1. **Determine** if this is an initial assessment or if patient has a previous osteoporosis diagnosis

2. Look for fragility fracture
   - **TIP:** Hovering over any colored wording with an information icon beside it, such as fragility fracture in this case, will give you further information about that area.

3. Screen for risk factors to help you stratify fracture risk if new assessment or, if risk has changed if a follow-up assessment
   - **TIP:** see box # 6 to give you actual fracture risk based on BMD and risk factors.

4. **Review** lifestyle

5. Pay special attention to any falls, especially > 2 in the past month - If yes, investigate balance/gait, medications
   - **TIP:** Click on “If YES” to generate a falls assessment algorithm.

6. Look for major body weight loss

7. **Assess** calcium intake and emphasize dietary calcium

8. **Continue** assessing risk

9. Conduct a Get/Timed Up and Go Test if needed
   - **TIP:** Click on red wording for instructions on performing the tests.

10. Look for changes in height and rule out vertebral fracture

11. **Rule out** secondary factors for osteoporosis
    - **TIP:** Most recent labs will be pre-populated if these have been done already. If labs are > 1 year, consider repeating.

12. Correct calcium based on Albumin level
    - **TIP:** Click on the “Calcium Correction Calculator” link in blue.

13. If no information is available on this patient, order appropriate tests
    - **TIP:** Click on the “Lab” word in yellow. This will generate a requisition form of all recommended tests except SPEP.

    **Note:** SPEP is recommended in the presence of vertebral compression fractures or when lumbar spine BMD is worse than femoral neck by at least one SD.

14. **Enter** T-scores to compare changes if previous results are available
    - **TIP:** T-scores have to be entered manually as EMR will not pre-populate the information from HMR or PDF reports.

15. **Determine** if a BMD test should be ordered based on assessed risk factors
    - **TIP:** You can bring up a requisition form to your preferred location by clicking on “Order DXA”, if you set this up with your IT support or EMR provider.
16. DETERMINE current risk and compare to previous risk, if available, and use the graph to assess where patient is on the risk level curve

**TIP:** determine if patient is on the higher side of moderate risk vs lower side based on age and femoral neck T-score. Educate patient about change in risk.

17. COUNSEL patient regarding his/her risk or any change in risk from previous assessment, as well as exercise, falls prevention and nutrition

**TIP:** handouts can be generated by clicking on each red wording. Emphasize changes in exercise recommendations that include strength training.

18. For patients at moderate risk, determine other risk factors that may warrant consideration of treatment - consider ordering lateral thoracolumbar spine x-ray to rule out compression fracture to help stratify risk further

**TIP:** click on “PA lateral spine x-ray” in box #3. You can set up with your IT to change to a form for your usual facility for ordering x-rays, as you did in the BMD section.

19. DETERMINE if treatment will be needed for moderate vs high risk patients

**TIP:** consider first line therapy if new treatment, or consider if change in therapy to another agent is needed by clicking on “Pharmacotherapy options” (limited use criteria included for those agents that require it)

20. COUNSEL patient around osteoporosis therapies, atypical fractures and/or ONJ

**TIP:** handouts can be generated by clicking on one of the information points in purple

**Note:** You can set a “reminder” in your EMR for osteoporosis patients > 65