AMERICAN ORTHOPAEDIC ASSOCIATION
OWN THE BONE

Case Report Form **Enrollment**

Updated: June 2022

Subject ID: ____________

A – DEMOGRAPHICS

Date of Initial Screening: _____ / _____ / _____
Patient Age: _______
Date of Fracture: _____ / _____ / _____

Sex/Gender:
☐ Male ☐ Female ☐ N/A

Race/Ethnicity:
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian (including Indian subcontinent)
☐ White
☐ Hispanic or Latinx
☐ Native Hawaiian or Pacific Islander
☐ Other (i.e., mixed race)

BMI: ________

B – CURRENT FRACTURE

Site of Current Fracture (check all that apply):

Upper Limb:
☐ Shoulder
❍ Clavicle ❍ Proximal Humerus ❍ Scapula
☐ Arm (Humeral Shaft)
☐ Elbow
❍ Distal Humerus ❍ Proximal Radius and/or Ulna
☐ Forearm (Radius/Ulna Shaft)
☐ Wrist
❍ Distal Radius ❍ Carpal Bones

Axial:
☐ Spine
❍ Cervical ❍ Lumbar ❍ Thoracic ❍ Sacrum
☐ Ribs
☐ Pelvic Ring

Lower Limb:
☐ Hip
❍ Acetabulum ❍ Proximal Femur
☐ Thigh (Femoral Shaft)
☐ Knee
❍ Distal Femur ❍ Proximal Tibia ❍ Patella
☐ Leg (Tibia/Fibular Shafts)
☐ Ankle/Foot
❍ Distal Tibia or Ankle ❍ Tarsal Bone

☐ **None/Bone Health Optimization**

C – FRACTURE HISTORY

History of fracture at the age of 50 or older?
☐ Yes ☐ No

If yes, check all that apply:

Upper Limb:
☐ Shoulder — Age at time of fracture: _______
☐ Arm — Age at time of fracture: _______
☐ Elbow — Age at time of fracture: _______
☐ Forearm — Age at time of fracture: _______
☐ Wrist — Age at time of fracture: _______

Axial:
☐ Spine — Age at time of fracture: _______
☐ Ribs — Age at time of fracture: _______
☐ Pelvic Ring — Age at time of fracture: _______

Lower Limb:
☐ Hip — Age at time of fracture: _______
☐ Thigh (Femoral Shaft) — Age at time of fracture: _______
☐ Knee — Age at time of fracture: _______
☐ Leg (Tibia/Fibular Shafts) — Age at time of fracture: _______
☐ Ankle/Foot — Age at time of fracture: _______

D – RISK FACTORS

Risk factors:
☐ Vitamin D insufficiency (history and/or confirmed by lab work)
☐ Alcohol consumption (3 or more drinks per day)
☐ Current smoking (within last 12 months)
☐ History of falls (2 or more in preceding year)
☐ Parental history of hip fracture after the age of 50
☐ Parental history of osteoporosis
☐ Premature menopause

If the patient has been on any of the medications listed below at the time of fracture or in the past, please indicate that by checking the box beside the appropriate medication.
☐ Anticonvulsants
☐ Aromatase inhibitors
☐ Cancer therapy drugs
☐ Oral glucocorticoids > or = 5mg/d prednisone for > or = 3 mo.
☐ Gonadotrophin releasing hormone agonists
☐ Lithium
☐ Proton pump inhibitors (PPIs)
☐ Selective serotonin reuptake inhibitors (SSRIs)
☐ Thiazolidinediones (TZDs)

Medical diseases/disorders:
☐ Rheumatoid arthritis

E – MEDICATION USE (HISTORY/DURATION)

If the patient has been on any of the medications listed below at the time of fracture or in the past, please indicate that by checking the box beside the appropriate medication. of the medications checked, please indicate how many years the patient has been on each:

Nutritional Supplements:
☐ Calcium ☐ Vitamin D

Bisphosphonates:

☐ Alendronate (Fosamax®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

☐ Ibandronate intravenous injection (Boniva®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

☐ Ibandronate oral (Boniva®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

☐ Pamidronate (Aredia®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

☐ Risedronate (Actone®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

© Updated June 2022 The American Orthopaedic Association. OTB Case Report Form is for use only by current subscribers of Own the Bone.

AMERICAN ORTHOPAEDIC ASSOCIATION
OWNTHEBONE

Case Report Form **Enrollment**

Updated: June 2022

Subject ID: ____________________

☐ Zoledronate (Actone®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown
☐ If other/unlisted bisphosphonate, please specify: ____________
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

Calcitonin:
☐ Calcitonin (Fortical®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown
☐ Calcitonin injection or Nasal Spray (Miacalcin®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

Estrogen/Hormone Therapy (ET/HT) (commonly known as HRT):
☐ Estrogen/Hormone Therapy
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

Estrogen Agonist/Antagonist (formerly known as SERMs):
☐ Raloxifene (Evista®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown
☐ If other Estrogen Agonist/Antagonist Therapy, please specify: __________
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

Parathyroid Hormone:
☐ Teriparatide (Forteo®) ❍ < 1 yr ❍ 1-3 yrs ❍ Unknown
☐ Abaloparatide (Tymlos®) ❍ < 1 yr ❍ 1-3 yrs ❍ Unknown
☐ If other Parathyroid Hormone Therapy, please specify: ________
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

RANKL inhibitor/Denosumab:
☐ Denosumab (Prolia®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

Sclerostin inhibitor:
☐ Romosozumab-aqqg (Evenity®)
❍ < 1 yr ❍ 1-3 yrs ❍ 3-5 yrs ❍ > 5 yrs ❍ Unknown

F – TREATMENT/COUNSELING

Counseling:
Calcium 1200 mg/day (in divided doses)
☐ Yes ☐ No ☐ N/A
Vitamin D at least 800-1000 iu/day
☐ Yes ☐ No ☐ N/A
Regular weight bearing and muscle strengthening exercise
☐ Yes ☐ No ☐ N/A
Fall prevention
☐ Yes ☐ No ☐ N/A
Smoking Cessation
☐ Yes ☐ No ☐ N/A
Alcohol consumption (no more than an average of 2 drinks per day)
☐ Yes ☐ No ☐ N/A

G – PHARMACOLOGIC TREATMENT

Was pharmacologic treatment discussed with or recommended to patient? ☐ Yes ☐ No ☐ N/A

Was new and/or continuation of previous pharmacologic therapy initiated? ☐ Yes ☐ No
If no, please select one of the following:
☐ Referred to Primary Care Physician
☐ Bone health assessment ongoing
☐ Patient refused treatment
☐ Patient entering hospice care
☐ Cost of medicine
☐ Not indicated
☐ Other, please specify: __________________

If yes, please check all that apply:
☐ Alendronate (Fosamax®)
☐ Ibandronate intravenous injection (Boniva®)
☐ Ibandronate oral (Boniva®)
☐ Pamidronate (Aredia®)
☐ Risedronate (Actonel®)
☐ Zoledronate (Reclast®)
☐ Other/unlisted bisphosphonate, please specify: ____________

Estrogen/Hormone Therapy (ET/HT) (commonly known as HRT):
☐ Estrogen/Hormone Therapy

Estrogen Agonist/Antagonist (formerly known as SERMs):
☐ Raloxifene (Evista®)
☐ If other Estrogen Agonist/Antagonist Therapy, please specify: __________

Parathyroid Hormone:
☐ Teriparatide (Forteo®)
☐ Abaloparatide (Tymlos®)
☐ If other Parathyroid Hormone Therapy, please specify: ________

Denosumab: ☐ Denosumab (Prolia®)

Sclerostin inhibitor: ☐ Romosozumab-aqqg (Evenity®)

H – BONE MINERAL DENSITY TESTING

Was Bone mineral Density (BmD) testing recommended to patient? ☐ Yes ☐ No ☐ No-not indicated

Bone mineral Density (BmD) testing:
☐ Performed
☐ Planned/Scheduled
☐ Not performed or planned
☐ N/A (BMD has been tested within the past two years)

Date of BmD test: _____ / _____ / _____
Lumbar Spine T-Score: ______________
Lumbar Spine BmD g/cm2: ______________ **g/cm2**
Femoral Neck T-Score: ______________
Femoral Neck BmD g/cm2: ______________ **g/cm2**
Distal Forearm T Score (If spine and/or hip technically not available): __________________
Distal Forearm BmD g/cm2 (If spine and/or hip technically not available):______________ **g/cm2**
Type of Densitometer:
☐ Hologic ☐ Lunar (GE) ☐ Norland ☐ Other
If Other Densitometer, specify: _________________
☐ Type of Densitometer Unknown

I – WRITTEN COMMUNICATION & DISCHARGE

Was the patient provide with a letter recommendation specific steps to be taken in order to reduce the risk of a future fracture? ☐ Yes ☐ No

Was a letter generated for the primary care physician emphasizing the need to take specific steps with the patient in order to reduce the risk of a future fracture? ☐ Yes ☐ No

Discharge status:
☐ Routine discharge to home or self care (routine discharge)
☐ Discharged/transferred to home under health service organization
☐ Discharged/transferred to skilled nursing facility (SNF)/rehab facility
☐ Discharged/transferred to long term/extended care facility (nursing home)
☐ Discharged/transferred to hospice care
☐ Expired in a medical facility

© Updated June 2022 The American Orthopaedic Association. OTB Case Report Form is for use only by current subscribers of Own the Bone.