

Below are a number of topics that the DXA technician will ask you about before she performs the exam. Please review the topics in advance so that you are familiar with the material.

TOPICS TO BE CONSIDERED IN RISK EVALUATION

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|---|--------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Caucasian/Asian | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Low body weight | <input type="checkbox"/> Recurrent falls |
| <input type="checkbox"/> History of fracture as an adult | | | <input type="checkbox"/> Estrogen deficiency | <input type="checkbox"/> Advanced age |
| <input type="checkbox"/> History of fracture in a first degree relative | | | <input type="checkbox"/> Prolonged menopausal amenorrhea (> 1yr) | <input type="checkbox"/> Impaired Vision despite correction |
| <input type="checkbox"/> Family history of Osteoporosis | | | <input type="checkbox"/> Early Menopause (< age 45) | <input type="checkbox"/> Poor health/ frailty |
| <input type="checkbox"/> Inadequate physical activity | | | <input type="checkbox"/> Arthritis medication | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Low calcium intake (lifelong) | | | <input type="checkbox"/> Steroids | <input type="checkbox"/> Caffeine intake |
| <input type="checkbox"/> Current Cigarette Smoker | | | <input type="checkbox"/> Thyroid Medications | <input type="checkbox"/> Other factors: |
| <input type="checkbox"/> Alcohol consumption | | | <input type="checkbox"/> Other medications: | <input type="checkbox"/> Other factors: |

For the exam, please wear comfortable clothing.