

# INTERTROCHANTERIC AND FEMORAL NECK FRACTURES

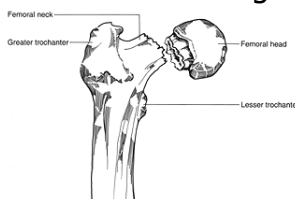
**Definition:** Intertrochanteric Fractures- Fractures occurring between the greater and lesser trochanter of the femur.<sup>1,5,6</sup>

Femoral Neck Fractures- Fractures occurring at the femoral neck area of the femur. (please see illustrations below)<sup>1,5,6</sup>

**Pathophysiology:** Intertrochanteric and femoral neck fractures in the elderly are usually caused by falls involving the lower extremities and/or the hip. Joint disease such as osteoarthritis of the hip and osteoporosis are an added risk factor. Also there is a greater incidence in females than males.<sup>1,5,8</sup>



Intertrochanteric Fracture



Femoral Neck Fracture

**Affected People/Population:** The elderly population are of a higher risk for this condition because of falls and degenerative joint diseases. Osteoporosis and female gender adds a higher risk factor for compression fracture of the spine.<sup>1,5,7,8</sup>

**Medications:** Medications are usually the same with the general medications used for fractures. Special considerations are given to patients with other existing disease or condition.<sup>1,3</sup>

**Surgery:** Open reduction of fractures involves operation/surgery. Pins, screws and plates can be used to stabilize unstable part/s of bone. In older patients, a hip compression screw or hip replacement may be more appropriate. Total hip replacement is recommended for patients with an expected life span of more than 5 years. Hip replacement will be discussed as a separate topic.<sup>1,5</sup>

**Physical Therapy:** Physical therapy aims to maintain joint and muscle function while the patient is still confined at bed. Infrared radiation may be used at the surgical wound to hasten healing. Pool therapy can be used to exercise the legs. Gradually increasing the patient's tolerance to standing and eventually walking is important. Maintaining general body conditioning by using free weights and exercises are given to maximize the use of the upper and lower extremities. Upper extremity strength and coordination is needed if there is a need for the patient to use canes or crutches.<sup>1,2,5,7</sup>

## References:

1. Handbook of Orthopaedic Surgery by Brasher and Raney, 10<sup>th</sup> Ed.
2. Physical Therapy and Rehabilitation by O'Sullivan, 3<sup>rd</sup> Ed.
3. MIMS (Medical Index of Medical Specialties) 2<sup>nd</sup> Quarter 2006
4. Rehabilitation Medicine by De Lisa and Ganz, 3<sup>rd</sup> Ed.
5. Orthopedic Rehabilitation by Brotzman, 1<sup>st</sup> Ed.
6. Merriam-Webster's Medical Dictionary
7. Therapeutic Exercises by Kissner and Colby, 4<sup>th</sup> Ed.
8. Krusen's Handbook of Physical Medicine and Rehabilitation by Kottke and Lehman, 4<sup>th</sup> Ed.

[WWW.PTRNCAREINC.COM](http://WWW.PTRNCAREINC.COM)

Physical & Rehabilitation Therapy Services

FOR MORE INFORMATION PLEASE CALL 213.250.0078