

1. Prevention of fragility fracture in residents of LTC homes is an important aspect of my clinical practice.
 - a. [Strongly Agree]
 - b. [Agree]
 - c. [Neutral]
 - d. [Disagree]
 - e. [Strongly Disagree]

2. My confidence in my ability to assess fracture risk of residents in LTC homes is:
 - a. [Very Low]
 - b. [Low]
 - c. [Moderate]
 - d. [High]
 - e. [Very High]

3. Below is a summary of the clinical risk factors and assessment tools that the *2010 OC Guidelines* recommend using when assessing fracture risk. Please select whether you find each recommendation listed useful or applicable (Yes), or not useful or applicable (No), when assessing fracture risk of residents in LTC homes. If you have no opinion at this time please select “I don’t know”:

	Yes	No	I don’t know
a. Clinical history (<i>risk factors</i>):			
1) Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Body mass index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Parental hip fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fragility fracture after age 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Falls in the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Prolonged glucocorticoid use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Current smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) High alcohol intake (≥ 3 drinks per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical exam:			
1) Weight measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Height measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Rib-to-pelvis distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 4) Occiput-to-wall distance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Get-Up-and-Go Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Biochemical evaluation: | | | |
| 1) Calcium | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Complete blood count | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Creatinine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Alkaline phosphatase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Thyroid stimulating hormone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Serum protein electrophoresis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) 25-hydroxy-vitamin D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bone Mineral Density testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Radiograph of the thoracic and lumbar spine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Fracture assessment tools: | | | |
| 1) CAROC | | | |
| a) Paper version | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) App (smartphone) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Computer or web-based | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) FRAX | | | |
| a) Paper version | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) App (smartphone) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Computer or web-based | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Please indicate the frequency that you utilize each therapeutic option in your practice to reduce fracture risk of residents in your LTC home(s):

- | | Always | Occasionally | Never |
|---|--------------------------|--------------------------|--------------------------|
| | Usually | Seldom | |
| 1) Calcium (through diet and supplements) | | | |
| a) < 1200mg daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 1200mg daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) > 1200mg daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 2) Vitamin D supplements
- | | | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) < 800 IU daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 800-2000 IU daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) > 2000 IU daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 3) Exercises (or referral to exercise)
- | | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Resistance training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Core stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4) Hip protectors
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- 5) Pharmacotherapy
- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Bisphosphonates
(ex. Didrocal, Fosomax, Fosavance, Actonel, Aclasta) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) RANK ligand inhibitor (ex. Prolia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Selective estrogen receptor modulators
(ex. Evista) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Hormone therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Calcitonin (ex. Miacalcin) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Bone-forming agents (ex. Forteo) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Who currently assesses fracture risk of residents in your LTC home(s)? (*Please select all that apply*)
- | | |
|--|--------------------------|
| a. Physician | <input type="checkbox"/> |
| b. Physician Assistant | <input type="checkbox"/> |
| c. Nurse | <input type="checkbox"/> |
| d. Nurse Practitioner | <input type="checkbox"/> |
| e. Physiotherapist | <input type="checkbox"/> |
| f. Pharmacist | <input type="checkbox"/> |
| g. No one | <input type="checkbox"/> |
| h. I don't know | <input type="checkbox"/> |
| i. Other (<i>please specify</i>) _____ | |

6. What tool(s), if any, do you use to evaluate fracture risk of residents in your LTC home(s)?
(Please select all that apply)

- a. FRAX
- b. CAROC
- c. None
- d. I don't know
- e. Other (please specify) _____

7. What are the barriers to assessing fracture risk of residents in LTC homes or in the application of the 2010 OC Guidelines? (If you have no opinions please state, "No opinion at this time".)

8. We would like to assess your familiarity with fracture risk assessment in a clinical setting. For each scenario below, please determine the absolute 10-year risk of fracture:

a. Scenario #1: An 85 year-old man has just been transferred from acute care for a hip fracture to your LTC home. He has never received treatment for osteoporosis prior to admission. What is his absolute risk of fracture over the next 10 years?

- 1) [Low]
- 2) [Moderate]
- 3) [High]
- 4) [Not sure]

b. Scenario #2: A 75 year-old woman is admitted to your LTC home. She has moderate dementia and hypertension, walks with a walker and has not sustained any falls in the last year. You learn that she broke her left wrist at age 65 and her left proximal humerus 2 years ago. Since then she has been using a walker. What is her absolute risk of fracture over the next 10 years?

- 1) [Low]
- 2) [Moderate]
- 3) [High]
- 4) [Not sure]

- c. Scenario #3: An 80 year-old woman's BMD T scores are -2.6 at the lumbar spine and -2.0 at the femoral neck. She denies previous fractures or glucocorticoid use in the past. What is her absolute risk of fracture over the next 10 years?
- 1) [Low]
 - 2) [Moderate]
 - 3) [High]
 - 4) [Not sure]

9. What do you think can be done to improve LTC physicians' knowledge of the *2010 OC Guidelines' recommendations*? (If you have no opinions please state, "No opinion at this time".)

10. What adaptations would you like to see made to the *2010 OC Guidelines* for the recommendations to be more relevant and useful for the practicing LTC physicians? (If you have no opinions please state, "No opinion at this time".)

11. The final set of questions is for demographic purposes only. Remember responses are anonymous and cannot be tracked. Please indicate:

- a. Your age:
- 1) [30-35]
 - 2) [...]
 - 3) [80-85]
 - 4) Prefer not to say
- b. Your gender:
- 1) [Male]
 - 2) [Female]
 - 3) Prefer not to say
- c. The number of years you have been in practice:
- 1) [1-5]
 - 2) [.....]
 - 3) [51-55]

- 4) Prefer not to say
- d. The number of years you have been working in the LTC environment:
 - 1) [1-5]
 - 2) [.....]
 - 3) [51-55]
 - 4) Prefer not to say
- e. The number of residents in LTC homes currently under your care:
 - 1) [1-50]
 - 2) [.....]
 - 3) [250-300]
 - 4) [>300]
 - 5) Prefer not to say