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MEDIA RELEASE

LEG FRACTURES: DISCHARGE DESTINATION MAY IMPACT RECOVERY

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OUTCOMES for patients with isolated lower limb fractures may be better for those discharged to their home rather than to inpatient rehabilitation, according to a large observational study published online today by the *Medical Journal of Australia*.

The study, led by Alfred Hospital senior physiotherapist Dr Lara Kimmel, analysed data from adults (18–64 years old) who were treated for isolated lower limb fractures at four Melbourne trauma hospitals that contribute data to the Victorian Orthopaedic Trauma Outcomes Registry between 1 March 2007 and 31 March 2016.

“Of 7961 eligible patients, 1432 (18%) were discharged to inpatient rehabilitation, and 6775 (85%) were followed up 12 months after their injuries,” Kimmel and colleagues reported.

“The odds of better functional recovery were 56% lower for patients discharged to inpatient rehabilitation than for those discharged directly home; for the 5057 people working before their accident, the odds of return to work were reduced by 66% for patients discharged to inpatient rehabilitation.

“Our findings provide insights directly relevant to clinical practice; in particular, all discharge options should be considered before referring patients to inpatient rehabilitation after lower limb trauma.

“Previous qualitative research has found discharge destination decisions for these patients may be determined by financial considerations. Surgeons and rehabilitation physicians report not feeling responsible for discharge decision-making, believing that it is driven by organisational factors and bed availability rather than patient-related factors.

“In light of our findings, models for delivering trauma rehabilitation in the home or in an outpatient setting should be assessed, reserving inpatient rehabilitation beds for patients with traumatic brain injuries and others who benefit from such treatment,” Kimmel and colleagues concluded.

“International guidelines recommend multidisciplinary rehabilitation for patients who have had neck of femur fractures, and whether patients with proximal lower limb fractures, including pelvis or femur fractures, should also be offered inpatient rehabilitation should be investigated.”

The authors warned that their results should be interpreted “with caution”, given residual (but statistically acceptable) covariate imbalances between the discharge destination groups.

“The factors that remained unbalanced (funding source, site and cause of injury) could be examined in trials for assessing the relationship between discharge destination and outcomes after lower limb trauma,” they said.

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