

Stellingen behorende bij het proefschrift: Awareness for improving the treatment of patients with a hip fracture

1. To decrease probable risks of cutout, the tip apex distance needs to stay small in intertrochanteric hip fractures (this thesis).
2. Some classification systems for hip fractures should not be used (this thesis).
3. Radiation exposure during internal fixation of a hip fracture is relative low (this thesis).
4. The minimal invasive anterolateral approach for hip hemiarthroplasty has shorter operation time compared to the traditional anterolateral approach (this thesis).
5. The time to surgery for a hip fracture is shorter on weekends than during the week (this thesis).
6. After adjustment for age, sex, and measured comorbidities total hip replacement for fracture surgery was associated with a higher risk of in-hospital mortality as compared to total hip replacement for elective setting (Le Manach et al. JAMA, 2015).
7. Older adults have a 5- to 8-fold increased risk for all-cause mortality during the first 3 months after hip fracture (Haentjens et al. Ann Intern Med. 2010).
8. Orthogeriatric treatment should be standard for elderly patients with hip fractures due to their multidimensional needs (Folbert et al. Osteoporos Int. 2017).
9. Es ist ein großer Unterschied, ob ich lese zu Genuß und Belebung oder zu Erkenntnis und Belehrung (Johann Wolfgang von Goethe).
10. De tijd wrekt zich op alles wat zonder moeite tot stand komt (Evert Rinsema).
11. Every day on the water is a good day (Robby Naish).