



Hip Fractures and Recovery Outcomes among Community-Dwelling Elderly

Cassandra Warner Frieson*

Fall Injury Prevention and Rehabilitation Services LLC, Birmingham, USA

As our population ages, many challenges will arise in meeting the older adult's various health care needs. This generation of "baby boomers" is living longer than ever before and are faced with multiple chronic health conditions. Such conditions can pose a threat to their overall safety and quality of life and can increase their risk for falls. The average cost for hospitalized patients due to a fall injury is \$35,000 and this cost increases with advancing age [1]. Chronic health conditions, such as arthritis, diabetes, stroke, hypertension, and osteoporosis are risk factors for falls. Other risk factors include multiple medication use and an unsafe home environment. Multiple risk factors can lead to serious fall-related fractures, such as hip fractures that result in hospitalization and an increase in health care costs. The recovery outcomes in the elderly after a hip fracture are unfavorable and can lead to an increase in readmission rates, nursing home placement, debilitated state, and even death.

According to the American Academy of Orthopaedic Surgeons [2], more than 352,000 hip fractures occur in the United States each year. A majority, or 90% of these hip fractures, are due to falls. The AAOS estimates that by 2050, there will be approximately 650,000 hip fractures each year - an estimated 1800 hip fractures per day. The recovery outcomes after hip fractures reveal that only 25% of those with hip fractures will have a full recovery, 40% will require long-term skilled nursing home care, and 50% will be in need of an ambulatory assistive device such as a cane or walker. Even more strikingly, 24% of these individuals over 50 years old will die within 12 months of injury [2].

While research indicates a significant decrease in the average length of hospital stay for patients who undergo hip replacement surgery, there has been an increase in readmission rates for fracture-

related complications and an increase in referrals of these individuals to skilled care facilities. In fact, according to research, the proportion of patients discharged to their homes who underwent primary total hip replacement decreased from 68% (1991-1992) to 48.2% (2007-2008), while the percentage of patients discharged to skilled or intermediate care facilities rose from 17.8% to 34.3% [3].

As an advanced practice nurse, education of the older adult on fall prevention strategies prior to that first fall to prevent life-threatening injuries such as hip fractures is of primary importance. The older adult should be educated regarding safety hazards in the home and provided the appropriate community resources for a safe home environment. In addition, pre-operative education and post-operative rehabilitation and follow-up home visits for hip surgery patients can greatly decrease readmission rates and rising hospital costs. It is important for the elderly to have regular health checkups with his primary care provider for a comprehensive history and physical exam, medication review, and management of chronic health conditions. A routine exercise program, such as Tai Chi, can improve health conditions and decrease fall risk by increasing muscle strength, balance, gait, and mobility, and preventing injurious falls. Implementation of these fall prevention strategies can promote safety and prevent hip fractures that can result in unfavorable outcomes in our community-dwelling older adult.

References

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*Corresponding author: Cassandra Warner Frieson, President, Fall Injury Prevention and Rehabilitation Services LLC, Birmingham, USA, Tel: 205 518 6421; Fax: 844-520-5607; E-mail: cwfrieson@gmail.com

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