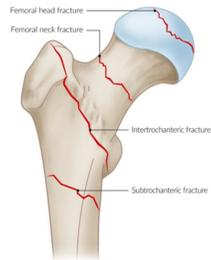
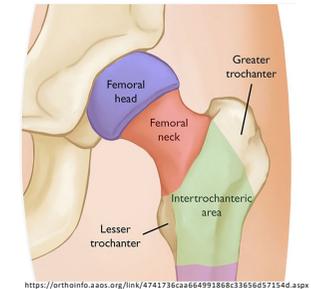


# Hip Fractures: A Brief Overview

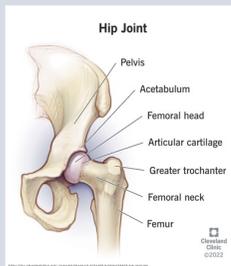


## Take Home:

- Bimodal distribution: Young, High Energy Trauma and Old, Low Energy Trauma
- Neck of Femur Fracture Most Common
- Have Low Degree of Suspicion; High Mortality Risk
- Classical Presentation of Shortened, externally rotated leg
- Be aware of Classifications that can guide Management
- Be vigilant of Post-op complications of infection, anaemia and DVT



<https://orthoinfo.aaos.org/full/4741736ca664991868c33656d57154d.aspx>



### Definition

Hip Fracture: Fracture of the proximal femur  
 Neck of Femur Fracture: Fracture distal to the femoral head and proximal to just below the lesser trochanter

### Bimodal Distribution

The Elderly-low energy trauma  
 The Young-high energy trauma

### Risk Factors

Age: Incidence doubles each decade after 50  
 Osteoporosis, Female, Smoking, excess ETOH, low BMI

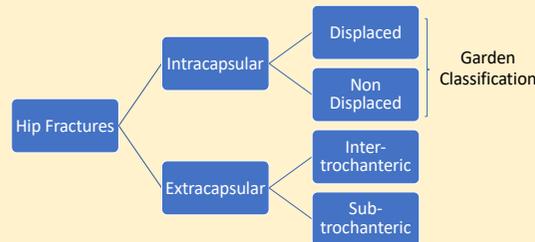
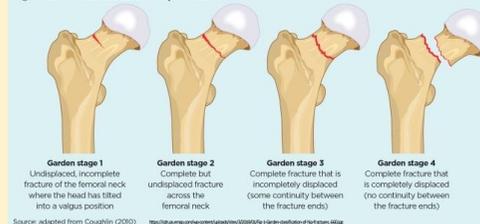
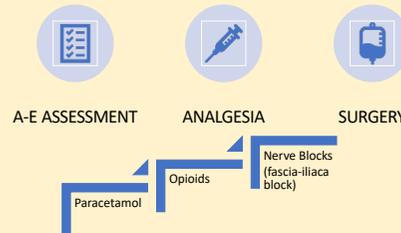


Fig 1 Garden classification of hip fractures



Source: adapted from Coughlin (2000)

### Management



### Surgical Options

Displaced Intracapsular Fracture

- Hemiarthroplasty
- Total Hip Replacement

Choice guided by NICE:

Hip Fracture: Management, 1.6

Extracapsular Fractures



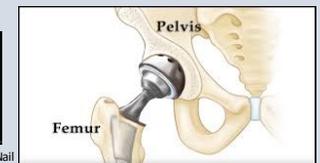
Dynamic Hip Screw



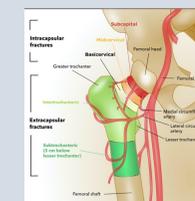
Intramedullary Nail



Hemiarthroplasty



THR



### Complications

- Post-op periprosthetic Infection
- Post Traumatic Arthritis
- Potential need for blood transfusions
- DVT/PE

### MDT Approach

- Ortho-geriatric assessment
- Optimise fitness for surgery
- Physiotherapy
- Fall Prevention
- Bone Health
- Rehabilitation

## Clinical Features

### History

Hx of trauma

Pain in groin or thigh (in elderly referred to knee)

Inability to weight bear

### Examination



Shortened and externally rotated due to unopposed action of iliopsoas

### Investigations

AP pelvis, AP affected hip and lateral view



### Shenton's Line



### Bibliography

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