

femur fracture physical therapy protocol

femur fracture physical therapy protocol is a critical aspect of recovery for individuals who have suffered a break in the thigh bone. This article provides a comprehensive overview of the essential steps, guidelines, and best practices in physical therapy following a femur fracture. Readers will learn about the initial assessment, progressive rehabilitation phases, recommended exercises, mobility training, and strategies for managing pain and swelling. Whether you are a patient, caregiver, or healthcare professional, understanding the femur fracture physical therapy protocol ensures a safer and more efficient recovery process. Key topics include early intervention, weight-bearing progression, muscle strengthening, range of motion exercises, and tips for preventing complications. By following evidence-based protocols, patients can restore function, improve mobility, and minimize long-term disability. Continue reading to discover detailed guidance and expert insights on optimizing your rehabilitation journey.

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Understanding Femur Fractures and Their Impact

Femur fractures are among the most serious bone injuries, often resulting from high-energy trauma such as car accidents or falls. The femur, or thigh bone, is the largest and strongest bone in the human body, playing a vital role in standing, walking, and supporting weight. When fractured, it can significantly impair mobility, strength, and overall function. Recovery from a femur fracture requires a structured physical therapy protocol to restore movement, rebuild muscle strength, and prevent long-term disability. Factors such as fracture type (proximal, shaft, or distal), severity, surgical intervention, and patient age all influence the rehabilitation approach. A tailored femur fracture physical therapy protocol helps facilitate healing, reduce pain, and enhance independence.

Phases of Femur Fracture Physical Therapy Protocol

Successful rehabilitation after a femur fracture involves progressing through multiple phases. Each phase builds upon the previous stage, emphasizing safety, gradual improvement, and individualized care. Physical therapists monitor progress and adapt the femur fracture physical therapy protocol to meet the patient's unique needs and medical status.

- Acute Phase: Focuses on pain control, swelling reduction, and gentle movement.
- Subacute Phase: Introduces weight-bearing as tolerated and begins light strengthening exercises.
- Rehabilitation Phase: Emphasizes muscle strengthening, joint mobility, and gait training.
- Advanced Phase: Restores full function and prepares for return to daily activities or sports.

Initial Assessment and Early Management

Comprehensive Evaluation

The initial assessment is a cornerstone of the femur fracture physical therapy protocol. Physical therapists conduct a detailed evaluation, including medical history, fracture type, pain levels, and current mobility status. They assess muscle strength, joint range of motion, swelling, and ability to perform basic movements. This baseline evaluation guides the development of personalized treatment plans and sets realistic rehabilitation goals.

Early Intervention Strategies

Early management aims to minimize pain, control swelling, and initiate safe movement. Interventions may include:

- Ice therapy and compression to reduce inflammation
- Elevation of the affected limb
- Gentle passive and active-assisted range of motion exercises
- Patient education on proper positioning and activity modifications

These strategies help preserve joint function, prevent stiffness, and prepare the patient for progressive rehabilitation.

Progressive Rehabilitation: Strengthening and Mobility

Weight-Bearing Progression

A key aspect of the femur fracture physical therapy protocol is safe progression of weight-bearing activities. The timeline for advancing weight-bearing is determined by the surgeon and physical therapist based on fracture healing and surgical fixation. Patients typically start with non-weight-bearing or partial weight-bearing using crutches or walkers, gradually moving toward full weight-bearing as tolerated.

Muscle Strengthening Exercises

Restoring muscle strength is crucial for regaining mobility and function. Physical therapists prescribe targeted strengthening exercises focusing on:

- Quadriceps and hamstring strengthening
- Hip abductor and adductor activation
- Gluteal muscle engagement
- Core stability exercises

Strengthening protocols are tailored to the individual's progress, ensuring safety and avoiding undue stress on the healing bone.

Mobility and Gait Training

Mobility training is gradually introduced to improve walking mechanics, balance, and coordination. Physical therapists teach proper use of assistive devices, correct gait patterns, and strategies for navigating stairs and uneven surfaces. Regular gait assessments help identify and address compensatory movements that may hinder recovery.

Pain Management and Swelling Control

Non-Pharmacological Interventions

Pain and swelling are common challenges in the early weeks of femur fracture rehabilitation. Non-pharmacological strategies play a vital role in symptom management and optimizing patient comfort. These include ice application, gentle massage, and transcutaneous electrical nerve stimulation (TENS). Therapists may also use positioning techniques to alleviate pressure and promote circulation.

Patient Education and Safe Activity Modification

Educating the patient on safe activities, correct movement patterns, and proper use of support devices is essential for pain control. Patients are encouraged to report changes in pain intensity, swelling, or unexpected symptoms to their healthcare team. Proper adherence to activity guidelines reduces the risk of complications and supports effective recovery.

Range of Motion and Functional Training

Restoring Joint Flexibility

Limited joint range of motion can persist after a femur fracture due to immobilization, pain, or swelling. The femur fracture physical therapy protocol includes progressive stretching and mobility exercises to restore knee and hip flexibility. Therapists use passive, active-assisted, and active range of motion techniques, gradually increasing intensity as tolerated.

Functional Movement Re-Education

Functional training addresses the skills needed for daily living, such as standing, transferring, and walking. Physical therapists incorporate task-specific exercises to enhance coordination, balance, and endurance. This phase of rehabilitation focuses on regaining independence and confidence in performing essential movements.

Preventing Complications and Promoting Recovery

Common Complications After Femur Fracture

Complications such as deep vein thrombosis (DVT), muscle atrophy, joint stiffness, and delayed bone healing can hinder recovery. The femur fracture physical therapy protocol emphasizes early mobilization, regular monitoring, and preventive strategies to minimize these risks.

- Early ambulation and movement
- Compression stockings and leg exercises for DVT prevention
- Regular strength and flexibility training
- Ongoing medical supervision

Nutrition and Lifestyle Factors

Adequate nutrition, hydration, and sleep support bone healing and overall recovery. Patients are advised to consume nutrient-rich foods, particularly those high in calcium and vitamin D, and maintain a healthy lifestyle throughout rehabilitation.

Key Exercises and Techniques in Femur Fracture Physical Therapy

Recommended Exercises

Physical therapists employ a variety of exercises designed to restore mobility, strength, and function following a femur fracture. Key exercises include:

1. Ankle pumps and circles to promote circulation
2. Quadriceps sets and straight leg raises
3. Gluteal squeezes and bridging exercises
4. Heel slides and knee bends for joint mobility
5. Standing hip abductions and adductions
6. Balance and proprioception activities

Manual Therapy and Modalities

Therapists may use manual therapy techniques, such as soft tissue mobilization and joint mobilizations, to reduce stiffness and improve movement quality. Modalities like ultrasound, electrical stimulation, and heat therapy can further enhance tissue healing and comfort.

Conclusion

Following a structured femur fracture physical therapy protocol is essential for restoring mobility, strength, and quality of life after a thigh bone injury. By progressing through well-defined phases and incorporating evidence-based exercises, patients can achieve optimal recovery and reduce the risk of complications. Collaboration between patients, therapists, and medical providers ensures individualized care and successful rehabilitation outcomes.

Q: What is the typical timeline for femur fracture physical therapy protocol?

A: The timeline varies based on fracture severity, surgical intervention, and healing progress. Generally, physical therapy starts within a few days to weeks post-injury and may continue for three to six months, with gradual progression through rehabilitation phases.

Q: When can patients begin weight-bearing after a femur fracture?

A: Weight-bearing is determined by the surgeon and physical therapist, depending on fracture stability and healing. Patients often start with non-weight-bearing or partial weight-bearing initially, progressing to full weight-bearing as healing allows.

Q: What are the most important exercises in femur fracture physical therapy?

A: Key exercises include quadriceps sets, straight leg raises, ankle pumps, hip abduction/adduction, gluteal squeezes, and balance activities. These target muscle strength, joint mobility, and functional movement.

Q: How is pain managed during femur fracture rehabilitation?

A: Pain management includes ice therapy, TENS, gentle movement, and patient education. Therapists also advise on safe activity modification and may coordinate with physicians for medication if needed.

Q: What complications should be monitored during femur fracture rehabilitation?

A: Common complications include deep vein thrombosis, muscle atrophy, joint stiffness, delayed bone healing, and infection. Early mobilization, regular monitoring, and preventive strategies help minimize risks.

Q: Can older adults recover fully from a femur fracture with physical therapy?

A: Yes, older adults can achieve significant recovery with a structured femur fracture physical therapy protocol, although rehabilitation may take longer and require closer monitoring for complications.

Q: How is progress measured in femur fracture physical therapy?

A: Progress is assessed through regular evaluations of pain level, joint range of motion, muscle

strength, gait quality, and functional independence. Therapists adjust protocols based on these metrics.

Q: What role does nutrition play in femur fracture recovery?

A: Adequate nutrition, including calcium and vitamin D intake, supports bone healing and overall recovery. Patients are encouraged to maintain a balanced diet and healthy lifestyle throughout rehabilitation.

Q: Are there specific precautions for at-home exercises after a femur fracture?

A: Yes, patients should follow therapist instructions closely, avoid high-impact activities, use assistive devices as advised, and report any unusual pain or symptoms to their healthcare provider.

Q: How does physical therapy help prevent long-term disability after a femur fracture?

A: Structured physical therapy promotes muscle strength, joint flexibility, and functional movement, reducing the risk of chronic pain, mobility limitations, and long-term disability.

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Femur Fracture Physical Therapy Protocol: A Comprehensive Guide to Recovery

A femur fracture, or broken thigh bone, is a serious injury requiring extensive rehabilitation. The road to recovery is long and challenging, but with the right physical therapy protocol, you can regain strength, mobility, and independence. This comprehensive guide will delve into the intricacies of femur fracture physical therapy, providing a clear understanding of the stages, exercises, and timelines involved. We'll cover everything from immediate post-operative care to advanced rehabilitation strategies, ensuring you have the knowledge to navigate your journey successfully.

Understanding the Stages of Femur Fracture Physical Therapy

The physical therapy protocol for a femur fracture is highly individualized and depends on several factors, including the type and severity of the fracture, the surgical procedure (if any), the patient's age and overall health, and their pre-injury level of fitness. However, a general framework typically involves these stages:

1. Immediate Post-Operative Phase (Weeks 1-4):

This initial phase focuses on pain management, reducing swelling, and preventing complications like deep vein thrombosis (DVT). Physical therapy may begin with simple range-of-motion exercises for the ankle, knee, and hip (within the limitations of the surgical approach and pain tolerance). Early mobilization, such as assisted weight-bearing with crutches or a walker, may be introduced cautiously under the guidance of the therapist and surgeon. Electrical stimulation may be used to promote muscle function and reduce pain.

2. Early Rehabilitation Phase (Weeks 4-12):

As pain subsides and healing progresses, the emphasis shifts towards strengthening the muscles surrounding the hip and knee. This stage involves progressively increasing weight-bearing, improving gait, and regaining functional mobility. Therapeutic exercises may include isometrics, light resistance training, and balance exercises. The use of assistive devices like crutches or a walker will gradually be reduced as strength and stability improve.

3. Advanced Rehabilitation Phase (Weeks 12-24+):

This phase aims to restore full functional mobility and strength. Exercises become more challenging, incorporating advanced strengthening techniques, plyometrics, and proprioceptive training to improve balance and coordination. The goal is to return to pre-injury activity levels, although this may take several months or even longer depending on the individual and the severity of the fracture. This may include sports-specific training for athletes.

Specific Exercises in Femur Fracture Physical Therapy

The specific exercises prescribed will vary based on individual needs and the stage of recovery. However, some common exercises include:

Range of Motion Exercises:

These exercises help maintain joint flexibility and prevent stiffness. Examples include passive range of motion (therapist moves the joint), active assisted range of motion (patient assists with movement), and active range of motion (patient performs movement independently).

Strengthening Exercises:

These exercises target the muscles surrounding the hip and knee, improving stability and strength.

Examples include isometric exercises (muscle contractions without movement), isotonic exercises (muscle contractions with movement), and resistance exercises using weights or resistance bands.

Balance and Proprioception Exercises:

These exercises improve balance and coordination, crucial for safe ambulation and functional movement. Examples include standing on one leg, walking on uneven surfaces, and using balance boards.

Gait Training:

This involves practicing walking with appropriate assistive devices, gradually progressing to independent ambulation. The therapist may use various techniques to improve gait pattern, stride length, and cadence.

Factors Influencing Recovery Time

The time it takes to recover from a femur fracture varies significantly. Several factors play a crucial role:

Type and severity of fracture: A complex fracture will require longer healing time compared to a simple fracture.

Surgical intervention: Surgery often speeds up healing, but also adds to the recovery time due to post-operative recovery.

Patient's age and overall health: Older individuals and those with pre-existing health conditions may experience slower recovery.

Adherence to the physical therapy protocol: Consistent participation in therapy is vital for optimal outcomes.

Individual patient factors: Genetic predisposition, lifestyle, and nutrition also play a role.

Conclusion

Recovering from a femur fracture is a significant undertaking, but with a well-structured physical therapy protocol and diligent adherence, you can achieve a successful return to functional independence. Remember, patience and consistency are key. Close collaboration with your surgeon, physical therapist, and other healthcare professionals will ensure you receive the best possible care and support throughout your recovery journey.

FAQs

1. How long does it typically take to recover from a femur fracture? Recovery time varies greatly, ranging from several months to over a year, depending on the factors discussed above.
2. Will I be able to return to my previous activity level? The goal of physical therapy is to help you regain as much function as possible. Whether you can return to your previous activity level depends on the severity of the injury and your individual response to therapy.
3. What if I experience pain during physical therapy? Communicate any pain to your therapist immediately. Pain is a signal that something may be wrong, and adjustments may need to be made to the treatment plan.
4. Are there any potential complications associated with femur fracture rehabilitation? Potential complications include re-fracture, infection, joint stiffness, and chronic pain. Close monitoring and adherence to the therapy plan help minimize these risks.
5. How often will I need to attend physical therapy sessions? The frequency of therapy sessions will depend on your progress and the stage of recovery. Initially, sessions may be more frequent, gradually decreasing as you progress.

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2020 and 265 billion by 2050 (International Osteoporosis Foundation 2016). Consequently, the need for nursing for patients with fragility fracture across the world is immense. Fragility fracture is one of the foremost challenges for health care providers, and the impact of each one of those expected 9 million hip fractures is significant pain, disability, reduced quality of life, loss of independence and decreased life expectancy. There is a need for coordinated, multi-disciplinary models of care for secondary fracture prevention based on the increasing evidence that such models make a difference. There is also a need to promote and facilitate high quality, evidence-based effective care to those who suffer a fragility fracture with a focus on the best outcomes for recovery, rehabilitation and secondary prevention of further fracture. The care community has to understand better the experience of fragility fracture from the perspective of the patient so that direct improvements in care can be based on the perspectives of the users. This book supports these needs by providing a comprehensive approach to nursing practice in fragility fracture care.

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imaging are discussed, along with nonsurgical and surgical management options. Treatment specific to stress fractures of the spine, pelvis, and lower extremity is reviewed, as well as fractures that occur in specific patient groups such as those in the military or using prostheses. The Monograph Series draws on current literature to support diagnosis, initial treatment, and management decision making for specific orthopaedic conditions.

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management are covered, followed by pelvic and acetabular reconstruction, hand injuries and traumatic amputation.

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the French Edition It is a long time since we first attempted surgical treatment of fractures of the acetabulum accompanied by displacement, with the aim of restoring perfect articulation. Such treatment demands an exact reconstitution of the anatomy of the acetabulum and pelvic bone. This volume comprises an account of our efforts to assess the place of open reduction and internal fixation of displaced fractures of the acetabulum. The principal aim is simple: the perfect restoration of the articular surface and the associated bony architecture.

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Jesse DeLee, David Drez, Mark D. Miller, 2010

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supplemental information on behavioral and environmental factors, the gastrointestinal system, the reproductive system, lab tests and values, and more. - NEW! Updated and revised content throughout provides students with the current information they need to be effective clinicians. - NEW! Clinical Pharmacology Spotlight provides an easy-reference summary of the basic pharmacology information for each pathology. - NEW! eBook version is included with print purchase. The eBook allows students to access all of the text, figures, and references, with the ability to search, customize content, make notes and highlights, and have content read aloud.

femur fracture physical therapy protocol: Fragility Fractures of the Pelvis Pol Maria Rommens, Alexander Hofmann, 2017-12-19 Thanks to an increasing life expectancy of our populations the number of elderly persons is steadily growing and will continue to do so. Among these, the rate of persons with illnesses and degenerative diseases is significant. The prevalence of osteoporosis is especially high in elderly women and leads to typical fracture patterns. Hip fractures, proximal humerus fractures, distal radius fractures and fractures of the vertebral column are the most common. In the last decade, we are confronted with a sharp increase of fragility fractures of the pelvis. Until now, there is no consensus on how to identify and classify these lesions and there are no guidelines for treatment and after treatment. In particular, there is no common view on which patients need an operative treatment and which technique of osteosynthesis should be used. This book fills the gap in available literature and gives a state of the art guide to the treatment of fragility fractures of the pelvis. With the sharp increase of these fractures and the lacking consensus, Fragility Fractures of the Pelvis will become indispensable for the physicians who take care of elderly patients with this pathology. Written by a team of expert opinion leaders, the aim of this book is to contribute to the scientific discussion in this area and to help provide the optimal care for these patients.

femur fracture physical therapy protocol: Manual of Orthopaedics Marc F. Swiontkowski, Steven D. Stovitz, 2006 The thoroughly updated Sixth Edition of this popular Spiral® Manual is a reliable, accessible guide for all health care professionals who diagnose and treat musculoskeletal injuries and diseases. In a user-friendly outline format, the book presents specific proven treatment regimens for the full range of acute and chronic orthopaedic disorders. More than 200 illustrations complement the text. This edition's chapters on non-acute disorders include guidelines for primary care physicians on evaluating patients' complaints, planning a cost-effective workup, utilizing physical and occupational therapy, and determining whether orthopaedic subspecialist care is needed. A new chapter covers aspiration and injection of upper and lower extremities.

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information that is most relevant to what you, the future or practicing physical therapy assistant, need to know. Each chapter takes a well-organized approach as it defines each pathology disorder; describes the appropriate physical therapy assessments, interventions, guidelines, precautions, and contraindications; and rounds out the discussion with relevant case study examples based on established practice patterns. This new edition also features new critical thinking questions and clinical scenarios on Evolve which bring the material to life and help you see how the information in the book can be applied to the day-to-day work of a physical therapist assistant. - PTA-specific information and reading level provides easy-to-follow guidance that is specific to the role of the PTA in managing patients. - Special Implications for the PTA sections offer a starting point when addressing a particular condition for the first time. - Medical management section addresses diagnosis, treatment, and prognosis for each condition discussed. - Easy-to-follow, consistent format features a well-organized approach that defines each disorder followed by sections on clinical manifestations and medical management. - More than 700 full-color images help reinforce understanding of disease conditions and general pathology principles. - Coverage of basic science information and the clinical implications of disease within the rehabilitation process gives readers a solid background in common illnesses and diseases, adverse effects of drugs, organ transplantation, laboratory values, and much more. - Terminology and language from the Guide to Physical Therapy Practice is used throughout the text to familiarize readers with the standardized terminology that's used in practice. - Abundance of tables and boxes organize and summarize important points making it easy to access key information. - Twelve e-chapters offer supplemental information in the areas of behavioral issues, the gastrointestinal system, vestibular disorders and more. - NEW! Clinical scenarios on the Evolve companion website look at patients who have variety of comorbidities and the many factors to consider when evaluating and treating. - NEW! Critical thinking questions on the Evolve companion website help users apply the knowledge gained from the text. - NEW! Vocab builders set the stage by framing upcoming information in the text.

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femur fracture physical therapy protocol: Surgical Treatment of Femoral Neck Fractures Orlin Filipov, M.d., 2019-03-27 While arthroplasty is the preferred treatment for most elderly patients with displaced femoral neck fractures, internal fixation is the treatment of choice in the majority of patients below the age of 65 as a joint-preserving procedure. The osteosynthesis of fractures of the femoral neck in the elderly has been partly abandoned during the last years due to the poor clinical outcomes following the conventional fixation with parallel screws or DHS. Based on clinical evidence and laboratory testing, the novel method of biplane double-supported screw fixation (BDSF) offers much better fixation stability, reflecting in excellent clinical outcomes. With its innovative biomechanic principle, the BDSF method provides supreme stability for cannulated screw fixation, achieving up to 44% higher axial fixation strength in vitro, and a rate of bone union reaching up to 96.6% in clinical practice, which is much higher than the conventional parallel screw fixation data. The method of BDSF provides supreme stability by buttressing two out of three medially diverging cannulated screws on the inferior femoral neck cortex and supporting the steeper inferior screw on the posterior femoral neck cortex. The two calcar screws are oriented in different coronal inclinations intended to provide constant fixation strength during different patient activities and load directions. Biomechanically, the most effective component is the inferior screw placed at an

obtuse angle and supported on a large area along the inferior and posterior cortex of the femoral neck following its spiral anterior curve. Given the clinical outcomes, BDSF is the perfect technique for femoral neck fracture fixation, as the fracture healing rate is high at 96% with this approach. Therefore, BDSF is not only a treatment alternative to conventional fixation, but also a much better procedure. Thus, BDSF should be routinely applied, and conventional fixation gradually abandoned in clinical practice (this has been the approach in our institution over the last ten years). This book describes the full surgical technique of the method of BDSF for femoral neck fracture osteosynthesis; quality criteria and surgical recommendations for successful BDSF implementation, according to the vast clinical experience of ten years with this highly effective method. A novel surgical approach for hip arthroplasty is described in this book. The current trends aimed at decreasing operative trauma and blood loss have been not entirely satisfied with respect to most of the standard approaches for hip arthroplasty. These surgeries are often associated with considerable blood loss and the necessity for restricting patients activities in the postoperative period due to impaired joint stability and risk of dislocations. This book describes the full surgical technique of the novel anatomical direct lateral approach for hip arthroplasty, aimed at decreasing blood loss, minimizing operative trauma, and optimizing joint stability. This technique is associated with minimal blood loss and high joint stability. Patients are allowed to perform activities within the normal range of motion and without any special restrictions in the early postoperative period. This book describes also the history of internal fixation in femoral neck fractures, as well as the biomechanics of femoral neck fracture osteosynthesis and the role of the implants.

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femur fracture physical therapy protocol: Boning Up on Osteoporosis National Osteoporosis Foundation, 2008-10 This 100+ page, 4-color handbook is available in English and Spanish. It offers evidence-based information about osteoporosis prevention, detection and treatment in easy-to-read language for patients and interested consumers. Boning Up on Osteoporosis provides detailed information about nutrition and physical activity, including 24 exercises with step-by-step instructions for patients with osteoporosis. Other topics covered include osteoporosis risk factors, bone mineral density testing, treatment options, fall prevention and much more!

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H. Hessmann, 2015-01-12 This book contributes to the enhancement of fundamental and practical knowledge in the treatment of fractures, healing disturbances and bone disorders with intramedullary nailing. It promotes this biological and mechanical outstanding technique for appropriate indications and ameliorate the standard of care for those patients, who can profit from intramedullary nailing. Orthopedic trauma surgeons from all over the world, who work in the most different circumstances and with the most diverse technical and logistical equipment, will find this book to be an essential resource and guide for their daily practice with intramedullary nailing.

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femur fracture physical therapy protocol: Bone Health and Osteoporosis United States Public Health Service, Surgeon General of the United States, 2004-12 This first-ever Surgeon General's Report on bone health and osteoporosis illustrates the large burden that bone disease places on our Nation and its citizens. Like other chronic diseases that disproportionately affect the elderly, the prevalence of bone disease and fractures is projected to increase markedly as the population ages. If these predictions come true, bone disease and fractures will have a tremendous negative impact on the future well-being of Americans. But as this report makes clear, they need not come true: by working together we can change the picture of aging in America. Osteoporosis, fractures, and other chronic diseases no longer should be thought of as an inevitable part of growing old. By focusing on prevention and lifestyle changes, including physical activity and nutrition, as well as early diagnosis and appropriate treatment, Americans can avoid much of the damaging impact of bone disease and other chronic diseases. This Surgeon General's Report brings together for the first time the scientific evidence related to the prevention, assessment, diagnosis, and treatment of bone disease. More importantly, it provides a framework for moving forward. The report will be another effective tool in educating Americans about how they can promote bone health throughout their lives. This first-ever Surgeon General's Report on bone health and osteoporosis provides much needed information on bone health, an often overlooked aspect of physical health. This report follows in the tradition of previous Surgeon Generals' reports by identifying the relevant scientific data, rigorously evaluating and summarizing the evidence, and determining conclusions.

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presents common clinical scenarios involving patients who have sustained displaced femoral neck fractures, discussing the injury mechanism, early treatment, potential treatment options, risks and complications involved. The style of presentation, the ease of readability, the use of appropriate and relevant cases to highlight the learning points, and the discussion of the decision-making process are all unique features of the book's approach. Using this tailored process, the each topic is reviewed and the rationale for what appears to be the optimal treatment - hemiarthroplasty or total hip replacement, for example - is provided to the reader, emphasizing that the ultimate decision requires the combination of science and judgment, both of which are continually evolving. Additional chapters present ongoing controversies in the management of these challenging fractures, as well as complications such as aseptic necrosis, symptomatic hardware and nonunions. Portable and concise, orthopedic and trauma surgeons, residents and fellows alike will find Displaced Femoral Neck Fractures a practical and user-friendly resource.

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femur fracture physical therapy protocol: 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.

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