FRAX reported clinical risk factors: Fragility fracture(s).

The WHO Fracture Risk Assessment (FRAX) algorithm is based on self-reported clinical risk factors and
neck BMD, and is not validated for patients who have been medically treated for osteoporosis. Some r
recent decline in bone density, number and type of prior fractures) are not captured in the FRAX mode
under- or over-estimation of fracture risk.

Narrative
BONE DENSITOMETRY (DXA)

** HISTORY **:
72 year-old white woman referred for bone mineral density evaluation. The patient reports that she is

TECHNIQUE: Bone mineral density (BMD) measurements at Kaiser South San Francisco on Hologic d
absorptiometry (DXA) scanner. The lumbar spine (L1-L4) and left hip (total hip and femoral neck) we

COMPARISON: Report and images of bone mineral density study from Kaiser South San Francisco o
precision of this technique, small changes from prior are not significant (i.e., less than 0.022 g/cm2 i
in total hip, 0.027 g/cm2 in femoral neck, and 0.020 g/cm2 in forearm). A decline of 1-2% per year n
menopausal women.

** FINDINGS **:
Lumbar Spine:
=====================
BMD   = 1.024 g/cm2 (prior = 0.760 g/cm2 on 02/13/2018)
T-score = +0.1   (normal)
Z-score = +2.3
Change = +34.8%   (+8.5%/yr over 4.1 years)

NOTE: L4 was excluded from the lumbar spine measurement.

Left Total Hip:
=====================
BMD   = 0.846 g/cm2 (prior = 0.757 g/cm2 on 02/13/2018)
T-score = -0.8   (normal)
Z-score = +0.9
Change = +11.8%   (+2.9%/yr over 4.1 years)

Left Femoral Neck:
=====================
BMD   = 0.703 g/cm2
T-score = -1.3   (osteopenia)
Z-score = +0.6

ome test results or notes may be difficult to interpret. We re
our care team time to contact you regarding follow-up.