

Long-Term Care Survey Alert

Research: Orthopedic Trauma Can Impact Your Rehab Patients' Mental Health

Elderly hip fracture patients may also have a fear component, says orthopedics expert.

Patients receiving rehab therapy for traumatic orthopedic injuries may also be in need of psychological care and repair.

That's the conclusion of a new review article by Brown University researchers who found evidence linking posttraumatic stress disorder (PTSD) to injuries caused by "high-velocity trauma, such as motor vehicle accidents and falls from height," according to **Daniel Aaron, MD**, a clinical instructor with the Department of Orthopaedics at Brown University.

"Generally, higher-energy mechanisms are most commonly associated with PTSD, but no specific type of fracture or injury has been identified," Aaron noted in a press release on the article published in the Journal of the American Academy of Orthopaedics. "Basically, any type of musculoskeletal injury that results from significant trauma may be associated with PTSD."

Not uncommon: Twenty to 51 percent of people with an orthopedic injury develop PTSD, according to the release (<http://www6.aaos.org/news/pemr/releases/release.cfm?releasenum=999>).

Risk factors: Younger people are at higher risk for developing PTSD; so are females, and those who use alcohol and drugs and have lower socioeconomic status and less education, according to the release. "One study also suggests people of Hispanic origin may be at greater risk for PTSD."

Symptoms: A person with PTSD "may have nightmares, hyper-arousal symptoms, difficulty concentrating, blunted affect due to emotional numbing," and they may refuse to think or talk about their trauma, Aaron tells Eli. "There are some studies that talk about people's pain coping ability corresponding to PTSD," he adds. "People at risk of developing PTSD often have higher self-reported pain."

Potential consequences: "Without effective treatment, PTSD can hinder activities of daily living, such as bathing, eating, paying bills, shopping, laundry and other household chores," Aaron said in the press release. "Patients with PTSD also may be delayed in returning to work." People with an acute form of post-traumatic stress, which has signs "more or less" like PTSD, are more likely to develop the chronic form, Aaron cautions. But psychological intervention can help prevent that from happening, he adds.

If you do identify acute or longer-term post-traumatic stress, consider referring the person to a behavioral health professional, such as a psychologist or psychiatrist, Aaron suggests. He points to a number of medications that have been studied for treating the condition, including "beta blockers and alpha-1 inhibitors such as prazosin, SSRIs, and benzodiazepines, among others."

Rehabilitation therapists should also understand that a person with post-traumatic stress symptoms maybe be "a little bit slower to rehab physically, as well as psychologically," Aaron advises. "Being sensitive to that is important."

Elderly Hip Fracture Patients May Be Affected Too

The studies in the Brown University review article mainly focused on "high-velocity trauma," says Aaron. But he and colleagues are now taking a look at this issue in elderly patients with hip fractures. This population may also have "an emotional and psychological component" related to their fractures, although it's not specifically post-traumatic stress, he tells Eli. "While it hasn't been well studied," information in the literature suggests "that some elderly patients have [a fear of re-falling] after a hip fracture," he says. And the fear "inhibits their ability to participate in rehabilitation."

Consider These Rehab Approaches

"Patients who have sustained a fracture often are fearful of falling because they have experienced many direct consequences" of a fall, such as surgery or immobilization, says **Kate Brewer, PT, MBA, GCS, RAC-CT**, VP of Greenfield Rehabilitation Agency Inc. in Greenfield, Wis. In working with these patients, the physical therapist "should resist the urge to discount their verbalized fear, because it is very real to the patient."

Strategies to help patients "work through their fear of falling" include the following, she says:

- "Listen and acknowledge. Let them know you understand their fear.
- Build their confidence. Review the progress they have made in therapy, and reinforce that they have gained strength and have the tools to regain their independence.
- Increase awareness. Ensure the patient is aware of their surroundings, to prevent further injury.
- Celebrate success. When a patient is fearful, praise can help them increase their confidence and conquer their fear."