

Treatment of Common Hip Fractures



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Treatment Of Common Hip Fractures Evidence Reporttechnology Assessment Number 184

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Treatment Of Common Hip Fractures Evidence Reporttechnology Assessment Number 184:

Treatment of Common Hip Fractures U. S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2013-04-19 Hip fractures rank in the top ten of all impairments worldwide in terms of loss in disability adjusted years for people 50 years old The absolute number of hip fracture hospitalizations in the United States is currently about 310 000 and this number is expected to continue to rise due to increased life spans and an aging baby boom generation Ninety percent of hip fractures result from a simple fall therefore efforts to prevent hip fractures are unlikely to have a substantial impact on hip fracture incidence The consequences for hip fractures in elderly individuals are significant in terms of lives lost and the associated negative impacts on hip fracture patients functioning and quality of life One year mortality for patients after a hip fracture is approximately 20 percent with men patients older than 75 years and nursing home patients at higher risk However it is not clear how much of that mortality is due to the fracture and its sequelae and how much to the underlying frailty that may predispose a person to a fracture Morbidity associated with hip fractures may include serious complications such as deep vein thrombosis and postoperative infection muscular deconditioning pain and loss of mobility Among patients who were living independently prior to a hip fracture only about half are able to walk unaided after fracture and about one fifth require long term placement in a care facility Hip fractures are generally classified into three major types depending on the specific location of the fracture femoral neck intertrochanteric and subtrochanteric fractures The term pertrochanteric hip fracture may also be used in hip fracture literature and refers to a more inclusive set of extracapsular fractures including intertrochanteric subtrochanteric and mixed fracture patterns The vast majority of hip fracture patients are treated with surgical repair The short term goal of surgical treatment is to stabilize the hip fracture enough to withstand early mobilization and weight bearing which prevents complications due to prolonged bed rest and aids in fracture healing The type of surgery is generally based on the fracture pattern and patient characteristics Pertrochanteric fractures are generally managed with internal fixation most often plate screw devices or intramedullary nails Femoral neck fractures are treated with either internal fixation or arthroplasty Hemiarthroplasty replaces the femoral head segment of the upper femur with an artificial implant The patient's own acetabulum is not replaced Total hip arthroplasty is the prosthetic replacement of the entire hip joint both the femoral head and the acetabulum within the pelvis The goal of treatment for hip fractures is to return patients to their pre fracture level of function There is a growing body of literature on treatment options and their effects on intermediary and patient post surgical treatment outcomes including several systematic reviews however no comprehensive organization of the evidence across all types of geriatric hip fractures currently exists The aim of the present project was to conduct a systematic review and synthesize the evidence of the effects of surgical treatments of fractures of the hip on patient post treatment outcomes which to date have received only modest attention but which are central to the patient's experience This review was asked to address the following key questions Key Question 1 What is the relationship

between patient variables the type of fracture and patient post treatment outcomes such as pain and functioning Key Question 2 What is the relationship between the type of fracture and patient posttreatment outcomes Key Question 3 What is the relationship between implant variables and patient posttreatment outcomes Key Question 4 What is the relationship between the type of intervention and patient post treatment outcomes **Total Hip Replacement** Vaibhav Bagaria,2018-11-07 The incidence of total hip arthroplasty is increasing in number because of successful outcomes Although technically challenging once mastered a hip replacement is one of the most gratifying surgeries for both patient and surgeon This book covers some of the most important aspects of hip replacement surgery These include preoperative planning anesthesia classification systems management of proximal femur fractures anterior approach complications and rehabilitation aspects of hip arthroplasty The book is intended for arthroplasty surgeons anesthesiologists and physical therapists who will find the book useful in parts and as a whole if they deal with arthroplasty cases on a regular basis Experience based narration of various subjects by authors ensures that first hand experience is passed on to readers in a simple easy to understand manner **Essentials of Clinical Geriatrics 7/E** Robert L. Kane,Joseph G. Ouslander,Itamar B. Abrass,Barbara Resnick,2013-07-23 A guide to the core topics in geriatric medicine It features coverage of all the important issues in geriatrics along with concise practical guidance on the diagnosis and treatment of the diseases and disorders most commonly encountered in an elderly patient *Report to the Congress, Medicare Payment Policy* Medicare Payment Advisory Commission (U.S.),1998 **Cummings Otolaryngology E-Book** Paul W. Flint,Bruce H. Haughey,Valerie J. Lund,K. Thomas Robbins,J. Regan Thomas,Marci M. Lesperance,Howard W. Francis,2020-04-22 The most comprehensive multi disciplinary text in the field Cummings Otolaryngology Head and Neck Surgery 7th Edition provides detailed practical answers and easily accessible clinical content on the complex issues that arise for otolaryngologists at all levels across all subspecialties This award winning text is a one stop reference for all stages of your career from residency and board certification through the challenges faced in daily clinical practice Updated content new otology editor Dr Howard W Francis and new chapters and videos ensure that this 7th Edition remains the definitive reference in today s otolaryngology Brings you up to date with the latest minimally invasive procedures recent changes in rhinology and new techniques and technologies that are shaping patient outcomes Contains 12 new chapters including Chronic Rhinosinusitis Facial Pain Geriatric Otology Middle Ear Endoscopic Surgery Pediatric Speech Disorders Pediatric Cochlear Implantation Tongue Ties and Lip Ties Laryngotracheal Clefts and more Covers recent advances and new approaches such as the Draf III procedure for CRS affecting the frontal recess endoscopic vidian and posterior nasal neurectomy for non allergic rhinitis and endoscopic approaches for sinonasal and orbital tumors both extra and intraconal Provides access to 70 key indicator Accreditation Council for Graduate Medical Education Key Indicator Procedures and surgical videos an increase of 43% over the previous edition Offers outstanding visual support with 4 000 high quality images and hundreds of quick reference tables and boxes

Enhanced eBook version included with purchase Your enhanced eBook allows you to access all of the text figures and references from the book on a variety of devices *BMJ*,1995 **Cumulated Index Medicus** ,1998 *iSpine* Michael J. DePalma,2011-03-28 *iSpine* is unique in its presentation of interventional spine employing a disease based or specific structure injury model Expert clinicians take you through the full gamut of painful spine conditions detailing historical features clinical presentation diagnostic testing imaging studies and the latest treatment interventions Spine biomechanics and ergonomic principles are also covered to promote strategies for reducing spine strain and minimizing the risk of recurrent injury Containing hundreds of fluoroscopic images and other illustrations *iSpine* provides a practical procedural approach to the diagnosis and treatment of painful spine disorders The contributing national and international authors are drawn from multiple specialties including physiatry anesthesiology radiology biomechanical engineering physical therapy orthopedics neurosurgery internal medicine and rheumatology reflecting the multidisciplinary nature of outcomes oriented interventional spine care *iSpine* belongs on the shelf of any clinician practicing high yield state of the art interventional spine medicine using the best available evidence to accurately diagnose optimally treat and minimize the healthcare costs associated with these disorders Features of *iSpine* Include Technical instructions for performing procedures including hundreds of fluoroscopic images and other illustrations Chapters discuss innovative new technologies and spinal applications such as intradiscal biologic agents for degenerative lumbar discs and augmentation of pelvic insufficiency fractures Critical analysis of the literature on interventional spine care Chapters written by internationally recognized experts *Standard & Poor's Stock Reports* ,2009-07 [Future Research Needs for the Treatment of Common Hip Fractures](#) ,2010 The 2009 systematic literature review Treatments of Common Hip Fractures was conducted for the American Academy of Orthopaedic Surgeons to provide input for their development of clinical guidelines for surgical procedures for implantable devices The nominator was interested in understanding the interaction between patient factors types of hip fractures types of surgical implantable devices and outcomes The subsequent systematic review conducted by the Minnesota Evidence based Practice Center EPC was unable to fully address the research questions with the existing literature because of a the limited perspective of discipline specific investigations i e orthopaedic or epidemiology which tended to use incomplete sets of important independent variables in study designs and models and b the generally low quality of hip fracture outcome studies to date where specific populations were poorly defined and the use of inconsistent outcome variables and assessment tools prevented aggregating or even comparing results The objective of this project was to work with stakeholder groups with an interest in improving hip fracture patient outcomes to examine refine and prioritize research questions and methodological approaches that would fill the existing research knowledge gaps in hip fracture treatment **Science Citation Index** ,1993 Vols for 1964 have guides and journal lists *Abridged Index Medicus* ,1984 *Hip Fracture* Institute of Medicine,Division of Health Care Services,1990-02-01 *Hip Fractures* Kenneth Koval,Joseph Zuckerman,2013-06-29 As the population of

elderly people has increased so too has the incidence of hip fracture While injuries to the hips are common they can be quite complicated and require both surgical and non surgical approaches to treatment and management J Zuckerman MD Chairman Dep of Orthopaedic Surgery and K Koval MD Chief Fracture service both of the prestigious Hospital for Joint Diseases in New York in this new volume address the issues complications and treatments that face both hip specialists and general orthopedic surgeon Over 500 line drawings and photographs analyze and explain the various types of hip fractures including fractures of the femoral neck intertrochanteric fractures and subtrochanteric fractures In addition this book covers epidemiology and mechanisms of injury diagnosis treatment principles avoidance of pitfalls rehabilitation outcome assessment economics of hip fracture treatment and prevention Treatment of Common Hip Fractures ,2009

OBJECTIVES To conduct a systematic review and synthesize the evidence for the effects of surgical treatments for subcapital and intertrochanteric subtrochanteric hip fractures on patient focused outcomes for elderly patients

DATA SOURCES MEDLINE r Cochrane databases Scirus and ClinicalTrials gov and expert consultants We also manually searched reference lists from relevant systematic reviews

REVIEW METHODS High quality quasi experimental design studies were used to examine relationships between patient characteristics type of fracture and patient outcomes Randomized controlled trials were used to examine relationships between type of surgical treatment and patient outcomes Patient mortality was examined with Forest plots Narrative analysis was used for pain quality of life QoL and functional outcomes due to inconsistently measured and reported outcomes

RESULTS Mortality does not appear to differ by device class or by devices within a class Nor on the whole do pain functioning and QoL Some internal fixation devices may confer earlier return to functioning over others for some patients but such gains are very short lived Very limited results suggest that subcapital hip fracture patients with total hip replacements have improved patient outcomes over internal fixation but it is unclear whether these results would continue to hold if the analyses included the full complement of relevant covariates Age gender prefracture functioning and cognitive impairment appear to be related to mortality and functional outcomes Fracture type does not appear to be independently related to patient outcomes Again however the observational literature does not include the full complement of potential covariates and it is uncertain if these results would hold

CONCLUSIONS Several factors limit our ability to definitively answer the key questions posed in this study using the existing literature Limited perspectives lead to incomplete sets of independent variables included in analyses Specific populations are poorly defined and separated for comparative study Fractures with widely varying biomechanical problems are often lumped together Outcome variables are inconsistently measured and reported making it very difficult to aggregate or even compare results If future high quality trials continue to support the evidence that differences in devices are short term at best within the first few weeks to few months of recovery policy implications involve establishing the value of a shorter recovery relative to the cost of the new device As the literature generally focuses on community dwelling elderly patients more attention needs to be directed toward understanding

implications of surgical treatment choices for the nursing home population **Future Research Needs for the Treatment of Common Hip Fractures** U. S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2013-05-17 The systematic review Treatments of Common Hip Fractures completed in August 2009 was the result of a topic nomination made by the American Academy of Orthopaedic Surgeons who were planning to formulate clinical guidelines for surgical procedures for implantable devices The nominator was interested in understanding the interaction between patient factors fracture types types of surgical implants and outcomes Following refinement the key questions addressed were Key Question 1 What is the relationship between patient variables e g demographic factors comorbidities the type of fracture i e intertrochanteric subtrochanteric subcapital and post treatment outcomes e g pain mobility mortality Key Question 2 What is the relationship between the type of fracture i e intertrochanteric subtrochanteric subcapital and post treatment outcomes e g pain mobility mortality Key Question 3 What is the relationship between implant variables e g position material method and design of implant and patient posttreatment outcomes e g pain mobility mortality Key Question 4 What is the relationship between the type of intervention e g internal fixation versus arthroplasty and patient post treatment outcomes e g pain mobility mortality The systematic review was unable to fully answer the research questions with the existing literature generally because of two main factors 1 the limited perspective of discipline specific investigations i e orthopaedics or epidemiology which tended to use incomplete sets of important independent variables in study designs and models and 2 the generally low quality of hip fracture outcome studies to date where specific populations were poorly defined and the use of inconsistent outcome variables prevented aggregating or even comparing results The latter problem of inconsistent outcomes measures is a general issue for most mobility literature Additionally very little literature was available to provide evidence for the multitude of comparisons of device variables within a class of devices i e number of screws or the specific design for sliding hip screw implants With this inability to show either greater effectiveness or equivalency between device variables or between devices within a class aggregating the comparisons at the level of head to head comparisons of classes of devices becomes problematic Hip Fracture Outcomes in People Age 50 and Over Katie Maslow, 1993 **Hip Fracture** ,1990

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