

and those with transfemoral amputation levels and is aggravated with increasing time since amputation, reduced activity levels, and general aging. While the published observations regarding BMD levels would suggest sizeable elevations in ultimate fracture risks, the older literature fails to support large fracture rates in this population, and there is no recent literature to confirm or refute actual fracture rates in the past few decades. In the absence of such literature, it becomes the responsibility of treating clinicians to be mindful of the relative BMD compromises their patients face and plan their treatment strategies accordingly. **O&P EDGE**

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