

An FLS is a specific model of care where a **dedicated coordinator** proactively identifies fracture patients, typically in orthopaedic services, on a system-wide basis, and determines their fracture risk with the express purpose of facilitating effective osteoporosis treatment for high-risk patients. FLS is the **only** intervention that has been proven to have a meaningful impact (i.e., with at least a two-fold improvement) on the post-fracture osteoporosis care gap.

## SEAMLESS INTEGRATED CARE

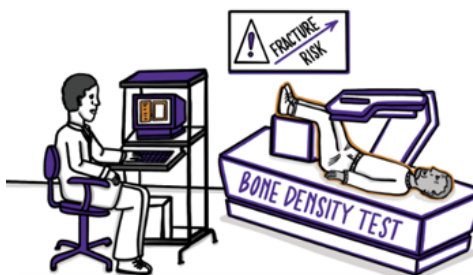


FRACTURED PATIENTS 50 YEARS+

# 1

### Systematic and proactive case finding of fragility fracture patients.

- Reviews hospital admissions and orthopaedic clinic lists.
- Identifies patients over 50 who present with a fracture of hip, wrist, shoulder, pelvis, or spine.
- Meets with the patient directly in hospital or orthopaedic clinic to determine if the fracture is due to bone fragility.



# 2

### Organizes appropriate investigations.

- Bone mineral density (BMD) test if not recently done.
- Blood work to rule out secondary causes for bone fragility.
- Spine x-rays as warranted.
- Provides education to patients throughout their journey.



# 3

### Initiates osteoporosis treatment.

- Recommends or prescribes the osteoporosis medication.
- Connects with patients in follow-up to ensure treatment has been started and has been taken appropriately.

**In all FLSs, there needs to be good communication between the FLS and the primary care provider.**