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Kyle J. Jeray, MD and Felicia Cosman, MD to host a Live Dial-in Information Session on the Own the Bone program, Wednesday, August 11th, 1:00 pm - 2:00 pm EDT.

Do you or your colleagues have questions or need more information about enrolling in or implementing the **Own the Bone** program at your hospital or clinic?

Dr. Jeray is an orthopaedic surgeon with expertise in orthopaedic trauma and the program director for the orthopaedic residency program at Greenville Hospital System University Medical Center. Dr. Cosman is an osteoporosis specialist, clinical scientist and Medical Director of the Clinical Research Center at Helen Hayes Hospital.

They will cover:

- How the Own the Bone program streamlines identification, evaluation, and treatment of patients at risk of bone disease following a fracture
- How the Own the Bone registry tools and patient flow protocol can assist in enhancing patient care across medical specialties
- Internal and external benchmarking reports offered through the program

An extensive Q & A session will follow the presentation allowing questions to be asked about the program.

Click here to register and receive dial-in information to participate.

Web Link

Headlines

Program Updates:

Own the Bone enrollees recognized in *US News & World Report's* Best Hospitals issue. Is your institution on the list?

A Case Study: How Park Nicollet Methodist Hospital Implemented Own the Bone Fit to a T: A public education program about bone health and osteoporosis
The National Osteoporosis Foundation encourages educational support groups for osteoporosis patients in your community

Link to Bone Health News:

USPSTF Urges Bone-Density Test for More Women

Summer 2010

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Forward this Bulletin

The Own the Bone™ Program is a Web-based quality improvement program which strongly encourages a multidisciplinary approach to patient care after a fracture. The ultimate goal of the program is reducing the risk of future fractures and promoting bone health in patients age 50 and over. Own the Bone was developed by the American Orthopaedic Association to address a critical issue.

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Preparing More Care of Elderly
 The Fix Is In
 Wrist Fractures Have An Important Public Health Impact
 Early Surgery Important for Positive Results in Elderly Patients With
 Intertrochanteric Fractures
 Hip Fractures: Good News, Wrapped in a Mystery
 Low Levels of Testosterone in Men Linked to Fractures
 Effects of a Structured Weight-bearing Exercise Program on Bone Metabolism
 among Breast Cancer Survivors: A Feasibility Trial
 Multidisciplinary Team of Researchers Developing Glass to Treat Damaged Bone
 PPIs May Be Associated With Increased Risk of C. Diff Infection and Fractures
 Amgen Drug Approved to Fight Osteoporosis

Program Update:

Own the Bone enrollees recognized in *US News & World Report's* Best Hospitals issue. Is your institution on the list?

The AOA has recognized hospitals and clinics enrolled in the Own the Bone program in the *US News & World Report* Best Hospitals August 2010 issue.

These subscribing institutions have gone beyond simply treating their patient's fragility fractures by implementing Own the Bone – a quality improvement program designed to ensure patients get the treatment necessary to prevent fractures from recurring. Incorporating Own the Bone into your routine clinical practice provides a win-win for your patients and for your institution.

It takes vision, leadership and commitment...Is your hospital or clinic ready to improve diagnosis and treatment of fragility fractures?

For program details, call 847-318-7336, e-mail ownthebone@aoasn.org or visit www.ownthebone.org.

Note: Current Own the Bone subscribers include 21 institutions which have been designated as "First in State" to implement the program.

[Return to Headlines](#)

A Case Study: How Park Nicollet Methodist Hospital Implemented Own the Bone

Dr. Marc F. Swiontkowski describes his experiences integrating Own the Bone at Park Nicollet Methodist Hospital, alongside rheumatologist Dr. John Schousboe. Prior to enrollment, only 12% of Park Nicollet Methodist Hospital patients admitted for a hip or pelvic fracture received appropriate screening and subsequent care. In order to address this treatment gap, Dr. Schousboe attempted on his own to improve communication with general medical services in the orthopaedics department. Frustrated after over 18 months of unsuccessful efforts, Dr. Schousboe was ready to give up, until Dr. Swiontkowski approached him about Own the Bone.

Within Park Nicollet Memorial Hospital's first year of enrollment in the program, the percentage of patients receiving follow-up care increased to 80%, assisted by the appointment of a discharge-planning nurse to handle appropriate patient screening and data entry.

Listen to the recorded May 25th Own the Bone Live Dial-in Information Session with Marc F. Swiontkowski, MD and Nelson B. Watts, MD.

[Web Link](#) | [Return to Headlines](#)

Fit to a T: A public education program about bone health and osteoporosis

The U.S. Bone and Joint Decade (USBJD) offers "Fit to a T," a public education program, in U.S. communities.* The T-score is the measure of a person's bone density and susceptibility to fragility fracture.

The program targets men and women of all ages who are highly susceptible to osteoporotic fractures or have experienced a break. The goal is to assist individuals

The Eli Lilly and Company Foundation is proud to support the American Orthopaedic Association's Own the Bone initiative.



Novartis, Founding Member,
 National Osteoporosis
 Foundation (NOF)

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 The Eli Lilly Company
 Foundation, Amgen

Colleague Level:

The Alliance for Better Bone
 Health Sanofi Aventis, P&G
 Pharmaceuticals

in preventing bone disease and/or make changes in their lives to alter the course of the condition.

The one-hour program - conducted by a medical expert, a health information specialist, and a patient - provides consumers with the information they need to make informed decisions on bone health. Participants receive materials, including the Surgeon's General's brochure, "What it Means to You."

To Hold a "Fit to a T" session for your patients contact the U.S. Bone and Joint Decade at usbjd@usbjd.org or call 847-384-4008. Visit www.fit2t.org for more information.

*NOTE: In partnership with a number of health care professionals and other organizations, including the AOA.

[Return to Headlines](#)

The National Osteoporosis Foundation encourages educational support groups for osteoporosis patients in your community

The National Osteoporosis Foundation, a member of the Own the Bone Educational Alliance, encourages all OTB sites to give consideration to starting an educational support group for osteoporosis patients in your community. NOF has a manual for support group leaders and offers complimentary patient education materials to affiliated support groups. There is no charge to start a support group. For information, contact NOF at (202) 223-2226 or (800) 231-4222.

The NOF Information Center provides free osteoporosis and bone health information for individuals upon request. Patients can email their questions to request@nof.org or call 1-800-223-9994. Additional information for patients is available on the NOF Web site at www.nof.org.

[Return to Headlines](#)

Bone Health News:

USPSTF Urges Bone-Density Test for More Women

The U.S. Preventive Services Task Force (USPSTF) has issued new draft guidelines that recommend routine screening for osteoporosis in all younger postmenopausal women who have at least the same chance of a bone break as an older woman. The group also evaluated whether men should undergo screening for osteoporosis, but concluded there wasn't enough evidence to recommend for or against the screening. The draft guidelines widen the task force's 2002 advice, when it first said that all women over 65, plus those between the ages of 60 and 64 at higher risk for fractures, should get a bone density test. The task force now says all younger postmenopausal women should get checked if their risk of a broken bone is the same or greater than the average 65-year-old woman. Factors that can increase risk include low weight, certain drugs, smoking, heavy alcohol use and family history of hip fracture. The task force used a Web-based risk calculator called FRAX—<http://www.shef.ac.uk/FRAX>— that estimates one's odds of a fracture within 10 years. It shows women as young as 50 may meet the threshold for a bone test depending on their risk factors, the panel said.

From "Screening for Osteoporosis: U.S. Preventive Services Task Force Recommendation Statement (Draft)"
Department of Health and Human Services (07/06/10)

[Return to Headlines](#)

Preparing More Care of Elderly

Doctors, nurses, hospitals, and Medicare are all struggling to prepare for massive growth in the number of high-risk elderly patients. More than 40 percent of adult patients in acute care hospital beds are 65 or older, and 70 million Americans will have turned 65 by 2030. Elderly people often have multiple chronic illnesses that are expensive to treat, and they are more likely to require costly hospital readmissions, sometimes as often as 10 times a year. While \$500 million from the stimulus package has been dedicated to training doctors, nurses, and health care providers, less attention is being given to geriatric health issues. For example, only

11 percent of research funding at the National Institutes of Health went to aging research. "All the most common causes of death and illness and functional impairment in the general population are diseases of aging," says Institute of Medicine officer and geriatrician Dr. Judith Salerno. National Institutes of Health Director Francis S. Collins says that opportunities in aging research are compelling, and that it is frustrating to have such great opportunities and limited budget resources, though Collins also notes that budgets are tight in all areas. In hospitals and offices, explaining to elderly patients how to handle their often-complicated problems can be time-consuming, and payments from Medicare, Medicaid, and even most private insurers are not sufficient. Unsurprisingly, geriatric care specialists are in short supply, with only about 7,000 geriatricians available to deal with the aging boomer generation over the next 10 years. The American Geriatrics Society says more than 20,000 will be needed.

From "Preparing More Care of Elderly"
New York Times (06/28/10) *Freudenheim, Milt*

[Return to Headlines](#)

The Fix Is In

Older Americans are no longer willing to just spend their twilight years in a rocking chair, and are increasingly living active lives, be it on the ski slope, tennis court, or swimming pool, and are demanding that their doctors treat their sport injuries. A few years ago, orthopedic surgeons would rarely see octogenarians with a sports injury, let alone ones willing to undergo surgery to get their injury fixed so they could play again. However, that scenario is becoming increasingly common, particularly as society rethinks aging, athletics, and retirement. From 2001 to 2008, the largest increase in the number of rotator cuff and knee surgeries was among patients over 61, according to data from the federal Agency for Healthcare Research and Quality. The biggest increase, a rise from 21 percent to 28 percent of all such surgeries, occurred in patients ages 61 to 70 who underwent arthroplasty to repair or replace ailing knees. Dr. Alan Curtis, an orthopedic surgeon, and other surgeons say that one reason specialists have been reluctant to surgically repair sports injuries in older patients is that procedures carry a risk of complications, including those from anesthesia, for what is essentially an elective procedure. Older patients are more likely to have preexisting heart or lung problems, which increase the risk of complications. However, Curtis says that surgeons are learning that it is possible to treat older patients aggressively as long as they are medically healthy. American Orthopaedic Society for Sports Medicine incoming president Robert Stanton says he is increasingly willing to perform surgery on healthy older patients, but that there are also less invasive but highly effective approaches that should be considered, such as injecting lubricants into knees once or twice a year to add cushioning and shock absorption and reduce pain. Other therapies, like yoga, can help strengthen muscles to take over the jobs of strained or torn muscles.

From "The Fix Is In"
Boston Globe (07/05/10) *Lazar, Kay*

[Return to Headlines](#)

Wrist Fractures Have An Important Public Health Impact

A study published in the *British Medical Journal* reports that wrist fractures have an important personal and public health impact, and could be a factor in the development of disabilities in older adults. Wrist fractures are the most common upper extremity fractures in older adults, and can affect everyday tasks like opening doors, carrying objects, cutting food, pouring drinks, turning a key, or getting out of a chair. However, the precise impact on functional decline has not been thoroughly studied. A group of researchers identified 6,107 healthy women, aged 65 and older, without prior hip or wrist fractures. Five daily living activities, meal preparation, heavy housekeeping, the ability to climb 10 stairs, shopping, and getting out of a car, were measured to determine functional decline. Participants were studied about every two years for an average of 7.6 years. During the study, 268 women had a wrist fracture. These women were about 50 percent more likely to experience clinically important functional decline compared to women without a wrist fracture, even after accounting for demographic, health, and lifestyle factors. The effect of a wrist fracture on functional decline was clinically as significant as other established risk factors, like falls, diabetes, and arthritis. "Our findings highlight the personal, public health, and policy implications of wrist fractures," according to the study authors, who call for greater public awareness on the impact of wrist fractures, including measures to prevent wrist fractures and prompt rehabilitation after a wrist

fracture to improve recovery.

From "Wrist Fractures Have An Important Public Health Impact"
PhysOrg.com (07/08/10)

[Return to Headlines](#)

Early Surgery Important for Positive Results in Elderly Patients With Intertrochanteric Fractures

A study by the University of Milan Orthopaedic Unit at St. Paul Hospital reports that earlier surgeries had a positive impact on functional outcome and mortality in elderly patients undergoing percutaneous compression plating for intertrochanteric fractures. Luca Pietrogrande, who presented the study at the EFORT Congress 2010, points out that the elderly are more fragile patients, most likely because of a higher incidence of multiple chronic diseases. "The wait for surgery is a determinant in the functional outcome," says Pietrogrande. "Delayed patients are more complicated patients." The study aimed to verify how age and some clinical variables like preoperative wait, a need for a blood transfusion, and a patient's ASA classification all impact the functional outcome in elderly patients. In a group of elderly patients being treated for intertrochanteric fractures using percutaneous compression plating, preoperative functional capability was measured using corrected Harris Hip Score, which were compared to outcome values and mortality. Pietrogrande reports that mortality at 1 year over the entirety of the study was 15.6 percent, with a higher incidence in elderly patients, particularly those with an ASA grade higher than 2 and a longer wait for surgery. Meanwhile, functional outcomes were significantly decreased in the elderly when compared with preoperative values, particularly in those who waited longer for surgery. A longer wait also increased the need for a blood transfusion. Pietrogrande says delayed surgery is a companion for poor functional results and high mortality rates.

From "Early Surgery Important for Positive Results in Elderly Patients With Intertrochanteric Fractures"
Ortho Supersite (06/04/10)

[Return to Headlines](#)

Hip Fractures: Good News, Wrapped in a Mystery

Analysis by a pair of epidemiologists of a government survey of patients discharged from hospitals between 1990 and 2006 reveals a decline in the incidence of hip fractures among older Americans. Judy A. Stevens at the Centers for Disease Control and Prevention notes that hip fractures can have serious long-term consequences, including prolonged stays in nursing homes, diminished mobility, and death. The study co-authored by Stevens sees significant decreases in hip fracture rates among men over 85, and even more significant declines among women over 75. However, the reason behind this decline remains a puzzle. Without finding a cause, it is difficult to know what insights about prevention can be gleaned from this decline, or whether this trend will persist. Stevens does not think that better treatment for osteoporosis is the underlying reason for the decline, as Medicare records illustrate that women underuse screening tests and frequently abandon their drug regimens. Another theory is that the elderly have become healthier and more functional, and thus suffer fewer falls--or that they fall less because they are taking fewer psychoactive drugs. Stevens speculates that the older women who suffered hip fractures in the early 1990s were young during the Depression, and might have never developed sufficient bone density on account of food shortages and malnutrition.

From "Hip Fractures: Good News, Wrapped in a Mystery"
New York Times (07/12/10) Span, Paula

[Return to Headlines](#)

Low Levels of Testosterone in Men Linked to Fractures

As many as 15 million American men suffer from low testosterone, or hypogonadism, though the condition often goes undiagnosed and untreated. Low testosterone is predictive of conditions such as diabetes and, heart disease, and obesity, but these conditions may also cause low testosterone. Testosterone levels decline naturally as men age, and low levels are a particular risk for men over 45

years. "Men who experience trouble with fertility should be tested, as should men who get a fracture, especially an unexplained one," says Dr. Ronald Tamler, director of the Men's Health Program at Mount Sinai Medical Center. "Hypogonadism is a big risk factor for osteoporosis in men." Additional risk factors for low testosterone include chronic kidney or liver disease, HIV, some medications, and excessive alcohol intake.

From "Low Levels of Testosterone in Men Linked to Fractures"
New York Daily News (06/16/10) Charles, Katie

[Return to Headlines](#)

Effects of a Structured Weight-bearing Exercise Program on Bone Metabolism among Breast Cancer Survivors: A Feasibility Trial

Breast cancer is the most frequently diagnosed cancer among women in the United States, with an estimated 182,460 new cases in 2008. Treatments for breast cancer, specifically hormone therapies, accelerate bone loss (BL) among breast cancer survivors, potentially leading to osteoporosis and increased fracture risk. Tai Chi Chaun (TCC) is a moderate form of weight-bearing exercise, equivalent to walking, that has been shown to improve aerobic capacity and strength in breast cancer survivors, and could even be helpful in slowing bone loss in breast cancer survivors. A study compared the influence of TCC to standard support therapy (ST) on BL biomarkers among breast cancer survivors. Survivors in the TCC group showed a greater increase in levels of bone formation, compared to survivors in standard support therapy. TCC patients also showed a significant decrease in bone resorption, while ST patients did not. The study suggests that weight-bearing exercise has a positive effect on BL, specifically increased bone formation and decreased bone resorption. The study concludes that additional examinations of the influence of TCC on bone health are warranted.

From "Effects of a Structured Weight-bearing Exercise Program on Bone Metabolism among Breast Cancer Survivors: A Feasibility Trial"
Medscape (06/25/10) Peppone, Luke J.; Mustian, Karen M.; Janelisins, Michelle C.; et al.

[Return to Headlines](#)

Multidisciplinary Team of Researchers Developing Glass to Treat Damaged Bone

An international multidisciplinary team of researchers is developing glass that can treat patients with damaged bone. The goal is to place in the body a glass "scaffold" with chemical ingredients that match those of natural bone to promote transport of blood and nutrients through interconnected pores and allows new cells to grow, without causing infection or a systemic reaction. When attached to injured or diseased bone, the glass spurs the bone to regenerate and is then absorbed into the body. Researchers are working on bioglass that can be formed readily into complex shapes. The technology, which will be tested in the near future in human clinical trials, could be particularly useful for patients with osteoporosis.

From "Multidisciplinary Team of Researchers Developing Glass to Treat Damaged Bone"
ASM International eNews (05/11/10)

[Return to Headlines](#)

PPIs May Be Associated With Increased Risk of C. Diff Infection and Fractures

New studies show that proton pump inhibitors (PPIs) can increase the risk of C. diff infection and bone fracture. Boston Medical Center researcher Amy Linsky, MD, and colleagues found that hospital patients treated for C. diff infections are 42 percent more likely to have the infection come back if they were taking PPIs. Another study, conducted by Shelly L. Gray, PharmD, of the University of Washington, Seattle, and colleagues, found an increased risk of bone fractures with PPIs. The researchers' data involved more than 130,000 women who had been enrolled in the Women's Health Initiative. There was no significant link between PPI use and hip fracture or lower bone mineral density, but women who used PPIs were 47 percent more likely to have a spine fracture, 26 percent more likely to have a forearm or wrist fracture, and 25 percent more likely to experience any fracture overall. This translates into a "modest" risk, Gray and her colleagues noted. These reports appeared in the May 10

issue of Archives of Internal Medicine.

From "Infections, Fractures Linked to Acid Reflux Drugs"
WebMD (05/10/10) DeNoon, Daniel J.

[Return to Headlines](#)

Amgen Drug Approved to Fight Osteoporosis

The U.S. Food and Drug Administration has approved the sale of Amgen's osteoporosis drug Prolia to help prevent fractures in postmenopausal women. The drug, known chemically as denosumab, has also received European approval. Prolia, which is given by injection once every six months, works to decrease the destruction of bone and increase bone mass and strength by inhibiting proteins that activate bone-destroying cells.

From "Amgen Drug Approved to Fight Osteoporosis"
New York Times (06/01/10)

[Return to Headlines](#)

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