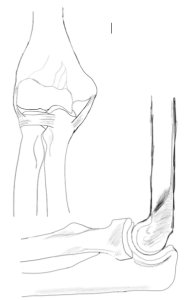


MATTHEW J. DUBIEL M.D.
SHOULDER AND ELBOW SURGERY

WWW.MDUBIELMD.COM



OSTEOPOROSIS

QUESTIONS WE ADDRESSED TODAY REGARDING BONE HEALTH:

CALCIUM (1200 MG/DAY) AND VITAMIN D (1000 IU/DAY) SUPPLEMENTATION
REGULAR WEIGHT-BEARING EXERCISE
QUIT SMOKING AND MINIMIZE ALCOHOL INTAKE

QUESTIONS FOR PATIENTS TO ASK THEIR PRIMARY CARE PHYSICIAN REGARDING
OSTEOPOROSIS:

I HAD A RECENT FRACTURE. DO I HAVE OSTEOPOROSIS?
WILL I BE TESTED FOR OSTEOPOROSIS?
DO I NEED TO TAKE MORE CALCIUM AND VITAMIN D?
WHAT CAN I DO TO KEEP FROM FALLING?
WHAT WILL YOU PRESCRIBE FOR MY OSTEOPOROSIS?
ARE THERE MEDICATIONS I AM TAKING THAT MAY INCREASE FALL RISK?
WOULD I BENEFIT FROM PHYSICAL THERAPY FOR BALANCE TRAINING AT
ELIMINATING FALL HAZARDS?

THANK YOU SO MUCH FOR CARING FOR OUR PATIENT POSTOPERATIVELY AND
HELPING THEM IMPROVE THEIR BONE HEALTH.

National Osteoporosis Foundation Clinical Guidelines for the Treatment of Osteoporosis¹

Indication for Treatment in All Postmenopausal Women and in Men Aged ≥ 50 Years

Any hip or vertebral fracture (clinical or morphometric)

Other prior fracture and low bone mass

T-score < -2.5 after secondary causes have been excluded^a

Low bone mass (T-score between -1.0 and -2.5)^a and:

Secondary cause associated with high fracture risk (eg, total immobilization)

FRAX 10-year probability of hip fracture $\geq 3\%$

FRAX 10-year probability of any major osteoporosis-related fracture $\geq 20\%$