

Osteoporosis Canada

Ostéoporose Canada

SAC Link

Osteoporosis Canada's Scientific Advisory Council

Winter 2015

SAC Welcomes New Members!

Steven Burrell MD, FRCPC

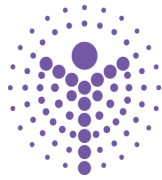
Dr. Steven Burrell is a Nuclear Medicine Physician and Radiologist at the QEII Health Sciences Centre and Dalhousie University in Halifax. He earned a masters degree in engineering and practiced for several years as a professional engineer before entering medical school at Dalhousie University. He completed a combined radiology and nuclear medicine residency at Dalhousie, followed by a fellowship in the Harvard Joint Program in Nuclear Medicine in Boston. He is currently associate professor in Radiology, past research director for Radiology, and past residency program director for Nuclear Medicine. Dr. Burrell has been involved in several local and national initiatives in bone mineral density testing and fragility fracture risk assessment, including several committees with Osteoporosis Canada and the Canadian Association of Radiologists.

Cathy Craven BA, MD, FRCPC, MSc, CCD

Dr. Craven is a Psychiatrist specialist within the Brain and Spinal Cord Rehabilitation Program and a Clinician Scientist with the Neural Engineering and Therapeutics Team at Toronto Rehabilitation Institute, Lyndhurst Centre. Dr. Craven is an Associate Professor in the Departments of Medicine, and Health Policy Management & Evaluation at the University of Toronto. Her clinical and research expertise is in the prevention and treatment of secondary health conditions following spinal cord injury (SCI), with a particular focus on sublesional osteoporosis and health service provision. Dr. Craven's clinical practice focuses on assessment and treatment of low bone mass in individuals with neurological and neuromuscular impairments, including but not limited to: Spinal Cord Injury, Stroke, Multiple Sclerosis, Spina Bifida and Duchenne Muscular Dystrophy.

Shelly Hagen, B.S.H.Ec, RD, NCMP

Shelly hails from sunny Saskatchewan and is a graduate from the Food and Nutrition program at the University of Saskatchewan. She completed a one year general internship at the Regina General Hospital. She started her career in clinical dietetics but quickly moved to a position in public health and provided nutrition services for a rural population numbering 90,000. Areas of focus included establishing an Eat Smart Heart Healthy education program including grocery store tours, and helping establish breastfeeding support services. Following this she moved to Alberta and worked as a nutrition educator for Alberta Milk- formerly known as Dairy Nutrition Council of Alberta. One of her key responsibilities in this position was to work with a dedicated group of volunteers to set up an osteoporosis support group in Edmonton. Following this she worked briefly as coordinator for Osteoporosis Canada and implemented the Build Better Bones an osteoporosis prevention program aimed at women age 35+. This led to her current role, where for the last 17 years she has worked a health educator in the Menopause and Osteoporosis Clinics at the Grey Nuns Community Hospital. Her current job is focused on providing information to support patients and community members make informed choices about lifestyle and treatment options related to menopause and osteoporosis.



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Sharon Marr MD, FRCPC, MEd

Dr. Sharon Marr is the Chair of the Regional Geriatric Program central (RGPC). Dr. Marr is an Associate Professor, Division of Geriatric Medicine, and Department of Medicine and the Chair of the Division of Geriatric Medicine. Dr. Marr is also the new Chair, Evaluations MD Undergrad Program, Michael G. De Groot School of Medicine, McMaster University.

Sharon has a background in occupational therapy before obtaining her MD and internal/geriatric medicine residency training from McMaster University. She also holds an M.Ed degree from the University of Toronto (OISE/UT). Her primary academic activities include teaching, education and administration at all levels from medical school through to residency.

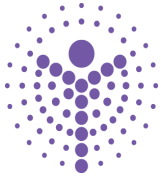
Linda Probyn MD, FRCPC

Dr. Linda Probyn is a Musculoskeletal Radiologist at Sunnybrook Health Sciences Centre in Toronto. She received her Bachelor of Science degree in physiotherapy from McGill University and her MD from Western University. She completed her Radiology residency at McMaster University followed by a Musculoskeletal Imaging Fellowship at the University of Toronto. Dr. Probyn is an Assistant Professor in the Department of Medical Imaging at the University of Toronto. She is the past Program Director for the Diagnostic Radiology Residency program and is now the Vice-Chair of Education for the Department of Medical Imaging. One area of Dr. Probyn's clinical and research interest is in osteoporosis and she has presented her projects at the ASBMR and RSNA. Dr. Probyn has participated in national groups including the Canadian Association of Radiologists working group to revise diagnostic imaging referral guidelines for musculoskeletal imaging of osteoporosis.

Fracture Liaison Service

As you are aware, OC is committed to supporting Canadians in obtaining access to Fracture Liaison Services (FLS), which is a model of post-fracture care that ensures patients receive the care needed to prevent further fractures. As a major step forward in fast tracking our work, we welcome La-Toya Williamson as Senior Manager, Fracture Liaison Services, who will assist OC's existing FLS volunteer team led by Dr. Diane Theriault, Chief Scientific Officer. In this new position, La-Toya will support external and internal stakeholders to promote the implementation of effective FLS across Canada.

La-Toya has a proven track record in achieving results and significant relevant experience that will benefit and enhance the FLS work in progress. She graduated with both a bachelor's and master's degree in science from the University of Guelph, and conducted part of her graduate research at the University of California, Los Angeles. She rounded out her interests and experience through a post-graduate certificate in corporate communications and public relations at Centennial College. La-Toya's recent experience includes roles at Mount Sinai Hospital, Toronto Public Health and the Ontario Institute for Cancer Research. She also enjoyed volunteering extensively with the United Way of Toronto. La-Toya will be based at the National Office in Toronto and can be reached at LWilliamson@osteoporosis.ca or 416-696-2663 ext. 2259 or Toll-free: 1-800-463-6842 ext. 2259.



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Research Competition

The Osteoporosis Research Program provides training awards to support Canadian investigators conducting 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.

THE OSTEOPOROSIS CANADA-CAMOS FELLOWSHIP AWARD

A collaborative award, by the [Canadian Multicentre Osteoporosis Study \(CaMos\)](#) and Osteoporosis Canada. This program will fund a graduate student or postdoctoral fellow for one year in the amount of \$20,000 and will provide that individual with an opportunity to engage in research training with investigators at CaMos. Awardees will gain new insight into the field of osteoporosis and will be presented with the basis for a career in clinical/epidemiological research related to osteoporosis. This program strives to improve the lives of individuals with osteoporosis while seeking optimal prevention and treatment of the disease.

The application process will be administered by OC.

Application Forms:

[OC-CaMos Fellowship Research Award – Application 2015](#)

[OC-CaMos Fellowship Research Award – Policy 2015](#)

The closing date for applications is **April 30, 2015**

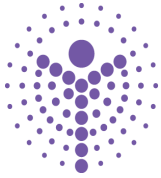
THE OSTEOPOROSIS CANADA TIM MURRAY AWARDS

These awards (maximum \$1500) will give three individuals the opportunity to learn more about osteoporosis and/or advance existing research skills in osteoporosis. It is open to undergraduate, graduate, postgraduate trainees and junior faculty members (where junior is defined as less than 5 years in their first academic appointment). The awards aim 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 application process will be administered by Osteoporosis Canada's research committee.

The proposed training or project must occur between May 2015 and April 2016.

Application Forms:

[OC Tim Murray Short-Term Training Award - Application 2015](#)



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Osteoporosis Canada Research Policies and Procedures

OC SAC Research Committee has developed policies and procedures to assist the researcher either being funded by Osteoporosis Canada preparing an annual or final progress report, wanting a Letter of Support to back their project or for those wanting help in recruiting study participants .

[Annual and Final Progress Reports](#)

Annual Progress Reports are required for research conducted during each year of funding from Osteoporosis Canada such as through the CaMos Study or the Tim Murray Travel Awards. Final Reports cover the entire period of the grant and are required at the end of the research funding period.

All reports consist of a lay summary that will appear on the OC websites, a technical report, identification of knowledge translation activities related to the research completed and any future research plans resulting from the findings.

[A Policy and Procedure for Recruitment of Study Participants Checklist for Research Recruitment](#)

Osteoporosis Canada receives numerous requests from Canadian researchers seeking participants for their studies. A Policy and Procedure has been developed for providing support for the recruitment of participants for ethical and reputable research relevant to our vision and mission with timelines indicated. A checklist outlining the requirements needed by Osteoporosis Canada is detailed for the researcher to ensure all information is included with the request.

If the request is accepted, members of our Research committee will be sent a copy electronically for posting or circulating. A link on our website will be posted and the link will also be forwarded to our COPN group. Study findings will be shared with Osteoporosis Canada.

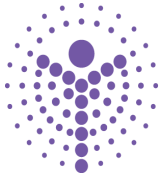
Osteoporosis Canada's staff/volunteers will not actively recruit potential research subjects directly, nor will they answer questions regarding the project.

[A Letter of Support Process Checklist for a Letter of Support](#)

A Letter of Support will be provided to osteoporosis researchers to support applications for external funding, where the researcher has an established track record in quality research. Requests from both our Scientific Advisory Council members and non- members will be considered if the research is relevant to OC's mission. A checklist has been developed for the researcher to ensure all information is included with the request. The researchers should be affiliated with an established organization with credibility in research related to osteoporosis, such as accredited academic institutions. The researchers must also agree to share the study findings with Osteoporosis Canada, by webinar or other appropriate means

For more information:

www.osteoporosis.ca/health-care-professionals/osteoporosis-research/oc-forms-and-policies/



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The Canadian Osteoporosis Patient Network (COPN)

The Canadian Osteoporosis Patient Network (COPN) was founded by four women in 2004 to support Canadians living with osteoporosis by providing guidance and information. This is now being done primarily through the biweekly newsletter "COPING" and the virtual forums "Bone Matters." To date, there are over 8,000 COPN members across Canada (and a small number in many countries outside of Canada) who receive this information.

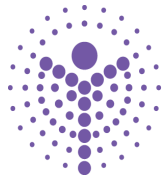
COPN membership benefits everyone including patients, care givers and health care professionals. The COPN database provides a communication tool for Osteoporosis Canada to promote other national and local activities and events. COPN membership numbers are also beneficial in advocating for services and care for those living with osteoporosis, and when applying for funding or requesting sponsorship.

[Becoming a COPN member](#) is **free** and **easy** to do on the OC website. OC strongly encourages all SAC members and healthcare professionals who have an interest in osteoporosis to become members themselves and to actively enrol as many of their patients as possible with COPN. It takes less than one minute to enrol your patient in your office on-line and if they do not have email, they can choose to receive the information by Canada Post.

COPN, which is patient owned and driven, is run by the **COPN Executive Committee**, which consists of the Chair, the ex-officio OC National Education Senior Manager, the ex-officio Medical Advisor and eight other non-SAC individuals. Administrative support is provided by the Senior Program Co-ordinator, Client Services. All of these members are volunteers except for the National Education Senior Manager and the Senior Program Co-ordinator.

The COPN Executive Committee is further subdivided into six busy subcommittees. These include the Newsletter/Rapid Response Subcommittee (on which the Medical Advisor must sit), the Communications and Outreach Subcommittee, the Recruitment/Succession Planning Subcommittee, the FLS Team, the Virtual Education Forum Subcommittee and the Patient Representatives (those living with osteoporosis). To ensure that all COPN materials are according to OC guidelines, scientifically accurate and up to date, the **SAC COPN Scientific Review Committee** was also developed but not officially recognized until 2011. This committee currently has a Chair and two other SAC member volunteers. The Chair is also the Medical Advisor who sits on the COPN Executive, the COPN Newsletter/Rapid Response Subcommittee and the SAC Executive Committee (to represent COPN to the SAC). This committee reviews, edits and occasionally writes all COPING newsletters to ensure the information is up to date, accurate and as much as possible, comprehensible at the grade 6 level. It is also responsible for updating all of the OC fact sheets, COPN brochures and other COPN items. The SAC COPN Scientific Review Committee is unique as it has dual accountability (one to the patients, COPN, and one to the SAC) and a dual role (to liaise COPN with the SAC and to bring scientific support to COPN while protecting the autonomy of the patient voice).

We hope that this information provides a better understanding of the structure and the functioning of COPN. If you have any questions please contact ccruz@osteoporosis.ca, Christine Cruz Fung, Senior Program Co-ordinator, Client Services. Above all, if you have not done so already, please give yourself and your patients every advantage by joining COPN now at www.osteoporosis.ca/osteoporosis-and-you/copn/join-copn/.



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Too Fit To Fracture Exercise and Physical Activity Guidelines

Here are the key messages to give individuals with osteoporosis:

- Participate in challenging balance exercises **daily**, and resistance exercises to increase muscle strength in major muscle groups twice a week
- Accumulate 30 minutes of moderate-to-vigorous intensity physical activity daily (moderate-only for those with spine fracture), in addition to resistance and balance training
- Practice “spine sparing strategies” during physical activities of daily life or leisure (e.g., hip hinge or step to turn)
- Spend ≥ 5 minutes daily on exercises to improve back extensor muscle endurance

What are spine sparing strategies?

Providing restrictions (e.g., telling patients not to bend or twist) is a disincentive to physical activity. Not all bending and twisting is bad – “risky” movements that need to be modified are those that involve *weighted, rapid, repetitive or end-range flexion* or twisting of the spine. If patients learn how to do a hip hinge, bend with their knees, hips and ankles, or use step-to-turn, they can modify activities that are risky. Tell patients not to lift from or lower to the floor, to hold loads close to the body, and not lift overhead. You can find videos related to safe movement here: www.osteoporosis.ca/after-the-fracture/videos/

Things you can do in less than 2 minutes with a patient:

- Include a recommendation to engage in daily balance training and twice weekly strength training as part of your best evidence treatment plan
- Remind them to get up and move around every 30 minutes – sitting loads the spine
- Find exercise professionals and programs available in your community and refer patients. In Ontario, use the Bone Fit locator: www.bonefit.ca.

If you want to do more, take a few minutes to:

- Recommend 1 balance exercise to do daily– From easy to hard: semi-tandem stance with support object (counter), heel raises (on one foot or two), tandem walk, Tai Chi
- Recommend a few strength exercises – wall pushup, sit to stand, heel raises, squats with a wide stance, shoulder raises
- Explain why rapid, repetitive, weighted or end-range bending and twisting are inadvisable, teach a hip hinge and step to turn

Did that leave you wanting more? What do YOU need to put the recommendations into action? What are the barriers to getting the recommendations into practice? If you have input, contact Lora Giangregorio at lo-ra.giangregorio@uwaterloo.ca.

Other tools you can use now:

Webcast for patients on exercise: www.osteoporosis.ca/osteoporosis-and-you/too-fit-to-fracture/

There is a **FREE** booklet on exercise and physical activity available for patients. Patients can call the hotline to access the booklet. Toll-free (English): 1-800-463-6842 (in Canada only) *Hours: M-F, 9-5, Toll-free (French): 1-800-977-1778 (in Canada only)

The Too Fit To Fracture team, in partnership with Osteoporosis Canada, with input from COPN members.