

STUDY OF OSTEOPOROTIC FRACTURES (V4)

Densitometry: Side determination

1. Hip BMD - Hologic QDR 1000

Determining side to scan:

- In general, scan on the same side as 'baseline' (refer to lists sent by CC). For most participants, 'baseline' refers to visit 2. Some participants were not scanned at visit 2 and had their baseline hip scan at visit 3. In either case, baseline scan was usually on the right side.
- Reasons why visit 4 scan may need to be done on side opposite baseline scan:
 1. Hip replacement was done on baseline side since baseline scan. Verify hip replacements by attempting scan. If hip replacement in baseline side, scan other hip. If participant had hip replacements on both sides, do not scan either hip.
 2. Hip fracture on baseline side since baseline scan. Verify hip fracture from hardware visible on attempted scan. If hip fracture on baseline side, scan other hip.

If both sides fractured, scan the side on which the hardware interferes the least with femoral neck and Ward's triangle.

2. Calcaneus BMD - Osteon

Determining side to scan:

- In general, scan on the same side as baseline (refer to lists sent by CC). Baseline scan was usually on the right side.
- Reasons why visit 4 scan may need to be done on side opposite baseline scan:
 1. Heel (calcaneal) fracture on baseline side since baseline scan (refer to lists sent by CC). If baseline side fractured, then scan the other side. We are trying to identify women who've fractured their heel (calcaneus) since baseline and measure them on the other side. If the participant fractured her foot (not her toes) and it is unclear whether or not it was a calcaneal fracture, scan the other side.

If both sides fractured, scan the baseline side.
 2. Possible hardware on baseline side. If hardware present, scan on side opposite baseline scan.

- Perform the ultrasound measurements on the same side as V4 heel scan.

3. Radial BMD - Osteon (For bone loss cohort)

Determining side to scan:

- In general, scan on the same side as baseline (refer to lists sent by CC). Baseline scan was usually on the right side.
- Reasons why visit 4 scan may need to be done on side opposite baseline scan:
 1. Wrist or forearm fracture on baseline side since baseline scan (refer to lists from CC). If baseline side fractured, then scan the other side.

If both sides fractured, scan the baseline side.
 2. Possible hardware on baseline side. If hardware present, scan on side opposite baseline scan.

Hardware may be rare in wrist and calcaneus.