

Review questions – Non complex fractures

In patients with non-complex fractures does documentation recording safeguarding, comorbidities, falls risk and fracture classification alongside standard diagnosis documentation improve outcomes compared with standard diagnosis documentation alone?

What is the most effective initial acute pharmacological management to alleviate pain in patients with a suspected long bone fracture (tibia and fibula, humerus, radius and ulna, or unspecified) in acute care settings?

What information and support do people with fractures and their families and carers require?

Is the use of definitive hot reporting of X-Rays clinically and cost-effective for use in patients with suspected fractures?

Who are the most clinically and cost-effective referral pathway decision-makers for patients with non-complex fractures?

What is the clinical and cost effectiveness of referral to virtual fracture clinics compared to face to face fracture clinics for patients with NCF?

What is the clinical and cost effectiveness of different referral destinations for patients with non-complex fractures?

What is the most cost effective definitive treatment for displaced low-energy fractures of the proximal humerus?

a) What type of anaesthetic is the most clinically and cost effective for closed reduction of dorsally displaced distal radius fractures in people without neurovascular compromise in the emergency department?

b) What are the rates of serious adverse events for selected anaesthetic techniques used in the emergency department?

Is the reduction through manipulation of a dorsally displaced distal radius fracture without neurovascular compromise influenced by timing and/or the use of an image intensifier?

What is the maximum safe delay in surgical management of fractures of the distal radius before outcome is compromised?

What is the most clinically and cost effective definitive treatment for dorsally displaced low-energy fractures of the distal radius?

What is the most clinically and cost-effective management strategy for children with torus fractures of the forearm?

a) What is the most clinically and cost-effective imaging strategy for patients with clinically suspected scaphoid fracture?

b) What is the diagnostic accuracy of imaging strategies for a suspected scaphoid fracture?

What is the most clinically and cost-effective nerve block for the initial management in patients with a suspected femoral fracture in acute care settings (pre-hospital and ED)?

What is the most clinically and cost-effective treatment for paediatric femoral shaft fractures?

What is the most clinically and cost-effective weight-bearing strategy in patients with operatively treated fractures of the distal femur?

Are validated clinical prediction rules clinically and cost effective at predicting suspected knee fractures?

Are validated clinical prediction rules accurate at predicting suspected knee fractures?

Are validated clinical prediction rules clinically and cost effective at predicting suspected ankle fractures?

Is the use of CT scanning in addition to initial plain film X-ray clinically- and cost-effective for planning surgical treatment of unstable/displaced ankle fractures?

What is the most clinically- and cost-effective mobilisation strategy in patients with stable ankle fractures?

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What is the most clinically- and cost-effective timing of surgical treatment of an ankle fracture?

What is the most clinically- and cost- effective mobilisation strategy in post-operative patients following internal fixation of ankle fracture?