Osteoporosis in Men: Don’t Wait for a Fracture | Dr. Tom Forfa Transcript

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Introduction: Osteoporosis in men

Hey, Marie here. When we talk about Hey, Marie here. When we talk about osteoporosis, we usually think about osteoporosis, we usually think about women, but men also get osteoporosis.

women, but men also get osteoporosis. And unfortunately, it often goes And unfortunately, it often goes undiagnosed until a fracture occurs. undiagnosed until a fracture occurs.

Today, we're shining a light on this Today, we're shining a light on this overlooked area of bone health. My overlooked area of bone health. My special guest is Dr. Tom Forfea, a special guest is Dr. Tom Forfea, a medical doctor who also has a very medical doctor who also has a very personal connection to this topic. Dr.

personal connection to this topic. Dr. For was diagnosed with osteoporosis at a For was diagnosed with osteoporosis at a young age after experiencing multiple young age after experiencing multiple fractures. His own experience led him to fractures. His own experience led him to focus on understanding osteoporosis focus on understanding osteoporosis particularly in men and the role of particularly in men and the role of exercise, nutrition, lifestyle, and exercise, nutrition, lifestyle, and medical treatment. In this talk, we'll medical treatment. In this talk, we'll discuss why osteoporosis in men is so discuss why osteoporosis in men is so often missed, who's at risk, and what often missed, who's at risk, and what men can do to protect their bones as men can do to protect their bones as they age. So, this is full of lots of they age. So, this is full of lots of good information if this is for you or good information if this is for you or Welcome, Tom. So happy to have you here Welcome, Tom. So happy to have you here on the [music] podcast. This is such an on the [music] podcast. This is such an important topic, but yet so few people important topic, but yet so few people talk about it. you know, the women are talk about it. you know, the women are doing all these amazing things for their doing all these amazing things for their bones and seeing so many great results, bones and seeing so many great results, but the men have sort of been overlooked but the men have sort of been overlooked in this and I think it's really in this and I think it's really unfortunate.

unfortunate. unfortunate. So, welcome. So, welcome. >> Thanks for having me, Margie. I'm really >> Thanks for having me, Margie. I'm really excited to be here talking to to your excited to be here talking to to your audience and uh and hopefully helping audience and uh and hopefully helping some men with their bone density. you some men with their bone density. you know, why don't you share you were you know, why don't you share you were you personally were diagnosed with early personally were diagnosed with early onset osteoporosis in your 30s. I mean, onset osteoporosis in your 30s. I mean, tell us your story because I think that tell us your story because I think that will explain why you're so passionate will explain why you're so passionate about all the work you do. But why don't about all the work you do. But why don't why don't you just share how you got why don't you just share how you got even into this area.

even into this area.

Dr. Tom Forfau2019s 13-fracture osteoporosis story

>> Yeah. So, I I had 13 fractures in 10 >> Yeah. So, I I had 13 fractures in 10 years before anyone connected the dots. years before anyone connected the dots.

And even I didn't realize, I think my And even I didn't realize, I think my wife had had enough at one point. I I I wife had had enough at one point. I I I I'd fallen off a bicycle. It was nothing I'd fallen off a bicycle. It was nothing major. I shouldn't have broken a bone, major. I shouldn't have broken a bone, but I broke my wrist. She was like, but I broke my wrist. She was like, "Tom, that's enough. You've got to get "Tom, that's enough. You've got to get your bones scanned." And sure enough, I your bones scanned." And sure enough, I had osteoporosis in my lower back with had osteoporosis in my lower back with two additional crush fractures, two additional crush fractures, osteopenia in my hip. And that w that osteopenia in my hip. And that w that kind of was was a bit of a shock to the kind of was

was a bit of a shock to the system for me cuz I was 37 otherwise system for me cuz I was 37 otherwise healthy and I was told that I had the healthy and I was told that I had the the bones of a healthy 85year-old man.

the bones of a healthy 85year-old man. And so and and I was confused and I was And so and and I was confused and I was frightened. I I was wondering, you know, frightened. I I was wondering, you know, what what did this mean for me? Was I what what did this mean for me? Was I going to keep breaking bones? Was I going to keep breaking bones? Was I going to break my back? And I think a going to break my back? And I think a lot of people experience that. And lot of people experience that. And that's one of the one of the things that that's one of the one of the things that that that kind of sat with me when I that that kind of sat with me when I left the doctor's clinic was I had a left the doctor's clinic was I had a DEXA scan and a prescription and my head DEXA scan and a prescription and my head was spinning. I was wondering what was was spinning. I was wondering what was happening and I had a medical degree and happening and I had a medical degree and uh so I only imagine what it's like for uh so I only imagine what it's like for everybody else. So I am a doctor by everybody else. So I am a doctor by training. I I left clinical practice to training. I I left clinical practice to to pursue research and and education.

to pursue research and and education. But then having been diagnosed with But then having been diagnosed with osteoporosis kind of pulled me back into osteoporosis kind of pulled me back into it because I thought you know what is it because I thought you know what is going on here. I thought this was a going on here. I thought this was a condition for women and probably older condition for women and probably older women and here I am as a young man women and here I am as a young man getting this. So I started I thought you getting this. So I started I thought you know what I'm going to figure this thing know what I'm going to figure this thing out. And so I went into back into the out. And so I went into back into the textbooks into the studies. I used my textbooks into the studies. I used my medical training to try and understand medical training to try and understand what was going on here. We couldn't find what was going on here. We couldn't find any particular reason for my any particular reason for my osteoporosis. There are a few different osteoporosis. There are a few different potential factors that they all kind of potential factors that they all kind of combined into into the perfect storm, so combined into into the perfect storm, so to say. But I was able to start turning to say. But I was able to start turning my bone density around very quickly by my bone density around very quickly by understanding what's going on with the understanding what's going on with the bones, what actually works for men and bones, what actually works for men and and what I can start start implementing and what I can start start implementing right away. And so within 6 months, I right away. And so within 6 months, I was able to start turning that around was able to start turning that around and I've been able to continue that.

and I've been able to continue that. It's been a up and down path. you know, It's been a up and down path. you know, hasn't always been smooth sailing, but hasn't always been smooth sailing, but I've been able to go from breaking 13 I've been able to go from breaking 13 bones in 10 years to now powerlifting bones in 10 years to now powerlifting and no broken bones. And I started and no broken bones. And I started sharing that story with people and they sharing that story with people and they they said, you know, Tom, how did you do they said, you know, Tom, how did you do it? How have you done this? And so I it? How have you done this? And so I started to to to to show I felt like started to to to to show I felt like there was a gap for for men because a there was a gap for for men because a lot of the focus that I saw, lot of the focus that I saw, understandably so, the studies and and understandably so, the studies and and all the treatments were were for women.

all the treatments were were for women. But then there was this group of men who But then there was this group of men who were who were just like myself confused, were who were just like myself confused, frightened, wondering what's going on frightened, wondering what's going on and no one was really speaking to them.

and no one was really speaking to them. So I thought, you know what, let me let So I thought, you know what, let me let me help the fellas and and help them me help the fellas and and help them understand what's going on here and what understand what's going on here and what might be the path forward for them.

might be the path forward for them. >> I love that. Would you share what some >> I love that. Would you share what some of your root causes were because that's of your root causes were because that's what I see really missing in what I see really missing in osteoporosis treatment. you know, you osteoporosis treatment.

Why osteoporosis develops differently in men

you know, you have the DAX as you say and then you get have the DAX as you say and then you get a prescription, but the root causes a prescription, but the root causes oftentimes are missed. So, what have you oftentimes are missed. So, what have you found, especially early on with men's?

found, especially early on with men's? What were some of the what were your What were some of the what were your root causes if you don't if if it's okay root causes if you don't if if it's okay to share those?

to share those? >> Yeah. Yeah, I'm happy to share that. So, >> Yeah. Yeah, I'm happy to share that. So, for me, like I said, there was no for me, like I said, there was no specific kind of one thing we could I specific kind of one thing we could I could hang my hat on. It was a could hang my hat on. It was a combination of factors. So, my combination of factors. So, my testosterone levels are kind of not low, testosterone levels are kind of not low, but bottom line, like bouncing over the but bottom line, like bouncing over the the bouncing on the bottom line of of the bouncing on the bottom line of of low. And we can speak about that more in low. And we can speak about that more in a second, but testosterone is a big one a second, but testosterone is a big one for men with with with bone strength. I for men with with with bone strength. I was also intolerant to gluten, not was also intolerant to gluten, not celiac, you know, no no no major celiac, you know, no no no major malabsorption problems, but just malabsorption problems, but just intolerant. So, I would inflame and intolerant. So, I would inflame and probably that would affect my absorption probably that would affect my absorption of nutrients over a long period of time.

of nutrients over a long period of time. as well as I I was I didn't consume much as well as I I was I didn't consume much calcium in my 20s and 30s. I was kind of calcium in my 20s and 30s. I was kind of anti-dairy for whatever reason and and anti-dairy for whatever reason and and so I wasn't consuming much of that. So so I wasn't consuming much of that. So those kind of but also a lot of stress those kind of but also a lot of stress and and lack of as much of the right and and lack of as much of the right activities as I was going through my activities as I was going through my medical degree and my medical training.

medical degree and my medical training. And I think all those factors kind of And I think all those factors kind of played in together. There's no family played in together. There's no family history in my family. My my my mom likes history in my family. My my my mom likes to tease me about how strong her bones to tease me about how strong her bones actually are, whereas mine are not or actually are, whereas mine are not or were not. And so those are kind of the were not. And so those are kind of the the factors for myself. But if we we the factors for myself. But if we we speak generally for men, it that there speak generally for men, it that there kind of contributing causes. And that's kind of contributing causes. And that's the big difference between women and the big difference between women and men's osteoporosis is is often the men's osteoporosis is is often the context in which it happens. So, so for context in which it happens. So, so for women, as your audience knows, it it's women, as your audience knows, it it's it's menopause that that that causes the it's menopause that that that causes the drop in estrogen, the drop in bone drop in estrogen, the drop in bone density. For men, there isn't that kind density. For men, there isn't that kind of a intense period of of bone loss. It of a intense period of of bone loss. It can tends to be more gradual or there's can tends to be more gradual or there's the the for the vast majority, there's the the for the vast majority, there's an underlying medical condition or a an underlying medical condition or a medication that's causing it. And so, medication that's causing it. And so, and that is often often underlooked as and that is often often underlooked as you've mentioned there, Margie. Yeah, you've mentioned there, Margie. Yeah, it's so interesting because in this it's so interesting because in this community, you know, not celiac, but community, you know, not celiac, but gluten sensitivity is such a big deal gluten sensitivity is such a big deal and that's not picked up, you know, they and that's not picked up, you know, they every almost every doctor who's working every almost every doctor who's working with osteoporosis will check for celiac with osteoporosis will check for celiac because that's a known risk factor, but because that's a known risk factor, but it's this gluten sensitivity, the it's this gluten sensitivity, the nonseliac that's so prevalent and can nonseliac that's so prevalent and can cause so much inflammation. So, it's cause so much inflammation. So, it's really interesting. I do see that a lot really interesting.

Major osteoporosis risk factors for men

I do see that a lot with younger people and you know that's with younger people and you know that's the few again

I don't work most of my the few again I don't work most of my community are women but with the men community are women but with the men that who are in the air in the community that who are in the air in the community that's is a very big deal this either that's is a very big deal this either it's celiac it's celiac >> yeah definitely that malabsorption is is >> yeah definitely that malabsorption is is a big one the the the the going back to a big one the the the the going back to the testosterone the testosterone >> low testosterone hypogonatism as it's >> low testosterone hypogonatism as it's referred to is one of the major causes referred to is one of the major causes and that could be you know due to just and that could be you know due to just uh natural drop over time or it could be uh natural drop over time or it could be secondary to something like a cancer secondary to something like a cancer treatment. So for example for prostate treatment. So for example for prostate cancer often men are treated with cancer often men are treated with androgen deprivation therapy which androgen deprivation therapy which forcefully drops the testosterone levels forcefully drops the testosterone levels and the natural kind of flow on effect and the natural kind of flow on effect of that is osteoporosis. So for any of of that is osteoporosis. So for any of the the the gentlemen who might be the the the gentlemen who might be listening or or or the wives of them, if listening or or or the wives of them, if if if you've been on prostate cancer if if you've been on prostate cancer treatment, your testosterone's dropped, treatment, your testosterone's dropped, that could be a warning sign or it could that could be a warning sign or it could be one of the causes as well. So low be one of the causes as well. So low testosterone, as you said, malabsorption testosterone, as you said, malabsorption problems are a big one. But problems are a big one. But specifically for men, it would be also large amounts for men, it would be also large amounts of alcohol consumption because that of alcohol consumption because that tends to be more prevalent in men. but tends to be more prevalent in men. but also long-term glucocorticoid use. So also long-term glucocorticoid use. So for long-term steroid use is another one for long-term steroid use is another one that that we see a lot in men. Those top that that we see a lot in men. Those top those are the kind of the top four. And those are the kind of the top four. And then we move into the similar ones as as then we move into the similar ones as as with women like par hyperarathyroidism, with women like par hyperarathyroidism, hypothyroidism, Cushing syndrome, those hypothyroidism, Cushing syndrome, those kinds of conditions. But yeah, for for kinds of conditions. But yeah, for for men that what we find is that because men that what we find is that because it's seen as a understandably a women's it's seen as a understandably a women's condition, 95% of all cases of condition, 95% of all cases of osteoporosis are in women. If a if a man osteoporosis are in women. If a if a man has the risk factors, we kind of just has the risk factors, we kind of just brush it off as something else. So if brush it off as something else. So if he's fallen over and broken something, he's fallen over and broken something, well, that's just bad luck and we kind well, that's just bad luck and we kind of tend to to brush it off, but it could of tend to to brush it off, but it could be a early warning sign that there is be a early warning sign that there is something going on with the bones. if if something going on with the bones. if if they've kind of shrunk a little bit over they've kind of shrunk a little bit over the years, that could be another warning the years, that could be another warning sign for men as well. But once men get sign for men as well. But once men get osteoporosis, osteoporosis, osteoporosis, they tend to really kind of suffer from they tend to really kind of suffer from it. So they break more frequently. So it. So they break more frequently. So 50% of men with osteoporosis will 50% of men with osteoporosis will actually break a bone and they're twice actually break a bone and they're twice as likely as women to then refraracture as likely as women to then refraracture after that. And if they unfortunately after that. And if they unfortunately break a hip, they're more likely to pass break a hip, they're more likely to pass away within the first 12 months and less away within the first 12 months and less likely to recover due to the other kind likely to recover due to the other kind of conditions and comorbidities that of conditions and comorbidities that they that they have. So they tend to they that they have. So they tend to kind of be already deconditioned to kind of be already deconditioned to certain degree and then when the certain degree and then when the osteoporosis hits it, it can be a osteoporosis hits it, it can be a cascade effect from there.

cascade effect from there. >> Now given those statistics, those are >> Now given those statistics, those are horrible. It's unbelievable horrible. It's unbelievable that this isn't out there more than it that this isn't out there more than it is. Now, it's interesting because when a is. Now, it's interesting because when a woman is put on like an aromatase woman is put on like an aromatase inhibitor or with cancer treatment, the inhibitor or with cancer treatment, the doctor knows about the ramifications on doctor knows about the ramifications on her bones. Is that not the case? Because her bones. Is that not the case? Because so many men unfortunately do have so many men unfortunately do have prostate cancer as they get older. I prostate cancer as they get older. I mean, it's not something that is is a mean, it's not something that is is a few amount. You know, there can be few amount. You know, there can be significant people. Do have you found significant people. Do have you found that the doctors

will make sure about that the doctors will make sure about their bones or is it not even looked their bones or is it not even looked into?

into? into? >> It's generally overlooked to be honest. >> It's generally overlooked to be honest. It's uh it's not something that it's It's uh it's not something that it's front of mind because it is the front of mind because it is the misconception is that it is a women's misconception is that it is a women's condition. So, oh, we don't need to condition. So, oh, we don't need to think about it for this guy. We've got think about it for this guy. We've got other things to worry about until he other things to worry about until he starts breaking bones and then it might starts breaking bones and then it might come up in conversation with wi with come up in conversation with wi with with the doctor. And that's why I've with the doctor. And that's why I've been trying to, you know, spread the been trying to, you know, spread the message.

message. message. >> Hey, Margie here. As a physical >> Hey, Margie here. As a physical therapist, I know firsthand how therapist, I know firsthand how important exercise is [music] for our important exercise is [music] for our bones, overall health, and happiness.

bones, overall health, and happiness. And unfortunately, there's a lot of And unfortunately, there's a lot of confusion [music] on what exercises are confusion [music] on what exercises are safe and effective for people with safe and effective for people with osteoporosis. [music] osteoporosis. [music] That's why I created this handout that That's why I created this handout that contains a 30 minute video where [music] contains a 30 minute video where [music] I explain the concepts so you understand I explain the concepts so you understand the dos and don'ts [music] when it comes the dos and don'ts [music] when it comes to exercise. And this is important to exercise. And this is important because this way you can go into any because this way you can go into any class [music] and know what you should class [music] and know what you should be doing and what you should avoid be doing and what you should avoid because too many people are doing because too many people are doing [music] exercises that actually increase [music] exercises that actually increase their risk of spinal fractures. I also their risk of spinal fractures. I also included videos of me demonstrating included videos of me demonstrating effective balance, posture, and effective balance, posture, and weightbearing exercises you can put into weightbearing exercises you can put into your day right away. So, all you need to your day right away. So, all you need to do to access this handout, it's free, is do to access this handout, it's free, is exercises. So it's t i nyurl.com exercises. So it's t i nyurl.com exercises or you can click the link in exercises or you can click the link in the show notes. Now back to the show.

the show notes. Now back to the show. Wow. So this really needs to get out Wow. So this really needs to get out there. I mean I know many people you there. I mean I know many people you know fortunately it's something with know fortunately it's something with prostate cancer that people do okay with prostate cancer that people do okay with and that can happen at a younger age. I and that can happen at a younger age. I mean now the treat good when caught mean now the treat good when caught early and they're being monitored. I early and they're being monitored. I think that has gotten quite good with think that has gotten quite good with the surgeries and different treatments.

the surgeries and different treatments. However, I really that's that's so However, I really that's that's so interesting that there's not the interesting that there's not the followup with their bones. Why do you followup with their bones. Why do you think that is?

think that is? >> Yeah. Well, I think it depends on the >> Yeah. Well, I think it depends on the doctor doctor doctor >> and it depends on on the on the >> and it depends on on the on the clinician and if the patient kind of clinician and if the patient kind of knows to to mention it as well.

knows to to mention it as well. >> I think everyone's good intentioned, but >> I think everyone's good intentioned, but it's just not front of mind in that it's just not front of mind in that moment. It's more you know let let's get moment. It's more you know let let's get this prostate cancer treated and you this prostate cancer treated and you know to to their credit many doctors do know to to their credit many doctors do think about osteoporosis and they will think about osteoporosis and they will in that case the gentleman will be put in that case the gentleman will be put on a treatment at much higher doses than on a treatment at much higher doses than than usual which then can be a bit

scary than usual which then can be a bit scary for some people as well they come to me for some people as well they come to me say Tom I've been put on these huge huge say Tom I've been put on these huge huge doses what I'm kind of concerned about doses what I'm kind of concerned about potential side effects which is which is potential side effects which is which is a legitimate concern a legitimate concern >> if they testosterone then they'll put >> if they testosterone then they'll put them is What the treatment? What is what them is What the treatment? What is what exactly is the treatment? So someone or exactly is the treatment?

Exercise, nutrition, and medication for bone health

So someone or the prevention someone so someone has the prevention someone so someone has prostate what would be ideal in your in prostate what would be ideal in your in your world if if everything your world if if everything >> I ide Oh yeah I ideal would be a a >> I ide Oh yeah I ideal would be a a combination of exercise, nutrition and combination of exercise, nutrition and potentially medication as well depending potentially medication as well depending on the individual and what they're what on the individual and what they're what they're able and willing to do. I'm a they're able and willing to do. I'm a big I'm not pro medications. I'm not big I'm not pro medications. I'm not anti- medications. I'm anti-b breaking anti- medications. I'm anti-b breaking bones. So if someone can do it without bones. So if someone can do it without medications, great. If if it's if they medications, great. If if it's if they will help, then I'm all for that. So if will help, then I'm all for that. So if a gentleman is on prostate cancer a gentleman is on prostate cancer treatment, if they can be physically treatment, if they can be physically active, if they can do the the the the active, if they can do the the the the weightbearing exercises, the the impact weightbearing exercises, the the impact exercises, fantastic. If they can get exercises, fantastic. If they can get the protein and the calcium and the the protein and the calcium and the vitamin D, fantastic. And the the in vitamin D, fantastic. And the the in terms of the medications, it's about terms of the medications, it's about anti-resorptive therapy. So with anti-resorptive therapy. So with bisphosphinates, that would that's bisphosphinates, that would that's generally what the studies recommend.

generally what the studies recommend. and the endocrinologist or or or your and the endocrinologist or or or your cancer doctor will will will walk you cancer doctor will will will walk you through that about how to dose that and through that about how to dose that and how to how to how to best move forward how to how to how to best move forward wi with that.

wi with that. >> So while they're on the prostate >> So while they're on the prostate medication is after the surgery. Is that medication is after the surgery. Is that what you're saying? While they what you're saying? While they >> Yeah. Yeah. So they wouldn't be giving >> Yeah. Yeah. So they wouldn't be giving them testosterone because the aim is to them testosterone because the aim is to drop the testosterone, drop the testosterone, >> right? So that it will be more about the >> right? So that it will be more about the anti-resorptive therapy, the anti-resorptive therapy, the medications, the bisphosphinates during medications, the bisphosphinates during the and after the prostate cancer the and after the prostate cancer treatment.

treatment. treatment. >> Got it. And then how long do they need >> Got it.

Medical treatments and testing

And then how long do they need to is there is is this just like for a to is there is is this just like for a short term or is this something you know short term or is this something you know what?

what? what? >> Well, this is the big question about >> Well, this is the big question about osteoporosis medications, right? Is can osteoporosis medications, right? Is can we do it for a short term or is it we do it for a short term or is it lifelong? So it'll really depend on a on lifelong? So it'll really depend on a on the patient and their bone density.

the patient and their bone density. That's the really important thing is to That's the really important thing is to is to track that the the the bone is to track that the the the bone density to say, you know, is it density to say, you know, is it dropping, is it increasing, is it dropping, is it increasing, is it where's it is it staying staying put and where's it is it staying staying put and how's that aligning with the prostate how's that aligning with the prostate cancer treatment.

So, it really is a cancer treatment. So, it really is a case by case basis. It might be case by case basis. It might be worthwhile then going on to the the bone worthwhile then going on to the the bone building medications. Again, it just building medications. Again, it just depends on the patient, their insurance, depends on the patient, their insurance, the doctor, the the condition, and the doctor, the the condition, and what's best for them.

what's best for them. >> There are a number of there are so many >> There are a number of there are so many options. There are so many options. It options. There are so many options. It is there's so much that we can do is there's so much that we can do >> but it is these days it's it's it's not >> but it is these days it's it's it's not a limitation. It it's an opportunity to a limitation. It it's an opportunity to to change one's life the way that I that to change one's life the way that I that that I look at it.

that I look at it. >> Yeah. Absolutely. So I the key thing is >> Yeah. Absolutely. So I the key thing is then get so so you recommend getting the then get so so you recommend getting the testosterone levels then afterwards and testosterone levels then afterwards and seeing where where they're at.

seeing where where they're at. >> Yeah. Testosterone levels definitely >> Yeah. Testosterone levels definitely your bone density as well is going to be your bone density as well is going to be key to track that as you go. Now, your key to track that as you go. Now, your your testosterone levels will be your testosterone levels will be something that's part of your your something that's part of your your treatment that that will be tested by treatment that that will be tested by the doctor. But then if you're concerned the doctor. But then if you're concerned about osteoporosis or if you end up about osteoporosis or if you end up getting it, then a long-term checking of getting it, then a long-term checking of that would be would be key. It might be that would be would be key. It might be worthwhile talking once the the the worthwhile talking once the the the cancer is cleared. It would be cancer is cleared. It would be worthwhile having a conversation with worthwhile having a conversation with your doctor about testosterone if you your doctor about testosterone if you are low on that because you will are low on that because you will continue to drive your your your bone continue to drive your your your bone density low. Now, there have been some density low. Now, there have been some interesting studies done on testosterone interesting studies done on testosterone where uh many uh men who may not have where uh many uh men who may not have had cancer treatments but just have low had cancer treatments but just have low testosterone for whatever reason, testosterone for whatever reason, they're like, "Well, tell me if I just they're like, "Well, tell me if I just bump up that testosterone, will that fix bump up that testosterone, will that fix my bones?" And it's not. I It can to a my bones?" And it's not. I It can to a certain extent, but there's a recent certain extent, but there's a recent study that has found that it might study that has found that it might increase your likelihood of breaking a increase your likelihood of breaking a bone if we start to pump, we jump up bone if we start to pump, we jump up that testosterone too quick because what that testosterone too quick because what it does is it gives men energy. It may it does is it gives men energy. It may make gives them enthusiasm, gets them make gives them enthusiasm, gets them jumping out, being being, you know, jumping out, being being, you know, having that zest for life and wanting to having that zest for life and wanting to do things, but their body might not keep do things, but their body might not keep up. You know, their balance might not be up. You know, their balance might not be there, their coordination might not be there, their coordination might not be there, and their bone strength might not there, and their bone strength might not be there. So that that that might break be there. So that that that might break a few more bones. But getting that a few more bones. But getting that testosterone above into the normal, then testosterone above into the normal, then what it does, the way that I think about what it does, the way that I think about it, it's like a triangle. And we kind of it, it's like a triangle. And we kind of touched on this already where the what touched on this already where the what the bottom kind of part of it is we need the bottom kind of part of it is we need to address any medical conditions or to address any medical conditions or medications that might be preventing us medications that might be preventing us from strengthening our bones because if from strengthening our bones because if we don't it's like having a a bucket we don't it's like having a a bucket with holes in it. We can be pouring in with holes in it. We can be pouring in the water or pouring in bone density but the water or pouring in bone density but it's just pouring out the bottom. So if it's just pouring out the bottom. So if that test those testosterone levels are that test those testosterone levels are too low, we could be doing all the right too low, we could be doing all the right activities, the exercise, the nutrition, activities, the exercise, the nutrition, the supplementation, but still be not the supplementation, but still be not make the progress we want because we make the progress we want because we just keep losing it through that low just keep losing it through that low testosterone. So we want to get it up testosterone. So we want to get it up and then start doing the right and then start doing the right activities. So as you know your activities. So as you

know your community would know, it's the exercise, community would know, it's the exercise, it's the nutrition, and the it's the nutrition, and the supplementation to start strengthening supplementation to start strengthening those bones. So testosterone is those bones. So testosterone is important. It's not a kind of a magic important. It's not a kind of a magic solution for men, but it's one of the solution for men, but it's one of the medical components that we need to medical components that we need to address in order to start turning the address in order to start turning the bone density around.

bone density around. >> Oh, so important. So interesting. I know >> Oh, so important. So interesting. I know with women, you know, a big deal is the with women, you know, a big deal is the bone turnover markers and we use those bone turnover markers and we use those so much to see how they've responded to so much to see how they've responded to different treatments and things. Is that different treatments and things. Is that something that you've seen incredibly something that you've seen incredibly helpful with the men as well, the CTX helpful with the men as well, the CTX and the P1MP?

and the P1MP? >> Yeah, they are fantastic. depending on >> Yeah, they are fantastic. depending on your the treatment that you're on and your the treatment that you're on and whether your doctor will prescribe those whether your doctor will prescribe those because here in Australia, if you see because here in Australia, if you see your doctor, you have to convince them your doctor, you have to convince them to to prescribe it, unless you go and to to prescribe it, unless you go and and order it privately and then you have and order it privately and then you have to pay out of pocket for it. But if your to pay out of pocket for it. But if your doctor knows how to read them, if you doctor knows how to read them, if you know how to read them, then they're then know how to read them, then they're then they're very useful as you you your they're very useful as you you your community would know that they help you community would know that they help you to understand if you're on the right to understand if you're on the right path with your with your with your path with your with your with your treatments. And it's far more useful treatments. And it's far more useful with if you're on medications. Without with if you're on medications. Without medications, it can be a little hard to medications, it can be a little hard to read unless you are trained in doing so.

read unless you are trained in doing so. >> Yeah. We're we're so big into educating >> Yeah. We're we're so big into educating people so that when they go to their people so that when they go to their doctor, they can just like you, they can doctor, they can just like you, they can have a conversation and they're talking have a conversation and they're talking from knowledge because knowledge is I my from knowledge because knowledge is I my big saying is always knowledge is power.

big saying is always knowledge is power. And that's that's my goal, I know, and And that's that's my goal, I know, and that's your goal as well to really that's your goal as well to really >> Yeah. Exactly. so people can advocate >> Yeah. Exactly. so people can advocate for themselves and and have that for themselves and and have that fruitful conversation.

fruitful conversation. >> There's a I don't know about your >> There's a I don't know about your experience, Margie, but many many experience, Margie, but many many doctors that they they they'll they kind doctors that they they they'll they kind of have their go-to treatments and of have their go-to treatments and answers that haven't really been thought answers that haven't really been thought out through into much depth. And so, but out through into much depth. And so, but if you can go there with the knowledge, if you can go there with the knowledge, with the information, with understanding with the information, with understanding where what you what your preferences are where what you what your preferences are and what's important to you, then you and what's important to you, then you can have a far better outcome on that can have a far better outcome on that topic. Like so once so so once I had topic. Like so once so so once I had started to coach men around their bone started to coach men around their bone health I started seeing a gap between health I started seeing a gap between what patients were experiencing and what what patients were experiencing and what the clinicians and the researchers were the clinicians and the researchers were looking at. I was going to these looking at. I was going to these conferences these big conferences where conferences these big conferences where they were talking about the latest they were talking about the latest research and the medications and the research and the medications and the treatments and all these interesting treatments and all these interesting things and how hard people were working things and how hard people were working on on on helping people with this. And on on on helping people with this. And then I was talking to men and women were then I was talking to men and women were approaching me saying, "Tom, have

you approaching me saying, "Tom, have you got something for us?" And what they got something for us?" And what they were struggling with and there was this were struggling with and there was this big gap between particularly when it big gap between particularly when it came to the treatments and and what came to the treatments and and what people were experiencing. And so I people were experiencing. And so I thought, you know, I want to run a study thought, you know, I want to run a study to understand what people like and don't to understand what people like and don't like about their osteoporosis like about their osteoporosis treatments. As you've probably heard, treatments. As you've probably heard, you know, up to 50% of people drop off you know, up to 50% of people drop off their osteoporosis medications within 12 their osteoporosis medications within 12 months. Again, not pro medications or or months. Again, not pro medications or or or anti-medications, but there is a or anti-medications, but there is a large proportion of people who will need large proportion of people who will need to take them and understandably so. And to take them and understandably so. And so I thought, you know, what is going on so I thought, you know, what is going on here? What's what's the missing link here? What's what's the missing link between clinicians and researchers and between clinicians and researchers and patients? And so I ran a study of over patients? And so I ran a study of over 400 osteoporosis patients, one of the 400 osteoporosis patients, one of the largest of its kind. And there were two largest of its kind. And there were two outcomes that we're trying to achieve.

outcomes that we're trying to achieve. Firstly is understanding what people Firstly is understanding what people like and don't like about a treatment.

like and don't like about a treatment. And secondly, to create a data set that And secondly, to create a data set that we can create, so we can put it into a we can create, so we can put it into a decision support tool to help clinicians decision support tool to help clinicians and patients better understand their and patients better understand their options and better choose their options and better choose their treatments. And so what we found on the treatments. And so what we found on the topic of preferences is that depending topic of preferences is that depending on what kind of treatment that that so on what kind of treatment that that so speaking specifically about medications speaking specifically about medications what types of what what what are the what types of what what what are the features of that treatment how often features of that treatment how often it's taken how it's taken can you see it's taken how it's taken can you see the the progress that you're making and the the progress that you're making and this comes back to the the bone turnover this comes back to the the bone turnover markers you were mentioning Margie where markers you were mentioning Margie where often times with osteoporosis you don't often times with osteoporosis you don't we don't know if you can't see your we don't know if you can't see your bones right it's a it's a silent disease bones right it's a it's a silent disease so are we making progress I don't know.

so are we making progress I don't know. You hard to tell unless you you're You hard to tell unless you you're looking. And DEXA scans are once every looking. And DEXA scans are once every two years. Love them or hate them.

two years. Love them or hate them. That's the gold standard, right? And That's the gold standard, right? And then with the bone turnover markers, we then with the bone turnover markers, we can do more frequently. So that's kind can do more frequently. So that's kind of the the thing I love about them is of the the thing I love about them is that you can do them more frequently and that you can do them more frequently and and be able to get a better judgment of and be able to get a better judgment of your progress. And that allows people to your progress. And that allows people to stay on treatment longer. Whether what stay on treatment longer. Whether what whatever it is, if it's working, whatever it is, if it's working, fantastic. We're not breaking bones.

fantastic. We're not breaking bones. we're less likely to break bones. And we're less likely to break bones. And so, yeah, I I I totally agree with you so, yeah, I I I totally agree with you on the burn turnover markers. They are on the burn turnover markers. They are really important to be to be to really important to be to be to understand and to be looking at if you understand and to be looking at if you want to know if you're on the right want to know if you're on the right path.

path. path. >> You know, what have you found in terms >> You know, what have you found in terms of the men? I mean, there's so many of the men? I mean, there's so many misconceptions.

misconceptions. misconceptions.

Misconceptions and patient mindsets

What have you found that when you're What have you found that when you're working with these men, the working with these men, the misconceptions that they have about misconceptions that they have about their bones and you know, what gets in their bones and you know, what gets in the way here?

the way here? >> Yeah. So the the misconception generally >> Yeah. So the the misconception generally is that you know this shouldn't be is that you know this shouldn't be happening to me. Why why did I get this happening to me. Why why did I get this or or this this is something that I my or or this this is something that I my my wife has or my grandmother had but my wife has or my grandmother had but now I've got it. What's what's wrong now I've got it. What's what's wrong with me? And is it is it I don't have with me? And is it is it I don't have estrog you know they they they think estrog you know they they they think it's an estrogen thing. Men do have it's an estrogen thing. Men do have estrogen not to the same extent but estrogen not to the same extent but they're like hey what's going on here?

they're like hey what's going on here? And so it's about understanding what is And so it's about understanding what is going on for the for for the for the going on for the for for the for the men. What is the underlying cause and men. What is the underlying cause and get uncovering that often times we can't get uncovering that often times we can't even find the cause. It's idiopathic or even find the cause. It's idiopathic or as my one of my medical school as my one of my medical school professors said that idiopathic means professors said that idiopathic means idiots don't know the pathology. So we idiots don't know the pathology. So we we just don't know what caused it. And we just don't know what caused it. And then in that case it's like okay what do then in that case it's like okay what do we do? What do we where do we go to from we do? What do we where do we go to from here? And a lot of them the so it's here? And a lot of them the so it's either medications, non-medications or either medications, non-medications or or combination. The the frustration for or combination. The the frustration for a lot of men is that the research and a lot of men is that the research and the the treatments have been studied on the the treatments have been studied on majority for for women. And when I was majority for for women. And when I was diagnosed, it was like, "Hey Tom, this diagnosed, it was like, "Hey Tom, this is a treatment works great for is a treatment works great for post-menopausal Japanese women. You post-menopausal Japanese women. You should give it a go." And I thought should give it a go." And I thought [laughter] I thought, you know, that [laughter] I thought, you know, that doesn't quite sit well with me. Let me doesn't quite sit well with me. Let me try and figure this out. But yeah, it's try and figure this out. But yeah, it's shifted in the last, you know, five shifted in the last, you know, five years or so. there is a lot more years or so. there is a lot more research done on men, but they are kind research done on men, but they are kind of the afterthought in this in this of the afterthought in this in this situation and that's kind of the the situation and that's kind of the the frustration that men are having. It's frustration that men are having. It's like what can I do because I don't have like what can I do because I don't have estrogen. I'm not, you know, estrogen. I'm not, you know, postmenopausal. What's going on here? So postmenopausal. What's going on here? So understanding that has been one of the understanding that has been one of the the the big big factors for the men that the the big big factors for the men that I speak to and and around overcoming I speak to and and around overcoming those misconceptions and and really the those misconceptions and and really the scary thing is that as we mentioned scary thing is that as we mentioned earlier that men tend to have a lot more earlier that men tend to have a lot more other things going on in terms of their other things going on in terms of their health. And so when they get health. And so when they get osteoporosis it can hit hard and it can osteoporosis it can hit hard and it can they end up breaking a lot of bones, end they end up breaking a lot of bones, end up suffering from them a lot more. But up suffering from them a lot more. But one of the frustrations that I one of the frustrations that I experienced working with w with the experienced working with w with the fellas is that you know when when you fellas is that you know when when you speak to to women with osteoporosis as speak to to women with osteoporosis as you've seen in your community Margie you've seen in your community Margie they're very proactive they're they're very proactive they're enthusiastic that let's go out and let's enthusiastic that let's go out and let's let's do the exercises let's eat the let's do the exercises let's eat the food let's make a community let's do food let's make a community let's do this the guys are like wow you know this the guys are like wow you know they're they're a bit more hesitant to they're they're a bit more hesitant to get involved not all of them and I'm to get involved not all of them and I'm generalizing here there are a lot of generalizing here there are a lot of very

proactive gentlemen out there but very proactive gentlemen out there but oftentimes they're they're a bit like oftentimes they're they're a bit like wow you know what? I'm just going to wow you know what? I'm just going to keep doing what I'm doing. Or or when it keep doing what I'm doing. Or or when it comes to the uh the food, they're like comes to the uh the food, they're like they're they're of the generation where they're they're of the generation where well, my wife kind of cooks and she well, my wife kind of cooks and she makes the decisions there. And I'm like, makes the decisions there. And I'm like, well, it's they're the your bones.

well, it's they're the your bones. They're your your bones. You're eating They're your your bones. You're eating these things. Let's be proactive. And these things. Let's be proactive. And so, it it's a lot of the work that I I so, it it's a lot of the work that I I was doing with them was about was doing with them was about understanding, okay, you need to be onto understanding, okay, you need to be onto the on board with this first and then if the on board with this first and then if you need to get your wife on board, you you need to get your wife on board, you can, too. But I I'm I'm I'm I'm sure that can, too. But I I'm I'm I'm I'm sure that there are a lot of listeners here who there are a lot of listeners here who probably resonate with that that they probably resonate with that that they may have experienced this. But one of may have experienced this. But one of the things that if if there if there are the things that if if there if there are men listening to this, I would encourage men listening to this, I would encourage them to be proactive with their health, them to be proactive with their health, with with their nutrition, with their with with their nutrition, with their exercise, and you don't have to be in exercise, and you don't have to be in the gym lifting weights all the time. It the gym lifting weights all the time. It could be all right, I want to work and could be all right, I want to work and work towards being able to play tennis work towards being able to play tennis or pickle ball. Something that puts that or pickle ball. Something that puts that pressure on the bones that that can be pressure on the bones that that can be healthy for you that you can enjoy doing healthy for you that you can enjoy doing as well because that that was one of the as well because that that was one of the resistance points that I that I found resistance points that I that I found was I'm I love powerlifting. I ended up was I'm I love powerlifting. I ended up really enjoying that. You know, as as a really enjoying that. You know, as as a physiootherapist, M, you know that you physiootherapist, M, you know that you you start off with osteoporosis. You got you start off with osteoporosis. You got to start slow, start rehabbing the the to start slow, start rehabbing the the injuries, start being able to build the injuries, start being able to build the core so you can start lifting heavy core so you can start lifting heavy things and jumping. And I kept things and jumping. And I kept challenging myself and kept doing that challenging myself and kept doing that progressive overload to the point where progressive overload to the point where the next level was, you know, being the next level was, you know, being competitive. And so I ended up doing competitive. And so I ended up doing competitive powerlifting. I'm not competitive powerlifting. I'm not winning any awards for it, let me tell winning any awards for it, let me tell you that one. But I just enjoy the you that one. But I just enjoy the process of it. But a lot of men are process of it. But a lot of men are like, "Well, you know what? I don't want like, "Well, you know what? I don't want to be powerlifting, Tom. I don't like to be powerlifting, Tom. I don't like the gym." Great. We can do other the gym." Great. We can do other activities that are very helpful for the activities that are very helpful for the bones that you do enjoy that you can do bones that you do enjoy that you can do on an ongoing basis. And so, it was kind on an ongoing basis. And so, it was kind of customizing of customizing the approach to the individual to to to the approach to the individual to to to the to to the man to to what they like the to to the man to to what they like and what they don't like and how their and what they don't like and how their kind of lifestyle works. Are they kind of lifestyle works. Are they cooking for themselves? Is there someone cooking for themselves? Is there someone else helping them with that? Are they else helping them with that? Are they proactive? Can we get them being more proactive? Can we get them being more proactive? And if that so and and if not proactive? And if that so and and if not then okay what else can we do to help then okay what else can we do to help you stop breaking bones or or prevent you stop breaking bones or or prevent that from happening and go down that that from happening and go down that path as well. So in terms for the women path as well. So in terms for the women the exercise and being a physical the exercise and being a physical therapist and doing major you know I've therapist and doing major you know I've been doing the ONERO program for I guess been doing the ONERO program for I guess three years now and I've seen I mean three years now and I've seen I mean I've gotten in I I always have done I've gotten in I I always have done resistance training but this took it to resistance training but this took it to another level but I've been seeing another level but I've been seeing firsthand people who've been in the firsthand people who've been in the program as well as so many people in my program as well as so many people in my community you're really getting strong community you're really getting strong and it's so empowering and this and it's so empowering and this diagnosis was a catalyst for this and diagnosis was a catalyst for this and are do you see that with the men though are do you see that with the men though the men who do embark

because that is the men who do embark because that is one of the studies. I mean, they studied one of the studies. I mean, they studied donero in men and they gained bone. You donero in men and they gained bone. You know, we know we know this works. So, know, we know we know this works. So, has you seen the men who have embarked has you seen the men who have embarked on these exercise programs really making on these exercise programs really making transformations and look back and think transformations and look back and think this was a good thing?

this was a good thing? >> Yes. The ones that do have that result. >> Yes. The ones that do have that result. So, that is similar for men and women is So, that is similar for men and women is the exercise bit.

the exercise bit. >> Yeah. >> Yeah. >> Yeah. >> Right. It's the same approach. It's the >> Right. It's the same approach. It's the same exercise. Onro like you mentioned, same exercise. Onro like you mentioned, fantastic. been studied on men and it fantastic. been studied on men and it works with them as well. The nutrition works with them as well. The nutrition as well, just different quantities that as well, just different quantities that works for them. And if they do engage works for them. And if they do engage with it, they get great results, with it, they get great results, fantastic results. I've seen gentlemen fantastic results. I've seen gentlemen who who go from severe osteoporosis to who who go from severe osteoporosis to osteopenia osteopenia osteopenia to to normal bone density over a long to to normal bone density over a long period of time. that is but through that period of time. that is but through that exercise and through really engaging exercise and through really engaging with it. It's just a matter of with it. It's just a matter of engagement with [laughter] getting engagement with [laughter] getting people to to want to do that and also people to to want to do that and also being able to do it physically cuz not being able to do it physically cuz not everyone I found that there are some everyone I found that there are some limitations for some some some some of limitations for some some some some of the gents that I've spoken to where you the gents that I've spoken to where you know they're working hard but they've know they're working hard but they've had some injuries the back lower back is had some injuries the back lower back is is a problem or the knee or an old is a problem or the knee or an old injury and that's my approach is that injury and that's my approach is that that that should be our focus in that that that should be our focus in that case. if there is that injury, let's fix case. if there is that injury, let's fix that first. So, for example, in my case, that first. So, for example, in my case, I had a the the the the precipitating I had a the the the the precipitating injury was a was a was a broken wrist.

injury was a was a was a broken wrist. And so, I went to my I had an exercise And so, I went to my I had an exercise physiologist and I went to them for to physiologist and I went to them for to to rehab my wrist. So, we started with to rehab my wrist. So, we started with that because I couldn't be bench that because I couldn't be bench pressing or deadlifting with a broken pressing or deadlifting with a broken wrist or or or or not recent rehabbed.

wrist or or or or not recent rehabbed. But in that process, we also realized But in that process, we also realized that my ankles were terrible and they that my ankles were terrible and they were throwing off my knees and my hips were throwing off my knees and my hips because I'd broken both ankles because I'd broken both ankles previously and never rehabed them. So I previously and never rehabed them. So I had to rehab those and then that kind of had to rehab those and then that kind of led to the to to the rehabbing the hips.

led to the to to the rehabbing the hips. And so it's kind of like this cascading And so it's kind of like this cascading effect. But as a result, I was able to effect. But as a result, I was able to start lifting, start lifting heavier, start lifting, start lifting heavier, start doing the activities that I I start doing the activities that I I hated walking because I'd get sore knees hated walking because I'd get sore knees and sore hips. But turns out that wasn't and sore hips. But turns out that wasn't because I just didn't like walking. it's because I just didn't like walking. it's cuz I hadn't rehabbed my ankles. And so cuz I hadn't rehabbed my ankles. And so we don't want to we want to focus on we don't want to we want to focus on those injuries, on those problem areas, those injuries, on those problem areas, and so that we can overcome those and so that we can overcome those barriers and be able to start doing barriers and be able to start doing these activities, the the resistance these activities, the the resistance training. And if it's only for a even if training. And if it's only for a even if we don't like it, if it's for a short we don't like it, if it's for a short period of time where I kind of think of period of time where I kind of think of it as like this acute period of intense it as like this acute period of intense or relatively intense training and focus or relatively intense training and focus on your bone health and then to to get on your bone health and then to to get the body functioning really well and the

body functioning really well and then we can look at transitioning to to then we can look at transitioning to to sports and activities that we really sports and activities that we really enjoy long term so that people can kind enjoy long term so that people can kind of incorporate this into their of incorporate this into their lifestyle. I've I think I've been lifestyle. I've I think I've been successful with this because I do enjoy successful with this because I do enjoy powerlifting, I can and and the way I powerlifting, I can and and the way I that I approach it is if I'm going to that I approach it is if I'm going to implement a particular regime or implement a particular regime or protocol for my bone health, it has to protocol for my bone health, it has to be a lifelong. I have to be able to do be a lifelong. I have to be able to do it for the rest of my life. And so if it for the rest of my life. And so if it's I can only do it for a month, h you it's I can only do it for a month, h you know what, I have to kind of prepare for know what, I have to kind of prepare for that that I'm not going to be doing it that that I'm not going to be doing it later on. And what's the replacement for later on. And what's the replacement for it? Or can I start off with something it? Or can I start off with something that I can just do for the rest of my that I can just do for the rest of my life? And so kind of have to have that life? And so kind of have to have that mindset about how we approach mindset about how we approach strengthening our bones as men and most strengthening our bones as men and most likely as women as well. You know, I likely as women as well. You know, I think what you said is so important and think what you said is so important and I think it's not I I think a lot of I think it's not I I think a lot of times first of all, people have injuries times first of all, people have injuries whether they have a shoulder or back or whether they have a shoulder or back or a knee and they just think, "Oh, that's a knee and they just think, "Oh, that's age. I have to live with that." And age. I have to live with that." And that's what can be so really be a that's what can be so really be a problem when you're like decide, oh, problem when you're like decide, oh, I'll just do some online program or I'll I'll just do some online program or I'll just, you know, start lifting and doing just, you know, start lifting and doing this something I saw that helped, you this something I saw that helped, you know, or they read the article. Oh, let know, or they read the article. Oh, let me do those exercises. You can't and me do those exercises. You can't and that's not safe. you need to just that's not safe. you need to just exactly what you said, you need to rehab exactly what you said, you need to rehab that. And as a physical therapist, I that. And as a physical therapist, I really think people don't don't do that.

really think people don't don't do that. They don't realize that things can They don't realize that things can improve. Just because they're a certain improve. Just because they're a certain age doesn't mean they have to live with age doesn't mean they have to live with it. And so when you do, just like what it. And so when you do, just like what happened in your story, happened in your story, >> it really makes a difference. And when >> it really makes a difference. And when someone can look at you and evaluate you someone can look at you and evaluate you and say, "Oh, yes, your ankle or your and say, "Oh, yes, your ankle or your knee, there's just so much that can be knee, there's just so much that can be done." That's when you fix that. And and done." That's when you fix that. And and there's not one sizefits-all with there's not one sizefits-all with exercise and then you build on it and exercise and then you build on it and then all of a sudden then all of a sudden >> Exactly.

>> Exactly. >> Exactly. >> Like when I fixed my ankle, like when I >> Like when I fixed my ankle, like when I did the physiootherapy on my ankles, it did the physiootherapy on my ankles, it felt like I had brand new ankles. Like felt like I had brand new ankles. Like it was day and night difference. And it it was day and night difference. And it was just the physical therapy exercises was just the physical therapy exercises that made all the diff. It wasn't a like that made all the diff. It wasn't a like an ankle reconstruction or replacement an ankle reconstruction or replacement or anything like that. It was the right or anything like that. It was the right exercises that were customized to me.

exercises that were customized to me. And I could walk. I could run without And I could walk. I could run without any pain in my ankles, hips or knees and any pain in my ankles, hips or knees and it was it was incredible. So, I'm always it was it was incredible. So, I'm always amazed at how much progress we can make amazed at how much progress we can make when we do the right exercises. It it is when we do the right exercises. It it is phenomenal.

phenomenal. phenomenal. >> And what's interesting, I don't know >> And what's interesting, I don't know about Australia, but in the United about Australia, but in the United States, physical therapy is covered by States, physical therapy is covered by insurance. You know, when there's insurance. You know, when there's issues, it it's usually covered.

issues, it it's usually covered. Medicare, it's covered. And um you know Medicare, it's covered. And um you know so it's it's something that just for so it's it's something that just for some reason the doctors not not some reason the

doctors not not everybody but it's just people and let everybody but it's just people and let so ask your doctor you know I've been so ask your doctor you know I've been having issues with my shoulder could I having issues with my shoulder could I get a referral for physical therapy or I get a referral for physical therapy or I mean a lot of times you don't even mean a lot of times you don't even depending where you live but I agree but depending where you live but I agree but I I just think what you said was so so I I just think what you said was so so important deal with that first and then important deal with that first and then move on and and the results are move on and and the results are incredible and but it's interesting you incredible and but it's interesting you know the people listening are know the people listening are probably, know the people listening are probably, you know, there's a lot of women in this you know, there's a lot of women in this community. So for the women in this community. So for the women in this community thinking about community thinking about their husbands their husbands like here, they're doing all these like here, they're doing all these amazing things. So hopefully the cooking amazing things.

When should men get a DEXA scan?

So hopefully the cooking and the food they're eating, they're and the food they're eating, they're also sharing with with their husbands if also sharing with with their husbands if they're living, you know, if they have they're living, you know, if they have another person or another relative who's another person or another relative who's a man. But at what age do you recommend a man. But at what age do you recommend that people, you know, just, you know, that people, you know, just, you know, as a routine to see where you're at? Is as a routine to see where you're at? Is there an age that you recommend for men there an age that you recommend for men to get tested, get the DEXA, or just see to get tested, get the DEXA, or just see where they're at?

where they're at? >> Yeah, definitely. So, currently it's >> Yeah, definitely. So, currently it's around the age of 70, but I think that's around the age of 70, but I think that's probably too late, particularly if you probably too late, particularly if you have some of these risk factors. I would have some of these risk factors. I would recommend if you've if you've fallen recommend if you've if you've fallen over and broken something, that's a over and broken something, that's a that's your first stop. If you're over that's your first stop. If you're over 40 and you've done that, you if you've 40 and you've done that, you if you've fallen from a standing height, it's not fallen from a standing height, it's not bad luck. It's it's a it's a warning bad luck. It's it's a it's a warning sign. So, talk to your doctor about your sign. So, talk to your doctor about your bones. Then if you've shrunken a little bones. Then if you've shrunken a little bit over the years, that's another one.

bit over the years, that's another one. If you've got a family history of it, if If you've got a family history of it, if you're on some of those medications that you're on some of those medications that we've spoke about like the like the we've spoke about like the like the steroids, the gluccocorticoids on the steroids, the gluccocorticoids on the proton pump inhibitor, so ant acids can proton pump inhibitor, so ant acids can be a risk factor for that and a lot of be a risk factor for that and a lot of older gentlemen are on that. If you've older gentlemen are on that. If you've had the prostate cancer treatment, had the prostate cancer treatment, testosterone deprivation therapy for testosterone deprivation therapy for example, some of anti-depressants can be example, some of anti-depressants can be a risk factor as well. So there's a a risk factor as well. So there's a there's a number of them and the there's a number of them and the conditions that we mentioned earlier as conditions that we mentioned earlier as well. So, if you've got any of those, well. So, if you've got any of those, I'd be talking to your to and you're I'd be talking to your to and you're over 40, I'd be talking to your to your over 40, I'd be talking to your to your doctor about that to to to start that doctor about that to to to start that conversation early. And a DEXA scan is conversation early. And a DEXA scan is depending on which part of the world depending on which part of the world you're in. They're very accessible, easy you're in. They're very accessible, easy to do, and relatively cheap as well and to do, and relatively cheap as well and often covered by by Medicare. So that often covered by by Medicare. So that that's that's yeah that that's what I that's that's yeah that that's what I would recommend for for the gentleman is would recommend for for the gentleman is yeah it's hard to to I wouldn't say a yeah it's hard to to I wouldn't say a strict age because then we're missing a strict age because then we're missing a lot of people. So I kind of think about lot of people. So I kind of think about it, it, it, >> right? Risk factor >> right? Risk factor tested, right? Cuz you were so young.

tested, right? Cuz you were so young. Look how young you were when you found Look how young you were when you found out. And when people have those out. And when people have those underlying root causes, they could be underlying root causes, they could be quite young and have no idea that quite young and have no idea that

they're they're they're >> Exactly. And for me, it was the the >> Exactly. And for me, it was the the breaking the bones, the 13 fractures, breaking the bones, the 13 fractures, you know, 10 years that I I didn't you know, 10 years that I I didn't connect the dots. I just thought it was, connect the dots. I just thought it was, hey, you know, bad luck. But that was hey, you know, bad luck. But that was the lesson I had to learn. And I'm the lesson I had to learn. And I'm hoping to share that with others now.

hoping to share that with others now. >> Yeah. No. And and you are you're doing >> Yeah. No. And and you are you're doing so many great things in terms you know so many great things in terms you know just in terms of everything. So it's just in terms of everything.

An osteoporosis diagnosis can be a positive turning point

So it's interesting you know here you went from interesting you know here you went from you went you started your powerlifting you went you started your powerlifting snowboarding after your diagnosis like snowboarding after your diagnosis like what do you want men to take from this what do you want men to take from this you what is your message but yeah you what is your message but yeah >> the big message that I want people to >> the big message that I want people to take out of this is that it's a take out of this is that it's a potential turning point in your life for potential turning point in your life for for better or for worse. Right.

for better or for worse. Right. [laughter] I think we have to be clear [laughter] I think we have to be clear about that because if we don't do about that because if we don't do anything about it, it can get worse. If anything about it, it can get worse. If we do do something about it, it can lead we do do something about it, it can lead to better quality of life, better to better quality of life, better lifestyle, better health, and feeling lifestyle, better health, and feeling great. So, for myself, I was probably on great. So, for myself, I was probably on a downward trajectory with with my a downward trajectory with with my health when I was diagnosed, but I was health when I was diagnosed, but I was able to turn it around. As you able to turn it around. As you mentioned, powerlifting, snowboarding, mentioned, powerlifting, snowboarding, that's that's a sport I I've loved for that's that's a sport I I've loved for many years, but I've broken a number of many years, but I've broken a number of bones as a result of it. ribs and a and bones as a result of it. ribs and a and wrist a couple of times. So, it's not wrist a couple of times. So, it's not about holding being afraid and and and about holding being afraid and and and never doing the activities you love never doing the activities you love again. It's about going, okay, I need to again. It's about going, okay, I need to understand what's going on here, take understand what's going on here, take the right actions, and start turning the right actions, and start turning around my bone strength and my health around my bone strength and my health and start going in the direction where I and start going in the direction where I am actually being far more active, far am actually being far more active, far more engaged in my health and more more engaged in my health and more proactive so that your life actually is proactive so that your life actually is better as a result. So, I'm I've I was better as a result. So, I'm I've I was never powerlifting before. I'm never powerlifting before. I'm powerlifting. I'm in the best shape of powerlifting. I'm in the best shape of my life. But now I'm older obviously my life. But now I'm older obviously than I've ever been before. But and and than I've ever been before. But and and and it's it was a turning point. So if I and it's it was a turning point. So if I can inspire men to do anything is to can inspire men to do anything is to take advantage of this opportunity to take advantage of this opportunity to use the momentum of this to use the the use the momentum of this to use the the support that you can get, use the support that you can get, use the information that you have to to take the information that you have to to take the right actions and head in a positive right actions and head in a positive direction and have a better life as a as direction and have a better life as a as a result of it. Oh, I love what you said a result of it. Oh, I love what you said and and it and it's doable. That's the and and it and it's doable. That's the exciting thing.

exciting thing. We both see this every single day and We both see this every single day and that's what keeps me going in this that's what keeps me going in this because you know when you take those because you know when you take those actions really life just becomes so much actions really life just becomes so much more miraculous in so many ways. I I more miraculous in so many ways. I I just think that's great. So tell us just think that's great. So tell us because you've done something amazing.

because you've done something amazing. You had a couple things but you have a You had a couple things but you have a men's program. tell us how you started men's program. tell us how you started your men's what your

men's program is your men's what your men's program is and how people can actually still access and how people can actually still access that.

that. that. >> Absolutely. Definitely. So, as I was >> Absolutely. Definitely. So, as I was saying earlier, so people were asking saying earlier, so people were asking me, Tom, how did you do it? And I me, Tom, how did you do it? And I thought there was a big gaff for men. No thought there was a big gaff for men. No one was really talking to them. And so, one was really talking to them. And so, I thought I'm going to talk it felt more I thought I'm going to talk it felt more congruent for me to talk to men and show congruent for me to talk to men and show them how to do what I've done. And I them how to do what I've done. And I started to do lifestyle and health started to do lifestyle and health coaching for them. I used to charge for coaching for them. I used to charge for it. I don't do that anymore. I give it it. I don't do that anymore. I give it away for free now. So you can go to bone away for free now. So you can go to bone densityed education.com densityed education.com and get that for free and and use that and get that for free and and use that for yourself or for someone that you for yourself or for someone that you know because that kind of my journey has know because that kind of my journey has been steps forward and and and so step been steps forward and and and so step first step was being diagnosed then first step was being diagnosed then treating my own situation sharing it treating my own situation sharing it with men understanding that there's a with men understanding that there's a big gap not just for men but for for for big gap not just for men but for for for for women and for with between the the for women and for with between the the treatments that are out there the treatments that are out there the research and and the way that it's research and and the way that it's discussed in the clinical setting. And discussed in the clinical setting. And that's kind of where it's led me to now that's kind of where it's led me to now where one of the big kind of the the where one of the big kind of the the frustrations that I'm trying to overcome frustrations that I'm trying to overcome and help people with is when we're and help people with is when we're initially diagnosed. I don't know about initially diagnosed. I don't know about anybody else's experience, but for anybody else's experience, but for myself, I I was confused. I was myself, I I was confused. I was frightened and I didn't know what what frightened and I didn't know what what to do going forward cuz the consultation to do going forward cuz the consultation with the doctor was very short. I had with the doctor was very short. I had the DEXA scan and I had the prescription the DEXA scan and I had the prescription and I was like, what do I do now? And and I was like, what do I do now? And and so I wanted to create something that and so I wanted to create something that would help people in that point of being would help people in that point of being newly diagnosed. And so I I turned the newly diagnosed. And so I I turned the research that I've done into a into an research that I've done into a into an app that people can get at that point, app that people can get at that point, which helps you to understand your DEXA which helps you to understand your DEXA scan, helps you to understand scan, helps you to understand osteoporosis, what your treatment osteoporosis, what your treatment options are. We're adding some really options are. We're adding some really cool features there where you can take a cool features there where you can take a photo of your food and it will show you photo of your food and it will show you how much protein and calcium's in there how much protein and calcium's in there and so you can track it and and see if and so you can track it and and see if you're you're hitting the targets. And you're you're hitting the targets. And so the idea is that we help to shorten so the idea is that we help to shorten that period of confusion to hopefully as that period of confusion to hopefully as little as possible and so expose people little as possible and so expose people to as much of the good things that that to as much of the good things that that will help them along their journey as will help them along their journey as possible. It's a free app. You can possible. It's a free app. You can download it. It's called Lenari and it's download it. It's called Lenari and it's in the app stores now. Oh, well that's in the app stores now. Oh, well that's great and it's so I love everything that great and it's so I love everything that you've done and you've just helped so you've done and you've just helped so many people and is there any you've said many people and is there any you've said so much but is there any last minute so much but is there any last minute things that you want to share and I just things that you want to share and I just hope everybody my goal for this is to hope everybody my goal for this is to bring the awareness to the men we do so bring the awareness to the men we do so much and this community is incredible much and this community is incredible because I know all the people listening because I know all the people listening are proactive and they're taking action are proactive and they're taking action and they're improving their life and and they're improving their life and getting the information so they can lead getting the information so they can lead their best lives. But we don't want the their best lives. But we don't want the men not to because as you said it really men not to because as you said it really is overlooked. And so I really hope you is overlooked. And so I really hope you take this information to any of the men take this information to any of the men in your life or you know just help help.

in your life or you know just help help. >> Yeah. If I could say add one last >> Yeah. If I could say add one last message is is to the men listening to message is is to the men listening to this or if you have a man in your life this or if you have a man in your life with osteopenia osteoporosis is to with osteopenia osteoporosis is to >> not to panic and but not to ignore it as >> not to panic and but not to ignore it as well and to ask your doctor why. Start well and to ask your doctor why. Start with the why question. why did this with the why question. why did this happen to me? Because the majority of happen to me? Because the majority of men have an underlying cause that should men have an underlying cause that should be addressed and then go from there.

be addressed and then go from there. That would be the the main the main That would be the the main the main message. message. message. >> Oh, that's so great. Well, thank you so >> Oh, that's so great. Well, thank you so much. It's been such a pleasure and I'm much. It's been such a pleasure and I'm so glad that I was introduced to you and so glad that I was introduced to you and that we're able to spread all this that we're able to spread all this really important information. So, thanks really important information. So, thanks so much for joining me today.

so much for joining me today. >> Thank you for having me. This has been >> Thank you for having me. This has been great and I hope I can help as many great and I hope I can help as many people as I can. Thank you.

people as I can. Thank you. I hope you enjoyed this interview with I hope you enjoyed this interview with Dr. Forfea as much as I did and now have Dr. Forfea as much as I did and now have a better understanding of men and a better understanding of men and osteoporosis.

osteoporosis. osteoporosis. So, please share this with anyone that So, please share this with anyone that can benefit the men in your life because can benefit the men in your life because unfortunately, as you've heard, they've unfortunately, as you've heard, they've been overlooked and there's so much that been overlooked and there's so much that can be done to both prevent and improve can be done to both prevent and improve their bone health. So, all the links their bone health. So, all the links that Dr. for talked about will be in the that Dr. for talked about will be in the show notes and make sure also to show notes and make sure also to download my osteoporosis exercises to download my osteoporosis exercises to strengthen your bones and prevent strengthen your bones and prevent fractures. So, thank you so much for fractures. So, thank you so much for tuning [music] in and I look forward to tuning [music] in and I look forward to