

**1 History**

Initial Assessment    Osteoporosis Dx:     Yes     No  
 Follow-Up    Previous Osteoporosis Dx:     Yes     No

**Fracture after Age 50?**     Yes     No    2023 Clinical Guidelines

**Identify risk factors for fractures and falls:**

<b>Fracture after age 50 years:</b>	<b>Yes</b>	<b>No</b>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Vertebral	<input type="checkbox"/>	<input type="checkbox"/>
Proximal humerus	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged glucocorticoid use	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Menopause at age < 45 years	<input type="checkbox"/>	<input type="checkbox"/>
Other Conditions or Medications	<input type="checkbox"/>	<input type="checkbox"/>

**2 Lifestyle Review**

	<b>Yes</b>	<b>No</b>
Current smoker	<input type="checkbox"/>	<input type="checkbox"/>
Consumes 3 units (oz.) alcohol/day	<input type="checkbox"/>	<input type="checkbox"/>
Has fallen 2 times in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
BMI <20kg/m	<input type="checkbox"/>	<input type="checkbox"/>
At least 150 min of moderate to vigorous physical activity per week	<input type="checkbox"/>	<input type="checkbox"/>
Diet + supplement calcium intake 1000 - 1200mg/day	<input type="checkbox"/>	<input type="checkbox"/>

**3 Physical**

**A. Assess balance and gait for fracture risk:**

Can patient rise from chair without using arms and walk several steps? (Get/Timed Up and Go Test)    **Yes**    **No**  
   

**B. Screen for vertebral fracture:**

Current height	cm		
Previous height	cm		
Prospective height loss > 2 cm	<input type="checkbox"/>	<input type="checkbox"/>	If yes to any, order PA lateral spine x-ray to rule out vert. fracture
Historical height loss > 6 cm	<input type="checkbox"/>	<input type="checkbox"/>	
Rib-pelvis distance 2 fingers	<input type="checkbox"/>	<input type="checkbox"/>	
Occiput-wall distance > 5 cm	<input type="checkbox"/>	<input type="checkbox"/>	

**4 Lab to rule out secondary osteoporosis**

	Value	Target	Date of latest
Calcium			
Albumin			
Creatinine (eGFR)			
Alkaline phosphatase			
TSH			
Protein electrophoresis Only for patients with vertebral fracture	<input type="radio"/> Normal <input type="radio"/> Abnormal		
25-hydroxyvitamin D (25OHD) if risk factors for insufficiency or starting potent antiresorptive therapy.			
CBC (Hemoglobin)			

**5 Bone Mineral Density (BMD)**

Prior BMD test complete	<input type="checkbox"/>	<input type="checkbox"/>	<b>Repeat BMD/ Reassess Fracture Risk</b>
BMD test ordered	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vital</b>	<b>Latest T-score</b>	<b>Date</b>	
Femoral neck			
Lumbar spine			

**6 10-year fracture risk: FRAX (BMD preferred)**

Category	Action
10 year fracture risk < 15% OR T-score > -2.5	<b>Do not recommend pharmacotherapy</b>
10 year fracture risk 15%-19.9% OR T-score -2.5 and age < 70 yr*	<b>Suggest pharmacotherapy</b> Intermediate benefit
10 year fracture risk 20% OR T-score -2.5 and age 70 yr* OR 2 fracture events OR Previous hip or spine fracture	<b>Recommend pharmacotherapy</b> Largest benefit

\*femoral neck, total hip or lumbar spine

**FRAX Total Hip %**  
**Major Osteoporotic Fracture %**

**Date**    **Last Score**

**7 Recommendations for Patient Care**

*Recommend balance and muscle strengthening exercises at least twice per week.*

*Calcium through diet 1000-1200 mg daily, vitamin D3 600-800IU daily.*

Falls-prevention: information provided     Yes     No

Strength training?     Yes     No

Balance exercises?     Yes     No

**Additional risk factors to be monitored**

Vertebral fracture identified by X-ray	<input type="checkbox"/>	<input type="checkbox"/>
Prior wrist fracture in patients ≥ 65 years	<input type="checkbox"/>	<input type="checkbox"/>
T-score much worse than -2.5 at any site	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar T-score much worse than Femoral neck	<input type="checkbox"/>	<input type="checkbox"/>
Rapid bone loss	<input type="checkbox"/>	<input type="checkbox"/>
Men on androgen deprivation therapy	<input type="checkbox"/>	<input type="checkbox"/>
Women on aromatase inhibitor therapy	<input type="checkbox"/>	<input type="checkbox"/>
Long-term/repeat use of glucocorticoids	<input type="checkbox"/>	<input type="checkbox"/>
Has fallen 2 or more times in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Secondary osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>

**Pharmacotherapy Recommended**

Pharmacotherapy with Evidence for Fracture Prevention			
	Currently On	Initiated	Changed to
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Handouts:** Your Guide to Strong Bones    Ontario LU Codes August 2024  
Osteonecrosis of the Jaw (ONJ)    CEP Falls Checklist



If BMD test indicated, order DXA. Assess fracture risk at next apt.