5 facts about fractured neck of femur



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Hip fractures frequently lead to a decline in functional status and mobility in older adults

Compared to age-matched controls, hip fracture survivors have higher rates of institutionalisation and experience significantly worse:

- mobility
- independence in function
- health
- quality of life.

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All patients should follow the Hip Fracture Care Clinical Care Standard

The seven individual clinical care standards cover:

- care at presentation
- pain management
- orthogeriatric model of care
- timing of surgery
- mobilising and weight-bearing
- minimising risk of another fracture
- transition from hospital care.







Key predictors of discharge destinations help facilitate post-acute care

The odds of discharge to a rehabilitation unit are higher for individuals who have:

- advanced age
- impaired cognition
- reduced walking ability
- poor preoperative health
- extra capsular fractures
- been treated at major trauma centres or hospitals with home-based rehabilitation.





Early mobilisation results in a reduction in postoperative complications and mortality





Multidisciplinary team management leads to better outcomes

Evidence suggests a multidisciplinary team approach results in:

- reduced in-hospital mortality and complications (with regular geriatrician review)
- better functional outcomes at four weeks, including improved mobility and reduced fear of falling
- fewer nutritional problems
- appropriate osteoporosis management
- cognitive improvement.



and improved function

Early mobilisation has been shown to reduce postoperative complications such as:

- venous thromboembolism
- pneumonia
- wound breakdown
- pressure ulcers
- delirium.



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