



Questions to Ask After a Fragility Fracture

A one-page prompt sheet for the visit after a low-energy fracture.

Educational only: This sheet is for visit preparation. It is not a diagnosis, treatment plan, or substitute for care from your own clinician.

Start with the fracture story

- Was this fracture from a low-energy fall or event?
- Does this fracture change how you think about my bone health?
- Do I need a DXA scan, vertebral imaging, or lab work?
- Should I be evaluated for secondary causes of bone loss?

Bone health follow-up

- Who is responsible for follow-up: primary care, endocrinology, rheumatology, a fracture liaison service, or another clinician?
- When should bone health be addressed after fracture care begins?
- What symptoms or medication issues should make me call sooner?

Prevention questions

- What can I do now for fall prevention, strength, nutrition, calcium, vitamin D, and protein?
- Should medication be discussed now or after more information?
- What would make my risk high enough to consider treatment?

My notes

Topic	Notes
DXA / imaging	
Labs	
Nutrition	
Medication discussion	
Follow-up date	

References

Miller AN, Lake AF, Emory CL. Establishing a fracture liaison service: an orthopaedic approach. J Bone Joint Surg Am. 2015;97(8):675-681. PMID: 25878314.

LeBoff MS, Greenspan SL, Insogna KL, et al. The clinician's guide to prevention and treatment of osteoporosis. Osteoporos Int. 2022;33(10):2049-2102. PMID: 35478046.

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How to Read Your DXA Report

A plain-language guide to the words and numbers on a bone density report.

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Key terms

Term	What it means
BMD	Bone mineral density, usually reported as g/cm ² .
T-score	Comparison with a young-adult reference population. Used for many adults age 50 and older.
Z-score	Comparison with an age-matched reference population. Often more useful in younger adults.
Site measured	Lumbar spine, femoral neck, total hip, or sometimes one-third radius.
Least significant change	The smallest change likely to be real rather than measurement noise.

Questions to ask

- Which site had the lowest valid score?
- Were any vertebrae excluded because of arthritis, fracture, or artifact?
- Should this result be interpreted with a T-score or Z-score?
- Does my fracture history change what this DXA means?
- If this is a repeat DXA, did the change exceed least significant change?

Remember

A DXA report is a map, not a verdict. It helps organize risk, but it does not replace the full clinical story.

References

Blake GM, Fogelman I. The role of DXA bone density scans in the diagnosis and treatment of osteoporosis. *Postgrad Med J*. 2007;83(982):509-517. PMID: 17675543.

Krueger D, Tanner SB, Szalat A, et al. DXA Reporting Updates: 2023 Official Positions of the International Society for Clinical Densitometry. *J Clin Densitom*. 2024;27(1):101437. PMID: 38011777.

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Bone Health Nutrition Snapshot

A simple way to collect calcium, vitamin D, protein, and food-pattern questions before a visit.

Educational only: This sheet is for visit preparation. It is not a diagnosis, treatment plan, supplement instruction, or substitute for care from your own clinician.

Bring a 2-3 day snapshot

- List usual breakfast, lunch, dinner, snacks, drinks, supplements, fortified foods, and serving sizes when you can.
- Circle foods that supply calcium or protein; note foods fortified with calcium or vitamin D.
- Bring supplement labels or photos if you use calcium, vitamin D, multivitamins, or protein products.

Common reference amounts

Nutrient	Common adult reference point	Primary source
Calcium	Adults commonly range from 1,000-1,200 mg/day depending on age and sex.	NIH ODS Calcium Fact Sheet; NASEM DRI.
Vitamin D	Adults 19-70: 600 IU/day (15 micrograms); over 70: 800 IU/day (20 micrograms).	NIH ODS Vitamin D Fact Sheet; NASEM DRI.
Protein	Adult baseline RDA is commonly summarized as 0.8 g/kg/day; individual goals vary.	NASEM/IOM DRI; USDA DRI Calculator.

Context: These are reference values for generally healthy populations, not a personalized target. Kidney disease, kidney stones, malabsorption, medications, labs, fracture recovery, low appetite, bariatric surgery, pregnancy/lactation, and athletic or resistance-training goals can change the conversation.

Ask your clinician

- How much calcium do I already get from food and fortified foods before considering supplements?
- Should vitamin D be guided by my blood level, diet, sun exposure, absorption, kidney/liver health, or medications?
- Does fracture recovery, muscle loss, weight loss, kidney disease, or appetite change my protein target?

Highly reputable sources used for the intake figures

1. NIH Office of Dietary Supplements. Calcium: Health Professional Fact Sheet. Accessed June 25, 2026. <https://ods.od.nih.gov/factsheets/Calcium-HealthProfessional/>
2. NIH Office of Dietary Supplements. Vitamin D: Health Professional Fact Sheet. Accessed June 25, 2026. <https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>
3. Institute of Medicine. Dietary Reference Intakes for Calcium and Vitamin D. Washington, DC: National Academies Press; 2011. doi:10.17226/13050.
4. Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington, DC: National Academies Press; 2005. doi:10.17226/10490.
5. USDA National Agricultural Library. DRI Calculator for Healthcare Professionals. Accessed June 25, 2026. <https://www.nal.usda.gov/human-nutrition-and-food-safety/dri-calculator>

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Osteoporosis Medication Discussion Checklist

A question sheet for a careful, individualized medication conversation.

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Before the visit

- Bring DXA results, fracture history, medication list, supplement list, dental history, kidney history, and recent labs if available.
- Write down what worries you most: side effects, duration, cost, injections, pills, or uncertainty.

Questions to ask

- Why would medication be recommended or not recommended in my situation?
- Is this about my T-score, fracture history, FRAX estimate, age, or several factors?
- What medication category are we discussing: antiresorptive or anabolic?
- How long would treatment last, and what happens after that?
- What side effects should I watch for, and what is rare but important?

Follow-up plan

Question	Answer
Medication name/category	
Why this option	
Monitoring plan	
When to reassess	

References

LeBoff MS, Greenspan SL, Insogna KL, et al. The clinician's guide to prevention and treatment of osteoporosis. *Osteoporos Int.* 2022;33(10):2049-2102. PMID: 35478046.

Kanis JA, Johnell O, Oden A, Johansson H, McCloskey E. FRAX and the assessment of fracture probability in men and women from the UK. *Osteoporos Int.* 2008;19(4):385-397. PMID: 18292978.

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