Regarding: **Hip Fracture**

The Bone and Joint Health Strategic Clinical Network and the Alberta Bone and Joint Health Institute are collaborating in an effort to promote evidence informed practice in the care of osteoporosis.

Your patient sustained a hip fracture after a low trauma injury which was surgically repaired by Dr. ______________________________ on ____________________ (date).

The presence of a hip fracture means your patient probably has osteoporosis and is at high risk for more fractures. She/he may already have been started on medications but if not, osteoporosis drug therapy should be strongly considered as there is high level evidence it reduces incidence of re-fracture, and even mortality.

**Here are some facts about osteoporosis you may find helpful in your practice:**

- It is estimated that up to 90% of hip fractures have osteoporosis as a major contributor.
- After age 50, a low-trauma hip or vertebral compression fracture almost always indicates osteoporosis, regardless of bone density.
- As many as 1 in 5 people diagnosed with fragility fracture will have another within 1 year.
- People who have osteoporosis and suffer a fracture are 20 times more likely to have another fragility fracture compared to people with normal bone density and no history of fracture.
- Treating hip fracture patients for osteoporosis may reduce the risk of a second fragility fracture by 40%-60%.

The treatment algorithm on the next page is from the Osteoporosis Society of Canada’s 2010 Clinical Practice Guidelines for the Detection and Treatment of Osteoporosis in Canada (see [www.osteoporosis.ca/health-care-professionals/clinical-tools-and-resources](http://www.osteoporosis.ca/health-care-professionals/clinical-tools-and-resources)).

Your patient is at risk for falling. Falls risk assessment programs are available and more information and can be found at [www.FindingBalanceAlberta.ca](http://www.FindingBalanceAlberta.ca).

Thank you for your continuing care of this patient.

Sincerely,

Staff on Unit _____ at ________________________________ (hospital site)
Assessment of Patient (50 years and older) with Low Trauma Fracture

Measure Bone Mineral Density (BMD) to assess 10-year osteoporotic fracture risk.

A new hip or vertebral fracture predicts future fracture risk better than BMD.

Incident low-trauma fracture: (e.g., wrist, humerus, rib, pelvis)

Incident hip or spinal compression fracture or 2 unrelated incident low-trauma fractures

BMD with 10-year fracture risk calculation: CAROC or FRAX*

Patient is “High Risk” with or without BMD

Moderate Risk (10%–20%): nutrition, exercise, lifestyle, CONSIDER drug therapy (especially if other risk factors)

High Risk (over 20%): nutrition, exercise, lifestyle, AND strongly recommend drug therapy

Osteoporosis Drug Therapy: Alberta Seniors’ Blue Cross covers oral bisphosphonate therapy (alendronate or risedronate); other front-line therapies require Special Authorization.

*FRAX = World Health Organization calculator: www.shef.ac.uk/FRAX/. Smartphone app also available.

Adapted from Osteoporosis Canada Clinical Practice Guidelines: Papaioannou et al. CMAJ 2010

Falls Assessment and Intervention Aids

- Falls Assessment Programs evaluate gait and balance for abnormalities or deviations from known baseline and a medication review. Alternatively, consider a referral to other services (e.g., Home Care, Geriatric Assessment, outpatient rehab, etc) that provides a multi-factorial fall risk assessment with interventions.
- Consider consulting a physical therapist (PT) for a more detailed gait/balance analysis, ensuring correct use of walking aids, and for prescription of an appropriate exercise program.
- Consider consulting an occupational therapist (OT) for a home safety assessment and for prescription of required home health equipment.
- More information and can be found at www.FindingBalanceAlberta.ca.