OUT-OF-SCOPE QUESTIONS (38 INITIAL QUESTIONS AND 114 ORIGINAL UNCERTAINTIES)

Are steroid injections recommended for people over 50 who have had a shoulder dislocation?

Dislocated Shoulder - Arm into a sling; steroid injection to joint

Dislocated shoulder - Still undergoing investigation - stage 1 steroid injection to shoulder joint, Then ref to specialist

Do people over 50 with a first time shoulder or elbow dislocation require othopaedic follow up?

What is the value of clinician followup in first time shoulder or elbow dislocation?

Does operative or non-operative management of first time shoulder dislocations in people over 50 result in better outcomes?

Physio vs surgery for first time shoulder dislocations

What is the optimal management of an elbow dislocation in people over 50?

Management of elbow dislocation. Splinting vs early rom.

What is the long term prognosis of an elbow dislocation in people over 50?

Prognosis of elbow dislocation

What is the optimal management for acromioclavicular disruptions in people over 50 to optimise outcomes and minimise pain?

14/12/2015 preparing to leave home for hospital appointment with orthopaedic surgeon had 3rd fall in bedroom landed on left shoulder. Dislocated left clavicle. Attended A&E, no treatment, pain and deformation. Large lump. No reduction or attempt as reduction. I think the reduction of the dislocation of my left clavicle would have improved the mobility of my left arm and shoulder.

Long-term functional relief of pain from 100% ACJ dislocation

Is there anything a person can do to prevent these types of fractures?

Is a cast or splint a better option for children with forearm fractures who do not require orthopaedic follow up?

So if casts or velcro casts for minimally displaced distal forearm #'s in children with remodelling potential who dont need # clinic F/U

Are people over 50 with an upper limb injury more likely to have another upper limb fracture in the future? What measures can people over 50 take to reduce the risk? (diet/medication/exercise)

Info/advice on diet/drugs/exercise etc to guard against further breakages would be very useful.

How can I strengthen my bones against future fractures?

How can I prevent broken bones in the future?

I do my 10.000 steps most days, eat spinach, Edam cheese and handful of almonds. I believed I was eating a well balanced despite, was never over weight, excercised regularly by walking, ate fruit andveg, a little cheese and yoghurt everyday...... early education on dietary needs should be in the school curriculum and with no sunshine we should be taking a supplement every winter when we are children as they do in scandanivian countries.

Would I be better taking codliver oil?

What can I do to prevent further fractures?

What can i do to help prevent another break?

What is the risk of a second fracture of any bone?

What is the likelihood of another fracture in the future?

If I have another fall am I likely to fracture something again?

How likely am I to sustain another broken bone?

When should osteoporotic medication be prescribed for people over 50 with an upper limb fracture?

When should I, as a treating physician, prescribe anti-osteoporosis medications to old women presented with distal radius fractures?

What is the optimal medication to use for the reduction of a shoulder dislocation in people over 50?

Best, easiest and least complicated analgesia for reduction of a shoulder

What is the long term prognosis of a shoulder dislocation in people over 50?

Shoulder dislocated - Movement 90% restricted. Pain all night and keep awake

Should shoulder dislocations be relocated on the field of play prior to radiological imaging?

Should dislocated GHJs on the field of play be relocated by trained professionals, prior to a visit to A and E, without an X-ray first to determine the position of the dislocation?

Is massage an effective management technique for tendon injury of the wrist in people over 50?

Does hard massage to the point of hurting benefit the tendons in the wrist?

What is the optimal pharmocological management for children with an upper limb fracture?

Strong pain relief should be provided to children as they are already in so much pain.

What is the optimal management for foot fractures in children?

Broken foot at school - staff unaware of injury minor injuries Witney - Brilliant care - reassuring, confident - temporary cast and crutches and appointment made with trauma next day.

Very quick first visit to trauma unit - Given advice and black shoe.

Took a lot longer to recover than expected at first visit, 2nd visit long waiting times -temporary cast and see how we get on. A follow up appointment made for 3 weeks.

Should all people over 50 with an upper limb fracture be referred for an osteoporosis check up including a dexa scan?

Should I have a dexascan? I wouldn't have been offered a dexascan except that I requested one.

Should I have a scan for osteoporosis?

Age and situation dependant- ? Dexa

I had a hysterectomy at age 43 for fibroids, I was not informed that this would put me at risk of osteoporosis. How can GPs follow up patients at risk of osteoporosis so that treatment can be started earlier?

Should I not have been offered a dexa scan given that I am coeliac and, at the time, had osteopenia? I pressed my GP for a dexa scan and had that carried out 4 months after the fracture

Also broke wrist 2 years ago, given bone density test, reassuring that being monitored.

At the time of my fracture, I was not aware that I had osteoporosis and until my DEXA Scan no one showed any interest or concern.

I spoke to a osteoporosis nurse who advised me to have a bone scan. How can it become a more routine occurrence of direct referral for a bone scan following fractures in high risk groups?

There has been a follow up where I was told I would be prescribed alondronic acid tablets which I needed to take once a week on rising. I would have to sit upright for half an hour after taking the tablets and bone tablets which I needed to take morning and night. The hospital sent a letter to my doctor, I heard nothing so then rang my doctors then was told to collect a prescription and it would be on repeat. There has been no follow up 2.5 years later.

Being 67 at the time I feel a bone scan to see if I had osteoporosis should have been offered. I had to ask my GP if she thought it appropriate. The outcome was I did have osteoporosis.

Should it be a given if a person, especially a female, presents with a fracture and has already been diagnosed wiith osteopenia (and this information is openly given to the consultant by the patient), that the consultant should refer her/him for a Dexa Scan?

No mention was made about osteoporosis until after I was discharged. I am now taking medication for the condition.

If this is the first fracture a post 50 patient has had a DEXA scan should be asked for

Results of dexa scan discussed and decisions made on medication for the future.

Did she already have a diagnosis of osteoporosis? In mum's case, yes

I also asked about treatment when I got home and was told I would be given the x rays and a letter. I was also advised to have a calcium test and a bone scan when I returned to UK. I asked for these tests when I returned home but was told they were unnecessary.

Although the injury occurred from standing height it was not classed as a fragility fracture. I wasn't investigated for osteoporosis for another three years. Why was it not picked up?

The xrays show that I also have osteoporosis which will be looked at and treated after my arm is better.

Will I now be referred for testing for osteoporosis?

Had to ask for DEXA and drug follow up

The outcome - a bone scan- osteoporosis

How could I have prevented the fracture in the first place e.g. by having been screened for osteoporosis?

As a result of this low impact fracture, which came soon after a dexa scan and before the results arrived, I was clinically diagnosed with early osteoporosis mainly in the spine. As a result I received treatment earlier than I might otherwise have done.

My GP arranged a dexa scan as he was concerned that I may have fragile bones. Osteopenia was diagnosed - mild in hips.

One excellent part of my care was that on my first visit to trauma clinic a "fracture" nurse picked up on my injury and age and suggested blood tests to ascertain if the breakage was due to osteoporosis. A likelihood I doubted as I am very robust. I was wrong.

Why can't the fracture clinic refer patients for bone density scans? Why do patients have to ask the GP for a referral? (It's a waste of GP time and can be difficult for patient to get to the surgery if mobility is compromised.)

What is the optimal follow up for people with osteoporosis? Do they require further DEXA scans?

How will my everyday life be affected with osteoporosis in my spine? I was in shock when told, given a print out the nurse was very nice but that was the end of the consultation even though she did take my mobile phone number, I never received a call.

Will the medication I take for osteoporosis in my spine cure it?

Can I ask for a follow up scan to check my current condition?

I was started on Alendronic Acid in March 2013 + Calcium and Vit D following a DEXA scan and after 3 years on treatment repeat DEXA scan came back as satisfactory. It has been decided to stop the Alendronic acid in March this year and to monitor Calcium levels only. In the event of deterioration I have been offered yearly IV Infusion of medication. The Osteoporosis Team at my local hospital and the Liason nurse have given outstanding care and I am grateful for the work that the Society does.

Will I be rescanned ie dexa scan?

How often should a Dexa Scan be done- NHS or private?

I was diagnosed as osteopenic in 2003, and subsequent Dexa scans have confirmed this. I am booked in for a further scan this March.

What advice and support groups are available for people with osteoporosis?

Make sure patient is aware of any local / national support for osteoporosis .

Advice about how to manage underlying osteoporosis discovered as result of fracture? E.g. information sheets/website about diet/exercise/best drug treatment options? Is there a specialist centre that can help with this, rather than the odd 10 min appointment with overworked non-specialist GP?

What is the optimal pharmacological management for osteoporosis and how do we know they are effective?

I had a bone scan and was found to have osteoporosis and given treatment - alendronic acid and calcium and vitamin D tablets. I knew that other minerals such as magnesium and zinc were important and decided to buy a product containing these as well as calcium and vit D. My GP advised these were fine except they didn't contain enough Vitamin D so he prescribed the Vitamin D separately. Questions such as which minerals and vitamins help osteoporosis sufferers most and diet also. I have been told that it is not usual to have a second bone scan to see how things are progressing. I have been taking alendronic acid for nearly 3 years . I haven't broken a bone in that time - I have been careful and have given up skiing. I am not clear how long the tablets should be taken for and how to tell how effective they are. Unlike many other tablets you can't tell if they're having any effect or not. I would be willing to pay for another bone scan but am not sure how to go about this. These are questions I will need to ask my GP but I wonder what research has shown into long term effects.

Does Alendronic acid medication need calcium in large doses to be effective?

Should this medication be forever or only 3 years?

Then I had an appointment sent to have a bone density scan. My Dr after gave me the result, that I had Osteoporosis, the reading was below minus 3 point something. I was just 70 at the time & for 3 1/2yrs have been taking on presciption a chewing tablet of calcium & vitamin D twice a day, also one tablet once a week of risidrenate.

What factors should determine whether a person with back pain requires a scan when no fracture seen on x-rays?

When visiting A&E can I demand a scan. I have been told there was no fracture and after a month of agonising pain, I was contacted by the hospital saying they spotted something. Not about arms because this was a spinal fracture but I knew it was fractured - it is the fourth time. They sent me home said there was no fracture. I asked them for a scan because of my history they told me it was definitely not fractured and 'walk as much as possible' but no scan until a month later.

Are we too aggressive when treating paediatric forearm acute traumatic deformity?

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Should all people over 50 who have sustained an upper limb fracture due to a fall be referred to falls clinic?

Uncertainty between fall and fracture clinic

Falls prevention following upper limb fracture.

What are the risk factors related to falls?

Do people over 50, benefit from surgery on ulnar collateral ligament of the thumb?
Which patients benefit from surgery on ulnar collateral ligament of thumb mcpj?
What is the optimal management of chronic pain or Chronic Regional Pain Syndrome caused by a fracture of the upper limb? (5)
Can patients at high risk of CRPS be identified and outcomes improved with early physiotherapy?
What is the best way to treat complex regions pain syndrome after a wrist fracture?
What physiotherapy treatments are effective in CRPS?
I was diagnosed with Complex Regional Pain Syndrome a few weeks after removal of my POP splint. I was offered surgery to correct the misalignment but advised that the CRPS would return. I declined the surgery and 5 years later apart from some arthritis in the wrist and fingers and some reduction of dexterity I manage quite well. I have recently been diagnosed with Vestibular Hyperaucusis and apparently there is a connection between both conditions, Is this so?
Pain - and complex regional pain syndrome - management
What is the best pain relief treatment for chronic long-term post-op pain?
What factors (such as initial pain) can help us predict who may develop chronic pain or Chronic Regional Pain Syndrome following a
Can patients at high risk of CRPS be identified and outcomes improved with early physiotherapy?
Risk factors - patient related and injury related for CRP'S
Excellent service at my local specialist hospital. As I was over the age of 60 and lived alone I was offered admission to a local rehab unit. I declined as I have a very supportive circle of friends . The physiotherapy unit was fantastic and it was the physiotherapist who correctly diagnosed the CRPS. My GP was also wonderful,drove me home from the clinic and checked that I had a warm easy to manage flat and plenty of supplies.
Anything around risks of developing CRPS? Being able to spot a potential CRPS patient really early could be clinically highly relevant.
Any associated autonomic or CRPS type symptoms
Monitor for CRPS type symptoms
Is the level of pain recorded in the initial instance - more research detailing that the incidence of CRPS can be linked to the initial pain response - even though it develops later down the rehab pathway. I would be interested to know if there is a link between high levels of initial pain (unusually high) and the incidence of CRPS / nerve compromise in later stages.
Is there research linking the levels of pain at the initial injury, and the problems patients may have with casts causing nerve pain / incidence of CRPS?
Will it always be this painful?
if there is long term pain - who manages this? GP / therapist / other?
Long term pain
What is the optimal management to prevent the development of Chronic Regional Pain Syndrome? (5)
Advice should be given early about looking and touching the affected limb to reduce the risk of CRPS
Patients should be advised to imagine moving the affected joint to reduce risk of CRPS
Reduction of CRPS
Can early therapies intervention prevent CRPS in upper limb fractures?
Are there any physiotherapy or occupational therapy approaches that might help reduce/eliminate CRPS during the immobilised stage of fracture management?
Timing of early, appropriate pain relief and development of chronic pain/ CRPS - eg if pain is well controlled early, does this minimise risk of poorly controlled chronic pain later?
What is the best way to consent people over 50 who require operative management of an upper limb fracture?
What is the best way to consent patients for surgery?
Do people over 50 with hand fractures have better outcomes if treated by a specialist hand therapist compared with a general outpatient
Does this type of fracture require specialist health professional input, eg hand therapist?
if the hand is involved, are there guidelines for referral to a specialist HT team? How is this picked up and progressed through the system?
The Hand specialist was sympathetic on review saying the 2nd op might be needed owing to the 2 bones not being the same length- and so it was- Good support- good advice- day surgery- good physio- brilliant. The physiotherapy post op was good eventually, - it all takes time - no questions
Do people over 50 with an upper limb fracture have reduced union rates compared with those under 50?
Is time to union the same compared to those under 50?
Are hand fractures post fall defined as fragility fractures in people over 50 and should they be considered triggers for bone health assessment?
Are hand fractures post fall fragility fractures and should they be considered triggers for bone health assessment?
What factors increase likelihood for an upper limb fracture in people over 50?
Are some people more prone to upper limb fractures than others?
How do these fractures occur?
Are there any underlying reasons for the fracture in the first place (anatomical, medical, environmental, etc)?
How can orthogeriatricians improve outcomes in people over 50 with an upper limb fracture?
Orthogeriatric pathway - I think a radical re-think of pathway is key
What is the optimal management of open hand fractures in people over 50?
conservative vs open reduction of hand fractures
What is the optimal management of hand and finger fractures in people over 50?
Operative vs non operative management of hand and finger fractures
What is the optimal management of a scaphoid fracture in people over 50?
What treatment is needed if my scaphoid bone is damaged?
What is the optimal management of a triquetral fracture in people over 50?
Can triquetral avulsion fractures be treated as a wrist sprain?
What is the ideal non-operative management for hand fractures in people over 50?

Is there a standard protocol in terms of taping/strapping/padding/dressings provided for fractures of small bones in the hand? Or are patients provided with what is required initially and if this needs changing they should purchase additional tape etc themselves. What information is given in terms of how to change the taping and optimal positioning to promote effective recovery/healing?
What is the best way to reduce a shoulder dislocation in people over 50 to decrease the risk of a fracture?
What is the likelihood that a patient can have their arm broken whilst having a dislocated shoulder relocated?
60 GENERAL COMMENTS - NO UNCERTAINTY ASKED
I live near JR 2 but had to go out to Banbury for an operation - irritating though understandable. I had to phone at 8am daily to find out if there was an operation slot for me - for 10 days. Very stressful (even doing the phoning was hard) BUT Banbury hospital was very friendly - very clean and very efficient.
I was able to move very little for about 2 months as the injury healed. Once signed off, I returned to my usual level of exercise - I then damaged my feet (ligaments? tendons?) I was unable to walk properly for about a year.
Drafft 2
most of the work already done in Edinburgh about these subjects are informative
no questions
I was away when my accident happened and had to stay there for 2 months before I felt able to go home, and then I had to be driven home.
My whole experience was with NHS and 2 different hospitals, I felt I was well treated and did ask lots of questions and all were answered
Being over 65 I was sent to older persons clinic where I got this advice. Not all NHS areas do this (e.g. for my 92 year old mother who needed it more than I did).
I am still adjusting to back pain and some restricted mobility/strength, but the elbow no longer troubles me.
I have also broken my pelvis in 4 places 4 months ago and have fully recovered, again by not following protocol.
I did not have any questions as this was all covered at my A/E visit.
I do have a lot of discomfort in my hands, knee, hips & in paticular my lower back. But have been told I have Arthritis. I go to a Chiropractor every 6 weeks. He treats my lower back with ultra sound. I have to pay for that privately.
No questions
Unfortunately I've suffered at least 6 wrist/ hand fractures amongst others. I'm classed as having Osteopaenia but because of the large amount of fractures, was treated with Zolendronic Acid infusions. I've recently had a parathyroidectomy to remove a Parathyroid adenoma. I believe I had untreated normocalcaemic Hyperparathyroidism for over seven years and given that, several of my fractures were needless.
Unfortunately a few years later I broke my humerus into 5 pieces near the shoulder by tripping and knocking my shoulder on the corner of a wall.
I am very pleased with the way I was treated and very thankful for all the people that helped me.
Fell off bike maybe 25years ago. Arm in a sling 2 months, no further trouble until 2 months ago. Lots of x-rays. Now am told broken bone fragments - joint.
No questions
sorry - it is not easy to answer as a question - i would be happy to describe in detail what i have learned from 9 bone fractures in 3 years but find this format restrictive.
see comment - format forcing us to "ask questions" not user friendly and i think you are missing out a lot on what improvements could be made based on experience
it may be time consuming but you could try interviewing a few people who like me have lots to say on the subject!
Happy with x-rays, initial treatment and operation
I broke my wrist while in Malta. The team who dealt with me were very capable. No issues or complaints here, only the time it took to treat me, arrival 16h00 and departure 24h30.
I've had several wrist and hand fractures and never had any complaints.
No questions
No questions
I broke my upper arm playing tennis a few years ago on a cold January day when I caught one foot round the other in the air trying a very difficult backhand. Not wanting to break a wrist or hand I did not put my hand down to save myself. My tennis friends and I heard the crack. It was very cold lying on the hard court! A friend took me by car to the JR minor injuries unit where I was seen fairly quickly. It was about 9.45am.
I have no questions. My fracture of the upper arm was straight forward and healed without any special treatment other than arm being in a sling. It was X rayed, straight forward, and needed no additional treatment than initial pain relief and immobilisation.
Initial treatment at another hospital.
Very good treatment, from scene to hospital
all fine
Broken bone is right tribunal due to accident came to and end by operation, good pain relief tablets and diagnosis performed.
Fall unconscious/ no recall of events as main injury was craniotomy. Pain relief for both = effective
The accessibility of trauma unit is outstanding. Everyone is kind and competent. Thank you all.
Happy with treatment of my son's broken arm from beginning; There was no operation as it was decided on natural way of healing of broken arm.
The treatment I recieved in all departments was very good
I felt well cared for by family as they helped me to a bench: I kept passing out and as they said "stay with us" this helped.
I longed for something sweet, the nurse told me niece to go to the children's ward to find me a sweet to suck! Thank you
How long the examination takes on the limb?
It is very important that upper limb injuries are treated as important and as lower limb injuries
Taking part in the Woodcast V conventional cast trial, which was explained fully.
The guys in the plaster room were amazing, they do a great job. Physio after care is good, but I perhaps could have been more prepared for the hard work and effort required to get use back to muscles.
Hospital admission was quick with timely wheelchair because of the passing out (no lower limb injuries) . I was unaware that my heart rate slowed because of pain shock. Treatment for fracture only started once hospital were convinced it was not a heart attack.
Early treatment was prioritised to saving my life, with blood loss and punctured lung the two main reasons. This was done by the Ambulance medics.
Lift to A&E and X-ray, dislocation "anything else"
The first question I remember was did I hear anything - which of course I had. I cannot remember anything but efficient and caring treatment while I waited for a doctor and x-ray. My arm was immobilised across my chest without a cast.
Treatment and operation given by trauma staff is brilliant as they gave my life back to do my normal routine work.
Quick and efficient, very happy with results
I can't think of anything else at the moment. I would be interested to see what you discover in this research. I should just say I am a young 67 old and am fairly active and am worried about the decline in bone health as I get older.
Detailed questions to ascertain cause of fall.
I broke a bone in each arm - but I didn't feel there was consideration for other structures that may have been damaged. I did not break my thumb, but it continues to be bent.
Assistance in recovery - to speed the process up.
Very helpful and considerate at all stages of examination and after care
I returned for an appointment at the trauma clinic (having had to telephone that I might be late as the 700 bus was not running because of snow when I was kindly told not to worry). Treatment was excellent. No operation or medication required.

The bone is healed and I am discharged by the hospital.
Accident on stairs. Son applied ice pack gave me ibuprofen and dialed 111, directed to Hilligdon A&E, xray taken there then directed to local hospital JR Oxford A&E; More xrays on Monday morning given a support boot.Return 10 days later for further xray
Broke neck of femur; Ribs to be X-rayed; Good start until pin coming out set back 8 months
Broken heel bone xray at minor injury unit Abingdon; Very good treatment; Advice from Trauma Unit staff, very good
In August last year I bent down to pick up keys and felt something 'go' in my upper back. I went to A and E days later and was told I had a broken rib and a cracked rib. I've taken Alendronic Acid for 4 years as well as the Calcium tablets. I am a walker and try to walk no less than 4 miles daily. I have had an excellent diet high in dairy, fruit nuts etc all my life. I am 2 stones over-weight and have lost 3 inches in height in the past 4 years.
ASWSG