

Chiropractic Quality Standard

Osteoporosis

1. **Consideration:** On initial presentation, all patients over the age of 40 should be assessed for major risk factors of osteoporosis, and considered for the possibility of being at risk of low bone density or osteoporotic fracture, despite these being more commonly seen in postmenopausal women and those over the age of 50.
2. **Assessment:** Patients should be assessed for osteoporosis and the risk of osteoporotic fracture by means of a full clinical history, including consideration of the numerous risk factors of osteoporosis, and appropriate use of validated risk assessment tools (*see Assessment and Management Flowchart*).
3. **Identification:** Patients are considered as being at risk of having osteoporosis or an osteoporotic fracture depending on their individual circumstances but informed by the number and weight of positive risk factors, as well as the results of a risk assessment tool predicting 10-year fracture probability (*see Assessment and Management Flowchart*).
4. **Patient-Centred Care:** Patients identified as being at risk of having osteoporosis or an osteoporotic fracture are given an explanation of the findings and the opportunity to discuss their health beliefs, concerns and preferences; patients are actively involved in shared decision-making and are supported to make fully informed choices about investigations, treatment and care.
5. **Referral:** Patients identified as being at significant risk of osteoporotic fracture are referred to their GP for further investigations (for example DXA scanning) and the consideration of prescribed medications (*see Assessment and Management Flowchart*).
6. **Plan of Care:** Patients identified as having low bone density, or as being at risk of osteoporotic fracture, are active participants in the development of individualised care plans that not only relate to their presenting complaint, but also address bone health and aim to reduce the risk of fracture.
7. **Supportive Self-Management:** Patients with low bone density, or identified as being at risk of osteoporotic fracture, are provided with education and advice relating to bone health (in addition to any management of their presenting complaint) to support them to engage in self-management strategies relating to lifestyle, including smoking and alcohol consumption, diet and specific exercises. (*see Conservative Management Guide*).
8. **Falls Prevention:** Patients with low bone density, or identified as being at risk of osteoporotic fracture, are assessed for the risk of falling and given support and advice to manage and reduce this risk, including being directed to falls management services or occupational therapy, where appropriate (*see Conservative Management Guide*).
9. **Management of Fractures:** Patients with new vertebral osteoporotic fractures are referred to their GP, or local fracture liaison service, as well as offered advice, pain co-management strategies and other forms of conservative symptomatic relief.
10. **Multidisciplinary Care:** When managing patients with low bone density, or those identified as being at risk of osteoporotic fracture, chiropractors are mindful of the role of other healthcare professionals (and the management options available to them), write detailed reports to patients' GPs, and make referrals for appropriate assessment and management.
11. **Monitoring and Reassessment:** The needs of patients with osteoporosis and those identified as being at risk of osteoporotic fracture are continually kept under review by regular formal reassessments and their care plans amended as necessary.

Scope and Context of this Quality Standard

This quality standard covers the chiropractic assessment and management of patients with osteoporosis and those at risk of osteoporotic fracture.

Osteoporosis is described by the World Health Organisation (WHO) as a progressive systemic skeletal disease characterised by low bone mass and microarchitectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture¹.

It is estimated that every year in the UK more than 500,000 broken bones are caused by osteoporosis². The most common locations for osteoporotic fragility fracture are the spine, hip and wrist. Fractures can cause substantial pain and severe disability, often leading to a reduced quality of life, and hip and vertebral fractures are associated with decreased life expectancy³. More than 1 in 3 women, and 1 in 5 men, will sustain one or more osteoporotic-related fractures in their lifetime². Early detection and management to preserve bone quality is, therefore, an important clinical strategy for patients of all ages.

Patients present to chiropractors with a wide range of different complaints and (whether or not related to their presenting condition) the presence of osteoporosis, an osteoporotic fracture or major risk factors of osteoporosis should be a consideration. Chiropractors have the skills and competencies to identify those patients with significant risk factors prior to the potential deterioration in bone density and to provide early preventative support and advice. Fractures due to osteoporosis are a significant and growing public health concern and chiropractors are also well-placed to identify those at risk and support them to make the necessary lifestyle and practical changes to help limit that risk, as well as making appropriate referrals for further investigations and management. This embraces best practice in relation to the public health responsibilities of primary healthcare practitioners.

This quality standard is specific to the environment in which chiropractic care is provided, a setting that is less constrained by time and resource limitations than many other healthcare professionals, and where the physical nature of some therapeutic interventions means that understanding a patient's bone health is of particular importance. It may therefore differ in emphasis and presentation from guidelines produced for other healthcare settings.

Vertebral fractures are the most common osteoporotic fracture, although up to 70% do not come to medical attention and thus remain undiagnosed⁴. Patients with these fractures often present to chiropractors with an increased kyphosis, loss of height and back pain. Given that vertebral fractures are a powerful predictor of further fracture⁵, chiropractors have an important role to play in identifying and managing these patients, including making appropriate referrals, in an attempt to reduce the risk of further fractures.

Due to the prevalence of osteoporosis, increasing numbers of patients that present to chiropractors have already been diagnosed and are taking medications for the condition. Depending on the circumstances, chiropractors may have a multi-disciplinary role to play in co-managing these patients by providing conservative, non-pharmacological care, as well as communicating with the patient's GP or other healthcare professionals.

Many different patient presentations are associated with osteoporosis, ranging from those who simply have a number of positive risk factors to the patient in severe pain having suffered a recent fracture, and the exact management will be different in each case. Therefore, the quality statements that make up this quality standard are general but, nevertheless, provide aspirational but achievable markers of high-quality, cost-effective patient care.

About the Royal College of Chiropractors' Quality Standards

This quality standard covers the chiropractic assessment and management of patients with osteoporosis and those at risk of osteoporotic fracture. Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards should encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors' quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, or clinic promotion, perhaps when tendering for NHS contracts, or even at a national level. They enable healthcare professionals to understand the standard of service chiropractors provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

For the fully detailed version of this Quality Standard, please visit www.rcc-uk.org/quality-standards.



The Royal College of
Chiropractors

The Royal College of Chiropractors' Quality Standard on Chronic Pain
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