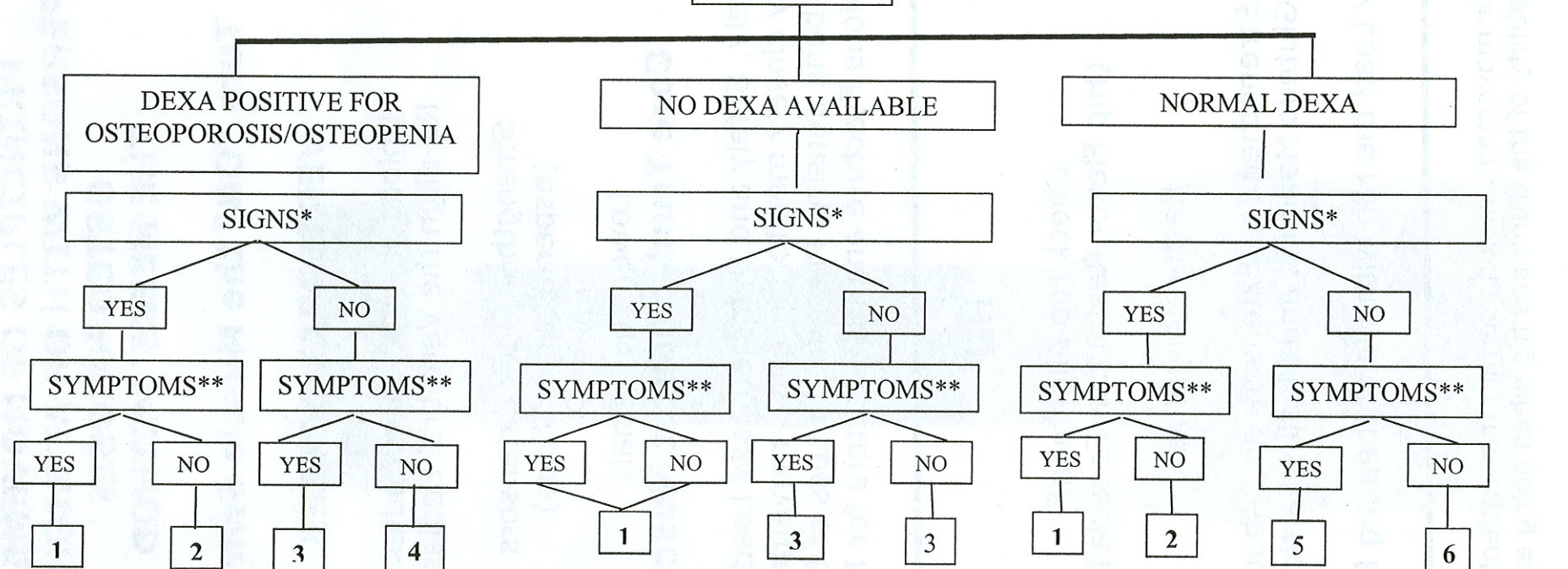
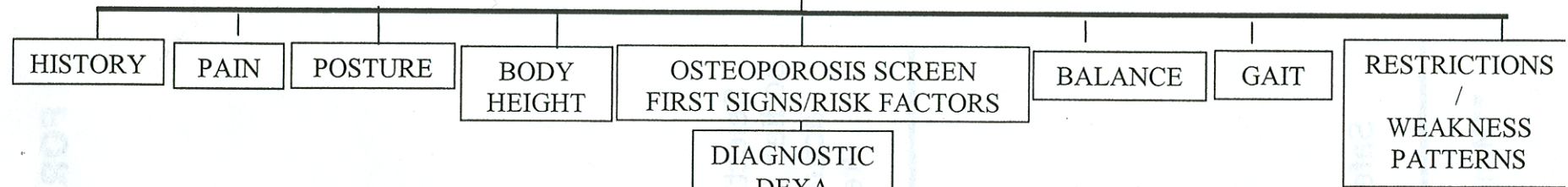


# NEW PATIENT ASSESSMENT



\*Height Loss  
Postural Change  
Fracture

\*\*Pain  
Numbness  
Weakness

When in doubt,  
err on the side of caution

## INTERVENTIONS

- 1: No spinal flexion, side bending, rotation. Monitor exercise program closely for safety, therapeutic intent, and effectiveness. Refer for further testing (e.g., X-ray, CT scan, MRI, DEXA.)
- 2: No spinal flexion, side bending, rotation. Monitor exercise program closely for safety, therapeutic intent, and effectiveness.
- 3: Extra caution with flexion, sidebending, rotation. Monitor exercise program closely for safety, therapeutic intent and effectiveness. Refer for further testing (e.g., X-ray, CT scan, MRI, etc.)
- 4: Extra caution with flexion, side bending, rotation. Monitor exercise program closely for safety, therapeutic intent and effectiveness.
- 5: Exercise specific for condition. Monitor exercise program closely for safety, therapeutic intent and effectiveness. Assess effectiveness and refer to physician if exercise worsens condition and/or no improvement seen.
- 6: Full flexibility exercises. Monitor exercise program for safety, therapeutic intent and effectiveness.

# OSTEOPOROSIS DECISION TREE - explained

## NEW PATIENT ASSESSMENT

Suggestions for 1<sup>st</sup> Visit:

1. History—include history of falls, dizziness, medications, pertinent past surgeries, injuries, etc.  
Other medical conditions.
2. Pain—Pain Analog Scales are easiest; however, also consider Oswestry or others
3. Posture—REEDCO, photos
4. Balance—Single Leg Stance, Tinetti, Get Up and Go
5. Gait—Tinetti, GARS
6. Restriction/Weakness Patterns—Flexibility Testing (ROM), Grip Strength, Timed Loaded Stance

## OSTEOPOROSIS SCREEN

All new patients should be screened for this condition, regardless of age, ethnicity, lifestyle, etc. The simplest way is to include first signs and risk factors on intake forms. This will help begin to identify even younger patients at risk.

Based on **availability of DEXA testing**, divide patients into 3 groups:

- DEXA positive for osteoporosis or osteopenia
- DEXA not available
- DEXA normal

Under each of these 3 categories, check for:

### **Secondary signs**

- of fracture (of minimal trauma, slow healing, frequent etc.)
- postural change (increased thoracic kyphosis, protruding abdomen)
- body height loss.

Determine YES or NO.

Then look for:

### **Secondary symptoms**

- pain
- numbness, paresthesias
- weakness, etc.

Presence of **signs** and **symptoms** will determine next step for intervention.

Courtesy of: "Sara Meeks Physical Therapy"



# **PRINCIPLES OF MOVEMENT FOR PERSONS WITH OR AT HIGH RISK FOR OSTEOPOROSIS THE MEEKS' METHOD**

## **Turn "ON" the Muscle Switches**

### **VERTEBRAL BODIES**

Unload the Vertebral Bodies  
Re-align the Vertebral Bodies

Strengthen Back Extensors  
(especially multifidus)  
and  
Lower Abdominals

### **Core Trunk Support Muscles**

Selectively, Safely and Symmetrically Load the Vertebral Bodies (by closely monitoring spinal movement) considering actual bone density, Presence of Loss of Body Height, Previous Fracture and Risk Factors for Fracture\*\*

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### **HIP**

Check Hip Alignment  
(Hip Flexor Restriction Especially)

Restore Alignment

Strengthen Hip Extensors and Abductors  
(Gluteus Maximus and Medius Particularly)

Safely Load the Hip with Weightbearing Exercises\*\*

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\*\*Monitor movement, making certain that patients can maintain stability of the trunk and hip when doing exercises.