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Accidents are unfortunate events of life and fractures are their complication. Increased life expectancy, advancement of industry, increasing number & speed of automobiles, over crowding of roads, lack of traffic sense further adds to the problem.

Extra capsular fracture of the neck femur though, known since time immemorial, still are considered to be crippling injuries, that most affect the elderly & have tremendous impact on both, the health care system and the society in general.

In the modern scientific era, there has been enormous development in the diagnosis and management of the disease and trauma, resulting in fall of death rate. Awareness towards healthy living, hygiene, nutrition and prompt treatment has further helped to reduce the death rate, thus the better understanding of the health care diagnosis and treatment has resulted in increased life expectancy and thus tremendous increase in elderly population.

Hormonal changes are known to occur with increasing age resulting in metabolic changes in bone and osteoporosis which in turn leads to weakness of bones and fracture occur with trivial trauma.

Fractures around hip are one of the common fractures in elderly. The intertrochanteric femoral fractures have been estimated to occur in more than 200,000 patients each year in the United States (The Indian figures are not available). The incidence being more common in females as compared to males.
Early authors placed most of the emphasis on the intracapsular femoral neck fractures, and paid relatively little attention to extra-capsular femoral neck fractures, because these injuries usually healed regardless of the mode of treatment as it occurs through the cancellous bone which has excellent blood supply.

Therefore the treatment so far has been mainly conservative like Buck's traction, well leg traction, plaster spica immobilization, Russel balanced traction and skeletal traction through proximal tibia or distal femur, but these are associated with complications like malunion (coxa vara), shortening, Painful hip, stiff knee & above all prolonged recumbency and it's after math like, bed sores, R T I, U T I deep vein thrombosis and behavioral problems Prolonged stay also causes increased bed occupancy in hospitals which in turn increases financial burden on the health care system, society and nation as a whole, apart from the physical and financial sufferings of the patient and family.

Various operative treatments which were used previously consist of internally fixing the fractures by S. P. nail plate, fixed angle plate, condylar blade plate, with their own limitations, as implants were having static effects.

Now a days dynamic hip screw is being used the device permits continuous telescoping of proximal into distal fragment & maintains the valgus reduction It also provides compression at the fracture site at the time of surgery & later dynamic compression, by muscle activity (Sisk, 1987) This fixation gives a rigid & stable internal fixation, which leads to early
ambulation, thereby reducing the recumbency period & associated complication

This study is therefore undertaken to evaluate the results of dynamic Hip screw in extra capsular fracture of femur