Osteoporosis 1 History	Assessi	ment	Tool -	OP Gui	deline	s for p	ostmenopausal femal 10-year frac			
☐ Initial Assessment Osteoporosis Dx: ☐ Yes ☐ No							Category Action			
Follow-Up		eoporosis Dx:		☐ Yes	☐ No	10 year fracture risk	< 15%	Do not red	commend	
Fracture after Age 50? Yes No 2023 (OR		pharmace	
Identify risk factor							T-score > -2.	5		
Fracture after age 50 years: Yes No						10 year fracture risk 15%-19.9% Suggest pharmacotherapy				
Hip						OR		Intermedia		
Wrist						T-score -2.5 and age	< 70 yr*	2.1.001.11.001.0		
Vertebral Proximal humeru	16				H		10 year fracture risk	20%		
Pelvis	15				Ħ	Ħ	OR			
Other, specify						T-score -2.5 and age	70 yr*	Recom pharmace		
Prolonged glucocorticoid use						OR 2 fracture even	to	Largest		
Secondary Osteoporosis Menopause at age < 45 years				님	님	2 Tracture even OR	its	Largest	Denent	
Other Conditions or Medications				H	\exists	Previous hip or spine for	racture			
						ш	*femoral neck, total hip or lu	ımbar spine	Date	Last Score
2 Lifestyle R	Review						FRAX Total Hip %			
Yes No						Major Osteoporotic Fracture %				
Current smoker		17.1			<u> </u>					
Consumes 3 units (oz.) alcohol/day \square Has fallen 2 times in past 12 months \square						Recommendations for Patient Care				
Has fallen 2 times in past 12 months ☐ ☐ ☐ BMI <20kg/m ☐ ☐						Recommend balance and muscle strengthening exercises at least twice per week.				
At least 150 min of moderate to vigorous physical activity per week Diet + supplement calcium intake 1000 - 1200mg/day						Calcium through diet 1000-1200 mg daily, vitamin D3 600-				
						800IU daily. Falls-prevention: information provided Yes No				
3 Physical						Strength training?				
A. Assess balance and gait for fracture risk: Can patient rise from chair without using arms Yes No						Balance exercises? Yes No				
and walk several steps? (Get/Timed Up and Go Test)						Additional risk factors to be monitored				
B. Screen for ve	ertebral									Yes No
Current height cm						Vertebral fracture identified by X-ray				
Previous height		cm					Prior wrist fracture in p		•	
Prospective height	loce > 2	cm	Yes		yes to a	any,	T-score much worse th			님 님
Prospective height loss > 2 cm							Lumbar T-score much worse than Femoral neck			
Rib-pelvis distance 2 fingers \square spine x-ra						Men on androgen deprivation therapy				
Occiput-wall distance > 5 cm						Women on aromatase inhibitor therapy				
A Lab to rule	out s	ecor	dary	osteo	noros	sis	Long-term/repeat use	of glucocortic	oids	
4 Lab to rule out secondary osteoporosis Value Target Date of latest							Has fallen 2 or more times in past 12 months			
Calaium			Value	raryet	T Date 0	n ratest	Secondary osteoporosi	S		⊔ ⊔
Calcium							Pharma	cotherapy Re	ecommende	
Albumin							Pharmacotherapy v			
Creatinine (eGFR)								Currently On		Changed to
Alkaline phosphata	se						Calact			
TSH							Select 			
Protein electrophoresis Only for patients with vertebral fracture O Abnoru						Select				
25-hydroxyvitamin if risk factors for insufficiency							Select			
antiresorptive therapy. CBC (Hemoglobin)							Select	h		\vdash
5 Bone Mine	ral Da	ncity	, (DM	D.)						
B one Mine	iai De		No		oat RM	ID/	Select			
Prior BMD test complete				_	Repeat BMD/ Reassess			<u> </u>		
BMD test ordered					ture R	_				
Vital	Latest	Da		гіаС	Luie R	NO.				
Femoral neck	T-score						OSTEO POROSIS	GERAS Innovation Transform	& Education that	McMaster University
Lumbar spine								CENTRE	PHYSICI PHYSICI	***
If BMD test indicated, o	rder DXA.	. Asses	ss fractu	re risk at	: next a	pt.	January 2025 GERAS-McMaster Univers	ity.	8	

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