

DETERMINANTS OF NONRECOVERY FOLLOWING HIP FRACTURE IN
OLDER ADULTS: A CHRONIC DISEASE TRAJECTORY ANALYSIS

by

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Abstract

Hip fracture in older adults may be the sentinel event leading to functional decline, long-term disability, and death. For the substantial number of older persons who fracture a hip each year, the chances of full functional recovery remains relatively low. The purpose of this study was to examine the differences between older persons with hip fracture who recover fully and those individuals who do not fully recover. A chronic disease trajectory framework guided the theoretical design of the research. Data were collected from the medical records of 102 persons aged 60 years and older who sustained a proximal hip fracture from 1993 to 1998 at a medical center in North Carolina. Data included personal characteristics, prefracture health status, hospital factors, rehabilitation features, and functional outcomes. The analysis consisted of a two-step hierarchical logistic regression model with the control variables of age, prefracture ambulation status, and prefracture cognitive status entered first and the variables of type of therapy program, frequency of therapy, number of therapy provider organizations, and location of therapy at 4 weeks entered second. Significance of the final model was observed, $\chi^2 (7, n = 99) = 43.55, p < .05$. Significant individual predictors ($p < .05$) in the model were prefracture ambulation status (43.56 odds ratio) and cognitive status (6.44 odds ratio). Post-hoc analysis of the cases revealed a substantial lack of stability in ambulation status from three months post-fracture to the six-month and one-year follow-up. Findings support other research studies that indicate prefracture personal characteristics of older persons who fracture a hip are the most influential factors in predicting successful recovery. Linkage of the findings to the chronic disease trajectory model suggests that intervention efforts should focus on prevention, health promotion, and policies that extend the ability of health care providers to assist older persons with hip fracture in managing their conditions.

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