



Response letter to: “The importance of structural barriers of osteoporotic hip fracture in the elderly”

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Thank you for your insightful remarks on our recent publication regarding the barriers and facilitators of weight bearing after hip fracture surgery among older adults.

We agree with your emphasis on the modifiable factors related to surgical and non-surgical processes, and structural barriers. These modifiable factors lend themselves to quality improvement, and ultimately improved health outcomes. We also agree that it is well established that earlier time to surgery is associated with better health outcomes and is an indicator of quality of care. This is supported by your multicentre study. For our review, few studies evaluated whether earlier time to surgery was a facilitator of full weight bearing postoperatively, our outcome of interest ($n = 3$ with inconsistent evidence for an association). It may be hypothesised that earlier surgery is associated with full weight bearing orders, given both are considered best practice (for the vast majority of patients with hip fracture). However, we found limited empirical evidence to confirm/refute this hypothesis in our review. The association between early surgery and

whether full weight bearing orders are in fact realised by the patient is perhaps a little more complex (as many additional factors come into play such as pain, fear, staffing etc.).

Declarations

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