$\bigcirc$	
Wake Forest University Baptist	
MEDICAL CENTER	

**DXA Findings and Recommendations** 

Clinical History: Age:	Risk Factors:	
Race:	Osteoporosis Therapy:	
Gender:	Comparison Study:	
Menopausal Status:		
Technique: (equipment type) _		
RESULTS		
PA Lumbar Spine:		
BMD measured inregio	on of interest is g/cm2.	
T-score: Z score:		
Proximal Femur:		
BMD measured inregio	n of interest is a/cm2	
T-score: Z score:		
	·	
Forearm:		
BMD measured inregio		
T-score: Z score:		
Comments: [None]		
CONCLUSIONS:		
Diagnosis:		
Fracture Risk:		
Manitaring		
Treatment Recommend	lations:	
<b></b>		
PLEASE NOTE:		
	ent BMD to a reference of young normal controls.	
Z-score compares patient	ent BMD to age, gender, and race matched controls.	
World Health Organization C	lassification:	
Osteoporosis:	T-score = $-2.5$ or below.	
Osteopenia (low bone mass):		
Normal:	T-score –1.0 or above.	
National Osteoporosis Found women and men > 50 y/o with:	dation recommends pharmacologic therapy in postmenopausal	
	al or morphometric) fractures	
• T-score $\leq$ -2.5 at the femoral neck, total hip, or spine		
• T-score between -1 and -2.5 with prior fractures or secondary causes of osteoporosis.		
T-score between -1 an	d -2.5 with 10 year probability of hip fracture ≥ 3% -or-	
10 year probability of a	any major osteoporosis-related fracture ≥ 20%	