CAPTURE THE FRACTURE

Osteoporosis Canada

Ostéoporose Canada

ANNUAL REPORT **2011 - 2012**

OSTEOPOROSIS CANADA

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ABOUT OSTEOPOROSIS CANADA

Established in 1982, Osteoporosis Canada (OC) was the first national organization for osteoporosis in the world and is the only national charitable organization serving Canadians who have, or are at risk of, osteoporosis and osteoporosis-related fractures.

OC works to educate, empower and support individuals and communities in the risk reduction and treatment of osteoporosis.

OUR VISION

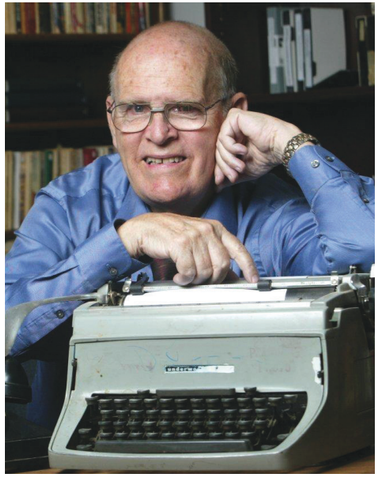
A Canada without osteoporotic fractures

OUR MISSION

To work towards a future where all Canadians will be knowledgeable about osteoporosis, be empowered to make informed choices about their bone health, have access to the best osteoporosis care and support and benefit from research into the prevention, diagnosis and treatment of osteoporosis.

"Osteoporosis is not restricted to women, as mythology suggests. It is an equal opportunity bone basher...

Unless you get a bone density check, you are potentially playing Russian Roulette."



JAMES TAYLOR
Sports Columnist & Author
British Columbia

IT JUST TAKES ONE SNEEZE

JAMES TAYLOR | Sports Columnist & Author | British Columbia

Okay, full disclosure: Eighteen months ago, I couldn't have spelled "osteoporosis" if you spotted me the "osis". Then I discovered that I had it. Amazing, how quickly a perspective can change. The way I found out, I sneezed a mighty sneeze and felt something race down my lower spine like someone was unzipping my fly.

Just like that, I had five compression fractures; spent one month in hospital and two more in a hospital bed in front of the TV at home (the soccer World Cup, thank God, was in progress. I watched all 64 games); lost 48 pounds; learned to walk again by shoving a three-wheeled grocery cart on eternal trips down the hall for five or six weeks; and lived with the indignity of having someone else wipe my butt when nature called.

The point is, osteoporosis was something about which I knew nothing and probably wouldn't have cared if I did. One sneeze, and I was having an interesting discussion with a doctor about bone density which I might have shrugged off had the bones involved not been mine.

"You know when you're shooting pool and chalk up your cue?" he asked conversationally. "Your bones are like that."

"The cue?" I said, hopefully.

"Not the cue," he said, "the chalk. Oh, and by the way, you've also got scoliosis. Your back has a new bend in it. Or did you just think everyone else was getting taller?"

Fine. Another "osis". Wayne Gretzky would be proud of me. I had an osis hat trick: osteo, scolio and hemochromatosis, from the Latin meaning "You've got so much iron in your blood, it's a wonder you get through airport security."

But this back thing was a mystery. Clearly, it wasn't the sneeze that did it. More likely, something else had pushed my spine to the edge, and the sneeze tipped me over. Probably that wonderful vacation in Spain a couple of years earlier, when my wife got pneumonia, I stumbled and fell down five or six stairs, and we spent our week on the Costa del Sol in matching single hospital beds. (My friends were not surprised. In the old days, fellow Vancouver Sun sports columnist, Jim Kearney and I were known as Butch Casualty and the Sunstroke Kid for our ability to get hurt on road trips.)

There is a point to this meandering, and it is this: Osteoporosis is not restricted to women, as mythology suggests. It is an equal opportunity bone basher, and unless you get a bone density check, you are potentially playing Russian Roulette.

I'm one of the lucky ones. I'm a writer, which means I can work at home in my pajamas if I like. But it's been 18 months since I drove my car. Walking (or, for that matter, sitting) for any length of time is pretty much out of the question. What if I had to commute? What if I had to operate a jackhammer? The other day I dropped a cookie, got down on the floor and had to call my wife to help me up. Worse yet, the dog beat me to the cookie. What if my job required heavy lifting? How long would I keep it?

I've adjusted. But, maybe if I'd had my bone density checked years ago, I wouldn't have to.

One more thing:

Don't sneeze.

A MESSAGE FROM THE
PRESIDENT & CEO AND BOARD CHAIR

2011 - 2012 has seen many strides in the implementation of Osteoporosis Canada's campaign, "Make your FIRST break your LAST". With a focus on healthcare professionals, patients and government, together we have succeeded in forging a new partnership with the Canadian Orthopedic Association and in developing and dissemination of new patient material.

In addition to raising awareness by educating healthcare professionals and providing educational materials to fracture patients, it is critical that mechanisms be put into place to ensure that an assessment for and treatment of osteoporosis is done for each and every fracture patient. This involves simple yet integral changes within the current healthcare system that require the collaboration of provincial governments in order to make this a reality throughout Canada. Osteoporosis Canada hosted its Inaugural FOCUS Forum on November 12-14, 2011 to discuss these necessary changes and to plan their implementation.

This year also saw the rapid growth, expansion and nationwide launch of Bone Fit™, a unique program designed to certify exercise professionals and certified therapists to attain knowledge and practical skills for prescribing, designing and adapting safe exercise programs that can help reduce the risk of fractures due to bone loss.

Our patient network, COPN (Canadian Osteoporosis Patient Network), continued to flourish and to expand, providing timely and reliable information to support others affected by osteoporosis by giving them the information and the tools they need to live well with osteoporosis and to ensure that the patient voice influences the development of public osteoporosis care policies and practices.

None of this would be possible without the phenomenal dedication and efforts of our chapters and volunteer members located across the country. Their dedication and commitment ensure that osteoporosis education, patient support and fundraising activities flourish in each community across Canada.

Special recognition and thank you also goes out to our generous sponsors and donors, who provide much needed support to the organization to work towards our vision of a Canada without osteoporosis fractures.

Please join us in celebrating a successful year, and help us **Capture the Fracture!**

Cheryl Baldwin
Chair, Board of Directors

Dr. Famida Jiwa
President & CEO

STRATEGIC PLANNING
STAYING FOCUSED

Strategic planning is an organization's process of defining its direction and making decisions on allocating its resources to pursue this direction. In order to determine the direction of the organization, it is necessary to understand its current position and the possible avenues through which it can pursue a particular course of action.

In March 2012, Osteoporosis Canada started the strategic planning process for 2013 to 2016. Bringing together representatives from all of Osteoporosis Canada's stakeholders, we held a 2-day Strategic Planning Workshop. Through discussion, brainstorming and collaborations we reconfirmed our commitment to the "Highest Risk Patient" and began the detailed work required of strategic planning. This work will continue through the fall of 2012 culminating in a final Strategic Planning 2013-2016 document.

"I was immensely comforted by the knowledge and support that Osteoporosis Canada provided me...

I feel strongly that Osteoporosis Canada is a charity that I want to support. It has made me think of more than just me."

NANCY MACKLIN
Volunteer and Donor
Ontario

LIVING WELL

WITH OSTEOPOROSIS

NANCY MACKLIN | Volunteer & Donor | Ontario

I clearly remember the woman sitting on the chair next to mine at the doctor's office as I waited for my first IV drug infusion after my recent diagnosis of having developed osteoporosis. This was to be her second time in receiving the annual treatment. She told me that her bone density results had improved greatly over the last year. I had recently retired from a career in healthcare and had over the years been involved with assisting in various treatments for chronic illness. Nevertheless, her smile of encouragement and reassurance meant a great deal to me.

My diagnosis gave me pause to reflect on three women in my life who died suffering the effects of advanced osteoporosis, confined to bed with multiple fractures and in considerable pain. They had been three vibrant, socially active and hard working women who did look after their health but had not been assessed for their risk of fracture. By the time these women were diagnosed, drug treatment was ineffective. Their retirement years were restricted and ultimately resulted in very limited activities outside their homes.

I felt fortunate and am hoping that because of my early diagnosis and treatment, I will be able to remain active, travel and spend quality time with my family and friends – free of fragility fractures. This was the beginning of a new phase in my life.

I needed to make some changes. Not only did my diet require some adjustments to include more calcium and vitamin D, but I seriously needed to incorporate more physical activity into my daily routine. The motivation to avoid fractures and disfigurement provided me with the enthusiasm to research more about the disease, and it was then that I found out about Osteoporosis Canada.

I was immensely comforted by the knowledge and support that Osteoporosis Canada provided me. I begin volunteering with Osteoporosis Canada in 2011. Not only did I learn more about the disease, but I also had the opportunity to meet some dedicated and knowledgeable professionals, who work tirelessly to make a positive change. I was impressed with the headways this small organization had made in supporting research and providing education and support to those who have been diagnosed or who are at risk.

The charity's goal of ensuring that every person with clinical risk factors for fracture has access to BMD testing, and that every person over 40 sustaining a fragility fracture be followed up with further investigation, is vital. It is equally important that knowledge about osteoporosis continues to increase and is spread across the country. Research into the causes of osteoporosis and the development of new medical treatments could save so many people the emotional pain of disfigurement and the physical pain of fractures.

I feel strongly that Osteoporosis Canada is a charity that I want to support now, and after I have gone. It has made me think of more than just me. The woman next to me, with a simple smile and a few kind words, made such a memorable impression. I intend to follow this example when I return to the office for my second infusion in a year's time.

NANCY MACKLIN retired after 34 years working at St. Michael's Hospital in Toronto as an x-ray technologist. Nancy is passionate about travel and likes to keep active outdoors. She is now a volunteer, a donor and has included Osteoporosis Canada in her will.

ADVOCACY

CLOSING THE CARE GAP

Over 80% of all fractures (broken bones) after age 50 are caused by osteoporosis. Once an individual has broken a bone due to osteoporosis, they are much more likely to break again. Luckily, repeat fractures can often be prevented by starting effective osteoporosis medications.

Despite availability of bone mineral density (BMD) testing and coverage for osteoporosis medications, over 80% of fracture patients are never offered assessment and/or treatment for osteoporosis after their first fracture. They are never diagnosed with their underlying osteoporosis. This is called the post fracture care gap. Without appropriate diagnosis and treatment, these patients remain at substantial risk for recurrent, debilitating and life threatening osteoporotic fractures.

The solution to the post-fracture care gap is known. Case Management has consistently proven to be effective in ensuring that fracture patients receive the osteoporosis care they need. Such models have not only proven that they can help reduce the risk of repeat fractures but have also proven that they can reduce the overall health care costs.

FOCUS FORUM

To assist our volunteers in convincing governments to initiate a new program despite the current economic challenges, Osteoporosis Canada hosted the FOCUS (**F**ractures = **O**steoporosis **C**are for **Us**) Forum in Toronto November 12-14, 2011. The meeting provided an opportunity for 76 participants (medical experts and Osteoporosis Canada volunteers) from across Canada to learn more about different Case Management models and to reach a consensus on which model might best suit the needs of their individual province. The FOCUS Forum stimulated the sharing of ideas and the formation of a nation-wide network of advocates dedicated to helping ensure that osteoporosis patients' FIRST fracture will be their LAST.

FRACTURE NAVIGATOR PROGRAM

The province of Ontario has Case Managers functioning in 37 fracture clinics in the province. Until other governments step up, some research grants and corporations are helping close the post fracture care gap in different parts of the country. As an example, thanks to a donation of $103,232 from Sun Life Financial, a new Fracture Navigator Program will be started this fall at the Dartmouth General Hospital in Dartmouth, Nova Scotia. This progressive initiative will connect fracture patients with existing osteoporosis services and will ensure these patients receive bone density testing and appropriate treatment for the underlying osteoporosis.

DIANE THÉRIAULT, MD, FRCPC
Rheumatologist
Medical Director,
Dartmouth Osteoporosis Education Program
Dartmouth General Hospital
Dartmouth, Nova Scotia

"Closing the post-fracture care gap and ensuring that all fracture patients receive the osteoporosis care they need is Osteoporosis Canada's top priority. Health system change is needed. Volunteers in every province are now urging decision-makers to consider implementing effective solutions to the post-fracture care gap — so that their FIRST break may be their LAST."

PAT TRIMBLE
Volunteer & COPN Member
British Columbia

"In my early 50s I had sustained several fractures…

I discovered Osteoporosis Canada (OC). They were very supportive and provided me with the information I needed."

BE PHYSICALLY ACTIVE AND LIVE WELL!

PAT TRIMBLE | Volunteer & COPN Member | British Columbia

Dancing may not be for you, but Pat Trimble's story of living and dancing well with osteoporosis illustrates how rewarding it can be to find an activity you enjoy.

"In its 46th year, the Surrey Festival of the Dance is one of the largest amateur dance festivals in North America with 10,000 dancers crossing the stage. Encouraged by my husband, my dance partner Dan Minor and I entered the seniors' song and dance duo category. The seniors' category is over 30 - Dan and I are both in our 70s!

We placed first in our category at the Surrey Festival with a mark of 94/100, the highest marks awarded that evening. The most amazing part was the reaction of the adjudicator when making his comments. He told us he was at the age (40ish) where he was wondering if he should continue to dance. After seeing our performance he said we inspired him to continue. It was a truly amazing evening and one that I will never forget.

But life was not always this way. In my early 50s I had sustained several fractures. The final one was a wrist so badly broken that I required two operations and extensive therapy. My diagnosis came at that time when the surgeon told me I had brittle bones. My bone mineral density test results, added to the fact that I had fractured, showed severe osteoporosis. Knowing very little about osteoporosis I felt very sorry for myself but decided I had to find out where to go from there. I discovered Osteoporosis Canada (OC). They were very supportive and provided me with the information I needed. Being a proactive person, it wasn't long before I was volunteering for OC, facilitating educational classes and ultimately becoming the Chair of Osteoporosis Surrey White Rock for several years. Although I am less active now, I have continued as a member to this day.

My doctor has told me dancing is good for my back as it provides smooth, rhythmical movements. I love to dance so it is easy for me to exercise and it's also good for my bones. I encourage everyone to find an activity they enjoy. It makes exercise so much more fun."

S H A R I N G ... S U P P O R T I N G ... I N S P I R I N G

CANADIAN OSTEOPOROSIS PATIENT NETWORK

Four friends who were determined to overcome the challenges of living with osteoporosis founded the Canadian Osteoporosis Patient Network (COPN) in 2004. Their mission—to support others affected by osteoporosis by giving them the information and the tools they need to live well with osteoporosis and to ensure that the patient voice influences the development of public osteoporosis care policies and practices.

In eight short years COPN has grown to include almost 6,000 members from coast to coast to coast. Not surprisingly women comprise the vast majority of the membership. The knowledge that only 5% of members are men serves to stimulate COPN's efforts to reach men with the message that they too need to pay attention to their bone health.

Whether they are women or men, patients, family, other caregivers or health care professionals, members depend on COPN's free membership for:

- Practical information on nutrition, exercise, safe movements, falls prevention and much, much more.
- The latest evidence-based information on medical research and osteoporosis care with rapid responses to media headlines.
- Inspiring personal stories from others who are affected by, and living well with osteoporosis.
- Notifications of osteoporosis education forums and events in their community.

All these benefits and more are brought to COPN's members every two weeks in its easy-to-read COPING newsletter and four times a year with its popular, interactive virtual education forums.

COPN EXECUTIVE COMMITTEE 2011-2012

Alison Buie, Calgary, Alberta
Annabel Sheppard, Edmonton, Alberta
Ina Ilse, Toronto, Ontario
Irene Polidoulis, Toronto, Ontario
Kimberly Neufeld, Kitchener, Ontario
Larry Funnell, Chair, Surrey, British Columbia
Margaret Willson, Surrey, British Columbia
Sarah Nixon-Jackle, Saskatoon, Saskatchewan
Sheila Brien, Toronto, Ontario
Shirley Hundvik, Chilliwack, British Columbia

At least 1 in 3 women and 1 in 5 men will suffer from an osteoporotic fracture during their lifetime.

80% of all fracture in women and men over 60 are a result of osteoporosis.

PUBLIC

EDUCATION & AWARENESS

In October, 2010, Osteoporosis Canada launched its 2010 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada. This launch marked the end of months, even years, of work on the part of dedicated members of our Scientific Advisory Council. For many of us within the organization, the launch marked the beginning of the work, as the recommendations from the guidelines had to be incorporated into all public education materials. This process is still ongoing.

FACT SHEETS & OTHER PUBLIC EDUCATION MATERIALS

One of the key components of the new guidelines was a major shift in the approach to diagnosis. Previously, bone mineral density test results were the main, if not the only, basis on which decisions about management and treatment were made by patients and their healthcare providers. But the most important consequence of a diagnosis of osteoporosis is the increased risk of sustaining a fragility fracture. In its approach to diagnosis, therefore, the new guidelines focused on a comprehensive fracture risk assessment, using CAROC or FRAX, with only one component being the bone density test results. Because of this important change, the Diagnosis fact sheet was the first to be revised and widely distributed. It proved to be very popular — 60,000 copies printed in the last year and a half. The next fact sheet to be revised was Drug Treatments, since the guidelines clearly indicated which medications are first-line treatments, that treatment is recommended for those at high risk, and to take into account new therapies approved for osteoporosis.

Over the past year, the fact sheets Calcium and Physical Activity have been dramatically revised and expanded. *Nutrition: Healthy Eating for Healthy Bones* takes a far more comprehensive approach to nutrition. Calcium (primarily from food sources if possible) and vitamin D (from supplementation) are still important parts of a bone-healthy diet, but they need to be part of a well-balanced diet with adequate protein, fruits and vegetables, based on *Canada's Food Guide*.

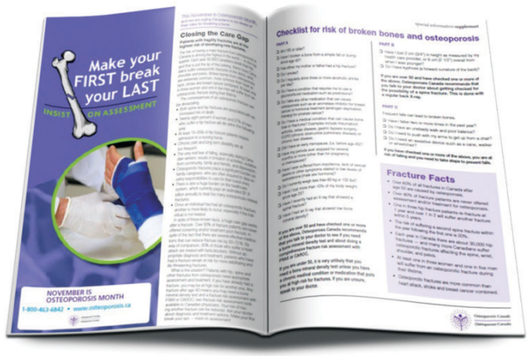
Exercise for Healthy Bones stresses the need for a comprehensive fracture risk assessment in order to help a patient and their healthcare provider design a program of exercises that are safe and beneficial. While steering clear of suggesting individual exercise regimes, the fact sheet does provide guidance on type of exercise, frequency, intensity, duration and benefits.

OSTEOPOROSIS HEALTH KNOWLEDGE TRAINING MANUAL

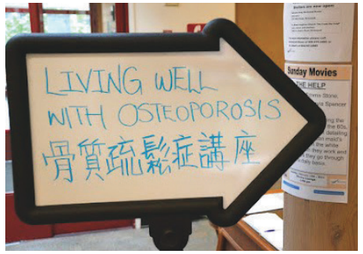
All new (and veteran, when they need a refresher) staff and volunteers are requested to take Osteoporosis Health Knowledge Training in order to understand the basics of the disease and of the organization. The manual that forms the basis of this training is the Osteoporosis Health Knowledge Training Manual. For three months in the spring of 2011, the manual underwent an intensive revision that involved representatives from the Chapters, OOS Area Managers, and a team of seven SAC members. The manual was completely rewritten to bring it in line with the new guidelines and the new strategic priority – Closing the Care Gap.

MAKE YOUR FIRST BREAK YOUR LAST

The new strategic priority – Closing the Care Gap – has been supported by a public awareness campaign that includes the Make your FIRST break your LAST brochure in English and French, a poster in English and French, a bilingual bookmark and a four-page insert in Canadian Health Magazine, the consumer magazine of the CMA. These items have proven to be very popular — three quick printings of the brochure and a large (50,000 copy) printing when we received the endorsement of the Canadian Orthopedic Association. Dissemination of this material continues as we develop strategies for more specialized target markets, for example fracture clinics.



AWARENESS IS KEY



We are committed to seeing Canada without osteoporotic fractures.

Each year in Canada there are about 30,000 hip fractures — and many more Canadians suffer osteoporotic fractures affecting the spine, wrist, shoulder, and pelvis.

1 in 3: WOMEN
1 in 5: MEN

will suffer from an osteoporotic fracture during their lifetime

1 in 3 hip fracture patients re-fracture at 1 year. **Over 1 in 2** will suffer another fracture within 5 years.

20% The risk of suffering a second spine fracture within the year following the first one

Fractures from osteoporosis are **more common** than heart attack, stroke and breast cancer **combined.**

28% OF WOMEN

37% OF MEN

who suffer a hip fracture will die within the following year.

15-25% of hip fracture patients require admission to a nursing home

Several effective medications can reduce fracture risk by **30-70%**

OVER **80%**

...of all fractures in Canada after age 50 are caused by osteoporosis.

...of fracture patients are never offered screening and/or treatment post-fracture.

HEALTH CARE

PROFESSIONAL EDUCATION

FUNDED RESEARCH

Osteoporosis Canada's Research Priority is to support clinical, translational and health outcomes research that focuses on the high risk population, especially on preventing fractures and their negative consequences.

The Research Committee has developed the following criteria:

Target Health Research Area
Research that targets the high risk for fracture patient population.

Special Conditions - Patient-Centred Research Focus
Research that covers the continuum ranging from initial patient studies of new treatment through to the evaluation of the implementation of the intervention.

ANGELA M. CHEUNG, MD, PhD, FRCPC, CCD
Associate Professor, Department of Medicine,
Director, Centre of Excellence in Skeletal Health Assessment
University of Toronto
Division of General Internal Medicine, Endocrinology, Radiology
Director, University Health Network Osteoporosis Program
University Health Network
Toronto, Ontario

"A low trauma fracture is an indication of failure of the bone to bear load while performing activities of daily living. However, most patients and their health care providers often view a low trauma fracture as an accident rather than as bone failure. Since those who have had a fracture are at increased risk for another fracture, Osteoporosis Canada is concentrating on this high risk population so as to reduce the burden of fractures in Canada. Members of the Scientific Advisory Council are working together to "Capture the Fracture" and help make patient's first break their last."

SUZANNE MORIN, MD, MSc, FRCP
Associate Professor, Department of Medicine
McGill University
Division of General Internal Medicine
McGill University Health Center - Montreal General Hospital
Montréal, Québec

"Osteoporosis Canada's Scientific Advisory Council comprises multi-talented individuals who, through dedicated research, clinical guideline development, knowledge dissemination and patient care activities, contribute to enhancing Canadians' bone health. We are fortunate to have such a collaborative volunteer group of scientists and clinicians!"

THE OSTEOPOROSIS RESEARCH PROGRAM

The Osteoporosis Research Program provides training awards to support Canadian investigators conduction research that promises to yield new insights into the prevention and treatment of osteoporosis and improving the lives of individuals with this disease. Awards are offered to individuals through annual research competitions, which involves an extensive peer review process.

RESEARCH AWARDS

Osteoporosis Canada/The Canadian Institutes of Health Research (CIHR) Award

A jointly supported award by Osteoporosis Canada and CIHR is offered under the mandate of the Small Health Organizations Partnership Program (SHOPP). SHOPP fosters partnership opportunities with small health charities and not-for-profit organizations with modest health research funding capacity by co-funding training and salary awards. The benefit of this program is that CIHR offers partnership opportunities for small health organizations to increase their health research capacity while becoming more in line with the strategic directions of the Institutes.

One new awardee in 2011/12 is being funded. The Master's Award is intended to provide special recognition and support to students who are pursuing a Master's degree in a health related field in Canada.
Jia Ning Zhang, of the University of Toronto, is the award winner. The project is entitled "Role of Sphingosine-1-Phosphate in Osteocyte Mechanotransduction."

Osteoporosis Canada-Canadian Multicentre Osteoporosis Study (CaMos) Award

This program funds a graduate student or postdoctoral fellow for one year and provides that individual with an opportunity to engage in research training with investigators at CaMos. Awardees gain new insight into the field of osteoporosis and are presented with the basis for a career in clinical/epidemiological research related to osteoporosis.

Courtney Kennedy of the Department of Clinical Epidemiology & Biostatistics at McMaster University was the successful applicant. Her study is entitled: "Construction of a Cumulative Deficits 'Frailty Index' and its Relationship with BMD and Fracture using Canadian Multicentre Osteoporosis Study Data."

"I am so fortunate to receive this funding from Osteoporosis Canada and the CaMos study, as it allows me to continue with this interesting work and to collaborate with other researchers. The longitudinal CaMos data-set provides an excellent opportunity to advance our understanding about how frailty changes over the life-span and what factors contribute to frailty. In particular, it will be interesting to determine the impact that osteoporosis and fractures have on the course of frailty." – *Courtney Kennedy*

PROFESSIONAL EDUCATION

Tim Murray Short-Term Training Award

This award aims to build on Dr. Timothy Murray's impressive legacy of teaching, research and patient care by recognizing, supporting and encouraging future leaders in bone health. The recipient for 2012 is Dr. Munier Nour. He is a pediatric endocrinology fellow at the Alberta

Children's Hospital, a Master's graduate student in the Medical Sciences, and enrolled in the Clinical Investigator Program through the University of Calgary.

Lindy Fraser Memorial Award

The Lindy Fraser Memorial Award was created in 1994 under the banner of Osteoporosis Canada to recognize individuals who have done exemplary research and have helped to increase the knowledge about osteoporosis.

Osteoporosis Canada awarded Dr. Brian Lentle with the 2011 Lindy Fraser Memorial Award. Dr. Lentle has served Osteoporosis Canada and the SAC since 1995 in numerous capacities, and was a key contributor to the "2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada." He was a driving force behind publication of several Osteoporosis Canada sponsored articles in the Canadian Association of Radiologists Journal. On Sept. 24th, 2011 Dr. Bill Leslie (SAC Chair) presented Dr. Lentle with this prestigious award during the Ontario Association of Radiologists CBMD Accreditation program held in Toronto.

Dr. Brian Lentle
Recipient of the Lindy Fraser Memorial Award

HEALTH CARE

PROFESSIONAL EDUCATION

CLINICAL PRACTICE GUIDELINES

The 2010 Osteoporosis Canada Clinical Practice Guidelines were published in the Canadian Medical Association Journal (CMAJ) in October 2010. Osteoporosis Canada and the journal are very pleased with the response from readers and with the traffic this document has created on their individual websites. The summary document of the 2010 guidelines and the appendix with extensive background material, such as evidence tables and charts and figures, can be downloaded free of charge by going to the CMAJ website at www.cmaj.ca. A direct link to the PDF version is also posted on Osteoporosis Canada's website at www.osteoporosis.ca.

Dr. Brian Lentle chaired a writing group of Scientific Advisory Council (SAC) consultants that prepared a summary of the Guidelines for the radiology community. This paper was published by the Canadian Association of Radiologists Journal (CARJ) in the November 2011 issue.

The Canadian Pharmacists Journal assembled a multidisciplinary group of experts to produce a special supplement **"Osteoporosis in Primary Care."** Guest Editors Dr. Robert Josse and Dr. Anne Marie Whelan aimed to advance the care of patients with and at risk for osteoporosis, by providing practical information to pharmacists, physicians and other practitioners, based on the latest Osteoporosis Canada clinical practice guidelines. The supplement was published at the end of May 2011 and was distributed with the May/June 2011 issue of the Canadian Pharmacists Journal.

The Medical Post also published a feature in the November 2011 issue. Contributors Susan Whiting and Lora Giangregorio of Osteoporosis Canada's SAC discuss the role nutrition and physical exercise play in osteoporosis management and prevention as reflected in the new guidelines.

HEALTH CARE PROFESSIONALS WORKING GROUP

In November 2011, Dr. Suzanne Morin and Dr. Heather Frame spoke in Montreal at the Family Medicine Forum. Over 50 delegates attended this session.

The patient working group has developed a brochure – **"Make Their First Break Their Last"** that explains the connection between fractures and osteoporosis. The content was developed with much consultation and input from individuals who have fractured, health care professionals, OC staff and volunteers. The brochure aims to encourage individuals who have fractured to see their physician about treatment options to help prevent future fractures. The brochure targets individuals who have fractured but not yet made the connection between their fracture and osteoporosis and therefore are at risk of future fractures.

An article written for Canadian Orthopedic Association (COA) newsletter entitled **"Toward a Fracture Free Future - Post Operative Management of Fragility Fractures – a Focus on Osteoporosis Care"** by Dr. Heather Frame appeared in their November newsletter and reached all members of COA. Also included was the brochure **"Make Their First Break Their Last"** for patient use and an invitation to order more.

SUSAN WHITING, PhD
Professor of Nutrition and Dietetics
University of Saskatchewan
Saskatoon, Saskatchewan

"As a SAC member I am privileged to help answer questions related to nutrition. It's often not easy. For osteoporosis prevention, nutrition is recognized as important, not only for the key nutrients of calcium, vitamin D and protein, but for other dietary constituents as well. It may be that a healthy dietary pattern is the critical message, as in the past we have tended to focus on one or two nutrients without acknowledging the overall diet. For treatment, as there may well be missing nutrients, it is important to ensure nutrition needs are met. OC's multidisciplinary approach has always recognized the importance of nutrition."

LORA GIANGREGORIO, PhD
Assistant Professor of Kinesiology
University of Waterloo
Waterloo, Ontario

"Rather than recommend "exercise", we should provide specific doses and recommendations that are in line with best evidence. Individuals with osteoporosis should participate in moderate or vigorous weight-bearing aerobic exercise 3-5 times per week (150 minutes per week), in addition to exercises for improving muscle strength and exercises to improve balance, both at least twice a week."

HEALTH CARE

PROFESSIONAL EDUCATION

Dr. Teri Paul spoke on behalf of OC at a plenary session of the Canadian Orthopaedic Nurses Association (CONA) Annual Meeting in June 2012. Dr. Paul addressed the topic: **"Osteoporosis and Post-fracture Assessment in Hospital."**

On Going Work With The Public Health Agency of Canada (PHAC)
Osteoporosis Canada's ongoing work with the Public Health Agency of Canada (PHAC) to develop a national osteoporosis surveillance strategy continues to progress. Dr. Leslie, Dr. Jiwa and many other SAC members met in Ottawa with PHAC in May 2011. The fracture and osteoporosis case definitions for the surveillance strategy underwent feasibility testing in several provinces (BC, Alberta, Manitoba, Ontario, Quebec).

The modified framework will undergo national pilot testing over the next year. PHAC has also heard a proposal from OC to use data collection from the provinces and territories to track the post fracture care gap **("Osteoporosis Surveillance: Knowledge to Action")**. There was support from PHAC to move forward with this as part of the national osteoporosis surveillance strategy. Finally, PHAC is providing access to important new sources of information on osteoporosis and bone health including national survey data (CCHS). Siobhan O'Donnell from PHAC spoke at the 2011 AGM about some of these initiatives and how they support the work of OC and the skeletal health of Canadians. It is expected that national fracture data will be available within the next year.

Bone Fit™ Advanced Workshop, Nova Scotia, 2012

BONE FIT™ TRAINING PROGRAM

In early 2010, Osteoporosis Canada and the Ontario Osteoporosis Strategy (OOS) launched Bone Fit™, a new evidence-based training program for regulated health and exercise professionals. The Bone Fit™ program focuses on a critical knowledge gap and highlights the expanding roles of physiotherapy and exercise in the management of osteoporosis. 2011 has been a great year for the Bone Fit™ program with a number of significant firsts.

The Introduction of Bone Fit™ Basic
In the past year, a great need was identified to provide the valuable information regarding safe exercise instruction and adaptation to fitness experts in the community. A second Bone Fit™ workshop stream, **Bone Fit™ Basic**, was therefore introduced. In March 2012, the one-day Bone Fit™ Basic workshop was successfully piloted with 15 fitness instructors, personal trainers and physical therapy assistants in Toronto. Already planned for the upcoming fall are three more Bone Fit™ Basic workshops, largely through requests from community seniors exercise programs and organizations.

The previous workshop has been retitled **Bone Fit™ Advanced** and is still targeted to health professionals who are exercise specialists, largely Physical Therapists, Certified Kinesiologists & Certified Exercise Physiologists.

Bone Fit™ Advanced Goes National
Between April 2011 and March 2012, there have been 5 Bone Fit™ Advanced workshops offered with 93 health professionals trained through this stream. These workshops were conducted in Ontario, British Columbia & two workshops in Nova Scotia. A new **Bone Fit™ Instructor Apprenticeship program** was initiated in 2011 to meet the growing demand for the Bone Fit™ workshops nationally.

Bone Fit™ Advanced workshops are being offered in Ontario and Manitoba in the fall of 2012 with more workshops in planning stages for the winter and spring of 2013.

bonefit™

Panagiota (Nota) Klentrou, PhD, MSc, BSc,
Professor and Associate Dean
Department of Kinesiology, Brock University

"The nationwide launch of Bone Fit™ is a major milestone for Osteoporosis Canada. It is particularly important for kinesiologists and CSEP Certified Exercise Physiologists to be positioned as frontline health professionals to assess, prescribe and deliver the appropriate exercise therapy programs to patients at risk for osteoporosis and fracture."

Cathy Evans, PhD, MSc, BScPT, Graduate Coordinator, Assistant Professor, Department of Physical Therapy, University of Toronto

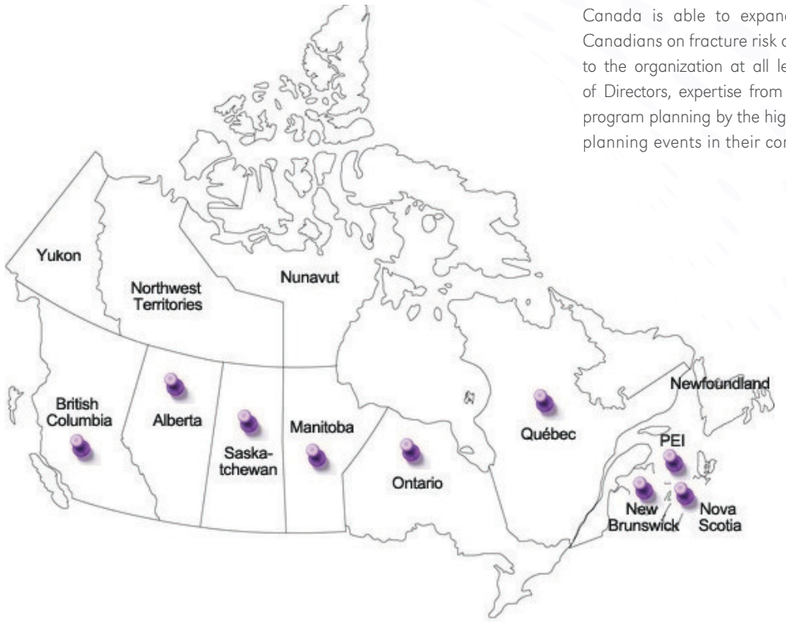
"In early 2012, University of Toronto MScPT students studied the Bone Fit™ training program. The MScPT students examined changes in physiotherapists' and kinesiologists' knowledge, attitudes and practice intentions after they attended the workshop. Following Bone Fit™, there were statistically significant changes in the knowledge and attitudes of participants about osteoporosis (OP) care. Attending the Osteoporosis Canada Bone Fit™ training program appears to help health professionals understand and manage this condition. Future studies will look at how these changes impact the care that individuals with OP receive from professionals who attend Bone Fit™."

Judi Laprade, PhD, MSc, BScPT, BA,
Assistant Professor, Division of Anatomy,
University of Toronto

"This year's growth and expansion of the Bone Fit™ Training has been very exciting. We now have the perfect opportunity to create comprehensive management and fracture prevention through safe exercise prescriptions and programs for persons with Osteoporosis from the clinical environment to the community. This continuity of care has only been made possible through offering the highest standard of evidence-based training through Bone Fit™."

OUR NATIONAL REACH

It is through the generous donation of time, energy and knowledge from over 1,500 of our volunteers across the country that Osteoporosis Canada is able to expand its capacity and promote awareness to Canadians on fracture risk and bone health. Volunteers provide leadership to the organization at all levels with governance by the National Board of Directors, expertise from the Scientific Advisory Council, strategic and program planning by the high risk working groups, and the local chapters planning events in their communities.



The highlight of the year for the 31 Chapters and branches across 9 provinces is the opportunity to send a representative to the Annual General Meeting. This event provides an opportunity to share best practices and connect with colleagues across the country who all share the same passion for promoting the priorities set out by National. A passion to educate Canadians about their risk of broken bones.

Throughout the year the chapters and branches stay connected via teleconferencing, video conferencing and webcasting, while virtual educational forums provide excellent opportunities for keeping the volunteers updated on the most current knowledge available, in a cost effective manner. Empowered with this knowledge they are able to provide education and support to Canadians who are at risk or have suffered a fracture as a result of osteoporosis.

Our corporate vision to see a Canada without osteoporotic fractures becomes achievable with the collective efforts of its committed volunteer work force.

OUR

SPECIAL SUPPORTERS

We send our deepest thanks to the following generous individuals, corporate teams, government agencies, foundations and service clubs who made an outstanding contribution to Osteoporosis Canada in the 2011-2012 fiscal year.

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While we've made every effort to ensure the accuracy of this list, please accept our sincere apologies for any errors or omissions.

We sincerely thank all of our generous supporters. Please visit osteoporosis.ca to see a complete list of our donors.

Osteoporosis Canada gratefully acknowledges the generous support of donors who have passed away since making their gift. We send our sincerest condolences to their loved ones.

FINANCIAL HIGHLIGHTS

Osteoporosis Canada had revenues of $7,653,083 during the fiscal year ended March 31, 2012. This is an increase of $599,744 over the previous year ended March 31, 2011 which is largely due to the receipt of two large bequests at the end of the fiscal year and additional Ontario Ministry of Health funding.

Notwithstanding the effects of these unexpected revenues, our Program Fund financial operations yielded a surplus of $27,225. When compared to our initial operating budgeted deficit, the surplus is a positive, notable achievement. Our financial operating successes are due to a fortunate combination of factors, namely, prudent, efficient management, innovative, talented staff, and of course, dedicated and hard charging volunteers.

In accordance with the long term goal of the organization to build up a Reserve Fund equal to six months of operating expenses, the National Board of Directors transferred $100,000 of the Program Fund's 2012 operating surplus to the Reserve Fund at year end. This brings the balance in the Reserve Fund to $344,006 as of March 31, 2012.

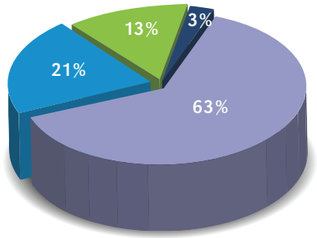
In addition, we have initiated a Designated Bequest fund which represents funds donated for specific activities specified by the donor.

The Research Fund, which is administered by the Investment Committee of the Board of Directors and is financially segregated from the Program Fund, ended the fiscal year with a balance of $1,392,808. The Research Fund provides the financial resources for scientific research projects selected by the Scientific Advisory Council of Osteoporosis Canada.

On behalf of the Board of Directors, I would like to take this opportunity to thank the management, volunteers and staff of Osteoporosis Canada for their invaluable contribution to the growth and success of our organization.

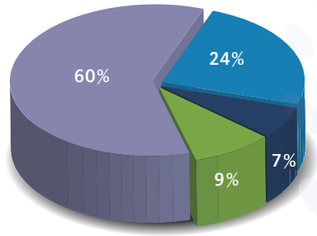
KEN CHONG
Treasurer, National Board of Directors

YEAR END MARCH 31, 2012



REVENUES

Government Funding (Ontario Ministry & Other Provincial Funding)	$4,863,705	63%
Individuals	$1,572,616	21%
Corporations & Foundations	$1,015,332	13%
Other (United Way, Community Groups, Sales and Gaming)	$201,430	3%
TOTAL REVENUES	**$7,653,083**	



EXPENSES

Education, Advocacy and Program	$1,764,056	24%
Administration (includes Governance)	$470,248	7%
Fundraising	$671,450	9%
Ontario Strategy	$4,325,104	60%
TOTAL EXPENSES	**$7,230,858**	

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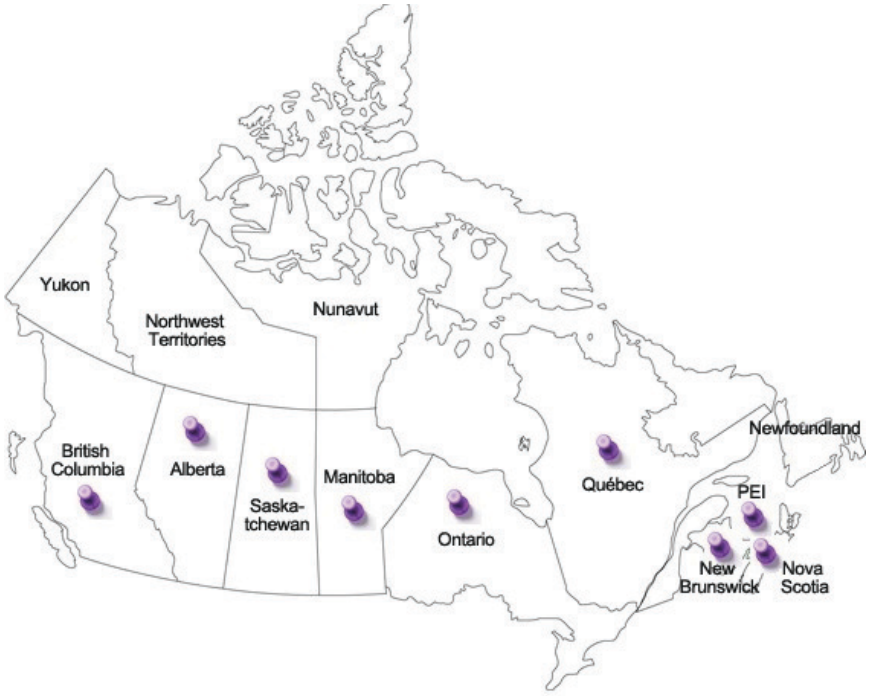

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