

# FRACTURE LINK

VOL. 7

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## Newsletter - Ontario Osteoporosis Strategy



## The Arc of Time: Show and Tell

Once I was young and ran, moved and jumped like time owed me for keeping its image alive. It was I however that owed time and made my payments over the years. June is Seniors' Month and we celebrate the knowledge and passion they have given us. The Ontario Osteoporosis Strategy (OOS) has been blessed with great praise from the communities we serve over the last 11 years. We continue to work towards reducing the burden of fractures for our senior population throughout Ontario.



Osteoporosis Canada  
Ostéoporose Canada

St. Michael's  
Inspired Care. Inspiring Science.



McMaster  
University



# Ontario Osteoporosis Strategy

## launches redesigned website



The Ontario Osteoporosis Strategy (OOS) is pleased to unveil a new sleek, easy to navigate website.

Take a look at what we have available on our website for you:

- Links to current and archived Fracture Link newsletters
- Bone Health Powerpoint presentations for use with your clients/patients
- Current research articles on bone health
- Contact information to your regional integration lead (RIL)
- Links to our partners and stakeholders
- and much more!

Check us out at [www.osteostategy.on.ca](http://www.osteostategy.on.ca)  
and let us know what you think!

# St. Michael's Hospital

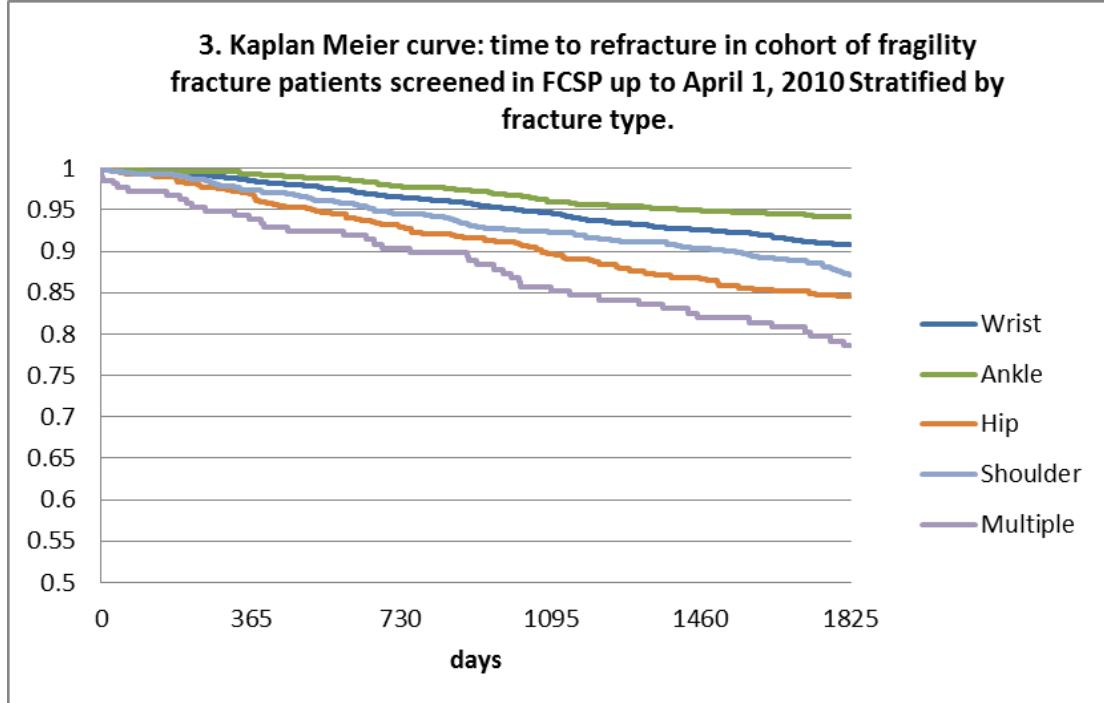
## Knowledge translation and FCSP

The evaluation team at St. Michael's hospital engages in knowledge translation and the promotion of findings from the Fracture Clinic Screening Program (FCSP) through publications in peer-reviewed scientific journals and presentations at international conferences.

### Re-fracture rates

In collaboration with the Institute of Clinical Evaluative Sciences, we examined re-fracture rates of the patients screened as part of the FCSP. Re-fracture was defined as a subsequent hip, pelvis, spine, wrist or shoulder fracture with no previous indication of the same fracture type in the previous 6 months. Of the 8,519 patients who consented to having their data linked to administrative databases, 6,543 had low trauma fractures, were over the age of 50 and were included in this analysis. Five year re-fracture rates showed an overall rate of 9.7% in this cohort. Unadjusted re-fracture rates by fracture type showed that those with ankle fractures were least likely to re-fracture (5.6%), followed by those with wrist fractures (8.7%), shoulder fractures (11.7%) and hip fractures (13.3%). Patients who presented with multiple fractures (those reporting more than one fracture at the time of screening) were most likely to re-fracture as well as they re-fractured earlier than those presenting with a single fracture at the time of screening:

their 5 year re-fracture rate was 19.6%. The high re-fracture rate of those with multiple fractures could be due to patient characteristics in that subgroup, however, the multiple fracture status could serve as a 'red flag' for special attention. These



findings will be presented at the upcoming 5<sup>th</sup> Fragility Fracture Network Global Congress in Rome, Italy.

# St. Michael's Hospital

## Fragility fractures on work, patient perception

### Patient acceptance of osteoporosis treatment: Application of the stages of change model

As part of our work on the role of patient perceptions, a study led by Rebeka Sujic examined whether a commonly used model of behaviour change, stages of change, is helpful in understanding osteoporosis treatment initiation in fragility fracture patients. This study found that initiation of post-fracture osteoporosis treatment at follow up does not conform to the progression described by the stages of change model: contrary to what the model predicts, most patients persisted in occupying the first two “pre-contemplation” stages while those who changed stages moved from the first to the last stages (action/maintenance) without passing through the middle stages. The results therefore suggested an existence of a two-stage model, with majority of patients being either unaware of the issue of bone health (or not personally engaged, both characteristics of a pre-contemplation stage) or initiating treatment.

This study identified baseline factors that characterize patients less likely to move from the lack of awareness to treatment initiation. Those less likely to change include patients without a previous fracture or history of oral steroid use, those perceiving fewer benefits to osteoporosis pharmacotherapy, those believing that they were already taking too many medications and those who perceived their bones as ‘normal’.

*This study was published in the journal Maturitas: R. Sujic et al. / Maturitas 88 (2016) 70-75.*

### Impact of fragility fractures on work

A study led by Nooshin Rotondi examined the impact of fragility fractures on work and characteristics associated with time to return to work. As part of this study, an anonymous survey was mailed to patients over 50 years of age who were employed for pay at the time they fractured. This Work Survey revealed that, of the 88% of patients who returned to work, 50% returned to work in just 20.5 days. And of those patients that returned to work, about 86% returned to the same job, duties and hours as before their injury. Among full-time workers, the median number of lost hours due to presenteeism was 2.9 hours (Q1-Q3: 0.4-8.1 hours). The median cost of presenteeism was \$75.30 based on the month prior to survey completion. In multivariable analyses, female gender, needing surgery and medium/heavy work (vs. limited) requirements were associated with longer return-to-work time. Earlier return to work time was associated with elbow fracture (vs. wrist) and feeling completely better (vs. not better at all to somewhat better) at time of survey completion.

In conclusion, the majority of fragility fracture patients successfully returned to their previous jobs in a short amount of time, and productivity loss at work was low. Our findings underscore their fast recovery rates and give reason for optimism regarding the resilience of this population.

*This paper is currently under review at Osteoporosis International.*

# Dr. Husein, Endocrinologist

## Testimonial

Dear Osteoporosis Canada!

I am writing to commend your team in the Waterloo-Wellington LHIN.

As an endocrinologist in this area for many years I am so pleased with the work the team here is doing.

The Fracture Clinic Screening program is working diligently and has been very successful in recruiting specialists across Ontario to see the many patients that require assessment for osteoporosis. These patients are then able to get appropriate care.

The team here at Grand River Hospital, in Kitchener: Kelly Shock, Fracture Prevention Coordinator, Kate Harvey, Regional Integration Lead have been so wonderful to work with. Their dedication to case finding and triaging and referring to specialist is evident! The referrals are timely and very appropriate. I feel that these patients have benefited from their expertise in support for education, and access to care.

This team has made a huge difference to the lives of these patients and the community at large! They have built strong relationships with the specialists here and I KNOW that we are closing the gap with respect to identifying and treating osteoporosis!

Sincerely,

**Nadira Husein, Bsc,**  
MD FRCPC MPLc  
Division Head,  
Endocrinology  
Grand River and St  
Mary's Hospitals,  
Kitchener.  
Assistant Clinical  
Professor,  
McMaster University  
Michael G DeGroote  
School of Medicine



Heather, Dr. Husein, Kate

*This team has made a huge difference to the lives of these patients and the community at large!*

# Pat Giff, wine and cheese at 99

## Community engagement

As a young women in the 1920's living in Toronto, Pat Giff enjoyed many of the simple but wonderful pleasures of life - wine, cheese and connecting with people. Pat has always done the right things in life; eaten well, exercised regularly and laughed often and helped others when in need. Pat, always full of spunk and love, cherished her family and when her sister fell ill, Pat made the decision to make the move to Ottawa to care for her sister, until her passing. Now at 99 she lives in a beautiful retirement residence in Ottawa. Although she wishes they had an executive chef, the staff and activities are excellent.

Pat was diagnosed with osteoporosis 30 years ago at the young age of 69 in Toronto at the Women's College. She has endured spinal fractures and pain that comes and goes, but has managed to bring a positive attitude throughout her life. Her appreciation for the folks at Women's College Hospital is evident in her voice as she humbly speaks about going 15 years without a fracture.

Pat is diligent about her regime to maintain her bone health and overall well-being. It includes: daily exercise, Vitamin D and calcium. And Pat attributes her healthy immune system to grazing-eating frequent mini meals in lieu of three large meals daily. She believes eating well also involves chef inspired salads and decadent chocolate mousse!

The value Pat places on her quality of life is an inspiration and one that is supported by her friend Gisele Reinboldt. Through a chance meeting three years ago, Gisele has been the foundation that has enabled Pat to continue to enjoy life well. Four years ago, Pat left the life she had built in Toronto and all the comforts that came with it including friends and medical contacts. Upon arriving in Ottawa, she began the challenging process of building a new health care team. Gisele worked diligently to help Pat. Together they sought out knowledge through various means, but it was a poster advertising a presentation on Osteoporosis at a local retirement residence that led Pat to engage the local resources needed to manage her osteoporosis. At that presentation, Pat met Christine Thomas, the past chair of the Ottawa Chapter of Osteoporosis Canada and Marq Nelson, Regional Integration Lead for the Ontario Strategy. Both Christine and Marq provided vital resources and medical contacts to Pat including a reputable physiotherapist, Angela Wangda, as well as a bone health specialist. The information that was provided then and the continued communication and support has left Pat with a great appreciation for the work that Osteoporosis Canada and the Ontario Osteoporosis Strategy continue to do.

*Nutrition, Exercise, Laughter, and Positive Mental Well-being  
- keys to living well, Pat Giff*

# Pat Giff, wine and cheese at 99 Community engagement

Pat has always been vibrant and independent. It is only recently, due to arthritis in her knees, that she requires the help of a walker to get around. She however, stated that the walker is merely temporary as she is gaining strength through: monthly sessions with the physiotherapist, gaining knowledge from Christine and Marq as well as getting up to date bone health information from COPN (the Canadian Osteoporosis Patient Network). As for her 100th birthday, Pat looks forward to taking another cruise to Europe!

Asked what the greatest invention of the last 99 years was, Pat quickly exclaimed “the telephone!” She uses it to reach out through the Osteoporosis Canada 1-800 line to get valuable information on building better bones. Pat and Gisele have stressed the importance of having more than just a pamphlet for the elderly when seeking information on osteoporosis. Connecting with a person is critical at times to help clarify and access important information. Pat and Gisele are thrilled with the OC resources and the educational events they can attend so Pat can continue to enjoy the simple and wonderful pleasures in life.



*Top left: Gisele, Pat, Christine*

*Bottom left: Pat, Angela, Christine*

*Pat and chocolate mousse*

# New Osteoporosis Custom Form for EMR Launched

The 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada and the 2015 Clinical Practice Guidelines for the Frail Elderly offer evidence-based screening and treatment recommendations for adults over 50 years. A new osteoporosis and falls assessment tool based on the guidelines has been developed and is now available for download. The tool can be integrated into the electronic medical record (EMR) with the aim of improving osteoporosis-related care in family practice

This tool is now available for PS Suite EMR users and is currently being developed for OSCAR EMR users. A PDF version is also available. The tool is multifunctional and offers a number of features to support family physicians in their decision making process during osteoporosis and fracture patients' visits. For more information and to access the tool, go to  
<http://www.osteoporosis.ca/osteoporosis-custom-form/>

## **Beyond the Break – 2016**

Osteoporosis Canada and Women's College Hospital have collaborated on the development of an inter-professional education series, "Beyond the Break" presented via telemedicine. Targeted towards health professionals working with people living with osteoporosis, this modular series is designed to provide updates on the latest advances in recognition, diagnosis, treatment and education on osteoporosis.

### **Part 2 – Clinical Application of the 2015 Recommendations for Fracture Prevention in Long-Term Care**

Date: July 8, 2016  
Time: 11:00 am – 12:00 pm ET

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There's a special series planned for Fall 2016 and Winter 2017.

On World Osteoporosis Day, October 20, 2016 Dr. Suzanne Morin will be presenting on the Diagnosis, Management, and Prevention of Osteoporosis. This presentation will be delivered in English and in French.

Osteoporosis Canada and the Fall Prevention Community of Practice are partnering together for joint webcasts to educate their respective professional communities.



Bone Fit™ is an evidence-informed exercise training workshop for certified exercise and health professionals.

The workshop includes an e-learning module followed by in-person training on the most appropriate, safe and effective methods to prescribe and progress exercise for people with osteoporosis. The workshop teaches simple transitional movements, activities of daily living and recreational pursuits adaptable for people with osteoporosis.

Bone Fit™ Basics workshop is for health and fitness professionals providing exercise programming in the community. A special focus of the course is to identify when a client should be referred to a clinical exercise professional.

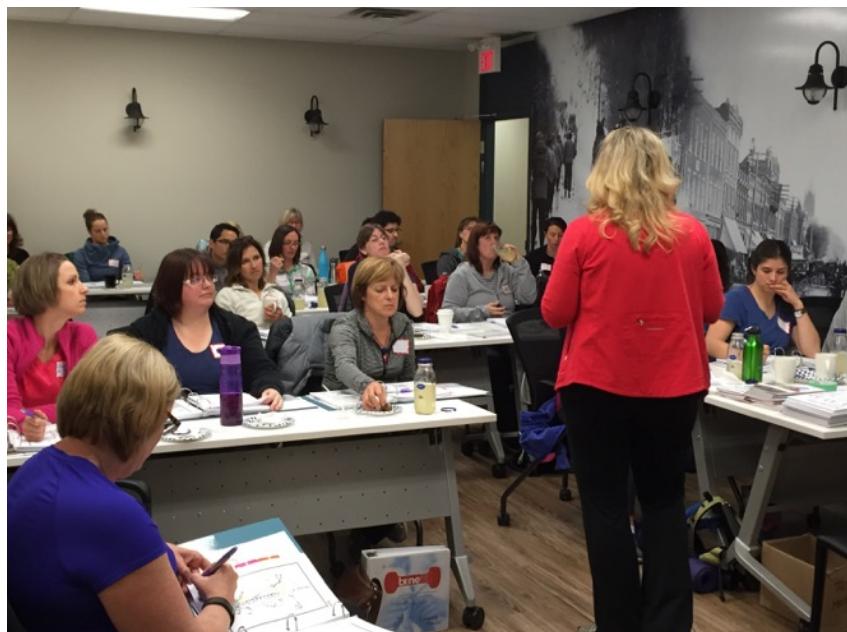
Bone Fit™ Clinical workshop is a comprehensive training program for rehabilitation professionals who work in a clinical environment where exercise prescription is the predominant modality for rehabilitation for clients with osteoporosis. The overall objective of this workshop is to provide grounding for safe clinical assessment and management of clients with osteoporosis through exercise-based rehabilitation.

For information on Bone Fit™ workshop training dates visit: [www.benefit.ca](http://www.benefit.ca)

To locate a Bone Fit™ trained professional visit: [www.benefit.ca/  
map-locator/](http://www.benefit.ca/map-locator/)

Upcoming workshop dates:

- July 16–17, 2016 –  
Concordia Physio Sport  
NDG - Montreal, QC
- October 15-16, 2016 –  
Canadian National Meeting  
on Bone & Muscle - Toronto,  
ON
- November 19-20, 2016 –  
Southlake Regional –  
Newmarket, ON



The revised edition of the ***Too Fit to Fracture: Managing Osteoporosis through Exercise booklet***, is available for download at :  
<http://www.osteoporosis.ca/osteoporosis-and-you/too-fit-to-fracture/>

# Community Connections



## Contact your Regional Integration Lead (RIL)

RILs cultivate partnerships in communities across Ontario to foster and integrate fracture reduction pathways and establish bone health educational collaborations. They develop and disseminate tools and resources for healthcare professionals, patients and caregivers.

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

## Look for the next issue of Fracture Link in Nov. 2016.

If you would like to be featured in the upcoming issue of Fracture Link please contact Marq Nelson [mnelson@osteoporosis.ca](mailto:mnelson@osteoporosis.ca) or 1 800 463-6842 ext 2318

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