



Bilaga 2 Exkluderade studier

För att en studie skulle inkluderas krävdes att följande kriterier uppfylldes.

- **Population.** Patienterna i studien måste vara 65 år eller äldre samt ha genomgått operation för höftfraktur.
- **Intervention.** Studien måste utvärdera effekter av teambaserad interdisciplinär rehabilitering.
- **Jämförelsealternativ.** Jämförelsealternativet måste vara annan rehabilitering utan interdisciplinära team vars innehåll är så pass väldokumenterad att interventionseffekter kan tolkas på ett meningsfullt sätt.
- **Effektmått.** Minst ett, av följande typer av effektmått, måste redovisas: aktivitets- och funktionsförmåga (ADL/IADL); kognitiv funktion; depression; hälsorelaterad livskvalitet; närståendepåverkan; boende i eget hem efter utskrivning; överlevnad; eller komplikationer.
- **Studiedesign.** Studien måste vara en randomiserad och kontrollerad studie.

Ibland har artiklar exkluderats för att ett villkor inte varit uppfyllt och ibland handlar det om flera villkor. Oftast redovisas ett skäl även om fler är möjliga. Ett förekommande exkluderings-skäl är irrelevant population då populationen innehöll personer under 65 år. Ytterligare ett exkluderings-skäl är då interventionen inte motsvarat våra kriterier, alltså irrelevant intervention. Slutligen, i många fall var studierna inte randomiserade och kontrollerade i dessa fall var bedömningen irrelevant design. Efter genomläsning i fulltext exkluderades 39 artiklar.

| Artikel | Bedömning/ Orsak |
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| Cook, W. L., Khan, K. M., Bech, M. H., Brasher, P. M., Brown, R. A., Bryan, S., Ashe, M. C. (2011). Post-discharge management following hip fracture--get you back to B4: a parallel group, randomized controlled trial study protocol. <i>BMC Geriatr</i> , 11, 30. | Irrelevant design |
| Crotty, M., Kittel, A., & Hayball, N. (2000). Home rehabilitation for older adults with fractured hips: how many will take part? <i>J Qual Clin Pract</i> , 20(2-3), 65-68. | Irrelevant intervention |
| Crotty, M., Whitehead, C. H., Gray, S., & Finucane, P. M. (2002). Early discharge and home rehabilitation after hip fracture achieves functional improvements: a randomized controlled trial. <i>Clin Rehabil</i> , 16(4), 406-413. | Irrelevant intervention |
| Crotty, M., Whitehead, C., Miller, M., & Gray, S. (2003). Patient and caregiver outcomes 12 months after home-based therapy for hip fracture: a randomized controlled trial. <i>Arch Phys Med Rehabil</i> , 84(8), 1237-1239. | Irrelevant intervention |
| Deneckere (Vanhaecht, K., Sermeus, W., Peers, J., Lodewijckx, C., Deneckere, S., Leigheb, F., Panella, M.) (2012). The impact of care pathways for patients with proximal femur fracture: rationale and design of a cluster-randomized controlled trial. <i>BMC Health Serv Res</i> , 12, 124. | Irrelevant design |
| Deneckere, S., Euwema, M., Lodewijckx, C., Panella, M., Mutsvari, T., Sermeus, W., & Vanhaecht, K. (2013). Better interprofessional teamwork, higher level of organized care, and lower risk of burnout in acute health care teams using care pathways: a cluster randomized controlled trial. <i>Med Care</i> , 51(1), 99-107. | Irrelevant population |
| Deschodt, M., Braes, T., Broos, P., Boonen, S., Flamaing, J., & Milisen, K. (2010). A geriatric liaison team caring for elderly hip-fractured patients: a randomized controlled trial. Fourth European Nursing Congress. <i>Journal of Clinical Nursing</i> , 19, 110-111. | Irrelevant intervention |
| Deschodt, M., Braes, T., Broos, P., Sermon, A., Boonen, S., Flamaing, J., & Milisen, K. (2011). Effect of an Inpatient Geriatric Consultation Team on Functional Outcome, Mortality, Institutionalization, and Readmission Rate in Older Adults with Hip Fracture: A Controlled Trial. <i>Journal of the American Geriatrics Society</i> , 59(7), 1299-1308. | Irrelevant design |
| Deschodt, M., Braes, T., Flamaing, J., Detroyer, E., Broos, P., Haentjens, P., Milisen, K. (2012). Preventing delirium in older adults with recent hip fracture through multidisciplinary geriatric consultation. <i>J Am Geriatr Soc</i> , 60(4), 733-739. | Irrelevant outcome |
| Di Monaco, M., Vallero, F., De Toma, E., Castiglioni, C., Gardin, L., Giordano, S., & Tappero, R. (2012). Adherence to recommendations for fall prevention significantly affects the risk of falling after hip fracture: post-hoc analyses of a quasi-randomized controlled trial. <i>Eur J Phys Rehabil Med</i> , 48(1), 9-15. | Irrelevant design |
| Elley, C. R., Robertson, M. C., Garrett, S., Kerse, N. M., McKinlay, E., Lawton, B. Campbell, A. J. (2008). Effectiveness of a falls-and-fracture nurse coordinator to reduce falls: a randomized, controlled trial of at-risk older adults. <i>J Am Geriatr Soc</i> , 56(8), 1383-1389. | Irrelevant intervention |
| Galea, M. P., Levinger, P., Lythgo, N., Cimoli, C., Weller, R., Tully, E., Westh, R. (2008). A targeted home- and center-based exercise program for people after total hip replacement: a randomized clinical trial. <i>Arch Phys Med Rehabil</i> , 89(8), 1442-1447. | Irrelevant intervention |

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| Gregersen, M., Morch, M. M., Hougaard, K., & Damsgaard, E. M. (2012). Geriatric intervention in elderly patients with hip fracture in an orthopedic ward. <i>J Inj Violence Res</i> , 4(2), 45-51. | Irrelevant design |
| Hoekstra, J. C., Goosen, J. H., de Wolf, G. S., & Verheyen, C. C. (2011). Effectiveness of multidisciplinary nutritional care on nutritional intake, nutritional status and quality of life in patients with hip fractures: a controlled prospective cohort study. <i>Clin Nutr</i> , 30(4), 455-461. | Irrelevant design |
| Huusko, T. M., Karppi, P., Kautiainen, H., Suominen, H., Avikainen, V., & Sulkava, R. (2002). Randomized, double-blind, clinically controlled trial of intranasal calcitonin treatment in patients with hip fracture. <i>Calcif Tissue Int</i> , 71(6), 478-484. | Irrelevant intervention |
| Johansen, I., Lindbaek, M., Stanghelle, J. K., & Brekke, M. (2012). Structured community-based inpatient rehabilitation of older patients is better than standard primary health care rehabilitation: an open comparative study. <i>Disabil Rehabil</i> , 34(24), 2039-2046. | Irrelevant design |
| Lin, P. C., Wang, C. H., Chen, C. S., Liao, L. P., Kao, S. F., & Wu, H. F. (2009). To evaluate the effectiveness of a discharge-planning programme for hip fracture patients. <i>J Clin Nurs</i> , 18(11), 1632-1639. | Irrelevant intervention |
| Macfie, D., Zadeh, R. A., Andrews, M., Crowson, J., & Macfie, J. (2012). Perioperative multimodal optimisation in patients undergoing surgery for fractured neck of femur. <i>Surgeon</i> , 10(2), 90-94. | Irrelevant design |
| Moseley, A. M., Sherrington, C., Lord, S. R., Barraclough, E., St George, R. J., & Cameron, I. D. (2009). Mobility training after hip fracture: a randomised controlled trial. <i>Age Ageing</i> , 38(1), 74-80. | Irrelevant intervention |
| Orwig (Yu-Yahiro, J. A., Resnick, B., Orwig, D., Hicks, G., & Magaziner, J.) (2009). Design and implementation of a home-based exercise program post-hip fracture: the Baltimore hip studies experience. <i>Pm r</i> , 1(4), 308-318. | Irrelevant intervention |
| Orwig, D. L., Hochberg, M., Yu-Yahiro, J., Resnick, B., Hawkes, W. G., Shardell, M., Magaziner, J. (2011). Delivery and outcomes of a yearlong home exercise program after hip fracture: a randomized controlled trial. <i>Arch Intern Med</i> , 171(4), 323-331. | Irrelevant intervention |
| Ryan, T., Enderby, P., & Rigby, A. S. (2006). A randomized controlled trial to evaluate intensity of community-based rehabilitation provision following stroke or hip fracture in old age. <i>Clin Rehabil</i> , 20(2), 123-131. | Irrelevant population |
| Ryan, T., Enderby, P., & Rigby, A. S. (2006). A randomized controlled trial to evaluate intensity of community-based rehabilitation provision following stroke or hip fracture in old age: Results at 12-month followup. <i>International Journal on Disability and Human Development</i> , 5(1), 83-89. | Irrelevant intervention |
| Shyu 1, Y. I., Lu, J. F., & Liang, J. (2004). Evaluation of Medical Outcomes Study Short Form-36 Taiwan version in assessing elderly patients with hip fracture. <i>Osteoporos Int</i> , 15(7), 575-582. doi: 10.1007/s00198-003-1580-3 | Irrelevant design |
| Shyu 2, Y. I., Liang, J., Wu, C. C., Su, J. Y., Cheng, H. S., Chou, S. W., & Yang, C. T. (2005). A pilot investigation of the short-term effects of an interdisciplinary intervention program on elderly patients with hip fracture in Taiwan. <i>J Am Geriatr Soc</i> , 53(5), 811-818. | Irrelevant population |

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| Shyu 3 (Tseng, M. Y.), Shyu, Y. I., & Liang, J. (2012). Functional recovery of older hip-fracture patients after interdisciplinary intervention follows three distinct trajectories. <i>Gerontologist</i> , 52(6), 833-842. | Irrelevant population |
| Shyu 3, Y. I., Liang, J., Wu, C. C., Cheng, H. S., & Chen, M. C. (2010). An interdisciplinary intervention for older Taiwanese patients after surgery for hip fracture improves health-related quality of life. <i>BMC Musculoskelet Disord</i> , 11, 225. | Irrelevant population |
| Shyu 3, Y. I., Tsai, W. C., Chen, M. C., Liang, J., Cheng, H. S., Wu, C. C., Chou, S. W. (2012). Two-year effects of an interdisciplinary intervention on recovery following hip fracture in older Taiwanese with cognitive impairment. <i>Int J Geriatr Psychiatry</i> , 27(5), 529-538. | Irrelevant population |
| Shyu 3, Y. L., Liang, J., Wu, C., Su, J., Cheng, H., Chou, S., Tseng, M. (2010). Two-year effects of interdisciplinary intervention for hip fracture in older Taiwanese. <i>Journal of the American Geriatrics Society</i> , 58(6), 1081-1089. | Irrelevant population |
| Shyu 4, Y. I., Liang, J., Tseng, M. Y., Li, H. J., Wu, C. C., Cheng, H. S., Chen, C. Y. (2013). Comprehensive care improves health outcomes among elderly Taiwanese patients with hip fracture. <i>J Gerontol A Biol Sci Med Sci</i> , 68(2), 188-197. | Irrelevant population |
| Shyu 4, Y. I., Liang, J., Tseng, M. Y., Li, H. J., Wu, C. C., Cheng, H. S., Yang, C. T. (2013). Comprehensive and subacute care interventions improve health-related quality of life for older patients after surgery for hip fracture: a randomised controlled trial. <i>Int J Nurs Stud</i> , 50(8), 1013-1024. | Irrelevant population |
| Singh, N.A., Quine, S., Clemson, L.M., Williams, E.J., Williamson, D.A., Stavrinou, T.M., Grady, J.N., Perry, T.J., Lloyd, B.D., Smith, E.U., Singh, M.A. (2012). Effects of high-intensity progressive resistance training and targeted multidisciplinary treatment of frailty on mortality and nursing home admissions after hip fracture: a randomized controlled trial. <i>J Am Med Dir Assoc</i> . 2012 Jan;13(1):24-30. | Irrelevant population |
| Smulders, E., Weerdesteyn, V., Groen, B. E., Duysens, J., Eijssbouts, A., Laan, R., & Van Lankveld, W. (2010). Efficacy of a short multidisciplinary falls prevention program for elderly persons with osteoporosis and a fall history: A randomized controlled trial. <i>Archives of Physical Medicine and Rehabilitation</i> , 91(11), 1705-1711. | Irrelevant population |
| Swanson, C. E., Day, G. A., Yelland, C. E., Broome, J. R., Massey, L., Richardson, H. R., Marsh, A. (1998). The management of elderly patients with femoral fractures. A randomised controlled trial of early intervention versus standard care. <i>Med J Aust</i> , 169(10), 515-518. | Irrelevant population |
| Uy, C., Kurrle, S. E., & Cameron, I. D. (2008). Inpatient multidisciplinary rehabilitation after hip fracture for residents of nursing homes: a randomised trial. <i>Australas J Ageing</i> , 27(1), 43-44. | Irrelevant intervention |
| Wai-Shan Louie, S., Mei-yee, P., Shuk-yiu, Y., Wai-ling, C., Kai-ming, A., & Kam-man, W. (2012). Effectiveness of a patient/carer empowerment programme for people with hip fractures. <i>International Journal of Therapy & Rehabilitation</i> , 19(12), 673-681. | Irrelevant intervention |
| Ward, J. A., Harden, M., Gibson, R. E., & Byles, J. E. (2010). A cluster randomised controlled trial to prevent injury due to falls in a residential aged care population. <i>Medical Journal of Australia</i> , 192(6), 319-322. | Irrelevant intervention |

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| <p>Watne, L.O., Torbergsen, A.C., Conroy, S., Engedal, K., Frihagen, F., Hjorthaug, G.A., Juliebo, V., Raeder, J., Saltvedt, I., Skovlund, E., Wyller, TB. (2014) The effect of a pre- and postoperative orthogeriatric service on cognitive function in patients with hip fracture: randomized controlled trial (Oslo Orthogeriatric Trial). <i>BMC Med.</i> 2014 Apr 15;12:63.</p> | <p>Irrelevant population</p> |
| <p>Wyller, T. B., Watne, L. O., Torbergsen, A., Engedal, K., Frihagen, F., Juliebo, V., Conroy, S. (2012). The effect of a pre- and post-operative orthogeriatric service on cognitive function in patients with hip fracture. The protocol of the Oslo Orthogeriatrics Trial. <i>BMC Geriatr</i>, 12, 36.</p> | <p>Irrelevant design</p> |