Osteoporosis Assessment Tool - OP Guidelines for postmenopausal females and males 50 years and over

1 History

☐ Initial Assessment ☐ Follow-Up

Osteoporosis Dx: ☐ Yes ☐ No

Previous Osteoporosis Dx: ☐ Yes ☐ No

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

Identify risk factors for fractures and falls:

Fracture after age 50 years:	**Yes**	**No**
Hip	☐	☐
Wrist	☐	☐
Vertebral	☐	☐
Proximal humerus	☐	☐
Pelvis	☐	☐
Other, specify	☐	☐
Prolonged glucocorticoid use	☐	☐
Secondary Osteoporosis	☐	☐
Menopause at age < 45 years	☐	☐
More than 1 fragility fracture?	☐	☐
Rheumatoid Arthritis?	☐	☐
Parental history of hip fracture?	☐	☐

2 Lifestyle Review

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

Open nutrition calculator

3 Physical

A. Assess balance and gait for fracture risk:

Can patient rise from chair without using arms and walk several steps?	**Yes** ☐	**No** ☐

B. Screen for vertebral fracture:

Current height ____ cm

Previous height ____ cm

	Yes	**No**
Prospective height loss > 2 cm	☐	☐
Historical height loss > 6 cm	☐	☐
Rib-pelvis distance 2 fingers	☐	☐
Occiput-wall distance > 5 cm	☐	☐

If yes to any, order PA lateral spine x-ray to rule out vert. fracture

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	○ Normal ○ Abnormal		
25-hydroxyvitamin D (25OHD) if risk factors for insufficiency or starting potent antiresorptive therapy.			
CBC (Hemoglobin)			

5 Bone Mineral Density (BMD)

	Yes	**No**
Prior BMD test complete	☐	☐
BMD test ordered	☐	☐

Repeat BMD/ Reassess Fracture Risk

Vital	Latest T-score	Date
Femoral neck		
Lumbar spine		
Total hip		

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

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

	Date	**Last Score**
Total Hip Risk		
Major Osteoporotic Fracture Risk		

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

*femoral neck, total hip or lumbar spine

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	**Yes**	**No**
Vertebral fracture identified by X-ray	☐	☐
Prior wrist fracture in patients 65 years	☐	☐
T-score much worse than -2.5 at any site	☐	☐
Lumbar T-score much worse than Femoral neck	☐	☐
Rapid bone loss	☐	☐
Men on androgen deprivation therapy	☐	☐
Women on aromatase inhibitor therapy	☐	☐
Long-term/repeat use of glucocorticoids	☐	☐
Has fallen 2 or more times in past 12 months	☐	☐
Secondary osteoporosis	☐	☐

Pharmacotherapy Recommended

Pharmacotherapy with Evidence for Fracture Prevention

	Currently On	**Initiated**	**Changed to**
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Additional info:

Handouts: Your Guide to Strong Bones

CEP Falls Checklist

Ontario LU Codes

Additional resources from Geras

amplify care