

**Optional Follow-up Visits for Common, Low-Risk Arm Fractures**

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**Purpose:** Many common arm fractures have an excellent prognosis with little more than symptomatic treatment, and an additional follow-up visit after diagnosis might not always be necessary. This study tested the primary null hypothesis that there is no difference in disability (QuickDASH [an abbreviated version of the Disabilities of the Arm, Shoulder and Hand]) 2 to 6 months after injury between patients with and without an additional follow-up visit. Secondarily we assessed (1) differences in pain, satisfaction, and return to work at 2 to 6 months after injury; (2) differences between patients choosing an optional or scheduled follow-up; and (3) factors associated with returning after initially choosing not to schedule a follow-up visit.

**Methods:** We prospectively enrolled 120 patients with well-aligned single metacarpal fractures ( $n = 63$ ), non- or minimally displaced distal radius fractures ( $n = 39$ ), and isolated non- or minimally displaced radial head fractures ( $n = 18$ ). 56 (47%) subjects chose to schedule an additional appointment for evaluation of their fracture and 64 (53%) did not. At enrollment we recorded patient demographics, depression (Patient Health Questionnaire-2), Pain Self-Efficacy Questionnaire, disability (QuickDASH), a 0-10 ordinal rating of pain intensity, and satisfaction rated on an 11-point ordinal scale. 82 subjects (68%) were available when contacted by phone or email 2-6 months after injury at which time we measured disability, numerical rating scale for pain and satisfaction, and employment. 11 of 64 subjects (17%) who chose an optional follow-up returned for a follow-up visit. 9 of 56 subjects (16%) who scheduled a follow-up visit did not return. There were no adverse events in either group.

**Results:** Multivariable analysis accounting for difference in baseline characteristics showed no difference in QuickDASH between 2 and 6 months after fracture between patients with and without an additional visit (optional follow-up:  $\beta$  -0.53, 95% confidence interval [CI] -7.4 to 6.4, standard error [SE] = 3.5,  $P = 0.88$ ). There were no differences in pain, satisfaction, or return to work. On multivariable logistic regression analysis, no variables were independently associated with choosing optional or scheduled follow-up. The only factor independently associated with returning after not initially scheduling a follow-up visit was a higher QuickDASH score (odds ratio [OR] 1.05, 95% CI 1.0 to 1.1, SE 0.024,  $P = 0.029$ ). In other words, on average patients returning after initially choosing not to had 1.05 point greater disability.

**Conclusion:** In an urban academic hand surgery office, more patients prefer optional follow-up for simple upper extremity fractures with a good prognosis. There were no adverse events and there were equal outcomes and satisfaction among patients who did and did not return. Hand surgeons can safely consider offering patients with low-risk hand fractures an optional of a scheduled second visit, avoiding unnecessary waiting, travel, inconvenience, time, tests, and costs.

The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.