AAOS
American Academy of Orthopaedic Surgeons

The Management of Hip Fractures in the Elderly Evidence-Based Clinical Practice Guideline

Companion Consensus Statement

Constructed and Approved for Publication by the Orthopaedic Trauma Association and endorsed by the American Academy of Orthopaedic Surgeons on March 23, 2015.

All statements in this document reflect the expert opinion of a multidisciplinary panel of experts. Companion consensus statements are created due to a lack of evidence on the topic under study. Prior to the creation of companion consensus statements, a systematic literature search is performed in an effort to find relevant literature. For evidence-based statements, please visit the Clinical Practice Guideline on Management of Osteoarthritis of the Hip

Table of Contents

Orthopaedic Trauma Association Companion Consensus Statements to the Management of Hip Fractures Guideline in the Elderly Clinical Practice Guideline 3

Background 4

Companion Consensus Statement Process 4

Materials that are provided to the Specialty Societies 5

Figure 1. Flowchart for Companion Consensus Statements Construction Using Modified Delphi Method 5

Appendices 6

Appendix I: Preliminary Recommendations 7

Appendix II: OTA Panel Members & AAOS Staff 8

Appendix III: OTA Approval 2

Appendix IV: AAOS Endorsement Process 3

Orthopaedic Trauma Association Companion Consensus Statements to the Management of Hip Fractures Guideline in the Elderly Clinical Practice Guideline

The following companion consensus statements were developed by panels nominated by the Orthopaedic Trauma Association (OTA) and have been approved by the Orthopaedic Trauma Association and endorsed by the American Academy of Orthopaedic Surgeons for publication. To view the preliminary recommendations that these companion consensus statements were based on, please refer to Appendix I: Preliminary Recommendations.

1. **Initial Patient Evaluation:** In the absence of reliable evidence, OTA recommends that patients with a presumed hip fracture be initially evaluated with radiographs to include an AP of the pelvis and hip and a cross table lateral of the hip.
2. **Negative Plain Films and Exam:** In the absence of reliable evidence, OTA recommends that patients with a negative physical examination and negative plain films should be evaluated for other causes of symptoms.
3. **Long Cephalomedullary Nails:** In the absence of reliable evidence, OTA recommends that long cephalomedullary nails be used for subtrochanteric and reverse obliquity fractures.

Background

Per current AAOS methodology, preliminary clinical practice guideline (CPG) recommendations, or PICO questions, which return no evidence after the systematic literature review is conducted and do not meet AAOS criteria for forming a companion consensus statement (i.e. in instances where not making a recommendation would lead to loss of life or limb) are separated from the final guideline report and turned over to relevant specialty societies to form companion consensus statements. The clinical practice guideline workgroup suggests relevant specialty societies depending on the topic addressed by the PICO question and AAOS staff contacts the suggested specialty society requesting their assistance with nominating representatives to construct and vote on the most clinically applicable companion consensus statement, based on their experience and expertise (see Companion Consensus Statement Process for more details). If the suggested specialty society agrees to participate, AAOS staff provides the relevant materials to their nominated panel members, guides them through the process, and compiles the final companion consensus statement(s) for societal approval.

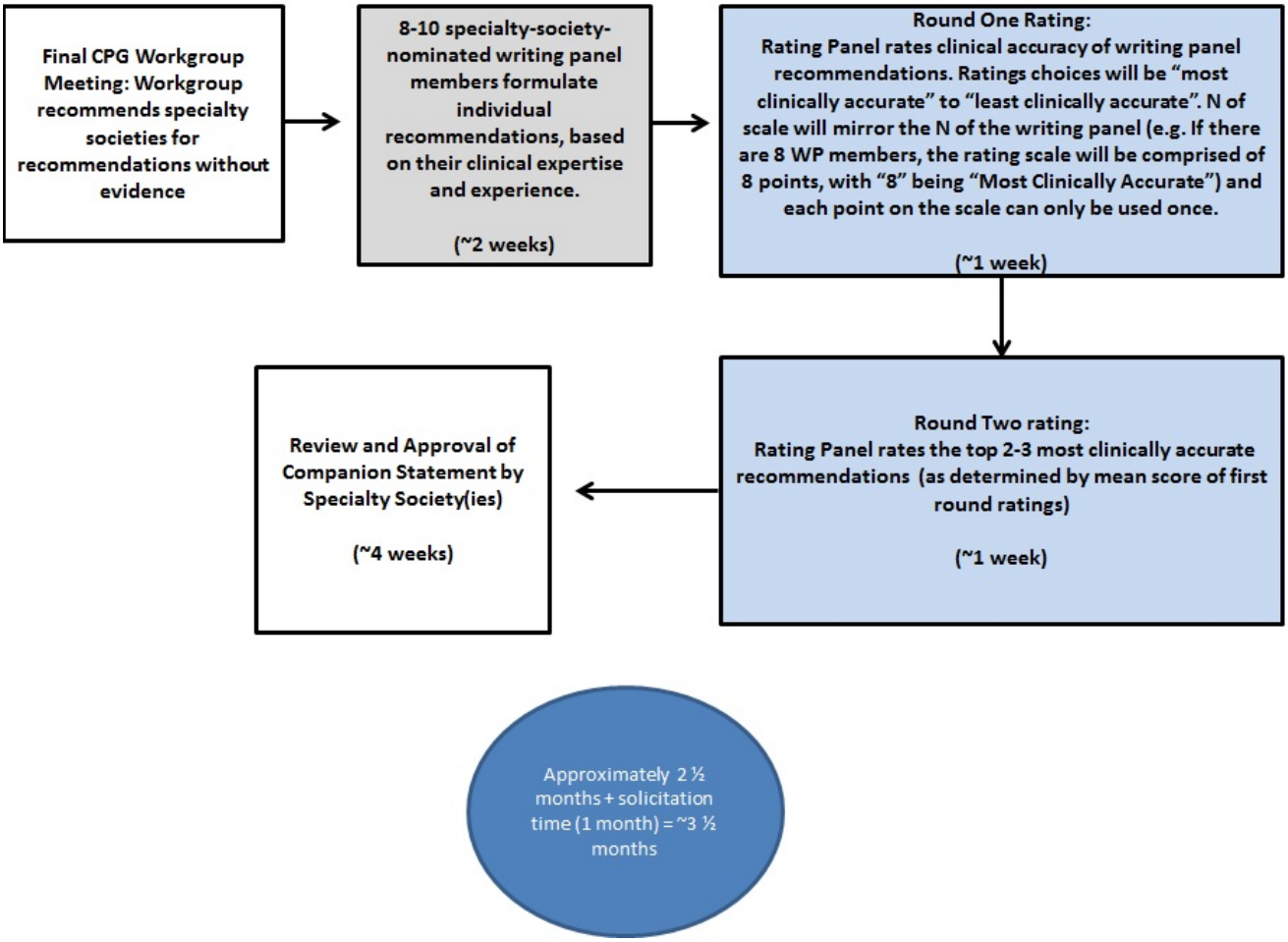
Companion Consensus Statement Process

1. At the final CPG meeting, the workgroup will review all topics for which there is no evidence to support a recommendation and will only develop consensus recommendations if failure to do so could have catastrophic consequences, for example, a threat to life or limb. The CPG workgroup will refer any remaining topics with no evidence to the appropriate specialty society(ies) best suited to address those specific recommendations.
2. Following the final guideline meeting (step 8 on CPG Process Flowchart), AAOS staff will construct the list of guideline recommendations that were referred to specialty societies by the guideline workgroup.
3. Relevant specialty societies are notified of their selection to produce a companion consensus statement, provided with the materials listed below, and given the option to accept or deny the offer to participate.
4. If participation is accepted, an informational packet will be sent to the relevant contacts from participating specialty societies, along with deadlines for assignment of specialty society members for writing panel (n=8 to 10) and rating panel members (n=8 to 10).
5. The CPG workgroup chairs will be available for discussion of each recommendation, specifically the intent of the PICO questions asked to ensure that the companion consensus process focuses on the correct issue.
6. After receiving writing panel and rating panel nominations, AAOS staff will follow up with each panel member and inform them of their charges (see Figure 1) and provide each of the panels with the relevant links to their electronic forms.
7. AAOS staff will send out relevant surveys/materials, timeline reminders, and status updates about the progress of the companion consensus statement process.

Materials that are provided to the Specialty Societies

1. List of their selected recommendations Bibliography of all excluded articles for each relevant recommendation
2. Format/language for forming a companion consensus statement (must be met to receive AAOS endorsement). That is, “In the absence of reliable evidence, it is the opinion of X that Y.”
3. Clear explanation of the target area of the target population that the guideline is addressing.

Figure 1. Flowchart for Companion Consensus Statements Construction Using Modified Delphi Method



All Delphi Panels should be constructed with appropriate levels of involvement of each specialty society suggested, unless that specialty society chooses not to be involved.

Appendices

Appendix I: Preliminary Recommendations

The following recommendations were constructed at the introductory meeting by the Clinical Practice Guideline on the Management of Hip Fractures in the Elderly volunteer clinician workgroup. No evidence was found for these preliminary recommendations, thus the workgroup suggested the Orthopaedic Trauma Association as the most relevant organization to construct companion consensus statements.

Preliminary Recommendation 1- Initial Patient Evaluation

We recommend patients with a presumed hip fracture be initially evaluated with radiographs to include a low antero-posterior (A/P) pelvis and a cross table lateral view.

Preliminary Recommendation 2- Negative Plain Films and Exam

We recommend that patients with a negative physical examination and negative plain films be evaluated for other causes of symptoms.

Preliminary Recommendation 3- Long Cephalomedullary Nails

When using a cephalomedullary device in patients, we recommend using a long cephalomedullary device.

Appendix II: OTA Panel Members & AAOS Staff

Writing Panel

Kenneth Egol, MD

Kenneth Koval, MD

Chad Coles, MD

William Obremskey, MD, MPH

Michael Zlowodzki, MD

Jaimo Ahn, MD, PhD

Voting Panel

Steve Olson, MD

Paul Tornetta III, MD

John Wixted, MD

Douglas Lundy, MD

AAOS Staff

William O. Shaffer, MD
Medical Director

Deborah S. Cummins, PhD
Director of Research and Scientific Affairs

Jayson N. Murray, MA
Manager, Evidence-Based Medicine Unit

Kaitlyn Sevarino
Evidence-Based Quality and Value Coordinator

Yasseline Martinez
Administrative Coordinator

Erica Linskey
Administrative Assistant

Appendix III: OTA Approval

Orthopaedic Trauma Association Letter of Approval

Attn: Jayson Murray, MA, AAOS Manager of the Evidence-Based Medicine Unit

I'm writing to let you know the OTA EBQVS Committee and the OTA BOD have reviewed and approved the attached consensus companion statements; with one proposed edit noted below. Thank you for your inclusion of OTA in this project.

Kathleen Caswell, CAE, Executive Director of the Orthopaedic Trauma Association

Change **Consensus Companion Statement:** In the absence of reliable evidence, OTA recommends that long cephalomedullary nails be used for intertrochanteric fractures with lateral wall involvement as well as subtrochanteric and reverse obliquity fractures.

To

Consensus Companion Statement: In the absence of reliable evidence, OTA recommends that long cephalomedullary nails be used for intertrochanteric fractures subtrochanteric and reverse obliquity fractures.

Appendix IV: AAOS Endorsement Process

AAOS BODIES THAT APPROVED ENDORSEMENT OF THIS COMPANION CONSENSUS STATEMENT DOCUMENT

Committee on Evidence Based Quality and Value

The committee on Evidence Based Quality and Value (EBQV) consists of twenty AAOS members who implement evidence-based quality initiatives such as clinical practice guidelines (CPGs) and appropriate use criteria (AUCs). They also oversee the dissemination of related educational materials and promote the utilization of orthopaedic value products by the Academy's leadership and its members.

Council on Research and Quality

The Council on Research and Quality promotes ethically and scientifically sound clinical and translational research to sustain patient care in musculoskeletal disorders. The Council also serves as the primary resource for educating its members, the public, and public policy makers regarding evidenced-based medical practice, orthopaedic devices and biologics, regulatory pathways and standards development, patient safety, occupational health, technology assessment, and other related important errors. The Council is comprised of the chairs of the committees on Biological Implants, Biomedical Engineering, Performance Measures, Patient Safety, Research Development, and chair and Appropriate Use Criteria and Clinical Practice Guideline section leaders of the Committee on Evidence Based Quality and Value. Also on the Council are the second vice-president, two members at large, and representatives of the Diversity Advisory Board, Women's Health Issues Advisory Board, Board of Specialty Societies (BOS), Board of Councilors (BOC), Communications Cabinet, Healthcare Systems Committee, and Orthopedic Research and Education Foundation (OREF).

Board of Directors

The 17 member Board of Directors manage the affairs of the AAOS, set policy, and oversee the Strategic Plan.