

**Strategies in Fragility Distal Radius Fracture**

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Distal radius fracture has always been a common clinical entity in orthopaedics practice. When such fracture happens in an elderly patient, it should not be treated as “just another fracture”. The term “fragility fracture” has been used to describe fractures happening in patients with fragile bones. When we grow old, our bones will become fragile. With the global ageing populations, we are facing a rapid increase in such fractures worldwide, Hong Kong is no exception. When a patient presents with fragility fracture of the wrist, it signifies that the patient has come to a stage in his/her life that more and more healthcare service is needed. Focusing on the fracture itself, there has been a lot of advances in the clinical management over the past 10 to 15 years. New implants are now available in market that could allow us to fix fragile bones with much better outcomes than before. Artificial bone substitutes are also very good in filling large bone defects after injury which is not uncommon in osteoporotic bones. Similar to most medical devices, all these new armamentarium are expensive. The other related treatments indicated for this group of patient would include rehabilitation services, pharmacological management of osteoporosis and in some cases, long-term institutionalised care because of the underlying health issues. All of these are very expensive. It is the duty of the clinicians to present these potential problems to the Hospital Authority. Hopefully appropriate long-term plans in prevention and comprehensive management of this fracture will be in place soon. Fragility fracture of the wrist might look apparently simple to many healthcare service policy makers but for sure it is going to impose a big burden to our future healthcare services budget.