Background

Geriatric hip fractures have become nearly epidemic in the United States with over 2 million fractures each year, more than heart attacks, strokes, and breast cancer combined. One in four patients who suffer a fragility fracture of the hip will die within 1 year, and many others will not return to their previous level of function. In the United States fragility fractures cost approximately 20 billion per year. With the ageing population, hip fracture rates alone are set to rise 310% in men and 240% in women by 2050.

The Care Gap

81% of Orthopaedic Surgeons and 96% of General Practitioners said fragility fracture patients should, in principle, be investigated for osteoporosis however For hip fracture, 66% of Orthopaedic Surgeons would not investigate for osteoporosis, and 59% of GPs would take no further action. Many general practitioners are too busy to actively screen for osteoporosis, which means treatment levels are low when unidentified (American Orthopedic Association, 2015) Growing evidence supports that an osteoporotic fracture should not be perceived as an isolated event. Treatment should be: 1. Treat the current fracture 2. Prevent the next fracture

Method

Design: Quasi Experimental study Methods: A convenience sampling of acute fracture inpatients from Renown Regional Medical Center surgically treated by the Reno Orthopaedic Clinic group. Educational intervention to hospitalized patients about osteoporosis and importance of follow up and screening Retrospectively identify rate of follow-up with local osteoporosis clinic for inpatient fragility fracture patients after discharge Identify rate of follow-up post educational intervention for patients at local osteoporosis clinic

Results Pending

Conclusions

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Osteoporosis = “Porous Bone” Early treatment is the most effective way to decrease bone loss and prevent future fractures