What’s Missing From Your Osteoporosis Plan? Transcript

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Introduction

Hi, this is Margie. Hi, this is Margie. This podcast is being released This podcast is being released on World Osteoporosis Day. This is a day when the whole world when the whole world draws attention to draws attention to osteoporosis and osteoporosis and really raises really raises awareness about awareness about it. So I thought it would be it. So I thought it would be really really really helpful to break down helpful to break down what might be what might be missing from your missing from your program, because I know program, because I know many of you many of you are doing amazing are doing amazing things, and we all want to things, and we all want to do everything we can do everything we can to strengthen our to strengthen our bones and stay bones and stay healthy and healthy and energetic. So energetic. So today I've invited today I've invited my husband, my husband, Dr. Craig Dr. Craig Bissonette, Bissonette, Bissonette, to join me, to join me, and together we'll walk and together we'll walk through the most common through the most common gaps we gaps we see. And the good see. And the good news is that when news is that when you put these things you put these things into practice, these into practice, these little things little things can often make a can often make a big difference. So be big difference. So be sure sure sure to stay until the end, to stay until the end, because every point is because every point is truly valuable. So, truly valuable. So, Craig, congratulations.

Craig, congratulations. Thank you for inviting Thank you for inviting me today. I'm so me today. I'm so excited to come on your excited to come on your podcast and share the podcast and share the important insights important insights you've gained over the last you've gained over the last 30 years of caring for 30 years of caring for patients, and me, patients, and me, having been doing this a little having been doing this a little longer than you. I think longer than you. I think we can both do a we can both do a lot to lot to help your help your listeners. So I look forward listeners. So I look forward to to to our constructive our constructive and interesting conversation.

and interesting conversation. Okay, then let's begin. Okay, then let's begin. Agreed, Margie. Agreed, Margie.

Bone turnover tests, besides the DEXA scan

As you said, we're As you said, we're going to talk about some of the going to talk about some of the little things that are often little things that are often overlooked, things that overlooked, things that may seem may seem unimportant, but unimportant, but because of them, your because of them, your program may not be program may not be as effective or as effective or efficient. So I'd like you to share you to share your thoughts on your thoughts on testing as a testing as a starting point, and starting point, and where we might be where we might be falling short in falling short in that regard.

Testing—this is one of the Testing—this is one of the biggest areas where I biggest areas where I see gaps, and it's see gaps, and it's very important because very important because most doctors most doctors only order DEXA, a bone density test, but there are many bone density test, but there are many more tests. So, the more tests. So, the two most important two most important tests, which I tests, which I think give think give the most information, are CTX and P1NP. And, are CTX and P1NP. And the interesting thing is that these are the interesting thing is that these are markers of markers of bone renewal. What bone renewal. What is CTX—it is C- terminal cross- linked telopeptides of linked telopeptides of type 1 collagen, type 1 collagen, or simply CTX. It or simply CTX. It measures the activity of measures the activity of cells, osteoclasts, cells, osteoclasts, which destroy which destroy bone tissue. This is bone tissue. This is very useful because it very useful because it gives us a certain marker of what is gives us a certain marker of what is actually actually actually happening in our happening in our bones. Is there anything that bones. Is there anything that actively destroys our actively destroys our bones, and how quickly does it bones, and how quickly does it happen? And happen? And the great thing is that if you the great thing is that if you undergo treatment, undergo treatment, you can see you can see results within a matter of days. It results within a matter of days. It depends on the depends on the situation. So, if situation. So, if you take medication, you you take medication, you can can can see if it's see if it's working in 3 months. Or if it's working in 3 months. Or if it's more natural more natural methods—even in 6 methods—even in 6 months. This gives you…

You know, often people don't You know, often people don't get a get a get a bone densitometry for bone densitometry for a year or two. So it a year or two. So it really gives a good really gives a good picture of what's picture of what's going on. The second going on. The second analysis is called analysis is called P1NP. I've already mentioned P1NP. I've already mentioned this on the podcast, but it's this on the podcast, but it's so important that so important that I want to repeat it because I I want to repeat it because I think everyone should think everyone should get these tests.

This is procollagen This is procollagen type 1 N-terminal type 1 N-terminal propeptide. You don't propeptide. You don't necessarily need to know these necessarily need to know these names. Just CTX, P1NP.

names. Just CTX, P1NP. But P1NP measures But P1NP measures osteoblasts—the cells that build bone. that build bone. So we see what's really So we see what's really happening. You know, happening. You know, the cells that break down the cells that break down bones and the cells that bones and the cells that build them. Ideally, build them. Ideally, we want to have we want to have at least a at least a at least a 1:10 ratio.

1:10 ratio. So, you know, P1NP is So, you know, P1NP is at least 1/10. This at least 1/10. This way we see what is way we see what is happening. This gives happening. This gives us a lot of us a lot of valuable information. And valuable information. And I think the problem that I think the problem that I've seen—and we can I've seen—and we can discuss this in discuss this in a minute, Craig—why a minute, Craig—why certain doctors certain doctors think it might think it might be inaccurate is that the be inaccurate is that the test test test has to be done under has to be done under certain circumstances.

First, on an empty stomach. First, on an empty stomach. That is, you can't eat That is, you can't eat before the test. You can before the test. You can drink water. No drink water. No intense physical intense physical activity 24 activity 24 hours before the test. Very hours before the test. Very important: avoid important: avoid biotin, collagen, biotin, collagen, and bone and bone broth. This will greatly broth. This will greatly affect the results of the affect the results of the blood test. But I blood test. But I think the most important think the most important point that point that people don't people don't tell you about for some reason is the tell you about for some reason is the importance of the time of day.

importance of the time of day. So it's worth taking So it's worth taking the test as early as possible the test as early as possible, because bone, because bone markers change markers change throughout the day. And it's worth throughout the day. And it's worth choosing the same time choosing the same time each time to each time to compare the same compare the same indicators. When you indicators. When you meet both of these meet both of these conditions, it is extremely conditions, it is extremely effective and gives us effective and gives us information to information to determine determine determine the best the best treatment path, as treatment path, as it will vary greatly.

If someone's If someone's CTX level is normal, CTX level is normal, we know that we know that bone loss is not bone loss is not occurring. If occurring. If someone has a very high someone has a very high CTX, there are things we CTX, there are things we need to do.

need to do. Do you want to share Do you want to share your experience? Because your experience? Because I know that since you I know that since you started studying bone health, and given that bone health, and given that you recently you recently stopped delivering stopped delivering babies and focused babies and focused solely on gynecology, solely on gynecology, you see a huge you see a huge number of people with number of people with osteoporosis. So osteoporosis. So why don't you why don't you tell me what you tell me what you saw saw saw using these using these two tests? Well two tests? Well, first of all,, first of all, thank you for inviting thank you for inviting me. By the way, I me. By the way, I like listening to like listening to you talk. Well, I you talk. Well, I noticed a few things.

noticed a few things. First, many First, many doctors still do not doctors still do not use use use CTX and P1NP indicators. CTX and P1NP indicators. In fact, I would say In fact, I would say that the vast that the vast majority of doctors majority of doctors do not do not order these tests. I do order these tests. I do n't know exactly how this n't know exactly how this happened, probably it wasn't happened, probably it wasn't paid paid paid enough attention to

enough attention to during medical during medical training. But it is entirely appropriate for you training. But it is entirely appropriate for you as a patient to as a patient to come to the come to the appointment and ask to have appointment and ask to have these tests done.

these tests done. That's why I know That's why I know Margie is working hard today to provide to provide you with relevant you with relevant advice later. She advice later. She will tell you about a will tell you about a specific link specific link where you can get where you can get information about information about testing, which I, testing, which I, above all, above all, strongly strongly strongly recommend. But yeah, I recommend. But yeah, I use that as a use that as a good marker good marker because a DEXA scan, as because a DEXA scan, as Margie points out, Margie points out, you know, can you know, can be done every 1-2 be done every 1-2 years, or even less years, or even less often for those who don't often for those who don't do it, and you're do it, and you're essentially operating essentially operating blindly. You can blindly. You can make changes and make changes and not know the result right away not know the result right away, and then, and then find out 2 years later that your find out 2 years later that your actions were actions were ineffective, and we ineffective, and we will talk about the will talk about the reasons for this later in reasons for this later in our podcast. But our podcast. But I would like to add I would like to add one more tip that Margie didn't one more tip that Margie didn't mention, mention, mention, as I have been seeing as I have been seeing patients for patients for many years and have had many years and have had them have them have bone density studies done on numerous occasions. It is bone density studies done on numerous occasions. It is very important not to not to jump to conclusions jump to conclusions based on a single based on a single result after a DEXA scan. You result after a DEXA scan. You need to go need to go back and compare the back and compare the result, preferably with the result, preferably with the same same same machine from the machine from the past, because I've had past, because I've had patients who patients who were going to be prescribed were going to be prescribed medication and they would call medication and they would call me and say their me and say their therapist wants to start therapist wants to start medication, and I'd medication, and I'd say, "I have say, "I have your old your old DEXA results, DEXA results, let me let me look at them." look at them." In fact, I had In fact, I had DEXA scan results from ten years ago. And over this. And over this ten-year period, ten-year period, comparing previous comparing previous indicators with indicators with current ones, it turned out current ones, it turned out that a person lost that a person lost only 1% of bone only 1% of bone tissue in 10 years. This does tissue in 10 years. This does not require the initiation of not require the initiation of drug drug drug treatment. So my treatment. So my advice to you is to compare the to compare the to compare the results.

results. So, I think what So, I think what I'm adding here, and I'm adding here, and it's in the it's in the release notes, and all you release notes, and all you have to do is have to do is go to go to tinyurl.com/osteoporosis, where you'll tinyurl.com/osteoporosis, where you'll find a memo find a memo that describes not that describes not only these tests, but also only these tests, but also other very important other very important tests that I think are tests that I think are absolutely necessary.

But, but at the same time, But, but at the same time, so many people so many people thanked me, and thanked me, and again, when you are again, when you are knowledgeable and explain that you knowledgeable and explain that you really want really want to see what is to see what is happening to happening to your bones. I your bones. I mean, you mean, you can also can also order this without a order this without a doctor. There are ways to doctor. There are ways to get this test done, get this test done, but it's much better but it's much better to involve your to involve your doctor, and, you know, I doctor, and, you know, I think once you think once you explain the reason that explain the reason that you really want you really want to see what's to see what's happening with the happening with the cells that are cells that are breaking down bone and the breaking down bone and the cells that are cells that are building it, that will really building it, that will really help you help you determine your determine your program. You know, it's program. You know, it's hard for them to say no, and hard for them to say no, and I think if you I think if you stick to what stick to what stick to what I just I just talked about: when to talked about: when to do it and what not to do it and what not to do. It's very, do. It's very, very helpful, and, very helpful, and, you know, we just you know, we just think it's think it's really great. But really great. But one more thing, yeah, about the one more thing, yeah, about the other tests, I won't other tests, I won't go into go into detail, but just the detail, but just the other ones that are close to our hearts, other ones that are close to our hearts, right, Craig, right, Craig, are are are just a just a blood calcium test, which blood calcium test, which you, you know, you, you know, get anyway in a get anyway in a regular regular regular blood test, and we've blood test, and we've talked about this talked about this before, but if you're before, but if you're over 40 and it's over 40 and it's over 10, you need to over 10, you need to

look into that in look into that in more detail, and also more detail, and also check your check your check your parathyroid parathyroid parathyroid hormone. But I don't want hormone. But I don't want to burden you with that to burden you with that now. It's in that testing guide, so you testing guide, so you can get it can get it and learn more. And and learn more. And just, you know, the others are homocysteine ??and are homocysteine ??and blood sugar. But blood sugar. But again, you again, you can look at can look at that that that testing guide. But testing guide. But again, as for again, as for what's missing what's missing right now, I would say that right now, I would say that CTX and P1NP are absolutely CTX and P1NP are absolutely essential to essential to help you help you build your build your program. And one more program. And one more point about point about testing: if testing: if you have underlying you have underlying root causes, they root causes, they affect the bones.

So you can't say, So you can't say, you know, if you you know, if you know there's know there's something something something else going on, or you have else going on, or you have inflammation, you just inflammation, you just need to get need to get tested because tested because it's not a one-size-fits- it's not a one-size-fits- all approach. It's not all approach. It's not like a pill for like a pill for sickness. You need to… It's much… It's much harder, but the harder, but the good good good news is definitely that once news is definitely that once you start you start working on it, you working on it, you just feel just feel better. Am I right, Craig? How are you…

? How are you… B-of course. So, B-of course.

Tips for exercise, beyond weightlifting

So, let's move on let's move on from testing and from testing and talk about another talk about another topic that is close to topic that is close to all of us—physical all of us—physical exercise. You know, exercise. You know, Margie has been doing this for a long time Margie has been doing this for a long time. I won't tell. I won't tell you how long ago. But you how long ago. But she started out feeling she started out feeling compassion for compassion for patients who were doing the patients who were doing the wrong exercises wrong exercises and getting injured, and that's what and getting injured, and that's what really really got her interested. But got her interested. But you know, we you know, we talked a lot about exercise with talked a lot about exercise with Margie and her Margie and her podcasts, that's for sure.

podcasts, that's for sure. God, how they God, how they love to talk about love to talk about weights and weights and weightlifting. But in any case, this is not the any case, this is not the whole process. So whole process. So Margie, can you Margie, can you give us some other give us some other tips that will help tips that will help everyone listening everyone listening improve their improve their program?

program? program? So, in terms of exercise, we So, in terms of exercise, we want to make sure want to make sure that our program that our program includes strength includes strength training or training or resistance exercises. We resistance exercises. We want to have a certain want to have a certain type of load. We type of load. We want to develop want to develop balance, as well as balance, as well as do do do posture and posture and aerobic exercises. And I'm talking about aerobic exercises. And I'm talking about aerobics because it's aerobics because it's actually more important actually more important to our lives. We to our lives. We need good need good cardiovascular cardiovascular cardiovascular endurance so we endurance so we can can can enjoy enjoy enjoy life. But life. But research research research shows: the more shows: the more types, the better.

types, the better. A few things I think A few things I think everyone knows about strength everyone knows about strength training and training and that we can that we can increase increase increase bone density through bone density through strength training and strength training and exercise. So I exercise. So I know that these two things are know that these two things are very, very important. We very, very important. We talked about talked about this a lot on the podcast. But this a lot on the podcast. But what I don't see in the what I don't see in the programs is programs is that people don't that people don't learn stabilization learn stabilization and how to do it and how to do it with proper with proper posture. So people posture. So people just lift just lift weights, you know, maybe weights, you know, maybe they saw a video on the they saw a video on the internet. I see this a lot internet. I see this a lot, people show, people show me what they're doing me what they're doing and they have bad and they have bad posture.

posture. posture. They usually slouch, which They usually slouch, which can increase the risk of can increase the risk of fractures, but they fractures, but they have poor posture have poor posture and do not stabilize the and do not stabilize the body. And this is important because body. And this is important because we can we can harm ourselves. When we harm ourselves. When we learn proper learn proper core stabilization, core stabilization, which includes the which includes the often- often- often- ignored pelvic floor, it creates a ignored pelvic floor, it creates a nice muscular nice muscular corset around you, corset around you, preventing injury and preventing injury and keeping everything in shape keeping everything in shape so you can so you can lift safely. So, that's what lift safely. So, that's what I I I think is missing.

think is missing. People don't People don't study this. So in the study this. So in the show notes I'll show notes I'll post a video I post a video I recorded showing recorded showing proper proper proper stabilization; stabilization; stabilization; Basically, we want Basically, we want to make sure that on to make sure that on the exhale, when we the exhale, when we exhale, we exhale, we stabilize the core. But stabilize the core. But you can watch you can watch this video where we this video where we look at it look at it in more detail, in more detail, including the pelvic floor.

Because I see that very Because I see that very few people, even few people, even good instructors, good instructors, who I think are who I think are fantastic, for fantastic, for some reason don't some reason don't teach this. And we have to teach this. And we have to make sure that the make sure that the pelvic floor is also pelvic floor is also part of our core.

part of our core. And if we don't And if we don't do this, if the muscles do this, if the muscles weaken, then urinary incontinence occurs, then organ urinary incontinence occurs, then organ prolapse can occur prolapse can occur. And I know,. And I know, Craig, you see this a lot Craig, you see this a lot. But I wouldn't. But I wouldn't want to know that want to know that someone is doing a someone is doing a great great great exercise program without learning exercise program without learning stabilization and ends up with pelvic floor injuries that are completely preventable.

So, with that in mind, So, with that in mind, these are the main things I these are the main things I see, as well as the see, as well as the imbalance that I imbalance that I talked about earlier.

talked about earlier. I have a whole I have a whole podcast about it. You podcast about it. You want to know about other want to know about other components where people components where people don't don't don't prioritize balance, although if we, although if we improve our improve our balance, you know what?

balance, you know what? We don't fall and We don't fall and get fractures. get fractures. That's when That's when fractures happen. So I'll, you know, in. So I'll, you know, in the notes for this the notes for this episode, I'll provide some episode, I'll provide some resources, I have resources, I have different programs for different programs for developing balance, and developing balance, and there's a whole podcast about there's a whole podcast about different types of balance, because it's different types of balance, because it's not just about standing on not just about standing on one leg. This includes one leg. This includes dynamic balance, dynamic balance, performing other performing other exercises, and even exercises, and even strengthening your toes strengthening your toes. You know, they. You know, they were investigating… That's were investigating… That's another missing another missing element.

element. element. Toe strength has been shown to be an Toe strength has been shown to be an independent indicator of independent indicator of fall risk. Who would have fall risk. Who would have thought? I'll add thought? I'll add all of this to the all of this to the release notes, but I want to release notes, but I want to make sure people are make sure people are paying enough paying enough attention to balance, the attention to balance, the different types of it, different types of it, in addition to strength in addition to strength training and training and core stabilization. So, these are other. So, these are other important points.

important points. Posture is as important as Posture is as important as aerobic aerobic aerobic exercise for exercise for everyday life. everyday life.

Here is such a combination. Hi, this is Margie. Hi, this is Margie. High-quality High-quality High-quality dietary supplements are an dietary supplements are an important part of a important part of a comprehensive comprehensive comprehensive osteoporosis treatment program. To osteoporosis treatment program. To help you out, I'm help you out, I'm offering a offering a significant discount every day in significant discount every day in my my my supplement store through Fullscript.

supplement store through Fullscript. Fullscript has the most extensive Fullscript has the most extensive catalog of professional catalog of professional supplements and supplements and health products I have ever found.

found. found. So, all you So, all you need to do is need to do is go to tinyurl.com. This is t i n go to tinyurl.com. This is t i n y u r l dot com {slash} y u r l dot com {slash} supplementsforlife and you supplementsforlife and you will be taken to my will be taken to my Fullscript store. And there Fullscript store. And there you will find my you will find my favorite favorite favorite bone-strengthening supplements. So be bone-strengthening supplements. So be sure sure sure to check it out, to check it out, the link will also be the link will also be in the in the release notes. Now release notes. Now let's get back to the show.

What you should know if you have an injury

You know, I have a lot of You know, I have a lot of patients who patients who come in and say, I come in and say, I hurt my shoulder, I hurt my shoulder, I hurt this or that, and hurt this or that, and I can't go through I can't go through therapy. I can't therapy. I can't exercise. And can exercise. And can you tell you tell me what you would advise me what you would advise in such a case?

in such a case? Yes, this is a big Yes, this is a big problem, and it problem, and it really annoys me because really annoys me because people use — I don't know why they're — I don't know why they're looking for an excuse, looking for an excuse, but they say, "You know, I but they say, "You know, I injured my shoulder." "I injured my shoulder." "I can't do those kinds of can't do those kinds of strength exercises," but strength exercises," but the truth is that the truth is that many of these injuries, many of these injuries, in fact, a in fact, a lot of them, can be lot of them, can be treated. I think it's a treated. I think it's a misconception when misconception when people say, "Oh, I'm getting people say, "Oh, I'm getting old, you know, my old, you know, my shoulders always hurt." shoulders always hurt." No, no, no, no, no.

No, no, no, no, no. See a See a physical therapist physical therapist or orthopedist. or orthopedist. You may You may want to see an want to see an orthopedic surgeon first, but most of most of these problems can be these problems can be resolved resolved resolved with physical with physical therapy. My specialty is orthopedic orthopedic orthopedic physical therapy, and physical therapy, and all of these injuries can be all of these injuries can be improved. So I don't improved. So I don't want anyone to have to live with that want anyone to have to live with that. I think you. I think you need to get need to get tested, tested, tested, find out what can be find out what can be done, and in the meantime, done, and in the meantime, working with a physical working with a physical therapist, you can therapist, you can modify your modify your exercise program. That is, exercise program. That is, do everything you can to avoid do everything you can to avoid irritating the area while you while you rehabilitate it, or rehabilitate it, or find other find other ways to perform the ways to perform the exercises. So I'm a big exercises. So I'm a big fan of this fan of this approach, and when I'm approach, and when I'm asked, "Where to asked, "Where to start start start exercising?" My exercising?" My answer: if answer: if possible, possible, possible, work with a work with a physical therapist physical therapist individually. In the individually. In the United States, this is United States, this is covered by covered by covered by insurance. Sometimes insurance. Sometimes doctors may not doctors may not prescribe a course, or prescribe a course, or it may not be it may not be necessary depending on necessary depending on the state, but if you the state, but if you ask them, “You know ask them, “You know what? I am very what? I am very confused about confused about my exercise program.

my exercise program. I need I need help. Could help. Could you write a you write a referral?” So I referral?” So I mean, you're mean, you're using a using a using a physical physical physical therapist, and I would therapist, and I would ask you to ask you to talk about your talk about your experience.

experience. experience. I think the secret is to I think the secret is to find find find therapists you therapists you can

trust and can trust and who work with this often who work with this often. And when you. And when you find a group of such find a group of such specialists near specialists near you, I will be able to you, I will be able to confidently refer confidently refer other people to them, because I other people to them, because I will be calm and will be calm and confident that they will confident that they will recover. As for recover. As for insurance, insurance, insurance, it's almost always it's almost always covered by covered by covered by insurance, and people insurance, and people feel feel feel relieved because they're relieved because they're not only treating the shoulder, but they're also working on their, but they're also working on their core muscles, core muscles, posture, feet, posture, feet, balance, and other balance, and other things. Because I things. Because I send them to send them to physical therapy, essentially for osteoporosis, where for osteoporosis, where they talk about their they talk about their shoulders, and I also ask shoulders, and I also ask them to do other them to do other exercises. Since I am exercises. Since I am married to a married to a physiotherapist and have physiotherapist and have worked with worked with them extensively over the them extensively over the years, I years, I know that they are very know that they are very strong and strong and focused people, focused people, they know they know their job very well and are their job very well and are true true true professionals.

professionals. professionals. So, people often So, people often ask me, "How do ask me, "How do I find I find I find a physical therapist?" This is a physical therapist?" This is always an important always an important question. So, there are question. So, there are several ways. If several ways. If you have osteoporosis, you have osteoporosis, it is important to remember that, it is important to remember that, unfortunately, not all unfortunately, not all physical therapists have the physical therapists have the appropriate appropriate appropriate training. Therefore, you training. Therefore, you need someone who has need someone who has experience with experience with osteoporosis or osteoporosis or has received special has received special training to work with training to work with such patients.

such patients. One option is One option is Bone Fit. These are specialists who Bone Fit. These are specialists who work using the work using the Bone Fit method. You Bone Fit method. You can simply type can simply type "Bone Fit USA" into Google and you "Bone Fit USA" into Google and you will get a link.

will get a link. I will also add it in I will also add it in the description of the video. But you the description of the video. But you may know that anyone who has completed anyone who has completed Bone Fit training is both Bone Fit training is both a physical therapist and a a physical therapist and a trainer. At least trainer. At least you will be sure you will be sure that they have basic that they have basic knowledge about exercise: what is knowledge about exercise: what is safe and what is not.

safe and what is not. So, that's one So, that's one way. Additionally, way. Additionally, it will give you the it will give you the opportunity to find opportunity to find someone with basic someone with basic knowledge. And while not knowledge. And while not everyone at Bone Fit has everyone at Bone Fit has extensive extensive extensive strength training experience, it's a strength training experience, it's a good start.

The second way is the The second way is the website choosept.com. This is website choosept.com. This is relevant for the relevant for the United States. You United States. You go there and go there and specify your specify your specify your specialization: specialization: specialization: geriatrics or geriatrics or women's health. You will women's health. You will receive a list of receive a list of therapists near therapists near you, after which you, after which you can you can you can you can call and call and find out who find out who specializes in specializes in osteoporosis. And they wo osteoporosis. And they wo n't lie to you. They won't. They won't just say, "Oh, yes, just say, "Oh, yes, we have such a specialist." The we have such a specialist." The third way is to third way is to call call call your insurance your insurance company, find out company, find out who in your area who in your area is in-network for is in-network for coverage, and then coverage, and then call them. I call them. I would say this is a would say this is a good way good way to start your search and find to start your search and find people in your area. And the good news is that. And the good news is that many people many people thanked me because thanked me because before they simply didn't before they simply didn't have the motivation or didn't have the motivation or didn't think it was think it was necessary. But if necessary. But if you have a specific you have a specific problem, like with your problem, like with your shoulder, knee, or shoulder, knee, or spine, know—just so spine, know—just so you don't get confused— there is also what's there is also what's called a clinical called a clinical orthopedic orthopedic orthopedic specialist.

specialist. specialist. They may not They may not specialize in specialize in osteoporosis, but they osteoporosis, but they are experts in are experts in orthopedics as it orthopedics as it relates to shoulders or relates to shoulders or knees, just keep knees, just keep that in mind. So, that that in mind. So, that was point number one.

was point number one. Point number two— there are many good there are many good programs. I try to programs. I try to offer good and offer good and safe programs, you safe programs, you know, know, know, proven safe proven safe programs—that's also one programs—that's also one way, but way, but first and first and first and foremost.

foremost. foremost. First of all, if First of all, if possible, I always possible, I always advise people to start advise people to start by working with a by working with a physical therapist.

physical therapist. Actually, I'm going to go off-script for a moment and say that and say that I found my physical therapist I found my physical therapist on a blind date on a blind date. And if you. And if you would like would like would like to call, to call, unfortunately my parents are unfortunately my parents are no longer here, but they would be no longer here, but they would be happy to help happy to help you find you find a physical therapist.

a physical therapist. Sorry, Margie. Sorry, Margie. Very funny. Good. Very funny. Good. Yes, we have to add, Yes, we have to add, we have to add some we have to add some humor. Well, while we're on the subject of humor. Well, while we're on the subject of humor, humor, humor, Craig, when I first Craig, when I first met you, what met you, what was your posture like?

was your posture like? Let's talk about Let's talk about this. this. this. Horrible. Absolutely Horrible. Absolutely terrible. And then terrible. And then she looked at my ninth grade pictures, and ninth grade pictures, and I had the same I had the same terrible posture. And terrible posture. And now I've been training for 2 now I've been training for 2 years, and every time years, and every time I come to the gym, I come to the gym, Margie wants me to Margie wants me to do a certain do a certain set of exercises. If I set of exercises. If I sometimes try to sometimes try to do something new, I do something new, I look back and suddenly look back and suddenly see her waving her see her waving her finger at me: "No." And I'm finger at me: "No." And I'm like, "Me? No, no, like, "Me? No, no, not me again." And not me again." And she makes me she makes me stop.

stop. stop. Well, no, I just want to Well, no, I just want to talk about the good. talk about the good. This is very important, This is very important, for example, there is one for example, there is one exercise—the exercise—the exercise—the overhead press. And you know, overhead press. And you know, some people some people can't can't can't do it because of their posture. And this is me…we do it because of their posture. And this is me…we don't want any don't want any forward leans. So, forward leans. So, this is not a very good this is not a very good exercise. We need it to exercise. We need it to be…that's why be…that's why people work on people work on strengthening and strengthening and opening the opening the chest. So that's what chest. So that's what you had to you had to do, right? And I'm so do, right? And I'm so excited because the other day excited because the other day in the gym I saw you in the gym I saw you raise your arms straight above your raise your arms straight above your head, I head, I see that in women all the time. When see that in women all the time. When they, you know, when they, you know, when they stretch a little bit they stretch a little bit and and and strengthen their backs, then strengthen their backs, then we can do we can do other exercises. But, whatever it is other exercises. But, whatever it is, when it comes to, when it comes to exercise, the main thing exercise, the main thing I think is I think is missing is that missing is that people don't do people don't do all the components. They all the components. They don't don't don't prioritize balance, which I love to, which I love to practice every day. And practice every day. And also, as I said, stabilizing the muscles of the, stabilizing the muscles of the core. And probably one more thing core. And probably one more thing I want to I want to say: what the say: what the research says—I don't want research says—I don't want to repeat everything to repeat everything we've already we've already talked about in other talked about in other podcasts. But podcasts. But research research research shows that bones shows that bones respond to the respond to the stresses stresses stresses placed on them. So if you're a placed on them. So if you're a couch potato and have couch potato and have never never never done anything, even done anything, even raising your hand will be a raising your hand will be a bigger burden for you bigger burden for you.

.. Even just Even just getting up from a chair is more than you're more than you're used to. So the used to. So the starting point is different for everyone starting point is different for everyone. But you don't. But you don't want to

just want to just stop. If something stop. If something seems too seems too easy, I always say: easy, I always say: you can start with eight to ten repetitions. And to ten repetitions. And then, as then, as you get better, you get better, add weight.

add weight. Let's say, as we do Let's say, as we do in the Osteo in the Osteo Neuro program that I'm Neuro program that I'm doing—it's five doing—it's five sets of five sets of five repetitions. So repetitions. So doing seven would be doing seven would be exhausting, I wouldn't be exhausting, I wouldn't be able to. And I rest able to. And I rest two minutes between two minutes between sets. Eventually, sets. Eventually, you'll want to reduce you'll want to reduce the number of reps, the number of reps, but the key, in my opinion but the key, in my opinion, is to continually, is to continually increase increase increase the load the load while doing everything while doing everything safely. This is what will benefit your benefit your bones the most. And if you can't bones the most. And if you can't do this, don't worry.

worry. worry. Get involved, we're both Get involved, we're both qigong fans. You know, qigong fans. You know, practice balance. practice balance. Improve your Improve your balance enough balance enough to significantly to significantly prevent falls and prevent falls and fractures. So, fractures. So, in short, it's in short, it's all about exercise.

all about exercise. OK. Well, let's OK. Well, let's move on to another of move on to another of your your your favorite topics— food. We all food. We all know about calcium and know about calcium and vitamin D, but I know vitamin D, but I know that it's not all there is to it, and when that it's not all there is to it, and when I talk to my I talk to my patients and patients and ask what they're ask what they're taking, I see taking, I see some deficiencies. And I would like you to tell me what you would tell me what you would advise.

advise. advise. Yes. Good. You know what Yes. Good. You know what else? There is one more thing I can add else? There is one more thing I can add about exercise about exercise that I think is extremely that I think is extremely important to mention. One more thing important to mention. One more thing about exercise: I about exercise: I would like to share what the would like to share what the current current safety guidelines are. I safety guidelines are. I like the like the 2023 Canadian clinical guidelines 2023 Canadian clinical guidelines because we know not to because we know not to do do do forward bends and excessive forward bends and excessive turns. But people turns. But people start… When start… When these recommendations came out these recommendations came out, they, they said, "Oh my God, I was said, "Oh my God, I was bending my back." And bending my back." And we don't want any we don't want any fear. So fear. So the recommendations the recommendations the recommendations are to are to avoid… Well, here's the avoid… Well, here's the exact wording of the exact wording of the recommendation. Rapid, recommendation. Rapid, repetitive, prolonged, repetitive, prolonged, weighted, or weighted, or high-amplitude high-amplitude high-amplitude twisting (i.e., twisting (i.e., rotation) or flexion (rounding of the spine) movements rounding of the spine) movements may need to be may need to be modified to modified to reduce the risk of reduce the risk of fractures. So, fractures. So, you you you really shouldn't be really shouldn't be doing doing doing forward rounding or excessive forward rounding or excessive rotational movements in your programs. We rotational movements in your programs. We should perform should perform exercises in a stretched exercises in a stretched position. So I position.

Nutritional needs for bone health

So I just wanted to just wanted to emphasize that. Okay, emphasize that. Okay, now let's move on to the now let's move on to the food. Regarding food. Regarding calcium, I think we calcium, I think we should get between should get between 800 and 1000 mg per day.

Always Always prioritize food. You know, prioritize food. You know, I think this is a big I think this is a big problem. People don't problem. People don't understand the importance of understand the importance of the combination, because sometimes the combination, because sometimes they may be advised, " Oh, take 1200 mg of Oh, take 1200 mg of calcium." No.

calcium." No. In fact, In fact, In fact, studies studies studies show that 800–1000 show that 800–1000 mg per day is sufficient. And, you know, there was a And, you know, there was a study that study that looked at people looked at

people who consumed different who consumed different amounts of calcium and amounts of calcium and found that the risk of found that the risk of cardiovascular cardiovascular cardiovascular disease was 15% higher in those who higher in those who consumed more than 1,000 mg.

This applied to both food and supplements. We and supplements. We really don't need really don't need that much. Most people that much. Most people only absorb up to only absorb up to 390 mg per day, no 390 mg per day, no more. Okay, that's what more. Okay, that's what we need to we need to remember about remember about calcium. And one more thing calcium. And one more thing about calcium: I don't about calcium: I don't like like like calcium carbonate. It is the most poorly calcium carbonate. It is the most poorly digested, and moreover, it requires requires stomach acid for its absorption. So stomach acid for its absorption. So you'd better avoid you'd better avoid this species. Good.

this species. Good. Another thing that is Another thing that is often forgotten: often forgotten: sometimes people don't take sometimes people don't take oxalates into account.

Foods such as Foods such as Swiss chard, spinach, Swiss chard, spinach, beet tops, and even beet tops, and even almonds are almonds are high in oxalates.

They bind to They bind to calcium and reduce calcium and reduce its absorption. Therefore, its absorption. Therefore, when calculating your when calculating your when calculating your calcium intake, calcium intake, be sure to be sure to exclude foods exclude foods high in high in oxalates. Okay, we oxalates. Okay, we need magnesium, and I need magnesium, and I notice that people notice that people usually get usually get enough calcium, enough calcium, sometimes even sometimes even too much. Vitamin D too much. Vitamin D too, but magnesium is too, but magnesium is very important, it is very important, it is necessary for necessary for the absorption of calcium.

Regarding the amount of Regarding the amount of magnesium: you can consume magnesium: you can consume the same amount of the same amount of calcium and magnesium, in a calcium and magnesium, in a ratio of one ratio of one to one, but to one, but at least two to at least two to one. Personally, I one. Personally, I take OsteoBall, which take OsteoBall, which contains 400 mg of contains 400 mg of magnesium and 400 mg of magnesium and 400 mg of calcium, because calcium, because I I I get at least 400 get at least 400 mg of calcium from food throughout the day.

So, I think So, I think many many many people are deficient in magnesium. So people are deficient in magnesium. So make sure it's make sure it's in your program, and the in your program, and the only thing I would avoid is magnesium oxide. There is magnesium oxide. There are a lot of nuances here, are a lot of nuances here, but in this short but in this short podcast I just podcast I just want to make sure that want to make sure that this is part of your this is part of your program. And this is the program. And this is the most important thing—K2. This is something most important thing—K2. This is something I will say that I will say that for some reason I don't for some reason I don't understand. I don't understand understand. I don't understand why why why traditional medicine doctors traditional medicine doctors avoid this. After all, there is avoid this. After all, there is research on this research on this topic. I really topic. I really don't understand this. Because K2 don't understand this. Because K2 ensures that calcium ensures that calcium goes into the bones and goes into the bones and not into the soft tissues. And that's why not into the soft tissues. And that's why I really believe that this should be on that this should be on everyone's agenda. To everyone's agenda. To get both types: get both types: there is MK4, which has been there is MK4, which has been proven to reduce proven to reduce fractures, fractures, fractures, and MK7, which is known to be and MK7, which is known to be very good for the very good for the heart. So I like heart. So I like to get both. I to get both. I believe believe believe Thorne makes a vitamin Thorne makes a vitamin K that contains both K that contains both types in effective types in effective amounts. And it has both amounts. And it has both. So,. So, if you take two if you take two capsules a day, you capsules a day, you will get enough will get enough to to to prevent prevent prevent fractures and fractures and support the cardiovascular system. And cardiovascular system. And this is the "Osteoben" that this is the "Osteoben" that I mentioned, it I mentioned, it contains genistein, contains genistein, which has also been which has also been shown to be beneficial shown to be beneficial for bone health.

OK. And the last thing OK. And the last thing I wanted to talk about I wanted to talk about regarding nutrition regarding nutrition that's lacking is that that's lacking is that people don't consume people don't consume enough protein. And enough protein. And this is very important as we this is very important as we age, because it age, because it gives bones gives bones flexibility. Protein flexibility. Protein is needed for the matrix is needed for the matrix in which in which calcium and minerals are located.

And so, they discovered this… Studies show that most that most adults do not adults do not get enough get enough protein. So what do we protein. So what do we need, you know? What do need, you know? What do we need? Well, what we need? Well, what they discovered is they discovered is sometimes described in a sometimes described in a very strange way.

very strange way. From 1 to 1.2 grams per From 1 to 1.2 grams per kilogram of body weight. kilogram of body weight. Or it's for people who are Or it's for people who are n't very active. But n't very active. But 1.2–1.6 grams is for people 1.2–1.6 grams is for people who are more active. So what who are more active. So what, what does that mean? I, what does that mean? I added it here to added it here to make things make things easier. So, you easier. So, you take your weight in take your weight in pounds and divide by 2.2.

pounds and divide by 2.2. You get kilograms. You get kilograms. Then multiply by 1.0. Oh, Then multiply by 1.0. Oh, you're multiplying kilograms, you're multiplying kilograms, right? You multiply right? You multiply the kilograms by the number, the kilograms by the number, by what you need, by what you need, you know? So, for me, you know? So, for me, I choose 1.6 g, because I am a I choose 1.6 g, because I am a very active person.

very active person. I weigh 124 pounds. So I weigh 124 pounds. So you divide 124 by 2.2. This you divide 124 by 2.2. This will give you 56.4. will give you 56.4.

Multiply that by 1.6. And that Multiply that by 1.6. And that gives you 90g of protein per gives you 90g of protein per day. Here's a day. Here's a little formula.

little formula. This is usually This is usually around 20–30 g per around 20–30 g per meal, but it is better meal, but it is better to spread it out to spread it out throughout the day. This is the throughout the day. This is the main thing. Many people main thing. Many people actually don't actually don't get enough get enough protein. This is really very protein. This is really very difficult. And if that's the case, then, then protein powder will help, protein powder will help, or I like "Perfect Aminos." or I like "Perfect Aminos." I brought mine here.

I brought mine here. If consumed in If consumed in powder form, it is powder form, it is slightly sweet. I slightly sweet. I personally like the personally like the mocha flavor, but it mocha flavor, but it can also be found in can also be found in pill form. These are pill form. These are amino acids. So, amino acids. So, they are already split.

And that's something I find And that's something I find very helpful for very helpful for adding more adding more protein to your protein to your diet. Anyway, I diet. Anyway, I know this was a bit know this was a bit long, but I wanted long, but I wanted you to give people you to give people important information important information so they don't so they don't miss out on any of the miss out on any of the nutrients that are so nutrients that are so critical for critical for bones. There are more, bones. There are more, but these are the key ones, but these are the key ones, you know? And the you know? And the biggest thing I biggest thing I see missing is K2 and see missing is K2 and protein. I want to protein. I want to go back and go back and clarify one point.

clarify one point. When you mentioned When you mentioned calcium, which you calcium, which you need to consume. need to consume. You said 390 mg, but You said 390 mg, but can I take can I take it more than once it more than once a day if I'm not a day if I'm not getting enough getting enough calcium, because it sounded like that was the calcium, because it sounded like that was the maximum.

maximum. maximum. Oh no, no, this is the level of Oh no, no, this is the level of partial assimilation. So what I meant was. So what I meant was that if you take that if you take one dose, you shouldn't one dose, you shouldn't take more, because take more, because you'll see pills that have a you'll see pills that have a higher dose. So higher dose. So for maximum for maximum benefit, you shouldn't benefit, you shouldn't take more than 390–400

take more than 390–400 mg at a time.

mg at a time. For example, when I For example, when I take 400 mg of Osteo Bi-Flex, take 400 mg of Osteo Bi-Flex, I take two tablets I take two tablets twice a day. So, twice a day. So, this is divided into two this is divided into two steps. But yeah, steps. But yeah, just make sure you don't take it all don't take it all at once.

at once. Additionally, you should Additionally, you should consider food in consider food in your total your total daily daily daily calcium intake. So, you calcium intake. So, you can add can add calcium from tablets calcium from tablets to what you get from to what you get from food to bring the total to about 800–1000 mg.

about 800–1000 mg. Yes, actually, the Yes, actually, the main thing is main thing is food first. If you food first. If you get it from food, get it from food, you absolutely don't you absolutely don't need supplements. But need supplements. But you know, the thing is, you know, the thing is, a lot of people don't a lot of people don't get… I get… I get… I mean, no, it's not mean, no, it's not exactly like that, most exactly like that, most people are advised to do so by their people are advised to do so by their doctors, but I doctors, but I actually notice that actually notice that sometimes people take sometimes people take too much.

And they, you know, don't And they, you know, don't pay attention to whether they're taking whether they're taking multivitamins, whether they're multivitamins, whether they're taking taking taking calcium supplements, in general, from calcium supplements, in general, from all sources, and all sources, and how much they're how much they're getting from food.

I really I really like the like the Cronometer app, it's Cronometer app, it's fantastic for fantastic for helping you helping you track and track and see how much see how much calcium is in your food. It calcium is in your food. It should also be noted should also be noted that if you consume that if you consume more than 2,500 mg of calcium more than 2,500 mg of calcium per day, it may per day, it may lead to the lead to the formation of formation of kidney stones. And if you kidney stones. And if you have a history of have a history of kidney stones, you should kidney stones, you should consult consult consult your doctor about your doctor about the amount of calcium the amount of calcium you intend to you intend to consume.

consume. consume. I think overall we're I think overall we're just providing just providing basic information. I think it's very important for think it's very important for people to people to discuss the supplements they're supplements they're taking with their doctor to taking with their doctor to get professional get professional advice. I am only giving advice.

The connection between stress and bone health

I am only giving basic recommendations. basic recommendations. So, one of my So, one of my favorite questions, with favorite questions, with which I wanted to which I wanted to end our end our advice, concerns advice, concerns our favorite topic —stress and happiness. And I —stress and happiness. And I know that they have an know that they have an incredible impact on incredible impact on our overall our overall health. But health. But can you give some can you give some advice to our advice to our patients who are patients who are concerned about concerned about bone health, about bone health, about happiness and stress, and what happiness and stress, and what they can do they can do to improve the condition of to improve the condition of their bones?

Well, as you know, Well, as you know, this is extremely this is extremely important to me. And if there was important to me. And if there was one thing I one thing I would tell would tell everyone, it's that it everyone, it's that it really does matter.

really does matter. And it's very difficult for me. I And it's very difficult for me. I have to be very honest have to be very honest with everyone because people, with everyone because people, you know, everyone who is you know, everyone who is part of my part of my community is very community is very passionate about exercise. And passionate about exercise. And we know everyone we know everyone is trying to is trying to is trying to figure out how to add figure out how to add physical activity.

physical activity. People are very interested in People are very interested in how to add supplements. How how to add supplements. How can they change can they change their diet?

their diet? They even do tests to They even do tests to identify identify identify root causes. But I root causes. But I notice that people don't notice that people don't associate it with associate it with stress and happiness.

Although the research Although the research actually, you know, there are actually, you know, there are studies that studies that say that. So, say that. So, they did some they did some research. There was research. There was one study that one study that looked at anxiety, looked at anxiety, and it showed that in postmenopausal women, postmenopausal women, increased increased increased anxiety anxiety anxiety was associated with lower was associated with lower bone mineral density in the bone mineral density in the lumbar spine lumbar spine and and and hip. They also hip. They also conducted another conducted another study. Previously, study. Previously, this only applied to this only applied to animals. And in animals, animals. And in animals, cortisol, which is the cortisol, which is the stress hormone, as you stress hormone, as you know, significantly know, significantly increases destruction, increases destruction, we know that. We we know that. We know that stress and know that stress and cortisol accelerate cortisol accelerate bone breakdown. This bone breakdown. This increases the activity increases the activity of osteoclasts and of osteoclasts and decreases the activity of bone-building cells. But they, you bone-building cells. But they, you know, did the know, did the usual studies where they found that where they found that severe social severe social stress was associated with stress was associated with greater bone loss over a 6-year over a 6-year follow-up of postmenopausal women. And postmenopausal women. And even happiness—this is my even happiness—this is my favorite topic that I favorite topic that I teach, as you teach, as you know, know, know, life satisfaction. So, higher levels of. So, higher levels of life satisfaction life satisfaction in a study in a study conducted in conducted in Finland Finland Finland predicted less predicted less bone loss bone loss during a 10-year year year follow-up of follow-up of Finnish women Finnish women aged 60 to 70. This is really important,. This is really important, and I believe that when you and I believe that when you engage, when you engage, when you reduce stress and reduce stress and practice habits of practice habits of happiness, your whole life happiness, your whole life changes. Your changes. Your perspective on life perspective on life completely changes.

completely changes. And there's nothing And there's nothing better, it better, it can really affect can really affect your your your bone health. And I've been teaching bone health. And I've been teaching this, oh my God, for over 40 this, oh my God, for over 40 years. Am I right, years. Am I right, Craig?

Craig? Craig? Oh yes. Oh yes. You know that. You know that. Of course. Of course. But I think…you know But I think…you know what? Why don't you what? Why don't you share? Let's share? Let's tell a funny tell a funny story. We can story. We can do this because we are do this because we are sitting here and sitting here and talking to everyone.

In short, the story In short, the story began when I had been teaching happiness for a while, but teaching happiness for a while, but I wanted to do an I wanted to do an online course, and I online course, and I needed a needed a technical specialist. So who is my. So who is my technician? Craig is my technical my technical specialist. I did specialist. I did n't have any n't have any assistants then. And he assistants then. And he came to the first came to the first program about happiness program about happiness that I conducted. It that I conducted. It was an 8-week course, and was an 8-week course, and I also completed the I also completed the training. I worked training. I worked with Marcy Shimoff and with Marcy Shimoff and gained a lot of gained a lot of knowledge from teaching knowledge from teaching happiness. So when you happiness. So when you first came, it first came, it was because you were was because you were needed. But that needed. But that course was held course was held in the evenings back then. You were already in the evenings back then. You were already finishing work.

finishing work. The second time you just The second time you just decided to come yourself, decided to come yourself, which was interesting. which was interesting.

Now tell me what Now tell me what happened to your happened to your patients. Why do patients. Why do n't you share what n't you share what you've noticed you've noticed thanks to these tips?

Well, first of all, Well, first of all, patients are surprised patients are surprised that I actually spend that I actually

spend time taking an interest in time taking an interest in their stress, their their stress, their lives, their happiness, and their lives, their happiness, and their learning. It's like 21 learning. It's like 21 foundational steps, foundational steps, so of course I've picked so of course I've picked a few of them that I've been able a few of them that I've been able to remember and to remember and used them with used them with my patients, and my patients, and they don't mind, they they don't mind, they really appreciate really appreciate you taking the time you taking the time to ask how they're to ask how they're feeling. I think feeling. I think when people know when people know you care and are you care and are motivated, they motivated, they want to make you feel want to make you feel good in their own way.

good in their own way. So you can feel that you care about them that you care about them enough that they enough that they want to start want to start doing something for themselves.

doing something for themselves. I think just I think just listening to people and listening to people and letting them letting them talk is talk is incredibly powerful, and incredibly powerful, and I've had patients, you I've had patients, you know, sometimes you know, sometimes you really hit a really hit a nerve and they can nerve and they can get very emotional get very emotional about it. But then about it. But then they look up and they look up and say: you know, I say: you know, I needed that. So needed that. So for me, stress and for me, stress and happiness in any happiness in any aspect of aspect of healthcare, no matter what, healthcare, no matter what, is a win-win is a win-win. I mean,. I mean, we know that anxiety we know that anxiety leads to a higher leads to a higher risk of elevated risk of elevated cortisol. And we also cortisol. And we also know that cortisol is a steroid, and we already is a steroid, and we already know that if you know that if you take cortisol take cortisol or steroids, you or steroids, you destroy your bones.

destroy your bones. So, you know, Marge is So, you know, Marge is actually right actually right that it is therapy. She that it is therapy. She didn't even tell you. She tried to. She tried to sneak it in on you sneak it in on you, didn't she,, didn't she, Marge? Just Marge? Just trying to get trying to get it out there.

Small changes that can make a difference

But I don't want to But I don't want to leave you without leave you without a few tips on what you a few tips on what you can do. So can do. So my first piece of advice, my first piece of advice, when I see someone, when I see someone, you know, working face-to- face, my very first thing to start with is to just start with is to just take a few take a few deep breaths into your deep breaths into your belly. You inhale, your belly. You inhale, your stomach rises, and stomach rises, and when you exhale, when you exhale, you know, it's like there's a balloon in your you know, it's like there's a balloon in your stomach stomach stomach. So just. So just make sure that when you make sure that when you inhale, you take a inhale, you take a deep deep deep diaphragmatic breath diaphragmatic breath and your belly sticks out, and your belly sticks out, and when you exhale, you're and when you exhale, you're like blowing up a balloon.

So my first piece of advice So my first piece of advice that I give to everyone is: you that I give to everyone is: you have breath with you, take, take a few deep a few deep breaths before eating. And if you can, breaths before eating. And if you can, add a breath of calm, add a breath of calm, peace, or whatever peace, or whatever you want to let into you want to let into yourself, and exhale anything yourself, and exhale anything that no longer that no longer serves you. But if you serves you. But if you do it a couple of times, because I always tell, because I always tell people to relax people to relax throughout the day or throughout the day or breathe, you might breathe, you might not do it. But not do it. But research has shown that when you add something when you add something to what you already do, that's how it becomes a, that's how it becomes a habit. So, before you habit. So, before you eat, eat, eat, stop and take stop and take a few breaths. So a few breaths. So simple, but people simple, but people have told me, "Oh have told me, "Oh my God, they've lost weight, the food tastes my God, they've lost weight, the food tastes better, and better, and they just they just feel feel feel calmer because, calmer because, you know, it gives you you know, it gives you three meals a day." So, three meals a day." So, that's number one. As for that's number one. As for happiness, I believe that you happiness, I believe that you just need to just need to look for the good, become a look for the good, become a detective in search of the detective in search of the good. There is so good. There is so much good around, and much good around, and sometimes it is sometimes it is disguised. And so, disguised. And so, you know, if you you know, if you start looking for start looking for the good,

and when it the good, and when it happens— happens— celebrate it, celebrate it, notice it, and notice it, and magnify it. And magnify it. And when we multiply when we multiply the good in our lives, it becomes much, it becomes much more. And then you'll be even more willing to do be even more willing to do your your your osteoporosis program, and it's osteoporosis program, and it's just life-changing.

This is what I've seen over This is what I've seen over the course of… I've been a therapist the course of… I've been a therapist since 1979, and this since 1979, and this part is extremely part is extremely important. So, on this important. So, on this World World Osteoporosis Day, is there anything Osteoporosis Day, is there anything else you want to else you want to say? Craig, say? Craig, do you want to say something?

do you want to say something? Yes, I want to say a Yes, I want to say a few small few small things. First of all, Marge, as you always say,, as you always say, osteoporosis is an osteoporosis is an opportunity to improve opportunity to improve overall overall overall health, and I've health, and I've definitely definitely definitely seen that in seen that in my patients. And I my patients. And I think that's really think that's really key, key, key, because when you take care of because when you take care of your health, you your health, you also take care of your also take care of your bones. And the other thing, bones. And the other thing, you know, Marge gives you you know, Marge gives you a lot of little a lot of little tips here and there.

tips here and there. Start with one. Start with one. Only from one. And when Only from one. And when you master it and you master it and implement it into your implement it into your life, sit down and life, sit down and say, “What else would I say, “What else would I like to do to like to do to help myself?” And help myself?” And move on to the second one.

move on to the second one. And as you And as you continue, the continue, the additive effects additive effects can can can accumulate and accumulate and become significant. So become significant. So I hope that I hope that today you find today you find something that will help you on something that will help you on your your your journey forward. And let's all journey forward. And let's all celebrate celebrate celebrate World World Osteoporosis Day together and Osteoporosis Day together and move forward.

move forward. Thank you, Margie, for Thank you, Margie, for all you do, and all you do, and thank you for what you have thank you for what you have done for me and done for me and my patients. For my patients. For many of them, it was many of them, it was life-changing.

life-changing. life-changing. Oh, well, thank you very much. And that is Oh, well, thank you very much. And that is so true. There is a so true. There is a Japanese term Japanese term called "Kaizen".

called "Kaizen". You know, step by You know, step by step. Because we don't step. Because we don't want to want to overload. This is overload. This is our…this is truly our our…this is truly our enemy. And that causes enemy. And that causes stress. But when you stress. But when you take this take this approach, it's amazing.

approach, it's amazing. You know, start with You know, start with breathing, maybe breathing, maybe add one thing. And add one thing. And suddenly you look back suddenly you look back and see that you are living a and see that you are living a completely different life.

completely different life. You've done so much You've done so much good for your good for your bones, but so much bones, but so much else else else has improved too. So on has improved too. So on World World Osteoporosis Day, I'm Osteoporosis Day, I'm trying to provide trying to provide all sorts of resources for all sorts of resources for everyone. I'll put everyone. I'll put a lot of the stuff in the a lot of the stuff in the release notes release notes so you can find it there so you can find it there. Review the testing guide and testing guide and make sure you have make sure you have n't missed anything.

n't missed anything. We wanted to do this We wanted to do this so that you so that you could find exactly what could find exactly what to add to your to add to your program next. And, you know, let me, you know, let me know. I would really like to know. I would really like to know. You know. You can always write under can always write under the podcast what you are the podcast what you are doing and what you doing and what you are going to add are

going to add next. And I just want to next. And I just want to say say say thank you very much for being thank you very much for being here. I wish you a here. I wish you a nice continuation of the nice continuation of the day. Thanks, Craig, for day. Thanks, Craig, for joining me.

joining me.