Fractures
- Number of ribs fx'd correlated directly with pulmonary complications & mortality
- Musculoskeletal injuries post fall most commonly involve wrists, hip, vertebrae, proximal humerus, & pelvis
- Mortality rates 5 to 8 times greater during the 3-month period after hip fx.
- Proximal fx's of humerus are common due to fall on outstretched hand or directly on the shoulder
  - Treatment is usually non-operative with sling/shoulder immobilizer
  - 3-4 part fx's associated with avascular necrosis
  - Axillary x-ray views needed to assess angulation
- Pelvic fx's in elderly are commonly multiple with higher mortality (4x)
- Mortality post hip fx is 36% during 1st year. Delay of surgical fixation >2 days increases mortality. Lifetime risk in women=22.7%, in men=11.1%
- Operative & non-operative management of wrist fx's both result in minor limitation of ROM & diminished grip strength, but without limiting functional recovery at one year

Abdominal
- Abdominal trauma mandates liberal CT use. Spleen less commonly injured

Key Teaching Points
- Anticipate the impact of declining reserve in organs, ↑’d #s of meds & medical co-morbidities, ↑’d likelihood of falls, & ↑’d fx risk as key considerations in management of elderly trauma pts
- Consider elder abuse & substance abuse when injury pattern does not match the hx
- Elderly pts on warfarin therapy sustaining blunt head trauma-- 7% experience intracranial hemorrhage; mortality = 50 % if INR is 3 or >
- Elderly trauma pts require comprehensive assessment & a low threshold for laboratory & imaging studies
- National Trauma Triage Protocol recommends older adult trauma victims transported to a trauma center because “risk of injury death increases after age 55 years.”
- Geriatric pts that sustain multiple trauma can benefit from aggressive treatment provided at Levels 1 & 2 Trauma Centers
- Only elderly pts with isolated injury patterns & good support systems can be considered for safe discharge from the ED after discussion with the PCP

References

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