



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 817

**Submitting author:** Ms Ada TSUI

**Post title:** Physiotherapist I, HKBH, KCC

**Service Evaluation on Comprehensive Physiotherapy Service for Fragility Hip Fracture in Hong Kong Buddhist Hospital**

*TSUI SKA, TSE WTV, CHAN CLS, YIM NST, POON MWY*

*Physiotherapy Department, Hong Kong Buddhist Hospital*

**Keywords:**

Fragility hip fracture

Physiotherapy

**Introduction**

Fragility hip fracture is prevalent amongst elderly and is becoming one of the major health care burdens to our society with an increasing ageing population. Comprehensive physiotherapy(PT) service for fragility hip fracture with the enhancement of early engagement of patient and caregivers was implemented in the Hong Kong Buddhist Hospital(HKBH) and aimed to empower the patients/caregivers the competent skill in regain functional mobility, and facilitate early and safe discharge. Timely engagement of care-giver on patient transfer and mobility skill, fall prevention, use of assistive devices and exercise program was provided. Through timely updating the patient's ambulatory signage at bedside, caregivers could practice ambulatory techniques with patients during their visit. Pre-discharge home visit was arranged to needy patients and timely arrangement of post-discharge physiotherapy support, including out-patient PT, domiciliary PT was offered for continuation of care.

**Objectives**

To evaluate the effectiveness of comprehensive PT service for fragility hip fracture patients in HKBH.

**Methodology**

A retrospective review was employed for the patients with hip fracture who were transferred to HKBH within the period of January 2015 to September 2017. Outcome measures such as Numeric Pain Rating Scale(NPRS), functional mobility status using Modified Functional Ambulation Classification(MFAC), Elderly Mobility Scale(EMS), were evaluated. Post-discharge residence was also examined. Comparison was performed upon admission, discharge and upon orthopaedic follow-up.

**Result**

373 patients (aged  $82.9 \pm 7.2$  years) were reviewed. Eighty-four percent was female. On admission to HKBH, 42.6% of patients was classified as MFAC I-III, which was lyer or dependent walker. Upon discharge, there was significant improvement in all outcomes( $p < 0.01$ ) including NPRS, EMS and MFAC. Regarding functional mobility, 88.2% was classified as MFAC IV-VII, which they could walk either with one assistant, under supervision or could walk independently indoor or outdoor. The EMS score improved from  $3.9 \pm 3.2$  to  $8.4 \pm 5.1$ . Sixty-seven percent patients discharged home.

Amongst those who received outpatient PT service at HKBH for further rehabilitation, the EMS further improved to  $15.5 \pm 4.6$  which was likely to be independent in mobility. Also their functional ambulation status further improved to be indoor walker(MFAC VI). To conclude, continuous satisfactory progress was shown after comprehensive one-stop in-patient and out-patient PT program in obtaining maximal functional mobility in hip fracture rehabilitation.