### Hip fracture

**The management of hip fracture in adults**

**Latest update:** June 2011. **Next update:** Not indicated. **Patient group:** Adults with hip fracture. **Intended audience:** Health care providers involved in the management of patients with hip fracture from point of admission to hospital, through to return to the community. **Additional versions:** The NICE website contains the full guideline, a short version, a quick reference guide, and a patient version. **Expert working group:** A 13-member group from the United Kingdom (UK) representing various medical specialties (orthopaedics, rehabilitation, geriatrics, anaesthetics), nursing, and patient representatives comprised the expert working group. **Funded by:** The guideline was developed by the National Clinical Guideline Centre (NCGC), UK, based at the Royal College of Physicians. **Consultation with:** The expert working group consulted with the NCGC guideline development group, a panel of 4 expert advisors, and clinical stakeholders in the UK during the development of the guideline. **Approved by:** National Institute for Health and Clinical Excellence (NICE), UK, the NCGC and the National Health Service (NHS), UK. **Location:** All versions of the guidelines are available for download at: [http://guidance.nice.org.uk/CG124](http://guidance.nice.org.uk/CG124)

**Description:** The full guideline is a large (664 pages) document reviewing the scientific evidence for the clinical and cost-effectiveness of different interventions to manage hip fracture in adults. The guideline begins with an outline of the scope and summary of methods used to review the evidence (Chapters 1–3), followed by a useful overview of the full guideline (Chapter 4). The main body of the guideline is divided into 9 chapters (Chapters 5–13) addressing a range of clinical questions such as imaging options, timing of surgery, analgesia and surgical procedures. The main sections of interest to physiotherapists are Chapters 11 and 12 which review the evidence for mobilisation strategies (comparing early versus delayed mobilisation, and examining intensity of physiotherapy required) and multidisciplinary management after hip fracture in hospital and in the community. These chapters are followed by 10 appendices which provide more details on the review protocols, literature search strategies, evidence tables and forest plots, and high priority research recommendations.

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### Osteoporosis

**Osteoporosis**

**Latest update:** April 2011. **Next update:** Not indicated. **Patient group:** Adults with osteoporosis-related health care problems. **Intended audience:** Physical therapists involved in the management of patients with osteoporosis. **Additional versions:** The KNGF Guidelines for Physical Therapy in Patients with Osteoporosis consist of the main document and a flowchart, and replace a 2005 version. They are intended for use in everyday clinical practice. **Expert working group:** A 13-member group from the United Kingdom (UK) representing various medical specialties (orthopaedics, rehabilitation, geriatrics, anaesthetics), nursing, and patient representatives comprised this guideline. **Funded by:** Not indicated. **Consultation with:** An expert multidisciplinary advisory group of 14, including consumer representatives contributed to this guideline. **Approved by:** The Royal Dutch Society for Physical Therapy (Koninklijk Nederlands Genootschap voor Fysiotherapie, KNGF). **Location:** The guidelines are available in English at: [https://www.kngfrichtlijnen.nl/654/KNGF-Guidelines-in-English.htm](https://www.kngfrichtlijnen.nl/654/KNGF-Guidelines-in-English.htm)

**Description:** The guidelines consist of a 19-page document presenting recommendations for physical therapists regarding the assessment, diagnostic process and management of people with primary or secondary osteoporosis. It initially provides information on the scope of the problem of osteoporosis, risk factors, potential resulting issues (eg, immobility, risk of falling) and the role of physical therapy. Evidence underpinning the assessment process is then provided, covering issues such as red flags, history-taking, investigations, and physiotherapy physical examination (including assessment tests and measures). Information to aid in the analysis of assessment findings and design of a treatment plan is then presented. Intervention to address problems linked to osteoporosis (actual or imminent immobility, increased risk of falling, and post fracture management) is discussed, with approaches including education, advice, exercise, and improving functional ability detailed. A two-page summary of recommendations is provided at the back of the guidelines, with the associated levels of evidence underpinning the recommendations. References for these recommendations are included in the Dutch Guideline on Osteoporosis and Fracture Prevention.

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