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Management of fear of falling after hip fracture

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Stellingen behorend bij het proefschrift getiteld 'Management of fear of falling after hip fracture'

1. A first step toward appropriate management of fear of falling (FoF) after hip fracture is to establish a uniform definition for the construct of FoF, that differentiates between appropriate FoF, and maladaptive FoF. *(This thesis)*
2. Assessment of fear of falling (FoF) should include the behavioral consequences of FoF (avoidance behavior), and impact on daily functioning. *(This thesis)*
3. A watchful waiting approach to fear of falling (FoF) after hip fracture may be appropriate, but requires an active screening approach up to 12 weeks after fracture. *(This thesis)*
4. Fear of falling (FoF) after hip fracture requires an interdisciplinary treatment approach. *(This thesis)*
5. The scope of persistent fear of falling (FoF) after hip fracture highlights that FoF is a geriatric giant. *(This thesis)*
6. Be aware of ageism: fear of falling (FoF) should not be considered an inevitable consequence of aging.
7. The frailty in patients with hip fracture is not an excuse to accept the poor recovery in this population.
8. The name 'Falls Efficacy Scale (International)' is misleading as it measures concerns about falling, not falls-efficacy.
9. Never underestimate an older individual's psychological resilience, yet do not turn a blind eye for the negative effects of passive coping.
10. Screening for fear of falling (FoF) should go hand in hand with screening for anxiety. *(inspired by: Adamczewska, Gerontology & Geriatric Medicine, 2018).*
11. We must help our patients to face their fears, as to prevent these fears becoming their limitations *(adapted from Robin Sharma, 2016)*
12. One of the toughest yet most valuable lessons learned from a PhD is to embrace uncertainty and acknowledge that some beautiful chapters in our lives will not have a title until much later *(adapted from Bob Goff, 2014)*