



## Certified Clinical Densitometrist (CCD™®) 2020 Examination Specifications<sup>i</sup>

### I. Overview of Bone Physiology

#### A. Bone Development, Structure & Peak Bone Mass

1. Bone formation and resorption
2. Bone microarchitecture and mineralization
3. Cellular Mechanisms
4. Cortical bone
5. Trabecular bone

#### B. Bone Pathologic States and Fractures

1. Incidence and prevalence
2. Morbidity and mortality
3. Economic burden
4. Fracture Types
  - a. Fragility
  - b. Non-fragility
  - c. Pathologic Fractures

### II. Imaging Technologies

#### A. Core Concepts

1. Radiation science and physics
2. Safety
3. Artifacts

#### B. DXA

1. Central
  - a. Spine
  - b. Hip
2. Peripheral

#### C. Other Techniques and Modalities

1. Vertebral Fracture Assessment (VFA, LVA)
2. Radiograph

### III. Interpretation

#### A. Principles of Interpretation

1. Study quality (e.g., positioning, artifacts)
2. T-score
3. Z-score
4. BMD
5. Least Significant Change (LSC)



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6. Interpretation Rules:
  - a. Spine
  - b. Hip
  - c. Final Diagnosis
7. Other modalities (e.g., VFA/LVA, TBS, QCT/pQCT)

### **B. Reporting**

1. Clinical indication, history, and demographics
2. Procedure (e.g., machine, software)
3. Diagnosis:
  - a. WHO criteria (e.g., premenopausal vs. postmenopausal)
  - b. ISCD Official Positions
  - c. NOF Standards of Care
4. Absolute fracture risk
5. Comparison to prior study (LSC if available)
6. Study limitations

### **C. Special Situations**

1. Pediatric
2. Young adult/premenopausal
3. Bariatric
4. Patients with limited mobility

## **IV. Risk Assessment**

### **A. Epidemiology**

1. Incidence and prevalence
2. Morbidity and mortality
3. Economic impact

### **B. Risk Factors**

1. Demographics (e.g., age, ethnicity)
2. Social/lifestyle (e.g., smoking, alcohol, diet)
3. Medical (e.g., chronic kidney disease, endocrine/rheumatological disorders)
4. Drugs (e.g., glucocorticoids, chemotherapy, hormonal)

### **C. Clinical Evaluation**

1. Evaluation for secondary factors for bone loss (e.g., labs)
2. Fracture and clinical history
3. Imaging assessment (e.g., DXA, other techniques)

### **D. Risk Assessment Calculators**

1. FRAX



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**V. Management**

**A. Non-pharmacological/Preventive Interventions**

1. Lifestyle modifications (e.g., diet, exercise, substances)
2. Fall prevention, gait and balance therapy

**B. Pharmacological Interventions**

1. Calcium and vitamin D
2. Antiresorptive (e.g., bisphosphonates, Rank-L inhibitors, SERMS)
3. Anabolic (i.e., teriparatide, abaloparatide)
4. Emerging therapies (e.g., anti-sclerostin Ab)
5. Drug holiday/modification of therapy

**C. Surveillance and Frequency of Testing**

1. Serial DXA testing
2. Testing indication (e.g., special circumstance)

**D. Patient Education**

1. Disease process and fracture risk
2. Prevention (e.g., pharmacological, nonpharmacological)
3. Reevaluation (e.g., monitoring frequency, treatment)