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가

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64

가

5

가

: 21

가

가

1.31

가

1

cut-out

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가

가

:

11, 15, 22)

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가

가

가

:

4 (705-718),

가

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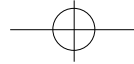
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*

2000





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Table 1. Classification for ambulatory status.

Grade	Question
1	가 .
2	가 .
3	가 , ,
4	가 가 .
5	가 .

가²⁰⁾ . 가

가

가가 73.6 (60 -91)

가 41 , 가 23 . Boyd-Griffin⁴⁾

1 17 , 2 32 , 3 7

가 4 8 . Evans⁷⁾

24 , 40 .

40 24 .

22 , , , , , , ,

가

1994 1 1999 6 Singh's

132 index¹⁹⁾

60 3.14 .

가

가가 64

가 5 (Table 1).

60 97 4 2 2 , 3 13 , 5 49

가

4 11

1 1 가 40

. 4 7.3 . 2

7 가

가 5 ,

가 2

13 cut-out

. 1

54 (84%)

8 , 가

가

10

windows

cut-out

(69%)
(41%)

(86%),
21

1.31

(p=0.561, Table 2)

(state3, 4, 5)가 44

가 (state 4, 5) 26

가 (state 5) 49

가 42

가 26 (53%)

가

1.31

가

가

($p=0.050$, Table 3).

(Table 4).

Mann-Whitney U

(0.000)

(0.001)

test

, Singh 's index

가

24

19

7

P

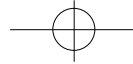
0.05

가

가

가

가



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Table 2. Loss of ambulatory ability according to gender

	pretrauma	last F/U (mean of ambulatory grade)	loss of ambulation
male (23)	4.35	3.17	1.18
female(41)	4.59	3.20	1.39
total (64)	4.50	3.19	1.31

Table 3. Loss of ambulatory ability according to age

age	pretrauma	last F/U (mean of ambulatory grade)	loss of ambulation
60-69(14)	4.5	3.71	0.79
70-79(33)	3.67	3.18	0.49
80-89(16)	4.75	2.75	2
90-99(1)	5	3	2

Table 4. Result of univariate analysis of recovery of ambulatory ability.

factor	p value
age	0.002
Gender	0.521
interval between trauma and operation	0.483
classification of fracture	0.413
reduction status	0.430
early ambulation exercise	0.000
Singh ' index	0.509
associated medical disease	0.037
preinjured walking ability	0.628

(p=0.079).

12, 16-18).

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가

가

가

20).

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가

가

가가
6, 8, 9, 23)

가

가가

6, 8, 9, 23)

24 19

가

2

가

(Mann-Whitney

U test, $p=0.079$).

cut-out

1

2, 12, 14, 16-18)

17), Kitamura

10)

18)

80

가

Bonar

3)

가가

1, 5, 13, 23)

cut-out

80

cut-out

가

80

가

(Mann-Whitney U test, $P=0.002$)

가

Kitamura¹⁰⁾

17)

2

가

4

1

11

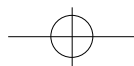
17, 21)

가

가

가

. SPSS



R
가 41.6%

,가 ,가 ,
가 가 .
가

가

가
가 .

60

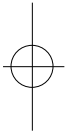
가

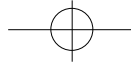
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Abstract

Ambulatory Recovery after Fixation of Intertrochanteric Fracture with Gamma nail in the Elderly

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Purpose : This study was performed to evaluate the ambulatory recovery after fixation of intertrochanteric fracture of elderly patients with Gamma nail and to analyze the factors to affect the recovery.

Materials and Methods : we evaluated the ambulatory result of 64 cases of intertrochanteric fracture which were fixed with gamma nail and rehabilitated with early weight bearing protocol regardless of reduction state. We analysed the result with statistical method and tried to find the important factor for better ambulatory recovery.

Results : Only 21 patients were able to recover to preinjured level of ambulation and mean loss of ambulation ability was 1.31 according to our evaluation protocol. Statistically the age and early weight bearing walking exercise was affecting factor for better recovery of ambulation and the rate of complication caused by early weight bearing was not significant.

Conclusion : Fixation with Gamma nail and early weight bearing rehabilitation protocol was good choice for elderly intertrochanteric fracture without the risk of major complication.

Key Words : intertrochanteric fracture, gamma nail, ambulatory recovery