

### Assessment

**Risk Factors** Postmenopausal women and men age >50 years if there is a history of ≥4cm height loss, kyphosis, recent or current long-term oral glucocorticoid therapy, or a Bone Mineral Density (BMD) T-score ≤ -2.5.

**Fracture probability in all those at #risk** Anyone with the ^ risk factors should undergo a FRAX assessment (evaluate a patient's 10-year probability of hip fracture and major osteoporotic fracture)

**For Intermediate Fracture probability** In individuals at intermediate risk, bone mineral density (BMD) measurement should be performed using dual-energy X-ray absorptiometry (a small amount of radiation to take pictures of different bones. These pictures are used to measure the density of the bones at the spine, hip, and forearm)

### Lifestyle and dietary

800IU cholecalciferol

Calcium

Vitamin D

Weight-bearing exercise

Falls

Hip Protectors

Stopping smoking, Reducing alcohol intake

### Exercise

Athletes have a 25% greater BMD than simply active people, and that active people have a 30% higher BMD compared to inactive people

Physical activity during early age was more strongly associated with higher BMD at all sites than was physical activity in the past two years

High-intensity resistance training may have added benefits for decreasing fracture risks by improving strength and balance

Exercise should focus on strengthening back extension and may include weighted and unweighted prone position, extension exercises, isometric contraction of the paraspinal muscles and careful loading of the upper extremities



By **datamansam**

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