Introduction and Bone Coach Background

Kevin Ellis, better known as Bone Coach, is a Forbes featured integrative health coach, podcaster, and the founder of Bone coach.com. Through a unique three step process and world class coaching program called Stronger Bones Solution, he and his credentialed team have helped thousands of people with osteopenia and osteoporosis in over 1500 cities around the world, get confidence in their strong bones plan.

Today, the Bone Coach community has grown to over 250,000 people focused on osteoporosis reversal and achieving their stronger bone goals. His mission is to help millions of people with osteoporosis, build stronger bones, and to help our children and grandchildren create a strong and healthy foundation so that they can lead strong, active lives.

Kevin, thank you so much for being here with me today. I really, truly am excited about our conversation, and I think it's just going to be a wealth of knowledge and a topic that is such a mystery for women.

And I mean men in general too. But thanks for thanks for coming on today and chatting. McCall, thanks so much for having me. This is such an important topic when we're talking about mental health and hormones, how they're connected to our bones, they are connected and we're going to learn about that today.

Let's dig in. Tell me, I'm so curious how you ended up in the field of, like, osteoporosis and osteopenia? Like, take me through your journey a little bit.

Yeah, because most people that are talking about bone health are not the younger male. It's probably when you think about bones, you think about somebody a little bit later in life, and maybe it's their mother or their grandmother who had osteopenia, osteoporosis, maybe they had a fracture and that impacted their quality of life from their forward.

That's probably the person you're thinking of for me. I actually had a diagnosis of osteoporosis right around 30 years old, and I was shocked at that time.

And the reason I was shocked is because before that I was in the Marine Corps. Always consider myself who was somebody who who was tough, who could endure.

I was in the infantry, leading Marines, multiple deployments, got out, had a lot of different health issues and chronic digestive issues. High stress, poor sleep.

I was diagnosed with celiac disease. So for those who are not familiar, celiac disease is an autoimmune condition where when you ingest gluten, it damages the villi, these tiny little nutrient absorption centers in your small intestine, and it starts to blunt them and it prevents them from doing their job.

So if you imagine your body and your bones as being like a plant, your villi are like roots in the soil. So what was happening was my roots were effectively becoming damaged and blunted to where they couldn't do their job.

But my body still needed these nutrients to execute its daily functions. Specifically calcium, the primary mineral constituent of your bones.

Kevin's Osteoporosis Diagnosis and Journey

So if I'm not absorbing it, and I'm still having muscle contractions and nerve impulses and all these things that require calcium on a daily basis, my body's going to go to the largest reserve of minerals that it has, is going to pull from there.

So that's what it did. And it doesn't just selectively pull out or pluck out the calcium and actually tears down that entire protein matrix structure to release it.

And that's going to lead to bone loss. And for me, that's how I ended up with a diagnosis of osteoporosis right around 30 years old. And because my father had passed away at a really young age when I was two months old, he was 35 at that time.

I felt like I was going down that exact same path, and that my kids were going to grow up without a father. So I had a pretty strong impetus for making changes and improvements, and I went down this entire path of reading and research and figuring out what it takes to build stronger bones.

And I took that journey from just me by myself, trying to figure it all out. So now we've helped, you know, over 250,000 people in our community. Over 11,000 people have come through our programs team of 43 people.

And, it's really a passion of mine to help people in this area. Wow. That is an incredible story. And I'm a celiac, too, that didn't find out until later on in life, too.

And what you guys don't know listening is Kevin and I are scheduled to hang out like in a month. We're doing a little work retreat and the celiac unite will be.

And really, you're you're in good hands. I'll make sure all of our food is gluten free. For sure. Oh, I've been using that Find me gluten free app. Oh, it saves my life every time I go anywhere.

Totally, totally. Will tell us. For people who are tuning in that might not be familiar with what osteoporosis or osteopenia are and kind of their prevalence.

How common is this? How common are fractures? If you end up having this take us through some of the nitty gritty. Yeah. So osteoporosis literally means porous bone.

And it is a condition. It's characterized by either not enough bone formation, excessive bone loss or it's a combination of the two of those things. And in osteoporosis, both your bone density and your bone quality are reduced.

And that's going to increase your risk of fracture. And the way you find out you have osteoporosis is you go get something called a bone density scan or a Dexa scan or a REM scan, which I'll talk about in a minute.

And this is a painless tests, kind of like an X-ray, but very low levels of radiation lay down on a machine, does the scan, gives you a score, tells you your bone mineral density if that score is plus 1 or -1, that's considered normal and healthy.

If it's -1 to -2.5, that's considered osteopenia, which is like a precursor to osteoporosis. And if it's -2.5 or lower, so -2.6, -2.7, so on and so forth, that's considered osteoporosis.

The greater the negative number becomes, the more severe the osteoporosis. Now most people are not going to get a bone density scan until 65 covered by insurance.

Maybe if their doctor orders it for them. I can't believe you had one at 30. Like I'm like, how did that even happen? Right. So for me, it wasn't even all the medical doctors that I was working with at the time.

It was actually a newer physician assistant that I was working with that said, hey, you have yeah, you know, you have celiac disease. Has anybody done a bone density scan on you?

And I was like. Wow, shout out to all the police. Yeah, shout out. And I was like, yeah, I'm a tough marine. You know, I don't my bones are fine. Yeah.

And sure enough they weren't. We went, we did a Dexa scan, showed that osteoporosis, and I went and got a second opinion and that was confirmed there too.

So I'll just make a note here for anybody who's got celiac disease or you have any issues with, malabsorption, chronic digestive distress for long periods of time.

Know that those villi, those nutrients, urban centers probably have some damage taking place. Or maybe you're just not getting enough of the nutrients that you need, and it's pulling from your skeleton and leading to some bone loss.

So again, another reason why it's going to be important to pay attention to some of the things I'm going to share a little bit on how we actually start turning this around and move in the right direction.

But, so that's how, you know, if you have osteoporosis, you get the scan, get the objective data. Don't just say, I don't want to know because I'm too busy right now and ignore it.

That's not a good approach. I can tell you after seeing a lot of people, it's not. So the first part is understanding your bone density. The next part is understanding your bone quality.

Bone density is the actual mineral content of the bone. Bone quality is the structural integrity of that bone microarchitecture how the bone is organized.

Those two things combine to create bone strength. So a lot of times you get a bone density scan. You only have part of the picture. Yeah.

Understanding Osteoporosis and Bone Testing

So if you want the full part of the picture you have to ask the facility if they have something called TBS capability, trabecular bone score capability.

If that facility does, you can get a measure of bone density and bone quality at the same time to get a more whole picture of your actual bone strength today, then if you don't have access to Dexa and TBS, you can try to find a REM scan.

Now, Rems is radio frequency echo graphic multi spectrometry technology. It's more prevalent in Europe. It's making its way in Europe. In the US right now, this is an ultrasound technology that looks at your bone density.

Your bone quality gives you a five year, fragility score, which is a kind of a predictor of fracture. And that's, again, a more complete picture of your bone strength.

But the last thing that we need to look at is if we understand bone density, bone quality, that's still not the full picture of our bone health right now.

Present day. We then need to look at other markers called bone turnover markers, because these tests tell you, are you actively losing bone right now?

Is there an issue with your hormones or your thyroid or some mental health or stress issues or something like that that is then contributing to bone loss?

We can actually look at the markers for bone health. These bone turnover markers and see is bone loss really high? Is bone formation really low. And then those become near-term objective targets that will look to improve over time.

So that's kind of an understanding of just if you're going to be looking at your bone health, you need to understand the full picture. Yeah. And, you know, it's so interesting because bones are you know, they're they're not something

we look at every day.

They're not something we think about every day. But I want to put some, and I'm sure you have so many stats that you could share about this too, in perspective that, you know, in medicine we're trained.

Look, when people fall and they get hip fractures, things tend to deteriorate rapidly. Like statistics show. If you get a hip fracture, your chance of dying in that first year is like between 20 and 30% based on research.

I mean, sure, bones are like an abstract thing that aren't at the top of our priority list, but what I don't think people understand is they very much dictate your life span, health span in our later years, to the degree of even influencing mortality in a huge, huge way.

Absolutely. Yeah. So, I even just some, some general stats on bone health. So approximately if we're just looking at Americans, obviously the numbers are greater globally, but 10 million Americans have osteoporosis, another 44 million have low bone density, one inch two women.

Up to 1 in 4 men will break a bone in their lifetime due to osteoporosis. For women, the incidence is greater than that of heart attack, heart attack, stroke and breast cancer combined.

Six months. If we're talking about fractures six months after hip fracture, only 15% of patients can walk across a room unaided. Every year of nearly 300,000 hip fracture, patients, one quarter end up in nursing homes, and half of them never regain their previous function.

And then, just like you talked about, you know, oftentimes a hip fracture. And this is not by the way, I just want to point out I know we're talking about some kind of scary stats here.

And, and there is some fear mongering that takes place that I don't think is appropriate. But it is it is important to understand that there is some risk here.

Right? So if we don't take care of our bones, we don't pay attention to them. We end up with a hip fracture. Sometimes it can be the beginning of the end or the beginning of a a downhill or, health decline.

So it is an important thing to talk about and to address. I totally agree. And tell me about you know, I know there's like my, my practice. Right. Modern thyroid clinics built on looking at things and a little bit of a different way.

We certainly appreciate standard approaches, but we also say, hey, maybe that doesn't work for everyone. Maybe we need to look at things a little bit differently.

Tell me a little bit about the current just traditional treatment model for osteopathy Osis or osteopenia kind of thoughts on that. Limitations. Give me your perspective.

Yeah. Standard treatment protocol. You get told you have osteopenia, osteoporosis. After bone density scan, your doctor is going to sit down with you and say, take calcium, take vitamin D, go for a walk, don't lift anything heavy.

Here's your bone drug. We'll see you in two years for your next bone density scan. 90% of the time, that is, the treatment protocol is going to be laid out.

Yeah, that is woefully inadequate. There is so much more that needs to be done. And when you're the patient in that situation, you need to be your own educated, empowered advocate.

You don't need to just roll with the standard recommendation immediately, but you also don't need to put a wall between you and the physician. Right? So how do we open a dialog there?

The way that I encourage people to open dialog, I say I'm not saying no, I'm just saying, can you help me get a little more information? Yeah. What done there is you've provided some respect, there's some tact.

And you also open up a conversation and don't damage any egos that are going to, you know, perceptional lab testing. Right. So when you open those conversations, that's when you can then say, can we get some bone turnover marker test done?

Can we see before we recommend recommended bisphosphonate that's going to reduce our our bone loss? Am I even still losing bone right now. Can we check that first.

So then we would go ask and see if we can get a serum CT or a CT low peptide test. That's a blood test that looks at the activity level of cells that are breaking down bone.

And guess what? If that test comes back and it's off or elevated or not, where it needs to be, that means there's an active root cause of bone loss. Taking place that needs to be addressed.

Could be that that is hormones, right? Primary osteoporosis happens because of a decrease in estrogen and postmenopausal women. Estrogen has a protective effect on bone.

When those levels decrease, as they do during menopause, that causes an increase in the activity level of cells. A break down bone. But there are other causes of bone loss and osteoporosis, and that's where it occurs as a result of behaviors, disorders, conditions, diseases and other medications.

So when you're in those conversations and your doctor recommends calcium, vitamin D, walking, take a bone drug. We have all these other potential factors that could be contributing to bone loss.

And if we just take a medication we're going to cover those up. You're not going to address the underlying issue.

Bone Health Risks, Statistics, and Standard Treatment Limits

And I've seen people take a medication, not address the underlying issues, and still have bone loss that takes place. So you just have to be aware of that.

And the other thing is that I just want to go out and talk about the medications that will be presented, and some of the considerations you have to make.

I am I am not anti medication because I have seen people that have 15 or more fractures that have really poor quality bone, that need an immediate intervention, but the majority of people don't.

And there's so much more you can do naturally before you ever get to that point. So the different types of medications, which by the way, these medications I, I like the old economic adage, there's no such thing as a free lunch.

Yeah. Risks and side effects, short and long term implications with everything you do. So if you take an anti active medication this would be either bisphosphonate or rank ligand inhibitor.

Bisphosphonates are your fosamax re class act no bone Iva safety and efficacy of bisphosphonates is not really well known beyond five years. And as you and I and everybody is going about their daily lives, doing their daily activities, working out in the gym, you're starting to get these tiny little micro cracks and micro fractures in your bones.

It's normal. And then you have cells within the bone called osteocytes that sense that damage. And they send out a signal and say, hey, we need to become stronger.

And then these other cells called osteoblasts pick up that signal and they come in and scoop out that old, worn, damaged, weaken bone. And right behind it. It's a coupled process.

You have these other cells called osteoblasts blast build. They'll come build stronger, healthier new bone. This is a

normal process happens throughout our lives.

We want it to happen. And it's how you get a new skeleton every 7 to 10 years. But what happens is when you take these anti resorption bisphosphonates for longer periods of time, multiple years, you can slow down that process too much to where you start to accumulate that old, worn, damaged, weaken bone over time.

So even if your bone density while you're taking these for longer periods of time, even if your bone density shows as stable or maybe even slight improvement, the quality is not.

So that's an important difference between density and quality and how that equals to bone strength. So, that's just one of the medications. Other ones prolia rank like an inhibitor.

If you come off of that after you start and you don't follow it with a bisphosphonate, you can increase your risk of vertebral fractures. And then the anabolic medications, these are for most of entity.

Those are designed to build bone, build better quality bone, build it faster. Can they do it? They absolutely can. But when you take those medications, you cannot just stop them cold turkey.

You have to follow them with an anti resorption or you will lose all the bone you just gained. So just know that in that 15 minute initial conversation, when you're told to just take a medication, that you're not just committing to one medication right, then you might be committing to multiple medications for multiple years, if not a lifetime.

So that is an important thing you have to be aware of. So we should probably talk about some of the proactive things people can do. If you're going to go the natural route and try to address some of these things first.

Yeah, I would love that. I mean, I think that's such an empowering piece to this because it doesn't always have to be either or two, right? It can be both and it can be medication, but also addressing, hey, what can I do?

How can I be empowered to influence this? Yeah, tell, tell me. Give me the download. So yes. Absolutely. So there are there are multiple thing. I'll give you the high level and I'll drill down into some very specific tactical things that everybody can take away from this.

Yeah. So there's, there's kind of a process that I would take someone through, which would be first starting out with identifying and addressing the root cause issues.

So I already talked about the first part of this is you have to figure out am I still actively losing bone right now? Right. So you go get those bone turnover marker tests.

You get you understand where you're at. If you have an underlying root cause issue, those become the targets, right? What are the underlying issues? Address those things.

Start to see improvements. See the bone resorption come down the bone formation come up. The ratio between the two of those improve. That is where everybody has to start.

Next part of this goes into diet digestion, absorption. Right. You got to taking the right nutrients in the right amounts. You got to actually absorb those nutrients.

You got to make sure those nutrients make it to the cell level. All three of those things have to line up. So in terms of taking the right nutrients, in the right amounts, from a diet nutrition perspective, some of the most important pieces would be getting adequate protein intake.

A lot of us hear that and talk about it. But I'm going to give another vote for bones here because your bones are 50% protein by volume. They need amino acids.

So, it is a collagen protein matrix structure with minerals laced in there. So you got to have amino acids and you got

to get enough protein for that.

The next part is you got to get all the minerals and nutrients that your bones need. Some of the most important ones, calcium, magnesium, vitamin C, vitamin K2, those are vitamin D, D3 those are some of the most important nutrients that you need to be getting to your bones.

There are plenty of others, but those are some of the most important ones. Calcium. It is the primary mineral constituent of your bones. So you have to be getting enough if you.

One of the challenges and one of the questions I get asked all the time is, what do you think about dairy and milk? I can, you know, can you just drink your drink milk and get your way out of osteoporosis?

Or is that the only solution to stronger bones? I think milk is great for when you're a kid, right? And when you're when you're in those formative bone building years from 0 to 18, when you're putting on 90% of your bone mass, I think that could be a great addition, right?

Because you got to have enough protein and you want those nutrients. As you get older, if you're a lot of people have intolerances to dairy or they've got autoimmune conditions, they're trying to put in a remission or they just it doesn't sit well with them.

Right. So then we have to look for what's a nondairy alternative to getting calcium. And that's really hard for people. So some of my favorites are getting sardines and mackerel with the BPA free can with the bones in no way.

Gotta get the bones in. Now, the bones are not these hard, pokey bones that are going to hurt your mouth. They're actually. I'm not really making a case for fish in a can here, but, they're there.

But you kind of are. I am, I am, but I'm not. But they're kind of like, melt in your mouth a little bit.

Nutrition for Stronger Bones

So, basically, when you eat sardines and mackerel in the can and they have the bones in, you're getting a healthy dose of protein, which we talked about as important for your muscles and bones.

You're getting a good dose of omega threes. Omega threes are the dampeners of inflammation. So anything contributing to flesh especially chronic and long term not going to be good for your health for your bones.

So omega threes are good. And then if the bones are in them you get all the minerals in the right ratios that nature put them in that your own bones need.

Well, as a nondairy source of calcium, you eat a can of sardines or mackerel. Now you get 300mg of calcium, right? Or 200mg of calcium. So that's a great nondairy source to incorporate another one is arugula.

Arugula is a leafy greens, say same cruciferous family vegetables, broccoli and kale. It's great source of vitamin C, vitamin K, and it also has bioavailable calcium.

One of the reasons for that is it's a low oxalate grain. Oxalates are anti nutrients that bind up bone. Healthy nutrients like calcium prevent you from taking those in.

The spinach is a popular green. A lot of people use. That's a high oxalate grain right? So if you have chronic digestive issues or you have a lot of joint pain or, you have a lot of kidney stone issues and you're eating a lot of spinach, I consider swapping that spinach for the arugula.

Okay. And, Ruelas, easy. You can saute it with some olive oil. You can eat it as a side salad. So easy to incorporate. And that's super tasty. Yeah. So great.

And it's a good bioavailable source of calcium. So there's two examples right, that are nondairy sources of calcium. And then if dairy is okay for you or you do incorporate in your plan, that's okay.

I would I would focus on cultured and fermented dairy, 24 hour yogurts or, kefir. I know there's like, camel milks and some other different kind of milks out there that you can get that could be great additions to, but focus on cultured and fermented versions of those.

So that's calcium. Vitamin D, super important. The sun's raised in those colder weather months. Not going to be strong enough to generate enough vitamin D production.

Probably gonna want to supplement there. If you're supplementing monitor your levels. Get the test first. Take the supplement. Look at it three months later.

Is the supplement actually working? Are you somebody that has issues with vitamin D genetics? Right. If you are maybe up your dose a little bit, vitamin C is super important for your bones.

I talked about how your bones are a college and protein matrix with minerals laced in vitamin C, stimulates pro collagen, enhances collagen synthesis, and stimulates alkaline phosphatase activity, which is a marker for bone building cell formation.

So you got to have vitamin C, too. And last nutrient I'll touch on briefly is vitamin K2. The reason this is important is vitamin K2 activates Osteocare and matrix GLA protein.

Both of these make sure that the calcium is going to go to help build stronger bones and also prevent calcification of the soft tissues, kidneys, arteries, those kinds of things. So those are some good higher level nutrients we need to make sure we incorporate.

I love that I learned so much in the last three minutes from that. That part of our conversation. So thank you. I know to there's a big movement like in Watts.

It's really cool actually, with exercise, with trying to build bones and prevent osteoporosis. Osteopenia. Tell us some strategies or like what that looks like.

What are some tips and tricks that we can do to enhance our bone health? Yeah. I'm going to go back first to what is the recommendation that the patient is going to be given in the office?

And how is it different from what we know is actually going to help support stronger bones? What I say is that they're going to say, do some walking, don't lift anything heavy.

Look, if you're one of the patients that falls into the category where you've already had multiple fractures, especially if they're low trauma or no trauma fractures, and you have really poor quality bone lifting, heavy applying a big stimulus is probably not a good idea.

Okay. But for the majority of people that go in, I would say bad advice of just do walking and don't lift anything heavy is some of the most negligent advice somebody could give and get also.

So you have to understand when it comes to exercise, you need different types of stimuli for your bones. You need muscle pulling on bone, you need impact.

The most effective interventions are going to use one or both of those things in combination. So walking, I will tell you, is not enough. It's just not.

And if you think about it, it makes sense because all you're doing is moving in the same direction. Pat, pat, pat, pat for long distances, there's no varied, diverse stimulus that your bones have to respond to.

We're not surprising the bones. Yeah. Also, you're only working your lower half. A lot of people. Where do they fracture? They might fracture an arm or a wrist or somewhere in their upper body.

When you're walking. Is there any stimulus being applied there? No there's not. So walking alone can't be enough. So we got to have weight bearing exercise and we got to have muscle strengthening and resistance training exercise.

Both of those have to be part of your plan. So what is weight bearing exercise? Weight bearing exercise is where your body your bones. They have to work against gravity to keep you upright.

There are things you're doing on your feet. They're placing good, healthy stress on the bones. So this would be where walking, jogging, hiking, gardening, playing pickleball, playing with the kids, with the grandkids, out in the yard.

Yoga, Pilates, Tai chi, qigong all of those things are weight bearing exercise. We want to make sure we're doing them with good form, of course, but notice all of those things are not necessarily formal exercise.

Some of them are play to. So you can and you should incorporate those things. And as long as you're doing it safely be mindful of non weight bearing exercise though.

Non weight bearing exercises where your body and bones are not working against gravity to keep you upright. So swimming and cycling mostly swimming fall into this category.

Now swimming. I'm not saying you shouldn't do it right. If you enjoy it makes you happy. Reduces your stress. You do it with the family or something. That's great. Keep doing it.

But what you can't do is get in the pool, swim laps five times a week, get out and say, I did my exercise because you didn't write. You did, but you didn't.

You didn't apply the stimulus that your bones need, the the structure that's going to carry you to an extra ten, 20, 30 good quality years. We got to put a stimulus on that, because if we don't, the same thing that happens with astronauts when they go up into space is going to happen to you, right?

If they don't have the stimulus for their muscle in their bones, they're going to lose it pretty quickly. Right? So now we got to incorporate muscle strengthening and resistance training exercise.

Exercise Strategies for Bone Health

And this is where we start to bring in variable resistance dumbbells, barbells the machines at the gym if that's where your comfort level is at. Those are the things we need to start.

Start incorporating. And some of the most important movements to incorporate, like the greatest impact, the least effort, or the biggest bang for your buck kind of movements, squats, deadlifts, overhead presses, you know, box jumps.

As long as you're doing, you've got a good balance. You're doing box jumps safely. Those can be helpful too, but those three big movements, squats, demos, overhead presses, as long as you don't have a fracture or really poor quality bone, that can be really helpful doing those movements.

Now, some people, when they hear that, they're like, I've never done those or that sound deadlift sounds intimidating, right? Sound superintendent you never definitely does.

What? Here's what you're not going to do. Don't just go Google deadlifts because you're gonna go see a heavy a heavy powerlifter and you're like, I can never do that.

Guess what? You don't have to be that person. What you do have to do is you have to have good body mechanics in good form, even if it's the lightest weight.

Even it's just the bar doesn't matter. Even if you don't even have a bar yet, you're just doing your bodyweight. Get the hip hinge down right. Have somebody work with you to make sure they understand you've got good body mechanics, you can do the movement properly.

And then then we start adding, higher intensity, add some of that weight. And that's how you slowly progress up to the point where you're providing the proper stimulus.

Because if you can't provide the stimulus with good form, you shouldn't provide the stimulus at all because you're going to you're going to lead to an injury.

And, that's going to set you back a long time. So, you got to incorporate those things. And then the 5 to 10 repetition range is great. If you can get to that point where you might be struggling to get it done, but struggle with good form if you can't do it with good form, don't do it at all.

Yeah. Couple quick follow up questions on the exercise piece before we move on. So there's two main things that I hear are really good. And I would love your take.

One is jumping rope or rebounding and the other is weighted vest walking. Give me your give me a reply to this. Yeah. So for weighted vests I would say if you are somebody again I kind of because I see a spectrum of people like some people they but if you've already got vertebral fractures it's probably not going to make sense to put on a weighted vest, go lock, walk long distances.

If you've got good bone quality, you can put a weighted vest on. You can walk with those things personally, I think there are better things that you can do to apply that stimulus.

And that might be a little bit easier on the joints longer term. So I personally don't use them. And, our exercise expert in our program, she's going to tell you also that there are probably better alternatives or things that you can be doing, specifically getting the right exercise plan in place.

So can you use them? Yes. Are there better alternatives? Absolutely. Right. And I would I would start with the foundational exercise stuff first before adding in these complementary technologies and all these other things, because a lot of times people and I'm not saying it's anybody's fault.

No, I'm because that's what the marketing says out there that we need and by this new device, by this new thing. But most people buy these complementary tools without actually having the foundation stuff done first.

Yeah. So I start with the foundation. We can add the other stuff later if we want. Rebounding. I do have a rebounder. You can rebound again if you've got vertebral fractures or you're a high risk for them.

Probably doesn't make sense for you to do it. But I think it can be great not just for for bone health, but also for, lymphatic health. Right. Or a circulation or maybe other health things you're trying to do.

So I definitely think that can be incorporated. Thanks. I was curious about those for sure. And then the the big final question that applies, I think, to so much of our people listening here, it certainly applies to so, so many of my patients take me through the menopause connection.

Yeah. Well, primary osteoporosis, like I had mentioned typically related to that decrease in estrogen and postmenopausal women, estrogen has that protective effect.

And on bone. So when those levels decrease, as they do during menopause, that's going to increase the activity level cells a break down bone. So even leading up to menopause you need to be aware of this.

And especially after in the five year period after you can lose 2,025% of your bone mass bone mass if you're not proactive about it. So what does being proactive look like?

Well, first, start out by getting some objective measurements. Bone density scan, bone quality scan. Get your bone turnover baselines. Get your bone turnover baselines.

That's an important one. Have all that baseline information first.

Menopause, Hormones, and Bone Loss Prevention

So then the time that comes when we're expecting bone loss to take place, we've already got a baseline from which to monitor future changes. That's why I'm saying get it now if you don't already have it, the next thing would be, consider talking to your practitioner or McCall or somebody else about bioidentical hormone replacement therapy.

Yeah, it looks different for for everybody. So work with your practitioner. Figure out what's right for you. Estrogen has a protective effect on bone and can help with prevention of bone loss.

Progesterone, testosterone DHEA can also be helpful in supporting bone building. There's you know that's going to look different for everybody. So work with your practitioners for that.

Yeah. And just don't don't put it off. You know, I know people get busy and especially the audience that we work with, mostly, mostly women in their 40s to to 70s that are trying to improve their bone strength.

They're usually taking care of everybody else first, and they often feel bad for taking care of themselves. So they'll put everybody else first. They'll take care of themselves last.

And my the only thing that I say to people in that situation is I understand that. But if you're not there for you now, you can't be there for them in the future.

So take care of yourself. Take care of yourself. Prioritize yourself and your own health because it's really important if you want to be around for them in the future.

Absolutely. And as a mom, I can totally relate. And as my patients, like, you know, sometimes my patients are up in there literally, like, I'm here so I can be a better mom.

I'm here so I can be a grandma in the future. I know that I am leaving this conversation literally going to hang up and go find resources from you. So I would love for you to share resources, guides, anything that people can use to exit this conversation and take immediate action on such an important thing in our health.

Thanks so much for. Yeah, so you can always find me at bone coach.com. And that's where we've got full stronger bones programs. You know if you if you're like, I want to work with you and the team to help build out a personalized stronger bones plan.

You can do that at Bone coach.com. There is an application process for our programs. Submit it. We'll get back to you in a day or two. But you can do that there.

Or if you're like, you know what, I don't know if I'm ready to work with a team. I just want some free resources or you want to get you just want some actionable things you can do to start making progress right away.

Go to Bone coach.com. There are free resources you can download immediately. That's a great starting point. There's also bone turnover markers so you can try to go to your doctor.

Go to your GP. You can ask them for them. A lot of times if the doctor doesn't understand the interpretation of a test, they're going to they're not going to work for you. Right.

Or they may refer you to a specialist endocrinologist. Rheumatologist. That person may not actually order the test for you. So you can also go to osteo icon and basically shortcut the entire system, get your bone turnover marker, test your CT or P one NP in 5 to 7 days.

Resources and Next Steps

You can have your results in your hand. Know your baseline even if it's just one measurement. Know your baseline, have it for the future and then you can monitor changes from there forward.

Super super important. So as you icon you can get that there. But and then all the social channels which I'm going to get you on the podcast call. Same.

Yeah. So bomb coach podcast you can find me there. And then all the social channels at Bone Coach and at Bone Coach Kevin. But bone coach.com is the best.

I love it. Thank you so much for this conversation and honestly thank you for taking your pain to purpose journey because it is such an area that is deeply, deeply needed and it's a large, large gap in medicine, so I appreciate it.

I am so confident everyone is leaving here today much, much more empowered.