Introduction to Bone Health

Hey, everyone. Great to be with you. We've got a very exciting topic today. I've got Kevin Ellis Neves, an expert on bone health, a bone density, bone health effects.

Virtually everyone. I mean, we get all these patients coming to the clinic, and they have issues with their bone density. And of course, I'm like, Kevin, we look at a much more holistic approach in commercial mass, and it's like, wait till you get to a certain degree and then put you on drugs.

So we don't like that approach. So Kevin, tell us a bit more. As a bone coach, I know you've helped over a million people helping to understand what's involved with bone density.

Give us a bit more background on yourself to it. Yeah. So it's a really important issue, right? Your bones are almost like a forgotten organ. Most people, they don't think about them until later in life, or they don't think about them at all.

They just think of them as the static structures that hold you up, right, and carry you through life. And they do that. They do a really good job of it.

But if you do the things that you should be doing now and earlier in life, and you prevent and not react and you preserve and strengthen the structure that's going to carry you to an active future and could even add ten, 20, 30 years on to the end of your life.

And those years could be better quality without pain. And that's really what we want, because it's not about how long you're living, it's about how good the years are at the end of your life, where you're spending them with the people you love most.

So that's why your bones are so important. And the way that I got into this field was through my own diagnosis of osteoporosis, right around 30 years old.

And part of that came because of digestive issues. And I know that's a big tie in connection in with this summit is our gut health is connected to our bone health.

And for me, I had chronic digestive issues and I had really low energy. Some days I could barely even get out of bed. And then I was diagnosed with celiac disease in my 20s, and I had been absorbing nutrients for many, many years, and my body still needed those nutrients, specifically calcium, which is the primary mineral constituent of your bones, still needed those nutrients, but I wasn't absorbing them.

These villi, these tiny little nutrient absorption centers inside your small intestine that are responsible for absorbing the nutrients from the food you eat.

Gut Health, Celiac Disease, and Bone Loss

They were blunted and damaged so they couldn't do their job, and my body was still having muscle contractions, nerve impulses that required these important minerals, and I wasn't able to absorb them.

So my body was going to the largest reserve of minerals that I had, which were my bones, and pulling from there. And that led to osteoporosis. So if you're listening to this now and you have chronic digestive issues bloating, belching, burping, gas, constipation, diarrhea, IBS, loose stools, you have a diagnosis of celiac disease.

Or if you haven't ruled that out yet, or maybe you have all sorts of colitis or Crohn's or something like that. Have to

be aware that your bones can and will be affected.

So pay attention to the things that doctor Mark and I are going to talk about today, because it's going to be really, really important for you to be able to protect your bone health.

Well, it's a great start. Conventional medicine that health digestion really isn't talked about much. Yes, they acknowledge that celiac disease. Obviously is a risk factor for osteoporosis.

And you know what? 0.8% of the population have celiac. And if you have it you definitely need to know you have it. But then what you look at maybe 25% of people approximately have non celiac gluten sensitivity, which obviously is not to the same degree but causes digestion absorption issues.

Talk to us more about that if you would. Yeah. So I kind of touched on celiac for me, which is very clear autoimmune condition where when you ingest gluten damages the bely, the nutrient absorption centers, blunts them, prevents them from doing their job.

You can't absorb the nutrients. Your body goes to the bones to get those nutrients. There can also be an impact on the immune system, too. And one of the reasons for that is your bones are living tissue.

They're not just these static structures, they're living tissue. And inside your bones you have something called bone marrow. Bone marrow is this soft, spongy material produces 95% of the blood cells in your body.

If you need help with preventing bleeding and clotting, platelets are going to help with that. If you need help with carrying oxygen to the body's tissues, carrying carbon dioxide away from the tissues back to the lungs, red blood cells are going to help with that.

If you need help with fighting infections, healing wounds, anything related to the immune system, white blood cells are going to help with that. The cells that break down bone are a form of white blood cell.

So anything that is stimulating the immune system is speaking in the same language as the cells that break down bone. Where does 70% of your immune system reside in your gut, right.

So if we have chronic digestive issues, even if you have non celiac gluten sensitivity, right. And you you continue to aggravate or irritate or not resolve these issues or pull out the the offenders, then we can have this this immune system connection that's going to lead to bone loss.

So it's really important to pay attention to your gut health for multiple reasons. Absorption but also because of the immune system. Great. Great point.

Can you tell the viewers the difference between osteopenia and osteoporosis? Latham heard the term so they don't really understand exactly what the difference is. Yeah.

So when you go get a bone density scan, this scan tells you the actual mineral content of your bone. So if you've ever heard of a Dexa scan or a bone density scan, that's what this is.

It tells you the mineral content of your bone. Most people don't get these scans until they're 6570. I encourage people to get them earlier so you understand what your baseline is from which to monitor future changes.

So get them when you're in your 30s, your 40s, your 50s.

Bone Density Testing and Bone Turnover Markers

If you haven't gotten one yet, go get one. And when you get this scan done, it'll tell you the score. It'll give you a score and the score, if it's plus 1 or -1 is considered normal and healthy.

-1 to -2.5 considered osteopenia, which is like a precursor to osteoporosis. We would call that low bone mass and -2.5 and lower -2.6, -2.7 is osteoporosis.

And the greater the negative number becomes, the more severe the osteoporosis. So I would always encourage people get the scan done if you haven't had it done, and then also understand that bone density is only part of the picture.

So bone density is the mineral content of the bone. Bone quality is the structural integrity, the microarchitecture, how the bone is organized. Those two things combine to create bone strength.

So you can get the bone quality part of the picture through some other tools, softwares, technologies. One of them is called TBS trabecular bone score.

This is like an add on software to that bone density scan. So if you're going to get your bone density scan, you can call the facility ahead of time, say, hey, do you have bones for capability?

And if they do, they can get you the bone density and bone quality piece together so you can understand the density and the integrity. Okay. Then the other thing that you want to look at is, are you still actively losing bone right now, the bone density scan, unless you've had multiple of them over time, it's not going to tell you that.

So I encourage people to look at what are called bone turnover markers. There is a bone turnover marker called the serum CT x. This test looks at the activity level of cells that are breaking down bone.

And if that activity level is elevated or even really high, could be related to something related to your digestive health or digestive issues, that can be an indicator of active bone loss and a root cause issue that needs to be addressed.

So that could be the digestive health piece, but it could be something else. Then we also want to look at bone formation. So when we look at bone resorption and breakdown we want to look at bone formation too.

So the marker that we like to look at there is P1 and p rho collagen type one and terminal pro peptide. So this is how you start to understand your bone health picture.

Just like you've learned from doctor Mark how to understand your gut health picture with different testing and all that kind of stuff. Your bone health picture, you can get data, objective data to understand where you at right now and monitor future changes from there.

And one of the reasons I like your idea or recommendation for getting the objective data in part, is people are motivated, obviously when they know they have a problem.

You don't have a you don't know you have a problem, you're not going to take action. I also like your your information on when you get the bone density testing, which does have some good value.

It's already what's happened in the past. Now, like you're talking about the markers and see what's going on currently then tracking that. So that's just that's just good science.

You obviously work with a lot of women. Men get osteoporosis too. But you know, we just dominantly tend to get more women getting treatment for that. What's tell us about maybe some of the things that are important in terms of the the females in osteoporosis.

Well, so primary osteoporosis is typically occurring as 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 those cells that break down bone. Then there's a whole nother cause of osteoporosis that is secondary osteoporosis.

That's where it occurs as a result of behaviors, disorders, diseases, conditions, medications. Any issues with your gut health fall into that secondary osteoporosis category.

An important note I want to make here, though, is just because you're a postmenopausal women does not mean hormones are the sole cause of your bone loss.

Yes, they can be a primary cause, but there can also be secondary causes. We see this a lot. People that have issues with not just their hormones but also their gut health.

Or maybe they have some kind of medication that they're taking that's leading to bone loss. Prednisone, glucocorticoids. Perfect example. And or it could be that they didn't just build up enough bone in their younger years.

They never reached peak bone mass. Two. That happens a lot. So it's usually a combination of those things. People are actively losing bone right now for one or multiple reasons.

And they also may not have built up an a bone in your younger years.

Hormones, Menopause, and Secondary Osteoporosis

So 90% of your bone mass it's put on by the time you turn age 18, the remaining ten fills in by the time you turn 30. So listen up if you've got kids and grandkids to the things you're doing now for your health, they're also going to benefit you.

You can become the shepherd for the people who are in the prime years of building and developing a healthy skeletal structure. His view help your kids and grandkids build that strong, healthy structure from a young age.

That could add again an extra ten, 20, 30 years of good quality life onto the end. That's that's so important. If we do this earlier in life, it can lead to that down the road.

So making sure you've got good diet, nutrition, vitamin D, calcium, vitamin K2, a magnesium, if they have digestive issues too. They may need additional assistance.

Don't just brush those things off. Get that. Get that investigated too. From a young age and providing the stimulus. I think a big challenge now that parents have and people in general, not just not just for their kids, but also us as adults, were glued to these things right here.

Right? And most people just even in the gym, I see people that are just glued with their heads to their phones, and we have to be moving our bodies. You have to be incorporating weight bearing exercise, resistance training, exercise, moving the body in short, sharp, dynamic movements.

That's going to stimulate healthy bone. You want kids doing the same thing from a young age. Absolutely. Well let's talk about the conventional approach generally.

You know, it's usually get some lip service. I mean I do conventional medicine to integrate with. So I don't want to just bash it. But generally people get scans done.

They kind of get some lips, a little bit of lip service, get some exercise and then take these drugs. So give us an overview of the conventional approach to osteoporosis.

Well a standard recommendation would be take some calcium take some vitamin D, go for a walk. Here's your bone drug. We'll see in two years for your next bone density scan.

That is woefully inadequate. There is so much more that people can do beyond that. And we've had thousands of people come through our programs at this point.

And I would say 90% of the time that was the recommendation that they received. Or I think you kind of mentioned it earlier, they received, oh, your osteopenia right now will monitor it till you get osteo osteoporosis.

Then we'll put you on a medication. And there's no plan that goes with that and that. That's a frustrating thing I know for the patient. But it's probably also really frustrating for the physician too, because most physicians that I know, they genuinely help want to help people.

They genuinely want to see their patients get better and improve their health. But they're in a system that's not designed to help people achieve their best possible health outcome, too. So the conventional approach when we talk about pharmaceuticals and medications, there are these there are bone medications that are they have a dramatic effect on bone physiology.

It's not like taking an aspirin. And I liken their use to that old economic adage, there's no such thing as a free lunch. There are risks and side effects and short and long term implications of using these medications.

You just have to be aware of that before you start them. So there are anti medications. These are medications that are designed to slow down the activity level of cells a break down bone.

This would be your bisphosphonates and your rank ligand inhibitors. This phosphates would be for some reclassed act and elbow for I know Fossum is a popular one a lot of people hear about.

But for bisphosphonates the safety and efficacy of those drugs is not really well known beyond five years. And as you and I are going about our daily lives, doing our daily activities, getting exercise, working out, doing chores around the house, you're starting to get these tiny little micro cracks and micro fractures in your bones.

That's normal, happens for everybody. And then you have cells within the bone called ostia sites that sense that damage. And they send out a signal and say, hey, we need to become stronger.

And there are other cells that receive those signals and they say, okay, these osteoclasts come in and scoop out that damaged one. And right behind it we have cells called osteoblasts that come build stronger, healthier new bone.

That is a normal bone remodeling process.

Conventional Osteoporosis Treatments and Medication Risks

When you take some of these medications, especially for many, many years, you can actually slow down the activity level of those cells in that process.

Too much to where you start to accumulate that old worn damage weakened bone over time. So if you have been on these medications for a long time, even if your bone density scan is showing higher, the bone quality may not be better.

So you may be accumulating old worn damage, weakened bone that is so, so important. And most people don't realize that okay, so that's one part of it.

Then you've got rank ligand inhibitors. That's the other anti that this would be pro Leah. This is a common one people are familiar with now pro Leah.

It can yes. Can it slow down the activity level cells. The breakdown. Of course it can can also give a little bump and bone quality. But when you start pro Leah you cannot just stop that drug cold turkey right?

Even if you've done just one round of it, you can't just stop it cold turkey because if you do, it will increase the risk of her tibial fractures. So you would have to, especially if you've been on even a couple times, you would have to follow it with another medication, an anti another bisphosphonate, just to make sure that you don't have that

rebound effect and increase your risk of fractures.

If you've been on Pro Leah for three rounds, 18 months or more, the the bisphosphonate that you would need to use to relay off would be reclassed because the other ones aren't going to be strong enough to shut down that rebound effect that will cause a vertebral fracture.

Most people, again, they don't get that education when they're having their conversations with their positions and making these kinds of decisions. The majority of people can do so much more before even starting those medications, right?

There's so much people can do before even getting to that point. And I'm going to I'm going to wrap up the last category of drugs, and then we can move on from this, which is there are anabolic medications and anabolic are auto affinity.

Tim loves these are drugs that are designed to build bone, build better quality bone and build it faster. Can they do it? Sure they can. Are the risks side effects, short and long term applications of use?

Of course. Now you can only take these these drugs for a certain period of time, like there's only a certain period of time you can take them. And once you finish taking them, you have to immediately follow it with an anti resort just to not lose the bone you just gained.

So oftentimes you're not just committing to one medication, you're committing to multiple medications for multiple years, if not a lifetime. You just have to be aware of that.

When you start this out now I'll I'll close this off by saying I am not anti medication. I've seen situations where it's necessary and life saving for people with osteoporosis.

But I am pro do everything you possibly can naturally first before ever considering that as an option. And that's that's exactly how we teach people to good good.

And of course for people that are on the medications, the things we're going to talk about now, the diet, the supplements, the weight pairing, exercise, all that should be incorporated in addition to the medications.

So there's always a strong place for things are going to be talking about. So let's talk about diet. There's all sorts of different diets out there. But what have you found in the research and with your, you know, clients to be effective in terms of diet for supporting healthy bones?

Well, I think for, for bone health and any really any health condition, anti-inflammatory diet is really important. Removing refined process packaged foods or minimizing those significantly, not eating a lot of sugar.

I think those are basic things. Reducing seed oil intake and replacing them with healthy fats could be things like ghee, olive oil, virgin coconut oil.

Those are a couple ones that you can can incorporate. And then making sure you're getting enough protein is so, so important. I know in the past there has been people would look up protein and it would say can cause osteoporosis or could be a risk factor, high protein intake.

Well, our bones are 50% protein by volume. They need amino acids. You have to have protein just to maintain that structure. Not to mention if we want to actually build bone.

The other part of this you need protein because you need to support stronger, healthier muscles. There's a tight connection between muscle and bone. And you can't build muscle without protein.

So making sure you're getting enough protein is important. I would say 1.2g/kg of body weight is the absolute minimum. But you I would go you can go higher than that to 1.2 to 1.6 has a lot of good research in that range, but

some people would even go as high as one gram per pound of body weight that they have.

Now, I would encourage people, if you are just trying to not measure everything and figure out exactly to a T for every meal and obsessing about it for about 30g, right?

If you can hit somewhere in there, that could be a great starting point. And you can go up. You can bump up certain meals, you know, first meal of the day, last meal of the day from there.

So that's a good starting point from protein perspective. And then we want to make sure we're getting the minerals, the new trans, all those other things that our bones need to become stronger.

What are those nutrients. Well let's go with some of the ones that you probably heard directly from your doctor calcium and vitamin D. Those two have research behind them for bone health.

Specifically, vitamin D is important. You need to have it. I will say the sun's rays are aren't strong enough to generate enough vitamin D production in those cold weather months.

So even if you're outside getting some sun in those colder weather months, which is okay to do, you're still going to have to. You're most likely going to be supplementing with vitamin D during that time.

And before you go just supplement willy nilly with vitamin D, get your levels tested, get the 25 hydroxy vitamin D test, understand where your levels are at, and then work to improve those levels.

If you need to. Remember, the range for vitamin D is 30 to 100 NML that's a really, really wide range. If you're at 30, you're going to be told that's normal.

We need to move that closer to center.

Diet and Nutrients for Stronger Bones

And for some people, even, especially if they've got, you know, immune conditions or autoimmune conditions, that might even be a little bit higher than that too.

So calcium, that's another one. I always encourage people to start with diet and nutrition first. What progress can we make there with getting calcium from natural whole food sources, and then then pose the gaps with supplementation if and when necessary.

I do know a lot of times when people have gut health issues, it can be harder, right, to get some of these nutrients in. And we also need absorbable forms if you are trying to if you are supplementing with calcium.

I don't like big doses all at once. I would split it up in different meals. So maybe a little bit with breakfast, a little bit with lunch, and then not more than 500mg a day in terms of supplemental calcium.

When you do that, you're increasing your risk. If you go above that, you're increasing your risk of cardiovascular disease risk, increasing your risk of kidney stones.

And it's just not you have to have other minerals, nutrients, cofactors to to make sure that that doesn't happen. So what are the other nutrients then that you need to incorporate magnesium as your vitamin D intake increases, as your calcium intake increases, so too does your need for magnesium.

And if you want to rebuild anything inside your body, your muscles, your bones, anything, you have to have magnesium to do that. And it's used for a lot of different other processes in your body too.

So magnesium is important. And vitamin K2K2 helps activate osteo calcium and matrix GLA protein. And that helps make sure that that calcium goes to the bones and not to the soft tissues like your kidneys and your arteries.

And then the last major nutrient, there are others, but the last major one that I would touch on here would be Bitterman C. Vitamin C is important because as I mentioned before, your bones are a collagen protein matrix with minerals laced into it.

Right? Vitamin C stimulates pro collagen, enhances collagen synthesis, and stimulates alkaline phosphatase activity, which is a marker for bone building cell formation.

So you have to have vitamin C. And if you don't have enough long term, that can increase your risk of fracture. So those are some really important nutrients.

I also like vitamin E, Toca Knolls and Duran Duran. Duran Duran is a it's an endogenous nutrient, but you can also take it from supplemental sources too.

But it is a precursor to vitamin K, M, K, vitamin K2, Mk4, pardon me and and CoQ10 as well. And it's also something needed for protein synthesis. So those are some great nutrients that I like to incorporate.

Absolutely. Those are important. And like you said the nutrients work like an orchestra the days 20 years ago and people are just trying to pound down calcium.

Studies show it did not work and it caused problems. And you're right, they work as an orchestra. So you don't necessarily need mega doses of all these things, but you got to have them at the right amounts and get them in consistently.

So that's good. And then how about exercise? Obviously so critical to getting that bone stress to cause bone building. Tell us about that. What do you normally recommending to people to get on track with that.

Yeah. Great question. You need multiple types. You need different types of stimuli for bone. You need muscle pulling. On bone you need impact. The most effective interventions use one or both of those things in combination.

You have to have weight bearing exercise. You have to have resistance training and muscle strengthening exercise. Weight bearing exercise is where your body and your bones work against gravity to keep you up, right?

There are things that you are doing on your feet. They're placing a good, healthy stress on the bones. That would be things like walking, jogging, hiking, gardening, playing pickleball, playing with the kids or the grandkids outside.

Notice what I said? Not all of those were formal exercise, right? So you can do some play and that could be weight bearing exercise. There's also weight bearing exercise.

That's yoga, Pilates, Tai chi, qigong okay. If you're doing yoga and Pilates there are modifications for osteoporosis okay. So if you have osteoporosis, just know there are modifications.

I won't go into those right now, but just know that we teach about that stuff and you can learn about that later on. The other part of this is there's non weight bearing exercise.

And this is where you're not placing that healthy stress on the bones. And this would be swimming. So it makes a great example of this. It's same thing astronauts face when they go into space.

They don't they don't have gravity that they're working against. They don't have a healthy stress on the bones so they can lose bone density fast. So if you're only swimming is your only form of exercise, you can keep doing it.

But you have to add in this next form of exercise the resistance training, the muscle strengthening exercise. This is so, so important. And this is where you bring in the barbells, the dumbbells, the variable resistance bands which I really like.

You can bring in the machines too, if that's where your comfort level is at at the gym. And then some of my favorite

lifts are squats, deadlifts, overhead presses.

If you don't have a compression fracture already, if you don't have that, that's great. Overhead presses can be can be great, and then you want to slowly work up to where you're providing the stimulus that your body and your bones need.

Being in a 5 to 10 repetition range can be a great way to get the stimulus that you need. But if you are not confident in your form and your body mechanics, you need to learn that first before you progress up to that intensity and you just want to do a safely.

You don't have to do everything as hard and as fast as day one, because that can lead to entry. Just you get the right plan in place, learn the fundamentals, slowly work up from there, and just tailor your plan as you go and you're going to be okay.

You're going to do great. So, you know, the average person goes in, let's say woman goes in, she's let's say 55, 60 low. Like you said, we like to get bone density much sooner than that.

Exercise and Bone-Building Training

But mass and typically that's not happening. And you know, they got the beginning of osteoporosis. And they're obviously very concerned about fractures.

They see the disastrous things that can happen. You know women fracture a hip and 50% of dying here, blood clots and all sorts of nasty things. And they're very, very concerned.

So the point being is, as you have seen and I've seen with the kind of protocols you're talking about, you can see objectively the bone density increasing very significantly, the kind of things we're talking about. Tell us about that.

You absolutely can you can improve your bone density, your bone quality, your bone strength. And it doesn't have to be with medications. You can do this naturally to now, the improvements that people see in given time periods is it takes a while to see improvements in bone okay.

Bone remodeling is a slow process. So you have to understand it kind of happens in phases. So I look at near-term and leading indicators of success. And then there are long term lagging indicators of success.

So near term indicators of success would be in weeks to months. You're seeing improvements in your digestive health right. Resolution of digestive issues.

You're seeing improvements in your sleep, reduction in stress and anxiety. Your energy levels are coming up. If you have brittle hair or fingernails, dry skin, you're seeing improvements in those things in weeks to months, right?

Those are some near term improvements. Leading indicators okay, I'm moving in the right direction now. More objective near-term leading indicators would be the bone turnover markers.

Are we seeing that bone resorption coming down when we look at the CRM. Are we seeing that bone formation coming up. When we look at the p one and p, are we seeing the ratio between the two of those improving in 3 to 6 months?

If yes, you're moving in the right direction. That's good. And then we've got longer term lagging indicators of success. This is where your doctor is going to say, hey, you know, we're not going to do another bone density scan for two years.

There's no point where we're a year. Sometimes people really push hard. They might get a year. You can see improvements in your bone density in a year, year and a half, two years.

And you know, if you see 3 to 5% in a year, that's that's pretty darn good. 7 to 10% and two, two plus years, that's pretty darn good. You if someone is going from leading a sudden a really sedentary lifestyle, and then they jump in and they get they get the digestive issues resolved, they get the exercise plan in place, they're getting the right nutrients. They're doing all the right things.

They can actually see. You can see better improvements faster if you're going from sedentary to then doing all these things right. But there are diminishing returns.

You get to a point where there are diminishing returns. You can continue to improve, but you will have diminishing returns over time. But just as a as a summary of that, you can improve your bone density and your bone strength, and it doesn't necessarily require medication to do so.

It is possible. Absolutely. I don't know what you guys, my patients, if they have mild to moderate osteoporosis, I recommend to them unless they're not going to do the exercise, change the diet, take the supplements.

I recommend they do a holistic aggressive protocol and in monitor them and look for things to improve. If they don't, they always have the drugs as a backup.

Is that kind of similar how you guys do it or.

Tracking Progress and Natural Bone Improvement

Yeah, for the majority of people that come to us, I would say 90%, they're trying to do everything they possibly can naturally, before ever considering medication as an option.

And the majority of people, they they're able to successfully stay that way, which is fantastic. Other people come to us and maybe they've already started a medication, and either they had a really bad reaction to it, or they took a Fossum or an active owl or something like that, and they had horrible reaction, lots of pain in the body or it made their digestive issues worse.

That can happen quite a bit and those people want to come off of those medications. Sometimes that happens. Other times people come to us. Maybe they have really poor quality bone, they've fractured multiple times, they're on a medication and they want to continue on.

And those those are cases where the smart use of the medication and the plan probably makes sense, right? If somebody's already fractured a lot. I mean, we see people that have no fractures to 15 or more fractures, right?

If you're getting up in the higher end, you need to there's going to be smart medication management that's taking place there. But you also realize medication is over here.

And it is not a replacement for everything else that we teach over here that you have to do. Right. So it's not easy or you have to do have to do it all.

And that's really what's going to help you lead not just a better life with stronger bones. It's going to improve your overall health to absolutely. So maybe an ending. Just give us like a scenario.

People go to bone coach, they get a hold of you.

How Bone Coach Works With Patients

I mean first house, you know what happens when you go to a website to how do you guys work with people to help them with their bone density? Yeah, happy to do that.

So bone Coach is the best place to find us. We do have stronger bones programs there that you can apply for. You go to bone coach com forward slash apply.

You submit an application. We review it. You come through a process to figure out is there a program that's right for you. Which program would that be?

You come into the program. You meet with one of our team members. They help you get confident and getting started, and then we just walk you through one straight path.

It's a path that's personalized that we help you figure out. What do you need to do for your situation to start building stronger bones, and then how do you monitor that over time?

And what's great is that once you graduate, we're still going to check in with you and make sure you're doing the right things and send your reminders and say, hey, are we actually doing the things that are going to make sure you're going to build those, build stronger bones and get the results that you came for?

And and that's so, so important. So yeah, Bone coach is the best place to find us. Excellent. Well, Kevin, thank you so much for your expertise on this very important subject.

Affects so many people and so prevention and treatment of it. It absolutely. Thanks for having me doctor Mark.