

STOPPING FRACTURES. SAVING LIVES.

2013-2014 ANNUAL REPORT



Osteoporosis Canada

Ostéoporose Canada

Fractures from osteoporosis are

more common than
HEART ATTACK : STROKE : BREAST CANCER
combined.

Each year in Canada there are about

30,000 HIP FRACTURES

and many more Canadians suffer osteoporotic fractures affecting the spine, wrist, shoulder and pelvis.

ABOUT OSTEOPOROSIS CANADA

Established in 1982, Osteoporosis Canada was the first national organization for osteoporosis in the world and is the only national charitable organization dedicated to serving Canadians who have, or are at risk of, osteoporosis and osteoporosis-related fractures.

We work to educate, empower and support individuals and communities in the risk reduction and treatment of osteoporosis.

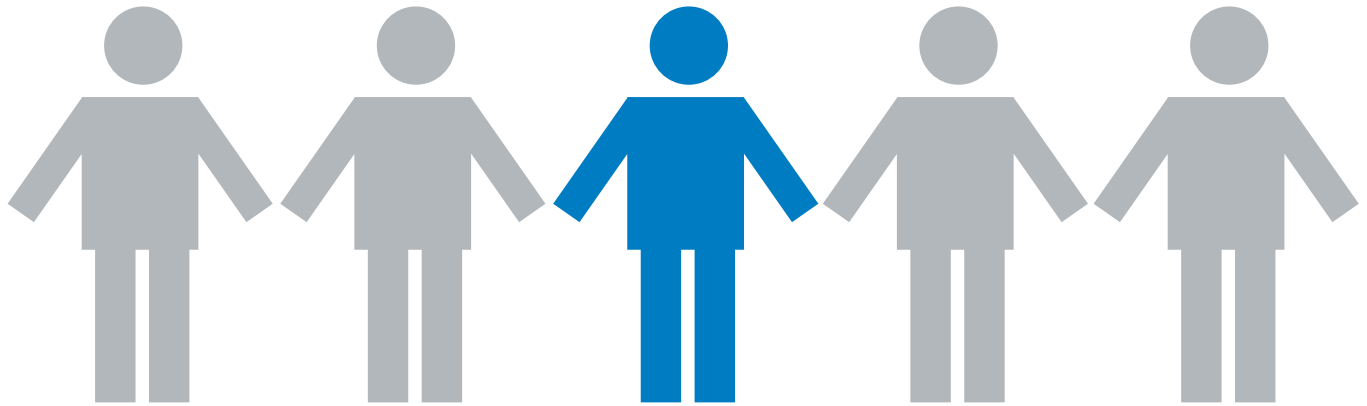
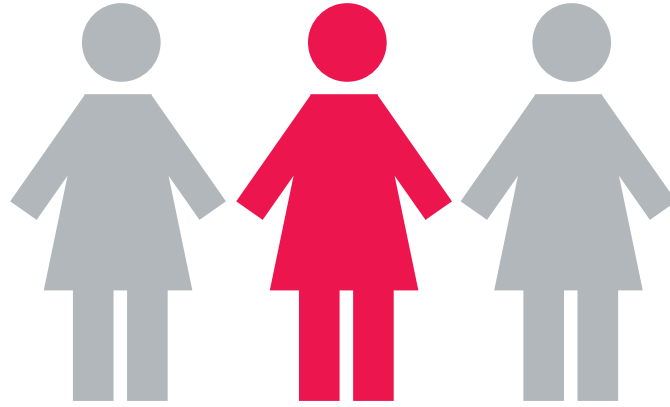
Our Vision

A Canada without osteoporotic fractures.

Our Mission

To improve the quality of life of Canadians by preventing osteoporotic fractures, Osteoporosis Canada:

- Educates Canadians about osteoporosis
- Advocates for optimal osteoporosis care
- Invests strategically in osteoporosis research



At least **1 in 3** women and **1 in 5** men
will suffer from an osteoporotic
fracture during their lifetime.

A MESSAGE FROM THE PRESIDENT & CEO AND BOARD CHAIR

Dear Friends and Supporters

In Canada today, 80% of fracture patients do not receive treatment for their underlying osteoporosis. 1 in 3 women and 1 in 5 men will break a bone during their lifetime.

Without intervention, these patients remain at risk for repeat, debilitating and life threatening osteoporotic fractures. Hip fractures are the most devastating: 28% of women and 37% of men will die within the first year after a hip fracture. A solution exists. This cycle is preventable.

In 2013-2014, our efforts have been focused on **stopping fractures and saving lives**. This past year saw the release of our new position paper, advocating for the establishment of Fracture Liaison Services (FLS) to identify, investigate and initiate appropriate osteoporosis treatment, which must be the standard of care across Canada. Osteoporosis Canada urges all jurisdictions to implement FLS by 2015 so Canadians can avoid the unnecessary disability and mortality of fractures.

Our new educational material and programs, for use by both healthcare professionals and those living with osteoporosis, are all designed specifically for individuals

who have broken a bone, and to prevent the next fracture. All of our efforts are focused on ensuring that appropriate screening, diagnosis, and treatment are available to all Canadians who have fractured.

We would like to thank our thousands of passionate volunteers, educators, healthcare professionals, researchers and partners. Their phenomenal and unwavering dedication and commitment ensure that osteoporosis education, patient support and fundraising activities are implemented in communities across Canada.

Special recognition and thank you also go out to all of our sponsors and donors, whose confidence and generosity provide much needed support to the organization, allowing us to work towards realizing our vision of a Canada without osteoporotic fractures.



Dr. Famida Jiwa
President & CEO



Emily Bartens
Chair, Board of Directors

{50%}

The reduction in future fracture risk by effective drug treatments for patients presenting with fragility fractures.

{80%}

The percentage of Canadians who suffer a fragility fracture and do not receive treatment for their underlying osteoporosis.

ADVOCATING FOR POST-FRACTURE CARE

Closing the Care Gap

Each year, hundreds of thousands of Canadians needlessly experience debilitating fractures because the underlying cause of their broken bones — osteoporosis — was undetected and untreated. Without appropriate diagnosis and treatment, fracture patients remain at substantial risk for recurrent, debilitating and life threatening osteoporotic fractures at great cost to our healthcare system.

Approximately half of all patients who suffer a hip fracture warned their healthcare providers they were coming; they had previously broken another bone — a ‘signal’ fracture — before breaking their hip. Effective drug treatments can reduce future fracture risk by 50% for patients with fragility fractures.

These treatments have been available for 20 years and yet, 80% of Canadians who suffer a fragility fracture still do not receive treatment for their underlying osteoporosis. This is the post-fracture osteoporosis care gap that is allowing the cycle of recurring fractures to continue at great expense to both patients’ quality of life and the healthcare system.

A proven solution exists.

Implement Fracture Liaison Service by 2015.

By 2023:

20,000

hip fractures
would be
averted

10,000

non-hip
fractures
would be
averted

Over
\$413
MILLION

would be
saved in
averted
hip fracture
costs alone

450,000

acute care
hospital
bed days
would be
freed up

PREVENTING THE CYCLE OF RECURRING FRACTURES

Clinically Effective and Cost Effective Systems of Post-Fracture Care

This past year saw the release of our new position paper, focusing on a proven model of care: *Fracture Liaison Services (FLS)*. FLS is a model of post-fracture care that ensures that all fracture patients are assessed and treated appropriately – to prevent their next fracture.

Osteoporosis Canada is advocating for the national establishment of FLS to identify, investigate and initiate appropriate osteoporosis treatment. FLS must be the standard of care across Canada.

If all Canadian fracture patients received FLS beginning in 2015, 20,000 hip fractures and 10,000 non-hip fractures would be averted by 2023. The Canadian healthcare system would save over \$413 million by 2023 in averted hip fracture costs alone. In addition, within that time frame, close to 450,000 acute care hospital bed days would be freed up.

Osteoporosis Canada urges all jurisdictions to implement FLS by 2015 so Canadians can avoid the unnecessary disability and mortality of fractures.

Breaking News on Broken Bones



OVER
500,000
Canadians reached

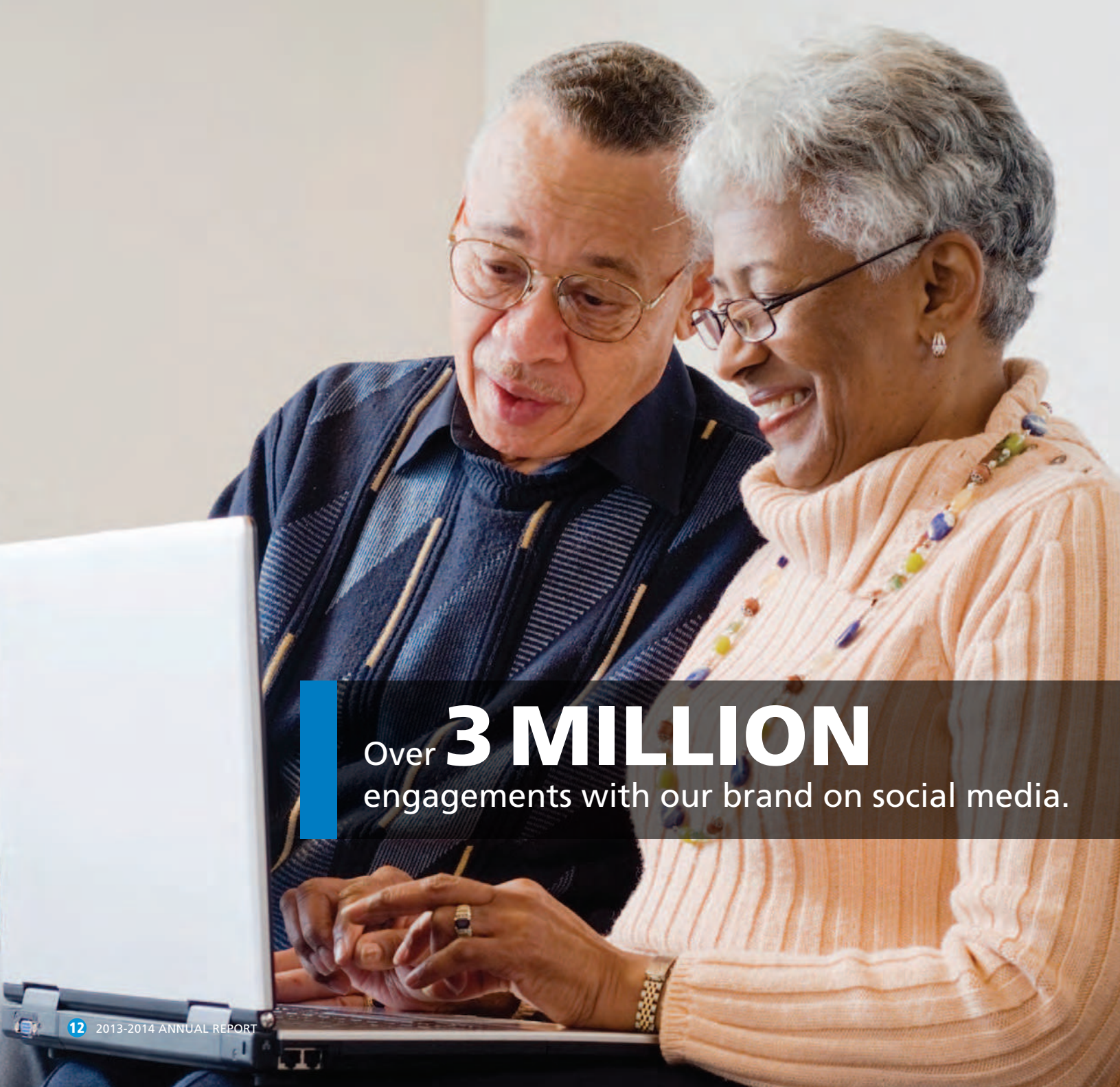
RAISING AWARENESS OF FRACTURE RISK

Breaking News on Broken Bones (BNBB) Blitz Week

September 2013 saw one of the most successful awareness campaigns ever launched by Osteoporosis Canada, the *Breaking News on Broken Bones* Blitz Week. The week was a flurry of activity right across the country, ranging from display booths to Stand Tall clinics, webinars, newspaper articles, radio and TV spots, public forums and even a provincial utility bill insert. Osteoporosis Canada Chapters, Branches, the national office and healthcare professionals delivered a consistent message to more than 500,000 Canadians.

The message:

1. It is not normal to break a bone from a minor fall.
2. If you do, you may be at high risk of breaking another bone.
3. A broken bone may be the first sign that you have osteoporosis.
4. There are effective treatments to reduce the risk of broken bones.

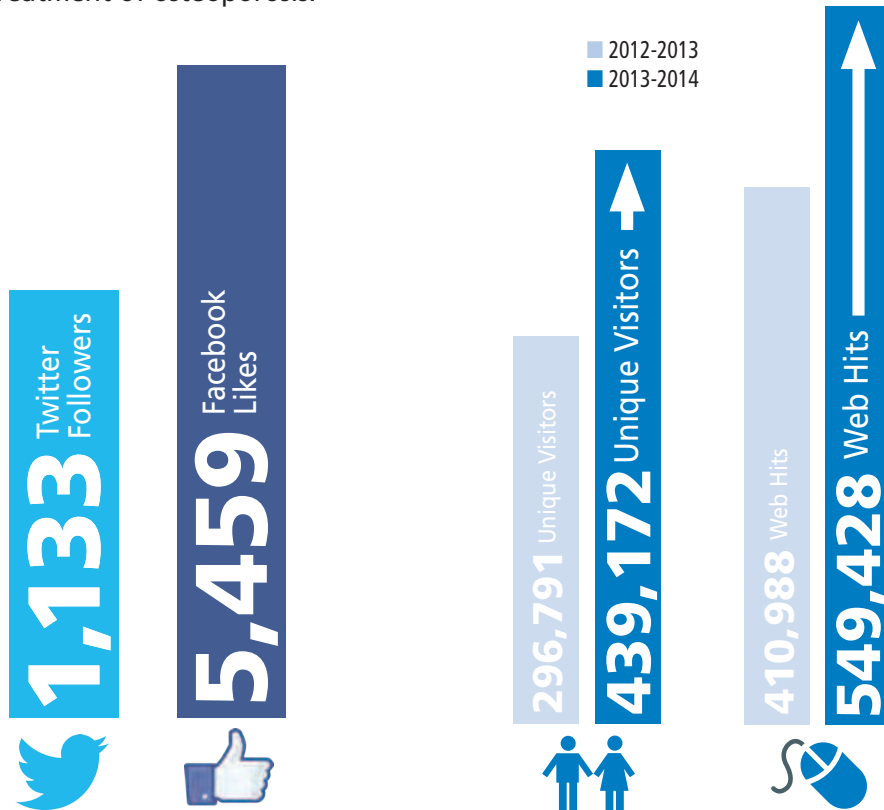


Over **3 MILLION**
engagements with our brand on social media.

GROWING AN ONLINE COMMUNITY

Connecting Canadians Across the Country

Our online presence through social media and our websites helps us create a more inclusive and engaged community focused on the importance of bone health and the treatment of osteoporosis.





7,500

MEMBERS STRONG
AND STILL GROWING

.....
181 Issues of the
COPING Newsletter

HELPING CANADIANS LIVE WELL WITH OSTEOPOROSIS

Celebrating 10 Years of Sharing, Supporting and Inspiring

From its humble beginnings as a conversation between four friends in 2004, the *Canadian Osteoporosis Patient Network (COPN)* has now grown to 7,500 with members in every province and territory of Canada. Drawn together by a common interest in osteoporosis care in Canada, COPN members include women and men, patients, family, other caregivers and healthcare professionals.

At COPN's core is an executive committee comprised of dedicated volunteers from across the country. Many are patients who have collectively fractured dozens of times and experienced all the highs and lows of osteoporosis care in Canada. Others are caregivers and healthcare professionals who have witnessed first-hand the debilitating consequences of osteoporotic fractures.

All are motivated by the motto set out by the four visionary founders in 2004:

You can live well with osteoporosis.

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HUMAN COSTS

1 in 3

hip fracture patients re-fracture at 1 year.

1 in 2

hip fracture patients will suffer another fracture within 5 years.

20%

The risk of suffering a second spine fracture within the year following the first one.

23 DAYS

The number of days a hip fracture patient spends in hospital and rehabilitation centres.



54%

The percentage of people discharged from the hospital for a hip fracture that do not return home.

10% go to another hospital

27% go to rehabilitation care

17% go to long-term care facilities



37% of men
28% of women

who suffer a hip fracture will die within the following year.

FINANCIAL COSTS

\$2.3 BILLION

The overall yearly cost to the Canadian healthcare system of treating osteoporosis and the fractures it causes.

\$3.9 BILLION

The overall yearly cost to the Canadian healthcare system if a portion of Canadians were assumed to be living in long-term care facilities because of osteoporosis.

\$21,285

The cost of a hip fracture to the Canadian healthcare system in the 1st year after hospitalization.

\$44,156

The cost of a hip fracture to the Canadian healthcare system if the fracture patient is institutionalized.

The average acute care cost per hip fracture patient in hospital and rehabilitation centres.

\$20,000

After the Fracture

Information about
Pain and Practical
Tips for Movement



EDUCATING POST-FRACTURE PATIENTS

After the Fracture: Information about Pain and Practical Tips for Movement

At the Annual General Meeting in October, 2013, Osteoporosis Canada announced the introduction of a new resource, *After The Fracture*, dedicated to those who have fractured. The result of months of work by members of the Scientific Advisory Council, staff and volunteers, many of whom have experienced broken bones from osteoporosis, it is designed to provide practical information for fracture patients.

After the Fracture helps Canadians who have fractured understand the pain they are experiencing and the stages of healing. They learn what to expect from wrist, shoulder, hip and spine fractures. There are self-help guidelines for basic movements like standing, walking, sitting and bending, as well as helpful hints for how to perform common daily activities such as tying your shoes or getting up from a chair. A series of short videos provides live demonstrations of some of these activities. While this information may be helpful to anyone who has broken a bone, it is intended especially for those who have had a fragility fracture from osteoporosis.

Fewer than **20%** of fracture patients are offered screening and/or treatment post-fracture.



STRENGTH



POSTURE



BALANCE



AEROBIC

REDUCING THE RISK OF FRACTURE

Too Fit to Fracture: New Exercise Recommendations

Too Fit to Fracture: exercise recommendations for individuals with osteoporosis or osteoporotic vertebral fracture, first published in Osteoporosis International Fall 2013, was launched at this year's Canadian Physiotherapy Association's Annual General Meeting. These recommendations represent a shift away from aerobic-only exercise regimes to those that emphasize strength training and balance training in addition to aerobic training, to achieve the greatest health benefits. Professor Lora Giangregorio from the University of Waterloo developed the recommendations with an international group of experts from Canada, the USA, Australia and Finland.

The new recommendations include expert opinion on how to move safely during everyday activities to avoid the risk of falls or spine fractures. Osteoporosis Canada is developing tools related to the new guidelines, including a booklet titled *Too Fit to Fracture: Managing Osteoporosis through Exercise*, which covers the importance of exercise; the types of exercise; strength, balance, aerobic and posture training; barriers to exercise and much more.

People with osteoporosis, and those at risk of developing it, can prevent bone loss, fractures and falls by combining specific types of exercises.

TRAINING HEALTHCARE AND FITNESS PROFESSIONALS

Bone Fit™

Bone Fit™ is an evidence-informed exercise training workshop for health and fitness professionals. The workshop teaches safe and effective methods to prescribe and progress exercise for people with osteoporosis.

Bone Fit™ Basics is geared to community fitness professionals and Bone Fit™ Clinical is for clinical exercise professionals that prescribe exercise in their scope of practice. The workshops are designed with an e-learning module followed by an in-person workshop teaching simple transitional movements, activities of daily living and recreational pursuits for people with or at risk of osteoporosis.

This past year, Bone Fit™ continued collaborative workshops between community fitness professionals and clinical exercise professionals teaching overlapping content in a combined workshop.

Five combined workshops were held in Ontario, training 65 clinical health professionals and 64 community fitness professionals. Additionally, two Bone Fit™ Basics workshops held in Ontario trained 33 community fitness professionals.

The workshops continue to build a Bone Fit™ trained network and encourage safe exercise prescription and a continuum of care from clinic to community for people with or at risk of osteoporosis.



DEDICATED TO IMPROVING HEALTH CARE

Scientific Advisory Council

The Scientific Advisory Council (SAC) of Osteoporosis Canada is made up of over 70 dedicated researchers, clinicians and educators who provide a complete coverage of cross-disciplinary expertise in the field of bone metabolism and osteoporosis. The involvement of the SAC members reaches across the country through setting targeted initiatives, preparation of nutrition and exercise guidelines for bone health, and educational outreach for health professionals and the public.



“As a family physician, it is a privilege and a pleasure to work with the Osteoporosis Canada’s Scientific Advisory Council. Family physicians have an important role to play to stop fractures and save lives. We are most often the first line of treatment and we must take good care of our patients.” — *Marie-Claude Beaulieu, MD, CCFP*



“As an emergency physician for 25 years, I have treated many older adults with fractures that could have been prevented if appropriate osteoporosis treatments and fall prevention strategies had been in place. I am very excited to be part of the new Osteoporosis Canada initiative focussing on Fracture Liaison Services (FLS).” — *Sonia Singh, MD, MHSc*

STRIDES IN OSTEOPOROSIS RESEARCH

The Latest in Research: Drug Holiday Paper

Entitled *“Bisphosphonates for treatment of osteoporosis: Expected benefits, potential harms, and drug holidays. Clinical Review”*, this article was published by the *Canadian Family Physician*, a peer-reviewed medical journal with over 28,000 subscribers. The objective of this article was to outline the efficacy and risks of bisphosphonate therapy for the management of osteoporosis and describe which patients might be eligible for bisphosphonate “drug holiday”. The conclusion of this research was that when bisphosphonates are prescribed to patients at high risk of fracture, their antifracture benefits considerably outweigh their potential for harm. Drug holidays should only be considered in low-risk patients and in select patients at moderate risk of fracture after 3 to 5 years of therapy.



“We have come such a very long way in knowing how to prevent osteoporosis and to reduce the burden of fracture risk. We must re-engage the general medical community in the importance and urgency of treating patients at high risk for fracture and make our messages to our clinical colleagues and patients clearer, more consistent and less confusing. The risk-benefit ratio clearly favours treatment in patients at high risk of fracture.”

— Jacques Brown, MD, FRCPC



“The risk of developing osteoporosis is contributed to by multiple dimensions of a person’s lifestyle in addition to their genetic makeup. To establish guidelines to promote optimal bone health across the life span and to maximize treatment effects for those diagnosed with osteoporosis requires research that can inform evidence-based educational programs and clinical practice guidelines.”

— Stephanie Atkinson, PhD, RD

AWARDS IN OSTEOPOROSIS RESEARCH

Lindy Fraser Memorial Award



DR. EARL BOGOCH, *Professor, Department of Surgery, University of Toronto*

This prestigious award recognizes individuals who have done exemplary research and have helped to increase the knowledge about osteoporosis. Dr. Bogoch is an Orthopaedic Surgeon at St. Michael's Hospital, and a Professor of Surgery at the University of Toronto. His interest in bone remodelling and structure led him in the last 15 years to the common orthopaedic issue of the fragility fracture patient who presents in fracture clinics or on hospital wards with increased, but usually unrecognized, risk of future hip and vertebral fracture. He has collaborated with scientists and program designers both in Canada and internationally to build system wide networks to identify and treat the high risk fragility fracture patient.

Osteoporosis Canada-Canadian Multicentre Osteoporosis Study Fellowship Award



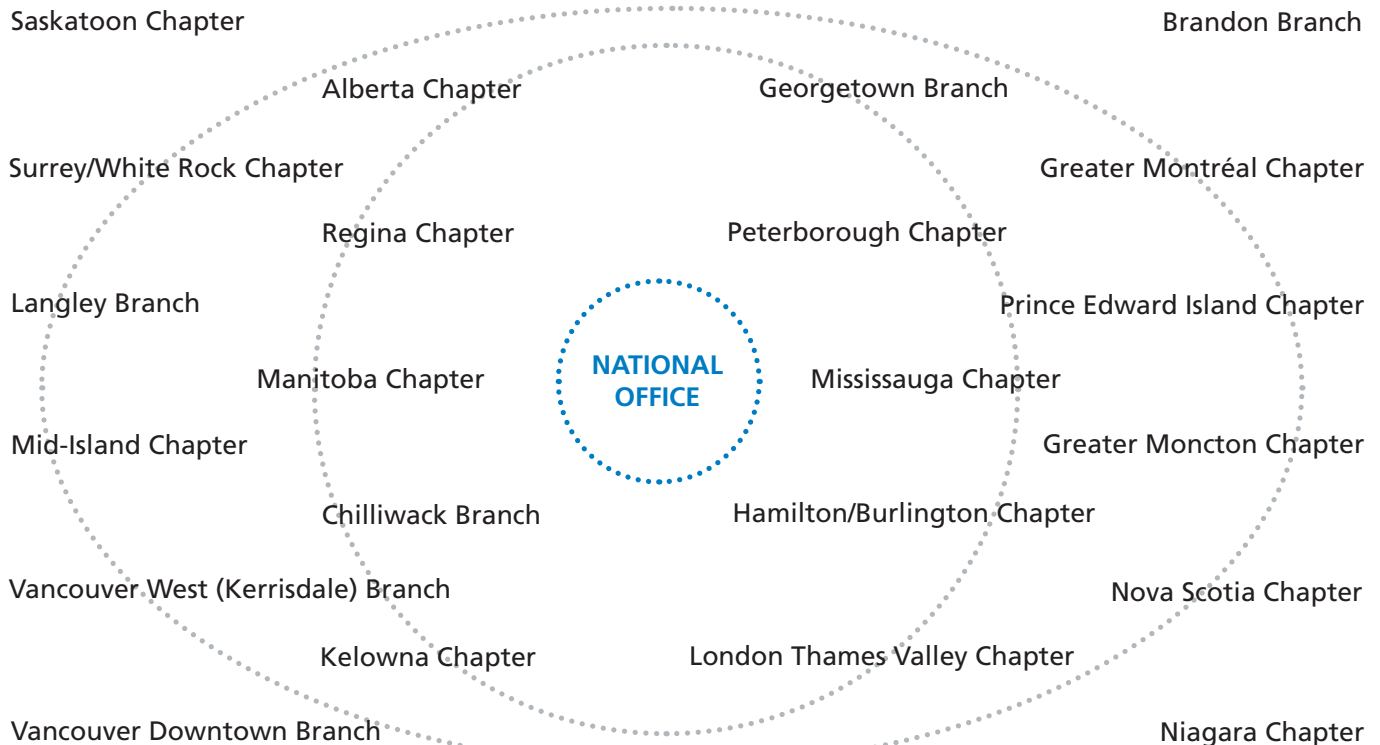
DR. ANDY KIN ON WONG, *Postdoctoral Fellow, Osteoporosis Program of the University Health Network*

This collaborative award offers recipients the opportunity to gain new insight into the field of osteoporosis and provides the basis for a career in clinical/epidemiological research related to osteoporosis. Dr. Andy Kin On Wong holds an Honours Bachelor of Science Co-op in Biology and Pharmacology and a Doctor of Philosophy in Medical Sciences at McMaster University. He is now completing his post-doctoral fellowship with Dr. Angela Cheung, Chair of the Osteoporosis Canada Scientific Advisory Council, at the Osteoporosis Program of the University Health Network, where he is dovetailing this Bone Quality project with one focused on Muscle Quality.



CONNECTING ACROSS THE NATION

Community Engagement



“Those who can, do. Those who can do more, volunteer.” – *Author Unknown*

MAKING A DIFFERENCE WITH EACH GIFT

Every Donation Counts

Osteoporosis Canada had Program Fund revenues of \$7,029,355 during the fiscal year ended March 31, 2014. This is an increase of \$141,726 over the previous year. This is due to an increase in direct mail donations, specific sponsorships and investment income.

The Program Fund financial operations yielded a surplus of \$28,438 at March 31, 2014.

The Reserve Fund, with a transfer from the Program Fund of \$325,000 and an excess of revenues over expenditures of \$58,709, ended the fiscal year at \$730,635.

The Designated Bequest Fund, which represents funds donated for specific activities specified by the donor, received an additional \$8,530 in revenues and with associated expenses of \$26,473 ended the fiscal year with a balance of \$77,522.

The Research Fund, which is administered by the Finance and Audit Committee of the Board of Directors and is financially segregated from the Program Fund, ended the fiscal year with a balance of \$1,575,204. The Research Fund provides the financial resources for scientific research projects selected by the Scientific Advisory Council of Osteoporosis Canada.

On behalf of the Board of Directors, I would like to take this opportunity to thank the volunteers, staff and management of Osteoporosis Canada for their invaluable contribution to the success of our organization.



Ian MacNair

Treasurer, National Board of Directors

FINANCIAL HIGHLIGHTS

OSTEOPOROSIS CANADA Year ended March 31, 2014

	F2014	
PROGRAM FUND REVENUES		
Government Funding*	4,708,388	67%
Individuals	1,512,058	21%
Corporations & Foundations	624,663	9%
Other **	184,246	3%
TOTAL PROGRAM REVENUES	7,029,355	

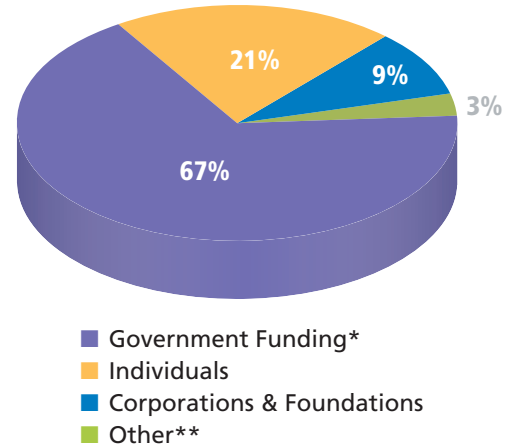
PROGRAM FUND EXPENSES

Education and Program Development	1,441,492	21%
Administration (includes Governance)	493,032	7%
Fundraising	844,350	12%
Ontario Strategy	4,222,043	60%
TOTAL PROGRAM EXPENSES	7,000,917	

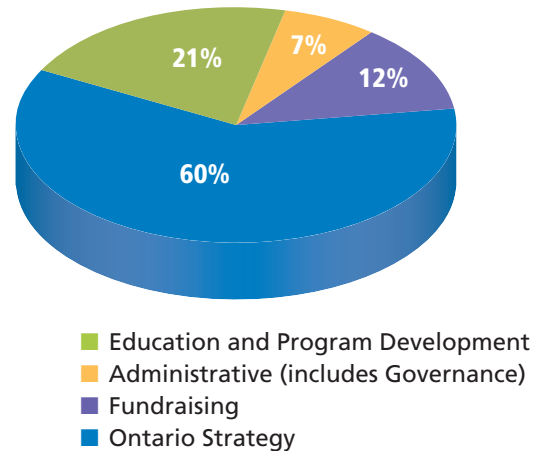
*Ontario Ministry & Other Provincial/Federal Funding

**United Way, Community groups, Sales and Gaming

PROGRAM FUND REVENUES



PROGRAM FUND EXPENSES



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OSTEOPOROSIS CANADA

1090 DON MILLS ROAD, SUITE 301

TORONTO, ON M3C 3R6

PHONE: 416.696.2663 | FAX: 416.696.2673

1.800.463.6842 (English) | 1.800.977.1778 (French)

info@osteoporosis.ca (English) | info@osteoporosecanada.ca (French)

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