Does Your T-Score Actually Matter? | DEXA Scans, Fracture Risk & REMS Transcript

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Intro u2013 Meet Dr. Andy Bush

In this episode of the podcast of be In this episode of the podcast of be speaking with Dr. Andy Bush, he is an speaking with Dr. Andy Bush, he is an orthopedic surgeon and he has in his own orthopedic surgeon and he has in his own words moved from fracture fixation to words moved from fracture fixation to fracture prevention. His bread and fracture prevention. His bread and butter was hip fractures and pelvic butter was hip fractures and pelvic fractures. And now he has a bone clinic fractures. And now he has a bone clinic and is empowering women with education and is empowering women with education and and and really helping them, giving them hope really helping them, giving them hope actually is the words I hear the most actually is the words I hear the most often from the women that I speak with often from the women that I speak with that have seen him. So we are going to that have seen him. So we are going to be discussing a DEXA scan and T-cores be discussing a DEXA scan and T-cores and what really matters. Does your and what really matters. Does your T-core really matter? and sit back and T-core really matter? and sit back and listen to this and learn if the DEXA listen to this and learn if the DEXA scan is something we should continue scan is something we should continue getting to determine our fracture risk getting to determine our fracture risk and the quality of our bones. Today on and the quality of our bones. Today on Stronger Bones Lifestyle podcast, I'm Stronger Bones Lifestyle podcast, I'm going to speak with Dr. Andy Bush. He is going to speak with Dr. Andy Bush. He is an orthopedic surgeon and his tagline is an orthopedic surgeon and his tagline is he's moving from fracture fixation to he's moving from fracture fixation to fracture prevention.

fracture prevention. And I want to have this discussion today And I want to have this discussion today because I'm so amazed at how many women because I'm so amazed at how many women I get on calls with that sometimes have I get on calls with that sometimes have their DEXA scan results, sometimes know their DEXA scan results, sometimes know their scores, often times don't, but their scores, often times don't, but most importantly don't even understand most importantly don't even understand what any of it means. So I want Dr. Bush what any of it means. So I want Dr. Bush to give us some clarifications and some to give us some clarifications and some clarity around what is a DEXA scan, what clarity around what is a DEXA scan, what do we really need to know and what is it do we really need to know and what is it telling us or what is it not telling us?

telling us or what is it not telling us? So, welcome Dr. Bush. So, welcome Dr. Bush. >> Thank you, Debbie. And it's it's always >> Thank you, Debbie. And it's it's always a pleasure being at this having these a pleasure being at this having these discussions with you. They're great and discussions with you. They're great and a lot of times we come up with more a lot of times we come up with more ideas from for future discussions. So, I ideas from for future discussions. So, I think probably from this one we'll think probably from this one we'll probably have another podcast that's probably have another podcast that's going to result. So I do want to talk going to result.

Why He Moved from Surgery to Prevention

So I do want to talk about is probably limit the discussion about is probably limit the discussion of DEXA to the T-core is that's of DEXA to the T-core is that's ultimately what is giving you the ultimately what is giving you the diagnosis of normal density osteopenia diagnosis of normal density osteopenia osteoporosis and that's the number that osteoporosis and that's the number that doctors look at to say well you need doctors look at to say well you need medications because you have a certain medications because you have a certain T-R you have osteoporosis they in my T-R you have osteoporosis they in my bone health practice I actually do not bone health practice I actually do not use the T- scores to make that use the T- scores to make that determination I'll tell my patients that determination I'll tell my patients that I look at the T- scores I want to make I look at the T- scores I want to make sure they make sense that that the sure they make sense that that the statistically and looking for the statistically and looking for the patterns of certain T-cores as we're patterns of certain T-cores as we're doing our rims assessment that the T-c doing our rims assessment that the T-c scores again make sense for the person scores again make sense for the person who's sitting in front of me and once who's sitting in front of me and once I've

established that then I will not I've established that then I will not use a T-core in in the decision-m use a T-core in in the decision-m because I have what's called a fragility because I have what's called a fragility score. So I think what's going to be score. So I think what's going to be important today is to explain or what I important today is to explain or what I usually explain to my patients as usually explain to my patients as they're sitting in front of me to tell they're sitting in front of me to tell them why the rest of the world might be them why the rest of the world might be using T-cores right now but because I using T-cores right now but because I have a REM because I have the ability to have a REM because I have the ability to measure structure. So that's why I don't measure structure. So that's why I don't use T-cores and the foundational reasons use T-cores and the foundational reasons for that. So for that. So >> okay wait so one so let me just ask. So >> okay wait so one so let me just ask. So there you're saying makes sense. So what there you're saying makes sense. So what does it mean makes sense? Are you does it mean makes sense? Are you looking at this woman? Who is she?

looking at this woman? Who is she? what's her lifestyle what from the very what's her lifestyle what from the very beginning are you analyzing who's that beginning are you analyzing who's that person when you say make sense is that person when you say make sense is that how you where you kind of get to with how you where you kind of get to with that that that >> yeah absolutely because with the bone >> yeah absolutely because with the bone health program I do get a thorough health program I do get a thorough intake questionnaire filled out by my intake questionnaire filled out by my patients I go over which asks them all patients I go over which asks them all the questions about their health and the questions about their health and then also physical activity exercise then also physical activity exercise habits eating habits so I have that habits eating habits so I have that background and I and I know the person background and I and I know the person coming to me and again most of my coming to me and again most of my patients are healthy people who are patients are healthy people who are doing the right things and they're just doing the right things and they're just really looking for guidance or they're really looking for guidance or they're terrified because the DEXA has showed terrified because the DEXA has showed them something that they really didn't them something that they really didn't expect. So, I have that background and expect. So, I have that background and then with the numbers I generated from then with the numbers I generated from my rim study, I use those numbers along my rim study, I use those numbers along with the information I have already on with the information I have already on the person who's sitting in front of me.

the person who's sitting in front of me. And also, you can look at somebody and I And also, you can look at somebody and I have ladies who come in who are told have ladies who come in who are told they're frail and these ladies are they're frail and these ladies are anything but frail. I mean, they anything but frail. I mean, they exercise, they're in good shape, they exercise, they're in good shape, they take good care of themselves. So, that take good care of themselves. So, that label of being frail does not match the label of being frail does not match the person who's sitting in front of me. And person who's sitting in front of me. And the diagnosis of osteoporosis to mean the diagnosis of osteoporosis to mean fragility or to mean frailty does not fragility or to mean frailty does not apply to this woman. Although her T-c apply to this woman. Although her T-c scores put her in that category. So scores put her in that category. So that's what I mean by makes sense that's what I mean by makes sense because again bone health has to make because again bone health has to make sense. Your fracture risk is based on sense. Your fracture risk is based on the weakness of the bone and the the weakness of the bone and the weakness of the bone is not an isolated weakness of the bone is not an isolated problem. It's going to be a health problem. It's going to be a health condition which is one of many health condition which is one of many health conditions because the bones are tied conditions because the bones are tied into many other organ systems in the into many other organ systems in the body. So again, it's in general, it's an body. So again, it's in general, it's an appearance of the patient, but then it's appearance of the patient, but then it's also the information I get that's in also the information I get that's in addition to the data that I've gotten addition to the data that I've gotten from from the questionnaire that they from from the questionnaire that they that they answer. So I mean it's a long that they answer. So I mean it's a long answer, but is that did I answer that answer, but is that did I answer that question?

question? question? >> Yeah, because it's never that never >> Yeah, because it's never that never happens. This long quest this long happens. This long quest this long all that you're doing that doesn't all that you're doing that doesn't happen. It's lay on this bed, get this happen. It's lay on this bed, get this number, and then here's the number that number, and then here's the number that everything hinges on.

What the T-Score Really Measures

And you're saying everything hinges on. And you're saying it's a much bigger topic than that. it's a much bigger topic than that. There's so much more to it. And does it There's so much more to it. And does it make sense? And so let's talk about make sense? And so let's talk about that. Let's talk about does it make that. Let's talk about does it make sense? So what is the T-core? What how sense? So what is the T-core? What how does that determine and what is that?

does that determine and what is that? Why should we care about it? And what Why should we care about it? And what does it really mean? does it really mean?

>> So T-core is a surrogate for the >> So T-core is a surrogate for the density. The DEXA will measure a bone density. The DEXA will measure a bone mineral density or get a bone mineral mineral density or get a bone mineral density value. It will measure the density value. It will measure the density of the hips or the spine and density of the hips or the spine and then that bone mineral density gets then that bone mineral density gets converted to a T-core through a converted to a T-core through a statistical a stat a statistical statistical a stat a statistical approach. So using statistics you get a approach. So using statistics you get a the BMD that's being compared to if the BMD that's being compared to if you're between menopause and 90 it's the you're between menopause and 90 it's the average density of a database of 30 year average density of a database of 30 year olds of 22 29 year old white females. So olds of 22 29 year old white females. So using that that average, everyone is using that that average, everyone is compared to that and then you generate a compared to that and then you generate a t-core based on your comparison t-core based on your comparison statistical comparison to that average.

statistical comparison to that average. >> Okay. But why are we doing that though? >> Okay. But why are we doing that though? Why is it that we're looking at a 29 or Why is it that we're looking at a 29 or 30 year old and comparing anybody 50 to 30 year old and comparing anybody 50 to 90 to that? Like what why is that even 90 to that? Like what why is that even something we're doing?

something we're doing? >> So it's not really a perfect way. And >> So it's not really a perfect way. And there there are a lot of individuals there there are a lot of individuals that say that's actually probably not that say that's actually probably not the best way, but it was based on the the best way, but it was based on the fact that the bone mass of a of a fact that the bone mass of a of a younger person is maximum at the about younger person is maximum at the about the age of 30. So that's sort of the the age of 30. So that's sort of the peak bone mass and that was determined, peak bone mass and that was determined, we'll use that as the benchmark and then we'll use that as the benchmark and then everyone gets compared to that. Now as everyone gets compared to that. Now as computational abilities get better, as computational abilities get better, as AI gets better, the databases I think AI gets better, the databases I think will be more broken down because there will be more broken down because there is variation in skeletons between is variation in skeletons between different regions of the world. Asian different regions of the world. Asian bone is very different than European bone is very different than European bone is very different than African bone is very different than African bone. So really it's at some point the bone. So really it's at some point the databases will be more reflective of databases will be more reflective of that. But right now with the limitations that. But right now with the limitations that we still have in the in their that we still have in the in their ability to to derive these statistics ability to to derive these statistics then the convention is still that then the convention is still that everyone who's between menopause and 50 everyone who's between menopause and 50 menopause and 90 and a gentleman and a menopause and 90 and a gentleman and a guy between 50 and 90 were being all guy between 50 and 90 were being all compared to this benchmark which is the compared to this benchmark which is the average BMD of a database of 20 to 29y average BMD of a database of 20 to 29y old white females.

old white females. >> Okay. And I guess that makes sense. So >> Okay. And I guess that makes sense. So we're going to go to when were you we're going to go to when were you potentially that had the strongest bone.

potentially that had the strongest bone. So that kind of makes sense. Yeah. But So that kind of makes sense. Yeah. But then we have to get into a place of then we have to get into a place of acceptance of what should a 50-year-old acceptance of what should a 50-year-old be? What should a 60-year-old be? What be? What should a 60-year-old be? What should a 70-year-old or an 80-year-old?

should a 70-year-old or an 80-year-old? And then this what how you said does it And then this what how you said does it make sense? Then it's what is a active make sense? Then it's what is a active 50-year-old versus a sedentary 50-year-old versus a sedentary 50-year-old or an active 70-year-old 50-year-old or an active 70-year-old versus sedentary? And that is what we versus sedentary? And that is what we don't have as a part of a standard don't have as a part of a standard T-core DEXA scan. No, it does not ask T-core DEXA scan. No, it does not ask you the question of do you exercise, do you the question of do you exercise, do you eat right, statistics based on the you eat right, statistics based on the general population and if the general general population and if the general population happens to be unhealthy, that population happens to be unhealthy, that is the statistics that you're going to is the statistics that you're going to be assessed by because the computer, be assessed by because the computer, whether it's RAMs or DEXA again does not whether it's RAMs or DEXA again does not ask me those questions about lifestyle ask me those questions about lifestyle and lifestyle choices have a big effect and lifestyle choices have a big effect on obviously not just our own general on obviously not just our own general health but also our bone and muscle health but also our bone and muscle health.

health. health. >> Yeah. And so for those listening, we're >> Yeah.

The Problems with DEXA Scans

And so for those listening, we're using the word REM, which is radio using the word REM, which is radio frequency echographic frequency echographic multisspecttometry, which is an multisspecttometry, which is an ultrasound technology that's new and ultrasound technology that's new and that is going to give in our view, yours that is going to give in our view, yours and mine, a better, not just better, but and mine, a better, not just better, but what would the word be to say that it's what would the word be to say that it's a more a more >> it's actually a different way of >> it's actually a different way of assessing bone, which is the model assessing bone, which is the model that's being developed is superior to that's being developed is superior to the model of DEXA, which is really the model of DEXA, which is really you're just blocking extra beams. Medex you're just blocking extra beams. Medex is determining how well does your bone is determining how well does your bone block X-ray beams block X-ray beams >> where >> where >> where >> so it gives us the strength and the >> so it gives us the strength and the quality of the bone which is a better quality of the bone which is a better indicator or really looking at fracture indicator or really looking at fracture >> the structure of bone it's actually the >> the structure of bone it's actually the structural properties of bone structural properties of bone >> and so we'll have another podcast and we >> and so we'll have another podcast and we have done podcast you and I have done have done podcast you and I have done podcasts I think my like 80s the podcasts I think my like 80s the episodes that are in the 80s I I can't episodes that are in the 80s I I can't remember what number but you're like in remember what number but you're like in the 85 86 87 episodes so they can listen the 85 86 87 episodes so they can listen to what we've talked about with REM. So to what we've talked about with REM. So today we're going to discuss DEEXA. So today we're going to discuss DEEXA. So let's get back to the T-core and DEXA let's get back to the T-core and DEXA and how it works and what we need to and how it works and what we need to know.

know. know. >> Yeah. And again, why as really as a bone >> Yeah. And again, why as really as a bone health physician, why have I chosen not health physician, why have I chosen not to use T- scores? And again, that's not to use T- scores? And again, that's not necessarily in line what is considered necessarily in line what is considered standard of care right now. Every standard of care right now. Every everyone talks about T-cores, but as an everyone talks about T-cores, but as an orthopedic surgeon, as a REM user who orthopedic surgeon, as a REM user who can measure structure, it just makes can measure structure, it just makes more sense for me that we should be more sense for me that we should be looking at structure and not just looking at structure and not just density. Now t-core is a measure of density. Now t-core is a measure of density. It was it was a way of of density. It was it was a way of of converting a bone mineral density value converting a bone mineral density value to a value that can then be used to to a value that can then be used to determine a definition of osteoporosis determine a definition of osteoporosis or osteopenia or normal density. So or osteopenia or normal density. So t-cores are a surrogate for density and t-cores are a surrogate for density and density is a property of bone. It's an density is a property of bone. It's an important property but it's not the only important property but it's not the only property and it's not the most important property and it's not the most important property. Now there are every material property. Now there are every material Debbie and I sitting here talking to you Debbie and I sitting here talking to you guys listening to us the chairs we're guys listening to us the chairs we're sitting on the table that's in front of sitting on the

table that's in front of me the pen I have in my hand everything me the pen I have in my hand everything we all have our own properties and we all have our own properties and they're multiple so density is one of they're multiple so density is one of them but you have specific gravity you them but you have specific gravity you have conductivity malability elasticity have conductivity malability elasticity chemical composition chromatin content chemical composition chromatin content and those are just a few of the many and those are just a few of the many properties that make us up now properties that make us up now the problem with t-ores is it's just use the problem with t-ores is it's just use it's actually just looking at one of it's actually just looking at one of those properties and trying to determine those properties and trying to determine what's going to happen to something when what's going to happen to something when you do something to that material. So you do something to that material. So for the example I like to use is okay I for the example I like to use is okay I have this pen and I just dropped the pen have this pen and I just dropped the pen on the table and you heard it hit but it on the table and you heard it hit but it didn't break. Well that's not a physical didn't break. Well that's not a physical property that's a behavior. When the property that's a behavior. When the when the pen hit the table it interacted when the pen hit the table it interacted with the table with a force dependent on with the table with a force dependent on its weight and gravity. And that its weight and gravity. And that behavior was such that the pen didn't behavior was such that the pen didn't break. Now, if you had a thin glass rod break. Now, if you had a thin glass rod and you dro and I dropped it, well, you and you dro and I dropped it, well, you would hear it shatter because the would hear it shatter because the behavior of that glass was such that it behavior of that glass was such that it when it interacted with the table, it when it interacted with the table, it broke apart into many pieces. So, so broke apart into many pieces. So, so that is again aren't physical that is again aren't physical properties. Those are called mechanical properties. Those are called mechanical properties. That's behavior. So why are properties. That's behavior. So why are we taking a physical property like we taking a physical property like density and saying okay we're now going density and saying okay we're now going to predict the mechanical behavior based to predict the mechanical behavior based on this one property? It doesn't really on this one property? It doesn't really make sense to do that. And and those of make sense to do that. And and those of you who might have some experience in you who might have some experience in engineering or just anyone in the engineering or just anyone in the engineering world, they don't do that.

engineering world, they don't do that. They don't use density to determine They don't use density to determine whether a bridge is going to fall down whether a bridge is going to fall down or wings on a 4 airplane or a tunnel is or wings on a 4 airplane or a tunnel is going to collapse. What they're doing is going to collapse. What they're doing is they're measuring structure.

they're measuring structure.

Density vs Structure Explained

So really you to take one property as we So really you to take one property as we are doing as doctors and saying okay now are doing as doctors and saying okay now we're going to determine if you're going we're going to determine if you're going to break apart based on this one to break apart based on this one property again nobody who's assessing property again nobody who's assessing structure in the real world like structure in the real world like engineers are they don't do that they're engineers are they don't do that they're not using density and they're measuring not using density and they're measuring the structural properties the structural properties so an example I like to give that that I so an example I like to give that that I give all my patients is I use the chalk give all my patients is I use the chalk and pencil example now to be able to and pencil example now to be able to kind of see why we can get a T score on kind of see why we can get a T score on a piece of chalk. You can actually do a a piece of chalk. You can actually do a DEXA on a piece of chalk because the DEXA on a piece of chalk because the DEXA is the way a DEX is determines your DEXA is the way a DEX is determines your bone mineral density is just measuring bone mineral density is just measuring how well it blocks an X-ray beam. So how well it blocks an X-ray beam. So you're placed on a table and an X-ray you're placed on a table and an X-ray beam is passed underneath you. And the beam is passed underneath you. And the X-ray beam the X-ray machine passes X-ray beam the X-ray machine passes underneath you. An X-ray beam passes underneath you. An X-ray beam passes through you and there's a columnator or through you and there's a columnator or or a receiver that's collecting how much or a receiver that's collecting how much radiation penetrated. Now if the bone is radiation penetrated. Now if the bone is more dense, less X-ray is going to get more dense, less X-ray is going to get through. If there's if the bone is not through. If there's if the bone is not so dense, more X-ray is going to get so dense, more X-ray is going to get

through. And that's literally what DEX through. And that's literally what DEX is doing. Now, the mathematics and the is doing. Now, the mathematics and the physics as far as how that information physics as far as how that information is interpreted are very complex, but is interpreted are very complex, but that's as simple as it is. You're just that's as simple as it is. You're just measuring how well are you blocking measuring how well are you blocking X-ray beams. And the DEXA doesn't X-ray beams. And the DEXA doesn't discriminate what it's what's blocking discriminate what it's what's blocking the beam. And I kind of kid around and the beam. And I kind of kid around and say, well, you could put a brick on your say, well, you could put a brick on your stomach and have a DEXA done and the stomach and have a DEXA done and the DEXA is going to say you're as thick as DEXA is going to say you're as thick as a brick because it doesn't discriminate.

a brick because it doesn't discriminate. It's up to the examiner to say, "Hey, It's up to the examiner to say, "Hey, get that brick off of there." Well, you get that brick off of there." Well, you know, that's not going to happen. But if know, that's not going to happen. But if a lady leaves a piece of jewelry on or a lady leaves a piece of jewelry on or some metal in the clothing gets in in some metal in the clothing gets in in gets in the in the portion that's been gets in the in the portion that's been examined in in in the in the gantry, examined in in in the in the gantry, that's going to affect DEXA. DEXA is that's going to affect DEXA. DEXA is going to go ahead and include that going to go ahead and include that because it doesn't discriminate what's because it doesn't discriminate what's blocking the X-ray beam. So, you can do blocking the X-ray beam. So, you can do what you can do on a piece of chalk. And what you can do on a piece of chalk. And we know chalk is very dense. You look it we know chalk is very dense. You look it up, it's 2,600 kg per meter cubed. If up, it's 2,600 kg per meter cubed. If you compare that to a pencil, wood is you compare that to a pencil, wood is somewhere between 300 800. So chalk is somewhere between 300 800. So chalk is four times as dense as wood. And if you four times as dense as wood. And if you did a an X-ray in a piece of chalk, you did a an X-ray in a piece of chalk, you would get a really good X-ray because would get a really good X-ray because the X-ray beam cannot pass through the the X-ray beam cannot pass through the chalk. The chalk will block it. So if chalk. The chalk will block it. So if you did a DEX on a piece of chalk, you you did a DEX on a piece of chalk, you would have a fantastic T-core. The X-ray would have a fantastic T-core. The X-ray beam would not pass through the chalk.

beam would not pass through the chalk. Very, very little X-ray would get Very, very little X-ray would get through. If any gets through at all, so through. If any gets through at all, so you'd have a really good T-core, be way you'd have a really good T-core, be way up in the grain. Whereas the pencil up in the grain. Whereas the pencil which is made out of wood doesn't block which is made out of wood doesn't block the X-ray beam. Now we don't talk about the X-ray beam. Now we don't talk about the graphite or the metal eraser holder.

the graphite or the metal eraser holder. It's just a wood. X-ray will burn right It's just a wood. X-ray will burn right through the wood. So it's going to have through the wood. So it's going to have a horrible T-core. It's going to be a horrible T-core. It's going to be osteoprotic.

osteoprotic. osteoprotic. Well, the purpose of this whole Well, the purpose of this whole discussion is not to really see what discussion is not to really see what your T- scores are. It's really to know your T- scores are. It's really to know if you're going to break. So let's use if you're going to break. So let's use the T-core model that we have for chalk the T-core model that we have for chalk and the pencil to determine what's going and the pencil to determine what's going to happen to them if we drop them. So to happen to them if we drop them. So now the chalk is in the green. Has a now the chalk is in the green. Has a fantastic T-core. We determined that by fantastic T-core. We determined that by dexa. And so when we drop the chalk, it dexa. And so when we drop the chalk, it should bounce. Now the pencil's in the should bounce. Now the pencil's in the red. It's horrible. It's a horrible red. It's horrible. It's a horrible t-core. When we drop it, it should t-core. When we drop it, it should shatter. But what happens is exactly shatter. But what happens is exactly opposite. The truck shatters. The pencil opposite. The truck shatters. The pencil bounces.

bounces. bounces. So the predictive value of t-core in So the predictive value of t-core in that model was zero. It had no that model was zero. It had no predictive value.

predictive value. So now how can so how can we consider it So now how can so how can we consider it a reliable way to determine whether a reliable way to determine whether you're going to break if you happen to you're going

to break if you happen to fall a kid around happen to drop you.

fall a kid around happen to drop you. It's not a reliable method. It's not a reliable method. So what you really want to assess you So what you really want to assess you want to assess the same thing that the want to assess the same thing that the engineers are assessing when they look engineers are assessing when they look at a building or they look at a tunnel at a building or they look at a tunnel is what the structure is because it's is what the structure is because it's the structure of the material that the structure of the material that determines its strength. The pencil is determines its strength. The pencil is not dense but it's strong. We build not dense but it's strong. We build houses out of pencils. We build houses houses out of pencils. We build houses out of wood.

out of wood. We don't build houses out of chalk. Even We don't build houses out of chalk. Even though it's dense, even it's four, four though it's dense, even it's four, four times as dense as wood. We're not going times as dense as wood. We're not going to build a house out of chalk because it to build a house out of chalk because it chalk's brittle. It's going to break. So chalk's brittle. It's going to break. So really, what we want to be assessing really, what we want to be assessing when we're assessing your bone health is when we're assessing your bone health is assessing the strength of the bone, the assessing the strength of the bone, the structure of the bone. And REM has the structure of the bone. And REM has the ability to do that with a fragility ability to do that with a fragility score.

score. score. >> Yeah. So that here's the thing though. >> Yeah. So that here's the thing though.

REMS: How It Works & Why It Matters

But what we are doing is just a dexa But what we are doing is just a dexa skin. And then you know you were talking skin. And then you know you were talking about having a brick on your belly but about having a brick on your belly but also if somebody has a lot of arthritis also if somebody has a lot of arthritis or sic calcification on their spine or sic calcification on their spine that's going to get in the way. If that's going to get in the way. If they're not positioned correctly that's they're not positioned correctly that's going to get in the way. And the only going to get in the way. And the only thing we are really using is a t-core.

thing we are really using is a t-core. It's what scares the heck out of women. It's what scares the heck out of women. And I mean, there's a lot of things And I mean, there's a lot of things about the DEXA scan about you, you got about the DEXA scan about you, you got to look at your hip score and your spine to look at your hip score and your spine score to make sure that they're like in score to make sure that they're like in the same ballpark cuz you can't have a the same ballpark cuz you can't have a really really bad spine with a hip really really bad spine with a hip that's not in those high ranges and have that's not in those high ranges and have that be statistically re relevant. So that be statistically re relevant. So then you know there's something off with then you know there's something off with it. A lot of women don't seem to know it. A lot of women don't seem to know their scores when I talk with them and their scores when I talk with them and even though they're told they're some even though they're told they're some people are put on medications even with people are put on medications even with a -2.7 so they don't really know their a -2.7 so they don't really know their T-RO. I don't even I think that there's T-RO. I don't even I think that there's a lot of physicians that are not as a lot of physicians that are not as savvy. I mean I hope I could say that savvy. I mean I hope I could say that without being offensive. I don't mean to without being offensive. I don't mean to be offensive to anyone but I do think be offensive to anyone but I do think that the interpretation of the dexa that the interpretation of the dexa isn't fully understood by everyone. we isn't fully understood by everyone. we don't really understand it. But the don't really understand it. But the problem is that there's so much weight problem is that there's so much weight placed on a T-core and everything placed on a T-core and everything becomes determined from that T-core and becomes determined from that T-core and that's where the problems are. Yeah. And that's where the problems are. Yeah. And the T-core was developed 30 years ago.

the T-core was developed 30 years ago. So it's now everybody's used to it. So it's now everybody's used to it. Everyone's using it. But it really is Everyone's using it. But it really is not a good determinant. It's not a not a good determinant. It's not a reliable determinant of whether reliable determinant of whether something a material is going to fail, something a material is going to fail, whether bone's going to break because whether bone's going to break because again, it's measuring the density by again, it's measuring the density by determining how well X-ray beams pass determining how well X-ray beams pass through it. And there's so many things through it. And there's

so many things that can affect that. And it's also that can affect that. And it's also developed in statistical tables. It's developed in statistical tables. It's you have to be a certain size, a certain you have to be a certain size, a certain BMI in order for that statistic to BMI in order for that statistic to really apply. And if you're not, then really apply. And if you're not, then your T-cores will be or the your T-cores will be or the determination of your T- scores will be determination of your T- scores will be wrong.

wrong. wrong. >> Okay? B. >> Okay? B. >> That's important. Okay, cuz that's an >> That's important. Okay, cuz that's an important thing there. Do we know what important thing there. Do we know what the height and weight range is where we the height and weight range is where we have to start thinking hm this probably have to start thinking hm this probably there's a lot of variability or this there's a lot of variability or this might not be statistically relevant like might not be statistically relevant like is there a height or a weight that we is there a height or a weight that we could say? I mean could say? I mean >> it would be whatever average is because >> it would be whatever average is because the databases that are used the either the databases that are used the either the NHANES database which is a CDC the NHANES database which is a CDC database is a normative database. It's database is a normative database. It's based on a large database 100 100,000 based on a large database 100 100,000 plus women. And so when you average it plus women. And so when you average it out that there'll be an average height, out that there'll be an average height, average weight, and I'm not sure what average weight, and I'm not sure what that is in the United States, but it that is in the United States, but it might be 5'6, it might be 140, 150 lb.

might be 5'6, it might be 140, 150 lb. So that give or take that might be So that give or take that might be around wherever is. around wherever is. >> Okay. So then when you're moving away >> Okay. So then when you're moving away from that, so for your 5 foot tall, 100 from that, so for your 5 foot tall, 100 lb female or your 5'1, 105 lb female, lb female or your 5'1, 105 lb female, she's going to be away from that the she's going to be away from that the average weight. So then we might have a average weight. So then we might have a little bit more variability in the little bit more variability in the outcome.

outcome. outcome. >> There'll be a bias. And I again I like >> There'll be a bias. And I again I like to use my wife as an example. That's how to use my wife as an example. That's how that's her size. She's 5 foot tall about that's her size. She's 5 foot tall about 1510 lbs and she has osteoporosis. There 1510 lbs and she has osteoporosis. There she's way in the red and she's in her she's way in the red and she's in her 60s. Now I'm I she's on any meds and 60s. Now I'm I she's on any meds and there's no reason for her to be in meds there's no reason for her to be in meds because when we do this structure because when we do this structure analysis, when we do the fragility analysis, when we do the fragility score, she's in the green. Her bone score, she's in the green. Her bone matches the bone in people who have not matches the bone in people who have not fractured. So based on the model that's fractured. So based on the model that's developed by Rams and again that might developed by Rams and again that might be another podcast is actually be another podcast is actually explaining how Rams is doing that explaining how Rams is doing that structural an analysis but when it does structural an analysis but when it does it her bone matches the bone in it her bone matches the bone in individuals who have not sustained individuals who have not sustained fractures in a database that's used. So fractures in a database that's used. So based on that she there's no indication based on that she there's no indication for her be to be on medication and even for her be to be on medication and even though she has osteoporosis but again a though she has osteoporosis but again a piece of p according to our model T-core piece of p according to our model T-core models a pencil is osteoprotic wood is models a pencil is osteoprotic wood is osteoprotic but yet we build houses out osteoprotic but yet we build houses out of it so it's not dense but it's strong of it so it's not dense but it's strong so again this is the conversation I so again this is the conversation I have with my patients because a lot of the with my patients because a lot of the ladies are they're small they're smaller ladies are they're small they're smaller build they're smaller framed and so build they're smaller framed and so there will be bias even with the rims there will be bias even with the rims because the REMS uses the NHANES because the REMS uses the NHANES database in the conversion from bulal database in the conversion from bulal density to t- scores. So if they're density to t- scores. So if they're below average size, there will be a bias below average size, there will be a bias even with ramps. But then we get to the even with ramps. But then we get to the fragility score and there's not a bias fragility score and there's not a bias with that. And these ladies who might be with that. And these ladies who might be have low T- scores end up being in the have low T- scores end up being in the zone where their bone matches the bone zone where their bone matches the bone and people haven't broken. So their and people haven't broken. So their fracture risk is low. Therefore, they fracture risk is low. Therefore, they don't need the patient.

don't need the patient. >> As I'm speaking with Dr. Dr. Bush, I >> As I'm speaking with Dr. Dr. Bush, I wanted to share that we actually put wanted to share that we actually put together master classes to help educate together master classes to help educate women and empower them to take control women and empower them to take control of their bone health. And one of the of their bone health. And one of the best ways to do this is through best ways to do this is through education. So, look below to see if one education. So, look below to see if one of the master classes we're offering has of the master classes we're offering has information in it that you'd like to information in it that you'd like to learn more about and join us and we can learn more about and join us and we can speak with you and answer your questions speak with you and answer your questions live on the spot. And we also share live on the spot. And we also share materials that you could take to share materials that you could take to share with your physician as you become in a with your physician as you become in a equal relationship with your doctor in equal relationship with your doctor in determining what you need to do, what determining what you need to do, what course of action you should take for course of action you should take for your bone health. Now, let's get back to your bone health. Now, let's get back to the show. The fracture risk is something the show. The fracture risk is something we get from rims. That's not any that's we get from rims. That's not any that's where we get the fracture risk. We're where we get the fracture risk. We're not getting that when we do a DEXA scan, not getting that when we do a DEXA scan, right?

right? right? >> Well, well, well, the implication of a >> Well, well, well, the implication of a low T-core is that you have high low T-core is that you have high fracture risk. Now there is an fracture risk. Now there is an association and I don't have a number.

association and I don't have a number. I've been looking for the number for I've been looking for the number for this but I I can't find a definitive this but I I can't find a definitive statistical number. So the way I'm going statistical number. So the way I'm going to say this is the words are very are to say this is the words are very are chosen. If there's a group of chosen. If there's a group of individuals who have fractures have individuals who have fractures have sustained fragility fractures, they will sustained fragility fractures, they will tend to have a lower T-core that I'm tend to have a lower T-core that I'm not saying that they do but there will be a saying that they do but there will be a tendency when you look at the T- scores tendency when you look at the T- scores of individuals who have fractured of individuals who have fractured they'll tend to be lower.

they'll tend to be lower. However, another competing statement is, However, another competing statement is, and this is out of the DEXA literature, and this is out of the DEXA literature, 50% of all fractures happen in ladies 50% of all fractures happen in ladies who do not have osteoporosis.

who do not have osteoporosis.

50% of Fractures Happen Outside of Osteoporosis Diagnosis

So, half of all fractures happen to So, half of all fractures happen to ladies who have normal density or who ladies who have normal density or who have osteopenia.

have osteopenia. So now, how do you reconcile that? Well, So now, how do you reconcile that? Well, because if I just said that people who because if I just said that people who fracture tend to have lower T- scores, fracture tend to have lower T- scores, well, how can it be 50/50? Well, there well, how can it be 50/50? Well, there are more people who do not have are more people who do not have osteoporosis. The group of individuals osteoporosis. The group of individuals in the general population who are either in the general population who are either normal density or osteopenic are a much normal density or osteopenic are a much larger number than the individuals who larger number than the individuals who are osteoporotic are osteoporotic because you have more folks who more because you have more folks who more ladies who have either a diagnosis of ladies who have either a diagnosis of osteopenia osteopenia osteopenia or normal density. You're going to have or normal density. You're going to have more fractures. Statistically, you're more fractures. Statistically, you're just going to have more fractures. So, just going to have more fractures. So, the numbers do line up. So the rate of the numbers do line up. So the rate of fracturing osteoporosis is higher but fracturing osteoporosis is higher but the absolute number between the two the absolute number between the two groups is equal. It's 50%.

groups is equal. It's 50%. And the problem is when you look on And the problem is when you look on either dexo or rims on the first page either dexo or rims on the first page where you see the graph that's red, where you see the graph that's red, yellow and green and you see your target yellow and green and you see your target is either in the red, yellow or green is either in the red, yellow or green and you panic. Well be I'm in and you panic. Well be I'm in osteoporosis. I need meds. Well based on osteoporosis. I need meds. Well based on that graph 50% of people who break are that graph 50% of people who break are where you are. the other 50% are in the where you are. the other 50% are in the green or yellow above you. So, how can green or yellow above you. So, how can you really determine what to do if you really determine what to do if you're 50/50? And that's an incidence you're 50/50? And that's an incidence graph. It's a prevalence or incidence graph. It's a prevalence or incidence graph. It's not a rate graph.

graph. It's not a rate graph. So, that's again it sounds confusing So, that's again it sounds confusing because it is. because it is. >> And that's why I'm choosing Yeah, that's >> And that's why I'm choosing Yeah, that's why I'm choosing not to use t-cores why I'm choosing not to use t-cores because again, it's confusing. But then because again, it's confusing. But then the whole pre premise of why are we the whole pre premise of why are we using a single physical property to using a single physical property to determine how a material is going to determine how a material is going to behave? Because the behavior is not behave? Because the behavior is not based on one property. It's based on all based on one property. It's based on all the properties that that a pen that a the properties that that a pen that a piece of wood that a piece of chalk that piece of wood that a piece of chalk that are bones they all have multiple are bones they all have multiple properties that determine how those how properties that determine how those how that's going to behave when a force is that's going to behave when a force is applied. So that's where the structure, applied. So that's where the structure, the strength, the quality comes in.

the strength, the quality comes in. That's why we have that conversation now That's why we have that conversation now because we have the ability to measure because we have the ability to measure that. Rams can measure that and then that. Rams can measure that and then that is a better predictor. It's a more that is a better predictor. It's a more accurate predictor of how that bone's accurate predictor of how that bone's going to behave when you apply when you going to behave when you apply when you apply a force to it. Will it break or apply a force to it. Will it break or will it not break?

will it not break? >> Yeah. And what this brings up, so you >> Yeah. And what this brings up, so you started off by saying, does it make started off by saying, does it make sense? And my podcast episode 100, I had sense? And my podcast episode 100, I had to do it in two parts. I actually talked to do it in two parts. I actually talked about 100 contributing factors to bone about 100 contributing factors to bone loss. So if we here are just looking at loss. So if we here are just looking at a DEXA scan T-core, which is what we're a DEXA scan T-core, which is what we're doing really. That is what we do here.

doing really. That is what we do here. That's one factor and we're not taking That's one factor and we're not taking into account who is the person that into account who is the person that we're looking at. What's the lifestyle we're looking at. What's the lifestyle of the person that we're looking at?

of the person that we're looking at? What are the other factors? I think you What are the other factors? I think you and I spoke once and I asked you because and I spoke once and I asked you because you said your bread and butter was to you said your bread and butter was to fix broken hips and broken pelvises. And fix broken hips and broken pelvises. And I tried to ask you, could you generalize I tried to ask you, could you generalize about who was the woman that fractured about who was the woman that fractured her hip? I think that when we can see her hip? I think that when we can see her, when we can understand, and this is her, when we can understand, and this is what you told me is that and it's closer what you told me is that and it's closer to the 80year-old Mark and that usually to the 80year-old Mark and that usually the women that you saw had multiple the women that you saw had multiple metabolic conditions. It wasn't the metabolic conditions. It wasn't the healthy pickle ball playing lady that healthy pickle ball playing lady that just played pickle ball on Sunday that just played pickle ball on Sunday that fell and broke her hip. It is typically fell and broke her hip. It is typically a woman that has that's usually not a woman that has that's usually not strong, not active, and had other strong, not active, and had other metabolic conditions.

metabolic conditions. So my Okay, you said that's correct. So my Okay, you said that's correct. Sorry, I should have

let you say that. Sorry, I should have let you say that.

So my goal is to take away that fear So my goal is to take away that fear that the DEXA scan and the T-core gives that the DEXA scan and the T-core gives because it's one thing we're looking at because it's one thing we're looking at and we're trying to I don't want to say and we're trying to I don't want to say poke holes at it, but rather just poke holes at it, but rather just minimize. We're trying to soften the minimize. We're trying to soften the blow because it is a blow. It's a blow blow because it is a blow. It's a blow when you get your T-core. It pulls a rug when you get your T-core. It pulls a rug out from under you. It's disempowering out from under you. It's disempowering in the moment you get it. And in the moment you get it. And unfortunately in our conventional unfortunately in our conventional medical model, the only tool that we medical model, the only tool that we have, the only tools are medications. So have, the only tools are medications. So now we forget all the other factors that now we forget all the other factors that contribute to bone loss. And that's why contribute to bone loss. And that's why I want to ask you these questions. I I want to ask you these questions. I want to bring this clarity to women that want to bring this clarity to women that this T-core is one factor of many, many, this T-core is one factor of many, many, many factors.

many factors. >> Well, it's also an imperfect factor. >> Well, it's also an imperfect factor. Really, the stand I'm taking is that Really, the stand I'm taking is that it's imperfect. And even though there it's imperfect. And even though there might be push back from the DEXA might be push back from the DEXA community about that, they might say community about that, they might say that out loud, but behind behind closed that out loud, but behind behind closed doors, they're talking about TBS.

doors, they're talking about TBS. They're talking about the tracular bone They're talking about the tracular bone score, which is a DEXA method added on score, which is a DEXA method added on software to measure certain there's a software to measure certain there's a way of mathematically processing way of mathematically processing information from DEXA to then determine information from DEXA to then determine kind of a parameter for bone quality.

kind of a parameter for bone quality. And if you hit a certain range of And if you hit a certain range of numbers, you're considered to have numbers, you're considered to have normal bone. If it's the middle range, normal bone. If it's the middle range, it's the degraded bone. If it's a lower it's the degraded bone. If it's a lower range, it's it's partially degraded and range, it's it's partially degraded and it's degraded. So the even the people it's degraded.

What Is TBS (Trabecular Bone Score)?

So the even the people who are promoting DEXA and pretending who are promoting DEXA and pretending that T-cores are really really important that T-cores are really really important behind closed doors, they're panicking behind closed doors, they're panicking and they're using TT T score with T TBS and they're using TT T score with T TBS because they realize that density is not because they realize that density is not the best way to determine fracture risk.

the best way to determine fracture risk. Again, 50% of ladies who fracture have Again, 50% of ladies who fracture have normal density or low bone density do normal density or low bone density do not have osteoporosis.

not have osteoporosis. So there there's a problem with that So there there's a problem with that method and it comes down to the fact method and it comes down to the fact that again you're measuring one only one that again you're measuring one only one property. Now it's an important property property. Now it's an important property but it's not the most important pencils but it's not the most important pencils wood is not dense but we build houses wood is not dense but we build houses out of wood. We would never build a out of wood. We would never build a house out of chalk. Even though it's house out of chalk. Even though it's four times as dense as wood it is not four times as dense as wood it is not four times better. It is not a good four times better. It is not a good building material because it's building material because it's structurally not strong. Whereas wood is structurally not strong. Whereas wood is not dense but it's strong. So that's not dense but it's strong. So that's really we want to redirect people's really we want to redirect people's attention from the T-core. Don't panic attention from the T-core. Don't panic about your T-core. Now again, it needs about your T-core. Now again, it needs to be looked at. It needs to make

sense, to be looked at. It needs to make sense, but it's not going to give you but it's not going to give you necessarily a valid meth measure of what necessarily a valid meth measure of what your fracture risk is. To do that, you your fracture risk is. To do that, you really have to look at the structure of really have to look at the structure of your bone. And REM gives you a it's the your bone. And REM gives you a it's the best method right now to look at those best method right now to look at those at the structure of your bone to at the structure of your bone to determine again, do you better match determine again, do you better match somebody who's going to break or somebody who's going to break or somebody who's not going to break?

somebody who's not going to break? So really that that's really what I want So really that that's really what I want to leave my message I want to leave with to leave my message I want to leave with this podcast.

this podcast. >> Right. And the thing is so you're you've >> Right. And the thing is so you're you've done more rims than anyone in the US. done more rims than anyone in the US.

The problem is as of now 2025 we don't The problem is as of now 2025 we don't have that many machines here. So they're have that many machines here. So they're starting to get more and more machines.

starting to get more and more machines. And you're in North Carolina. So if And you're in North Carolina. So if someone is fortunate enough to be near someone is fortunate enough to be near you, they can come and get that there.

you, they can come and get that there. But women are having trouble. I get But women are having trouble. I get asked this all the time. and we're going asked this all the time. and we're going to get a rims. We're going to get a to get a rims. We're going to get a rims. So, until it exists that rims are rims. So, until it exists that rims are easily more easy to get, which is going easily more easy to get, which is going to happen, I don't know when, but will.

to happen, I don't know when, but will. Let me ask you, you talked about the Let me ask you, you talked about the TBS, the trabacular score that's added TBS, the trabacular score that's added onto the DEXA. So, I have never been onto the DEXA. So, I have never been offered that when I've had a DEXA. I offered that when I've had a DEXA. I think I've already had I'm in my late think I've already had I'm in my late 50s. I think I've had five DEXAs at this 50s. I think I've had five DEXAs at this point. I've never been offered that. Is point. I've never been offered that. Is that something you can ask for? Does it that something you can ask for? Does it make sense to ask for that? What do what make sense to ask for that? What do what are your recommendations on that?

are your recommendations on that? >> Yeah, it absolutely makes sense. Now, >> Yeah, it absolutely makes sense. Now, it's hard to find because it is added it's hard to find because it is added on, it's expensive and with how on, it's expensive and with how reimbursements are going with insurance, reimbursements are going with insurance, a lot of people who own Dex machines a lot of people who own Dex machines can't afford it. They can't afford to can't afford it. They can't afford to purchase that because what they get paid purchase that because what they get paid for by insurance companies is so bad for by insurance companies is so bad that it's economically they can't do it.

that it's economically they can't do it. So, unfortunately, it's not that So, unfortunately, it's not that prevalent. Some places have it. There prevalent. Some places have it. There are some individuals who have invested are some individuals who have invested in it. So, if you have the opportunity, in it. So, if you have the opportunity, again, I kind of kid around, but if a again, I kind of kid around, but if a patient of mine comes and asks me for a patient of mine comes and asks me for a DEXA, now I'll give them the evil eye, DEXA, now I'll give them the evil eye, but I'll order it, but I'll order it but I'll order it, but I'll order it with a TBS. And I'll also go to a with a TBS. And I'll also go to a specific facility in Raleigh, which I specific facility in Raleigh, which I think does good Dexas, and they offer think does good Dexas, and they offer TBS. But that's otherwise, if you're TBS. But that's otherwise, if you're just getting a DEXA, it is my opinion just getting a DEXA, it is my opinion that you're wasting your time, you're that you're wasting your time, you're wasting your money, and you're getting wasting your money, and you're getting irradiated for no reason because the irradiated for no reason because the T-core is not a reliable way to T-core is not a reliable way to determine if you're going to fracture.

determine if you're going to fracture.

Why Women Deserve Better Bone Diagnostics

And that's ultimately what you want to And that's ultimately what you want to know. And the problem is you say, "Well, know. And the problem is you say, "Well, I can't get REM, so let me get DEXA." I can't get REM, so let me get DEXA." Well, if you're getting wrong Well, if you're getting wrong information from the DEXA, is that information from the DEXA, is that really helping you? So, you got to be really helping you? So, you got to be careful with that. And unfortunately, careful with that. And unfortunately, like Debbie, like you said, there's not like Debbie, like you said, there's not a whole lot of ability for ladies to a whole lot of ability for ladies to get, you know, get a REM or get the get, you know, get a REM or get the structural assessment of their bone yet.

structural assessment of their bone yet. So, again, it's that's a hard question So, again, it's that's a hard question to answer, but I look at T scores and to answer, but I look at T scores and again, I Um the a lot of ladies come to again, I Um the a lot of ladies come to me, they're told they need medication.

me, they're told they need medication. They're they have osteoporosis. Again, They're they have osteoporosis. Again, that doesn't make sense. The lady that doesn't make sense. The lady sitting in front of me is not frail yet sitting in front of me is not frail yet she's has osteoporosis as a diagnosis she's has osteoporosis as a diagnosis because her T-core was -2.7. She's being because her T-core was -2.7. She's being told that she needs prolle or another told that she needs prolle or another medication. We do a REMS and we get a an medication. We do a REMS and we get a an assessment of her bone structure and her assessment of her bone structure and her bone matches the bone in people who are bone matches the bone in people who are not going to break or who haven't not going to break or who haven't fractured. So she has strong bone. So fractured. So she has strong bone. So when I see her as a patient, as her when I see her as a patient, as her doctor, not only don't I want to doctor, not only don't I want to prescribe a medicine, I would be wrong prescribe a medicine, I would be wrong to prescribe a medicine because to prescribe a medicine because medications are for people with high medications are for people with high fracture risk. If your REM shows you fracture risk. If your REM shows you that you have a the bone that matches that you have a the bone that matches someone who hasn't broken, you have someone who hasn't broken, you have strong bone, you have low fracture risk.

strong bone, you have low fracture risk. So medication is actually So medication is actually contraindicated. It would be wrong for contraindicated. It would be wrong for me as a physician to prescribe me as a physician to prescribe medication to you.

medication to you. So it's a dilemma. It's again it's a So it's a dilemma. It's again it's a public health problem and you're working public health problem and you're working on I guess you and I are working on on I guess you and I are working on solving it but it's a long road to go.

solving it but it's a long road to go. >> It is and we're going to solve it when >> It is and we're going to solve it when and then you know information is queen and then you know information is queen is what I always say cuz I get asked by is what I always say cuz I get asked by women because I talk about the rim so women because I talk about the rim so much and I was fortunate enough to have much and I was fortunate enough to have a rims. I went to London and had Nick do a rims. I went to London and had Nick do a rims on me. So I'm fortunate to get a rims on me. So I'm fortunate to get that and then people asked me should I that and then people asked me should I get a DEXA because you were you're being get a DEXA because you were you're being exposed to radiation. I mean all the exposed to radiation. I mean all the things you mentioned. So they asked me things you mentioned. So they asked me and I'm like I can't really direct you and I'm like I can't really direct you in that way and I'm wondering myself in that way and I'm wondering myself should I get a DEXA anymore? So no should I get a DEXA anymore? So no >> you get REM >> you get REM >> I used to be I used to again two three >> I used to be I used to again two three years ago when I wasn't I haven't done years ago when I wasn't I haven't done as many REMs and obviously you whenever as many REMs and obviously you whenever you practice medicine it's you learn how you practice medicine it's you learn how to do something but then you do it I to do something but then you do it I guess especially as a surgeon you do it guess especially as a surgeon you do it and if it works you repeat it. If you do and if it works you repeat it. If you do it and it doesn't work the way you want it and it doesn't work the way you want it to

work, you're not going to repeat it to work, you're not going to repeat it. So, three three years of doing REM, it. So, three three years of doing REM, I have no issues. I am swimming deeper I have no issues. I am swimming deeper into the REM's pool. It's I mean, there into the REM's pool. It's I mean, there are issues that I'm addressing because are issues that I'm addressing because I'm because I've done enough where I've I'm because I've done enough where I've noticed some problems and I'm actually noticed some problems and I'm actually working on solutions for those problems working on solutions for those problems or ways of explaining those problems to or ways of explaining those problems to my patients, but they're minimal.

my patients, but they're minimal. They're not taking me away from REM. So, They're not taking me away from REM. So, with that, I don't recommend Dexes with that, I don't recommend Dexes anymore. And now again, if someone asks anymore. And now again, if someone asks me for one, I'll give them an order if me for one, I'll give them an order if they really feel that they need it or they really feel that they need it or they want it or their doctor other they want it or their doctor other doctors making them get it. But I'll doctors making them get it. But I'll really tell them that again, you have to really tell them that again, you have to get a TBS. Otherwise, you really are get a TBS.

Should You Still Get a DEXA Scan?

Otherwise, you really are wasting your time, your money, and yeah, wasting your time, your money, and yeah, you're getting that radiation for no you're getting that radiation for no reason because you're getting a measure reason because you're getting a measure of one of the properties of your bone, of one of the properties of your bone, not necessarily really reflective of not necessarily really reflective of what your bone's going to do if you hit what your bone's going to do if you hit the ground. How is it going to behave the ground. How is it going to behave when you hit the ground? The density when you hit the ground? The density does not necessarily tell you that.

does not necessarily tell you that. >> Yeah. So all this education what it does >> Yeah. So all this education what it does is it gives women power. So empowering is it gives women power. So empowering women is my goal. It's also yours I know women is my goal. It's also yours I know as well. We're giving women information as well. We're giving women information that they can then make their decisions.

that they can then make their decisions. So getting a REM would be ideal and if So getting a REM would be ideal and if you can't get a REM get a DEXA scan with you can't get a REM get a DEXA scan with a TBS, ask for that. So we're giving you a TBS, ask for that. So we're giving you the information. So REMS if you could the information. So REMS if you could find it there. I have I could help with find it there. I have I could help with that as well. Also, if someone contacts that as well. Also, if someone contacts me, I can help to tell them where to get me, I can help to tell them where to get it because there's certain facilities it because there's certain facilities that have it. But the RENs would be that have it. But the RENs would be optimal if you're going to get a DEXA, a optimal if you're going to get a DEXA, a DEXA with a TBS, a tbecular score that DEXA with a TBS, a tbecular score that you can ask your physician to, you know, you can ask your physician to, you know, so we're going to be like pissing off so we're going to be like pissing off all of these doctors like why are people all of these doctors like why are people asking me for these things and why are asking me for these things and why are you asking this? You just need to listen you asking this? You just need to listen to what I say. Um, but education is to what I say. Um, but education is really what we're our goal is here. And really what we're our goal is here. And so that would be ideal is to get all so that would be ideal is to get all that. And so hopefully we've shared some that. And so hopefully we've shared some information. So let's just come to the information. So let's just come to the top of some of what we said. You started top of some of what we said. You started off by saying does it make sense? And off by saying does it make sense? And there are you used these words. This is there are you used these words. This is why I wanted to record this podcast. You why I wanted to record this podcast. You used this word about properties that used this word about properties that there are physical properties. That there are physical properties. That would be the t-core, right? The density would be the t-core, right? The density is the physical property. But what we is the physical property. But what we really need to understand is when you really need to understand is when you drop something, is it going to break?

drop something, is it going to break? What's the fracture risk? What's the fracture risk? >> What's the behavior? >> What's the behavior? >> The behavior. Yes. So that was then the >> The behavior. Yes. So that was then the

mechanical properties and behavior. I mechanical properties and behavior. I loved how you said that. And as a yoga loved how you said that. And as a yoga therapist, I started to think about do therapist, I started to think about do you have flexible feet and flexible you have flexible feet and flexible ankles? What's your balance like? What's ankles? What's your balance like? What's your joint coordination like? Do you your joint coordination like? Do you have the hydrated tissue? Do or do you have the hydrated tissue? Do or do you have a healthy other healthy parts to have a healthy other healthy parts to you? And the more that women can you? And the more that women can understand that it's not just a T-core, understand that it's not just a T-core, it's not just bone density, that there it's not just bone density, that there are better diagnostics, that's the are better diagnostics, that's the information we're sharing. And hopefully information we're sharing. And hopefully in listening to this podcast, I'll get a in listening to this podcast, I'll get a lot of feedback from this and hear what lot of feedback from this and hear what women a lot of I think we did some women a lot of I think we did some empowerment here and that was the goal empowerment here and that was the goal of this podcast. So any final words you of this podcast. So any final words you want to say? No, want to say? No, >> this is wonderful. I mean again, we >> this is wonderful. I mean again, we started by actually just having a chat started by actually just having a chat and decided to do a podcast. I think and decided to do a podcast. I think this is great. This is the brilliant.

this is great. This is the brilliant. >> Great. You're like, this is how I >> Great. You're like, this is how I explained to my women how this I said, explained to my women how this I said, okay, wait, wait, wait. You've got to okay, wait, wait, wait. You've got to take it to the kindergarten level. And take it to the kindergarten level. And then I thought, wait, women need this then I thought, wait, women need this because I am referring back to my, you because I am referring back to my, you know, podcast I did with you six months know, podcast I did with you six months ago or seven or eight months ago. And ago or seven or eight months ago. And I'm like, well, I need a modern podcast.

I'm like, well, I need a modern podcast. But really, the DEXA is what I want to But really, the DEXA is what I want to talk about. And that's what we did talk talk about. And that's what we did talk about because I'm amazed at how little about because I'm amazed at how little women understand about what their DEXA women understand about what their DEXA scan is telling them. They don't scan is telling them. They don't understand what the numbers mean. And understand what the numbers mean.

Empowerment Through Education & Better Tools

And most importantly, most importantly, they are disempowered from that they are disempowered from that information that they don't even information that they don't even understand in the first place. And understand in the first place. And they're sitting there not knowing what they're sitting there not knowing what to do. And so hopefully now they have to do. And so hopefully now they have some information to make some informed some information to make some informed decisions and choices. Yeah.

decisions and choices. Yeah. >> Well, thank you for sponsoring. This was >> Well, thank you for sponsoring. This was great. great. great. >> Yeah. Thank you. Thanks for joining me >> Yeah. Thank you. Thanks for joining me on Stronger Bones Lifestyle. Are you on Stronger Bones Lifestyle. Are you ready to take charge of your future? For ready to take charge of your future? For show notes, resources, and information show notes, resources, and information on my programs, please visit on my programs, please visit debroinson.com.

debroinson.com. debroinson.com. If today's episode empowered you, be If today's episode empowered you, be sure to subscribe, leave a review, and sure to subscribe, leave a review, and share it with someone who needs it.

share it with someone who needs it. Together, we're building stronger bones Together, we're building stronger bones and stronger lives. Take care and I'll and stronger lives. Take care and I'll