



Synopsis

A community-based rehabilitation package following hip fracture: FEMuR III a multi-centre RCT, economic and process evaluation

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Plain language summary

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Background

Hip fracture is common, serious and costly. Usual rehabilitation care was enhanced by a workbook, goal-setting diary and six extra therapy sessions delivered in people's homes to increase their practice of exercises and activities of daily living. This was called the Fracture in the Elderly Multidisciplinary Rehabilitation intervention. The aim of the trial was to test whether it was better than usual care and better value for money.

Methods

We recruited people aged over 60 years, who were recovering from repair of their hip fracture. They were divided by chance into two groups and given usual care or the Fracture in the Elderly Multidisciplinary Rehabilitation intervention. We asked people how well they could perform activities of daily living, whether they were anxious, depressed, confident in their own abilities, frightened of falling and had hip pain. We tested their grip strength, balance, walking speed and ability to stand from sitting.

Results

Two hundred and five people agreed to take part. The trial was disrupted by the COVID-19 pandemic. We had to stop recruiting people before the target sample of 446 was met. We could not visit them in their home to give the Fracture in the Elderly Multidisciplinary Rehabilitation intervention, or to fill out questionnaires or test physical function. Because there were fewer people in the trial than planned, and fewer people completing questionnaires, the results were more uncertain. However, the results showed that after 12 months people in the Fracture in the Elderly Multidisciplinary Rehabilitation intervention group did not perform more activities of daily living than the usual care group. Neither was there any difference in their mental health, confidence, fear of falling, hip pain, nor quality of life. When we could measure physical function, this was not better either. The Fracture in the Elderly Multidisciplinary Rehabilitation intervention group had higher costs, which were due to factors unrelated to the intervention. On average, the Fracture in the Elderly Multidisciplinary Rehabilitation intervention group received only 4–5 extra therapy sessions, only two of which were delivered in-person.

Discussion

The Fracture in the Elderly Multidisciplinary Rehabilitation intervention was not more effective than usual care and had higher costs. Possible reasons for the lack of effect include the disruption caused by COVID-19 and the lack of in-person contact with therapists.