

Hip fractures in 2016, where do we stand and have we made any progress?

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With the baby boomers entering their 70s, the epidemiology of hip fractures is about to change with an increase in the second peak of the bimodal distribution [1].

The so-called epidemic of hip fractures will affect a physically active population that has high expectations and longer life expectancy. Despite such anticipated changes, meaningful progress on the various multifaceted topics related to hip fractures has been scarce and the 1-year mortality has not changed significantly. Preventative measures such as early diagnosis/treatment of osteoporosis and fall prevention have now been implemented in most developed countries [2]. Strategies such as fast tracking of patients with hip fractures or enhanced recovery programs are now well in place [3, 4]. Treatment options to improve fracture reduction and fixation with the use of novel implants, construct designs and fixation augmentation are being utilized and studied [5, 6]. For elderly patients with displaced femoral neck fractures, the total hip arthroplasty remains the gold standard, providing improved functional outcomes and early return to activities.

For the young adult patients with a femoral neck fracture, several papers have been published recently, describing biomechanically sound constructs through the use of, among other strategies, medial femoral neck anti-glide plating [5, 7]. The debate of timing of reduction and closed versus open reduction is still ongoing. The choice of approach for an open reduction has little bearing on the quality of reduction or functional outcomes.

In this issue, we have selected pertinent papers focusing on the topic of hip and intertrochanteric fractures. Our first paper from Giannoudis et al. [8] highlights that government-lead fast track streamlined initiatives implemented to improve care of elderly patients with femoral neck fractures have steadily improved the 30-day mortality of such patients.

The second paper from Hake and Goulet et al. [9] focuses on atypical femur fractures in patients receiving bisphosphonates. This is a complex problem affecting a growing population.

On the topic of hip fractures in the young, we have described tips and tricks to improve the quality of reduction and fixation of such complex injuries [10]. Finally, Matiyahua et al. [11] reveal the importance of fracture reduction and fixation in valgus as this improves loading characteristics especially when sliding hip screw and plate constructs are selected.

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