### 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: __________________________

### 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.

### 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 I Diabetes
  - Type 2 Diabetes

- Post-Menopausal: Age/Date ____________
- Other: __________________________
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:

**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

**CALCIUM***

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Daily Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td></td>
</tr>
<tr>
<td>Age 50 &amp; younger</td>
<td>1,000 mg daily</td>
</tr>
<tr>
<td>Age 51 &amp; older</td>
<td>1,200 mg daily</td>
</tr>
<tr>
<td><strong>MEN</strong></td>
<td></td>
</tr>
<tr>
<td>Age 70 &amp; younger</td>
<td>1,000 mg daily</td>
</tr>
<tr>
<td>Age 71 &amp; older</td>
<td>1,200 mg daily</td>
</tr>
</tbody>
</table>

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

**VITAMIN D**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>IU Daily Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 50</td>
<td>400-800 IU daily</td>
</tr>
<tr>
<td>Age 50 &amp; older</td>
<td>800-1,000 IU daily</td>
</tr>
</tbody>
</table>

**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

**3 to 6 months**: medication follow-up

**1 to 2 years**: Repeat DXA, based on treatment adherence

**Other**: ____________________

BHOF Healthy Bones/Healthy Communities Program: Chicago, IL 2023
This program was made possible with support from Amgen.
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