

Osteoporosis Screening

Quick Reference Guide

Purpose: This resource provides health care professionals with essential guidelines for making osteoporosis screenings accessible for people with disabilities.

Key Clinical Decisions

DO:



- **Consider early and individualized screening** for adults whose disability-related factors may increase their risk
- **Ask about disability-specific risk factors** (mobility limitations, medications, fall history)
- **Assess accommodation needs before scheduling** and coordinate with imaging department
- **Offer alternative scanning sites** (lateral distal femur dual-energy X-ray absorptiometry (DXA), peripheral DXA, or quantitative ultrasound (QUS)) when standard positioning is not possible

DO NOT:



- **Do not assume** patients cannot undergo screening based on disability type
- **Do not rely only on standard fracture risk assessment tools** that miss disability-specific factors
- **Do not wait until traditional screening ages** for patients whose disability-related factors increase their risk
- **Do not proceed without accommodations** when standard positioning fails

Disability- and Medication-related Risk Factors to Consider

- Non-ambulatory individuals (cerebral palsy, spina bifida, spinal cord injuries, etc.).
- Intellectual/developmental disabilities, including ambulatory individuals.
- Medication-related risks: Depo-Provera, antiepileptic drugs, antipsychotics, long-term corticosteroids.
- Multiple risk factors: Poor nutrition, vitamin D deficiency, limited sun exposure.



Alternative Screening Options

- **Lateral distal femur DXA:** For patients with positioning challenges, well-tolerated in cerebral palsy.
- **Peripheral DXA:** Wrist, heel, or forearm when central scanning not feasible.
- **QUS:** Portable, no radiation, minimal positioning requirements.

Clinical Decision Point	Key Accommodations
Mobility Disabilities	
When patient uses wheelchair, has contractures/spasticity, cannot maintain standard hip/spine positioning, or needs transfer assistance	<ul style="list-style-type: none"> • Transfer aids (slide boards, lifts, trained staff) • Lateral distal femur or peripheral DXA • QUS • Positioning supports (pillows, wedges) • Extended appointment time
Vision Disabilities	
When patient cannot see written materials or standard visual cues, needs spatial orientation support, requires tactile communication, or requests accessible formats	<ul style="list-style-type: none"> • Comprehensive verbal descriptions of procedure and equipment • Tactile guidance and orientation with permission • Braille/large-print materials • Audio materials • Describe sensations before touching or repositioning
Hearing Disabilities	
When patient cannot hear verbal instructions, uses American Sign Language (ASL), needs communication support, or requests auxiliary aids	<ul style="list-style-type: none"> • Qualified sign language interpreters in person or Video Remote Interpreting (VRI) • Clear visual communication and eye contact with patient • Written materials and Communication Access Realtime Translation (CART) service • Ensure interpreter has clear line of sight • Alternative breathing cue systems
Intellectual and Developmental Disabilities	
When patient needs environmental modifications, uses assistive technology for communication, has difficulty understanding, or requires caregiver support	<ul style="list-style-type: none"> • Plain language explanations (sentences under 10 words) • Step-by-step narration of each action • Visual supports and social stories • Sensory accommodations (dimmed lights, soft music) • Extended time and preparatory visits • Support person present, if requested