

MAIN MEDICAL DISPUTES IN THE REHABILITATION SETTING AFTER FRAGILITY FRACTURES

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Aim: To identify the main medical issues that physicians face when treating patients that have suffered from a fragility fracture whether the patients reside at home or in an inpatient rehabilitation facility.

Material - Method: Bibliographic research of the last 10 years in scientific search engines, "PubMed", "Google Scholar", "Uptodate" and "Cochrane Library". Keywords used were "rehabilitation, fragility fractures".

Results: It was found that medical management predominantly includes pain management, pressure ulcer prevention, anticoagulation, nutritional supplements and delirium prevention and appropriate treatment. Other probable issues include anemia, constipation and urinary tract complications. It was also documented that within the first month after the discharge from hospital in patients with a hip fracture, readmission rates were 14%, with pneumonia the most frequent reason. Specific co-morbidities, such as fluid and electrolyte disturbances, cardiac arrhythmias, congestive heart failure and chronic obstructive pulmonary disease, are associated with a high rate of readmission.

Conclusions: Pain management, pressure ulcer prevention, thromboprophylaxis, nutrition and delirium prevention and treatment are the most common medical concerns in patients with fragility fracture during the rehabilitation phase.