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FLS in 3 Easy Steps...the Role of the FLS Coordinator

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Overview

- Describe what the FLS coordinator does
- The importance of the first i
- It is really as easy as i-ii-iii





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A day in the life....

- Scan the clinic lists/admission lists to identify patients to be screened (the First i)
 - Male and female over 50 years of age
 - Fractures of the hip, wrist, shoulder, pelvis and spine
 - Provide the list of “my” patients to the clerk so I can be notified when they arrive at their ortho clinic appointment
 - Check to see when the best time to see the in-patients is





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A day in the life....

- Assess the patient...do they fit inclusion criteria
 - Does the patient agree?
 - Is it a fragility fracture?
 - Is it the “right bone”?
 - Co-morbidities?





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The checklist...

- Complete the assessment for FRAX
 - Previous fragility fracture
 - Parental hip fracture
 - Smoking
 - Glucocorticoids
 - Rheumatoid arthritis
 - Secondary OP
 - Alcohol intake
- Falls History
- Vitamin D intake
- Current osteoporosis treatment

Sex, age,
height weight
& femoral
neck T-score



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The second i

- BMD
- Lateral Views of T & L spine
- OC recommended blood work

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- Medical directive
- Only if the patient has not had recently



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Determine Fracture Risk

- Use FRAX
 - Determine if the patient is at moderate or high risk of repeat fractures

Calculation Tool

Please answer the questions below to calculate the ten year probability of fracture with BMD.

Country: **Canada** Name/ID: [About the risk factors](#)

Questionnaire:

1. Age (between 40 and 90 years) or Date of Birth
Age: Y: M: D:

2. Sex Male Female

3. Weight (kg)

4. Height (cm)

5. Previous Fracture No Yes

6. Parent Fractured Hip No Yes

7. Current Smoking No Yes

8. Glucocorticoids No Yes

9. Rheumatoid arthritis No Yes

10. Secondary osteoporosis No Yes

11. Alcohol 3 or more units/day No Yes

12. Femoral neck BMD (g/cm²)
T-Score

BMI: 29.3
The ten year probability of fracture (%)

with BMD	
Major osteoporotic	18
Hip Fracture	4.2

If you have a TBS value, click here:

Weight Conversion

Pounds Kgs

Height Conversion

Inches Cms



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The third i

- Send Osteoporosis Canada treatment recommendations to the primary care provider based on fracture risk

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Teach...





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And follow....



- At 3-6 months

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- At 6-9 months

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- At 1 year



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It is as easy as i,ii,iii

- Identify
 - Investigate
 - Initiate
 - ...and integrate
-
- But you need a dedicated coordinator with time to follow through with clinical responsibilities, especially the first i



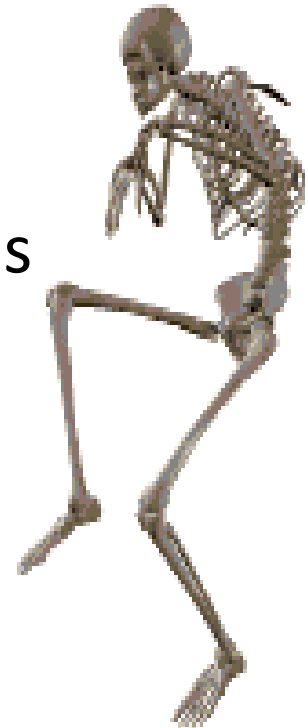
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Why me???

- Clinic staff too busy... often 75 or more patients to move through the clinic
- Have many things on their plates
 - Dressings/suture removal/cast changes
- Specialized service



All is lost without the 1st i

Adherence

Lifestyle

3rd i

Vitamin D

First line Rx



Communicate with PCP

Full fracture risk assessment

Falls screening

2nd i

Lab testing

Spine X-rays

BMD testing



Alert PCP



Screen for fragility

1st i

Capture all fractures



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