Useful information

* **Minimal trauma fractures** are fractures which occur due to the impact from a fall from standing height or less. Fractures of the face, hands, feet and ankles do not fall in this definition.
* All patients with minimal trauma fractures above age 50 should be presumed to have osteoporosis and treatment with medications are indicated.
* Treatment uptake among patients with minimal trauma fractures is low due to multiple barriers
* Fracture Liaison Services are systematic ways of identifying minimal trauma fractures and starting them on treatment
* The current Fracture Liaison Service in WA uses a clinician to manually screen through a list of patients who leave the emergency department with a diagnosis of a fracture – this is inefficient
* Fractures are invariably diagnosed through radiology scans and x-rays – identifying them through radiology is potentially more efficient
* Accurate identification is key: we do not want to include patients with fractures from high impact or fractures due to bony cancers. We DO want to identify spinal (vertebral) fractures found incidentally on scans
* Once an accurate list is identified, these patients need an assessment of their osteoporosis risk factors. This includes collecting information about their previous fracture history, smoking status, alcohol intake, number of falls in the last 12 months, use of steroid medication, whether they have had a previous bone density scan and whether they have used previous osteoporosis treatments (all the questions on the Know Your Bones website)
* Following this, they also need to receive education about their diagnosis of osteoporosis, lifestyle measures to improve bone health (accessible via Healthy Bones Australia website) as well as recommendations to start treatment
  + High risk fractures should be referred to the specialist osteoporosis clinic to start specialised medications. These include spinal (vertebral) fractures, hip fractures and those with more than 1 fracture
  + Low risk fractures should be referred to their GP to start usual osteoporosis medications
* Once treatment is recommended, these patients should be followed up at 4 and 12 months after fracture to ascertain whether the recommendations have been carried out and maintained