



## Early Discharge after Hip Fracture Surgery is Safe and Maintains Quality of Life in Elderly Patients: Experience from a Low-Resource Setting

Michael Sylvestre A. Saturnino, MD, ChM T&O (Edin)

*Adult Orthopedic Unit, Philippine Orthopedic Center, Quezon City, Philippines*

### ABSTRACT

**Background.** While many studies compare early intervention versus delayed surgery in fragility hip fractures, there are few studies regarding the postoperative course of these patients. It is worth looking at the other side of the surgery to determine if an early discharge after hip fracture surgery is favorable.

**Methodology.** This was a retrospective cohort study on elderly hip fracture patients. Subjects were classified into those discharged one to two days post-op (early discharge) and three to six days post-op (routine discharge). World Health Organization Quality of Life Brief version (WHOQOL-BREF) in Tagalog scores were taken at two weeks, six weeks, and twelve weeks post-operation. Complications or readmission related to the index surgery, patient satisfaction, and cost difference were also analyzed.

**Result.** Sixty-two subjects were included in this study. WHOQOL-BREF scores of all subjects significantly increased up to 12 weeks of follow-up. Physical domain score in the WHOQOL-BREF was better in the early discharge group in the first six weeks only. Hospitalization costs for the two groups were not significantly different. No participant was readmitted due to complications of their index surgery. Most (73%) said they were *Very Satisfied* with their course of hospital stay, while 27% were *Satisfied*.

**Conclusion.** This study shows that even in a low-resource setting, elderly hip fracture patients have good outcomes in terms of quality of life, have a high satisfaction rate, and no increased risk of post-op complications if discharged early.

**Keywords.** fragility hip fracture, early discharge, quality of life, developing countries

### INTRODUCTION

The incidence of hip fractures in the elderly is steadily rising as life expectancies get longer, thanks to medical advances and changing health habits. Although exact nationwide statistics are unavailable, records from the author's institution confirm this increasing trend. There are various procedures to address these elderly hip fractures: plating, nailing, and joint replacement. Technique and implant advancements have hastened recovery compared to the previous decade. Shortening the length of post-op stay has been investigated with the advent of enhanced recovery after surgery (ERAS).

Peter Salmon et al. compared patients' evaluation of care at a center with rapid discharge to two comparison sites with longer durations of stay. They found that a short period of three days was not detrimental to the patients.<sup>1</sup> A large study involving 330,000 patients concluded that same-day discharge and accelerated discharge were safe for patients undergoing total joint replacement.<sup>2</sup> Alley et al. found that early discharge among total hip arthroplasty patients was safe

ISSN 0118-3362 (Print)  
eISSN 2012-3264 (Online)  
Printed in the Philippines.  
Copyright© 2025 by Saturnino.  
Received: September 18, 2025  
Accepted: October 8, 2025  
Published Online: November 6, 2025.  
<https://doi.org/10.69472/poai.2025.30>

Corresponding author:  
Michael Sylvestre A. Saturnino, MD, ChM T&O (Edin)  
Medical Officer III, Orthopedic Surgery Consultant  
Adult Orthopedic Unit, Philippine Orthopedic Center  
78-A Maria Clara St., Sta. Mesa Heights,  
Quezon City, 1114 Metro Manila, Philippines  
Tel. No.: (+632) 8711-4276  
E-mail: [mico\\_sp@yahoo.com](mailto:mico_sp@yahoo.com)  
ORCID: <https://orcid.org/0009-0000-1076-2592>



in safety net hospitals,<sup>3</sup> and a delay in the discharge increased the risk of complications and readmission.<sup>4</sup>

While early discharge has been proven effective in developed countries, applying this process in a low-resource setting such as the Philippines has yet to be studied since most surgeons still favor delayed discharge. In an informal survey among Orthopedic Surgeons in the northern Philippines, more than 92% of the 24 respondents discharge their elderly hip fracture patients more than three days after surgery. There were multiple reasons: awaiting inpatient rehabilitation, which usually starts one or two days after surgery; prolonged IV antibiotics; wound monitoring; drain output monitoring; assurance to the healthcare provider that the patient can sit and mobilize through physical therapy; and superstitions that a more extended stay can avoid developing complications in the future. Advanced age and poor fitness for anesthesia (higher ASA) have been associated with longer extended hospital stays.<sup>5</sup>

While many studies compare early intervention versus delayed surgery in fragility hip fractures, there are few studies regarding the postoperative course of these patients. It is worth looking at the other side of the surgery and asking if an early discharge protocol is applicable.

In a low-resource set-up, maximizing resources and minimizing hospital stay can avoid wastage, reduce expenses, and allocate resources to others in need.

### Study location: Tertiary government hospital in the Philippines

This research study was conducted at a government tertiary hospital in the Philippines. Our population had limited access to postoperative care and rehabilitation services. The institution lacks postoperative protocols. Since there was no down-referral network system (e.g., home for the elderly, rehabilitation facility), all patients were discharged directly to their homes. Patients relied on various caregivers, including immediate family members, friends, and neighbors.

### Objectives

This study aimed to determine whether, among patients who underwent surgery for fragility fractures of the hip (fixation or replacement), early discharge (one to two days post-op) compared to a routine discharge (3 to six days post-op) results in differences in the following outcomes: WHOQOL-BREF questionnaire in Tagalog at two weeks, six weeks, and twelve weeks post-operation; complication or readmission related to the index surgery; patient satisfaction; and cost difference.

### METHODOLOGY

This was a retrospective cohort study from January 2019 to September 2022 in a tertiary government hospital in the Philippines. The principal investigator operated on all patients.

Inclusion criteria were as follows: 1) willing and able to provide informed consent; 2) patients at least 60 years old who received fixation or replacement surgery for fragility hip fractures; and 3) patients with an uncomplicated course of hospitalization. Exclusion criteria were as follows: 1) patients who were discharged more than six days after the index surgery; 2) patients with pathologic or multiple fractures; and 3) patients who requested to stay longer in the hospital for recovery.

The type of surgical procedure was decided by the primary investigator. Patients with femoral neck fractures who were community ambulators pre-morbid underwent total hip replacement (THR) (Microport, TN, USA). Those limited to home ambulation underwent partial hip replacement (PHR) (Chunli, China). Those with intertrochanteric fractures who received full government subsidy underwent cemented modular bipolar partial hip replacement (Chun li, China). At the same time, patients with intertrochanteric fractures who were able to pay out-of-pocket underwent proximal femoral nailing (PFN) (Canwell, China) or proximal femoral plating (PFLP) (Auxein, India). During the study, trauma implants such as the PFN and PFLP were not yet consigned by the hospital; thus, some intertrochanteric fractures were treated with PHR.

Discharge criteria were arbitrary; if the patient was stable, afebrile, and able to sit and stand with or without assistance. Postoperative rehabilitation and wound care were taught through instructional videos.

### Personal data

All information was coded and de-identified. Personal data collected in paper copies (i.e., consent forms) were stored by the institution's Department of Orthopaedics research team under a lock and key cabinet where the primary investigator can access the data. The primary investigator digitally stored electronic data collected for this study using a password-protected dedicated Excel sheet; only the investigator and his supervisor were authorized to open the file. Personal data will be stored for a period of 10 years as prescribed by the institution's Health Information Management System.

Through chart review, demographic data, presence of hypertension or diabetes, pre-operative diagnosis, laterality, the procedure done and implant used, type of anesthesia, pre-operative hemoglobin, blood loss, blood transfusion/s (if any), and duration of each patient's stay in the hospital from admission to surgery to discharge. Patients were grouped into those discharged one to two days post-op (early discharge) and three to six days post-op (routine discharge).

### WHOQOL-BREF

The abbreviated WHOQOL-BREF in Tagalog scores were routinely taken at two, six, and twelve weeks after surgery. No WHOQOL-BREF was taken before their injury. The WHOQOL in Tagalog is available online and can be

downloaded for free. The WHOQOL-BREF is a 26-item questionnaire developed by the World Health Organization that measures quality of life in four domains: physical health (seven items), psychological health (six items), social relationships (three items), and environment (eight items). The first two items in the questionnaire measure the participants' overall QOL and general health. Each item is rated using a 5-point Likert scale, where 1 represents "disagree" or "not at all" and five means "completely agree" or "extremely." The abbreviated tool has a high correlation with the expanded version, WHOQOL-100, and provides a rapid means of assessing the above domains of interest. It has been translated, field-tested, and culturally validated across different languages, including Filipino.<sup>6,7</sup>

While this is a generic questionnaire, it has been studied in hip surgery. Kumar et al. assessed the reliability of the WHO QOL-BREF questionnaire in total hip replacement patients. They found that the questionnaire was a potent tool in determining the quality of life in patients undergoing total hip replacement—simple, reproducible, and reliable.<sup>8</sup> While there are more disease-specific questionnaires for the hip—Harris Hip score (HHS), Oxford Hip score, Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), and Modified Harris hip Score—these have not been studied cross-culturally. These, if given to patients with a poor understanding of the English language, might give unreliable results.

Yao et al. added items to the generic WHOQOL-BREF to make it more sensitive in describing quality of life in patients with hip fractures. They compared the quality of life scores of hip fracture patients using both the WHOQOL-BREF and the QOL-HF. Four hip-specific items were added to the WHO-BREF to develop the QOL-HF: N1) How much difficulty do you have sitting for a long time? N2) How much difficulty do you have walking a long distance? N3) How much dependency do you have on your walking aid? N4) Are you able to put on your shoes and socks by yourself? However, the addition of these specific items failed to improve the validity and reliability of the standard questionnaire. The WHOQOL-BREF was competent alone and did not need additional items to be more specific.<sup>9</sup>

### Patient satisfaction

Patients were contacted remotely or in-person (at the outpatient department) to determine readmissions or complications relating to the index surgery, and level of patient satisfaction (very satisfied, satisfied, not satisfied) (Figure 1).

### Hospitalization costs

Costs primarily included laboratory tests, medications, operating room use, equipment consignment, and miscellaneous hospital fees. Implant costs and professional fees were excluded since the cohort comprised both private and subsidized (service) patients. Hospitalization cost was based on the Statement of Account from the hospital.

SPSS software (version 20; SPSS Inc., Chicago, IL, USA) was used for analysis. A repeated ANOVA measure was used to compare the WHOQOL scores between the two groups. A p-value of less than 0.05 was considered statistically significant. The reliability of the score was evaluated using the Cronbach alpha test. T-test and Chi-square were used for continuous and nominal data, respectively.

## RESULT

### Patient demographics

A total of 62 subjects gave consent and were included in this study, 33 of whom were discharged early, while 29 were routinely discharged. The mean age of the patients was 79.61 years (SD = 8.64), with no significant difference between the groups (Table 1). Diagnosis and total length of stay were significantly different between the two groups.

Over time, for all patients, the mean WHOQOL-BREF scores and domain scores increased significantly at two, six, and 12 weeks [Physical:  $F(2, 122) = 380.211, p = 0.001$ ; Psychological:  $F(2, 122) = 114.11, p = 0.001$ ; Social:  $F(2, 122) = 53.43, p = 0.001$ ; and Environmental:  $F(2, 122) = 104.31, p = 0.001$ ].

The two groups' scores differed from each other only in terms of the physical domain at two and six weeks ( $p = 0.03$ ), and the environment domain at six weeks ( $p = 0.03$ ) (Figures 1 and 2). There were no other significant differences with other domains at other time points.

### Cost analysis

Hospitalization costs for the two groups were not significantly different (Table 2).

### Complication / readmission / satisfaction

There were no subjects readmitted due to complications of the index surgery during the time of this study. Most (73%) said they were *Very Satisfied* with their course of hospital stay, while 27% were *Satisfied*. There were no deaths recorded during the duration of the study.

## DISCUSSION

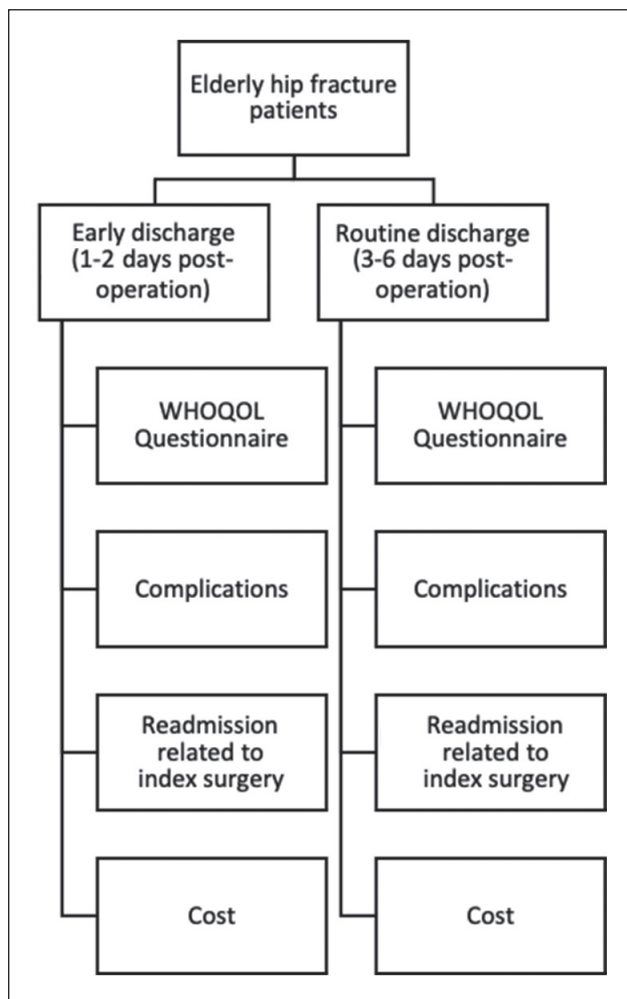
This study was approved by the Regional Health Research and Development Consortium – Ethics Review Committee and the technical review committee of the institution.

All 62 patients were able to follow up in the clinic and were mostly independently mobile. Seven patients started using wheelchairs because of frailty and fear of falling again. Hypertension, diabetes mellitus, and laterality of the fracture did not significantly affect outcomes. There were significantly more intertrochanteric fractures than femoral neck fractures in this study.

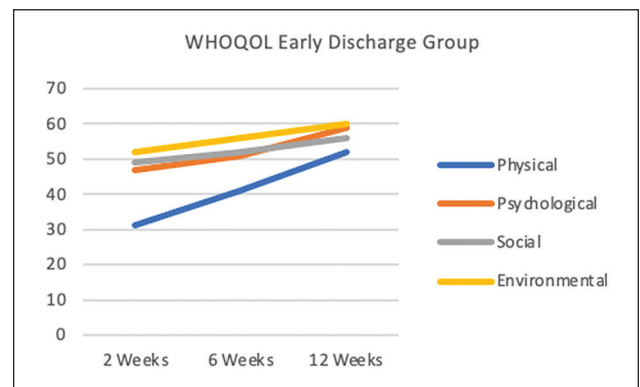
**Table 1.** Patient demographics

	Early discharge (n = 33)	Routine discharge (n = 29)	p-value
Age in years. (SD)	79.85 (8.53)	79.34 (8.90)	0.821
Male:Female	4:29	6:23	
	33	29	0.493
With HTN	21	15	0.245
With DM	8	4	0.238
Diagnosis, IT:NOF	18:15	23:6	0.040*
Laterality, left:right	19:14	15:14	0.644
Procedure			0.801
THR	4	4	
PHR	19	13	
CR-PFNA	8	10	
CR-Plate	2	2	
Duration of surgery in minutes (SD)	78.7 (37.3)	85.7 (35.8)	0.453
Days from admission to surgery. (SD)	4.4 (2.9)	4.2 (3.3)	0.847
Days from surgery to discharge. (SD)	1.7 (0.5)	3.6 (1)	<0.001†
Length of stay in days. (SD)	6.1 (2.9)	7.9 (4)	0.048†
Anesthesia, General:Regional	8:25	5:24	0.614
Pre-op Hgb in mg/dL (SD)	113.9 (10.2)	114.9 (15.5)	0.766
Blood loss in mL. (SD)	256.1 (156.5)	238.1 (130.6)	0.467
Transfusion, Yes:No	10:23	9:20	1.000

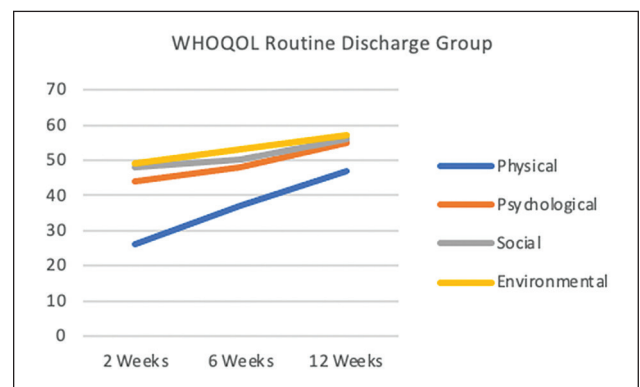
\* Chi-square; † t-test; (SD) Standard deviation; GA = General Anesthesia; Hgb = Hemoglobin; IT = Intertrochanteric fracture; NOF = Neck of femur fracture; THR = Total hip replacement; CR = Closed reduction; PFNA = Proximal femur nail antirotation



**Figure 1.** Study flow.



**Figure 2.** WHOQOL of early discharge group.



**Figure 3.** WHOQOL of routine discharge group.

**Table 2.** Cost of hospitalization

	Early	Routine	p-value
Cost of hospitalization	PhP 69,392	PhP 89,127	0.849 α

p-value not significantly different

The primary investigator had operated on all the subjects, assisted by a scrub nurse and an implant technician. There was no significant difference between the two groups in terms of operative duration. The average waiting time from admission to surgery was four days for both groups. Of note, some of these patients' incidents of falls or fractures had occurred a few days to weeks from admission. One patient had a femoral neck fracture three months before admission, and one had their fracture two years before. The author tried to operate on these patients at the soonest possible time once the internist gave a cardiac and pulmonary risk assessment. A study by Tud and Claudio in the Philippines among elderly Filipinos with fragility fractures of the hip showed a significantly lower incidence of in-hospital complications among patients who underwent surgery within 72 hours from admission.<sup>10</sup> Moran et al. found, similarly, that a delay of more than four days significantly increased the mortality among these patients.<sup>11</sup>

The length of stay was significantly different for the two groups, since they were grouped into early and routine discharges. The anesthesiologists favored regional anesthesia over general anesthesia in this study, and all had indwelling catheters removed after 24 hours. The preoperative hemoglobin, blood loss, and transfusion did not differ between the groups.

The WHOQOL-BREF analysis in this study revealed an increasing trend of quality of life scores among all subjects. An in-depth analysis of the domains per week between groups showed that patients who were discharged earlier had better quality-of-life scores in the first six weeks in the physical domain and at six weeks in the environment domain. Both groups had no significant difference in their scores at the 12-week follow-up. Of note, all patients had the physical domain as their lowest score since mobilization was really a challenge.

Our patients scored higher on social, psychological, and environmental domains than on the physical domain, which reflects the sociocultural norm in the Philippines. Every patient has their own caregiver in the hospital and at home. These caregivers may be their immediate relatives, neighbors, or friends. Close family ties and willingness to sacrifice reflect the importance of family in Filipino culture.

While there was no recorded readmission to the hospital secondary to complications from the hip fracture surgery, one subject developed a periprosthetic infection one year after the index surgery (PHR done for an intertrochanteric fracture in 2020). It presented as a pustule appearing on the surgical wound. Surgery was advised to address the infection, but the patient refused. At the time of writing, she is currently undergoing antibiotic suppression and can still ambulate with a walker. However, this patient's quality of life remains at par with others.

This study also examined the hospitalization costs between early and routine discharge groups. However, it did not account for the payer source—whether expenses were paid directly by the patient or family, covered by the Philippine Health

Insurance Corporation, or subsidized through the Medical Assistance Indigency Fund. This distinction is important in a low-resource setting such as the Philippines, where 68% of healthcare spending comes from the private sector and 52% is paid out-of-pocket.<sup>12</sup> While van Balen et al. found that early discharge did not substantially reduce total cost, a more comprehensive cost-effectiveness analysis demonstrated a 40% gain with early discharge or shorter hospital stay.<sup>13,14</sup> The early discharge group incurred an average cost of PhP 69,392 (USD 1,245.66) compared with PhP 89,127 (USD 1,599.92) for the routine discharge group. Although the difference was not statistically significant, the PhP 19,735 (USD 354.26) reduction is financially meaningful in a low-resource context, as such savings could be redirected to other indigent patients. Future research should incorporate payer stratification to better capture the socioeconomic implications and true cost-effectiveness of early discharge.

Patient satisfaction with their discharge course was recorded through three scores: Very Satisfied, Satisfied, and Not Satisfied. Forty-five patients reported "Very Satisfied," while seventeen reported "Satisfied." None said, "Not Satisfied." This was a crude way of recording the satisfaction rate of the process since there were no validated questionnaires to use, as far as the primary investigator was aware.

Early discharge of patients after hip fracture surgery was advantageous both for the patient and the hospital. The Enhanced Recovery After Surgery (ERAS) is an evidence-based and multidisciplinary perioperative care pathway to promote patient mobilization, reduce complication rates, decrease hospital length of stay, and reduce cost. It possesses a clear advantage for patients and potential savings for the health care system.<sup>13</sup> While it started initially with Dr. Henrik Kehlt, a Danish colorectal surgeon, this approach is also applied widely in orthopedics. In the United Kingdom, Germany, and Denmark, total hip and total knee arthroplasty had an average length of stay of about six to 12 days. However, during the last decade, they have adapted optimal multimodal perioperative care to enhance recovery (the fast-track methodology). With this protocol, they shortened the length of stay of their joint replacement patients to one to three days after the procedure. They used six well-defined criteria (ability to get dressed independently, ability to get in and out of bed, ability to sit and rise from a chair/toilet, independence in personal care, mobilization with a walker, and ability to walk >70 meters with crutches) for them to assess if the patient was fit to be discharged early.<sup>14</sup> Some studies have also shown that rehabilitation at home, compared to a skilled nursing facility, makes no difference. A local study by Peña et al. found no difference in hip scores and quality of life among hip fracture patients who received complete or incomplete rehabilitation.<sup>15</sup>

This study has several limitations. It was conducted in a single institution, and all operations were performed by a single surgeon. Although this may limit generalizability to other hospitals with varying protocols and practices, it also ensured uniformity in surgical technique and postoperative care,

thereby enhancing internal consistency. The study primarily involved a chart review complemented by interviews and data from the hospital's health information system. Interpretation of the results should consider the heterogeneity of the subjects, as the analysis did not distinguish between intertrochanteric and femoral neck fractures. A more detailed subgroup analysis of these fracture types is recommended in future research. Developing standardized discharge criteria for hip fracture patients would also strengthen future studies. Lastly, patient follow-up was challenging due to the advanced age of participants and limited contact accessibility, highlighting the need for improved patient tracking and long-term communication systems.

## CONCLUSION

This study showed that early discharge was not inferior to routine discharge. Orthopedic surgeons, researchers, and even policymakers can use this to formulate strategies regarding discharge plans for hip fracture patients and develop policies to improve patient care and outcomes even in a low-resource setting.

## ACKNOWLEDGMENT

The author would like to express his sincere gratitude to Dr. Anthony Suguitan for his supervision and technical support throughout this work.

## STATEMENT OF AUTHORSHIP

The author fulfills ICMJE authorship criteria.

## CREDIT AUTHOR STATEMENT

**MSAS:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Resources, Data Curation, Writing – original draft preparation, Writing – review and editing, Visualization, Supervision, Project administration.

## DATA AVAILABILITY STATEMENT

Datasets generated and analyzed are included in the published article.

## AUTHOR DISCLOSURE

The author declared no conflict of interest.

## FUNDING SOURCE

None.

## REFERENCES

1. Salmon P, Hunt GR, Murthy BV, et al. Patient evaluation of early discharge after hip arthroplasty: development of a measure and comparison of three centres with differing durations of stay. *Clin Rehabil.* 2013;27(9):854-63. PMID: 23543343 DOI: 10.1177/0269215513481686
2. Mundi R, Axelrod DE, Najafabadi BT, Chamas B, Chaudhry H, Bhandari M. Early discharge after total hip and knee arthroplasty-an observational cohort study evaluating safety in 330,000 patients. *J Arthroplasty.* 2020;35(12):3482-7.e3. PMID: 32768260 DOI: 10.1016/j.arth.2020.06.092
3. Alley MC, Shewmaker GS, Vaickus MH, Niu R, Freccero D, Smith EL. Early discharge after total hip arthroplasty at an urban tertiary care safety net hospital: a 2-year retrospective cohort study. *J Am Acad Orthop Surg.* 2021;29(20):894-9. PMID: 34232930 DOI: 10.5435/JAAOS-D-20-01006
4. Marcos MW, Nowak L, Schemitsch E. Delayed discharge after total hip arthroplasty is associated with an increased risk of complications. *Can J Surg.* 2022;65(5):E593-8. PMID: 36302127 PMCID: PMC9467463 DOI: 10.1503/cjs.021219
5. Foote J, Panchoo K, Blair P, Bannister G. Length of stay following primary total hip replacement. *Ann R Coll Surg Engl.* 2009;91(6):500-4. PMID: 19558767 PMCID: PMC2966203 DOI: 10.1308/003588409X432356
6. Altman AD, Helpman L, McGee J, et al; Society of Gynecologic Oncology of Canada's Communities of Practice in ERAS and Venous Thromboembolism. Enhanced recovery after surgery: implementing a new standard of surgical care. *CMAJ.* 2019;191(17):E469-75. PMID: 31036609 PMCID: PMC6488471 DOI: 10.1503/cmaj.180635
7. Husted H, Lunn TH, Troelsen A, Gaarn-Larsen L, Kristensen BB. Why still in hospital after fast-track hip and knee arthroplasty?. *Acta Orthop.* 2011;82(6):679-84. PMID: 22066560 PMCID: PMC3247885 DOI: 10.3109/17453674.2011.636682
8. Kumar P, Sen RK, Aggarwal S, Jindal K, Rajnish RK. Assessment and reliability of the World Health Organisation quality of life (WHO QOL-BREF) questionnaire in total hip replacement patients. *J Clin Orthop Trauma.* 2020;11(Suppl 5):S756-9. PMID: 32837104 PMCID: PMC7386303 DOI: 10.1016/j.jcot.2020.07.020
9. Yao KP, Lee HY, Tsauo JY. Are hip-specific items useful in a quality of life questionnaire for patients with hip fractures? *Int J Rehabil Res.* 2009;32(3):245-50. PMID: 19407660 DOI: 10.1097/MRR.0b013e32832bb10c
10. Tud AR, Claudio RS. A Comparison of complication rates between early and delayed surgery among filipino patients with fragility fractures of the hip. *Acta Med Philipp.* 2024;58(3):34-9. PMID: 38966840 PMCID: PMC11219548 DOI: 10.47895/amp.vi0.6799
11. Moran CG, Wenn RT, Sikand M, Taylor AM. Early mortality after hip fracture: is delay before surgery important?. *J Bone Joint Surg Am.* 2005;87(3):483-9. PMID: 15741611 DOI: 10.2106/JBJS.D.01796
12. Obermann K, Jowett M, Kwon S. The role of national health insurance for achieving UHC in the Philippines: a mixed methods analysis. *Glob Health Action.* 2018;11(1):1483638. PMID: 29914319 PMCID: PMC6008596 DOI: 10.1080/16549716.2018.1483638
13. van Balen R, Steyerberg EW, Cools HJ, Polder JJ, Habbema JDF. Early discharge of hip fracture patients from hospital: transfer of costs from hospital to nursing home. *Acta Orthop Scand.* 2002;73(5):491-5. PMID: 12440489 DOI: 10.1080/000164702321022749
14. Sigurdsson E, Siggeirsdottir K, Jonsson H Jr, Gudnason V, Matthiasson T, Jonsson BY. Early discharge and home intervention reduces unit costs after total hip replacement: results of a cost analysis in a randomized study. *Int J Health Care Finance Econ.* 2008;8(3):181-92. PMID: 18566886 DOI: 10.1007/s10754-008-9036-0
15. Peña MARG, Tabu IA, Ching Bing-Agsaoay DD. Functional outcomes among geriatric fragility hip fracture patients in a developing country: a comparative study between complete and incomplete post-operative rehabilitation. *Acta Med Philipp.* 2022;56(6). DOI: 10.47895/amp.v56i6.3436

**Disclaimer.** All articles and materials published in PJO are solely those of the authors. Statements and opinions expressed by authors do not represent those of the editor/s of the Philippine Journal of Orthopaedics or of its publisher, the Philippine Orthopaedic Association.