

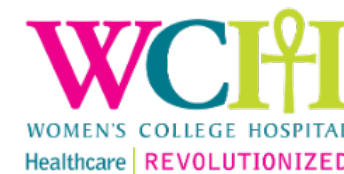
ONTARIO  
**Osteoporosis**  
Strategy

Preventing hip fractures, saving lives.

# FRACTURE LINK

FALL 2022 NEWSLETTER

—  
**PREVENTING HIP FRACTURES, SAVING LIVES.**



FRACTURE LINK FALL 2022



## Contents

01

**Surgeon Spotlight:  
Dr: Ahmed Quateen**

02

**Fall Prevention Month - November  
Osteoporosis Month - November**

03

**Boosting Balance and Bone  
Health**

04

**Patient Perspective -  
depression and chronic pain**

# Performance Report - Hip Fractures in Ontario

## Key Findings

The current report emphasizes hip fracture trends; fracture rates and management among seniors (80+); and, variability in osteoporosis management by Local Health Integration Network.

- Adults aged 50 and older, 11 537 hip fractures were reported in 2017/18
- The standardized rate of hip fracture has decreased by 12.9% between 2005/06 and 2017/18. However, the number of hip fracture has continued to increase, particularly among seniors 80+ years of age and older, as a result of the aging population.
- The crude hip fracture rate remained stable from 2005/06 to 2017/18 in 50-59 and 60-69 year age groups but dropped by 24% in adults 70-79 and 15.6% in the 80+ age group.

Source: Ontario Osteoporosis Strategy - Provincial Performance Data for Osteoporosis Management Technical Report (3 March 2021)

[www.ostestrategy.on.ca](http://www.ostestrategy.on.ca)



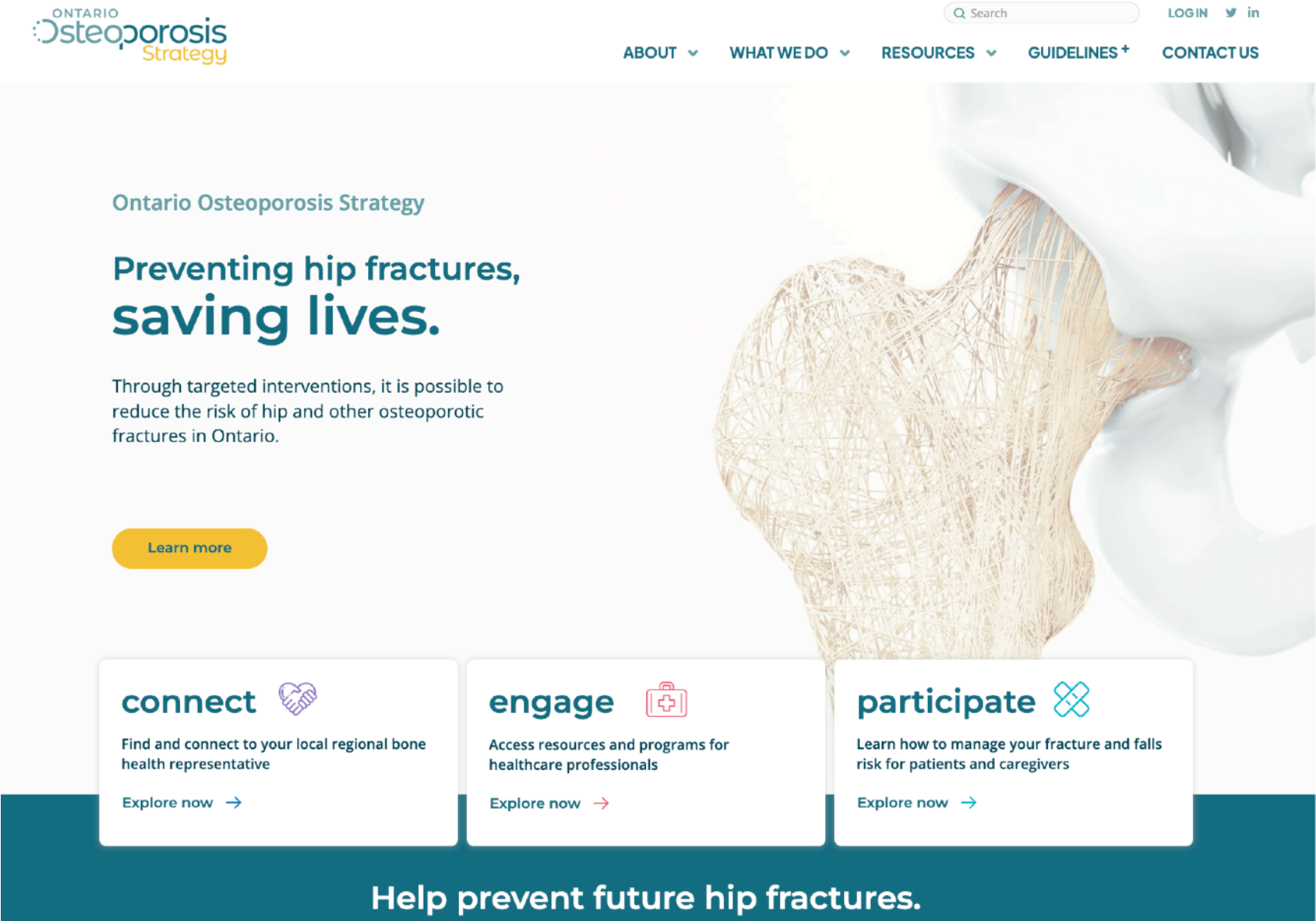
FRACTURE LINK FALL 2022



# FRESH NEW LOOK

We have updated our website  
and created a new logo.

visit: [osteostategy.on.ca](https://osteostategy.on.ca)





## Surgeon Spotlight

**Dr: Ahmed  
Qateen**

Screening Vertebral Fracture Patients  
at Grand River Hospital in Kitchener

In partnership with Grand River Hospital (GRH) the Ontario Osteoporosis Strategy employs a full-time Fracture Prevention Coordinator, Kelly Shock, as a part of the Fracture Screening and Prevention Program (FSPP). Kelly works within the fracture clinic at GRH, screening patients 50 years of age and older who have sustained a low trauma fracture and facilitates the referral of eligible patients for further assessment and treatment for their bone health. Patients who sustain a low trauma vertebral fracture are at a high risk of another vertebral fracture. In fact, the risk of experiencing another vertebral fracture in the year following a vertebral fracture is 20%. These patients are seen in the fracture clinic by one of three spine surgeons specializing in vertebral fractures at GRH. Dr. Ahmed Qateen is one of the three spine surgeons in the clinic.

### **Q: Can you share your background working at Grand River Hospital?**

*I have been at Grand River Hospital since December 2019, and I am a neurosurgeon. I work with two other spine surgeons in the GRH fracture clinic.*

### **Q: Since the pandemic, have you noticed any changes or trends in the amount of vertebral fractures you see in the fracture clinic?**

*There has been a decrease in the number of vertebral fractures coming through the clinic during the pandemic. This could be because of less movement in every day life, therefore less people falling as well. As people have started to resume activities in the community, we are seeing a slight increase again.*

### **Q: Can you describe how you work with Kelly to have eligible low trauma fracture patients screened through the FSPP?**

*Kelly works in multiple areas of the fracture clinic screening other non vertebral as well as vertebral fragility fracture patients. If I see a patient who I think is appropriate to be screened, I will ensure Kelly is involved. I communicate with the technician to relay the message to Kelly to come down from the other fracture clinic to ensure these patients are not missed, and provided with appropriate follow up.*

### **Q: How does the FSPP program impact your work in the fracture clinic?**

*The FSPP program is helping patients get proper follow up care who might otherwise not, and reduces their risk of future fracture. When Kelly is here, I know the patient has the ability to receive appropriate follow up and referral to a specialist. We know it makes a difference. The vertebral fracture means untreated osteoporosis, even without completing a DEXA scan which predicts fracture risk. These patients have already fractured, and getting them appropriate follow up and treatment is important.*



Continued...

Vertebral fractures are the most common osteoporotic fractures and are associated with an 8-fold increase in mortality rates. Vertebral fractures are powerful predictors of future spine and hip fractures. Fracture Prevention Coordinators like Kelly at Grand River Hospital continue to have an important role in ensuring vertebral fracture patients receive appropriate intervention to reduce their risk of future fractures. We would like to thank Dr. Quateen for his continued support of our program.

For more information about the Ontario Osteoporosis Strategy and the Fracture Screening and Prevention Program, visit <https://ostestrategy.on.ca/fracture-prevention/>



**NOVEMBER IS**  
**OSTEOPOROSIS**  
AWARENESS MONTH

 **OSTEOPOROSIS**

FRACTURE LINK FALL 2022





# November is Fall Prevention Month.

All Canadians have a role in preventing falls.

Plan an activity in your community!

The Fall Prevention Month website has:

- Activities with instructions
- Social media resources
- Promotional materials
- Posters
- Evidence-based resources

Find out more and download these resources at [www.fallpreventionmonth.ca](http://www.fallpreventionmonth.ca)



## TOO FIT TO FALL OR FRACTURE: ONE PAGE GUIDE

### Too Fit to Fall or Fracture

**Strength Training** At least 2 days/week

- Exercises for legs, arms, chest, shoulders, back
- Use body weight against gravity, bands, or weights\*
- 8-12 repetitions per exercise

**Balance Exercises** Every day

- Tai Chi, standing, walking on your toes or heels
- Have a sturdy chair, counter, or wall nearby, and try them easier to harder: shift weight from heels to toes while standing; stand heel to toe; stand on one foot; walk on a potted line

**Posture Awareness** Every day

- Gently suck your chin in and draw your chest up slightly
- Imagine your collarbones are wings - spread your wings slightly without pulling your shoulders back

**Aerobic Physical Activity** At least 150 mins/week

- bouts of 10 mins or more, moderate to vigorous intensity\*\*
- You should feel like your heart is beating faster and you are breathing harder
- You might be able to talk while doing it, but not sing

**Try these to get started:**

- Class at YMCA/community center
- Consult a physical therapist/kinesiologist
- Contact Osteoporosis Canada

**Examples:**

- Brisk walking
- Climbing
- Jogging
- Gardening

This one page guide is packed with useful information to get you started thinking about ways you can safely and effectively exercise.

See what the experts recommend along with real life examples of what you can do and what you should avoid

 [DOWNLOAD](#)

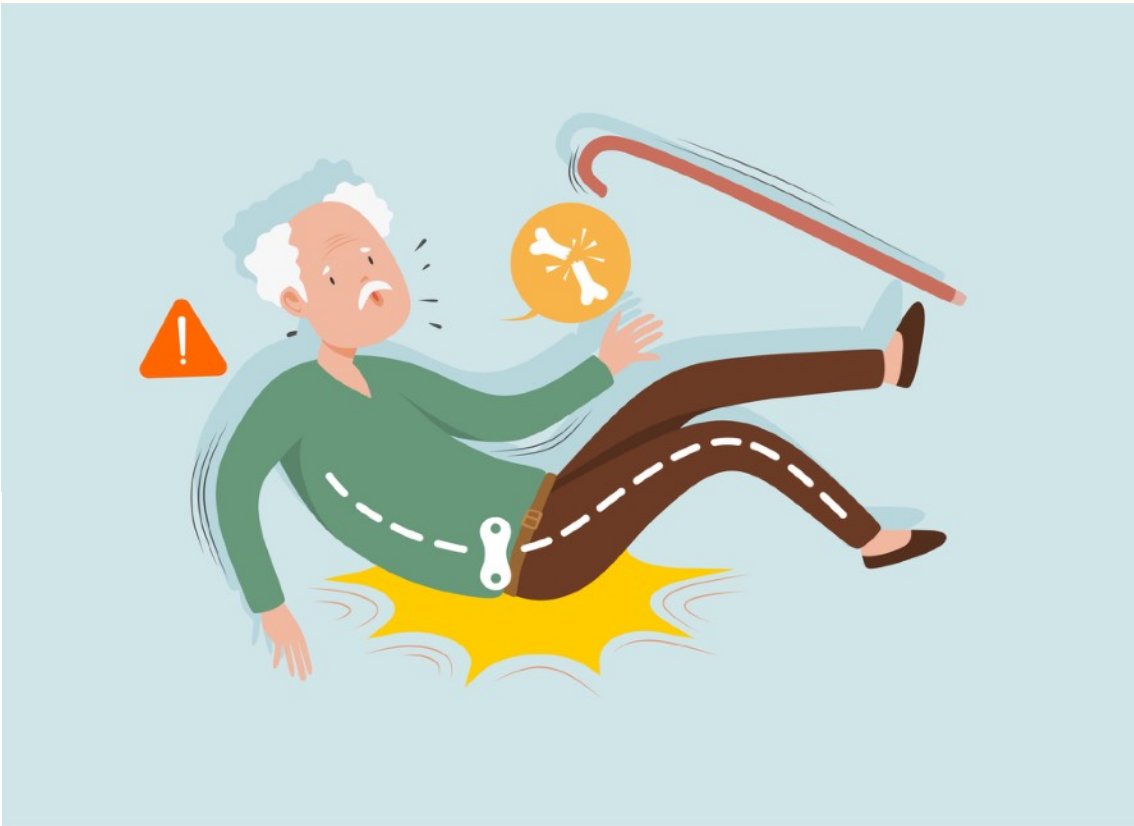
## Why we need Fall Prevention Month:

Falls are the leading cause of injury-related hospitalizations among Canadian older adults. 20-30% of older adults fall each year [1]

Falls are the leading cause for hospital admissions from injuries for children ages 0 to 14 [2]

[1] Government of Canada (2015). Seniors Falls in Canada – Infographic. Retrieved from <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/seniors-falls-canada-second-report/seniors-falls-canada-infographic.html>

[2] Parachute. Retrieved from: <http://www.parachutecanada.org/child-injury-prevention/item/fall-prevention>





## Fall Prevention Month November 2022

~

### Local, Provincial and National

**Co-Authors: Marguerite Oberle Thomas, RN., BScN. - Consultant Liaison, Fall Prevention Community of Practice and Judy Porteous - Ontario Osteoporosis Strategy**

The eighth year of promoting November as Fall Prevention Month provides national, provincial and local initiatives. Fall prevention colleagues share the goal of providing resources and assistance to increase awareness and encourage action to prevent osteoporosis, fractures, and injuries from falls.

The Fall Prevention Community of Practice and Osteoporosis Canada, Ontario Strategy have long worked together. Currently, both organizations are working with the [Grey Bruce Health Unit](#), collaborating for November 2022.

Plans to date include two launches, library exhibits, promotion of trivia cards, additions to the fall prevention month site

[www.fallpreventionmonth.ca](http://www.fallpreventionmonth.ca) and more.

We do this because when someone falls, bad things can happen.

According to the International Osteoporosis Foundation, falls often result in major fractures and in rapid deterioration of health and functioning.

Broken bones can be the slippery slope for people to go from active engaged seniors to frail seniors needing extra care or moving to LTC, or worse dying from the complications of a fracture.

Dr. Samir Sinha, Chair of the National Institute on Aging, tweeted in February 2022 *“Maintaining our functional abilities is a critical enabler for healthy ageing.”*





## Fall Prevention Month November 2022 ~ Local, Provincial and National..

2nd page

According to the National Institute on Aging, falls are the leading cause of injury among older Canadians and are largely preventable. Fall injuries are a serious health concern as they can lead to disability, chronic pain, loss of independence and a reduced quality of life.

- **1 in 3 Seniors will fall every year**
- **Of those who fall, 1 in 3 are seriously injured**
- **4 out of 5 hospitalizations due to injuries are because of falls**
- **50% of those falls occur in the home**
- **4 in 10 who are hospitalized are because of a hip fracture**

You can help prevent a hip fracture starting today. The Ontario Osteoporosis Strategy encourages good nutrition, Vitamin D intake, proper exercise with strength balance aerobics and posture awareness. Further information can be found in the “Too Fit to Fall or Fracture” [handout](#). Additional information related to ensuring that your inside and outside environments are as safe as possible can be located on [the fall prevention month website](#) and [The Staying Independent checklist](#)

### Loop: Fall prevention all year round!

Osteoporosis prevention and fall prevention clearly share similar injury prevention strategies. The Fall Prevention Community of Practice (CoP) also invites practitioners to join Loop, the CoP communication platform. [www.fallsloop.com](http://www.fallsloop.com) to get all the evidence-based information that you need.

Now sponsored by Parachute, the national injury prevention charity, [www.parachute.ca](http://www.parachute.ca), this online, no-cost communication platform enables its members, the intermediaries who work with adults, older adults, and/or caregivers, to innovate, learn, share, and implement evidence-informed interventions. Loop offers webinars, a discussion forum, knowledge centre, private groups, networking opportunities, biweekly newsletters, tutorial videos and an event calendar. It is truly the “go-to” place for health care workers.

### Fall Prevention Month Campaign in November!

Downloadable resources for practitioners include [branded media packages](#), a fact bank, virtual and in [person activities and information for both older adults](#), their caregivers, and practitioners, education opportunities, statistics and infographics. There are no cost articles available for editors of senior’s magazines or newsletters to use as is or adapt. If your media space is more limited, consider the postcard

Both the Fall Prevention Community of Practice and Osteoporosis Canada are national, and they welcome any geographic area to complete a trio of enthusiasts working to prevent injuries from falls. If you are a practitioner who works with seniors, please take advantage of these no cost, evidence-based resources. Contact [mthomas@parachute.ca](mailto:mthomas@parachute.ca) or [JPorteous@osteoporosis.ca](mailto:JPorteous@osteoporosis.ca) for further information.



# Boosting Balance & Bone Health

Osteoporosis is a disease that is prevalent today and will become more widespread as our population ages. With osteoporosis affecting approximately 700,000 in Ontario alone, identifying and providing interventions to those at risk for negative health outcomes due to Osteoporosis is a crucial part of keeping Ontarians healthy as they age. (Info retrieved from <https://www.canada.ca/en/public-health/services/chronic-diseases/osteoporosis.html>)

Occupational Therapists can play a key role in identifying older adults at risk for falling and providing interventions to keep them safe as they age. Tina Giancarlo, Registered Occupational Therapist at the Rapids Family Health Team Sarnia, works with older adults and clients with osteoporosis in the community to enable them to maintain their independence and health through falls prevention interventions and prescribed exercise.



**Boosting Balance & Bone Health** is a 5-week program, run by **Tina Giancarlo, OT, and Amber Bieby, RN in Sarnia-Lambton**. It is designed to gradually improve balance and bone health, reduce falls risk, and maintain independence for older adults in the community.

Recently, Tina has been able to participate in the BoneFit™ training program offered through Osteoporosis Canada. Bone Fit™ is an exercise training workshop providing specialized training to health professionals and community fitness professionals with the purpose of encouraging safe exercise for people with osteoporosis.” (Retrieved from <https://bonefit.ca/>)

“Participation in this course provided me with a wealth of information regarding how to provide safe, effective, and evidence-based exercise to maintain and improve bone health for my clients in the community. The course equipped me with practical tools to adapt simple movements like tying your shoes or getting up from the floor and exercise-specific movements to keep my clients safe and active!” Tina says. “I am ecstatic to be able to apply the principles of the Bonefit Program to our Boosting Balance and Bone Health Program offered by the Rapids Family Health Team.”



# Boosting Balance & Bone Health ... page 2

**B**oosting Balance & Bone Health is a 5-week program, run by Tina Giancarlo, OT, and Amber Bieby, RN in Sarnia-Lambton. It is designed to gradually improve balance and bone health, reduce falls risk, and maintain independence for older adults in the community.

Together with community partners from the Osteoporosis Society of Canada and Registered Dietitians, Pharmacists, Occupational Therapists, and nurses from Rapids Family Health Team, clients are provided with one hour of education in areas of nutrition, medication, and falls prevention. Topics covered include exercise for bone health, daily requirements for calcium and vitamin D, medications that impact falls and bone health, and safe mobility strategies. Following the education session, one hour of group exercise addressing strength, balance and postural exercises is provided.

For the first time since the pandemic, clients were able to participate in this program in-person. They were thrilled to be able to attend not only for the valuable information and exercise component, but to be able to connect with other older adults who were also be dealing with Osteoporosis and chronic conditions. Feedback like *“this is just what I needed – I feel comfortable and safe to start my exercise journey”* and *“I am planning to continue to apply the things I’ve learned in my daily life as a result of this program”* were just a few of the comments from the happy participants. ***“One of the most important outcomes of the program was not only to be able to minimize falls and fracture risk, but to also help clients rebuild confidence and return to activity in their daily lives after a fall.”*** Tina says.



**For more information on  
BoneFit, visit [bonefit.ca](https://bonefit.ca)**



# Patients experience a need for informal care after a fragility fracture



Researchers at St. Michael's Hospital, Unity Health Toronto, recently published a study where they examined patients' experiences of receiving informal care after a fragility fracture. They conducted a secondary analysis of 6 qualitative studies to understand how these experiences impacted patients' recovery post-fracture and subsequent management of their bone health.

Participants in the original studies were English speaking men and women, 45+ years old, who had sustained a recent fragility fracture or reported a previous history of fragility fractures. Participants who discussed their care needs were categorised as receiving "enough care", "insufficient care", or "no care".

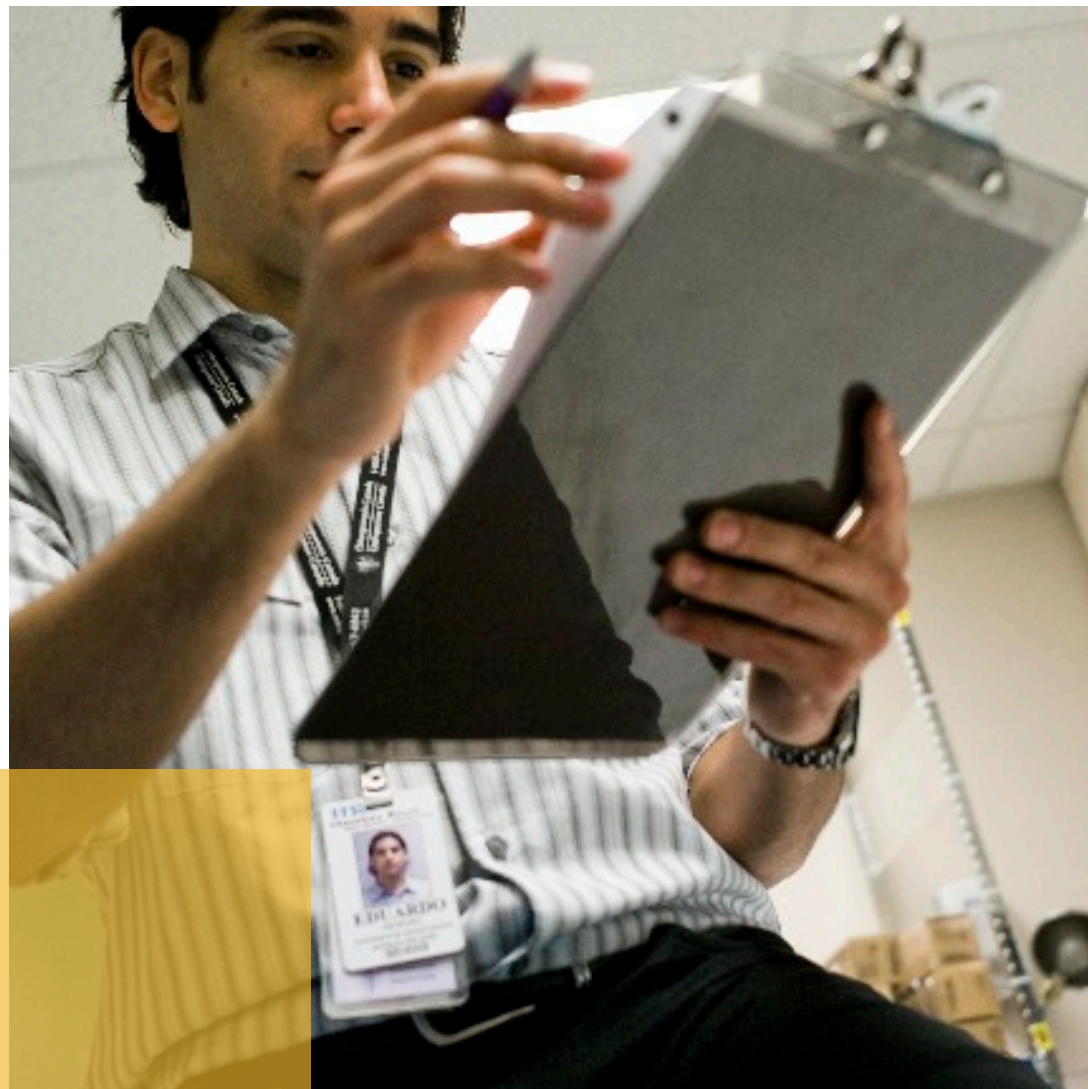
Of the 145 participants in the primary studies, 109 (75%) described needing care after their fracture. Out of those, 62 (57%) were categorized as receiving enough care, while 47 (43%) were categorized as receiving insufficient or no care. The researchers found that participants' need for care did affect their recovery and overall management of their bone health, including access to health care services. Additionally, those who received insufficient or no care had to be resourceful and devise strategies to care for themselves post-fracture. They also reported requesting help from multiple people to minimise the burden on family and friends.

The researchers concluded that the need for informal care is an additional burden of fragility fractures. Post-fracture interventions and services should consider patients' social circumstances so that they can be better supported during the recovery period.

Sale JEM, Gignac M, Frankel L, et al. Patients experience a need for informal care after a fragility fracture. *Osteoporos Int.* 2021.  
<https://doi.org/10.1007/s00198-021-06273-y>



# Perspectives of patients with depression and chronic pain after a fragility fracture



In a recent publication, a team of researchers at St. Michael's Hospital, Unity Health Toronto, examined fragility fracture patients' experiences with existing depression and non-fracture pain. They also examined how the recent fracture impacted individuals' depression and pain.

Eligible patients were fragility fracture patients aged 45 + who reported taking prescription medication for at least one other health condition (not including their bone health). Patients were interviewed within 6 weeks of their fracture and then 1 year later. They were asked questions about their recent fracture, their bone health as well as their experience of living with other health conditions, such as depression and chronic pain (including the medications taken for these conditions).

Based on interviews with 26 patients (21 female, 5 male) aged 45-84 years old, 21 participants (81%) reported having depression and/or non-fracture pain; one-third of these participants reported that they experienced both depression and pain. Through the analysis, the team determined that the experience of pain and depression was all consuming and that individuals with fragility fractures often prioritised it over their bone health. The team also concluded that the experience of having a fracture often exacerbated patients' pre-existing depression and chronic pain.

Patients with pain and depression may not give equal priority to their bone health and may experience an aggravation of their symptoms as a result of their fracture. It would be helpful for health care providers to ask their fragility fracture patients about any existing pain and depression so that both their emotional and physical state can be supported in a more holistic way.

Sale JEM, Gignac M, Frankel L, et al. Perspectives of patients with depression and chronic pain about bone health after a fragility fracture: a qualitative study. Health Expect. 2021;1-14.  
<https://doi.org/10.1111/hex.13361>



# CONNECT



**Regional Integration Leads (RILs) work within the Ontario Osteoporosis Strategy at Osteoporosis Canada as regional contacts for fracture prevention initiatives, including the Fracture Screening and Prevention Program**

Contact your local RIL for more information:

**Ravi Jain**

**Director**

Ontario Osteoporosis  
Strategy  
(416) 696-2817  
rjain@osteoporosis.ca

**Julian Rawlins**

**Toronto East, Durham,  
& Central Eastern**

1800-463-6842 ext. 2315  
jrawlins@osteoporosis.ca

**Lisa Campbell**

**Hamilton, Niagara,  
Brantford & Halton**

1800-463-6842 ext. 2317  
lcampbell@osteoporosis.ca

**Monica Menecola**

**Simcoe County & Muskoka**

1800-463-6842 ext. 2319  
mmenecola@osteoporosis.ca

**Elizabeth Stanton**

**Senior Manager**

**West Toronto, Peel &  
Northern Toronto**

1800-463-6842 ext. 2311  
estanton@osteoporosis.ca

**Jennifer Weldon**

**Toronto Central  
& York Region**

Program Manager,  
Fracture Screening and  
Prevention Program  
1800-463-6842 ext. 2313  
jweldon@osteoporosis.ca

**Sarah D'Angelo**

**Waterloo, Wellington,  
London & Windsor**

1800-463-6842 ext. 2319  
sdangelo@osteoporosis.ca

**Judy Porteous**

**Bruce, Grey, Dufferin,  
Huron, Perth & Lambton**

1800-463-6842 ext. 2314  
jporteous@osteoporosis.ca

**Marq Nelson**

**Champlain & Kingston**

1800-463-6842 ext. 2318  
mnelson@osteoporosis.ca

**Mariana Papaioanou**

**Communications and  
Education Coordinator  
Bone Fit™ & Beyond the Break**

(416) 696-2663 x 2290  
mpapaioanou@osteoporosis.ca



A Virtual Education Series for Health Professionals

Register and watch our latest webinars

The next edition of Fracture Link will be in the Spring of 2023. Connect with us if you have an article you would like to include.



What do you think of our new look?  
We would love to hear from you,  
send us a message and let us know.