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Managing Vertebral Fractures in an FLS

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Overview

- Describe vertebral fracture screening for orthopaedic fracture patients
- Describe the Vertebral Fracture Screening Program at DGH



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Orthopaedic Fracture Patients

- Prior to starting agreement with radiologists
 - Use Genant Classification/consistent language
 - Surveys to ensure no over/under reporting
- Patients presenting with wrist, shoulder pelvic fractures (*hip & prior vertebral?*)
 - Lateral views thoracic and lumbar spine for incidental fractures



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Orthopaedic Fracture Patients

- If a fracture is present
 - Review of older images
 - Very good history taking
 - If no history of trauma, presumed fragility



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DGH Vertebral Fracture Screening

- **NOT** orthopaedic patients presenting with fracture
- Complete screening of all DI reports read at DGH
 - CXR
 - Spine X-rays
 - Abdominal X-rays
 - CT Chest/abdomen/pelvis
 - CT Spine
- These tests are almost always done for another purpose



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DGH Vertebral Fracture Screening

- Discard all
 - Mild (<25%)
 - Age under 50
 - Patients who have no family MD
 - Palliative patients or with cancer diagnosis
- To comply with privacy
 - Contact family MD for referral
 - Approx 50% response
 - See the patient
 - No need to see the patient (Already on Tx)



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DGH Vertebral Fracture Screening

- Patient is contacted by phone
 - Same thorough history complete
 - If presumed fragility
 - Recommended for Tx
 - Blood work/BMD/x-ray ordered to complete spine view prn
 - Patient teaching
 - BoneFit™ physiotherapist referral



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Make the
FIRST break
the LAST

FRACTURE LIAISON SERVICES



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