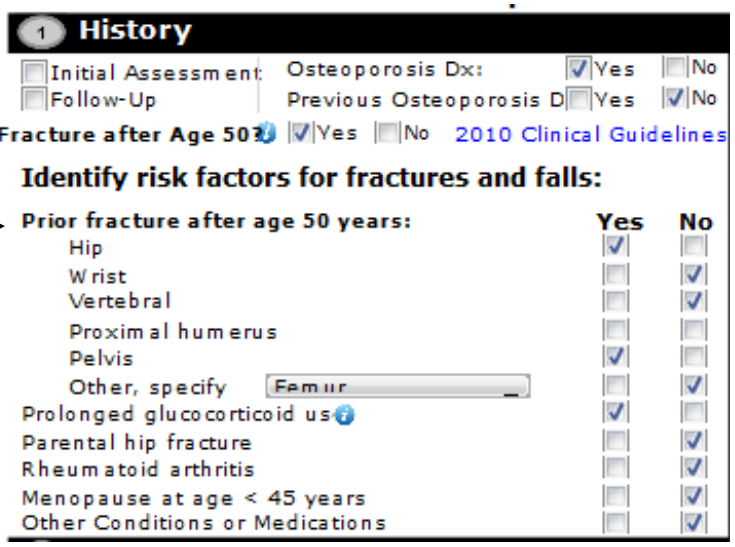
1. **DETERMINE** is this is an initial assessment or if patient has a previous osteoporosis diagnosis

2. Look for current or prior fractures after age 50

> **Tool Tip:** Hovering over any wording with the *"I"* information icon beside it, such as fracture after age 50, will give you information about that area

> **Tool Tip:** Any wording colour coded in blue is clickable and will open the respective document, for example the 2010 Clinical Guidelines

3. Screen for risk factors to help you stratify fracture risk if a new assessment or, if risk has changed, and a follow-up assessment is being completed



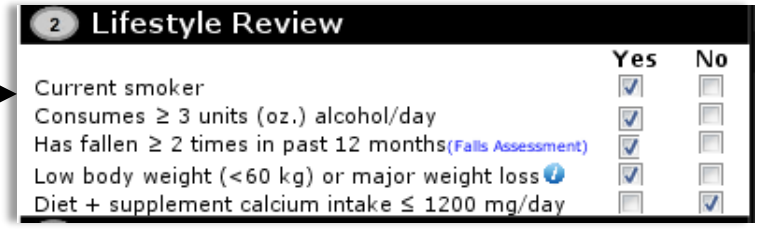
4. **REVIEW** lifestyle

5. Pay special attention to any falls, especially >2 in the past month – if yes, investigate balance/gait, medications

> **Tool Tip:** If 'yes' to "has fallen > or equal to 2 times in the past 12 months, click (falls assessment) to complete a falls assessment

6. Look for major body weight loss

7. Assess calcium intake and emphasize dietary calcium



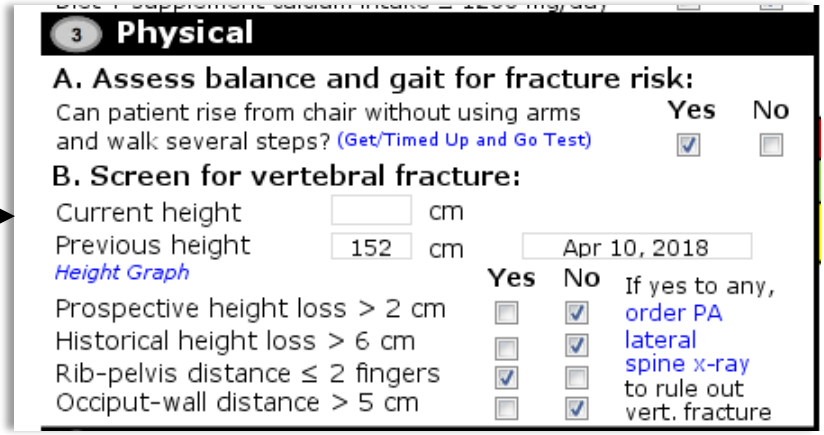
8. **CONTINUE** assessing risk

9. Conduct a 'Get/Timed up and go test' if needed

> **Tool Tip:** The Get/Timed up and go test is a custom form and will automatically integrate the results in a clinical note once completed

10. Look for changes in height and rule out vertebral fracture

> **Tool Tip:** Clicking on the 'height graph' will show you the history of the patient's height to help determine if there has been any change over time

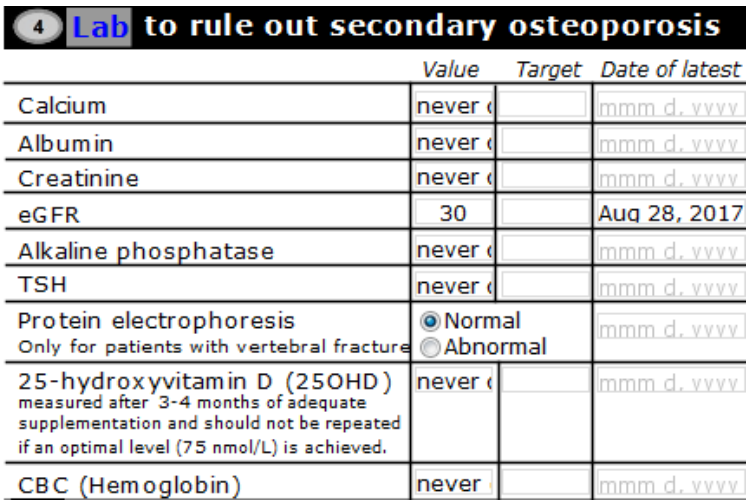


11. **RULE OUT** secondary factors for osteoporosis

> **Tool Tip**: Most recent lab values will be pre-populated if these have been done already. If labs are > than 1 year, consider repeating

12. If no information is available on this patient, order appropriate tests

Tool Tip: Click on 'lab' in blue to generate a requisition form of all recommended tests except SPEP – SPEP is recommended in the presence of vertebral compression fractures or when lumbar spine BMD is worse than femoral neck by at least one SD

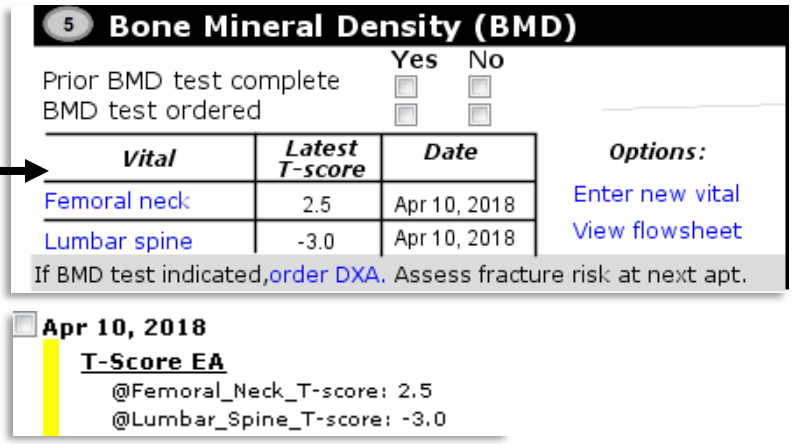


13. **ENTER** T-Scores to compare changes if previous results are available

> **Tool Tip:** Enter t-score by clicking 'enter new vital'. Latest t-score will be shown the next time the form is inserted; however, you can still find the latest entry by clicking on 'view flowsheet' or scrolling down to see the note entered below custom form

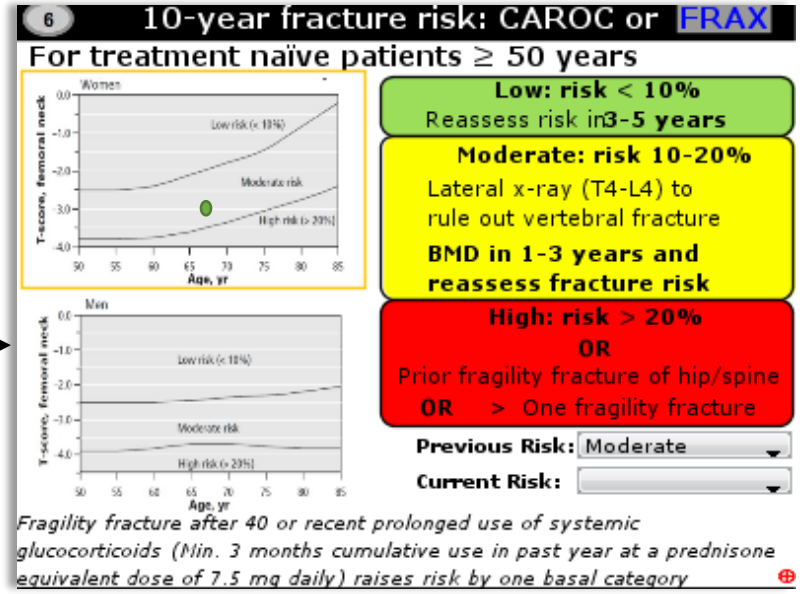
14. Determine if a BMD test should be ordered based on assessed risk factors

> **Tool Tip:** You can bring up a requisition form to your preferred location by clicking on "order DXA"



15. **DETERMINE** current risk and compare to previous risk, if available, and use the graph to assess where patient is on the risk level curve

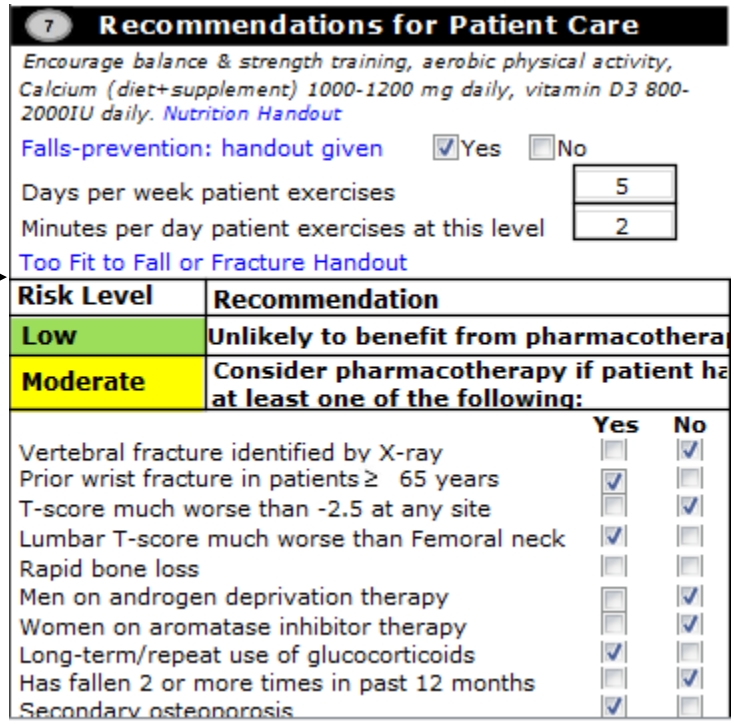
> **Tool Tip:** A dot will be placed on the graph depending on the t-scores entered. The box will also have a yellow outline depending if the patient is female or male



16. **COUNSEL** patient regarding his/her risk or any change in risk from previous assessment, as well as exercise, falls prevention and nutrition

> **Tool Tip:** Handouts can be generated by clicking the blue links. Emphasize changes in exercise recommendations that include strength training

17. For patients at moderate risk, determine other risk factors that may warrant consideration of treatment – consider ordering lateral thoracolumbar spine x-ray to rule out compression fracture to help stratify risk further



18. **DETERMINE** if treatment will be needed for moderate vs high risk patients

> **Tool Tip:** Consider 1st line therapy if new treatment, or consider if change in therapy to another agent is needed by clicking on "Pharmacotherapy with Evidence for Fracture Prevention"

19. **COUNSEL** patient around osteoporosis therapies, atypical fractures and/or ONJ

> **Tool Tip:** Handouts can be generated by clicking on the blue links