



SPOTLIGHT ON EMS (FOR ADULTS ONLY)

OFFICE OF EMERGENCY MEDICAL SERVICES
NJ DEPARTMENT OF HEALTH
P.O. BOX 360
TRENTON, NJ 08625-0360

Governor Christie Proclaims May 2013 Osteoporosis Awareness and Prevention Month

Osteoporosis (porous bone) is a “silent” disease characterized by low bone density and the structural deterioration of bone. This causes the bone to become thin and fragile and more likely to fracture, especially in the hip, spine and wrist. One in two women and one in four men over the age of fifty will have an osteoporosis-related fracture in his/her lifetime.

Although hard, bone is a living tissue with new bone formed and old bone broken down and lost throughout the lifetime. Individuals achieve peak bone mass during their 20’s. After that, bone loss—and even osteoporosis—begins. The earliest bone loss occurs in women who are thin, have celiac disease, suffer from irregular menstrual cycles or poor nutrition, or use steroid drugs such as prednisone. However, osteoporosis is not a “women’s disease.” Men also experience bone loss. However, it tends to progress at a slower rate and usually occurs at a later age than in women.

Osteoporosis is the most common bone disease in humans and represents a major public health problem. It is the number one cause of 1.5 million fractures every year in the United States. Osteoporosis affects an enormous number of people, of both sexes and all races. Approximately 10 million people already have the disease and an estimated 34 million more have low bone density, or osteopenia, putting them at increased risk for osteoporosis and fractures. Its prevalence will increase as the population ages. It cannot be prevented, and if left untreated will progress and possibly even cause other problems or complications.

Fortunately, there are many steps individuals with osteoporosis can take to protect themselves and lessen the possible severity of their osteoporosis. Sufficient calcium and vitamin D intake and osteoporosis medications are one step. Another important step is maintaining a regular exercise program. Weight-bearing exercises such as jogging, walking and aerobics, and resistance exercises can help individuals maintain bone density while also improving muscle strength and preventing falls which help to reduce the risk of fractures. One study shows that even nursing home residents can build bone mass doing light exercises and taking daily calcium and vitamin D.

During Osteoporosis Awareness and Prevention Month, people are encouraged to learn about osteoporosis, understand the risk factors associated with it and begin incorporating preventive measures to promote healthy bones.

Osteoporosis Awareness and Prevention Month presents an excellent opportunity for all health care professionals to promote the prevention, detection, and treatment of osteoporosis. As EMS professionals, you play a critical role in helping your patients maintain strong, healthy bones throughout their life. Start conversations about bone health, calcium, vitamin D, exercise and other ways to prevent osteoporosis. Spread the word about diagnosis and early detection of osteoporosis and ensure that all people take full advantage of the bone mass measurement for early detection and treatment of osteoporosis.

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Special points of interest:

- Osteoporosis is a “silent” disease affecting almost 10 million people and causing 2 million bone breaks every year.
- In New Jersey 1.5 million people have either osteoporosis or low bone density.
- 24% of patients age 50 and over die in the year following a bone fracture
- The prevalence of osteoporosis will increase as the population ages.

No Bones About It: The Effects of Medications on Bone Health

By Mary M. Bridgeman, Pharm.D., BCPS, CGP, and Mary L. Wagner Pharm.D., MS

Osteoporosis is a disease that is characterized by a decrease in bone mass with normal mineralization of the remaining bone. This decrease in bone mass leads to structural deterioration and loss of connectivity between bone tissues, resulting in enhanced fragility and predisposition to fracture. Normally, an individual's bones are constantly undergoing **remodeling**, a process by which older bone is broken down and replaced with new bone to maintain a healthy skeleton. The process known as bone resorption, the production of acids and enzymes that dissolve bone minerals and proteins, is the primary responsibility of bone cells known as **osteoclasts**. Stimulation of bone formation and collagen production is the primary function of bone cells known as **osteoblasts**. It is the balance of the functions of these two cell types that is attributable to bone health. An imbalance between these two functions, resulting in greater bone removal than replacement, is thought to be the mechanism behind osteoporotic bone density changes.

Although the importance of having adequate vitamin D and calcium intake to support bone development and structure is widely recognized, many people do not realize that numerous medications can effect bone physiology. For a list of certain medications associated with bone loss, see the table below. As an example, medications such as the glucocorticoids or steroids can cause osteoporosis and bone loss by interfering with gastrointestinal calcium absorption and increasing excretion of calcium in the urine. Taking oral steroid medications daily at a dose of 5 mg or more for three or more months can increase the chance of bone loss and developing osteoporosis.

Patients taking drugs for epilepsy have a greater fracture risk than patients taking glucocorticoids. This may be due to an increased risk of osteoporosis, falling, and anti-seizure drug induced bone loss. Drugs used for epilepsy may decrease bone mineral density by decreasing vitamin D concentrations, increasing bone turnover, or altering hormone concentrations. Hepatic enzyme-inducing epilepsy drugs, such as phenytoin, phenobarbital, carbamazepine, and primidone, are commonly implicated in causing catabolism of vitamin D and its metabolites with resultant decreases in bone mineral density. However, non-inducing or minimally inducing epilepsy drugs such as oxcarbazepine, valproic acid, and topiramate have also been associated with an increased risk of bone loss. Lamotrigine and levetiracetam have shown little effect on bone.

Chronic alcohol use may also cause skeletal alterations that can be associated with osteoporosis. A systematic review of six studies found inconsistent evidence between alcohol and low bone mineral density but concluded that moderate alcohol consumption (150 g a week or 12 drinks weekly) is possibly correlated with reduced bone mineral density.

Medication-related bone loss is most likely to occur in patients utilizing these medications for chronic health conditions, and is generally associated with long-term, high-dose therapy. Utilizing the lowest possible dosages to control the underlying medical condition for which these agents are prescribed, quitting smoking and limiting alcohol consumption, participating in routine exercise, closely monitoring bone density, and adhering to recommendations for adequate calcium and vitamin D intake are a few ways patients utilizing these medications can assure bone health maintenance. Importantly, patients should not stop taking these or any other medications without consulting with their primary care provider first.

Medications Associated With Causing Bone Loss				
Glucocorticoids (steroids)	Loop diuretics (furosemide)	Anticoagulants (heparin)	Aluminum-containing antacids	Antiseizure medications
Cancer chemotherapeutic drugs	Immunosuppressants (cyclosporine and tacrolimus)	Lithium	Medroxyprogesterone acetate	Methotrexate
Proton pump inhibitors	Selective serotonin reuptake inhibitors (SSRIs)	Excessive doses of thyroid hormone	Certain antiretrovirals used to treat HIV	Thiazolidinediones for diabetes

Mary Wagner is Associate Professor, Department of Pharmacy Practice and Administration at the Ernest Mario School of Pharmacy at Rutgers University. She specializes in neurology.

Speaking about Osteoporosis

Osteoporosis is a disease that thins and weakens bones, making them more likely to break.

Who is affected by osteoporosis? It used to be older women, but not today. Many young people have weak bones because of fast-food diets, soft drinks, and a less active lifestyle. Men and women of any age may develop secondary osteoporosis from corticosteroid medications used to treat diseases such as arthritis, asthma, cancer, lupus, and epilepsy.

Nationally, 10 million individuals are estimated to have osteoporosis, and 34 million more have low bone mass. In New Jersey, 1.5 million have either osteoporosis or low bone density.

More men over 50 will break a bone due to osteoporosis than will get prostate cancer. More women over 50 have osteoporotic fractures than strokes, heart attacks, and breast cancer combined.

Most people don't know they have osteoporosis until they break a bone. Fractures have devastating consequences as statistics for hip fractures show:

- ◆ 24% of patients age 50 and over die in the year following their fracture

- ◆ 20% require long-term care
- ◆ Only 15% can walk unassisted six months after the fracture
 - In 2005, the estimated cost of osteoporosis-related bone fractures was \$19 billion. Imagine the cost today! What can you do to prevent osteoporosis?
- ◆ Get the daily recommended amounts of calcium and vitamin D
- ◆ Do weight-bearing and resistance exercise for bone and muscle strength
- ◆ Avoid smoking, and limit alcoholic beverages
- ◆ Talk with your healthcare provider about your bone health
- ◆ Have a bone density exam and take medication when appropriate

To learn more contact the National Osteoporosis Foundation for educational materials and information on bone health, finding a doctor, support groups, and advocacy at www.nof.org or 800 231-4222. You can also go to the New Jersey Department of Human Services web site on osteoporosis, prevention falls and maintaining your health.

What Is A DXA Scan?

By Julia Grimes, MD, UMDNJ Division of Internal Medicine

Dual X-ray absorptiometry (DXA) is the preferred technique for measuring bone mineral density (BMD). (Not to be confused with a bone scan; this is a different radiography test.) Health professionals use a DXA test result to; identify decreases in bone density, determine the risk of fractures, confirm a diagnosis of osteoporosis in the setting of a broken bone and lastly to monitor osteoporosis treatment response. DXA is relatively easy to perform, non invasive and the amount of radiation exposure is low. The DXA scanning focuses on two main areas -- the hip and spine. Although osteoporosis is not limited to these area these site are known to be predictive of fractures at other sites. Scanning generally takes less than 20 minutes to complete and is painless.

Who Should Have A Bone Density Test?

National Osteoporosis Foundation (NOF) recommends that a DXA test if: 1) you are a woman age 65 or older you are a man age 70 or older 2) you break a bone after age 50 3) you are a woman of menopausal age with risk factors 4) you are a postmenopausal woman under age 65 with risk factors 5) you are a man age 50-69 with risk factors

A DXA test may also be necessary if you have any of the following:

- an X-ray of your spine showing a break or bone loss in your spine
- back pain with a possible break in your spine

- height loss of ½ inch or more within one year
- total height loss of 1½ inches from your original height
- taken certain medications
- received a transplant
- experienced a drop in hormones

How Often Should You Get Tested?

Most individuals get a repeat scan two years after the initial test. However if the osteoporosis treatment has changed, the testing could be done in one year. If the result remains stable, there is data that suggest the testing interval could be spaced out to three- five years but there is not a consensus yet.

What Do The Results Mean?

The bone density test results are reported using **T-scores**. A T-score compares how much the bone density is higher or lower than the bone density of a healthy 30-year old adult. A healthcare professional looks at the lowest T-score to diagnosis osteoporosis. Identifying the lowest score helps predict risk of fracture.

According to the World Health Organization (WHO):

- A T-score of -1.0 or above is normal bone density.
- A T-score between -1.0 and -2.5 means you have low bone density or osteopenia.
- A T-score of -2.5 or below is a diagnosis of osteoporosis

POSTURE AND BODY MECHANICS FOR OSTEOPOROSIS

by: Margie Bissinger, MS, PT, CHC

Posture is the position in which you hold your body. Good posture helps prevent muscle strain and injury. Good posture means the spine is in a “neutral” position – not rounded forward and not arched back too far. It is extremely important to have good posture with osteoporosis because rounding of the spine (forward bending) in these individuals has been shown to increase the incidence of spinal fractures. As an EMT, the most important information you can give to individuals who may have osteoporosis is to avoid rounding and forward bending of the spine.

Here are a few easy tips to help you and to teach others:

- **Sit without slouching.** It is important to avoid sitting in a slumped position that rounds out your lower back. You should maintain the normal inward curve in your lower back. One way to do this is to place a rolled towel or lumbar roll in the small of your lower back for support.
- **Keep your spine lengthened.** When standing, think of your head floating up to the ceiling like a helium balloon while your spine lengthens. You want to avoid being rounded and compressed.
- **Do not round your shoulders.** You can counteract the tendency to be round-shouldered by thinking of widening across the front of your body at the level of your shoulders. Your shoulder blades are actually moving back and down which lifts your chest. You can also think of wearing a gold medal on your chest that you want to show off to everyone.

Body Mechanics is a term used to describe the ways we move as we go about our daily lives. Here are a few important tips to help you move safely. It is extremely important for people with osteoporosis to avoid forward bending in their daily activities.

- **Bend from your hips and knees.** It is important to bend from the hips and knees and not the waist.
- **Stabilize your back when coughing or sneezing.** The sudden force of a cough or sneeze can cause your spine to bend forward suddenly. For people with osteoporosis, this can lead to injuries of the spine and vertebral fractures. One easy technique to prevent this is to place the palm of one hand in the small of your lower back to help you stand erect during the cough or sneeze
- **Use your legs to help with vacuuming and mopping.** Use the momentum and power of your legs to perform these motions. If you are moving an object forward and backwards –such as a vacuum- have one leg in front of the other, knees bent, and rock from foot to foot while maintaining your spine in a lengthened position.

So try using good posture and body mechanics throughout the day. These tips can help you and also aid those you work with.



INCORRECT—Rounding sitting posture



CORRECT—Sitting with a lumbar roll



Incorrect Posture during coughing & sneezing



Correct Posture using a hand to stabilize lower back



Incorrect bending from the waist.



Correct bending from the hips and knees.

Calcium & Vitamin D Intake: 2013 Overview and Update on the Controversy

by: Sue Shapses (Chair of the NJ Interagency Council on Osteoporosis, DHS; Professor, Rutgers University)

Calcium is essential for bone health. Approximately 99% of the body's calcium is found in bone in the form of calcium hydroxyapatite. Calcium is also critical for many functions in the body including vascular contraction and vasodilatation, muscle function, nerve transmission, intracellular signaling, and hormonal secretion. Hence, its consumption in the diet is important, as is an adequate level of vitamin D, which aids in calcium absorption.

Bone acts as a reservoir for and source of calcium for these critical functions in the body. Parathyroid hormone and vitamin D are important regulators of blood levels of calcium. The rapid release of mineral from the bone is essential to maintain adequate blood levels of calcium. Reduced intestinal calcium absorption and increased urinary loss are factors that lead to osteoporosis. Some of the bone loss that is seen in elderly people can be ameliorated by calcium supplementation. However, the role of calcium in the causation and treatment of osteoporosis is still the focus of debate. Among the reasons for this debate is the complex nature of osteoporosis. Nevertheless, the majority of studies show that both calcium and vitamin D is important to reduce fracture risk.

Childhood is potentially an important time to intervene, because peak bone mass can be positively influenced by environmental factors including calcium and protein intakes, and physical activity. Another consideration is that optimal calcium intake may relate to non-skeletal endpoints such as reducing the risk of hypertension. There are many medications that may deplete body stores of calcium that affect a wide range of patients. For example, corticosteroids, antibiotics, sulfonamides, mineral oil and bile acid sequestrants will result in malabsorption of calcium, whereas loop diuretics, aminoglycosides, corticosteroids, anticonvulsants, isoniazid and thyroid hormones will deplete calcium stores and may increase the risk of osteoporosis.

Vitamin D is essential for strong bones and teeth. It promotes calcium absorption and maintains adequate serum calcium and phosphate concentrations to promote normal bone growth and maintenance. Vitamin D also supports cell growth, neuromuscular and immune function, and reduction of inflammation. Vitamin D's role in non-skeletal medical conditions, including cancer, cardiovascular disease, hypertension, diabetes, autoimmune disorders, multiple sclerosis, and neurological diseases, as well as mortality, has been the subject of much research.

Vitamin D deficiency reduces skeletal mineralization, resulting in rickets in children and osteomalacia in adults. Medications that commonly lower serum 25OHD are glucocorticoids, anticonvulsants such as

phenobarbital, dilantin and tegretol, anti-tuberculosis drugs such as isoniazid, H₂ blockers such as cimetidine, rifabutin (an anti-HIV drug) and some hypolipidemic agents.

Adequate dietary calcium and vitamin D intake is important to maintain health and prevent fractures. The Institute of Medicine (IOM) issued guidelines (DRI, 2011) that recommend a daily intake of calcium for most adults of 1000 to 1200 mg per day and vitamin D of 600 to 800 IUs per day. A variety of foods are good sources of dietary calcium including dairy products, sardines and dark leafy green vegetables like spinach, kale, turnips, and collard greens.

Most people do not get enough Vitamin D in their diet alone unless it is rich in fish, milk and fortified foods. And most multivitamin supplements have 100% or more of the DRI. In addition, a significant amount of vitamin D is made from sunlight in the skin and therefore, vitamin D is not an essential nutrient in the diet. However, because a significant number of persons in the population have inadequate circulating levels of vitamin D, there is concern about adequate intake in the diet. Also, calcium intake from food in many diets is below the IOM recommendations, so many patients are advised to take calcium and/or vitamin D supplements to maintain bone health. However, recent data have argued that there are side effects of daily calcium supplement intake with or without vitamin D and have also questioned the utility of their intake for preventing fragility fractures.

The United States Preventive Services Task Force (USPSTF) is an independent panel of non-Federal experts in prevention and evidence-based medicine. Its recent report on vitamin D and calcium supplements to prevent fractures stated the following: "*The current evidence is insufficient to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women or in men. The USPSTF recommends against daily supplementation with vitamin D and calcium for the primary prevention of fractures in non-institutionalized postmenopausal women.*"

There is recent concern since the reported side effects of calcium supplementation show it can increase the risk of kidney stones and cardiovascular accidents. A drawback of these studies showing risk factors is that they were not designed to examine the side effects, and more importantly, these studies consistently show that the side effects only occur in individuals taking and average total intake from diet and supplement of ~2.1 g/day. Hence, the IOM stands by its recommendations of 1-1.2 g calcium/d in adults and this is supported by the leading bone society (ASBMR).

Conclusion: *Since it is difficult for many adults to get enough calcium and vitamin D from their diet, individuals with a low dietary intake should be told to consume more through the diet and as needed, to take supplements to meet the IOM recommendations of intake. Taking calcium supplements*

(continued on page 7)



WHAT ARE YOUR RISK FACTORS?

Certain people are more likely to develop osteoporosis than others. Factors that increase the likelihood of developing osteoporosis are called "risk factors." These risk factors include:

- Personal history of fracture after age 50
- Current low bone mass
- History of fracture in a first degree relative
- Being female
- Being thin and/or having a small frame
- Advanced age
- A family history of osteoporosis
- Estrogen deficiency as a result of menopause, especially early or surgically induced
- Abnormal absence of menstrual periods (amenorrhea)
- Anorexia nervosa
- Low lifetime calcium intake
- Vitamin D deficiency
- Use of certain medications such as corticosteroids and anticonvulsants
- Presence of certain chronic medical conditions
- Low testosterone levels in men
- An inactive lifestyle
- Current cigarette smoking
- Excessive use of alcohol
- Being Caucasian or Asian, although African Americans and Hispanic Americans are at significant risk as well



Normal bone



Osteoporotic bone

*Some studies suggest that colas, but not other soft drinks, are associated with bone loss. While more research will help us to better understand the link between soft drinks and bone health, here is what we know: The carbonation in soft drinks does not cause any harm to bone. The caffeine and phosphorous commonly found in colas may contribute to bone loss. Like calcium, phosphorous is a part of the bones. It is listed as an ingredient in colas, some other soft drinks and processed foods as "phosphate" or "phosphoric acid." Some experts say that Americans get too much phosphorous, while others believe that it is not a problem as long as people get enough calcium. The harm to bone may actually be caused when people choose soft drinks over milk and calcium-fortified beverages.

Calcium & Vitamin D Intake . . . (continued from page 6)

should not be recommended to the those already consuming satisfactory amounts. The best advice is for patients to use supplements only if they cannot reach recommended nutrient intake through foods.

Recommended Dietary Allowances				
Age	Calcium (mg/day)		Vitamin D (IU/day)	
	RDA	Upper Level	RDA	Upper Level
0–6/6-12 months	200/260	1000/1500	400	1000/1500
1-3 years	700	2500	600	2500
4-8 years	1000	2500	600	3000
9–18 years	1300	3000	600	4000
19–50 years	1000	2500	600	4000
51–70 years (M/F)	1000/1200	2500/2000	600	4000
>70 years	1200	2000	800	4000

Institute of Medicine (IOM). *Dietary Reference Intakes for Calcium and Vitamin D*. Washington, DC: The National Academies Press; 2011

1. Recommended Dietary Allowance (RDA) intake that meets the needs of 97.5% of the North American population. 1000 mg Ca and 600 IU vitamin D is recommended for pregnant and lactating women. 40 IU = 1 microgram. Abbreviation: M/F = male/female

2. Tolerable Upper Intake Level (UL) above which there is risk of adverse events. The UL is not intended as a target intake due to no consistent evidence of greater benefit at levels above the RDA.

3. Adequate Intake (AI) reference value; no RDAs established for infants

National Osteoporosis Awareness and Prevention Month (continued from page 1)

The EMS community can play a huge role in both fall prevention and treatment. Look for clues. Common findings for an elderly patient with a hip fracture include:

- Pain with passive motion.
- Limited range of motion, especially pointing the toes upward (external rotation).
- Pain and tenderness to palpation in the groin and femoral neck.
- Bruising may or may not be present.
- Look for other injuries—lacerations, abrasions, bruises and other fractures.

Environmental hazards combine with gender, age, race, impaired or decreased mobility, health problems and medications to increase a person's risk of falling. In the home, seniors face a variety of environmental hazards in their every day surroundings including poor lighting, tripping hazards like rugs, electrical cords, loose shoes, a lack of grab bars and/or stair railings and slippery surfaces such as the shower floor. Poor vision, cataracts and decreased depth perception or even diminished hearing increases the risk of falling.

Falls among elderly patients are more common in the home. Many individuals report tripping over a loose area rug, a newspaper or book lying on the floor, or misjudging their location relative to a chair or bed. Approximately 60% of falls occur in the home, usually from a standing position on a level surface. Another 30% of falls occur in public places and 10% of all falls happen to patients in nursing homes.

If you have not yet cared for a patient with a hip fracture, you will soon.

POST TEST

1. The most common bone disease in humans is osteoporosis.
 - A. True
 - B. False
 2. Osteoporosis is a preventable disease.
 - A. True
 - B. False
 3. Women can lose up to 30% of their bone mass in the first five to seven years following menopause.
 - A. True
 - B. False
 4. Chronic alcohol use may cause skeletal alterations.
 - A. True
 - B. False
 5. Some medications can cause bone loss, including:
 - A. Phenobarbital
 - B. Vitamin D
 - C. Mineral Oil
 - D. A & C
 - E. All of the above
 6. The effects of osteoporosis can be lessened by all of the following, except:
 - A. Regular exercise
 - B. Limiting alcohol use
 - C. Sufficient calcium intake
 - D. Continued cigarette smoking
 7. Environmental hazards can increase a person's risk of falling. Environmental hazards include all of the following, except:
 - A. Stair railings
 - B. Loose area rug
 - C. Poor lighting
 - D. Book lying on the floor
- Posture and body mechanics are important in our daily lives. Differentiate between the two:
8. Avoid rounding of the shoulders
 - A. Posture
 - B. Body Mechanics
 9. Keep spine lengthened
 - A. Posture
 - B. Body Mechanics
 10. Bend from the hips and knees
 - A. Posture
 - B. Body Mechanics
 11. Keep spine in "neutral" position
 - A. Posture
 - B. Body Mechanics
 12. Use hand to stabilize lower back when coughing
 - A. Posture
 - B. Body Mechanics

Print this page only

Name _____ EMT ID # _____

Address _____

Town _____

State: _____ Zip Code: _____

E-MAIL _____

Answer sheets must be submitted prior to **October 25, 2013**
Complete and return only the answer sheet
via mail, fax **or** e-mail—**do not** fax & mail the same form.

OEMS
Attention Kathy Lutz
P.O. Box 360, Trenton NJ 08625-0360
Fax (609) 633-7954
E-mail ems@doh.state.nj.us

Answer sheet (#130258464) EMS Newsletter Spring 2013
1 (One) Elective CEU for NJ EMTs with a minimum score of 70%

1 (One) Professional Development Hour for NJ School Nurses with a minimum score of 70%

- Check this box if NJ EMT
 - Check this box if PA EMT
 - Check this box if NJ School Personnel
- NJDOH/EMS Newsletter Volume 4, Issue 2
Osteoporosis Spring 2013 (circle correct answers)

- | | |
|--------------|------------|
| 1. A B | 7. A B C D |
| 2. A B | 8. A B |
| 3. A B | 9. A B |
| 4. A B | 10. A B |
| 5. A B C D E | 11. A B |
| 6. A B C D | 12. A B |

NJ/PA RECIPROCAL CONTINUING EDUCATION DOCUMENTATION

Name* _____ Date of Birth* _____

PA Certification Level* _____ PA Region* _____ PA Provider #* _____

Course Title: **NJDOH/EMS Newsletter Volume 4, Issue 2 (Spring 2013)**
Osteoporosis—Course # 130258464

Dates Available: May 1, 2013—October 25, 2013

Total Credits: 1 elective CEU/Medical

Location: Trenton (Mercer County) NJ

Coordinator/Instructor Signature:

Name of Coordinator/Instructor: Kathleen S. Lutz, MSN/CPNP Date: _____

*If requesting proof for **PA CEUs** please complete the 5 items marked * and submit form with answer sheet. This document will be returned to you signed. Then you must submit a copy directly to your Regional EMS Council for addition to your continuing education record.



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P.O. BOX 360
TRENTON, NJ 08625-0360**

Published by the
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Chris Christie, Governor
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Office of Emergency Medical
Services
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Older Adult Resources in Your County!

Each of New Jersey's 21 counties has an **Area Agency on Aging (AAA)/ Aging and Disability Resource Connection (ADRC)**, which serves as a one-stop connection for information and referral. The office provides seniors, adults with disabilities and their caregivers easy access to long term services and supports helping them remain in their homes independently.

Your **AAA/ADRC** is responsible for developing comprehensive, coordinated systems of community-based services for older adults. Services available include, but are not limited to, home delivered and congregate meals, health screenings and evidence-based disease prevention and health promotion programs, in-home services, legal services, chore services, home modifications and transportation. Programs supporting caregivers are also available. For more information, call or refer consumers to their **AAA/ADRC** toll-free at 1-877-222-3737 or by visiting their website at www.adrcnj.org.

Of particular importance to EMS workers is a thorough understanding of **Adult Protective Services (APS)**. APS is a statewide program that investigates reports of abuse, neglect and exploitation of vulnerable adults living in the community. Since April 17, 2010, the effective date of P.L. 2009, c.276, law enforcement officers, fire fighters, emergency medical technicians and all New Jersey certified or licensed health care professionals have been obligated to report abuse to their county **APS** agency.

Check the **New Jersey EMS Field Guide** e-book for additional information on **APS** and to find specific contact information for your county **APS** agency. You can also visit this website: <http://www.state.nj.us/humanservices/doas/services/aps/index.html>.

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For More Information About Osteoporosis and Related Bone Diseases . . .

- * <http://www.iscd.org/>
- * <http://www.nof.org>
- * http://www.niams.nih.gov/Health_Info/Bone/default.asp