The ultimate problem to prevent in osteoporosis management is to prevent fragility fractures which is defined as fractures sustained on fall from standing height. Emphasis has been on identifying patients with risk factors to prevent the first fracture. However, fractures begets fractures. Individual with fragility fractures are at higher risk of subsequent fractures. Subsequent fractures especially of hip fractures carry a much higher morbidity and mortality. Therefore, prevention of secondary or subsequent fractures has been recognized as a much more important strategy. Presence of a fragility fracture is considered as the most important risk factor.

Patients above 50 years of age, presenting with fragility fractures will be managed by their Orthopaedic surgeons accordingly. Patients will be referred to Fracture Liaison Service Team consist of Physicians/Geriatrician, Physiotherapist/Occupational Therapist and Dietician for a complete care to ensure that they receive appropriate treatments which include adequate dietary advice, rehabilitation care and treatment of associated medical problems. Diagnosis of osteoporosis with DXA scan if necessary and appropriate anti-osteoporosis treatment will be instituted accordingly. Upon discharged, patients will be referred to their family doctors (general practitioners) to continue their anti-osteoporosis treatments. Patients will be followed up with telephone call periodically to assess presence of new fragility fractures and whether they are compliant with the anti-osteoporosis medications. The Fracture Liaison Service (FLS) will be coordinated by FLS Nurse or Coordinator who is the key person to link up all the different parties involved.

Fracture Liaison Service has been recognized as the most important program worldwide to prevent subsequent fractures.