamin D level was at 68.7 ng/mL, where 32-100 are limits. I'm still taking vitamin D3 supplement (3000 IU/day), but not much sunbathing in the cold/wet weather these days.

**February 7, 2009:** After being told by a traditional DO (different from the surgeon mentioned above) to exercise more to avoid developing compensatory patterns, I resumed riding exercise bike. This time, with a relatively heavy resistance, I have been riding a short 3-5 minute session 2-3

times a day (I cannot allocate, say, a half hour of dedicated time). Today, thanks to good weather, I fixed and rode my real bike for the first time since the injury!

**February 20, 2009:** Early this morning, I rode my bike for about an hour (7 miles) in a cold weather (25F) and against strong wind (20MPH). I did this not as exercise but because I needed to dropped off my car for water leak test (it was not a perfect time to ask my wife and daughter to pick me up). Thanks to daily exercise (exercise bike, etc.), I felt good after the ride.

**April 5, 2009:** I'm still reading meditation/Buddhism books. Recently, I read [Dancing with Life by Phillip Moffitt](#) and thought it was an excellent introduction to the Four Noble Truths and Buddhism in a non-religious manner. I also read Zen books by the two Suzukis. But I could not get as much as I did from the books mentioned earlier.

**May 17, 2009:** One year passed since the injury. I feel I'm almost completely recovered. I can do most of the things as before. I have no pain, although I occasionally feel some "sensation" in the hip and/or the knee. The range of motion is almost as before, except still 95% when I tried to duck my left leg towards the chest. I even started to ride bike with a child bike trailer so that my daughter and I can go to a local library (about 2 miles away) and some other nearby places [We are more energy conscious these days. My wife now drives a Prius and I practice hypermiling (a moderate/safe variety) when I drive my old CR-V, which wastes so much gas]. Although I felt awful last year, I can now see the experience rather positively. This is, of course, because of learning how to meditate and the core of the Buddha's teachings. I am becoming more "detached" (in the Buddhist sense) from various things, little by little. And I think I'm more patient in general. But I also realize true myself which does not change so easily, e.g., feelings associated with my attachment issues, and am learning to cope with it in a more productive manner.

**October 24, 2009:** One year passed since the recovery (i.e., off crutch). **1. Physical condition.** I think that I now have near normal strength, range of motion, and leg thickness (the left thigh and calf). Although I was told that I could have the pins removed after one year, I don't really feel like another round of surgery. As the physical condition improves and I became more serious about meditation, I wanted to meditate on the floor. Naturally, I needed to meditate sitting on the chair during the injury, and I was unable to sit comfortably on the floor even before the injury. In January 2009, I started practicing just sitting on the floor (i.e., not meditating in that position). Gradually, as the range of motion improved, I became comfortable with sitting positions. In May, I was able to practice meditation in the Burmese position for about 15 minutes. I started to practice the quarter-lotus position in July and the half-lotus position (well, more or less) in September, only for a few minutes, not long enough for meditation. But I probably couldn't do quarter-lotus even before the injury. So, I feel I'm getting more flexible than ever. **2. Calcium deposit.** Also during this past summer, I noticed the possibility of residual impacts of the injury. I first had some pain in the left elbow in November 2008. I thought it was tendonitis from lifting a heavy wok, which I was using almost every day for cooking. The condition gradually worsened to the level even grasping a light thing with left hand was somewhat painful. I cannot remember when, but I was also experiencing some cracking sound when I moved my ankles up/down. In May 2009, I also noticed some lump on the right temple. My wife suggested that this was a calcium deposit. In June 2009, I started to suspect that these three issues were all due to excessive calcium absorption. So, I decreased Osteobond by half. In July, I stopped vitamin D altogether. Note that I was also gradually reducing my dairy product consumption to the level before the injury, i.e., modest amount of butter, cheese, yogurt, and ice cream. Soon, all of the issues got better. The pain in the left elbow started to decrease. The ankles no longer crack as before. The calcium deposit on the right temple is becoming less noticeable. So, I am almost convinced that these are indeed a calcium absorption issue. However, I'm not that optimistic that my osteopenia would be gone in the

future. I probably need some impact exercise, as riding bike is not helpful in this respect (riding bike won't be enough; even professional cyclists are prone to osteoporosis, as pointed out in [this NY Times article](#)). **3. Meditation.** As for meditation practice, I tried a few different styles of insight meditation. But since June 2009, I have been most closely following the Mahasi system (e.g., [this page](#)). Almost every morning at around 6 am, before my wife and daughter would wake up, I would begin with a brief session of metta (loving-kindness) mediation, followed by rising/falling sitting meditation in the Burmese position for about 30 minutes, followed by walking meditation for about another 30 minutes. Finally, the essay about the connection between attachment theory and Buddhist teachings, which I mentioned earlier, is now [available on-line](#). **4. Concluding remark.** Unless there is significant follow-up issues related to the broken hip (and except for minor revisions), this is going to be the last entry of this chronicle. However, I will continue to write more about mindfulness and meditation on my project home page and [meditation page](#).

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*Last updated: October 24, 2009; Very minor correction: November 14, 2015*