Bone Density, Quality, and DEXA Basics

If you don't have a bone density scan yet, go get one. It's a painless test, kind of like an x-ray, very low levels of radiation, but it does a scan, tells you your bone mineral density.

That score helps you understand if you have normal osteopenia osteoporosis. DEXA is, it's an important tool. But it's not a hundred percent. It's that the best tool you can use because oftentimes it is missing another really important part of the picture, which is bone quality.

Bone density is the actual mineral content of a bone. Bones quality is structural integrity of bone, the micro architecture, how the bone is organized.

Those two things combine to create bone strength. Welcome to the Natural Heart Doctor show. I'm cardiologist Dr. Jack Wolfson. Heart problems don't come from a drug deficiency.

They come root causes where cardiologists never look. On this show, I sit down with experts who challenge the mainstream rhetoric and talk about what actually builds a heart built to last.

Get ready for a dose of cardiac longevity. Alright everyone, welcome back to another excellent episode inside of the Heart Attack and Stroke Prevention Summit.

I'm cardiologist Dr. Jack Wolfson and this is again, we're talking about preventing heart attacks and strokes and it's very easy to focus on heart disease and stroke, blood pressure, cholesterol, but there is an incredible tie-in between bone health and cardiovascular health.

And I brought in a worldwide expert by the name of Kevin Ellis from BoneCoach to talk about this link. The medical doctors like me are really good at kind of putting things in silos, right?

So you got heart disease and you've got bone disease.

Bone Health and Cardiovascular Risk

Kevin is going to be talking about his connection here. Now he is a Forbes featured integrative health coach. He's a podcaster and he's the founder of bonecoach.com.

And he's got this very unique three-step process and a world-class coaching program called the Stronger Bones Solution. So he'll talk about that as well.

He's a team. All around him. Really, his programs are known throughout the world and he has over 250,000 people. focused on osteoporosis reversal. This is a big problem.

Cardiac issues are a problem, but nobody wants to have osteo product fractures and have, you know, spinal loss and height loss, and really all these disabilities, right?

It's no good having the hundred year hearts without having your bones intact. So, anywho, Kevin Ellis, welcome to this episode. Jack, thanks so much for having me.

This is, it really is such an important topic and there's absolutely a connection between bone health, cardiovascular health. And I would just say, even from our bone, the perspective of our bones, most people don't really think about their bones.

When they think of their health you know, maybe they're focused on the hundred year heart. Maybe they are focused some other health condition they trying to address or they just want to live the best life they can.

Right. But oftentimes you're not thinking about the structure that's going to carry you to that active future. So your bones are actually living tissue and they respond to different stimulus.

They don't just keep you upright and carry you through life. They do it. they do a good job of it, but they so much more. And then when it comes to bone health and cardiovascular health, they're deeply connected and part of that is because some of the shared pathways they have in mineral metabolism and inflammation and hormone regulation.

There are a couple of major ways that we would say that they are connected. The first one would be. connection between calcium and bones and heart health.

So one of them is that when we have osteoporosis, you can have bone loss that's taking place. And when that bone lost takes place, it's tearing down this collagen protein matrix structure that our bones are made of.

And it's also going to release some minerals. Calcium is one of those primary minerals, it is the primary mineral constituent of your bones. What happens is when we start to lose that structural protein, those minerals then our bones are going become more fragile.

We're losing bone density, we're loosing bone quality, losing bones strength. But that calcium just doesn't disappear. Sometimes it can be excreted through our urine, but it also contributes to vascular calcification.

And that's where calcium is going be deposited in the arteries. And it's going to increase the risk of heart attack and stroke. So that's one thing that we need to be aware of when it comes to bone loss and the connection to cardiovascular health.

Another would be chronic inflammation. Okay. Both osteoporosis and cardiovascular disease, they're linked to chronic low grade inflammation and we would look at something like elevated inflammatory markers.

How to Assess Bone Health Early

I'm sure you talk about CRP. There are different risk factors for both that. We could look out, but that is another connection there. And then other shared risk factors would be if we're leading a sedentary lifestyle, which most people who are on this summit doing something proactive, uh, trying to, to take charge of their health.

Chances are you're not probably leading it a completely sedentar lifestyle or maybe you don't have the best diet nutrition. You're smoking. or you've got oxidative stress, those are some other common contributors to both conditions, both cardiovascular disease risk and also osteoporosis and then hormone imbalances too.

And we can talk about hormones a little bit more in depth in just a minute, but there's a connection between all of those things in our heart and our bones.

Excellent opening there. Now, How does a listener, let's say we're talking right now to a 60 year old woman, a 65 year-old man, or even a 25 year older woman for example, because I know that you educate people on that very often as far as osteoporosis, osteopenia, that starts when we are born, it starts in utero, like this goes back even to the health of our mother before conception.

But how do we assess our level of bone health in just in general, including osteopenia, osteoporosis? How should we access that? I love that you started this by talking about how far it can go back, right?

And how early we need to be thinking about this. This is a pediatric condition with geriatric manifestation. Right? So if we think of it that way and we understand that 90% of your bone mass is put on by the time you turn age 18 and the remaining 10% fills in by time, you turned 30. That's when you reach about peak bone.

And we have to understand the things that we do in that window of zero to 18. So not just now, not, just you as the listener now who may be 50, 60, 70, trying to do something to improve your health.

Think about, as I'm talking, think about the lens of, your kids and your grandkids too, and where they're at right now in their development. Because if they're in that 0 to 18 range or 0-30 range, this is a prime window to build good quality bone structure and micro architecture.

Because, if we do that right from a young age, even if you just apply some basic principles that we're going to talk about here, you can help extend their life or make them better years for 10, 20, 30 years.

So that 100-year heart is living inside of a strong 100 year skeleton. Right? So, that's what we want. So when we're, when were thinking about this from a young age, we want to be paying attention to, are we leading a sedentary lifestyle?

Are we letting our kids and our grandkids just sit on their tablets and play and take care of themselves? Or are getting them up and getting him active and get them out and moving their body and their bones and these short, sharp, dynamic movements, playing sports, doing gymnastics, getting out in the yard and doing some good old yard work.

I worked on a farm as my first job when I was growing up. Absolutely loved it. Bailing hay, digging post holes, doing all that kind of stuff. And I think it not only builds character and work ethic, but it also is helping build that bone structure, build your muscles.

So getting up and doing some physical activity is really important or just playing sports or gymnastics. I Think those are great to be doing from a young age.

Making sure we don't have, and we all hear this, the package, to process foods, being conscious of the sugar intake, The added sugars on the back of a label, focusing on whole foods.

and it doesn't to have to this daunting process that you do with your family. Have a discussion. Hey, what meals do we, What meals sound exciting? What meal sound good?

And then find healthier versions for those meals. Do it together. Co-create that experience so we can get all the minerals and nutrients that we need from a young age.

The protein, the vitamin D, calcium, magnesium, vitamin K2. All those, we want to be getting those from young ages. And also paying attention to not smoking and drinking excessively.

If we have any eating disorders or anorexia, bulimia those kinds of things, those can also contribute to issues with your bones down the road. And then just taking any medications like prednisone or things that could contribute the bone loss.

We got to pay attention to that stuff from a young age and that just continues forward. Even when you're beyond 30, that just continues forward. So we got to preserve that structure and start building a healthy one from a young age.

And then the second part of your question was, how do you actually know what the status of you bone health is? So right around 30 is one I would love to see.

Most people aren't getting a test to evaluate the statistics of their bones until they're 50, 60, 65, right? 65 is when insurance will cover a bone density scan.

I would encourage people, get the objective data earlier so you can monitor future changes. So you have a baseline at least. And so get that as early as you possibly can.

If you're listening to this, you don't have the bone density scan yet, go get one. It's a painless test, kind of like an X-ray, very low levels of radiation, but it does a scan, tells you your bone mineral density, and then it generates a score.

That score helps you understand if you normal osteopenia osteoporosis. Personally, Dexa is, it's an important tool, but it is not a hundred percent. It's not the best tool you can use because oftentimes it missing another really important part of the picture, which is bone quality.

So bone density is the actual mineral content of a bone. Bone quality is structural integrity of bone, the micro architecture, how the bone is organized.

Those two things combine to create bone strength.

Bone Turnover Markers and Monitoring

So when you get a bone density scan, you can ask if the facility has TBS capability, trabecular bone score capability. That's going to give you bone, density and bone quality at the same time.

You can also look for a REM scan which can give your bone and city bone. Quality at same times. Those two things give the current. status of at least your bone density and bone quality.

Now I'm going to tie this up with one other important measurement that we want to look at for the status for our bones, which is even when we have the picture of our bone, density, and quality, you don't know what's going on inside your bones right now, especially if you only have one scan.

So we need to go a layer deeper. and look at different biomarkers that look the activity level of cells that are breaking down and building up your bone.

That tells you, am I actively losing bone right now, present day? If I am, what's causing that? Now we get curious, What's the root cause issue behind that active bone loss?

So those tests, those two tests. Serum CTX, CT low peptide test, that is an active bones loss test. So it's the most sensitive marker for bone resorption.

If that's off or elevated or not where it needs to be, there's a root cause issue that needs be addressed. Could be hormones, could be multiple other things that are taking place.

So we need to go to work and figure out what those are. Then the next part is if you look at active bone loss, you want to look active at bone formation at the same time.

And this would be P1NP, that pro-collagen type 1 and terminal propeptide. This looks at activity level of cells that building up your bone. And what we want to see instead of just looking at a lagging indicator of success, which is your bone density or your own quality, we would look at near-term indicators of.

Which would be these bone turnover markers. And you can see improvements in them in three to six month periods. Okay. That was, I think that's what will call maybe like the money shot on that one right there.

Like that was the goal that everybody needed to pay attention to right. In my opinion, because. You know, it's kind of like we equate that to a coronary artery calcium scan when people get those, like it'll tell you a situation, and it will tell your risk.

But it is kind tough to monitor those things from time to time, right? So it like changes on a bone density, DEXA scan, all these different, you know the REM scan you talked about, but really you can see these quick changes.

with these serum biomarkers, which actually I first heard about through you and just so excited about that kind of

technology to dive into that. And do you find that those tend to be very accurate?

Like some tests, again, they're new. They may not be quite as accurate. Do you find the accuracy of those good and then a follow-up on that? You know, presumably those two blood parameters along with, as you mentioned before, the high sensitivity CRP, markers of oxidative stress, all these things that would kind of say, hey, your body is on fire and we need to do something about it.

Therefore, you're at risk for heart attack stroke and obviously osteopenia osteoporosis. But obviously, and reiterating again, that those are very unique markers.

My guess is also, to continue on this thread is that those abnormal markers that you mentioned, they also would show a link directly to increased risk of cardiovascular disease, which is certainly interesting.

What if your heart could actually get better, not just managed? What of your recovery didn't depend on adding more prescription drugs, but on finally understanding why your is struggling in the first place?

I'm Dr. Jack Wolfson, cardiologist at Natural Heart Doctor, and we believe heart disease isn't random, it's a message. It's message that inflammation, toxins, nutrient deficiencies, or lifestyle stressors are driving your symptoms beneath the surface.

That's why our approach goes far beyond the band-aid, typical cardiology approaches. What we do is if we want to prevent, treat and reverse cardiovascular disease, we help you develop a natural evidence-based plan to help your heart recover.

So if you're ready to move past fear, past confusion and past just take this and wait, you deserve real answers. Visit naturalheartdoctor.com forward slash discovery and get the answers you've been searching for.

The answers that can help you achieve your best heart health. Your next chapter with a simple free discovery call should start now. Yeah. I remember our conversation about this.

This was what probably nine, maybe nine months ago or something where we were talking about. And these markers are so important that, but most, most of us only are aware of bone density, bone quality.

It's not our fault. That's just what we're educated on. When we go, you know, we don't get training on these specific markers. So. You kind of have to go outside of the conventional model and the way that it's structured to learn about them, but they are great markers.

There is research behind them that supports their use. At the same time, a lot of physicians that if you're in your conventional appointment and you sit down, you got 15 minute conversation.

The goal of, the tool at the end of that conversation is oftentimes a pharmaceutical, right? So the, You get told you have osteoporosis after you get your bone density scan.

Nutrition, Dairy, and Calcium Support

Then you get told take calcium, take vitamin D, here's your bone drug, go do some walking, don't lift heavy, and we'll see you in two years for your next bone density scan.

Right? That happens in a 15 minute conversation. The conventional model does not have time or does it delays the person starting that medication. If they then say, I need to get my bone markers.

Let me go get this test. Now I get the results back. now I see that my bones are resorptioned. I'm not actively losing bone. wait, I don't need the medication necessarily, right?

So then it just slows and stops and prevents the normal process from actually happening. So I always encourage

people, you have the right as the educated, empowered advocate for your health to say, i'm not saying no.

I'm just saying I'd like a little more information. Can you help me? Then we get these tests ordered and you can go outside of your doctor's too. Dr. Jack has them, we have them.

You can through whoever to get this test and get the objective data. Now I will say you want to get these, these fasted, so get them first thing in the morning.

If you're getting them later in day or you've already consumed food, that will affect these markers a little bit. So get him early, get fast. But yeah, in general, they're great markers.

And again, their near term targets. Nobody wants to do something for a year or two and hope that you are doing the right things. Hope is not a strategy.

We want look at objective data. Look three months out. Did you, did you implement something? and see that serum CTX come down. If you did, then that's a good sign.

You're moving in the right direction, right? That you're going to have dampened that bone loss. Did you see the bone formation come up? Did see you the ratio between the two of those improving?

Those are near-term objective improvements that we want to look at because that is going help you hit that outcome, you know, 12 months, 24 months from now.

of that. Regarding, circling back to nutrition real quick, what is your thoughts on milk, right? Milk does a body good. Milk is good, you know, for strong bones.

I'll just, I will tee that up for you. What do you think about milk? I think raw, yeah, dairy as a whole, don't think is a bad thing for everyone. It actually gets a back wrap.

Right. Uh, drinking a bunch of milk is not the right strategy because there are studies. There are some studies out there that show just if you're drinking, a lot of, that it's not going to be good for your bones, But I would say that for most people, as long as you tolerate it, raw, cultured, fermented dairy, those are great additions to your plan.

If you can tolerate, it shouldn't be the only thing, shouldn' be be only source of calcium that you focus on. But when I say culture and fermented diary, I'm talking about keifers, yogurts.

Yeah, if raw milk, that could be a part of your plan too, but it shouldn't be the only source of calcium that you have because it does have really good components.

I think from a conventional dairy perspective, when you go to conventional diary, so in the store, you're looking at the pasteurization, the homogenation that alters the dairy's natural structure and that's going to reduce some of the enzyme and nutrient content too.

So, and there's also concerns about hormone, the additions of hormones. You've got high sugar content, all that kind of stuff. But I don't think dairy is bad for everybody because we've gotten protein.

Your bones are 50% protein by volume. Dairy can be a great source of that. It's also a source way. That's a bioactive protein that's in dairy that can stimulate osteoblast activity.

So osteo blasts are the cells that build bone. That is, can be found in cultured fermented raw dairy. Calcium, again, that's the primary mineral constituent of your bones.

That's what we're told from a young age. Hey, drink milk to get your calcium. Well, maybe it's not just drink, milk. Maybe there's other parts of dairy that we can incorporate.

Vitamin K2 can found at fermented dairy and just there are other nutrients in there that I think could be really supportive. So I don't. Tell people just completely avoid it.

If you tolerate it, consider adding it to your plan. But also consider, if you don't tolerate, then don' t add it your to plan and focus on things like arugula.

Arugola is a plant-based bioavailable source of calcium and it's a cruciferous green. It's great. So you can incorporate aruga and its easy. Grab a handful, do a side salad, grab a hand full, saute some olive oil or some ghee or whatever and that could be a great addition or Get some sardines or some mackerel in a can that's BPA free, that has the bones in, you know, go to one of the companies that does that really well.

And that can be a good dose of 300, 400 milligrams of calcium, some protein and some omega-3s, which we all know are good for heart health too. So there are ways to get calcium outside of that.

The last note I'll make, about supplementation, right? This is, I think the other concern when it comes to cardiovascular health is okay, well, if I'm not eating dairy, i've got an autoimmune condition, trying to put this into remission and I've fallen short in terms of calcium.

And I want to be very clear. You need calcium, you have to have calcium it is the primary mineral constituent of your bone. So if you want maintain that structure, You have have Calcium, but you also have understand calcium is not just used for your bones in the body.

It's used from muscle contractions and nerve impulses and a whole host of other things. So if you're not taking it in, especially if your not absorbing it too, your body is going to go to the bones and pull from there.

So this happens with people with chronic digestive issues, celiac disease, who are not adsorbing those nutrients, the body will still pull form the bone and you can have bone loss in those situations.

But in order to make sure you are getting enough, Let's say you look at your diet nutrition plan first. This is my guidance around this is start with diet, nutrition first, close the gap specifically with calcium supplementation.

Close the gaps with supplementations if and when necessary. Sometimes it is necessary for some people. So we want to go with absorbable forms, but you don't just supplement with Calcium alone.

You have to have the other minerals, nutrients, cofactors that go within it, specifically magnesium, vitamin D. Vitamin D helps increase the absorption of calcium, magnesium and vitamin K2.

So vitamin K2 is important because that's going to help make sure that the calcium you just took in is not going go to the kidneys, the soft tissues, and the arteries where we don't want it to go.

It's gonna go into the bones and help support building that stronger, healthier bone structure. So that is kind of my guidance around that. Fantastic.

And that one of the things I tell people of course is keep the Calcium in your bones out of your arteries and those are the exact same strategies that I, you know, tell my patients about as well.

I guess real quick on this, I mean, if I want to consume bone broth, right? So healthy bone brought up, you know, like supports like so bone, broth you would think maybe even some supplements that contain bone in there.

I certainly love what you said about the wild salmon, sardines, mackerel, anchovies that do make sure on the label, it says it contains the bone. That's, you know, like supports like bone broth.

Talk about bone, broth, and then what about the Japanese fermented superfood natto as a source of K2? Yeah. So bone bra, there are no studies that show bone.

Bone Broth, Natto, and Vitamin K2

Like kind of like a lot of natural foods, right? There's not a ton of money in running. studies on natural foods to see that their impact, the studies are in where the pharma companies can make money off of them.

So we don't have a lot of studies that show bone broth specifically is going to help your bones. But if you think about it, it can help. Your bones in a variety of different ways.

It's a great source of protein. it's soothing to the gut. It's got a lot of amino acids and nutrients that are really good for us. It has got collagen in there too.

So a lots of good supportive things for your bones inside bone broth. As a general note, you don't have to have studies or randomized controlled trials.

to show that something could possibly be beneficial for you. So I know some people want that, but that's not always the case, and then natto, that a great source of vitamin K2.

It's actually probably the highest source. Most people aren't going to eat that because it's fermented soy, I would say also it's got a pretty nasty taste to it personally.

I don't know how many people are going to actually sit there and eat that. But if you like it, great. If not, find it in other sources too. And you can find that in, you could find in smaller amounts.

In Oregon meats, uh, MK4 and emu oil. You can find it, pasture raised eggs. Again, these are smaller amounts. Emu Oil is probably a higher source for vitamin K, vitamin k2, MK 4, but then also bacterial fermentation in our guts.

If we've got good gut health, your gut bacteria can actually help produce some of these nutrients too. So, and then if you just want to make sure you can incorporate supplementation with K2 MK four, K 2 MK seven.

Yeah, I'm one of those weird people. I like the taste of natto and the only time I would eat it, there is a company out of New York that does it in glass and it's organic.

But I have concerns about soy like most men and women frankly should. So it is not something that I do very often. And I agree with the emu oil. Easy enough to do.

I wonder if there is a lower incidence of osteo and fracture amongst the Asian populations who eat those foods. Are you aware of any data? Again, because I would say, listen, the Japanese lived longer, even though the majority of them smoke.

They live longer than we do in the United States. And maybe one of those reasons is because they're eating a lot of that fermented soy. But I wonder if there's any data about osteoporotic fracture.

Yeah. I would say, I don't have the specific studies with me, but I think lifestyle also has a factor that plays into that too. The lifestyle that people are living there might be a little bit different.

Well, it just depends, where you're at. If you are in major city centers in Japan, then it's probably going to be close to some of the things that we're doing here.

There's a focus much more on whole natural foods there, fermentation, consumption of natto, I'm sure is one of the contributing factors there too. So I would bet I don't have the studies with me, but I will bet there's probably some kind of connection there.

Good points for sure. Now, if someone's listening and they are the 65 year old woman who does have osteo. Herosis she's seen family members friends suffer with fractures and be really debilitated So what can what are the some strategies you guys recommend over at bone coach to?

prevent these fractures. We can save the pharmaceutical conversation for another time and they can get a lot more information at BoneCoach about opinions regarding pharma, but some simple strategies that people can do.

They're sitting there right now, they're watching us, on the computer, tablet, phone. What can people do immediately to avoid fracture? We teach a natural approach to building stronger bones.

It's not that medication doesn't have a place. Sometimes it does. Just because I see a spectrum of people. I've seen people that have no fractures to 15 or more fractured.

And look, if somebody has 15 fracture or 12 fractuers, there's probably an immediate intervention that's necessary.

Preventing Fractures with Lifestyle and Exercise

But for the majority of the people we see, There is so much more you could do before you ever even get to that point. You probably don't even need to get that to point, right?

So that is the big focus that we have is how we build bone strength naturally. And we've helped a lot of people do that. So some of the most important strategies we use is, number one, are you actively losing bone?

If you are, figuring out the root causes, addressing it and seeing improvements in those near-term bone turnover markers. That's one of most of important things we could do early on.

The next part of this would be dialing in the diet, the digestion, and the absorption. Taking in in right nutrients and right amounts, making sure you're actually absorbing those nutrients, make sure those nutrient make it to the cell level.

All three of those things, we want it to line up, but you can be eating healthy and still not be hitting that layer one where you're getting the right nutrients and the amount.

So just we do an evaluation of that and make sure people know how do we support our bones the best we possibly can. And then the last part, this is where we're actually building strength of body, mind and bone in a way that prevents fracture and injury.

So a lot of the stuff you and I talk about, it's important for a lotta different health areas, not just your bones, but reducing your stress. Not just a sigh, you know, while you're in the car or on the way to wherever.

Actually cultivating a healthy practice around that, I think is really important. And if you would've asked me this 15 years ago, tough Marine Kevin probably would have laughed at you, for mentioning stress reduction or meditation or any of that.

But I, think it is such an important practice for people to bring into their lives. Or maybe it, maybe its cultivatin healthy prayer practice. You know, something like that, I think could be really healthy.

Improving your sleep. It's pretty well documented that poor sleep is going to reduce your bone quality. So we need to make sure we're prioritizing sleep, set the stage for a good bedtime, an hour or two before.

Don't be on your devices staring at your screens right before bed. Set all that stuff down, get prepped, uh, you know, and maybe I like to listen to some, some calming music and, breathe in some lavender essential oil before I, before, I drift off the bed.

So, then I track my sleep with an aura ring. Um, And then the, the stimulus, we can do all of the things we just talked about, but if you do not provide this stimulus your bones need to become stronger.

They're not going to come stronger, so this is where the exercise comes in. Most people, when they're told they have osteopenia, osteoporosis, or if they are trying to build stronger bones, they might think walking is enough.

I will tell you right now, walking, is not enough, it's good. Don't get me wrong. It's for your heart, good for bones. Good for body. You should do it, but that can't be the only thing that you do.

Same thing with swimming, right? Swimming I think is another one. you can just get in the pool, do your laps five days out of the week and say, I'm good, done, did my exercise.

Your not, because you didn't provide enough of a stimulus for you skeleton. Right? So we have to do that. So, we want to incorporate both weight bearing exercise and resistance training and muscle strengthening exercise.

Weight bearing, exercise, that is where your body and your bones work against gravity to keep you upright. There are things you're doing on your feet and they place good, healthy stress on the bones.

This would be walking, jogging. hiking, gardening, playing pickleball, play with the kids or the grandkids out in the yard. Right. Notice not all those are formal exercise.

They don't have to be. That could be play too. And then yoga, Pilates, Tai Chi, Qigong. Those are all weight-bearing. So if you're doing those and you got good form and feel confident in way that you are doing them, keep doing it.

But we also have incorporate, this is probably one of the most important components of this, muscle strengthening and resistance training. This is where we bring in barbells, the dumbbells.

Maybe it's the machines at the gym, if that's where your comfort level is at. Or I really like variable resistance bands. So you bring those in too. And then some of the most important exercise movements you could do, squats, deadlifts, overhead presses, as long as you don't have a fracture already or multiple fractures.

I think those are all great incorporate, uh, to incorporate into your plan. If you listen to that and you're like, Whoa, that sounds like intense for me.

Yeah. Not familiar with those exercises. That's okay. You don' have to be, and, you, don"t have, start lifting really heavy from the, from, the get-go.

In fact, I would not encourage that. I would encourage you to start with good form first and foremost at a lower weight, get confident with the form, build up the intensity with Good form.

And if you can't do an exercise with a good forum, you shouldn't Do the exercise at all because that's just going to lead to fracture and injury and it's going To set you back a long time.

So if You want to preserve and strengthen that bone structure, it is going carry you into an active future. You got to do all those things. And that's what's great about working with you guys over at bone coach is that you meet the people where they're at, you know, through their intake through this information, right?

You're not taking the 82 year old grandma and telling her to do squats and deadlifts and, You know the clean and jerk here, kind of meeting them where their at and really supporting them, which is so fantastic, uh, for different people at different levels.

I don't know, maybe the 82-year-old woman. I'm not going to put it past her that she can't learn those activities, but for a lot of people it'll take time.

What about simple strategies around the house? You know I think a of these are spontaneous fractures that we don t even know. There was no obvious injury, But you know kind of like that stereotypical example of the woman who uh, you know, trips on her carpet or the man who's getting into the car.

Any kind of these, I mean, and, do you find them beneficial? Do you that these things do actually prevent these significant fractures? Yeah, absolutely.

Anything that we're doing to prevent additional bone, to, prevent bone loss, To build that bone strength, all that's going to do is help you prevent fractured down the road.

Um, or, even right now too, because, You know I, know when people go to their doctors oftentimes, There is some fear mongering that takes place and, you know, they might get told they have a diagnosis and immediately feel like, their future is in question.

Sometimes it is, but usually there's just more that you can do before you get to that point. And I will tell you, we want to prevent fracture if we can.

I have seen the spectrum of people that have 10, 15 fractures. Every single one of those people will say, I wish I would have known sooner what to do.

I wish I would have done something sooner. So if you're at a point where you want to make sure you are doing the right things to support a healthy bone structure, that's a big part of what we do at BoneCoach.

Absolutely fantastic. Great information and I think people who work with you, the 250,000 plus people, Kevin also mentioned that he is a Marine and therefore you will get the Marine like training program, which is only going to lead to success.

BoneCoach Programs and Final Takeaways

This guy's not messing around. He's out. Uh, this is the passion project for you, Kevin. I know as well, you know, and everybody go check out bonecoach.com.

Any other last minute words or any other places where again, provide information about where people can learn more about what you're doing over there.

Yeah. Thanks so much, Jack. And bonecoach.com, that's the best place. We've got Stronger Bones programs there, we have a full credential team, We have about 35 people on our team over at Bone Coach.

A lot of these people have been in their fields 10, 20, 30, 40 years. Our most senior team members have be in the field about 40 year. Uh, and we've just helped over 10 thousand people who have come through our programs, our Strong Bone programs at this point.

We even have medical practitioners come through these programs as participants now. And here's an interesting thing. I just got an email from one of the medical doctors who came through our program.

She's a medical doctor who has access to prescription medication. she wanted a natural approach to building stronger bones. So she came in our programme actually just over a year ago.

It was like 15 months ago, sent me an e-mail a couple of months. Not only did she reverse her osteoporosis, she did it without medication and now she's referring her patients and her colleagues to us.

And like, I love seeing that. We see that all the time, but when it comes from a medical practitioner who's in the field actively practicing, practicing.

I loved seeing. So yeah, just take action. That's the, that's important thing. Well, that's obviously is so needed because it's still so commonplace despite all the different pharmaceuticals that are out there and all of the medical push in the industry, you know, for that.

We're still seeing so many people struggle. So what you guys are doing over there at BoneCoach is fantastic. Everyone, thank you so much to Kevin Ellis for this episode of The Heart Attack and Stroke Prevention.

Summit, you prevent fractures. You prevent heart attacks. It's all part of the same process. And again, thank you,

Kevin, for being on this episode. We'll see you all back with another exciting guest in order to help you to prevent, treat, and reverse cardiovascular disease, prevent hearts attacks and strokes.

See you next time. Good deal, brother. Awesome. Thanks for listening to the Natural Heart Doctors show. If this episode challenged what you thought you knew about heart health, make sure you follow the show so you don't miss what's next.

And if you're ready for a deeper personalized approach, you can schedule a complimentary discovery call at naturalheartdoctor.com forward slash discovery.