Even though a low bone mineral density is associated with the risk of fracture, it is well recognized that different risk factors, such as age, history of a prior fragility fracture, steroid use and many others, are independent contributors to the risk of fracture. Moreover, reduced balance and muscle strength has also been shown to be risk factors for falls and fractures.

Rehabilitation interventions for patients at high risk of fracture should focus on modifiable risk factors for fall and or fracture, including both the reduction of fall risk and the increase in BMD. Based on randomized controlled studies, some evidence supports recommendations for exercise and training to reduce the risk of falling and to increase BMD. After fracture, patients need support through the rehabilitation and recovery process. However, the optimal type, duration and intensity of rehabilitation both before and after fracture remain unclear and deserve further research.