**Hip Protector Guidelines**

NICE 161 Guidelines (2013) state that all inpatients aged 65+ and inpatients between 50-64 who are assessed as high risk of falls should be considered for individualised multifactorial interventions to treat or manage that risk during their stay.

Patients experiencing high falls, osteoporosis, balance and gait abnormalities and fear of falling are at increased risk of experiencing fractured neck of femur as a result of falls. Hip fractures are associated with decreased mobility, increases in dependency and high mortality rates.

Hip protectors consist of plastic shields or foam pads fitted into pockets with specially designed underwear worn to reduce the impact of a sideways falls thus reducing the likelihood of hip fracture.



Since the early nineties it has been suggested that this system of moving the stress of impact from the trochanter to the surrounding soft tissue reduces the risk of hip fracture and early biomechanical studies using crash test dummies provided evidence to support this theory.

Cameron et al (2001) in their RCA found no difference in hip fractures between their Hip Protector group and the control group, though they suggested that lack of compliance in wearing the Hip Protectors was the influencing factor. Parker et al (2006) found similar results when doing their systematic review into the effectiveness of hip protectors in preventing hip fractures. They confirmed the lack of evidence for supporting their use in Older People living in the community and suggested that the evidence for use in Residential and Nursing Care facilities was limited, compromised by compliance on the part of the individual.

More recently a Cochrane Review (2010) looking at a series of RCA’s assessing the real impact of hip protectors in reducing hip fractures appears to agree with Cameron et al (2001) and Parker (2006) et al’s findings. They found that the use of hip protectors had little or no impact on hip fractures in community dwelling older people, however they found minimal effectiveness for use in Older People in Nursing and Residential Care though compliance was still a significant factor.

In a later study looking at influencing compliance, Cameron et al (2011) investigated provision of education of the importance of use of hip protectors at the time of provision but found no improvement in compliance with this intervention. They report that one positive influence was through the staff providing care and that their engagement was also essential in improving adherence. However, they also found ambiguity in the staff attitudes to use of Hip Protectors.

The Cochrane Review (2010) found evidence that issues around comfort, dressing and toileting adversely impacted on compliance.

The implication for our practice is that provision of hip protectors should be considered carefully as a part of an individualised intervention plan per patient.

* Patients who are frequent fallers or who are extremely at risk of falls
* Patients who are at risk of fragility fractures
* They should **only** be considered with patients who are to be discharged to Residential or Nursing Care facilities
* They should **only** be considered with patients who will have assistance with personal care and toileting.
* That the Residential or Nursing Care Facility discharge destination should be included in discussions around provision of the hip protectors to improve compliance.

**References**

Cameron I D, Kurrle S E, Quine S, Sambrook P N, March l, Chan D K Y, Lockwood K, Cook B and Schaafsma F F (2011*) Improving Adherence with the use of Hip Protectors among Older People living in nursing care facilities: A Cluster Randomized Trial*. American Directors Association 10: 50-57

Cameron I D, Venman J, Kurrle S E, Lockwood K, Birks C, Cumming R G, Quine S and Bashford G (2001) *Hip Protectors in aged care facilities: Randomized Control Trial of the use by individual higher risk residents*. Age and Aging 30: 477-481

Gillespie W J, Gillespie L D and Parker M J (2010) Cochrane Collaboration (Review) Hip Protectors for Preventing Fractures in Older People. Cochrane Collaboration

Parker M J, Gillespie W J and Gillespie L D (2006) *Effectiveness of hip protectors for preventing hip fractures in elderly people: systematic review*. BMJ 10: 1-4

*Here are some links to buy hip protectors online (please note, these suppliers are not linked to CHSS)*

[HipSaver Hip Protectors | Win Health Medical Ltd (win-health.com)](https://www.win-health.com/hipsaver-soft-hip-protector-styles.html)

[Fall-Safe® Hip Protectors with 4 pairs of Unisex underpants - size Large : Amazon.co.uk: Health & Personal Care](https://www.amazon.co.uk/Fall-Safe%C2%AE-Protectors-pairs-Unisex-underpants/dp/B005R0CX8A/ref%3Dsr_1_4_sspa?adgrpid=1176478340408372&hvadid=73530099332958&hvbmt=bp&hvdev=c&hvlocphy=4901&hvnetw=o&hvqmt=p&hvtargid=kwd-73530032315735%3Aloc-188&hydadcr=22609_2171582&keywords=hip+pads+protection&qid=1687355084&sr=8-4-spons&sp_csd=d2lkZ2V0TmFtZT1zcF9hdGY&psc=1)