Fall 2016 - Volume 8

FRACTURE LINK

VOL. 8 - NOVEMBER

Synergy: ...The way things grow

As winter approaches we often reflect on the wonder and beauty of summer. The warmth, the skies, the plants are not gone as winter approaches but found in different forms. We see new challenges as temperatures fall, we engage in different activities to stay grounded and balanced. We huddle around warm fires together and contemplate the foods we eat, the activities we are planning, the people we will be seeing and helping and future we look forward to.

The seasons provide us with the synergy to continue, rethink and come together. Many thanks to all our community partners in helping our strategy continue to grow throughout Ontario. We look forward to the more ways of working together to reduce fractures within Ontario.

Stronger bones. Better lives.
ONTARIO OSTEOPOROSIS STRATEGY

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Women's College Hospital

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Ontario College of Family Physicians

In This Issue

Ontario Osteoporosis Strategy

Fracture Clinic Osteoporosis Screening

70, 000!!

This December, the 70,000th patient will be screened by a Fracture Prevention Coordinator (FPC) as part of the Fracture Clinic Screening Program (FCSP). The FCSP boasts 28 FPCs working with 35 Fracture Clinics in hospitals across Ontario.

The Fracture Clinic Screening Program (FCSP) is a program developed through the Ontario Osteoporosis Strategy and operated by Osteoporosis Canada in collaboration with the Ontario Orthopaedic Association, the Ontario College of Family Physicians and the Ministry of Health and Long-Term Care. The FCSP is designed to improve the care of people who have had a fragility fracture and to reduce their risk of having another fracture.

If your hospital would like to include an article in your hospital newsletter, contact your *local Regional Integration Lead (RIL).*

Fracture Clinic Screening Program

FLS Registry

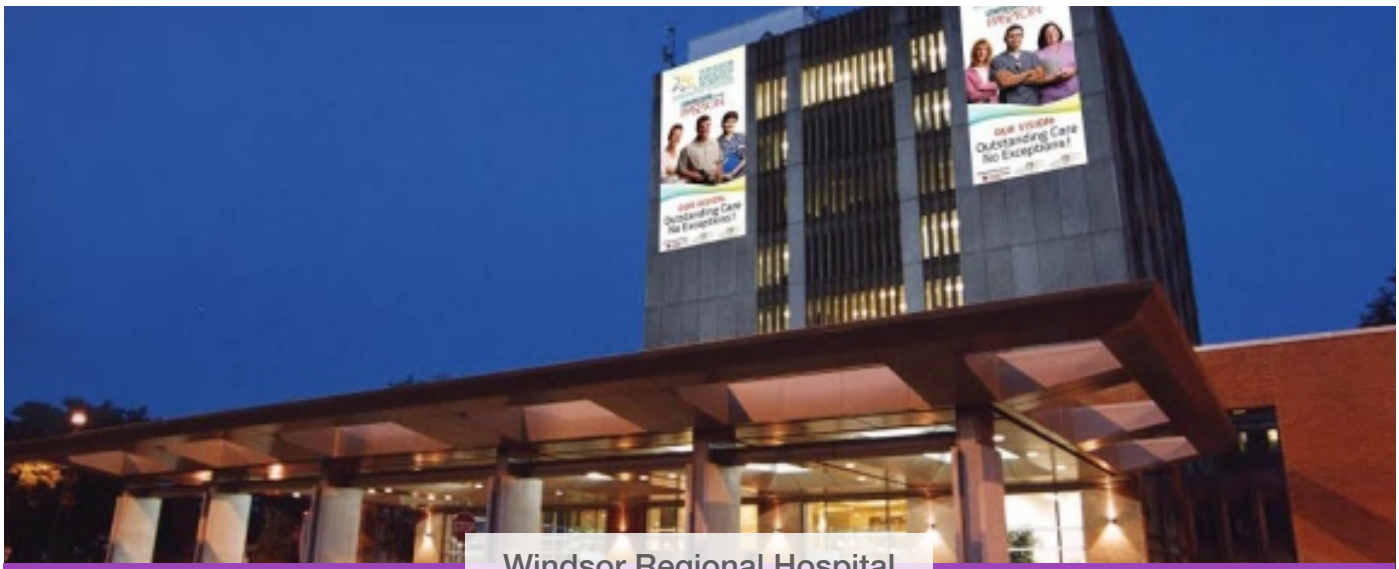
The goal of the Fracture Clinic Screening Program (FCSP) is to increase the rate of referral to patients who have had a fragility fracture for assessment and appropriate treatment in order to reduce the risk of fractures. Fracture Prevention Coordinators, working within the FCSP in Ontario, ensures your care continues from the fracture clinic to your family doctor or specialist.

The FCSP program as such fits well into the Fracture Liaison Service (FLS) model of care for bone health, where a coordinator pro-actively identifies fracture patients, on a system-wide basis, and facilitates their fracture risk assessment with the purpose of facilitating effective osteoporosis treatment for high risk patients.

The FLS model of care has launched a registry showcasing hospitals that have demonstrated a commitment to the 8 Essential Elements of the Fracture Liaison Services. Hospitals on the registry adhere to the principles of identification, investigation and initiation of treatment which will ensure fracture patients will receive the care they need to help prevent future fractures.

The FCSP in Ontario is very proud to have 15 sites listed on the FLS registry that emphasize the highest level of care for secondary fracture prevention management. Submissions for the remaining FCSP sites are underway and we hope to see them on the registry map very soon!

http://www.osteoporosis.ca/fls/fls-tools-and-resources/fls-registry-map/



Windsor Regional Hospital

We're excited to announce that the Fracture Clinic Screening Program is coming to Windsor Regional Hospital. Recruitment for a Fracture Prevention Coordinator is underway and our goal is to have the program up and running early in the new year.

Communication and education strategies
Specific to men about bone health

Communication and education strategies specific to men about bone health may need to be developed

Led by Joanna Sale, the team reviewed the interview transcripts of five qualitative studies, focusing on the data for male participants only. We learned that most men with a wife or female partner described these women as playing an integral role in their health behaviours, such as removing tripping hazards and organizing their medication regimen. While participants described giving up activities due to bone health, several described taking risks such as drinking too much alcohol and climbing ladders, or deliberately refusing to adhere to bone health recommendations. Most men did not dwell on the meaning of the fracture and/or their bone health. These behaviours are consistent with those shown in other studies on older men with other conditions but, to our knowledge, they have not been described in the bone health literature.

This study was recently published in Osteoporosis International: Sale et al. Men's health-seeking behaviours regarding bone health after a fragility fracture: A secondary analysis of qualitative data. Osteoporosis International 2016;27(10):3113-3119.

After the Diagnosis - A Patients Story
There's COPN

Like many who suffer from other chronic conditions, those who have osteoporosis can find themselves uncertain about where to turn for ongoing support and the information they need to manage their disease. The answer may be as simple as a click or two on a computer or tablet that connects them to the Canadian Osteoporosis Patient Network (COPN). Offering e-newsletters, real time webinars and a wealth of up-to-date information on its website, COPN now serves 9,000 Canadians from coast to coast to coast.

After years of frustration looking for answers, Larry describes how joining COPN was a life-changing decision. Read on for Larry's story.

By the time I was diagnosed with osteoporosis in 1998, I had already suffered eight fractures. For me, a slip on wet grass or a tumble into some empty cardboard boxes meant a broken bone and yet another trip to emergency, perhaps another cast and months of physiotherapy. It never occurred to me or to the many healthcare professionals who treated me in emergency rooms, x-ray and fracture clinics, and doctors' offices that the fractures were somehow connected to my bone health. The fractures received excellent treatment. But time and time again the underlying cause of the broken bones went undiagnosed and untreated.

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After the Diagnosis - A Patients Story…2

There's COPN

My wife's doctor raised the first red flag when she learned of my history of repeat fractures. The diagnosis of osteoporosis that soon followed changed everything. I quickly learned that the stereotype of osteoporosis is not true. Men – far too many men – get osteoporosis too. I learned that it was not normal to break bones so easily and that the fragility fractures I had been suffering were the most obvious but far too often missed warning of osteoporosis. And I learned that I was not alone – of the more than two million Canadian women and men who have osteoporosis, 80% don't know it.

Concerned, yet determined, I set off on a long journey that included a progression of medications, nutrition, supplements, exercises and lifestyle changes. Success was not immediate. For years I fought depression. Embarrassed by the (incorrect) stigma of being a man with a woman's disease, I hid my osteoporosis from all but my closest friends and family. I sought help from the experts at an osteoporosis clinic. I switched to a new medication – for the first time, I was on medication that Osteoporosis Canada terms "first line" because it has been proven to reduce the risk of fractures. My bone health slowly improved and I finally stopped fracturing.

My spirits too began to turn a corner when I met the volunteers who work at COPN, an organization whose members understood what I was going through. They had travelled the same road looking for those evasive answers. They too had lived through the anguish and the pain. And remarkably, together they had learned how to live well with the disease. With their support, my confidence grew and I regained a quality of life that I had not thought possible.

It took years for my anger and frustration with the healthcare system to dissipate. I gradually came to understand that the question was "why us?" and not just "why me?". I wasn't the only one trying to comprehend how so many people could fracture over and over again when proven treatment was so readily available. Fortunately for thousands and thousands at COPN who have puzzled over the same question, we now have those answers and are taking action to prevent another fracture. But unfortunately, there continues to be hundreds of thousands of Canadians who have broken bones, blissfully unaware that they are already standing in line to break another because they have not been assessed or treated for the underlying cause of their broken bones.

After the Diagnosis - A Patients Story…3

There's COPN

But there is a glimmer of hope on the horizon. With innovative initiatives like the Fracture Liaison Services now available at many Ontario Osteoporosis Strategy locations and at other health authorities across the country, more and more people are being diagnosed and treated to prevent the next fracture. As each and every person graduates from these programs, COPN is poised to help them live well with osteoporosis.

It has been 16 years since my last fracture but still my osteoporosis is with me every minute of every day. It guides my decisions on what to eat and drink. It makes me carefully consider which chores or activities I can safely do. And perhaps most importantly, it has made me acutely aware of the consequences of not paying close attention to my health.

I frequently reflect on my osteoporosis journey and I know now that I am one of the lucky ones. Had I not been assessed, diagnosed and treated with an effective medication, and had I continued breaking bones at the same rate, I might have already fractured 12 more times. But instead of struggling with the challenges of recurrent fractures, proper treatment allowed me to continue to work and conclude a successful, productive career. With COPN as my guide, I've been able to enjoy my retirement – spending quality time with my grandchildren, travelling and doing the things that we all work towards. And I've been able to devote time to the volunteering that has come to mean so much to me.

Patients can join COPN by going to the COPN website at http://www.osteoporosis.ca/osteoporosis-and-you/copn/join-copn/ and complete the simple registration. Or call Osteoporosis Canada at 1-800-463-6842.

Upcoming Bone Fit™ Workshops

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

For information on Bone Fit™ workshop training dates visit: **www.bonefit.ca**

Upcoming workshop dates:

Dec 3-4, 2016 - ProPhysio Kanata - Ottawa, ONT

Mar. 18-19, 2017 - Renfrew Recreation - Renfrew, ONT

Linking Fitness to Function

Woolwich Community Health Centre

The mandate of Community Health Centres across the province is health promotion, illness prevention and treatment of illness. Twenty six years ago, when community members and the staff of Woolwich Community Health Centre (WCHC) looked at the factors which contribute to chronic disease, physical activity was identified as a key determinant of health that we might address as a community. We also recognized the importance of linking fitness to functional well-being, especially in a rural farming community in which many residents do not have access to extended health benefits, such as physiotherapy.

There is ample research now showing how physical activity improves: mental, physical and social well- being; is a predictor of mortality, morbidity; favours better outcomes post-surgery and is a relatively low cost health promotion strategy. Most of us have heard the quote by Dr. Robert Butler, "If exercise could be put in a pill, it would be the most widely prescribed medicine in the world."

But we also know that we do not make individual life style choices in a cultural vacuum and that healthy public policy and supportive environments are critical to support people in making healthy choices. So over the years we have worked alongside seniors and community groups, such as Woolwich Healthy Communities, to create and maintain walking and biking trails; to assess our trails for their accessibility; to advocate for a walking track in our new community arena; and to participate in organizing a community forum with developers to design senior friendly homes and communities. Currently we are partnering with others on an Age Friendly Communities initiative in Woolwich Township, which includes villages such as St. Jacobs.

In collaboration with community members we also identified the need to increase opportunities and access to specialized fitness classes for those with osteoporosis, neurological conditions, arthritis, fibromyalgia, etc. Teachers were hired with specialized training, such as the Bone Fit training offered by Osteoporosis Canada. In response to community needs, there are currently five Better Bone classes offered at different sites, three Strength and Balance classes and a range of other classes. Instructors have the reassurance of working within a health centre, with the opportunity to learn about modifications which might benefit participants. In service opportunities have helped to strengthen their skills, i.e. spine/joint sparing strategies, prevention of rotator cuff injuries, being aware of form with exercise and linking exercises to everyday activities, such as the use of leg muscles to get up from the chair versus using hands to push up, etc. Our instructors understand the significance of creating a non-competitive environment and of cultivating social supports. The consequence is a caring community of participants and instructors most of whom have participated for 10 years and some for over 24 years! This continuity means that instructors know their participants well and modify classes as needed. The cost of classes is kept to a minimum to cover expenses and subsidies are readily available.

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"If exercise could be put in a pill, it would be the most widely prescribed medicine in the world."

Linking Fitness to Function

Woolwich Community Health Centre

Numerous health education group sessions are offered at WCHC from 1 hour to weekly 6-8 week programmes. The small interactive groups/classes create the opportunity for participants to explore habitual patterns and to witness a range of variations within the group. Learning from other's experiences are all powerful reminders and reassurances of our common human experience.

The six week Practical Skills to Live Well as We Age class focuses on practising maintaining and cultivating functional ability including: the ways we move through the day doing activities of daily living so that we build strength and spare our spine/ joints; posture; breath and body awareness; exercise components; pain management; reducing risk of falls; memory strategies; healthy eating, emotional resilience; sleep hygiene and community supports/resources. The overall theme of the class is the potential changes which come with aging, with the goal of reducing frailty.

The four week Neck and Back Sparing classes focus on cultivating posture, breath and body awareness; engaging core muscles with activities; understanding pain; developing strategies to manage pain; cultivating awareness of how we move through the day and the impact of physical fitness. A key component of both courses is the opportunity to practice skills both in class and at home.

Other related short classes include: Spring into action; Don't slide into winter; Spine sparing classes. The most inspiring aspect of the classes is the ways in which the participants learn from one another and from sharing their lived wisdom.

An advantage of the CHC model is having multiple disciplines on site and the ability to collaborate and to refer within the centre. Client's strengths and capacities are identified at various points of entry in primary care, i.e. through the Well Adult Clinic, Chiropody, Dietitians, Social Workers, Clinical Nurses, Nurse Practitioners, MDs and Physiotherapy. During client visits to these practitioners identify the need for primary; secondary and tertiary prevention measures i.e. bone health, frailty, falls risk etc. and the appropriate interventions and referrals are made within the team and community.

Linking Fitness to Function

Woolwich Community Health Centre

There are flow sheets in our electronic medical records to track: physical fitness which includes measures for endurance, strength, balance, flexibility; activities of daily living; instrumental activities of daily living, etc.

Several disciplines provide education on:

- Spine/joint sparing strategies with daily activities
- Postural awareness – keeping rib to waist distance
- Sit to stand – using leg muscles, hip hinging
- Fall reduction strategies
- Role of Vitamin D
- Referrals to various programmes and community services

Longstanding partnerships with organizations such as Osteoporosis Canada; the Canadian Arthritis Society, the Canadian Hearing Society, the Alzheimer's Society, Community Care Concepts, etc. all help to enrich the quality and diversity of programs and services that can be offered in our rural community. A new partnership with multiple service providers, our local Community of Practice, has been especially meaningful as a way of identifying systemic issues affecting the well-being of seniors in our community and for recommending systemic changes. Just as is takes a community to raise a child, it takes a community to support us as we age!

Supporting Patients - Primary Care Partners in rural Ontario

North Simcoe Muskoka

Family Health Teams (FHT) and Community Health Centres (CHC) play a vital role in caring for and educating patients for better outcomes. Providing education to patients is often the role of a multidisciplinary team. In some regions, like the North Simcoe Muskoka region, it is a geographical challenge for patients to attend a centralized class location so patients are often looking for bone health education classes closer to home. By partnering with FHTs, Nurse Practitioners (NP) led clinics and CHCs this is possible. With the support of Executive Directors and Clinical Directors of the FHTs and CHCs, the multidisciplinary education teams put in place are comprised of nurses, physiotherapists, pharmacists, and dietitians.

To ensure members of these multidisciplinary teams are up to date on the latest in osteoporosis and fracture prevention many attend Beyond the Break Health Professional Education series. Some are Bone Fit trained allied health professionals as well. Often community partners are added to this team when there is a discipline not available in the primary care setting. Reception teams and support staff are critical in receiving the referrals and placing reminder calls to the patients about the class. The team evaluates the program through feedback and patient surveys.

Referrals to these classes are made through various sources including Family Physicians, NPs/ NP Led-Clinics, the Simcoe Muskoka Bone Health Program Specialists, Fracture Prevention Coordinators or through self-referral. While the class is hosted by a specific FHT, area residents who do not have a Physician are also able to attend. Both rostered and non-rostered patients attend sessions at all of the sites and when a one-on-one referral is needed- FHT/CHC staff look after the rostered patients and community links/resources are given to the non-rostered patients. For rostered patients, the staff document in the patient chart that they attended.

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Patients are always encouraged to call Osteoporosis Canada to get on-one-on information through the 1-800 line or through the bi-weekly e-newsletter through the Canadian Osteoporosis Patient Network (COPN).

“Learning about the disease, eating right and understanding the medications involved was a very balanced approach to sharing the information.”

“There was time to understand the information and also ask general questions and personally related ones, in a comfortable environment. The hand out material is a great reference tool and I will utilize for sure.”

Supporting Patients - Primary Care Partners
North Simcoe Muskoka

Format and style of class sessions are determined by the primary care team and their resources. In North Simcoe/Muskoka region there are different formats and styles.

The Couchiching Family Health Team (CFHT) in Orillia has been offering quarterly classes since the FHT started. Over the past years almost 450 patients have learned about Knowing, Feeding, Building, Treating and Owning Your Bones. The CFHT have opened its doors to many primary care providers from other practices to observe the program and have mentored other teams from the other areas. This team presented at a past AFHTO conference on the value of community partnerships in supporting patients.

The Barrie Community Family Health Team has been providing Bone Health and Fracture Prevention education sessions six times a year, for the past two years. Almost 140 patients have attended this 2 hour education class which consists of information provided by the dietitian and pharmacist, as well as a kinesiologist from the VON.

> What a participant liked the most was, ***"the input from other participants in the session and the speakers. I was amazed at the many things I was unaware of."*** Another ***"liked the breakdown by profession."*** and ***"Very interactive, easy to understand and I feel at ease."***

The South Georgian Bay CHC also collaborates with Osteoporosis Canada to put on a 2 hour education session and patients come from the Georgian Bay area to hear the allied health team present on their areas of expertise.

In Midland, at the Chigamik CHC, the physiotherapist leads a new four part education series consisting of a lecture and then exercise. This 4 part series style of program has been offered three times, with 25 participants attending; feedback has been very positive with participants finding the series very informative and interactive with the participants completing action plans each week. The dietitian from the Centre and a Pharmacist from the community support the program.

" Being able to have a strong exercise component provided from the physiotherapist as a segment and as a part of each class was a key factor for me personally. My doctor said do exercises, but understanding what builds bones and what ones are safe for me to do was a concern for me. I use the sample exercise sheets in my daily routine, and I think they will really help me." - Julie Anne

Supporting Patients - Primary Care Partners
North Simcoe Muskoka

The attendees find the classes to be valuable and informative but not only that, they are able to see that they are not alone in their osteoporosis journey, one participant noted what they enjoyed best about the session was knowing they ***"were not alone in their concerns, by being with others".***

During the sessions, participants are made aware of other resources in the community for managing their health such as the Chronic Disease Self-Management Program (CDSMP) and of course the important connection with Fall Prevention. VON and Integrated Regional Falls Program (IRFP) offer 12 week healthy aging series, with one week focusing on bone health, where Osteoporosis Canada leads the class and provides education about osteoporosis and bone health.

Patients are always invited to return to the program as many times as needed. One patient has attended three times and feels she gains something each time she attends. We often see on the evaluation forms ***"I'd like to come back, please!"***

These educational partnerships are facilitated with the help of Regional Integration Leads (RIL). For more information on primary care initiatives, please contact your Regional Integration Lead for your region.

Fracture Risk Assessment Tools
In fragility fracture patients

Comparison of fracture risk assessment tools in fragility fracture patients

A study led by Nooshin Rotondi examined the level of agreement between two fracture risk assessment tools (Canadian Association of Radiologists and Osteoporosis Canada (CAROC) and Canadian Fracture Risk Assessment (FRAX)) when applied within the context of the Canadian Guidelines, in a population of fragility fracture patients. We found that the level of agreement between these two commonly used fracture risk assessment tools was not as high in the fragility fracture patients as it was in general community-based samples. In our study, the agreement was in the range of 'substantial' or 'good', which falls short of the values typically used in large epidemiological studies or in clinical trials, and are lower than necessary when thinking about their comparability in a clinical decision making setting. Discordance is highest among less typical osteoporosis patients (younger, male), who may be in greater need of clearer messaging regarding their re-fracture risk and treatment options. Overall, the agreement between CAROC and FRAX in the fragility fracture population is suboptimal. Users of these fracture risk tools should be aware of the potential for discordance and note differences in risk classifications that may impact treatment decisions.

This study was recently published in The Journal of Rheumatology: Rotondi et al. Comparison of CAROC and FRAX in Fragility Fracture Patients: Agreement, Clinical Utility, and Implications for Clinical Practice. The Journal of Rheumatology 2016;43(8):1593-1599.

Osteoporosis Custom Form
EMR Tool for Practice Solutions

A new osteoporosis and falls assessment tool based on the 2010 guidelines 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. For more information and to access the tool, go to http://www.osteoporosis.ca/osteoporosis-custom-form/

Upcoming Beyond the Break Series

"Beyond the Break" is 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 1: Importance of Exercise, Strength Training, Balance and Posture Training for Fall Prevention
Date: December 9, 2016 | Time: 12:00 pm – 1:00 pm | TSM#: 61078973
Speaker: **Lora Giangregorio, PhD**
Associate Professor – Department of Kinesiology, University of Waterloo

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.

Look for the next issue of Fracture Link in May 2017.

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

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