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“Perceived Social Support following Extremity Trauma: Does Sex Matter?”

Introduction: Patients recovering from a traumatic injury often struggle to carry out their usual daily activities and may depend on others for assistance. Studies in orthopaedic trauma have pinpointed two key patient-reported factors that greatly affect recovery outcomes: perceived social support and self-efficacy. However, current research often lacks detailed information about the individual characteristics of participants or tends to primarily involve male subjects. As a result, this study aims to explore how different demographic factors and social roles influence fracture patients' self-reported perceptions of their social support and self-efficacy.

Methods: This prospective cohort study was conducted at the University Medical Center LSUHSC Orthopaedic Trauma Clinic. Eligibility criteria included adults aged 18 to 79 who had sustained at least one new extremity fracture within the last six weeks. After providing informed consent and HIPAA authorization, patients filled out a questionnaire containing demographic information and completed three surveys from the NIH PROMIS Item Bank. These included the General Self-Efficacy instrument and two short forms assessing Emotional Support and Instrumental Support, all rated on a 5-point Likert scale. The survey results were compared with linear regression analysis relative to population normative values using T-scores, applied to examine differences between sexes, controlling for age, ethnicity, education, and caregiving roles for children and/or adults.

Results: The study has enrolled 36 participants to date, comprising 69.4% male and 30.6% female. Among these subjects, 62.9% received operative treatment for their injuries. When comparing our population to normative results for each survey, the average T-scores showed no significant differences between male and female participants. Subjects who reported having a child in their care had significantly higher General Self-Efficacy T-scores (58.1 ± 9.7 versus 49.8 ± 10.6 , $p=0.0453$) and tended to report higher Instrumental Support (59.3 ± 8.7 versus 52.0 ± 9.7 , $p=0.0525$) compared to those without children in their care. The relationship between caregiving and these outcomes was consistent across both sexes, and no other significant associations with survey results were found.

Conclusion: Our preliminary data suggests that our fracture patient population reports self-efficacy and social support within normative population values, with no significant differences between the sexes. Notably, our findings indicate that having the social role of caring for a child is linked to higher (better) reported self-efficacy and instrumental support. This may be due to the presence of additional, unmeasured support systems that patients with children are able to access.