

Factors ID'd that influence lack of orthopedic follow-up

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For patients treated in the emergency department, orthopedic-related and demographic variables influence failure to return for outpatient management, according to a study published in the Oct. 1 issue of *The Journal of Bone & Joint Surgery*.

(HealthDay)—For patients treated in the emergency department, orthopedic-related and demographic variables influence failure to return for outpatient management ("no-show"), according to a study published in the Oct. 1 issue of *The Journal of Bone & Joint Surgery*.

Michelle M. Coleman, M.D., from the University of North Carolina at Charlotte, and colleagues reviewed the charts of 464 consecutive adult patients who received an orthopedic consult in the [emergency department](#). They assessed the correlations between injury type and management with no-show.

The researchers observed a 26.1 percent rate of no-show. Significant

differences were seen in no-show rates based on the cause of injury (odds ratio [OR], 7.51), with the highest rate among assault victims. No-show rates were influenced by anatomic region of injury (OR, 6.61), with the highest rate for patients with a spine or back complaint. The orthopedic resident provider consulted influenced follow-up rates (OR, 10.8), but this was unrelated to training level ($P = 0.25$). No-show rate was also affected by the type of bracing applied (OR, 2.46), with follow-up worsening with the ease of removing the brace ($P = 0.0001$). Morbid obesity and current tobacco use were also predictive of clinic nonattendance (ORs, 15.0 and 5.56, respectively).

"These findings are useful in identifying patients at high risk for no-show to scheduled orthopedic follow-up appointments and may influence disposition and management decisions for these patients," the authors write.

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