

Are you over 50 and have broken a bone in your upper limb?

**Do you treat or care for someone who has?
If so, we need your help.**



All medical treatment and advice that people receive should be based on solid evidence that has been gathered through research. There is still a lack of evidence to guide the care and treatment of people over 50 with upper limb fractures.

Upper limb fractures (broken bones) include those of the shoulder (collarbone and shoulder girdle), upper arm, elbow, lower arm, wrist and hand. These fractures are very common and often have long-lasting effects, leading to temporary or permanent disability. The treatment received is important in minimising these problems.

We are seeking your views about what research questions you think should be answered for upper limb fractures. You do not need to know anything about research to complete this survey. You just need to be interested in upper limb fractures.

**You can also use our online survey to submit your questions:
www.ndorms.ox.ac.uk/upperlimb**

By participating in this survey you give us, and partner organisations, permission to publish your answers when reporting on the Priority Setting Partnership, but no personal data will be published.

THE SURVEY

From the initial survey earlier this year, we had a large number of responses from patients, carers and healthcare professionals with questions about 'Broken Bones of the Upper Limb in people over 50'.

After grouping all similar questions together and removing any questions that have already been answered in the literature, 50 questions remain.

We have divided the questions into 7 main themes. Please rate how important each of the following research questions are to you on a scale of 1 to 5 by ticking the corresponding box. (Please remember that we are just asking you to rate the question **not** answer it)

- 1 = 'Not important'
- 2 = 'Low importance'
- 3 = 'No opinion'
- 4 = 'High importance'
- 5 = 'Extremely important'

PAIN

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important
5 = Extremely important

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. What are the best pain relieving drugs to use at each phase of treatment of an upper limb fracture? | <input type="checkbox"/> |
| 2. What is the best alternative to medication / drugs to manage pain following an upper limb fracture? (eg. splints / casts / lining the fracture back up / ice) | <input type="checkbox"/> |
| 3. Anti-inflammatory medication (eg Ibuprofen) may influence bone healing after a fracture. Should it be used to control pain following an upper limb fracture? | <input type="checkbox"/> |
| 4. What are the best pain relieving drugs for people who have neuropathic (nerve) pain following an upper limb fracture? | <input type="checkbox"/> |

PROGNOSIS

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important
5 = Extremely important

5. What are the most important outcomes after an upper limb fracture? (eg. time for the bone to heal / return to normal activities / time to achieve a good recovery / cosmetic appearance)
6. Does stopping smoking during bone healing lead to improved outcomes? If so, can more be done to promote this?
7. How common are other injuries alongside upper limb fractures and does this influence outcomes?
8. What is the patient experience of upper limb fracture management and how does it influence outcomes?

1 2 3 4 5

IMAGING

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important
5 = Extremely important

9. Which type of upper limb fractures require further imaging (other than an x-ray) in the emergency department?
10. Is imaging (eg. x-rays / ultrasounds) at the scene of an accident possible for suspected upper limb fractures? If so, would it improve management, outcomes and reduce waiting times in the emergency department?
11. Are x-rays of upper limb fractures needed once splints or casts are removed? How does this affect outcomes?
12. Does showing people their x-rays lead to better outcomes and better patient satisfaction / experience?
13. What are the best x-ray views to look for suspected upper limb fractures?

1 2 3 4 5

MANAGEMENT

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important
5 = Extremely important

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. In the emergency department, what is the best way to keep the arm still before a final decision is made about how to manage the fracture? (eg. plaster / splint / sling) | <input type="checkbox"/> |
| 15. What is the best way to reduce swelling after a fracture? | <input type="checkbox"/> |
| 16. Does the type of / length of experience of the healthcare professional and the location of the treatment (eg. trauma clinic versus specialist centre) have any effect on outcomes? | <input type="checkbox"/> |
| 17. What is the best form of anaesthetic (medication to stop patients feeling pain) to reduce a fracture (put it back into its normal position)? | <input type="checkbox"/> |
| 18. What is the best form of anaesthetic (medication to stop patients feeling pain) to use when performing surgery to repair a fracture? | <input type="checkbox"/> |
| 19. Is day surgery (no overnight hospital stay) for upper limb fractures possible and what are the benefits for the patient and the hospital service? | <input type="checkbox"/> |
| 20. What is the best way to treat a nerve injury that happens at the same time as an upper limb fracture? | <input type="checkbox"/> |
| 21. Under what circumstances should metalwork be removed after an operation for an upper limb fracture? | <input type="checkbox"/> |
| 22. What is the best way to manage fractures that have not healed properly? | <input type="checkbox"/> |
| 23. Does the use of bone healing medication or devices (eg. ultrasound) lead to better healing times and long term outcomes? | <input type="checkbox"/> |
| 24. Which are the most important factors which decide if a patient is treated with or without surgery? | <input type="checkbox"/> |
| 25. What is the best way to manage an upper limb fracture that does not need surgery? | <input type="checkbox"/> |

MANAGEMENT (CONTINUED)

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important
5 = Extremely important

1 2 3 4 5

26. What is the best surgical management for an upper limb fracture? (eg. incision, technique, metalwork, technology,)
27. When is the best time to operate on an upper limb fracture and does a delay in surgery influence outcomes?
28. Does when, how and who manipulates an upper limb fracture (returns the fractured bone to its normal position) influence outcome?
29. How well does a wrist fracture need to be reduced (put back into its normal position) to ensure a good long term functional outcome?
30. What is the best follow up pathway for people with an upper limb fracture? (eg. trauma clinics / virtual clinics where the patient does not need to be present)
31. What is the best way to refer into an orthopaedic service (eg. from emergency departments, GP practices, remote triage clinics)?

PSYCHOLOGY

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important
5 = Extremely important

1 2 3 4 5

32. What is the best screening tool to assess for psychological and emotional issues following an upper limb fracture?
33. What is the best way of treating people who are at risk of developing psychological issues following an upper limb fracture?
34. What physical, psychological and financial effects do upper limb fractures have on patients and their families?

REHABILITATION

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important

5 = Extremely
important

1 2 3 4 5

35. What is the best physical rehabilitation programme for people with an upper limb fracture (with or without surgery) whilst it needs to be kept still (eg. in a cast or sling)?
36. What is the best physical rehabilitation programme for people with an upper limb fracture (with or without surgery) when it no longer needs to be kept still?
37. Does a delay in physical rehabilitation of an upper limb fracture affect outcomes?
38. Does the location of rehabilitation (eg. GP surgery, community, at home, hospital, specialist centre) affect outcomes?
39. Can we predict who will do well with rehabilitation after an upper limb fracture?
40. Does compliance with rehabilitation affect outcome and if so, how can we improve this?
41. Does the way in which rehabilitation is delivered (eg. individual sessions, group sessions, hydrotherapy) affect outcomes?
42. Are alternative therapies and natural remedies effective in treating an upper limb fracture? If so, which ones?
43. Does an upper limb fracture requiring immobilisation (stopping the arm from moving) cause balance issues which may lead to falls? If so, what can be done about this?
44. What is the best form of social support for people with an upper limb fracture? (eg. Social Care / Support Groups / Online groups)

REHABILITATION (CONTINUED)

1 2 3 4 5

45. What are the most effective ways to ensure patients over 50 receive the physical support they require to manage with an upper limb fracture?

INFORMATION

Rate how important each question is to you.

(All of the questions below are in relation to people over 50 with an upper limb fracture)

1 = Not important
5 = Extremely important

1 2 3 4 5

46. What type of information should patients with an upper limb fracture be given and how should this be provided? (eg nutrition, pain relief, rehabilitation, return to work, driving, sport / exercise)
47. What is the best way of delivering information to people who have cognitive impairment or decreased capacity (eg, dementia, brain injury)?
48. What information should be provided about casts / splints to ensure they work correctly and do not cause any problems? Who should provide this information and how?
49. Is it safe to travel by plane if you are wearing a cast?
50. If people knew how to manage a possible upper limb fracture at the time of injury, would it improve their long term outcome? How could this be taught?

WHAT NEXT?

From your responses we will reduce these 50 questions to about 25. A final workshop involving patients, carers and healthcare professionals will then vote to decide the final 'Top 10' questions that will be presented to the research funders to guide future research in this area.

About Us

Our team consists of healthcare professionals, patients and carers, who have an interest in broken bones of the upper limb. We are working in partnership with the James Lind Alliance. (<http://www.jla.nihr.ac.uk/about-the-james-lind-alliance/>) to identify research priorities for broken bones in the upper limb.

About you

Finally we would like to ask a little bit about you. This is because we want to be sure that we have collected views from a wide range of people with various experiences. Your personal information will be stored securely and separately from your survey answers.

Which describes you?

- Patient
 Carer
 Family
 Healthcare Professional *please specify profession* _____
 Other *please describe* _____

Which bone(s) have you broken or have had experience of?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Shoulder Blade | <input type="checkbox"/> Collar Bone |
| <input type="checkbox"/> Lower Arm / Upper Arm | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Hand / Wrist | <input type="checkbox"/> Elbow |

Are you: Male Female Other Prefer not to say

What is your post code,? *first 3 or 4 characters only*

What is your ethnicity?

White Asian/Asian British Black/Caribbean/Black British
Arab Mixed/multiple ethnic groups Prefer not to say
Other ethnic groups please describe _____

THANK YOU for completing this survey.

Please return your completed survey to a staff member or post it using the free post envelope provided: Oxford Trauma, Kadoorie Centre, JR Hospital, OX3 9DU

Help us to decide on the Top 10 research priorities...

If you have any questions about this survey or would like to find out about the final results please contact the PSP Co-ordinator at:

Email: oxfordtrauma@ndorms.ox.ac.uk ; Telephone 01865 223 114.

Website : www.ndorms.ox.ac.uk/upperlimb