After a fragility fracture prevent the next injury

Connect fracture treatment with bone health and falls prevention.

RECOVERY & COMPLICATIONS / ADULT TRAUMA

A low-energy fracture should trigger a coordinated plan for fracture risk, bone health and falls, with a named follow-up owner.

01 Recognise the signal

Record the mechanism, previous fractures, falls, glucocorticoid exposure and relevant medical history. Consider secondary causes of skeletal fragility. Assess the person's mobility and circumstances rather than treating the fracture as an isolated event.

02 Assess future risk

Use a validated risk tool within its intended age range, with a locally appropriate model. Add DXA when it will refine risk or guide treatment. Interpret the result alongside recent fractures, clinical risk and limitations of the tool.

03 Act on modifiable risk

Arrange fracture liaison or osteoporosis review. Discuss appropriate medication, calcium and vitamin D adequacy, strength and balance work, and falls assessment. High or very high risk may need prompt treatment or specialist input.

04 Close the care loop

Name the service responsible for investigation, treatment and monitoring. Explain the plan to the patient and primary-care team. Review adherence, adverse effects and new fractures; a referral alone does not demonstrate that prevention has happened.

WATCH POINT

NOGG's main treatment recommendations cover postmenopausal women and men aged 50 or older. Younger adults with fragility fractures need individual assessment.

DISCUSS WITH THE TEAM

Who will confirm that fracture prevention was started and is being continued after discharge?

READ THE SOURCES

[1] NOGG 2024: osteoporosis guideline, risk-based treatment and fracture liaison care.
[2] NICE CG146 (updated 2017), fragility-fracture risk assessment.