BREAKING NEWS

THE ELECTRONIC MAGAZINE OF THE FRAGILITY FRACTURE NETWORK

JULY/AUGUST 2026 | ISSUE 1

FFN
Fragility Fracture Network

Latest developments shaping fragility fracture care worldwide

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- *Louise Brent, Antony Johansen, for FFN Audit SIG advisory group*
- *Ingvild Hestnes, Frede Frihagen, for SFFP SIG and FFN Norway*
- *Joanna Sale, for Osteoporosis Canada*
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AMGEN

President's Foreword

It is a great pleasure to welcome you to the **first issue of the Fragility Fracture Network e-zine**. This new publication has been created to bring our global community closer together—to share developments from across the Network, highlight evidence and innovation, celebrate leadership, and provide practical ideas that can help strengthen fragility fracture care in different healthcare settings.

The launch of the e-zine comes at an exciting time for FFN. Our community continues to grow and now brings together **more than 15,000 members across 102 countries**. Behind these numbers is an extraordinary multidisciplinary network of clinicians, nurses, allied health professionals, researchers, educators and healthcare leaders united by a common purpose: **improving outcomes for people affected by fragility fractures**.

This first issue reflects the breadth of that work. We explore emerging global benchmarks and evidence-based practice, alongside the continued development of the **FFN Orthogeriatric Certification Program** and **new educational resources** designed for the multidisciplinary team. We also celebrate the people driving change through Leaders to Watch and highlight the progress of national FFNs through our Global Spotlight.

Collaboration remains fundamental to everything we do. FFN continues to work alongside organisations and partners internationally, creating opportunities to strengthen multidisciplinary care, secondary fracture prevention, education, audit and quality improvement.

There will also be many opportunities to connect in person. Following the successful start to our **2026 Regional Congress** Series in Toronto, we look forward to welcoming colleagues to Bangkok, Edinburgh, Buenos Aires and Columbus for further learning, exchange and collaboration.

Finally, I would like to thank every member, national network, partner, volunteer and colleague for their continued support and commitment to FFN. I hope this first issue informs, inspires and connects you—and becomes a valued space for sharing the people, evidence and ideas shaping the future of fragility fracture care worldwide.

With our best regards,
Takeshi Sawaguchi
President, Fragility Fracture Network (FFN)

AROUND THE NETWORK

A Growing Global Community for Fragility Fracture Care



Across regions, the Fragility Fracture Network continues to expand through the development of national networks led by clinicians, researchers and healthcare leaders committed to improving care for older people following fragility fractures.

The establishment of new national FFNs reflects a shared recognition that meaningful progress depends not only on clinical expertise, but also on strong local leadership, multidisciplinary collaboration, education, audit and sustained quality improvement.

While each network is shaped by its own healthcare context, all are connected by a common purpose: to strengthen coordinated care, improve outcomes and support secondary fracture prevention.

FFN Sweden: From Establishment to National Action

Founded in September 2025 and introduced internationally during the Global FFN Congress in Porto, FFN Sweden is developing a structured programme of national activity.



Its priorities include establishing the organisation nationally, supporting the audit and improvement of Fracture Liaison Services, evaluating orthogeriatric care in acute settings through a national questionnaire-based audit, and organising an annual national congress.

These areas of work reflect the importance of linking professional engagement with measurable service improvement. By combining audit, education and national collaboration, FFN Sweden aims to create a stronger foundation for consistent, evidence-informed fragility fracture care across the country.

FFN Fragility Fracture Network Sweden

New Momentum in Latin America

FFN Mexico was launched in June, marking an important step in the continued development of the network across Latin America. The announcement was made during the AMMON Congress in Mexico, attended by María Diehl, FFN LatAm Regional Lead.



The formation of FFN Mexico creates new opportunities for professional collaboration, knowledge exchange and the promotion of more coordinated approaches to fragility fracture care within the country.

It also contributes to the broader development of a connected Latin American community, enabling countries to share experience while responding to their own national priorities and healthcare realities.

FFN Fragility Fracture Network México

Strengthening Leadership Across Africa and Asia

The emergence of national FFNs in Zimbabwe, Tanzania and Indonesia illustrates the growing international commitment to improving fragility fracture care in diverse healthcare settings. Their development also demonstrates that sustainable change is most effective when it is locally led and supported by multidisciplinary participation.

FFN Zimbabwe: Establishing Local Leadership



FFN Zimbabwe has been developed by committed clinicians and healthcare leaders seeking to make fragility fracture care a national priority amid awareness of population ageing and osteoporotic fractures. Following its inaugural national meeting in 2025, four founding members were elected to the leadership board later that year.

In 2026, activity expanded through an Osteoporosis Awareness event combining a Fun Run, Zumba, Yoga and Bone Health CME, and a Fragility Fracture Forum at Sally Mugabe Central Hospital, focused on translating evidence into practice and strengthening care.

FFN Tanzania: Building Capacity Through Education

Following its establishment, FFN Tanzania is concentrating on raising awareness and strengthening professional capacity through education and collaboration.

Planned activities include a national webinar series, multidisciplinary training and broader engagement with healthcare professionals across the country. The network also intends to develop relationships with national stakeholders, promote good practice and support the development of coordinated pathways for older adults at risk of fragility fractures.

This emphasis on education and partnership provides an important basis for gradual and sustainable improvement. It can help create a shared understanding of fragility fracture care across professions while supporting the adaptation of international principles to local services and resources.

FFN Indonesia: A New National Platform



FFN Indonesia was established on 14 September 2025 in Jakarta under the leadership of its first Chair, orthopaedic surgeon Professor Zairin Noor. The creation of the network brings together professionals with a shared interest in improving fragility fracture management and developing stronger national collaboration. It also provides a platform for future educational activity, multidisciplinary engagement and the progressive development of coordinated approaches to fracture prevention and care.

The launch meeting, attended by a broad group of professionals, highlights the value of collective leadership in creating momentum for change within a large and diverse healthcare system.

View the Guide to Formation of a National FFN

CERTIFICATION

FFN ORTHOGERIATRIC CERTIFICATION PROGRAM



The FFN Orthogeriatric Certification Program (OCP) is a global quality improvement initiative developed by the Fragility Fracture Network (FFN) to support hospitals and healthcare organizations in delivering coordinated, evidence-based orthogeriatric care for older adults with fragility fractures.

Built on the FFN Orthogeriatric Framework and internationally recognized best-practice standards, the program enables multidisciplinary teams to evaluate their current services, identify opportunities for improvement, and strengthen the quality of care through a structured, supportive review process.



A GLOBAL STANDARD FOR BETTER CARE

The OCP provides organizations with a practical framework to assess orthogeriatric services against eight internationally recognised Standards of Excellence through a structured self-assessment and expert review process. Participation helps organizations to:

- Recognize and celebrate existing excellence
- Identify gaps and opportunities for improvement
- Receive practical recommendations from international experts
- Access educational resources, mentorship and quality improvement tools
- Benchmark services against internationally recognised standards
- Build a culture of continuous improvement

CENTRE OF EXCELLENCE SPOTLIGHT



London Health Sciences Centre (Canada)

For London Health Sciences Centre (LHSC), achieving the **FFN Orthogeriatric Certification Excellence Tier** was more than recognition of high-quality care—it was an opportunity to reflect on the strength of its multidisciplinary service and establish a clear roadmap for continued improvement.

As part of the certification process, the LHSC team evaluated every aspect of its orthogeriatric service against internationally recognised standards. The review highlighted many strengths already embedded within their model of care while providing practical recommendations to support future development. Reflecting on the experience, Jenna Vandenheuvel, RN, MPH, Quality Improvement Facilitator, described the certification as "**An incredibly valuable experience for our team**." She explained that one of the most meaningful aspects was its emphasis on the full spectrum of professionals involved in orthogeriatric care, recognising the essential contribution of occupational therapists, physiotherapists, nurses, geriatricians, surgeons, patients and families in delivering outstanding care.

Beyond recognising excellence, the certification has become a practical quality improvement tool for the organisation. According to Jenna, "**It provided us with a clear framework for discussions at our quarterly meetings.**" The recommendations and measurable targets have helped the team identify improvement opportunities while celebrating existing successes, making it easier to demonstrate the value of orthogeriatric care and secure leadership support for future initiatives. Looking ahead, LHSC views certification as the foundation for continuous improvement rather than a final destination. As Jenna concluded, "**It not only validated our efforts but also provided clarity and momentum for the ongoing development of our orthogeriatric work.**"

A STRUCTURED PATHWAY TO EXCELLENCE

1. Complete the self-assessment questionnaire
2. Submit supporting documentation
3. Provide quality improvement and performance information
4. Multidisciplinary expert review
5. Receive a comprehensive written report
6. Access mentorship, education and improvement resources
7. Continuous improvement and optional resubmission

8 STANDARDS OF EXCELLENCE

- Admission/Identification
- Clinical Pathways
- Audit and Performance Monitoring
- Staff Mix and Access To Orthogeriatric Expertise
- Staff Training and Education
- Patient/Family Goal Setting and Care Planning
- Patient and Family/Carer Education
- Secondary Prevention

WHO CAN PARTICIPATE?

The OCP is open to all organisations involved in the care of older adults with fragility fractures

- **Acute care hospitals**
- **Surgical Hospitals**
- **Community Hospitals**
- **Rehabilitation Hospitals**
- **Skilled Nursing Facilities**
- **Post-Acute Care Facilities**

WHAT YOU CAN SUBMIT

- Clinical pathways
- Written protocols
- Patient education materials
- Staff education resources
- Quality improvement processes
- Multidisciplinary involvement (orthopaedics, geriatrics/frailty care, nursing, physiotherapy, occupational therapy, anaesthesia, quality improvement teams and hospital leadership

Patient-level data are not required.

SUPPORT AVAILABLE

Throughout the certification journey, participating organisations receive:

- Guidance throughout the certification process
- Multidisciplinary mentorship opportunities
- Educational resources and practical tools
- International examples of best practice
- Shared learning across healthcare systems

- **The programme is designed to be flexible and globally applicable, including for organisations without direct access to a geriatrician.**
- **Assessment is always undertaken within the context of the services available and the needs of the local healthcare system.**



EXPERT PERSPECTIVE

"The Orthogeriatric Certification was an excellent way to measure our performance and align our activities with the Quality Standards established by Ontario Health."

Dr Jenny Thain

Geriatrician, London Health Sciences Centre, Lead, Ontario Hip Fracture Strategy

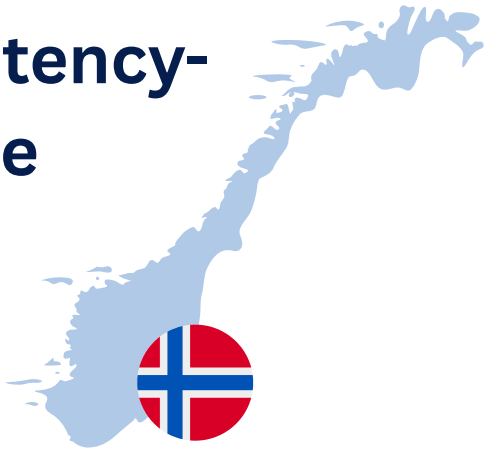
IMPLEMENTED BY MULTIPLE SITES GLOBALLY

Hospitals and healthcare organisations across multiple countries are already participating in the FFN Orthogeriatric Certification Program.

Learn more

Secondary Prevention

From Framework to Practice: Norway Launches FFN Competency-Based FLS Certification Course



Authors: Ingvild Hestnes, Frede Frihagen, for SFFP SIG and FFN Norway

The launch of the FFN Secondary Fragility Fracture Prevention Competency Framework has inspired FFN Norway to develop the country's first certification course for healthcare professionals working in Fracture Liaison Services (FLS).

THE NEED FOR STANDARDS

Although around half of Norwegian hospitals have introduced some form of FLS, there are currently no national standards defining what an effective FLS should include.

At the same time, the largest regional health authority now requires hospitals to provide systematic secondary fracture prevention.

The FFN Competency Framework offered an ideal foundation for creating a structured educational program to improve our FLS workforce.

A COLLABORATIVE APPROACH

A working group from FFN Norway was established, consisting of three nurses and two orthopaedic surgeons, all with FLS experience.

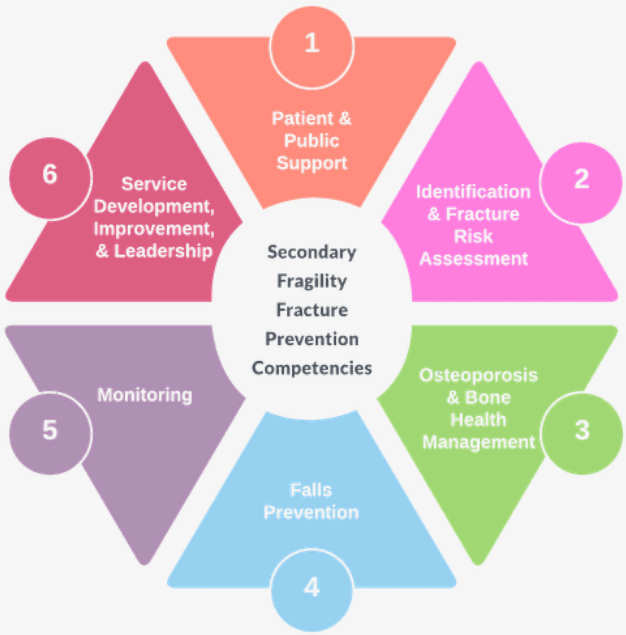
TRANSLATING AND TESTING THE FRAMEWORK

The first step in the process was to translate the Competency Framework into Norwegian. The translation was performed by the working group rather than by professional translators, allowing for adaptation to clinical terminology and everyday language used in Norwegian healthcare settings.

The translated Framework was tested by Norwegian FLS healthcare professionals as one of the international pilot sites for the Framework.

THE COMPETENCY FRAMEWORK

At the heart of the course is the FFN Secondary Fragility Fracture Prevention Competency Framework, which defines six key competency domains.



The Competency Framework, developed by Fragility Fracture Network (FFN) SFFP Special Interest Group, May 2025

DESIGNING A PRACTICAL CERTIFICATION COURSE

Building on this work, FFN Norway designed a six-month certification course combining in-person meetings, webinars and group work, based on the six competencies of the FFN Framework.

The course is aimed at nurses, physicians, physiotherapists, and other relevant disciplines involved in secondary fracture prevention.

Financial support from industry partners and endorsement from patient and professional health care organizations have made it possible to offer an affordable, high-quality educational program.

STRONG INTEREST GREAT START

Interest has exceeded expectations. Registration filled within one week, confirming the demand for structured competency-based education in fragility fracture prevention.

The first course cohort started in May 2026 with 30 participants.

> By transforming the Competency Framework into a practical certification program, FFN Norway hopes to strengthen FLS delivery nationally and provide a model that can be adapted by other countries seeking to improve secondary fracture prevention.

COURSE LEADERS



The course leaders for the FLS Certification Course, together with invited lecturer for the first course day, professor Kassim Javaid.
From left: Frede Frihagen, Denisa Velic, Merete Finjarn, Ingvild Hestnes, Lene B. Solberg and Kassim Javaid

FIRST COURSE COHORT | MAY 2026, OSLO



Course leaders, lecturer, a patient organization representative and 30 participants for the first FLS Certification Course, in Oslo May 2026

COURSE LEADERS (FFN Norway)
Frede Frihagen, Lene B. Solberg, Merete Finjarn, Denisa Velic and Ingvild Hestnes

FFN Fragility Fracture Network Norge

Learn more about the FFN SFFP Framework

NUTRITION

SIMPLE
better nutrition, better outcomes

Strengthening Nutrition Care After Hip Fracture Across Ireland

The Irish Hip Fracture Database (IHFD) at the National Office of Clinical Audit (NOCA) in Ireland, recently facilitated a national site visit programme led by Dr Jack Bell, conducted from 20–28 May 2026. Over the course of nine visits to acute and rehabilitation hospitals, multidisciplinary teams engaged in focused discussions on advancing nutrition care for people recovering from hip fracture.





- Dr Bell (Advanced Dietitian, Adjunct Professor at the University of Iceland, and Chair-Elect of the Fragility Fracture Network (FFN) Education Committee) brought an international perspective grounded in research, implementation science, and clinical practice. The visits provided an opportunity to reflect on progress and identify priorities within the Irish context.

- Across all sites, strong multidisciplinary engagement and clinical leadership were evident. Encouragingly, there has been measurable progress in implementation of the SIMPLER framework, with every site demonstrating at least two of the six core nutrition care actions. The growing adoption of fasting minimisation strategies, particularly “Sip to Send,” reflects a wider cultural shift in peri-operative care. In addition, oral nutritional supplements (ONS) are now embedded in routine practice across most centres.

Importantly, the visits also created space for shared learning and constructive dialogue. Key opportunities for further development were consistently identified, including the need to embed routine patient nutrition education, improve access to high-protein food options, and strengthen discharge nutrition planning to ensure continuity of care into the community.

The openness and commitment demonstrated across all nine hospitals highlight the value of audit-driven improvement and international collaboration. This programme reinforced the importance of aligning clinical leadership, multidisciplinary teamwork, and practical frameworks such as SIMPLER to support sustained improvements in patient outcomes.



Sincere thanks are extended to Dr Bell and to all teams whose engagement continues to advance nutrition care for hip fracture patients in Ireland.

SIMPLE
better nutrition, better outcomes

SIMPLER Actions for Better Nutrition and Better Outcomes After Hip Fracture and Other Fragility Fractures

The challenge

Up to half of hip fracture patients are malnourished at the time of fracture, rising to two in three by hospital discharge without targeted nutrition support. Malnutrition predicts poorer clinical outcomes, slower recovery, and higher healthcare costs.

The SIMPLER solution

An implementation program that supports:

- early
- interdisciplinary
- multicomponent
- across continuum
- adaptable

nutrition care actions for people with fragility fractures across diverse global settings.

The SIMPLER Six: Care that Counts

- Avoided unnecessary fasting?
- Received high protein foods & fluids?
- Aware of nutrition risk status?
- Received oral nutritional supplements?
- Received nutrition information?
- Post-discharge nutrition plan?

How to make nutrition SIMPLER

Teams all over the world are implementing better nutrition for better outcomes by making things SIMPLER to close the evidence to practice gap. How? By using the QuickStart Guides, which include everything your team needs to begin; **The SIMPLER Steps, Pathway, and The SIMPLER Six Actions**.



Visit the SIMPLER Global Hub
fragilityfracturenetwork/SIMPLER

DATA CORNER

News from the FFN Hip Fracture Audit Special Interest Group

In this issue, the FFN Hip Fracture Audit SIG highlights the latest global news, publications, and key milestones in the development and implementation of fragility fracture registries.

2025 APCO–IOF Asia Pacific Regional Audit

The **2025 APCO–IOF Asia Pacific Regional Audit** presents current data from 22 countries and regions, revealing substantial variation in fracture registries, Fracture Liaison Service coverage, DXA access, treatment initiation, reimbursement, clinical guidelines, quality standards and national prioritisation, while identifying opportunities to strengthen osteoporosis prevention and post-fracture care across the region.

Greek fragility hip fracture registry 2025

In 2025, the **Greek Fragility Hip Fracture Registry** expanded to 13 centres and recorded 2,046 patients. Most were women aged about 83 years. Surgery within 48 hours occurred in 35.2%, in-hospital mortality was 3.2%, and 30-day mortality 11.2%. Secondary prevention remained limited, with treatment documented at discharge for only 21.2%.

Golden Hip Award

The first-ever Dutch Golden Hip Awards have been presented.

To mark the **10th anniversary of the quality registry Dutch Hip Fracture Audit (DHFA)**, part of the Dutch Institute for Clinical Auditing (DICA), two Golden Hip Fracture awards were presented for the first time: one for the hospital with the best hip fracture care results in 2025, and one for the most complete registering hospital in 2025.

The award for best results went to **ZorgSaam Ziekenhuis**, whose focus on multidisciplinary collaboration and care for frail older adults shows what high-quality hip fracture care looks like. The award for most complete registration went to **Ziekenhuisgroep Twente**. Well deserved!



In honour of the DHFA's 10th anniversary, on 16 June, nearly 150 participants looked back on the DHFA's development during a webinar: from an effort to consolidate fragmented registrations into a national, multidisciplinary quality registry that, just over 10 years later, now includes almost 70 hospitals. More than 19,000 patients are registered each year, and **the DHFA now holds data on over 150,000 hip fractures**.

Publications of Interest

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Piloting Hip Fracture Audit in your hospital using the FFN's 'Sprint Audit Tool'

The tool enables straightforward data entry from routine clinical documentation, aligns fully with the FFN Minimum Common Dataset, and keeps information securely within local systems. It provides automated international benchmarking and timely feedback, supporting quality improvement, service development, and a practical, sustainable first step toward establishing an ongoing audit programme.

Learn more about the FFN Audit resources

GLOBAL SPOTLIGHT

FFN Malaysia

Fragility Fracture Network of Malaysia
Rangkaian Fraktur Kerapuhan Malaysia

Building a connected, multidisciplinary approach to fragility fracture care

As Malaysia's population ages, fragility fractures place a growing burden on people, families and the health system. FFN Malaysia (FFNM) brings clinicians, allied health professionals, policymakers and partners together to move from fragmented care towards integrated, patient-centred pathways.

Milestones That Drive Change

National standards for better care
FFNM members contributed to the development of the Clinical Practice Guidelines for Geriatric Hip Fracture, providing a national framework for consistent, high-quality care.

From guidance to the frontline
A nationwide Train-the-Trainers programme supports implementation of the Malaysian Geriatric Hip Fracture CPG across healthcare teams.

Policy for prevention
Members have supported the development of the Geriatric Fracture Liaison Service (FLS) policy, helping embed secondary fracture prevention within national practice.

Measuring to improve
A National Geriatric Hip Fracture Database involving 62 Ministry of Health hospitals provides an important foundation for quality improvement and national planning.

Strengthening primary care
Primary care physicians are being trained in bone health management, supported by national approval for bisphosphonate use in primary care.

Building FLS capability
Workshops on falls and bone health in primary care and FLS development for start-up centres are helping translate policy into practice.

Improving hospital care
FFNM supports early surgery, multidisciplinary management and bone health optimisation, alongside orthogeriatric care attachments.

Connecting professionals and communities
Scientific meetings, research grants and public bone-health initiatives are expanding professional collaboration, knowledge and community engagement.



Opening of the FFN Malaysia 2025 Congress



FFN Malaysia was presented with the David Marsh Regionalization Award at the 2025 FFN Global Congress in Porto

FFN Japan

From Advocacy to Reimbursement: Transforming Secondary Fracture Prevention in Japan

Japan faces a substantial fragility fracture burden, with an estimated 13 million people living with osteoporosis and around 240,000 osteoporosis-related hip fractures each year. **A landmark policy change is now driving better outcomes for patients.**

Milestones That Drive Change

Reimbursement for Secondary Prevention
Introduction of a national reimbursement mechanism supporting osteoporosis assessment and treatment following fragility hip fracture.

Measuring Performance
Continued development of the FFN-Japan National Hip Fracture Database, providing an infrastructure for reporting, research and monitoring care.

Building National Reach
A network encompassing 670 FFN-Japan hospital members, creating substantial capacity for implementation and shared learning.

Developing the Workforce
FLS Coordinator educational courses and a nurse certification programme, strengthening professional capability to deliver coordinated secondary prevention.

Multidisciplinary Leadership
Dedicated Hip Fracture Database, Education and Co-management Committees supporting improvement across the fracture pathway.

Education & Knowledge Exchange
Annual congresses, educational resources, research projects and professional groups advancing evidence, skills and best practice across Japan.

A Landmark Policy Change

A new reimbursement scheme for the Japanese Fracture Liaison Service (FLS) was introduced in April 2022, recognising secondary fracture prevention as an integral component of hip fracture care.

The scheme covers evaluation for secondary fracture prevention throughout the care pathway, ensuring that patients who sustain a hip fracture are systematically assessed for osteoporosis and offered appropriate treatment.

This represents an important shift: secondary fracture prevention is no longer simply an aspiration for good practice—it is supported within the national reimbursement system.

RISING STARS

Understanding the real reasons mobilization is so hard to achieve after hip fracture surgery



Winner of the Lauren Beaupre Abstract Award
FFN 2025
Global Congress

New ethnographic research from Denmark reveals the hidden barriers behind early mobility in hospital.

Maria Swennergren Hansen, PT, PhD
Postdoctoral Researcher
Department of Physiotherapy and Occupational Therapy, Hvidovre Hospital, Denmark
Affiliated with PMR-C, Copenhagen, Denmark

ABOUT THE STUDY

This ethnographic study explored how mobilization, basic mobility, physical activity, and exercise are practised during acute hospitalization in two orthopaedic wards in Denmark. Drawing on 22 field observations and 23 interviews with healthcare professionals and managers, the researchers examined how mobility-related treatments were understood, organized, and delivered in everyday clinical practice following hip fracture surgery. Manuscript of the study is currently under peer review. Publicly available preprint: https://www.medrxiv.org/content/10.64898/2025.12.18.25342580v1

Professional cultures and language

Nursing staff often understood mobilization as transfers from bed to chair or toilet, while physiotherapists distinguished mobilization from structured exercise and broader physical activity. As a result, responsibility for mobilization was unclear and frequently diffused.

Organizational factors

Limited staffing, fragmented communication, brief interprofessional meetings, and poorly coordinated pain management made mobility difficult to prioritize during busy clinical routines.

Environment and assistive devices

Hospital beds, cluttered corridors, underused common spaces, and the routine use of transfer aids sometimes reinforced inactivity and shaped what staff considered feasible.

TAKE-HOME MESSAGE

Improving mobility after hip fracture requires looking beyond guidelines. Our findings highlight how professional understandings and responsibilities, organizational structures, interprofessional collaboration, and the hospital environment shape mobility practices in everyday care.

WHY THIS STUDY MATTERS

"Clinical guidelines tell us that patients should be mobilized early and frequently after hip fracture surgery. Our research shows that the challenge is not simply knowing what to do—it is understanding why this is so difficult to achieve in everyday clinical practice. Mobilization is shaped by professional cultures, organizational priorities, and the hospital environment. By making these underlying mechanisms visible, we create a stronger foundation for developing interventions that are both evidence-based and feasible in routine care."



Maria receiving the Lauren Beaupre Abstract Award at the FFN 2025 Global Congress in Porto.

WHAT'S NEXT?

This study builds on the first phase of the HIP-ME-UP research programme. Together with our previous studies documenting very low levels of physical activity during hospitalization and identifying key determinants of mobility following hip fracture surgery, it has provided the knowledge needed to understand not only what the problem is, but why it occurs.

This knowledge informed a co-design process involving interdisciplinary workshops with clinicians, alongside ongoing input from patients, relatives, managers, and ward staff throughout the development process. Together, we developed a multicomponent intervention, grounded in empirical findings, scientific evidence, and theory, with the overall aim of increasing the time patients spend standing and walking during acute hospitalization after hip fracture surgery. We have recently completed data collection for a feasibility study evaluating the intervention's feasibility, fidelity, and acceptability, and we look forward to sharing the results.

About Maria

Maria Swennergren Hansen, PT, PhD, is a postdoctoral researcher at the Department of Physiotherapy and Occupational Therapy, Hvidovre Hospital, Denmark, and is affiliated with Physical Medicine and Rehabilitation Research – Copenhagen, PMR-C. Her research focuses on mobility, physical activity, and rehabilitation following hip fracture, with a particular interest in understanding and improving clinical practice during acute hospitalization. She leads the HIP-ME-UP research programme, which combines quantitative and qualitative methods to bridge the gap between evidence and everyday treatment.

Maria's advice to early-career researchers

Surround yourself with people who inspire you, challenge you, and support you. Find mentors you can learn from, collaborators you enjoy working with, and peers who understand the journey.

Stay curious and continue questioning everyday clinical practice—even routines that seem self-evident. Some of the most important research questions arise from asking, "Why do we do it this way?"

Finally, **stay close to the clinical environment you hope to improve**. Understanding practice from the inside is invaluable when your goal is to create meaningful and sustainable change.

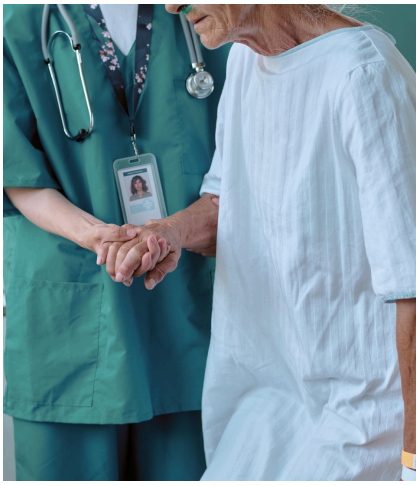
PREVIOUS HIP-ME-UP PUBLICATIONS

- Hansen MS, Kristensen MT, Zilmer CK, Berger AL, Kirk JW, Skibdal KM, Kallemose T, Bandholm T, Pedersen MM; HIP-ME-UP Collaborative Group. Very low levels of physical activity among patients hospitalized following hip fracture surgery: a prospective cohort study. Disability and Rehabilitation. Published online January 21, 2025. doi: 10.1080/09638288.2025.2451769. PMID: 39835691.
- Hansen MS, Wassar Kirk J, Kristensen MT, Kampp Zilmer C, Skibdal KM, Bandholm T, Pedersen MM; HIP-ME-UP Collaborative Group. Strategies used by patients when getting in and out of bed early after hip fracture surgery—the HIP-ME-UP cohort. Hospital Practice. 2025;53(1):2491305. doi: 10.1080/21548331.2025.2491305. PMID: 40257221.
- Lindholm SL, Skibdal KM, Bandholm T, Pedersen MM, Wassar Kirk J, Hansen MS. The voices of patients and caregivers—a qualitative interview study on what influences levels of mobility among patients hospitalized following hip fracture surgery. medRxiv. 2026.07.03.26357215. doi: 10.64898/2026.07.03.26357215. Preprint.

EDUCATION

FFN Orthogeriatric Education

Build knowledge. Create opportunities. Improve motivation.







At the Fragility Fracture Network, we are dedicated to transforming care for older adults with fragility fractures by delivering high-quality, interdisciplinary education.

ABOUT OUR MODULES

Dive deep into the latest approaches to delivering high-quality care for adults with fragility fractures – covering the entire orthogeriatric care pathway.

Learn how to seamlessly collaborate within orthogeriatric interdisciplinary teams to ensure holistic care.

Engage with case studies, real-world scenarios, and expert insights that you can directly apply in your practice.

Access the courses anytime, anywhere - designed to fit your busy schedule.

ALL-IN-ONE LEARNING PACKAGE:

- ☑ FFN Member-Exclusive Resources
- ☑ International Guidelines
- ☑ Evidence-Based Best Practices
- ☑ Ideal for all members of the multidisciplinary team

Educational modules to advance your FFN Orthogeriatric Certification journey and strengthen your clinical practice

EXPLORE OUR MODULES

OUR LEARNING MODULES

Our modules are developed by international experts and designed for busy clinicians. Each module combines the latest evidence with practical strategies you can use every day.

AVAILABLE NOW



Early and Continued Mobilisation After Hip Fracture: Evidence and Interdisciplinary Practice

Early and continued mobilisation after hip fracture is associated with lower mortality, fewer complications, and better preservation of functional independence. This module presents the evidence and practical strategies for using structured protocols, clear communication, and interdisciplinary teamwork to support safe, timely mobilisation in routine care.

YOU WILL LEARN TO:

- Explain why early and continued mobilisation is essential for recovery and long-term health outcomes.
- Recognise the potential complications and adverse outcomes associated with prolonged immobility in older adults.
- Identify clinical situations where mobilisation may not be appropriate.
- Describe strategies to support safe transferring and walking from the day after surgery.



SIMPLER Actions for Better Nutrition and Better Outcomes After Hip and Other Fragility Fractures

Up to half of patients with hip fracture are malnourished on admission, and this may rise to two-thirds by discharge without targeted nutritional support. Malnutrition contributes to complications, delayed recovery, poorer outcomes, and increased healthcare costs. This module helps teams translate evidence into daily care by increasing delivery of the practical SIMPLER Six nutrition actions.

YOU WILL LEARN TO:

- Recognise how each SIMPLER Six action can be measured in your setting.
- Recall why each action improves nutrition and outcomes.
- Select strategies to strengthen nutrition practices.
- Identify what or who needs to change, and which staff/teams can support implementation.
- Recognise times and places to apply strategies in daily care.

COMING SOON

- Reducing Time-to-Surgery for Hip Fracture: Fundamentals for Interprofessional Teams
- Fundamentals of Osteoporosis and Bone Health
- Pressure Injury Prevention in Orthogeriatric Care: Evidence-Based Strategies
- Thinking Delirium
- Frailty and Sarcopenia

LEADERS TO WATCH

Advancing Fragility Fracture Care

From Local Impact to Global Leadership



Dr. Irewin Tabu
Orthopaedic Surgeon and Global Advocate for Geriatric Fracture Care

Combining clinical expertise with international leadership, Dr. Irewin Tabu is helping to advance orthogeriatric care and improve outcomes for older adults with fragility fractures in the Philippines and beyond.

Bridging Practice and Policy

Dr. Tabu is an orthopaedic surgeon based in the Philippines, where he provides clinical care at the University of the Philippines-Philippine General Hospital, while also serving as President of the Fragility Fracture Network (FFN) Philippines. Alongside his clinical and academic work, he is a strong advocate for improving fragility fracture pathways within public healthcare systems. He co-leads the multicentre global HIPCARE study, an Oxford University initiated project, which aims to establish specialised orthogeriatric protocols across low- and middle-income resource settings.

A Global Force for Change

Dr. Tabu's contribution extends well beyond his national work. As former Chair of the global FFN Regionalisation Committee, he played an important role in supporting the expansion of multidisciplinary networks across the Asia-Pacific region. Today, he serves as Co-Chair of the global FFN Orthogeriatric Certification Program, where he contributes to the development and promotion of evidence-based approaches to surgical care, rehabilitation and multidisciplinary fracture management. His work reflects an ongoing commitment to connecting acute orthopaedic treatment with broader geriatric care, helping to strengthen systems that address the complex needs of older adults following fragility fracture.

Leading Change. Improving Lives.

A Passion for Orthogeriatric Care



Denisa Velic
Registered Nurse and Healthcare Systems Leader

Denisa Velic is a registered nurse with postgraduate education in orthopaedic nursing and currently works as a Project Manager at Østfold Hospital Trust in Norway. Her work focuses on improving integrated and person-centred care for older adults across hospital and community services.

From the Bedside to System Leadership

Her interest in orthogeriatrics began at the bedside while caring for older patients with hip fractures. Seeing how profoundly a fracture could affect independence, health and quality of life inspired her to focus on improving pathways for frail older adults. Over the years, she has led and participated in several quality improvement initiatives at Østfold Hospital. This work contributed to improvements in key quality indicators, reduced time to surgery and the establishment of orthogeriatric care as an integrated part of hip fracture management. Through this experience, she developed a strong appreciation of the importance of multidisciplinary collaboration in addressing the complex needs of older people living with frailty.

Building Services. Building Capability

Her commitment to secondary fracture prevention led to the establishment of a Fracture Liaison Service (FLS) at Østfold Hospital. During the development of the service, she identified a need for structured education for professionals working in secondary fracture prevention. Together with colleagues in FFN Norway, she helped develop Norway's first national certification programme for FLS personnel, based on the FFN Global Competency Framework. The programme focuses on osteoporosis management, fracture risk assessment, falls prevention, patient follow-up and service development.

A Vision for the Future

Alongside her professional work, Denisa completed a Master's degree in coordination of health and welfare services. Although her current role focuses more on system development than direct patient care, her motivation remains unchanged: improving outcomes and quality of life for older people. She believes sustainable improvement depends on connecting clinical practice, quality improvement and collaboration across healthcare sectors.

PATIENT VOICE

Beyond the fracture

How fragility fractures reshape identity, confidence and the meaning of ageing



A fragility fracture is rarely experienced as a single physical event. Long after surgery, rehabilitation or the removal of a cast, patients and families may continue to live with changes in confidence, independence, relationships and expectations for the future. Two Canadian qualitative studies bring these less visible experiences into focus - and show why fracture care must address identity, communication and emotional support as well as bones and mobility.

When a fracture makes someone feel old

Fragility fractures are often associated with older age. Yet the patient experience may work in the opposite direction: rather than simply happening because someone is old, a fracture can make someone feel old.

Researchers analysed 220 interviews with 145 community-dwelling adults aged 45 and over who had experienced a fragility fracture. Some participants spoke explicitly about suddenly feeling older than their chronological age. Others described the change through feelings of weakness, dependency and fragility, or through the belief that they could no longer take part in activities that had previously defined them.

For some, the fracture appeared to mark a lasting shift in self-perception. Participants mourned their previous activity levels, worried about appearing old to others and described an uncertain future. Walking aids, increased dependence and fear of another fracture could become symbols of ageing rather than tools supporting recovery.

> *"I feel like I am eighty, not fifty-three."*
>
> Participant in Sale et al

The language of recovery matters

These perceptions were not created by the fracture alone. Messages from healthcare professionals, family and friends could reinforce the idea that the person had become old or fragile. Advice to stop activities, warnings about decline or pessimistic predictions about recovery may be well-intentioned, but can unintentionally reduce confidence and strengthen a sense of vulnerability.

Patients need honest information about fracture risk, bone health and safety. The same information can be communicated without suggesting that deterioration is inevitable or that age defines a person's potential. Conversations should acknowledge the seriousness of the fracture while emphasizing what can still be done: treatment can reduce future fracture risk, rehabilitation can rebuild function and appropriate support can help people continue meaningful activities.

Words such as fragile, elderly or too old may be heard as judgements about identity. A more balanced approach combines realistic advice with positive, individualized goals.

AT THE HEART OF THE MESSAGE

A fracture may heal clinically while continuing to influence how a person sees their body, age and future.

The burden carried by families

Caregiving after a fragility fracture can be practical, relational and deeply emotional.

Family members and friends frequently become responsible for transport, personal care, household tasks, appointments, emotional reassurance and decisions about living arrangements - often with little preparation.

A study of 32 informal caregivers of people discharged from rehabilitation after a fragility fracture found a complex emotional experience shaped by internal tensions, changing relationships and pressure to accept the role without complaint or assistance. Almost two-thirds of participants described considerable emotional burden.

Caregivers often placed their own health, work and family life behind the needs of the person recovering. They described exhaustion, guilt about not doing enough and reluctance to ask others for support. Some felt that speaking honestly about frustration or distress would make them appear selfish or ungrateful. Adult children could find themselves taking on a parental role, while spouses assumed unfamiliar responsibilities. The emotional labour of managing a loved one's fear, frustration and loss of independence was often more taxing than the physical tasks.

> *Do not tell me I am going to feel joy.*
>
> Informal caregiver in Hodwitz et al.

Caregivers should not have to suffer in silence

Healthcare services may add to the burden when discharge plans assume that relatives will provide care without first asking whether they have the time, skills, health or resources. Caregivers should be recognised as partners in recovery - and as people with needs of their own.

Before discharge, teams should discuss capacity and willingness, explain the recovery pathway and provide clear contact points. Education, counselling, respite and peer support can make it safer to ask for help and reduce the sense that difficult emotions must be hidden.

OSTEOPOROSIS CANADA

FROM INFORMATION TO COMMUNITY

The role of Osteoporosis Canada

Patient organisations can bridge the gap between clinical information and the everyday experience of living with osteoporosis. Osteoporosis Canada provides evidence-based information, education, advocacy and peer connection.

Its impact report tells the story of Chris, whose severe osteoporosis affected his work, hobbies, family life and emotions. Reliable information helped him prepare for appointments and advocate for himself. A virtual men's support group connected him with people who understood what he was experiencing.

"Most of all, it was a relief to know he was not alone."

Listening to patients and caregivers reveals what clinical measures can miss: feeling suddenly old, fearing the future, losing a familiar role or carrying responsibility in silence.

Sources: Sale, J. E. M., Frankel, L., Bogoch, E., Carlin-Coleman, G., Hui, S., Saini, J., McKinlay, J., & Meadows, L. (2024). The experience of feeling old after a fragility fracture. BMC geriatrics, 24(1), 180. https://doi.org/10.1186/s12877-024-04769-w | Hodwitz, K., El-Hussein, M., Cameron, J. I., Meadows, L. M., Watt, J., Ashe, M., Phan, J., Aghajafari, F., Funnell, L., Verduyn, A., & Sale, J. E. M. (2026). "Don't tell me I'm going to feel joy": The emotional burden of informal caregivers of patients with a fragility fracture discharged from a rehabilitation hospital. Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 10.1007/s00198-026-08027-0. Advance online publication. https://doi.org/10.1007/s00198-026-08027-0 | Osteoporosis Canada. 2024-2025 Impact Report.

FFN Regional Congresses 2026

FFN Regional Congresses 2026
Empowering Multidisciplinary Teams:
Leading Fragility Fracture
Management Globally

North America-Canada | Toronto | 28 March
Asia Pacific | Bangkok | 3-5 September
Europe | Edinburgh | 8-10 October
Latin America | Buenos Aires | 3-4 November
North America-USA | Columbus | 4-6 December

Empowering Multidisciplinary Teams: Leading Fragility Fracture Management Globally

The Fragility Fracture Network (FFN) is proud to present its 2026 Regional Congress Series, bringing together healthcare professionals, researchers and service leaders committed to improving fragility fracture care worldwide.

THE SERIES BEGAN WITH REMARKABLE SUCCESS!

The series began with the FFN Canada Congress in Toronto, held on 28 March 2026 with remarkable success.



Building on that momentum, the upcoming regional congresses will continue across **Asia Pacific, Europe, Latin America and the United States**, providing outstanding opportunities to learn from international experts, strengthen professional networks and translate evidence into better patient care.

Discover what to expect from the upcoming 2026 FFN Regional Congresses!

WHAT TO EXPECT

Evidence-Based, Expert-Led Sessions

Hear from internationally recognised faculty presenting the latest clinical evidence, research findings and practical approaches to improving fragility fracture care.

Multidisciplinary Team Discussions

Participate in dynamic discussions that bring together orthopaedic surgeons, geriatricians, nurses, physiotherapists, occupational therapists, pharmacists, researchers and many other professionals involved in the fragility fracture pathway.

Global Best Practice Exchange

Discover successful programmes, innovative models of care and quality improvement initiatives from healthcare systems around the world.

Translating Research into Practice

Explore practical strategies for implementing evidence-based care pathways that improve patient outcomes and strengthen healthcare services.

Innovation and Future Directions

Gain insight into emerging technologies, evolving models of care and future directions in fragility fracture prevention and management.

UPCOMING REGIONAL CONGRESSES

FFN Asia Pacific Congress
3–5 September 2026 | Bangkok, Thailand



Held in conjunction with the 21st Thai Osteoporosis Foundation (TOPF) Annual Meeting, the FFNAP Meeting offers a scientific programme designed to foster evidence-based knowledge exchange and innovation.

Participants will benefit from plenary lectures, independent symposia and interactive Meet-the-Expert sessions led by distinguished international faculty. The meeting provides an excellent opportunity to advance clinical practice, strengthen regional collaboration and improve patient outcomes throughout the Asia Pacific region.

FFN Europe Congress
8–10 October 2026 | Edinburgh, Scotland

FFN FRAGILITY FRACTURE NETWORK
EUROPEAN REGIONAL MEETING
8-10 OCTOBER 2026 | EDINBURGH

The FFN Europe Congress will bring together clinicians, researchers and healthcare leaders from across Europe to exchange knowledge, share best practice and strengthen multidisciplinary approaches to fragility fracture care.

A dedicated pre-congress day will offer targeted specialist sessions focused on nutrition, surgical care and osteoporosis treatment. The main congress programme will then explore current evidence, practical innovations and collaborative approaches to improving care, offering a valuable platform to connect across disciplines and advance fragility fracture services throughout Europe and beyond.

FFN Latin America Regional Congress
3–4 November 2026 | Buenos Aires, Argentina



The FFN Latin America Regional Congress 2026 will serve as a premier academic and strategic forum for healthcare professionals committed to the prevention and comprehensive management of fragility fractures. Bringing together leading experts from across Latin America alongside internationally recognised faculty, the congress will provide a unique opportunity to explore the latest scientific developments, exchange experiences and strengthen multidisciplinary collaboration throughout the region. Held in conjunction with the Sociedad Argentina de Medicina, the meeting aims to promote the development of high-quality models of fragility fracture care and foster lasting professional networks that will drive improvements across Latin America.

FFN USA Regional Congress
4–6 December 2026 | Columbus, Ohio, USA



The IGFS | FFN USA Surgical Skills and Comprehensive Fracture Care Conference brings together orthopaedic surgeons, geriatricians, rehabilitation specialists, advanced practice providers, nurses, physiotherapists, researchers and other healthcare professionals committed to improving care for older adults with fragility fractures. The programme features:

- Hands-on Surgical Skills Laboratories
- Interactive Educational Sessions
- Expert Faculty Presentations
- Evidence-Based Clinical Updates
- Multidisciplinary Networking Opportunities
- Latest Research and Best Practices in Comprehensive Fracture Care

EVIDENCE TO PRACTICE

Bridging Evidence and Practice in Hip Fracture Care

Evidence has the greatest impact when it is translated into everyday clinical practice. This edition highlights FFN resources that support multidisciplinary teams in delivering evidence-based, person-centred hip fracture care.



Listen on:

Spotify Apple Podcasts

Podcast: Hip Fracture – The Rest Isn't Orthopaedics

- While surgery is a critical part of hip fracture care, recovery depends on much more than the operation itself. Hip Fracture – The Rest Isn't Orthopaedics, created by Dr Raihaan Biju and Professor Antony Johansen (Cardiff, UK), complements the FFN Orthogeriatric Strategy by exploring the multidisciplinary care required to optimise outcomes for older adults with hip fractures.
- Designed as a practical educational resource, the podcast covers essential topics including frailty, perioperative care, delirium prevention, pain management, rehabilitation, nutrition, falls and osteoporosis. Using hip fracture as a model, it highlights the wider physiological, psychological and social aspects of caring for frail older adults—not simply the surgical management of the fracture.
- Hosted by a newly qualified surgeon, the series makes complex concepts accessible for nurses, physiotherapists, occupational therapists, pharmacists, doctors and students, particularly in settings where orthogeriatric services are still developing. It also incorporates the perspectives of carers and family members, reinforcing the importance of truly patient-centred care.



FFN Position on Postoperative Weight Bearing After Hip Fracture Surgery

- The way postoperative weight bearing is managed has a significant influence on recovery after hip fracture surgery. Multi-country studies show substantial variation in practice, with 86% of patients in high-income countries receiving unrestricted weight-bearing orders after surgery, compared with only 41% in low- and middle-income countries.
- Growing evidence consistently demonstrates that early mobilisation and unrestricted weight bearing, where clinically appropriate, reduce complications such as pneumonia and delirium, shorten hospital stays, improve functional recovery and lower mortality. Despite international guidance recommending weight bearing as tolerated (WBAT), clinical practice remains inconsistent across healthcare settings.
- The FFN Position Paper therefore advocates that postoperative care should prioritise surgical fixation that enables immediate weight bearing as tolerated, supported by coordinated multidisciplinary care involving orthopaedics, geriatrics and rehabilitation. Aligning practice with this evidence has the potential to improve recovery, reduce complications and enhance quality of life for older adults following hip fracture surgery.

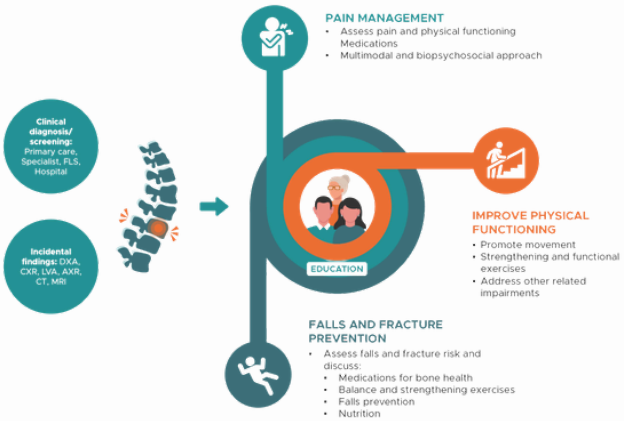
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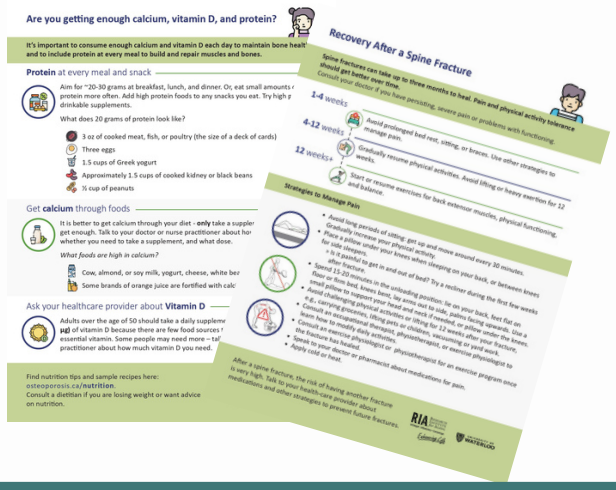
Evidence continues to reinforce a simple principle: multidisciplinary care, early mobilisation and unrestricted weight bearing—when clinically appropriate—are fundamental to improving outcomes for older adults following hip fracture surgery.



EXPLORE THE FFN

VERTEBRAL FRAGILITY FRACTURE RESOURCES





VFF CARE MODEL

- Applicable across primary care, hospitals, and outpatient settings
- Includes fractures diagnosed clinically or found incidentally on imaging
- Designed for use across diverse healthcare systems worldwide

PATIENT EDUCATION TOOLS

One-page patient education tools

- Recovery after a spine fracture
- Getting enough Calcium, Vit D, and protein
- Nutrition tips to prevent weight loss and constipation
- Exercise guidance
- Spine-safe movement during first 3 months
- Safe movement after healing

View the
FFN VFF resources

POLICY

WHO Sets New Global Benchmarks for Hip Fracture Care



The World Health Organization (WHO) has introduced core global benchmarks to standardize and improve care for older adults with hip fractures and osteoporosis within the framework of the UN Decade of Healthy Ageing (2021–2030). Hip fractures are a major cause of morbidity, mortality, loss of independence and long-term disability among older people worldwide. The WHO benchmarks are intended to help health systems monitor performance, identify inequities and drive policy and care delivery reforms that improve outcomes.

The article defines two key measurable indicators:

1. **Timely hip-fracture surgery**: The proportion of older patients receiving surgical repair within 48 hours of hospital admission or presentation, reflecting both acute care responsiveness and coordinated care pathways. Evidence shows that surgery within this timeframe is associated with lower mortality, fewer complications and improved functional recovery.

2. **Pharmacological treatment after fracture**: The proportion of older individuals who receive evidence-based osteoporosis medication following a hip fracture to prevent subsequent fractures, addressing the critical gap in secondary prevention.

The article emphasizes that these indicators capture both acute management and secondary fracture prevention, while also highlighting persistent barriers, including data limitations, variability in care delivery and health system preparedness—particularly in low- and middle-income countries. It further underscores the importance of national policies, integrated orthogeriatric and fracture liaison care models, and strengthened health information systems to implement and monitor these benchmarks effectively, advancing equitable, high-quality care for ageing populations worldwide.

FFN Support for WHO Global Hip Fracture Indicators

The Fragility Fracture Network (FFN) **fully supports the new global indicators** introduced by the World Health Organization (WHO) and welcomes their focus on strengthening equitable hip fracture care and secondary fracture prevention worldwide. FFN has long championed the principles reflected in these indicators and is well positioned to support their implementation.

To support consistent data collection and performance measurement, FFN developed the **Minimum Common Data Set** (MCD), a standardized set of indicators and definitions aligned with best practice in hip fracture care. Many of these measures correspond directly with the new WHO indicators, helping countries align national registries and quality improvement programmes with global standards. To further support implementation, FFN established the **Audit Special Interest Group**, which assists national programmes in implementing the MCD, aligning indicators with WHO benchmarks and strengthening audit and reporting systems.

At the hospital level, the **Orthogeriatric Certification Programme** enables multidisciplinary teams to assess their services against internationally recognised standards, supporting improvements that contribute directly to the WHO indicators.

FFN also supports the WHO indicator on osteoporosis treatment after hip fracture through the promotion of **Fracture Liaison Services (FLS)** and the **Secondary Fragility Fracture Prevention Competency Framework**, helping healthcare systems deliver consistent, evidence-based secondary fracture prevention.

A Global Effort. Measurable Impact.

- **The WHO indicators provide a common language for improving hip fracture care worldwide.**
- **Through its global programmes, audit initiatives and implementation tools, FFN is committed to helping countries translate these benchmarks into meaningful improvements in care, ensuring that older adults receive timely treatment, effective secondary fracture prevention and coordinated, person-centred care.**

Join FFN and become part of a global community dedicated to improving fragility fracture care worldwide.

With more than 15,000 members across 102 countries, FFN connects clinicians, researchers, nurses, allied health professionals, and healthcare leaders working together to advance patient outcomes and strengthen fracture care systems internationally.

As a member, you will gain access to evidence-based resources, educational opportunities, international projects, research updates, and collaborative initiatives designed to support professional development and global knowledge exchange. Explore the benefits below to discover how FFN membership can help you connect, learn, contribute, and make a meaningful impact in fragility fracture care.

Join FFN now

Interested in contributing to the FFN e-zine?

We welcome article submissions from across the global FFN community. If you would like to share your work, experiences, initiatives or perspectives in a future issue, please contact us at **communications@fragilityfracturenetwork.org.**

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Fragility Fracture Network

Advancing Orthogeriatric Care Worldwide

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BREAKING NEWS
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JULY/AUGUST 2026 | ISSUE 1