



PATIENT WORKUP

BLOOD OR SERUM

Primary Workup

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
(includes electrolytes, renal function, calcium, liver function)
- Total Testosterone and Gonadotropin levels - male patients
- Vitamin D (25[OH]D level)
- Other: _____

Secondary Workup

- Celiac screening
- Follicle-Stimulating Hormone (FSH) - female patients
- Parathyroid hormone (PTH) level
- Phosphorus
- Serum protein electrophoresis (multiple myeloma)
 - Immunofixation (usually this is done reflectively)
 - Urine electrophoresis/immunofixation (might be required)
- Thyroid-Stimulating Hormone (TSH) level +/- free T4
- Urine _____
 - 24-hour urinary calcium
 - 24-hour urinary creatinine
 - Other: _____



RISK FACTORS

- Prior Fracture
 - Fracture site: _____
- Family History of Fracture
- Smoking
- Alcohol: 3 or more units/day
- Glucocorticoids
- Other Medications
 - Anti-epileptic drugs
 - Aromatase inhibitors (AIs)
 - Loop diuretics
 - Proton pump inhibitors (PPIs)
 - Selective serotonin reuptake inhibitor (SSRIs)
 - Other: _____
- Secondary Osteoporosis
 - Celiac Disease
 - Chronic liver disease
 - Chronic malnutrition
 - Cystic Fibrosis (CF)
 - End-Stage Renal Disease (ESRD)
 - Gastric bypass/GI surgery
 - History of malignancy
 - Hyperthyroidism
 - Hypogonadism
 - Inflammatory Bowel Disease (IBD)
 - Osteogenesis Imperfecta
 - Post organ transplant
 - Premature menopause (<45 years)
 - Rheumatoid Arthritis
 - Sarcoidosis/Granulomatous
 - Steroid use
 - Type 1 Diabetes
 - Type 2 Diabetes
- Post-Menopausal: Age/Date _____
- Other: _____



SCREENING/DIAGNOSTIC TESTS

- Dual-energy X-ray Absorptiometry (DXA) with TBS, if available
 - Location: _____
- Vertebral Fracture Assessment (VFA) or X-ray*
- FRAX®
- Other: _____

*To identify any new vertebral fractures that have occurred in the interval, vertebral imaging should be repeated if there is documented height loss, new back pain, postural change, or suspicious finding on chest X-ray, following the last (or first) vertebral imaging test and in patients being considered for a temporary cessation of bisphosphonate therapy.



FALLS ASSESSMENT/ SCREENING

- [CDC's STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention](#)



PATIENT EDUCATION

- Provide BHOF's patient resources & information available on the BHOF website:
 - [Falls Prevention](#)
 - [Exercise and Safe Movement](#)
 - [Nutrition](#)
 - [Calcium and Vitamin](#)
 - [Medications for Prevention & Treatment](#)
 - [Who Gets Osteoporosis?](#)
 - [Your Path to Good Bone Health™ Patient Education Tool](#)



TREATMENT

CALCIUM*

Women

- Age 50 & younger 1,000 mg daily
- Age 51 & older 1,200 mg daily

MEN

- Age 70 & younger 1,000 mg daily
- Age 71 & older 1,200 mg daily

*This includes the total amount of calcium you get from food and supplements.

VITAMIN D**

Women and Men

- Under age 50 400-800 international units (IU) daily
- Age 50 & older 800-1,000 IU daily

**According to the National Academy of Medicine and National Institutes of Health the safe upper limit of vitamin D is 4,000 IU per day for most adults. These recommendations are for the general healthy adult population.

Referrals

- Physical Therapy Referral
- Bone Health/Endocrine/Rheumatology Referral
- Nutritionist Consult



OSTEOPOROSIS PHARMACOLOGIC THERAPY

- Bisphosphonate
 - Alendronate
 - Ibandronate
 - Risedronate
 - Zoledronic Acid
- RANK ligand (RANKL) inhibitor
 - Denosumab
- Estrogen (Hormone Therapy)
 - Oral (tablet)
 - Transdermal (skin patch)
- Estrogen Agonist/Antagonist
 - Raloxifene
 - Tamoxifen
- Tissue Specific Estrogen Complex (TSEC)
 - Estrogen/Bazodoxifene
- Sclerostin Inhibitor
 - Romosozumab
- Parathyroid Hormone (PTH) Analog
 - Teriparatide
- Parathyroid Hormone-Related Protein (PTHrp) Analog
 - Abaloparatide
- Infusion Center Referral
- Other: _____



PATIENT FOLLOW-UP

- 3 to 6 months:** medication follow-up
- 1 to 2 years:** Repeat DXA, based on treatment adherence
- Other: _____



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