

**Table 7: Summary of Recommendations in Included Guidelines**

Recommendations and supporting evidence	Quality of evidence and strength of recommendations
<b>RNAO (2017)<sup>10</sup></b>	
<p>Recommendation: “Consider hip protectors as an intervention to reduce the risk of hip fracture among adults at risk for falls and hip fracture. Review the evidence, potential benefits, harms, and barriers to use with the person to support individualized decisions. (p. 13)<sup>10</sup></p> <p>Supporting evidence: Evidence in long-term care settings came from systematic reviews and guidelines.</p> <p>Evidence in community settings came from 1 systematic review (Santesso et al. [2014]<sup>5</sup>) that reported that hip protectors had little or no effect in community-dwelling older adults. “Despite the lack of evidence, the expert panel suggests that some individuals may consider hip protectors—for example, those in hospital at risk for hip fracture, or those in the community with osteoporosis engaging in higher-risk activities (e.g., sports, walking on icy sidewalks, etc.). (p. 41)<sup>10</sup></p>	<p>Quality of evidence: reviews = moderate, guidelines = strong</p> <p>Level of evidence: Ia (Evidence obtained from meta-analysis or systematic reviews of RCTs, and/or synthesis of multiple studies primarily of quantitative research)</p>
<b>RACGP and Osteoporosis Australia (2017)<sup>11</sup></b>	
<p>Recommendation: “Consider the use of hip protectors to reduce the risk of hip fracture in residential-care settings, but not in community settings.(p. 66)<sup>11</sup></p> <p>Supporting evidence: Evidence came from 1 systematic review (Santesso et al. [2014]<sup>5</sup>) that found that hip protectors have little or no effect on hip fracture risk in community settings.</p>	<p>Recommendation grade = C (Body of evidence provides some support for recommendation[s] but care should be taken in its application.)</p>
<b>Eastern Association for Surgery of Trauma (2016)<sup>12</sup></b>	
<p>Recommendation: “We conditionally recommend hip protectors for frail elderly individuals in the appropriate environment. (p. 204)<sup>12</sup></p> <p>Supporting evidence: Evidence came from 1 systematic review that concluded that hip protectors decrease hip fractures in older adults living in nursing homes and have a negligible effect in community-dwelling older adults. Evidence also came from several RCTs and a review that showed mixed results.</p>	<p>Strength of recommendation = conditional recommendation (based on weaker evidence)</p>

RACGP = Royal Australian College of General Practitioners; RCT = randomized controlled trial; RNAO = Registered Nurses’ Association of Ontario.