Introduction: how Sally became a patient advocate

Hey, Margie here. Today we're answering Hey, Margie here. Today we're answering commonly asked osteoporosis questions. commonly asked osteoporosis questions.

And I'm excited because I'm joined by And I'm excited because I'm joined by Sally Fulman. And Sally and I have known Sally Fulman. And Sally and I have known each other for over 20 years because each other for over 20 years because we're both members of the New Jersey we're both members of the New Jersey Injury Agency Council on Osteoporoscess.

Injury Agency Council on Osteoporoscess. And Sally's also a board member of the And Sally's also a board member of the Bone Health and Osteoporosis Foundation.

Bone Health and Osteoporosis Foundation. and she's been working with something we and she's been working with something we have in New Jersey, an exercise program have in New Jersey, an exercise program called Project Healthy Bones for 20 called Project Healthy Bones for 20 years, but she works every day almost years, but she works every day almost with people with osteoporosis. And so with people with osteoporosis. And so she was a perfect person to join me and she was a perfect person to join me and ask her classes, what do they want to ask her classes, what do they want to know? And so that's what we're talking know? And so that's what we're talking about today. So, this is full of really about today. So, this is full of really so much good information so much good information and I think we we talk about issues that and I think we we talk about issues that are coming up that people are having.

are coming up that people are having. So, I think you'll find it very So, I think you'll find it very interesting and I think there's interesting and I think there's takeaways for everybody in this episode.

takeaways for everybody in this episode. So, enjoy and stay tuned. So, enjoy and stay tuned. [music] [music] [music] Welcome, Sally. I am so excited to have Welcome, Sally. I am so excited to have you here on the podcast. for everybody.

you here on the podcast. for everybody. Sally and I have known each other for Sally and I have known each other for over 20 years because we're both on the over 20 years because we're both on the New Jersey Inter Agency Council of New Jersey Inter Agency Council of Osteoporosis where we really oversee all Osteoporosis where we really oversee all the initiatives statewide for the initiatives statewide for osteoporosis. So, it's been so osteoporosis. So, it's been so wonderful, right, Sally? Because so much wonderful, right, Sally? Because so much has gotten done. You know, when people has gotten done. You know, when people are passionate and care about this, you are passionate and care about this, you can just accomplish so much so can just accomplish so much so statewide. It's I I can't even get over statewide. It's I I can't even get over what what what's been done through this what what what's been done through this through our council. But anyway, well, through our council. But anyway, well, before we get started, I would love you before we get started, I would love you to just maybe tell people why you're so to just maybe tell people why you're so passionate about this and how this all passionate about this and how this all started. How did you become such an started. How did you become such an advocate and how did you get involved in advocate and how did you get involved in osteoporosis?

osteoporosis? osteoporosis? Well, that's an easy question to answer, Well, that's an easy question to answer, Margie, because the reason I'm Margie, because the reason I'm passionate is that I fell from a passionate is that I fell from a standing position and broke my tibia.

standing position and broke my tibia. And for eight weeks, I had to be And for eight weeks, I had to be

nonweightbearing. nonweightbearing. nonweightbearing.

You can't imagine what happens in your You can't imagine what happens in your life like that. I live alone and I have life like that. I live alone and I have an upstairs and a downstairs and an upstairs and a downstairs and everything. And so, I had to depend on everything. And so, I had to depend on other people as well as give up my other people as well as give up my independence. And it was a very hard independence. And it was a very hard thing. So when that happened, I became a thing. So when that happened, I became a compassionate person and a passionate compassionate person and a passionate person to wanting to help others. But person to wanting to help others. But before that, I was in my maybe just before that, I was in my maybe just coming into my 60s when I was diagnosed coming into my 60s when I was diagnosed with osteoporosis. And that goes back with osteoporosis. And that goes back far enough that I couldn't have access far enough that I couldn't have access to the internet or things like that. I to the internet or things like that. I had to look in the paper of what's had to look in the paper of what's programs were being shown at different programs were being shown at different um centers given at different hospitals um centers given at different hospitals and I found healthy bones which is a and I found healthy bones which is a wonderful volunteer-based education and wonderful volunteer-based education and exercise program in New Jersey and since exercise program in New Jersey and since then I've become a leader and a then I've become a leader and a coordinator and a trainer and so on. So coordinator and a trainer and so on. So that led me to steps up. For example, that led me to steps up. For example, Margie said that we've been on the inter Margie said that we've been on the inter agency council together. I'm now a board agency council together. I'm now a board member of the bone health and member of the bone health and osteoporosis foundation where I serve as osteoporosis foundation where I serve as the patient perspective. You know, there the patient perspective. You know, there are a lot of doctors on the boards and are a lot of doctors on the boards and and professional people, but my voice is and professional people, but my voice is meant to be heard representing everybody meant to be heard representing everybody else's voice. So, that has made me have else's voice. So, that has made me have a big mouth, so to speak, but it's made a big mouth, so to speak, but it's made me really passionate about uh talking me really passionate about uh talking about bone health issues. Well, the about bone health issues. Well, the other thing Sally that you know I have other thing Sally that you know I have you have to tell people about I think you have to tell people about I think because you know when you get this because you know when you get this diagnosis it could be you you can sort diagnosis it could be you you can sort of feel bad for yourself and but you did of feel bad for yourself and but you did just the opposite. You went out what can just the opposite. You went out what can I do and so you know here you went to I do and so you know here you went to DC. You're a patient advocate. You've DC. You're a patient advocate. You've just done so much. So you're just a just done so much. So you're just a really amazing role model of what one really amazing role model of what one person can do and how much influence and person can do and how much influence and lives you've changed. So, I'm, you know, lives you've changed. So, I'm, you know, I just I'm always so impressed with I just I'm always so impressed with everything you've done and Sally and I everything you've done and Sally and I have done programs together. Right, have done programs together. Right, Sally?

Sally? Sally? >> Oh my goodness. Right back salon series >> Oh my goodness. Right back salon series in 2007 or something like that. in 2007 or something like that.

>> Yes, we had a this is when we we had >> Yes, we had a this is when we we had kale calcium and beyond. And we had 150 kale calcium and beyond. And we had 150 people attend, right, Sally? It was people attend, right, Sally? It was really, really a wonderful program. But, really, really a wonderful program. But, you know, this education is just so you know, this education is just so powerful. Anyway, how we're going to powerful. Anyway, how we're going to work today is Sally had talked to her work today is Sally had talked to her classes because she's the voice of classes because she's the voice of really people have osteoporosis who are really people have osteoporosis who are taking this project healthy bones. So taking this project healthy bones. So for really over 20 years 20 years she's for really over 20 years 20 years she's been working with people and seeing what been working with people and seeing what what's going on in the community. Um and what's going on in the community. Um and so she's she's going to share the most so she's she's going to share the most important questions that she's important questions that she's frequently asked and we're going to frequently asked and we're going to discuss them. So that's so so why don't discuss them. So that's so so why don't you get started Salad? Okay, I will you get started Salad?

Recommended first steps after an osteoporosis diagnosis

Okay, I will start because when I talked with the start because when I talked with the people in my classes, the first thing people in my classes, the first thing that they said is, "I wish I had known that they said is, "I wish I had known more earlier, but now that I'm more earlier, but now that I'm diagnosed, diagnosed, diagnosed, what do I do? Where do I go? How do I what do I do? Where do I go? How do I begin?" And that's a that's a good begin?" And that's a that's a good general question for you, Margie, general question for you, Margie, because you have all of these avenues because you have all of these avenues opened up that can help somebody know opened up that can help somebody know where to turn when they have that where to turn when they have that diagnosis. You know, it's such an diagnosis. You know, it's such an important question and it's one I hear important question and it's one I hear all the time because sometimes you just all the time because sometimes you just go to the doctor and in 15 minutes or go to the doctor and in 15 minutes or you're feeling fine even and you get you're feeling fine even and you get this bone density and then all of a this bone density and then all of a sudden your life is is turned upside sudden your life is is turned upside down because it's so fearful. It's so down because it's so fearful. It's so scary like oh no, you know, and they see scary like oh no, you know, and they see their whole life in front of them, their their whole life in front of them, their vacations taken away. No picking up vacations taken away. No picking up grand. you just don't know because grand. you just don't know because people don't have the information. So to people don't have the information. So to me, the most important thing is first of me, the most important thing is first of all, it's not something that has to be all, it's not something that has to be dealt with instantaneously. It's not dealt with instantaneously. It's not like you broke your femur and you have like you broke your femur and you have to have surgery. That's a different to have surgery. That's a different situation. You take a breath. Okay, this situation. You take a breath. Okay, this didn't happen yesterday. And I look at didn't happen yesterday. And I look at it like, okay, I know about this now.

it like, okay, I know about this now. Let's get the knowledge because Let's get the knowledge because knowledge is power. And so you find your knowledge is power. And so you find your team, you figure out where to go and the team, you figure out where to go and the and you see this too, Sally, when people and you see this too, Sally, when people do all the steps. And I'm a big believer do all the steps. And I'm a big believer in the integrative approach. When they in the integrative approach. When they do the steps, figure out what may be do the steps, figure out what may be some root causes, figure out the some root causes, figure out the nutrition, you know, figure out what nutrition, you know, figure out what they need to do, figure out the right they need to do, figure out the right exercise and stress and, you know, exercise and stress and, you know, stress and is so important as well. when stress and is so important as well. when they do these steps then they look back they do these steps then they look back like wow you know they've done so many like wow you know they've done so many good things that I've heard so often and good things that I've heard so often and I'm sure you have too that this was a I'm sure you have too that this was a blessing in disguise because so many blessing in disguise because so many important people really can change their important people really can change their lives they get stronger you know but I lives they get stronger you know but I think the first step is figure out your think the first step is figure out your team figure out your root cause you know team figure out your root cause you know step by step don't get overwhelmed and I step by step don't get overwhelmed and I mean that's why I created something mean that's why I created something called the road map to help people called the road map to help people because it is overwhelming and don't because it is overwhelming and don't don't think oh how am I going to do this don't think oh how am I going to do this you do not under any circumstances have you do not under any circumstances have to do this alone this is something that to do this alone this is something that you can you know you work with people you can you know you work with people and you do step by step and so so that and you do step by step and so so that that's that's what I would say I have a that's that's what I would say I have a lot of resources but there are a lot of lot of resources but there are a lot of resources and you just slowly resources and you just slowly because if you do too much at one time because if you do too much at one time or try to fill your head you're not or try to fill your head you're not going to get anywhere you're just going going to get anywhere you're just going to freeze and be overwhelmed filmed and to freeze and be overwhelmed filmed and that's not what we want at all. So, it's that's not what we want at all. So, it's just a stepbystep approach and that's just a stepbystep approach and that's that's my thought on it. And to use a that's my thought on it. And to use a little imagery on that, if you think of little imagery on that, if you think of the summertime when it's hot, you might the summertime when it's hot, you might think of an oldfashioned fan that you're think of an oldfashioned fan that you're just going like this, you know, getting just going like this, you know, getting your face to be cooled. The approaches your face to be cooled. The approaches to

osteoporosis are varied, as Margie to osteoporosis are varied, as Margie has said, exercise, nutrition, all kinds has said, exercise, nutrition, all kinds of other things, getting people's help of other things, getting people's help and advice and so on. So, it's not that and advice and so on. So, it's not that you have to do all of them at once. You you have to do all of them at once. You have your choices and you'll find have your choices and you'll find favorites. For example, you might be favorites. For example, you might be thrilled to know that walking is good thrilled to know that walking is good for you, you know, and that you want to for you, you know, and that you want to set up walks that make you observant of set up walks that make you observant of colors or different things like that.

colors or different things like that. And you can enrich your life with And you can enrich your life with something like that. But don't be something like that. But don't be overwhelmed as as Margie is saying, overwhelmed as as Margie is saying, there are steps and there's so much there are steps and there's so much available in terms of good information available in terms of good information that you have a guide all along the way.

that you have a guide all along the way. >> Absolutely. >> Absolutely. >> Absolutely. Okay. Okay, so let's go to question Okay.

Calcium tracking via nutrition, high-oxalate food traps, and types of calcium supplements

Okay, so let's go to question number two, Sally. number two, Sally. >> Uh, question number two, and this really >> Uh, question number two, and this really was one that came up time and time was one that came up time and time again, is calcium. I hear that I needed again, is calcium. I hear that I needed like I know I need it, they say, for my like I know I need it, they say, for my bones, but but questions come up along bones, but but questions come up along this line. Can I get it from food? Is it this line. Can I get it from food? Is it hard to do that? If I can't get enough, hard to do that? If I can't get enough, especially, for example, if I'm lactose especially, for example, if I'm lactose intolerant, intolerant, intolerant, should I turn to supplements? And what should I turn to supplements? And what kind of supplements should I be looking kind of supplements should I be looking at? I've seen calcium citrate, little at? I've seen calcium citrate, little tablets like that. Calcium carbonate tablets like that. Calcium carbonate that have bigger tablets but seem to be that have bigger tablets but seem to be fuller of of calcium. What can you tell fuller of of calcium. What can you tell us Marcy? Because I know you know a us Marcy? Because I know you know a whole lot about calcium. About calcium whole lot about calcium. About calcium from food and then also from from food and then also from supplements.

supplements. supplements. So always best if you can get it from So always best if you can get it from food fantastic food fantastic but not everybody can. And so what I but not everybody can. And so what I always tell people to do is see what always tell people to do is see what you're getting from your food. Now you're getting from your food. Now there's an incredible app called there's an incredible app called Chronometer and I'll put that in the Chronometer and I'll put that in the show notes and that helps you how much show notes and that helps you how much calcium is certain certain foods. You calcium is certain certain foods. You can also look in the back of the package can also look in the back of the package and if it says 30% you put a zero. But and if it says 30% you put a zero. But there's there's other ways that you can there's there's other ways that you can calculate how much calcium you're calculate how much calcium you're getting in your food. Now just so what I getting in your food. Now just so what I tell people to take a couple days maybe tell people to take a couple days maybe three days or so and just sort of three days or so and just sort of calculate what you're getting in your calculate what you're getting in your food so you know what you need and the food so you know what you need and the interesting thing is that and so then interesting thing is that and so then you supplement what you know what what's you supplement what you know what what's beyond the food but just before I go beyond the food but just before I go into that part in terms of the food into that part in terms of the food there is one caveat and that's that that there is one caveat and that's that that is oxalates oxylic acid so certain foods is oxalates oxylic acid so certain foods have oxalates or high oxalates like have oxalates or high oxalates like spinach swiss chard beet greens and so spinach swiss chard beet greens and so what happens is that binds the calcium what happens is that binds the calcium and so you can't count that calcium. So and so you can't count that calcium. So what I you know when you're going what I you know when you're going through if there if it's spinach as through if there if it's spinach as those those are the most high um oxalate those those are the most high um oxalate foods but just important when you're foods but just important

when you're calculating not to calculate those calculating not to calculate those foods. So you calculate what you get and foods. So you calculate what you get and then it's interesting when it comes to then it's interesting when it comes to calcium supplements a lot of people calcium supplements a lot of people think more is better but more is not think more is better but more is not better and in the United in different better and in the United in different countries they have different amounts of countries they have different amounts of calcium that people should take. In the calcium that people should take. In the United States they say if you're over 50 United States they say if you're over 50 it should be 1,200 but other countries it should be 1,200 but other countries have lower you know don't have that. The have lower you know don't have that. The truth is, my recommendation is it's no truth is, my recommendation is it's no more than 1,000, 800 to 1,000 because more than 1,000, 800 to 1,000 because that's that's protective of the bones, that's that's protective of the bones, but they have done studies. There was but they have done studies. There was one study done in nutrients in 2021 and one study done in nutrients in 2021 and they looked at calcium supplements in they looked at calcium supplements in the risk of cardiovascular disease. So, the risk of cardiovascular disease. So, it was a meta analysis. They looked at it was a meta analysis. They looked at 13 double blind, you know, placebo 13 double blind, you know, placebo randomly controlled trials. So, it was a randomly controlled trials. So, it was a lot of people. It was 28,935 lot of people. It was 28,935 participants and over 14,000 controls.

participants and over 14,000 controls. So, we're talking a lot of people. And So, we're talking a lot of people. And they found though was that calcium they found though was that calcium supplements over 1,000 milligrams and supplements over 1,000 milligrams and food as well increased the risk of food as well increased the risk of cardiovascular disease and coronary cardiovascular disease and coronary heart disease by 15%.

heart disease by 15%. So, you know, so I always say a thousand So, you know, so I always say a thousand is enough. So, the point is you take is enough. So, the point is you take a,000 or even 800 and you subtract what a,000 or even 800 and you subtract what you're getting in your food. And so if you're getting in your food. And so if you're getting, let's say, you know, you're getting, let's say, you know, 400, then that would be anywhere from 400, then that would be anywhere from four to 600 milligrams you would four to 600 milligrams you would supplement with. So you can sort of supplement with. So you can sort of figure that out. You just, if you can figure that out. You just, if you can get it all from your food, great. And get it all from your food, great. And two things that I like, I mean, there's two things that I like, I mean, there's a lot of good ways to get calcium in a lot of good ways to get calcium in your food. And even if you're dairyf your food. And even if you're dairyf free, there's many, you know, ways, but free, there's many, you know, ways, but some of my favorite are the leafy some of my favorite are the leafy greens. you know, bok choy and collards greens. you know, bok choy and collards are fantastic. So, there's definitely are fantastic. So, there's definitely ways you can throw in calcium, but two ways you can throw in calcium, but two easy ways are there's a there's a um a easy ways are there's a there's a um a mineral water called Gerald Steiner, and mineral water called Gerald Steiner, and that's high in calcium, and that's a that's high in calcium, and that's a safe mineral water because it doesn't safe mineral water because it doesn't use phosphoric acid. That's an easy way use phosphoric acid. That's an easy way that people could add. And something that people could add. And something called basil seeds as well even has more called basil seeds as well even has more calcium and it's not highulate like chia calcium and it's not highulate like chia seeds. So, couple ways that you can get seeds. So, couple ways that you can get calcium in your diet. So, you only need calcium in your diet. So, you only need to take it if you're not getting enough to take it if you're not getting enough in your diet. But you asked about in your diet. But you asked about supplements. People are so confused supplements. People are so confused about supplements. And the interesting about supplements. And the interesting thing is that there is a difference. So, thing is that there is a difference. So, you mentioned the cheapest one is you mentioned the cheapest one is calcium carbonate. And the problem with calcium carbonate. And the problem with calcium carbonate is that it's the it's calcium carbonate is that it's the it's the hardest to absorb. Number one.

the hardest to absorb. Number one. Number two is that you need enough Number two is that you need enough stomach acid for it to even be stomach acid for it to even be effective. So, not only do you have to effective. So, not only do you have to take it with food, but a lot of people take it with food, but a lot of people don't have enough stomach acid. So, you don't have enough stomach acid. So, you know, in that sense, it it it's not know, in that sense, it it it's not going to even be effective and it's going to even be effective and it's just, you know, again, it's very hard to just, you know, again, it's very hard to absorb. So, the least well absorbed. So, absorb. So, the least well absorbed. So, I I never recommend calcium carbonate.

I I never recommend calcium carbonate. Calcium citrate is absolutely fine. Calcium citrate is absolutely fine. There's no problem with calcium citrate.

There's no problem with calcium citrate. There's also calcium dalate is another There's also calcium dalate is another really good calcium. There's MCHA, micro really good calcium. There's MCHA, micro crystalline hydroxy appatite, which is crystalline hydroxy appatite, which is fine for some people. Some people have fine for some people. Some people have issues with that. It's hard to digest.

issues with that. It's hard to digest. But all of those are good calcium But all of those are good calcium supplements. And when you do, you know, supplements. And when you do, you know, it's also important to get it from a it's also important to get it from a reputable, you know, somewhere where reputable, you know, somewhere where they third-party test so you make sure they third-party test so you make sure it's good quality. Um, that's why I it's good quality. Um, that's why I always, you know, use full script always, you know, use full script because I they do do third-party because I they do do third-party testing. So, those those would be the testing. So, those those would be the types of calcium that I that I types of calcium that I that I recommend. And the other thing just to recommend. And the other thing just to know though is, you know, your body can know though is, you know, your body can only use so much at one time. So, they only use so much at one time. So, they found that take ideally you don't want found that take ideally you don't want to take more than 390 milligrams at one to take more than 390 milligrams at one time for maximal absorption. And lastly, time for maximal absorption. And lastly, I could talk for an hour on this, but I could talk for an hour on this, but lastly, the other thing is, you know, lastly, the other thing is, you know, you want to have the magnesium and you you want to have the magnesium and you want the K2 to all the synergistic want the K2 to all the synergistic nutrients that go with calcium, you nutrients that go with calcium, you know, and of course, vitamin D.

know, and of course, vitamin D. >> Anyway, so yeah, so that's my thought on >> Anyway, so yeah, so that's my thought on calcium. calcium. calcium. >> And if I can build on that a tiny bit, >> And if I can build on that a tiny bit, Margie.

Margie. Margie. >> Yeah, sure. >> Yeah, sure. >> There's a wonderful website by the >> There's a wonderful website by the International Osteoporosis Foundation International Osteoporosis Foundation called build betterbones.org called build betterbones.org or and the only three topics that they or and the only three topics that they discuss there are exercise, home safety, discuss there are exercise, home safety, and nutrition. And the nutrition is a and nutrition. And the nutrition is a joy to read. The whole website is is joy to read. The whole website is is wonderful. But if you scroll down, wonderful. But if you scroll down, you'll see a [clears throat] basket of you'll see a [clears throat] basket of food and there will be a fish for food and there will be a fish for protein. I forget what for magnesium, protein. I forget what for magnesium, and a carton of milk for for calcium. If and a carton of milk for for calcium. If you scroll down a little further, it you scroll down a little further, it said, "Do you want to know how much said, "Do you want to know how much calcium you get a day?" And I used to calcium you get a day?" And I used to say, "Yes, now I know." But in any case, say, "Yes, now I know." But in any case, and then it gives you a list of the most and then it gives you a list of the most likely foods that people would be likely foods that people would be eating, the number of servings servings eating, the number of servings servings that you check a week. So you might have that you check a week. So you might have one or none or seven or whatever. And at one or none or seven or whatever. And at the end, it says, "Click here." And the end, it says, "Click here." And guess what? You know how much you're guess what? You know how much you're getting from calcium. Remember, this is getting from calcium. Remember, this is for a week, so it's probably most of the for a week, so it's probably most of the time. And that's a really easy visual time. And that's a really easy visual fun guide to to help you know how much fun guide to to help you know how much to get.

to get. >> Oh, that's great. We'll put that in the >> Oh, that's great. We'll put that in the show notes as well, Sally, because show notes as well, Sally, because that's that's fabulous.

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

bones, overall health, and happiness. And unfortunately, there's a lot of And unfortunately, there's a lot of confusion [music] confusion [music] on what exercises are safe and effective on what exercises are safe and effective for people with osteoporosis.

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

the show notes. Now, back to the show. And Margie, one other thing. I I kind of And Margie, one other thing. I I kind of hate to bring this up, but um I've seen hate to bring this up, but um I've seen ads for a type of calcium that has ads for a type of calcium that has calcium supplement that says it's really calcium supplement that says it's really going to improve your bone density. And going to improve your bone density. And when I looked at the label, I saw that when I looked at the label, I saw that it had Strontium in there. And I thought it had Strontium in there. And I thought that that was something that was kind of that that was something that was kind of risky.

risky. risky. >> You know, I'm so glad you brought this >> You know, I'm so glad you brought this up, Sally, because it's very upsetting up, Sally, because it's very upsetting to me. I'll see people and they're so to me. I'll see people and they're so excited they increase their bone excited they increase their bone density.

density. density. >> And you know, there are there is a >> And you know, there are there is a supplement that says they guarantee it supplement that says they guarantee it actually and it's with the strontium.

actually and it's with the strontium. And the problem and the person took And the problem and the person took strontium. The problem is strontium is strontium. The problem is strontium is heavier. It's a heavier element. It's heavier. It's a heavier element. It's heavier than calcium. And so when they heavier than calcium. And so when they have the dexa, it looks better. You have the dexa, it looks better. You know, it shows up that they've increased know, it shows up that they've increased bone density, but that makes your dexa bone density, but that makes your dexa reading inaccurate. And so, you know, reading inaccurate. And so, you know, what happens is strontium now will go what happens is strontium now will go into the bones and replace the calcium.

into the bones and replace the calcium. You know, there was strontium renolate, You know, there was strontium renolate, that was the one that was taken off the that was the one that was taken off the market in Europe. You know the one here market in Europe. You know the one here is strontium citrate which is which is a is strontium citrate which is which is a supplement and you know but we just supplement and you know but we just don't know everything about it and it's don't know everything about it and it's not something you know I always feel not something you know I always feel badly people are excited but now that badly people are excited but now that it's an artificial reading we can't now it's an artificial reading we can't now use the dexa to even compare because the use the dexa to even compare because the strontium's heavier and is showing strontium's heavier and is showing improvement in the dexa. So, I don't improvement in the dexa. So, I don't want to say that I'd like to change the want to say that I'd like to change the direction we're going in, but I have two direction we're going in, but I have two really big questions on my mind that I really big questions on my mind that I thought we should discuss. One of them thought we should discuss. One of them is things revolving around exercise. And is things revolving around exercise. And then the other is where do I turn for then the other is where do I turn for information? You know, I go to the information? You know, I go to the social media and I think, oh, I'm in a social media and I think, oh, I'm in a jungle. You know, it's I don't know whom jungle. You know, it's I don't know whom to believe and so on. So, could

we talk to believe and so on. So, could we talk a little bit about exercise first? And a little bit about exercise first?

The limited efficacy of weighted vests

And maybe this isn't quite exercise, but maybe this isn't quite exercise, but I've heard that people either are I've heard that people either are comfortable or not comfortable wearing comfortable or not comfortable wearing weighted vests. Are they a good thing to weighted vests. Are they a good thing to exercise with?

exercise with? >> Oh, I'm so glad you asked this question >> Oh, I'm so glad you asked this question because I feel strongly about this only because I feel strongly about this only because as a physical therapist because because as a physical therapist because it's it's the fad everywhere you look it's it's the fad everywhere you look and people who I like are are saying, and people who I like are are saying, "Oh, weighted vests are great, you know, "Oh, weighted vests are great, you know, people." So, yes and no. So, in terms of people." So, yes and no. So, in terms of wearing it around on a regular basis, wearing it around on a regular basis, some people say, "Oh, I'll just wear it some people say, "Oh, I'll just wear it all day." You know, I'll wear it while I all day." You know, I'll wear it while I walk. I'll wear it while I do my walk. I'll wear it while I do my household chores. They have not shown household chores. They have not shown that wearing it in that way, it's not that wearing it in that way, it's not that much weight when you wear it all that much weight when you wear it all day, that it does anything for bone day, that it does anything for bone density. So, there isn't research density. So, there isn't research showing that that helps in that way. Um showing that that helps in that way. Um the research for weighted vests in the research for weighted vests in improving bone density is really limited improving bone density is really limited and inconsistent. You know they um you and inconsistent. You know they um you know some of the studies had know some of the studies had improvements but they were also doing improvements but they were also doing jumping. So we don't know if it was the jumping. So we don't know if it was the weighted vest if it was the jumping. So weighted vest if it was the jumping. So so here's my thought on it in terms of so here's my thought on it in terms of wearing it on a regular basis.

wearing it on a regular basis. Absolutely. there's there's not the Absolutely. there's there's not the benefit and what I've seen as a physical benefit and what I've seen as a physical therapist and many of my colleagues have therapist and many of my colleagues have said the same thing is you know when said the same thing is you know when you're walking you want to be relaxed you're walking you want to be relaxed you want to feel good so now you have you want to feel good so now you have this weighted vest on oftentimes it this weighted vest on oftentimes it really affects your posture so now we're really affects your posture so now we're in a rounded compressed posture it can in a rounded compressed posture it can affect your balance and think about when affect your balance and think about when people gain weight when people gain people gain weight when people gain weight their knees start hurting their weight their knees start hurting their back starts hurting so This I've seen back starts hurting so This I've seen this happen all a lot with weighted this happen all a lot with weighted vests. So the thing is this where it's vests. So the thing is this where it's good so I would not say it doesn't good so I would not say it doesn't benefit so it just doesn't it's not benefit so it just doesn't it's not worth wearing it to do your walking worth wearing it to do your walking wearing it in your house where you can wearing it in your house where you can use it is to re is when you're doing a use it is to re is when you're doing a supervised short duration part of your supervised short duration part of your structured impact program or resistance structured impact program or resistance program. So, when you're adding, it's program. So, when you're adding, it's interesting because I had fractured my interesting because I had fractured my wrist and I was doing the Onero program.

wrist and I was doing the Onero program. Well, I couldn't do things, but what I Well, I couldn't do things, but what I did, I put a heavyweighted vest on, did did, I put a heavyweighted vest on, did my squats, did everything. And I was so my squats, did everything. And I was so grateful for it. But, so that's where it grateful for it. But, so that's where it can definitely be helpful when you're can definitely be helpful when you're using it as part of resistance, as part using it as part of resistance, as part of a program for a short period of time.

of a program for a short period of time. And that's interestingly enough um the And that's interestingly enough um the Canadian osteoporosis where they've done Canadian osteoporosis where they've done all this research that's where that's all this research that's where that's their that's you know that's they their that's you know that's they actually put out a um a whole thing actually put out a um a whole thing about where their that's their position about

where their that's their position on weighted vests and here's I'll read on weighted vests and here's I'll read it exact what they said was if it's used it exact what they said was if it's used it should be supervised short duration it should be supervised short duration and part of a structured impactbased or and part of a structured impactbased or resistance training program only other resistance training program only other and they said other forms of strength and they said other forms of strength and balance training are preferred and balance training are preferred referred as firstline strategies for referred as firstline strategies for bone health. So, so my feeling is it's bone health. So, so my feeling is it's just, you know, and I also like you just, you know, and I also like you Sally, we both believe in relaxation and Sally, we both believe in relaxation and enjoyment and and you know, so enjoy enjoyment and and you know, so enjoy your walk, feel good, feel loose, and your walk, feel good, feel loose, and then if you want to use the weighted then if you want to use the weighted vest, use it under those circumstances.

vest, use it under those circumstances. But that's the problem with with the But that's the problem with with the media, quite honestly. And I think it's media, quite honestly. And I think it's a real problem. you see someone who's an a real problem. you see someone who's an influencer and oh they're wearing the influencer and oh they're wearing the wavy vest I'm gonna do that wavy vest I'm gonna do that >> well you need to know who these people >> well you need to know who these people are what is their background you that's are what is their background you that's why I you know obviously physical why I you know obviously physical therapists know what they're doing you therapists know what they're doing you know so anyway that's but the weighted know so anyway that's but the weighted vest is something that I feel is really vest is something that I feel is really >> you know overused and people have been >> you know overused and people have been getting hurt that's that's my issue with getting hurt that's that's my issue with it also it also >> so that leads us right into that next >> so that leads us right into that next question that I had in my mind which was question that I had in my mind which was exercise.

exercise. exercise. >> Yeah. >> Yeah.

Finding safe exercise programs and utilizing specialized physical therapists

>> Yeah. >> So, you want to join some kind of a >> So, you want to join some kind of a class that's going to help increase your class that's going to help increase your bone density and so on. But the average bone density and so on. But the average person in my class had to find healthy person in my class had to find healthy bones to to begin. But the average bones to to begin. But the average person says, "Where do I look?" I mean, person says, "Where do I look?" I mean, I could go to my fitness center. I could I could go to my fitness center. I could go to my senior center. They they might go to my senior center. They they might have something or surely I'll find have something or surely I'll find something online. But how do you know something online. But how do you know that the class would be safe for you?

that the class would be safe for you? Whether you're a beginner or somebody Whether you're a beginner or somebody recovering from an injury who wants to recovering from an injury who wants to regain regain strength.

regain regain strength. Where would you direct a person to start Where would you direct a person to start to find a good exercise program? You to find a good exercise program? You know, it's such an interest it's such a know, it's such an interest it's such a good question because at my health club, good question because at my health club, which I love, you know, all the trainers which I love, you know, all the trainers do not have the background and I see do not have the background and I see things and I recently did a whole things and I recently did a whole program for them, which I really wanted program for them, which I really wanted all the instructors to come to, but all the instructors to come to, but because I was seeing things that just because I was seeing things that just upset me. Um, so I think the my here's upset me. Um, so I think the my here's always my recommendation. The number one always my recommendation. The number one best place to start is with the physical best place to start is with the physical therapist. And the good news with the therapist. And the good news with the physical therapist is most people don't physical therapist is most people don't even realize that it's usually covered even realize that it's usually covered for osteoporosis. It's usually covered for osteoporosis. It's usually covered by insurance. And so, you know, and and by insurance. And so, you know, and and but you don't it's not just any physical but you don't it's not just any physical therapist. Here's the thing. There are therapist. Here's the thing. There are physical therapists who are trained in physical therapists who are trained in osteoporosis. So, you want someone who osteoporosis. So, you want someone who has osteoporosis training. So, a couple has osteoporosis training. So, a

couple things. bone fit through the bone health things. bone fit through the bone health and oste you know was actually initially and oste you know was actually initially from Canada but now the bone health and from Canada but now the bone health and osteoporosis foundation has training osteoporosis foundation has training programs so a physical therapist who's programs so a physical therapist who's been trained in bone fit and we'll leave been trained in bone fit and we'll leave we'll give you that link in the show we'll give you that link in the show notes as well that's number one and then notes as well that's number one and then they can look at you individually and they can look at you individually and see are there certain areas you need to see are there certain areas you need to work on what's your posture so that is work on what's your posture so that is always the best place to start to get always the best place to start to get started um And so if you so there's a started um And so if you so there's a couple places there's bone fit there's couple places there's bone fit there's also choosept.com also choosept.com and and then and you put in if they ask and and then and you put in if they ask for specialty you put geriatrics or for specialty you put geriatrics or women's health and that gives you who's women's health and that gives you who's in your community and then you can call in your community and then you can call is a person you know is there anyone who is a person you know is there anyone who specializes in osteoporosis because you specializes in osteoporosis because you only want to see those people. You only want to see those people. You really don't want to go to a general really don't want to go to a general physical therapist. You want someone who physical therapist. You want someone who is trained in osteoporosis. So there's is trained in osteoporosis. So there's bone fit and then there's also the ONERO bone fit and then there's also the ONERO program and I'll put that as well and program and I'll put that as well and they will always that's physical they will always that's physical therapist and they'll evaluate you therapist and they'll evaluate you before they would you know to see where before they would you know to see where you need to start in the program. Um so you need to start in the program. Um so those are three ways but also then you those are three ways but also then you know in terms of finding programs like know in terms of finding programs like we have the state program project we have the state program project healthy bones and so you know you I I healthy bones and so you know you I I really see who's leading it is it really see who's leading it is it physical therapists who are trained you physical therapists who are trained you know I just think there's a lot of know I just think there's a lot of programs that aren't safe and I wouldn't programs that aren't safe and I wouldn't I wouldn't start there so I think bone I wouldn't start there so I think bone fit I think finding a physical therapist fit I think finding a physical therapist and then you can go on with a trainer and then you can go on with a trainer you know after you've worked with the you know after you've worked with the physical therapist And um and then if physical therapist And um and then if you're and that's where I believe you're and that's where I believe knowledge is power and so we we can put knowledge is power and so we we can put this the safe yoga and safe osteoporosis this the safe yoga and safe osteoporosis exercises and the bone health and exercises and the bone health and osteoporosis foundation has fabulous osteoporosis foundation has fabulous section on safe exercise in terms of um section on safe exercise in terms of um you know just helping with the you know just helping with the guidelines but I think that's where you guidelines but I think that's where you need to learn what's safe what's not and need to learn what's safe what's not and you know and that's what I always teach you know and that's what I always teach as well so that you can know oh no I as well so that you can know oh no I can't go to this exercise program and can't go to this exercise program and you know when I have any programs of you know when I have any programs of course they're always safe for course they're always safe for osteoporosis but I think I think that's osteoporosis but I think I think that's where I would start if you can get the where I would start if you can get the physical therapist great so if you can physical therapist great so if you can see the person in person that's see the person in person that's absolutely the best thing but they're absolutely the best thing but they're also where physical therapist if you also where physical therapist if you can't do that who will work with you can't do that who will work with you online and make sure your form is good online and make sure your form is good and so that's always where I'd start and and so that's always where I'd start and then the programs see who's running them then the programs see who's running them and what's their background and what's their background >> and and I think that's a good point >> and and I think that's a good point because a physical therapist in my used because a physical therapist in my used to be somebody whom I would have to call to be somebody whom I would have to call or find and then I would be paying for or find and then I would be paying for every session which could get expensive.

every session which could get expensive. But nowadays, if you have a But nowadays, if you have a prescription, let's say for osteoporosis prescription, let's say for osteoporosis care, you can get a prescription to have care, you can get a prescription to have appointments with a physical therapist appointments with a physical therapist and they're covered under Medicare. So and they're covered under Medicare. So that that's good. And then Margie,

one that that's good. And then Margie, one other thing that is going to make you other thing that is going to make you smile. I love the ONRO program, but smile. I love the ONRO program, but Healthy Bones is like the the little Healthy Bones is like the the little child of it, so to speak. were or child of it, so to speak. were or following some of their wonderful following some of their wonderful principles of attentive exercising and principles of attentive exercising and and good body alignment so you don't and good body alignment so you don't hurt yourself and then the progressive hurt yourself and then the progressive use of weights. So we in healthy bones use of weights. So we in healthy bones are generally older and we're not are generally older and we're not lifting too much in terms of the weights lifting too much in terms of the weights but I had somebody who's been in the but I had somebody who's been in the program for a few months and she said program for a few months and she said I've been doing my upper body exercises I've been doing my upper body exercises with two pound weights and she said with two pound weights and she said today I decided to change to three lbs.

today I decided to change to three lbs. What a difference. So, it's it's a good What a difference. So, it's it's a good reminder that when you're doing reminder that when you're doing resistance training, you don't want to resistance training, you don't want to stay at the same comfortable weight. You stay at the same comfortable weight. You need to keep challenging those muscles need to keep challenging those muscles by going up with the weights that you're by going up with the weights that you're lifting.

lifting. lifting. >> Absolutely. I think that's one of the >> Absolutely. I think that's one of the problems because for so long, you know, problems because for so long, you know, I think until the Onier studies show I think until the Onier studies show that women can do people with that women can do people with osteoporosis can do serious strength osteoporosis can do serious strength training. I think people were afraid, training. I think people were afraid, oh, let's only do five pounds or the, oh, let's only do five pounds or the, you know, Mayo Clinic years ago used to you know, Mayo Clinic years ago used to have you don't want to do too much have you don't want to do too much weight, but that's completely been weight, but that's completely been thrown out. The key now is to gradually thrown out. The key now is to gradually build up the weight. And so I think build up the weight. And so I think people when they're doing it on their people when they're doing it on their own sometimes are just you know but own sometimes are just you know but again you have to have really good you again you have to have really good you know weight training isn't it's not know weight training isn't it's not simple. You have to really you know and simple. You have to really you know and I get upset because people will say okay I get upset because people will say okay I'm going to just start doing that and I'm going to just start doing that and then their form isn't good. They get then their form isn't good. They get hurt. They injure themselves and they hurt. They injure themselves and they could you know so it's very very could you know so it's very very important. You can't look at a study and important. You can't look at a study and say I'm just going to oh oh yes I'm say I'm just going to oh oh yes I'm going to follow on and just do that going to follow on and just do that myself. You can't. You need to learn how myself. You can't. You need to learn how to do that properly with the right form.

to do that properly with the right form. But on the other hand, then once you can But on the other hand, then once you can do that, you can gradually increase. So do that, you can gradually increase. So I always in healthy bones, we do eight I always in healthy bones, we do eight to 10 repetitions and then once we can to 10 repetitions and then once we can easily do, you know, two sets of that, easily do, you know, two sets of that, you can you can increase the weight and you can you can increase the weight and you know it it varies on different you know it it varies on different programs. But the point is you don't programs. But the point is you don't want to be doing 50 reps with two want to be doing 50 reps with two pounds. You we it's it's not the pounds. You we it's it's not the repetitions. It is the amount of weight repetitions. It is the amount of weight that's saying, "Hey, we need more bone that's saying, "Hey, we need more bone here." So, we do want to continue to here." So, we do want to continue to increase. It's it's very important with increase. It's it's very important with using the right form and stabilizing and using the right form and stabilizing and doing everything properly. Good point.

doing everything properly. Good point. >> And I hate to bring up something >> And I hate to bring up something personal, but I really would like your personal, but I really would like your advice on this.

advice on this. >> As I've gotten older, you know, I'm >> As I've gotten older, you know, I'm always at my computer using my iPhone always at my computer using my iPhone and I see that my neck is always and I see that my neck is always forward. What can I do to avoid that or forward. What can I do to avoid that or what can I do to correct

that?

what can I do to correct that? Well, the good news of that is that and Well, the good news of that is that and that's common forward head is so common that's common forward head is so common and a lot you know when your head is and a lot you know when your head is forward and you can feel that every two forward and you can feel that every two everyone who's sitting at their computer everyone who's sitting at their computer if you bring your head forward feel your if you bring your head forward feel your low back don't hurt yourself put your low back don't hurt yourself put your hands on your low back and exaggerate hands on your low back and exaggerate the forward head and do you feel how the forward head and do you feel how your back contracts your back contracts >> so all the muscles are tightening >> so all the muscles are tightening unnecessarily because the head's forward unnecessarily because the head's forward and it puts so much extra force on your and it puts so much extra force on your upper back and look what happens. Your upper back and look what happens. Your shoulders turn in. You you get tighter shoulders turn in. You you get tighter here. It reduces your capacity to even here. It reduces your capacity to even take good breath. So there's so many take good breath. So there's so many negative things about the forward head.

negative things about the forward head. So what you want to do is first of all So what you want to do is first of all think of lengthening the spine, right?

think of lengthening the spine, right? So you can push your feet down on the So you can push your feet down on the ground. Think of your head as a helium ground. Think of your head as a helium balloon and think of your spine as balloon and think of your spine as lengthening. So you're in a good lengthening. So you're in a good position. And then what we want to do position. And then what we want to do throughout the day, so three to five throughout the day, so three to five repetitions three to five times a day is repetitions three to five times a day is you want to do the opposite. So you what you want to do the opposite. So you what you want to do and you can do it this you want to do and you can do it this way whereas if you put your thumb on way whereas if you put your thumb on your chest on your sternum and your your chest on your sternum and your finger on your chin and then just bring finger on your chin and then just bring your chin in to a comfortable position, your chin in to a comfortable position, eyes facing forward and hold it just for eyes facing forward and hold it just for a couple seconds.

a couple seconds. So that's called a chin tuck. Or you can So that's called a chin tuck. Or you can take your hand and you can feel the take your hand and you can feel the inward curve in your neck. You know, you inward curve in your neck. You know, you put your hand there and when you do put your hand there and when you do that, you feel you feel pushing into that, you feel you feel pushing into your hand. So you do that throughout the your hand. So you do that throughout the day. I'd say again, three to five day. I'd say again, three to five repetitions, three to five times a day.

repetitions, three to five times a day. You can also do that lying down, but You can also do that lying down, but that's going to gradually stretch out that's going to gradually stretch out and gradually, not that you're going to and gradually, not that you're going to stay in that position, but it helps you stay in that position, but it helps you get through that. It's interesting get through that. It's interesting because I for years worked with TMJ and because I for years worked with TMJ and head and neck patients as a physical head and neck patients as a physical therapist and and it didn't work to just therapist and and it didn't work to just say, "Okay, keep your head in a better say, "Okay, keep your head in a better position." It never worked. But if position." It never worked. But if throughout the day they did these throughout the day they did these exercises, it was constantly giving exercises, it was constantly giving reminders to where their head should be.

reminders to where their head should be. So, it really does work. But the other So, it really does work. But the other thing during the day, you can just think thing during the day, you can just think of being lengthened. Does that help, of being lengthened. Does that help, Salad?

Salad? Salad? >> It helps a lot. I'll tell you, it's >> It helps a lot. I'll tell you, it's wonderful. day. wonderful. day. >> I have [clears throat] one other >> I have [clears throat] one other question that somebody brought up in question that somebody brought up in class and they said they go to a class and they said they go to a wonderful yoga class and their wonderful yoga class and their instructor says do some twists carefully instructor says do some twists

carefully but do them. And I said to myself, I but do them. And I said to myself, I wonder if that's okay for me to do wonder if that's okay for me to do because I have low bone density in my because I have low bone density in my spine. Is it good to do that or are spine. Is it good to do that or are there alternatives that could be chosen?

there alternatives that could be chosen? >> Okay, so we need to maintain mobility. >> Okay, so we need to maintain mobility. So the key thing is we want to maintain So the key thing is we want to maintain our mobility. you know, you're driving a our mobility. you know, you're driving a car, you're doing everything. So, car, you're doing everything. So, whenever we do and you want to do it whenever we do and you want to do it safely, though. So, we certainly never safely, though. So, we certainly never want to be compressed and do and do want to be compressed and do and do twisting. And twisting puts more torque twisting. And twisting puts more torque on the spine. So, that's why we don't on the spine. So, that's why we don't want to go to end range, you know, we want to go to end range, you know, we don't want to go over pressure, anything don't want to go over pressure, anything like that. We want to maintain our like that. We want to maintain our normal comfortable range, but lengthen.

normal comfortable range, but lengthen. So, always in a lengthened position or So, always in a lengthened position or if we're laying down and bringing our if we're laying down and bringing our knees side to side. So gen you know knees side to side. So gen you know being lengthened and doing rotation is being lengthened and doing rotation is fine but you don't want to go beyond you fine but you don't want to go beyond you just want to do in your comfortable just want to do in your comfortable range but it's not as though you know range but it's not as though you know they they talk about doing so much you they they talk about doing so much you know with yoga that's what we want we know with yoga that's what we want we don't want to do over pressure we don't don't want to do over pressure we don't want to go beyond so yes so you can do want to go beyond so yes so you can do it's important to maintain your rotation it's important to maintain your rotation um I would not do rotation with weights um I would not do rotation with weights you know I I would just do it with with you know I I would just do it with with mobility mobility mobility >> because we don't want the compression on >> because we don't want the compression on the spine. It's already weakened. That's the spine. It's already weakened. That's the issue.

the issue. >> That that's a that's a big help. Do you >> That that's a that's a big help. Do you think we could move on to the point think we could move on to the point about social media? For example, I might about social media? For example, I might want to go to social media to find want to go to social media to find certain online classes that I've heard certain online classes that I've heard about and and like I feel like I'm an about and and like I feel like I'm an intelligent person that I've been intelligent person that I've been focused on bone health for a long time, focused on bone health for a long time, but when I look for something, I find but when I look for something, I find things that are that just don't seem things that are that just don't seem right. Um, for example, a physical right. Um, for example, a physical therapist saying three great exercises therapist saying three great exercises to help with osteoporosis. The first to help with osteoporosis. The first involves stamping your foot or lifting involves stamping your foot or lifting your arm like this. You and I thought, your arm like this.

Vetting social media fitness claims and finding reputable information

You and I thought, gee, I don't think I could do that and I gee, I don't think I could do that and I don't think I should be doing that. So don't think I should be doing that. So can you give us any suggestion that can you give us any suggestion that might help us to go online and look for might help us to go online and look for find evaluate people whom you think or find evaluate people whom you think or programs that you think would be would programs that you think would be would be safe for us?

be safe for us? I think you have to be really careful. I I think you have to be really careful. I mean that's why like all the therapists mean that's why like all the therapists I've had on the show or my podcast or I've had on the show or my podcast or all the people who do classes with me, all the people who do classes with me, you know, they're vetted. I know how you know, they're vetted. I know how they're safe. I know. Um because it can they're safe. I know. Um because it can be right. It can be really dangerous in be right. It can be really dangerous in terms of I mean like stomping I believe terms of I mean like stomping I believe in stomping again but I like to do it in stomping again but I like to do it more like gentle foot you know and in more like gentle foot you know and in good posture because you could really good posture because you could really hurt yourself if you don't do it hurt yourself if you don't do it properly. You know you start out gentle.

properly. You know you start out gentle. Um but right you know you have to be Um but right you know you have to be just so careful. So I would always say just so careful. So I would always say you know again I wouldn't you have to you know again I wouldn't you have to see who what the person's credentials see who what the person's credentials are and if the person you know I I think are and if the person you know I I think you have to be careful even if you like you have to be careful even if you like the person and they seem they're an the person and they seem they're an instructor and they say and then instructor and they say and then there'll be younger people who will tell there'll be younger people who will tell you to do this this this. So I think you you to do this this this. So I think you have to really really be careful and have to really really be careful and that's why all the people I have you that's why all the people I have you know I think obviously I would only have know I think obviously I would only have people who I think are really wonderful people who I think are really wonderful and and and >> and you know but I think again they're >> and you know but I think again they're credentials you know if they're physical credentials you know if they're physical therapists and they have but again you therapists and they have but again you know that's why at the end of the day know that's why at the end of the day you have to be the judge if you have any you have to be the judge if you have any question you know you know what's safe question you know you know what's safe you know the precautions and if you're you know the precautions and if you're in an exercise class and they're in an exercise class and they're touching the toes you know, we don't touching the toes you know, we don't want rounding. We don't want forward want rounding. We don't want forward bending. No, that's not for me. So, at bending. No, that's not for me. So, at the end of the day, I like to really the end of the day, I like to really educate people so that they could go to educate people so that they could go to any class and know exactly what they can any class and know exactly what they can do and what they and that's what we do do and what they and that's what we do in healthy bones. People learn what to in healthy bones. People learn what to do. So, I think you just have to be very do. So, I think you just have to be very cautious and about everything about cautious and about everything about claims. The other thing this kills me is claims. The other thing this kills me is that there are devices, there are that there are devices, there are different things and the research does different things and the research does not support it. The research is not not support it. The research is not good. somehow one piece of the research good. somehow one piece of the research said something. So it's in newspapers, said something. So it's in newspapers, it's all over. So I think you have to it's all over. So I think you have to just be so careful when you're listening just be so careful when you're listening and you're saying, "Oh, they said this and you're saying, "Oh, they said this and this." Because you saw a headline.

and this." Because you saw a headline. You need to really go back. That's why I You need to really go back. That's why I I always go through the entire article.

I always go through the entire article. What was the research? What did they What was the research? What did they prove? So I think you have to really prove? So I think you have to really take a cautious eye when it comes to it.

take a cautious eye when it comes to it. And yeah, And yeah, >> so Margie, what you're saying makes me >> so Margie, what you're saying makes me think about a couple of things. Maybe my think about a couple of things. Maybe my first approach doesn't have to be online first approach doesn't have to be online social media.

social media. [laughter] [laughter] [laughter] >> I would go, of course I'm a board >> I would go, of course I'm a board member, but I would go to the Bone member, but I would go to the Bone Health and Osteoporosis Foundation Health and Osteoporosis Foundation website to see what they recommend.

website to see what they recommend. Obviously, they're not going to Obviously, they're not going to recommend program A or B or whatever, recommend program A or B or whatever, but they'll talk to you about things but they'll talk to you about things that you should look evaluation that you should look evaluation standards. And if you wanted to water standards. And if you wanted to water that down a little bit, sometimes the that down a little bit, sometimes the state and county state and county websites direct you towards safer websites direct you towards safer programs. And then another really good programs. And then another really good source that I found is going to like source that I found is going to like when I say hospital websites, I'm when I say hospital websites, I'm thinking of things like the Mayo thinking of things like the Mayo Clinic's newsletter for osteoporosis.

Clinic's newsletter for osteoporosis. Oregon has a terrific program. Um there Oregon has a terrific program. Um

there are several of them that that come to my are several of them that that come to my mind and if you were to go there you mind and if you were to go there you would find a lot of good safe would find a lot of good safe recommendations. The hospital for recommendations. The hospital for special surgery is one of the wonderful special surgery is one of the wonderful ones on its website. A lot of local ones on its website. A lot of local hospitals like the PT department will hospitals like the PT department will put together an osteoporosis program. I put together an osteoporosis program. I know here Kesler rehab in New Jersey know here Kesler rehab in New Jersey they have a whole osteoporosis program they have a whole osteoporosis program run by physical therapists. That's run by physical therapists. That's fantastic. So I think a lot of times fantastic. So I think a lot of times there's some f some really wonderful there's some f some really wonderful local programs, you know, that you can local programs, you know, that you can find as well.

find as well. >> Yeah. So that gives you more confidence >> Yeah. So that gives you more confidence and and especially because you'll and and especially because you'll probably know somebody who's been to probably know somebody who's been to Kesler or or you know, whatever your Kesler or or you know, whatever your local resource would be.

local resource would be.

When osteoporosis medications may be appropriate

>> So that kind of brings me to another >> So that kind of brings me to another really tricky question, medications. really tricky question, medications.

So what do we have to say about So what do we have to say about medications? You know, they've had a bad medications? You know, they've had a bad reputation for osteoporosis.

reputation for osteoporosis. There are a lot of newer ones that have There are a lot of newer ones that have made great steps forward and yet some of made great steps forward and yet some of my participants are reluctant to take a my participants are reluctant to take a medication. What would you advise them medication. What would you advise them to do? Okay. So, I feel strongly on this to do? Okay. So, I feel strongly on this one, Sally, because I've seen people a one, Sally, because I've seen people a lot of people because I'm into lot of people because I'm into integrative health. My first summit was, integrative health. My first summit was, you know, my summits are more natural you know, my summits are more natural natural approaches to osteoporosis and natural approaches to osteoporosis and bone health. In the first summit, I bone health. In the first summit, I didn't even bring the topic up because I didn't even bring the topic up because I wanted to talk about nutrition, other wanted to talk about nutrition, other things. And I realized that was a huge things. And I realized that was a huge mistake because there's a lot of people mistake because there's a lot of people who are like under no circumstances will who are like under no circumstances will I take a medication.

I take a medication. But if you're a high risk, there is But if you're a high risk, there is nothing worse that what we want to do. nothing worse that what we want to do.

Our whole goal is preventing fractures. Our whole goal is preventing fractures. And if someone's at really high risk And if someone's at really high risk because they've lost a lot of bone for because they've lost a lot of bone for whatever reason, whatever reason, you know, there's a time and a place you know, there's a time and a place that the medications are really needed that the medications are really needed because we can they can build bone. The because we can they can build bone. The new medications are amazing at building new medications are amazing at building bone. I I've seen incredible things. So, bone. I I've seen incredible things. So, if you're at high risk for fractures, if you're at high risk for fractures, why do you want to live like that when why do you want to live like that when there's the option? I don't believe in there's the option? I don't believe in being on medications forever, but at being on medications forever, but at least while you're figuring out your least while you're figuring out your root causes, while you're figuring out root causes, while you're figuring out other things, at least protect yourself, other things, at least protect yourself, build bone, which you can do now. And build bone, which you can do now. And that's what they're saying. Both of us that's what they're saying. Both of us know because Sally comes to the meetings know because Sally comes to the meetings as well that you know, you go on the as well that you know,

you go on the anabolic, the bone building medications anabolic, the bone building medications first now for most for most people. And first now for most for most people. And then you build the bone. You build the then you build the bone. You build the bone back and then you while you're bone back and then you while you're doing everything else. You know, a lot doing everything else. You know, a lot of times people are like, "Okay, if I go of times people are like, "Okay, if I go on the medication, then I don't have to on the medication, then I don't have to do anything else." No, no, no, no, no.

do anything else." No, no, no, no, no. You have to do everything else. You have You have to do everything else. You have to still do your exercise, do your to still do your exercise, do your nutrition, your stress reduction, and nutrition, your stress reduction, and but the medication can build your bone but the medication can build your bone back. So, at least now you're starting, back. So, at least now you're starting, you know, you you're preventing falls, you know, you you're preventing falls, you're preventing fractures. you you you're preventing fractures. you you still need to do your balance, you still still need to do your balance, you still need to do everything. But so, you know, need to do everything. But so, you know, when someone again, not everybody by any when someone again, not everybody by any means, but I think if you're at high means, but I think if you're at high risk for fractures and you know, or risk for fractures and you know, or you've had a fracture already, which is you've had a fracture already, which is showing, you know, if you, you know, showing, you know, if you, you know, it's not that you fell down the whole it's not that you fell down the whole flight of stairs, but you've already had flight of stairs, but you've already had fractures, you know, something's going fractures, you know, something's going on with the quality of your bone. This on with the quality of your bone. This is where medication can make a big deal.

is where medication can make a big deal. And it's not oneizefits-all. And it's not oneizefits-all. And unfortunately, not everybody. This And unfortunately, not everybody. This is what I'm, you know, you really need is what I'm, you know, you really need to go to someone who's knowledgeable and to go to someone who's knowledgeable and figure out and it's not a decision that figure out and it's not a decision that you take lightly. You have to figure out you take lightly. You have to figure out the right one.

the right one. >> And I've had Dr. Keith McCormack on >> And I've had Dr. Keith McCormack on who's probably the person he's amazing who's probably the person he's amazing at figuring out, you know, how to how to at figuring out, you know, how to how to use the medications with the natural use the medications with the natural approach. And um I have a whole podcast approach. And um I have a whole podcast on that with him. But but anyway, so on that with him. But but anyway, so yes, so I'm a believer when needed that, yes, so I'm a believer when needed that, you know, I mean because there have been you know, I mean because there have been people then they end up having a people then they end up having a fracture and that could have been fracture and that could have been prevented. So I think that not to be prevented. So I think that not to be scared of it. I think you can use it scared of it. I think you can use it while you're doing everything else.

while you're doing everything else. Build your bone up and um you know, Build your bone up and um you know, again, not everybody has to stay on again, not everybody has to stay on medication forever, but again, used in medication forever, but again, used in the right way, it can help so much.

the right way, it can help so much.

Overcoming the fear of falling: tips on home safety improvements

especially with the newer medications especially with the newer medications that are really showing I mean people that are really showing I mean people you know have improved a tremendous you know have improved a tremendous amount so yeah so I think there's amount so yeah so I think there's definitely a place for that Margie definitely a place for that Margie that's that's a really good response that's that's a really good response because it actually leads me to thinking because it actually leads me to thinking even beyond medication and let's say even beyond medication and let's say that you've fallen and had a fracture or that you've fallen and had a fracture or you've had hip replacement surgery you've had hip replacement surgery but I'm thinking especially of that but I'm thinking especially of that fracture what are the steps in recovery fracture what are the steps in recovery and I'm thinking mentally or emotionally and I'm thinking mentally or emotionally as well as physically. What what would a as well as physically. What what would a person expect after a fall that resulted person expect after a fall that

resulted in a fracture? It doesn't have to be a in a fracture? It doesn't have to be a hip, it could be wrist, it could be hip, it could be wrist, it could be knee, it could be anything. Um, how do knee, it could be anything. Um, how do they get over like the fear of falling?

they get over like the fear of falling? That would be a natural followup to That would be a natural followup to that. that. that. >> Yeah. I mean, fear of falling is a risk >> Yeah. I mean, fear of falling is a risk factor in itself. And so you know when factor in itself. And so you know when people are and that that's one of the people are and that that's one of the scary things even before a fall you know scary things even before a fall you know people are so afraid that fear is people are so afraid that fear is immobilizing and so you know instead of immobilizing and so you know instead of being instead of being in that mode okay being instead of being in that mode okay fear uh you know you have to sort of fear uh you know you have to sort of stop for a minute and you have to look stop for a minute and you have to look at okay no you know is this true wait am at okay no you know is this true wait am I gonna you know or you can say I love I gonna you know or you can say I love this I I love this about fear being in this I I love this about fear being in the back seat. I'm trying to think who the back seat. I'm trying to think who who created that, you know, like, okay, who created that, you know, like, okay, okay, I got this fear, but I'm not going okay, I got this fear, but I'm not going to let it rule my life. It can sit in to let it rule my life. It can sit in the back seat, you know, doesn't have to the back seat, you know, doesn't have to rule my life. And in terms of that's not rule my life. And in terms of that's not I didn't make that up. And I'm trying to I didn't make that up. And I'm trying to I'm having a mental buck on who who I'm having a mental buck on who who created that, but it's really it's created that, but it's really it's really good. And the point is though really good. And the point is though with fear, okay, so you have to take the with fear, okay, so you have to take the steps. So the steps are to prevent falls steps. So the steps are to prevent falls and fractures, you really improve your and fractures, you really improve your balance, which is huge. And they found balance, which is huge. And they found that there's significant reduction in that there's significant reduction in falls and fractures. You know, when falls and fractures. You know, when people do balance exercises, so all people do balance exercises, so all different types of balance exercises, different types of balance exercises, you fix your house up. You make sure you you fix your house up. You make sure you really want to fallroof your house and really want to fallroof your house and and so you know, for future things. And and so you know, for future things. And then I love the hip protectors and I'll then I love the hip protectors and I'll put those in the show notes as well.

put those in the show notes as well. Those are great because I mean it's Those are great because I mean it's amazing how that absorbs the fall of the amazing how that absorbs the fall of the you know it you know if you do fall then you know it you know if you do fall then you have an extra layer of protection you have an extra layer of protection because that absorbs so much of the because that absorbs so much of the forces. Um but for the people who forces. Um but for the people who already did fall and they did fracture already did fall and they did fracture then yes you take all these steps but I then yes you take all these steps but I I think sometimes you may need to you I think sometimes you may need to you know work with someone you may need to know work with someone you may need to go get counseling you know I wouldn't I go get counseling you know I wouldn't I I I wouldn't if you're sitting there I I wouldn't if you're sitting there afraid to do anything then it it could afraid to do anything then it it could be good to work with some type of you be good to work with some type of you know whether it's a social worker know whether it's a social worker whether it's a psychologist somebody to whether it's a psychologist somebody to help you through that because it's a help you through that because it's a trauma you know and we hold these trauma you know and we hold these traumas in our body. So sometimes we traumas in our body. So sometimes we need to work with others and move beyond need to work with others and move beyond that so we can enjoy our life and yes that so we can enjoy our life and yes that happened and I'm doing all these that happened and I'm doing all these great things so that we can continue to great things so that we can continue to live the active life. We don't want to live the active life. We don't want to be paralyzed by the fear which is just be paralyzed by the fear which is just going to exacerbate the whole problem.

going to exacerbate the whole problem. That's my thought. Do you have any other That's my thought. Do you have any other thoughts on that s? No, I agree with you thoughts on that s? No, I agree with you totally. And you know what? That brings totally. And you know what? That brings me to a point I was going to try to fit me to a point I was going to try to fit into the podcast, but didn't want to do into the podcast, but didn't want to do it too artificially. And that's that we it too artificially. And that's that we sometimes need to have patience with sometimes need to have patience with ourselves, with our situation, and so ourselves, with our situation, and so on. It made me think of a

poet who died on. It made me think of a poet who died just two days ago, Wendel Barry from just two days ago, Wendel Barry from Kentucky. He's written poems like the Kentucky. He's written poems like the peace of wild things and I came across peace of wild things and I came across one that has some relevance to what one that has some relevance to what we're talking about and to the rest of we're talking about and to the rest of our lives and it's a very short poem our lives and it's a very short poem that's called how to be a poet. I'm only that's called how to be a poet. I'm only going I'm going to skip just a couple of going I'm going to skip just a couple of parts of it to make it a little bit parts of it to make it a little bit shorter. So this is maybe how to be a shorter. So this is maybe how to be a good patient, how to be somebody who good patient, how to be somebody who cares for um or let's say a physical cares for um or let's say a physical therapist who's taking care of a person therapist who's taking care of a person who's exercising. So how to be a poet?

who's exercising. So how to be a poet? Make a place to sit down. Make a place to sit down. [clears throat] Sit down. [clears throat] Sit down. Be quiet.

Be quiet. You must depend upon affection, You must depend upon affection, reading, reading, reading, knowledge, knowledge, knowledge, skill, skill, skill, inspiration, inspiration, inspiration, work, growing older, and patience. For work, growing older, and patience. For patience joins time to eternity.

patience joins time to eternity. So, you know, the work that we're doing So, you know, the work that we're doing in bone health and and and so on really in bone health and and and so on really connects us to the higher part of our connects us to the higher part of our our bodies of our minds, you know, that our bodies of our minds, you know, that that it it's something very worthwhile that it it's something very worthwhile doing.

doing. doing. >> Oh, I love that, Sally. That was really >> Oh, I love that, Sally. That was really really wonderful. Thank you for sharing really wonderful. Thank you for sharing that.

that. that. >> And and then I have one final question >> And and then I have one final question if you don't mind this. if you don't mind this. >> No, no, I love these guys. This is >> No, no, I love these guys.

Raising early preventive awareness for children and teens

This is >> a funny thing to end on, so to speak. >> a funny thing to end on, so to speak. So, what can I do to avoid osteoporosis? So, what can I do to avoid osteoporosis?

When do I start? When do I start? Here I am old enough to have Here I am old enough to have grandchildren like who are in high grandchildren like who are in high school and so on. How do I communicate school and so on. How do I communicate to them the importance of bone health to them the importance of bone health when they've got so many things in their when they've got so many things in their mind especially when they're at their mind especially when they're at their phones all the time? But those are just phones all the time? But those are just like the ending questions like what can like the ending questions like what can we do to help others not just our we do to help others not just our neighbors or family members but future neighbors or family members but future generations. Yeah, you know, tell that's generations. Yeah, you know, tell that's such an important question and the thing such an important question and the thing is I always because you know here the is I always because you know here the this communities are 50 and above people this communities are 50 and above people who have osteoporosis who have osteoporosis and as we know it doesn't it's it's and as we know it doesn't it's it's every person needs to be involved every person needs to be involved because really at the age it you know because really at the age it you know it's not something that it starts from it's not something that it starts from birth on actually building bone sort of birth on actually building bone sort of like a bank and we get 85 to 90% of our like a bank and we get 85 to 90% of our peak bone by the age of 18 in women and peak bone by the age of 18 in women and 20 in men. So what we do when we're 20 in men. So what we do when we're younger really, really matters. So I younger really, really matters. So I think that's why I try to get the word think that's why I try to get the word out that every pediatrician needs to out that every pediatrician needs to make sure that kids are active, kids are make sure that kids are active, kids are putting forces on their bones, kids are putting forces on their bones, kids are getting the nutrients to build strong getting the nutrients to build strong bones. You know, all those things when bones. You know, all those things when we're younger are going to make such a we're younger are going to make

such a difference. So in terms of the children, difference. So in terms of the children, yes, get them jumping, get them doing yes, get them jumping, get them doing things, putting force, hopscotch, you things, putting force, hopscotch, you know, a lot of kids now are sitting in know, a lot of kids now are sitting in front of computers and they're not or front of computers and they're not or their nutrition is horrible or they have their nutrition is horrible or they have digestive issues that they're not digestive issues that they're not absorbing. So all these things really, absorbing. So all these things really, really matter. So, my goal is to get really matter. So, my goal is to get pediatricians, you know, get people pediatricians, you know, get people younger on I had um you know, Penny younger on I had um you know, Penny Shore on on on the podcast and she has a Shore on on on the podcast and she has a whole program for children and we were whole program for children and we were just talking in teenagers how important just talking in teenagers how important that is million-dollar bones which you that is million-dollar bones which you know about and so yeah I think this is know about and so yeah I think this is critical very important but then the critical very important but then the other age that's so I mean every age other age that's so I mean every age there's but it used to be that you know there's but it used to be that you know in menopause okay you know when That's in menopause okay you know when That's how com so many women lose bone because how com so many women lose bone because the the estrogen reduction in estrogen the the estrogen reduction in estrogen during menopause and so but now that during menopause and so but now that blackbox warning over hormone blackbox warning over hormone replacement has been removed. So now replacement has been removed. So now people can can really stop losing bone people can can really stop losing bone can prevent bone loss by just going on can prevent bone loss by just going on bio identical hormones you know when bio identical hormones you know when they're starting to have starting to they're starting to have starting to have you know premenopause actually you have you know premenopause actually you know so there's so much that can be done know so there's so much that can be done now preventatively exercise strength now preventatively exercise strength training at young ages you know strength training at young ages you know strength training women don't have to wait till training women don't have to wait till they have osteoporosis to start strength they have osteoporosis to start strength training strength train when you can training strength train when you can you'll be strong you it'll make such a you'll be strong you it'll make such a big difference the eating so all the big difference the eating so all the things that we do teach your kids teach things that we do teach your kids teach your grandchildren you know I I think your grandchildren you know I I think and I think the doctors need to really and I think the doctors need to really take a more proactive approach I think take a more proactive approach I think they are now I think people in menopause they are now I think people in menopause are realizing there's more that can be are realizing there's more that can be done but early on do all these good done but early on do all these good things early on you know we didn't things early on you know we didn't really talk about stress and how that really talk about stress and how that affects the bones but that does too so affects the bones but that does too so if we can you know work on things early if we can you know work on things early on reduce risk risk factors increasing on reduce risk risk factors increasing our exercise in terms of our nutrition, our exercise in terms of our nutrition, stress reduction, all those things are stress reduction, all those things are going to just change the trajectory of going to just change the trajectory of osteoporosis.

osteoporosis. osteoporosis. >> Yeah. You know what? It's it's such a >> Yeah. You know what? It's it's such a coincidence that you mentioned Penny's coincidence that you mentioned Penny's program, the million-dollar bones. Yeah.

program, the million-dollar bones. Yeah. >> Because I've known her from from long >> Because I've known her from from long ago. ago. ago. >> She has a beautiful slide presentation >> She has a beautiful slide presentation all told from the point of view of kids, all told from the point of view of kids, which is so great. And one of her slides which is so great. And one of her slides that has literally changed my life that has literally changed my life because I've been a teacher so to speak because I've been a teacher so to speak or a professor all these years is one or a professor all these years is one that shows just a a plain white that shows just a a plain white background, a line and that's the stage background, a line and that's the stage or the floor that these kids are or the floor that these kids are standing on. So one little girl is standing on. So one little girl is waving goodbye to her friend. You know, waving goodbye to her friend. You know, a boy is picking up his book. Somebody a boy is picking up his book. Somebody else is looking over here and you're else is looking over here and you're kind of caught up by the picture of the kind of caught up by the picture of the kids because you're wondering what kids because you're wondering what they're doing there. Then you see that they're doing there. Then you see that there are shadows behind them. And then there are shadows behind them. And then you look at the shadows and they are not you look at the

shadows and they are not shadows of a little girl waving goodbye.

shadows of a little girl waving goodbye. Shadows of a ballerina. The boy picking Shadows of a ballerina. The boy picking up his books is a catcher. The other up his books is a catcher. The other one's up a bat and the caption is build one's up a bat and the caption is build strong bones now so you can live the strong bones now so you can live the life of your dreams.

life of your dreams. And it's so it's not the point that I And it's so it's not the point that I have to tell my child to eat better or have to tell my child to eat better or to exercise more. let them have a view to exercise more. let them have a view of what they are capable, what they're of what they are capable, what they're empowered to do, and how they can shape empowered to do, and how they can shape their own lives. It It's just a their own lives. It It's just a beautiful, beautiful conclusion to her beautiful, beautiful conclusion to her program.

program. program. >> Yeah. So wonderful. It's very funny. It >> Yeah. So wonderful. It's very funny. It just brings up when my son, who's now just brings up when my son, who's now 38, going to be there, was in first 38, going to be there, was in first grade, you know, you come in, they ask grade, you know, you come in, they ask the parents to come in and teach what the parents to come in and teach what you do. So I brought a spine, I brought you do. So I brought a spine, I brought a knee, I brought a foot. You know, I'm a knee, I brought a foot. You know, I'm talking about the bones as a physical talking about the bones as a physical therapist and everyone is sitting on the therapist and everyone is sitting on the floor totally rounded, totally slouched, floor totally rounded, totally slouched, the worst posture ever. And I'm thinking the worst posture ever. And I'm thinking and I I I was really upset. I said to and I I I was really upset. I said to the kids, I said, "You know what? Do you the kids, I said, "You know what? Do you want to be athletes? Do you want to do want to be athletes? Do you want to do this? If that's the case, you really this? If that's the case, you really need to This is, you know, it's not need to This is, you know, it's not going to work if you, you know, I I I going to work if you, you know, I I I because I was mortified by where they because I was mortified by where they were in first grade." Same type of were in first grade." Same type of thing. But that does motiv you're right thing. But that does motiv you're right though that motivates kids. Oh, if you though that motivates kids. Oh, if you want to grow up to be this, you know, want to grow up to be this, you know, and athletes and the teacher, she was an and athletes and the teacher, she was an older teacher and she said years ago older teacher and she said years ago they used to fit the kids to the desk.

they used to fit the kids to the desk. They don't do that anymore. Can you They don't do that anymore. Can you imagine? And and so but it was imagine? And and so but it was interesting, you know. So I love that.

interesting, you know. So I love that. That's so great. That was so so That's so great. That was so so wonderful. So anything else, Sally? Are wonderful. So anything else, Sally? Are we are we are we we are we are we >> Yes. And I'll tell you this has been so >> Yes. And I'll tell you this has been so much fun for me. I really enjoyed it.

much fun for me. I really enjoyed it. Thank you so much. Thank you so much. >> Yes. And you know what? you you brought >> Yes. And you know what? you you brought out questions. That's why I asked you to out questions. That's why I asked you to come on because I thought, you know come on because I thought, you know what, let's share a things that people what, let's share a things that people are concerned about and let's try to are concerned about and let's try to answer questions and um so I can't thank answer questions and um so I can't thank you enough. Is there any last minute you enough. Is there any last minute thing? I sort of love what you ended thing? I sort of love what you ended with, but is there any other thing you with, but is there any other thing you want to say before we want to say before we >> only I'm I'm happy that these are >> only I'm I'm happy that these are representative questions, not something representative questions, not something that I observed or wrote down or thought that I observed or wrote down or thought of for a program like this. But I asked of for a program like this. But I asked people in my classes and my classes went people in my classes and my classes went overtime, I have to tell you because we overtime, I have to tell you because we started talking about the answers that started talking about the answers that we would would project on on them also.

we would would project on on them also. But but it it's really how people are But but it it's really how people are thinking and we all have so many worries thinking and we all have so many worries on our mind, you know, in in in every on our mind, you know, in in in every way. But we don't take the time often to way. But we don't take the time

often to think inside our bodies, our bows, that think inside our bodies, our bows, that we don't see them. But they do help us we don't see them. But they do help us achieve our dreams. And when we say achieve our dreams. And when we say that, like I'm I'm older now. When we that, like I'm I'm older now. When we say that I've lived a good life, but if say that I've lived a good life, but if I were to get in in trouble, so to I were to get in in trouble, so to speak, because of a fall, I would have speak, because of a fall, I would have to depend on my family giving up their to depend on my family giving up their independence to help me through that independence to help me through that difficult situation. So, it's in a sense difficult situation. So, it's in a sense a gift to your children and a gift to your children and grandchildren to live as healthfully as grandchildren to live as healthfully as you can, giving them not only the life you can, giving them not only the life that you gave them when they were born, that you gave them when they were born, but giving them the chance to live their but giving them the chance to live their own life without worrying about you. And own life without worrying about you. And then it's it's nice to enjoy life when then it's it's nice to enjoy life when you're older, too.

you're older, too. >> Oh, yeah. Right. I mean, I love coming >> Oh, yeah. Right. I mean, I love coming to your classes and everybody it's just to your classes and everybody it's just the best. It really is. It's It's true.

the best. It really is. It's It's true. And that's how I think we should live. And that's how I think we should live. We're meant to be vital and enjoy and We're meant to be vital and enjoy and feel good and it's doable. That's the feel good and it's doable. That's the beautiful thing. It is doable. So, thank beautiful thing. It is doable. So, thank you so much, Sally, for joining me. It's you so much, Sally, for joining me. It's always a pleasure being with you and I always a pleasure being with you and I think I I think you brought so many think I I think you brought so many important things to the table. So, thank important things to the table. So, thank you so much.

you so much. >> You're welcome. >> You're welcome. I hope you enjoyed this interview. All I hope you enjoyed this interview. All the links we talked about will be in the the links we talked about will be in the show notes. And I wanted to let you know show notes. And I wanted to let you know about my membership. It's only $29 a about my membership. It's only $29 a month and we have so much fun, but we month and we have so much fun, but we also it's three live classes a month.

also it's three live classes a month. There's a guest expert and many times There's a guest expert and many times that's somebody who's a physical that's somebody who's a physical therapist or an exercise program.

therapist or an exercise program. There's also a Q&A and there's also my There's also a Q&A and there's also my happiness class which is the most fun.

happiness class which is the most fun. But and you get the library of all the But and you get the library of all the other classes. So lots and lots of other classes. So lots and lots of resources in that and I'll have that in resources in that and I'll have that in the show notes as well. So, thank you so the show notes as well. So, thank you so much for tuning in and I [music] look much for tuning in and I [music] look forward to seeing you on the next forward to seeing you on the next episode.